

Spotlight Report #HiddenVictims

Your Choice: ‘honour’-based violence, forced marriage and domestic abuse



Contents

About SafeLives	3
<hr/>	
Executive Summary	6
Recommendations	9
Definitions	15
<hr/>	
Introduction	17
Policy context: Government and its agencies	19
<hr/>	
‘Honour’-based violence and forced marriage: the numbers affected	24
The abuse experienced by victims of ‘honour’-based violence	33
Additional risks for victims of ‘honour’-based violence	39
The response to domestic abuse for those at risk of ‘honour’-based violence	49
The role of the community in responding to ‘honour’-based violence	59
<hr/>	
Conclusion	63
<hr/>	
Appendix: about the data	65
Endnotes	66

About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the country to transform the response to domestic abuse, with over 60,000 victims at highest risk of murder or serious harm now receiving co-ordinated support annually.

Every year, two million people experience domestic abuse. There are 100,000 people at risk of being murdered or seriously harmed; 130,000 children live in those households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact.

Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody's business.

We want what you would want for your best friend

- Help made available wherever it's needed – whether from the police, GP or hospital, or where they live
- Early, consistent and tailored support that makes them safe and meets their needs
- The choice to stay safely in their own home and community
- The perpetrator challenged to change and held to account
- A response that reflects the fundamental connection between the experience of adults and their children
- Agencies work together to meet the practical needs that people have, providing help on areas such as housing, money and access to justice

We want this for each and every person living with abuse. Wherever they live, whoever they are.

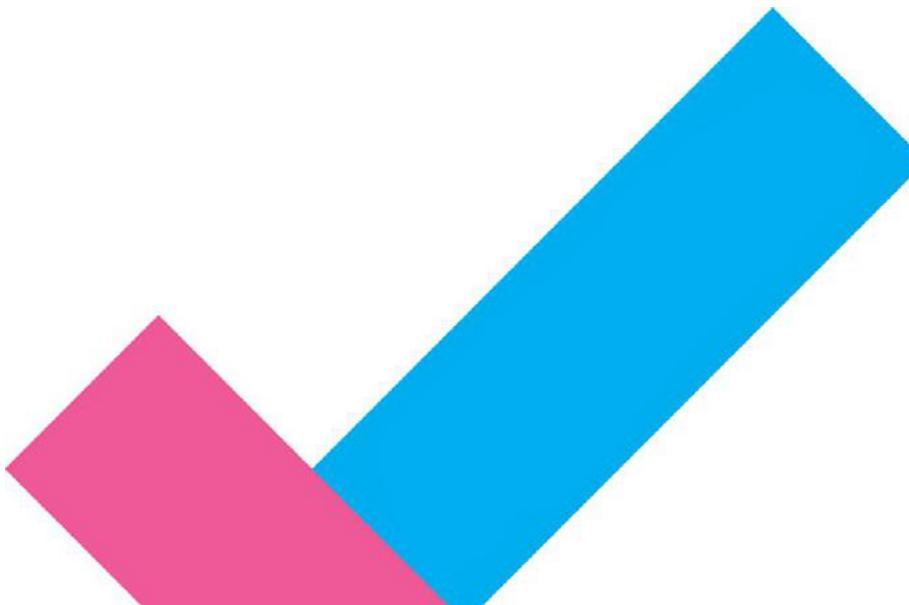


What we do

- Create a platform for victims, survivors and their friends and family to be heard and demand change
- Test innovative projects and replicate effective approaches that make more people safe and well
- Combine data, research and frontline expertise to help services improve and to influence policy makers (locally and nationally)
- Offer support, knowledge and tools to frontline workers and professionals

How we do it

- We are independent
- We focus on the practical: we believe in showing people what they can do, not telling them they should do
- We save time and money for local areas by solving common problems once and sharing the solutions
- We are informed by evidence of what really works
- We learn from local provision and respect local circumstances, but show how national replication can be achieved
- We work across organisational and sector boundaries



About SafeLives' Insights service

Insights is a 'whole family' outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse.

Insights enables services to understand who is accessing their service and identify gaps, to tailor interventions and support to meet the needs of their clients and to evidence the impact of their work on improving safety and wellbeing. Frontline practitioners collect information about the people they support and submit it to SafeLives via online forms.

You can find out more about Insights [here](#).

About this report

This report will discuss domestic abuse within the context of so called 'honour'-based violence and forced marriage. It is part of our Spotlight series which focuses on 'hidden' groups of domestic abuse victims and survivors or those with unmet needs, and proposes recommendations for both practitioners and policy makers. It is the fourth report in the series. Previous reports can be found at <http://www.safelives.org.uk/knowledge-hub/spotlights>

We would like to thank all the practitioners, professionals and academics who participated in this Spotlight. In particular we would like to thank Shigufa Khan, who advised us through this project and contributed valuable insight.

Most of all, we would like to thank the survivors who spoke so honestly and bravely about their experiences. Without your insight, this report would not be possible. Names of survivors have been changed.

Contact

For queries about this report please contact REA@safelives.org.uk

Executive Summary

Our fourth Spotlight report focuses on domestic abuse victims and survivors who are at risk of so called ‘honour’-based violence, including forced marriage. Throughout this report we will refer to this type of abuse using the acronym HBV, though this in no way indicates any actual sense of honour being conferred on this type of activity by SafeLives or by contributors to this report.

The numbers

The prevalence of ‘honour’-based violence (HBV) is extensive in the UK and around the world, but the true scale of the problem is unknown. In 2014 a Freedom of Information request to UK police forces revealed that over 11,000 cases of so-called ‘honour’ crime were recorded between 2010-14¹. Forced Marriage is a significant part of the abuse for many victims of HBV, with the Government’s Forced Marriage Unit supporting over 1,400 cases in 2016².

Many more crimes are never reported, with numerous barriers preventing victims from coming forward. For instance, reporting the abuse may trigger further HBV, and can lead to isolation from family and communities.

The context

‘Honour’-based violence is in evidence across countries, cultures and religions. Circumstances which may lead to the abuse are wide ranging and not culturally specific. It is important to remember that, despite the use of this label, there can be no ‘honour’ in abuse, and where culture or tradition are used to exert power or control over others, this can only be a misuse of that culture.

HBV affects people of all ages, but often begins early, in the family home. This can lead to a deeply embedded form of coercive control, built on expectations about behaviour that are made clear at a young age. Often the control is established without obvious violence against the victim, for instance through family members threatening to kill themselves because of the victim’s behaviour.

Women are particularly at risk of ‘honour’-based violence, and as such it is important to recognise this form of abuse within the wider context of violence perpetrated against women and girls, resulting from an underlying denial of their human rights. Data from the Crown Prosecution Service on cases flagged as ‘honour’-based violence reveals that (where gender was recorded) 76% of victims were female³. Many contributors to our Spotlight highlighted the links between HBV and patriarchy, with women being tasked with carrying the ‘honour’ of their fathers, their husbands and their sons.

Despite the strong evidence of disproportionate effect on women and girls, ‘honour’-based violence is experienced by both men and women, with factors such as sexuality and disability putting some men at particular risk. As we will explore, perpetration of this type of abuse is also a complex picture.

HBV and domestic abuse

Perpetrators of HBV often extend beyond the circle of partners and family members who would be considered perpetrators of domestic abuse. SafeLives’ Insights data finds that over half (54%) of domestic abuse victims at risk of HBV were abused by multiple people, compared to only 7% of those not identified as at risk of HBV. However, this wider network of abusers is often centred around partners or family members, and as such most victims of HBV are also victims of domestic abuse.

Victims of HBV accessing support from domestic abuse services experienced the full range of abuse seen by other domestic abuse victims, and were on average considered to be at higher risk of serious harm or murder compared to those not identified as at risk of HBV.

Additional risks for victims of HBV

Beyond the abuse itself, there are circumstances commonly found in cases of HBV that can lead to additional risks. Many victims of HBV are recent migrants to the UK, who may need an interpreter, or who are reliant on the perpetrator for a visa. SafeLives’ Insights dataset finds that a quarter (23%) of HBV victims accessing Insights services had no recourse to public funds (NRPF) and a quarter (26%) required an interpreter.

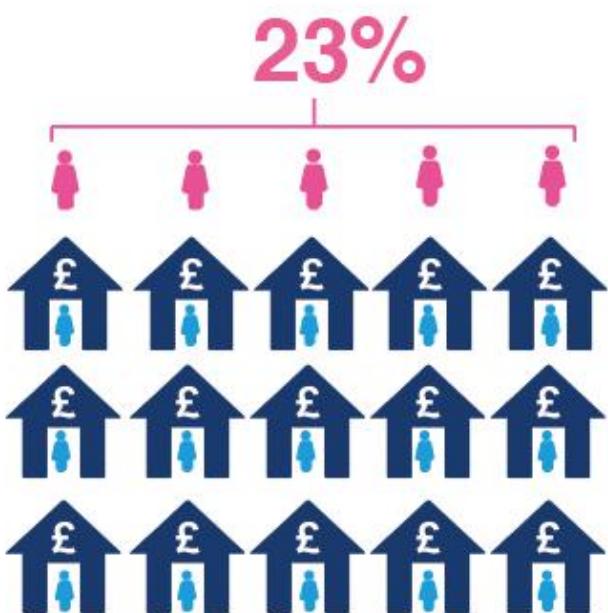
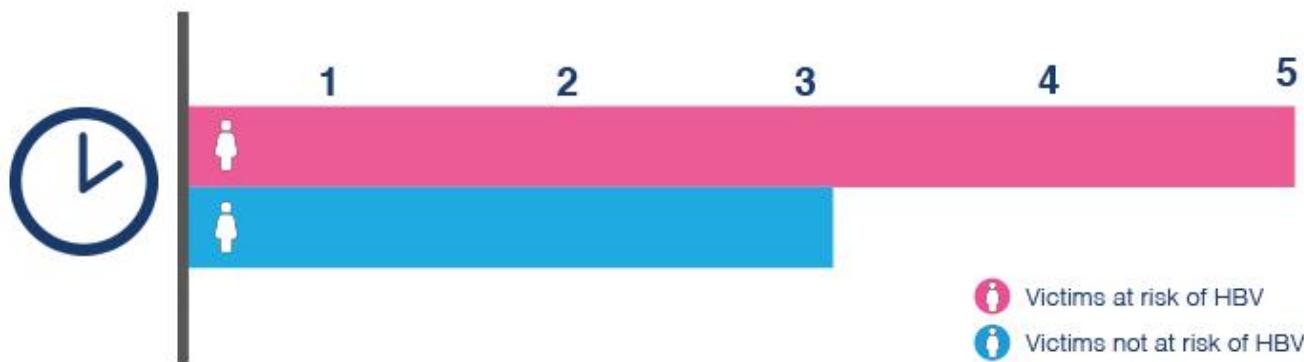
These circumstances create risks that extend beyond the surface of the problem. For instance, even if an interpreter is available, victims may not recognise what they are experiencing in the same language that practitioners use. And migrants to this country may not only lack secure immigration status, but may also lack a support network and knowledge of the help available. SafeLives' Insights dataset finds that the average length of abuse before seeking support was five years for those at risk of HBV. This is far longer than the three-year average for those not identified as at risk of HBV.

There are also common difficulties relating to housing and finance. In some instances of HBV, the victim and perpetrator(s) may have jointly owned a home for a long time. This can be challenging, making it harder for the victim to move away, especially if she/he has long term support networks nearby. Financial issues can exacerbate this situation, with the victim never having been financially independent, or the perpetrator(s) controlling finances as part of the abuse. Financial and benefit issues also relate to immigration status, which in some cases will be unresolved or dependent on the perpetrator(s). Some victims/survivors will be living in larger households, sharing living space with other families. This may contravene tenancy regulations, exacerbating the problem of a victim being able to seek help from people considered to be acting in an official capacity.

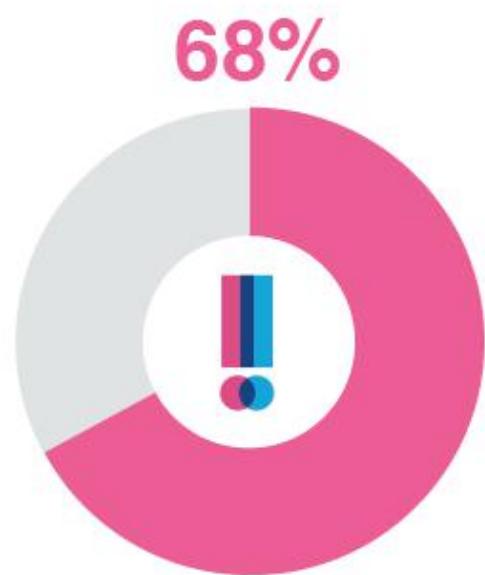
The role of the community in perpetrating or condoning abuse means that survivors of HBV are often unable to return to their communities even after the immediate risk has been removed. For survivors of HBV the impact on wellbeing, sense of belonging and day to day life can be severe and long lasting.

This report draws on our evidence from the HBV Spotlight, including SafeLives' own national dataset, to make recommendations about how we can increase the awareness and understanding of this issue, to provide better advocacy and support to help end domestic abuse and 'honour'-based violence.

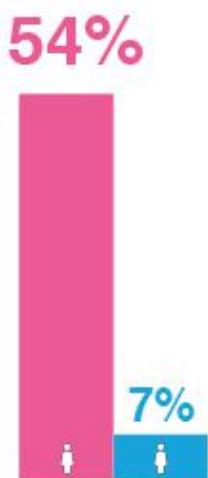
Before accessing support, victims at risk of HBV experienced abuse for 2 years longer (**5 years vs 3 years**) than those not identified as at risk of HBV



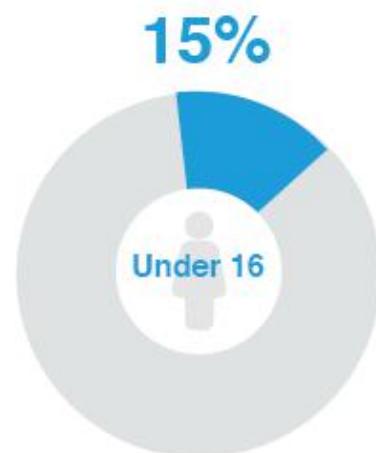
Nearly a quarter (**23%**) of victims at risk of HBV were **not eligible for most benefits**, tax credits or housing assistance



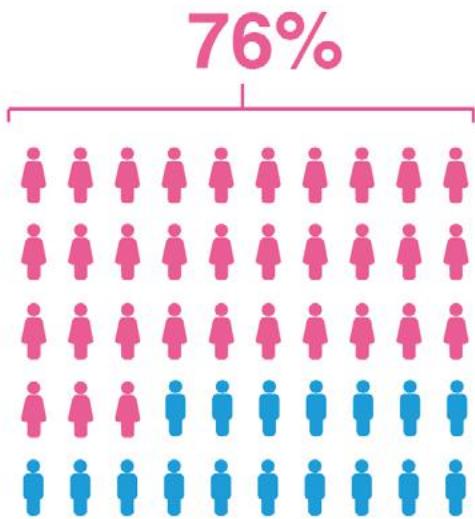
68% of victims at risk of HBV were at **high risk of serious harm or homicide**, compared to 55% of those not identified as at risk of HBV



Victims at risk of HBV were more than **7 times** more likely to be experiencing abuse from **multiple perpetrators** (**54% vs 7%**) compared to those not identified as at risk of HBV



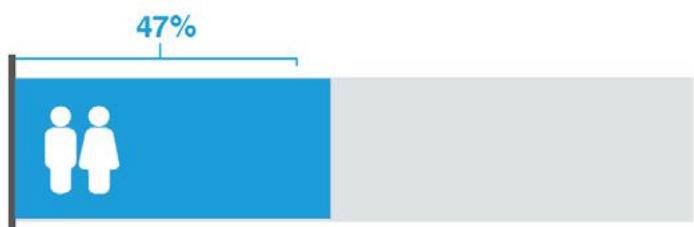
15% of cases seen by the Forced Marriage Unit involved a victim below 16



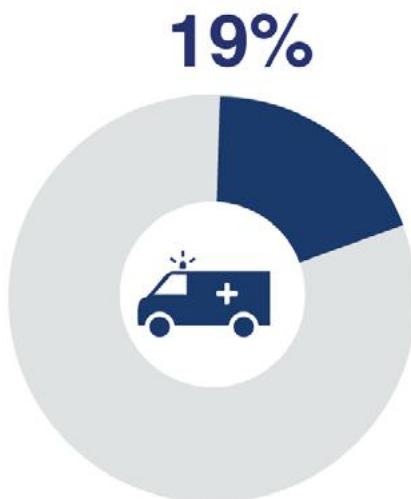
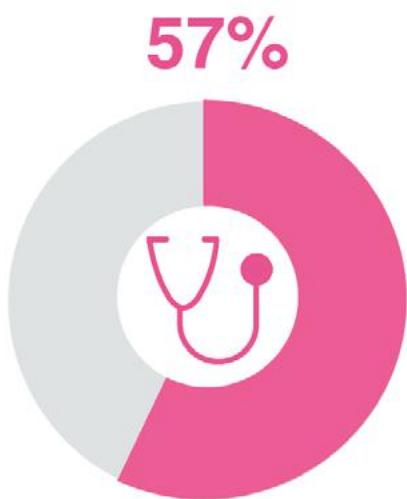
Data from the Crown Prosecution Service on cases flagged as 'honour'-based violence reveals that (where gender was recorded) **76%** of victims were female



Research suggests that **at least one 'honour'-killing takes place in the UK every month**, and this is likely to be an underestimate.



Domestic abuse victims who are at risk of HBV are much more likely to be in a current relationship with the perpetrator (**43%**) than those not identified as at risk of HBV (29%)



Over half (**57%**) of victims at risk of HBV had visited their GP in past 12 months, and **19%** had attended A&E as a direct result of the abuse. Despite this only **6%** of people were referred to the domestic abuse services from health professionals.



CPS data reveals that in 2015 – 2016 , **five new defendants were prosecuted** in two forced marriage cases using the new specific offence of forced marriage, but both cases were unsuccessful as the victims withdrew and did not attend court.

Recommendations

These recommendations arise from the findings of this report. You can find more detail about the context behind each recommendation within the report itself. Recommendations are summarised here, grouped by the responsible agency.

Domestic abuse and other specialist services

- **Domestic abuse services and local specialist services** should work together, for instance arranging reciprocal training, to understand the links between these forms of abuse and ensure appropriate referral pathways between services.
- **Specialist HBV and forced marriage services** should work with other local services, such as social workers, teachers and mental health professionals, to increase the confidence of these professionals in identifying risks of HBV and forced marriage. This should include circumstances in which the victim may not be overtly ‘forced’ into an action (such as marriage) by the perpetrator, but does not believe they have the option to say ‘no’.
- **Domestic abuse services** should review their risk assessment guidance to ensure it reflects the high levels of coercive control that can be achieved without obvious threats or violence, including how this may present in HBV cases.
- **Domestic abuse services** should use awareness raising materials (eg posters, videos, written information) which are relevant to a range of scenarios including abuse from family members against young adults. These materials should be displayed in a range of locations including those frequented by young people, such as youth services and educational institutions. Agencies may wish to consider how they can source materials created by reputable organisations overseas.
- **Domestic abuse services** should consider appointing ‘champions’ or specialists who receive in-depth training on HBV. This should include Forced Marriage and FGM, the motivations behind HBV, and related circumstances such as the use of dowries. These professionals should take a lead in ensuring all staff members are aware of how HBV can impact on the experience of domestic abuse and the risks to those involved.

Local authorities

- **Local Authorities** should ensure that local agencies, including those that work with children, are made aware of the issue of transnational marriage abandonment and of appropriate reporting procedures if they suspect this form of abuse.
- **Local Authorities, family law practitioners and the judiciary** should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements. This includes use of child manipulation by perpetrators and the impact this has on the victim's ability to parent, and the prevalence of extensive perpetrator networks within the family.
- **Local authorities** should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.
- **Statutory agencies** (to include the police, prosecutors, and the courts system)
- **Local Safeguarding Adult Boards** should ensure that local agencies have policies and practices around 'honour'-based violence which are informed by the views and experiences of survivors of HBV.
- **Family law practitioners and the judiciary** should secure specialist training on dowry abuse.
- **The police** should ensure that victims of HBV are able to access all special measures available to vulnerable or intimidated victims, as set out in the Code of Practice for Victims of Crime, and are proactively made aware that these special measures are available to protect them from intimidation and further harm.
- **Local commissioners** should fund interventions, ideally through pooling budgets, designed specifically for victims of domestic abuse who are also at risk of HBV or forced marriage. These interventions should address the specific needs that often accompany this type of abuse, for instance language barriers and social isolation. This should include long term support for survivors of HBV after the initial risk has been removed, which supports them to rebuild their lives within new communities, for instance drop-in groups.
- **School governing bodies** should ensure that the new PSHE curriculum tackles the underlying values amongst some boys and men which allows violence against women and girls to happen. This work to reduce the risk of perpetration should be delivered alongside support on how young people can keep themselves safe from this form of abuse.

Central Government

- **Home Office (Border Force, UK Visas and Immigration Enforcement)** should monitor abuse of the immigration system by those perpetrating HBV, for instance through transnational marriage abandonment, and ensure sanctions are targeted at those perpetrating abuse rather than those caught in abusive situations.
- **Government** should fund specialist translators for the purpose of advocacy, for instance to be used by domestic abuse services.
- **Border Force** should develop guidance for its staff on cases of transnational marriage abandonment.
- **Government** should allow victims of transnational marriage abandonment to be issued with temporary visas to allow them to access the Destitute Domestic Violence Concession (DDVC) and initiate or engage in criminal and family or civil court proceedings.
- **Local Authorities, family law practitioners and the judiciary** should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements. This includes use of child manipulation by perpetrators and the impact this has on the victim's ability to parent, and the prevalence of extensive perpetrator networks within the family.
- **Government** should consider ways to make funding available for refuge spaces for victims of domestic abuse who do not have recourse to public funds or are in the process of applying for the DDVC.
- **Government** should consider how to increase awareness of UK laws regarding the perpetration of abuse, and support for protection from abuse, for migrants arriving in the country.
- **Government** should fund a DA Matters style culture and behaviour change-programme for children's and adult social workers, as well as accelerating the current programme for the police.

Everyone

- **All those supporting victims (including domestic abuse services, Maracs, Police, family courts and the Crown Prosecution Service)** should collect and analyse data on the HBV cases they engage with, and use this analysis to identify potential gaps. For instance, where cases predominantly involve a current or ex-intimate partner, consider how to work with referring agencies to increase recognition of domestic abuse perpetrated by other family members. Data should be used to contribute to reflective practice across the organisation.
- **Agencies delivering training on HBV and forced marriage** should ensure that training directly discusses cultural practices and beliefs. This training should be applied to all levels of the organisation including senior management, to ensure it is embedded within the organisation's culture and approach. The training should emphasise that:
 - Although cultural circumstances should not affect the criminal or safeguarding response to suspected abuse, they will influence the experience of the victim and should be explored carefully.
 - Abuse is not a cultural practice, and it is important that professionals are able to name the abuse when it is happening within circumstances that they are not familiar with, without fear of causing cultural offence.
 - HBV can often be perpetrated by family members that might typically be seen to act protectively, such as fathers, mothers, brothers and sisters, and safety plans must take account of this.
 - There is complexity in the gendered nature of HBV; that men may be at heightened risk if they have certain characteristics (including disability, sexuality and mental health needs), and women may be perpetrators as well as victims in certain circumstances.
- **Agencies delivering training on HBV and forced marriage** should ensure that verbal information and training materials use language that victims and survivors will identify with when describing abusive behaviours, in order to help embed this language within practice.
- **All agencies making Marac referrals** should seek special advice before risk assessing cases in which there is a risk or presence of HBV, this may be from local specialist services or a national helpline.
- **Local authorities**, statutory agencies, political leaders and community groups should support national awareness raising campaigns that have a focus on HBV, including the national date of remembrance for honour killing and the White Ribbon campaign.
- **Multi agency responses** to domestic abuse must ensure they are recognising all forms of domestic abuse, including HBV.

Definitions

Domestic Abuse (DA)

In England and Wales the cross Government definition of domestic violence and abuse is:

“Any incident or pattern of incidents 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 and emotional.”

In Scotland, the definition of domestic abuse as set out by the Scottish Government is:

“Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends).”

‘Honour’-based violence (HBV)

There is no Government definition of ‘honour’-based violence. For the purpose of this report we have chosen to use the following definition, written by IKWRO (the Iranian and Kurdish Women’s Rights Organisation)⁵:

“‘Honour’-based violence is normally a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community.

It can take many forms including: ‘honour’ killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abduction.”

HBV is a form of violence and abuse and the use of the term ‘honour’ to define this type of behaviour is often challenged. As the Crown Prosecution Service states “There is no, and cannot be, honour or justification for abusing the human rights of others.”⁶

Forced Marriage (FM)

The UK Home Office provides the following definition of forced marriage:

“A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they’re bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.”

It should be noted that arranged marriages between consenting adults, which are free of abuse and coercion, do often occur. As such not all arranged marriages should be seen as forced marriages, although the line between an arranged and a forced marriage can be blurred, as this report will explore.

Black and Minority Ethnic (BME)

Black and Minority Ethnic (Sometimes referred to as Black, Asian and Minority Ethnic or BAME) is a commonly used term to describe people who are in a minority group because of their skin colour and/or ethnicity.

Transnational marriage abandonment

An increasingly recognised form of abuse in which foreign national wives are taken to their country of origin by their husbands who are nationals or residents of another country, and left there with no means of returning or accessing support.

Introduction

'Honour'-based violence (HBV) is distinct from domestic abuse in many ways, and some do not believe the two should be considered within the same domain⁷. HBV is defined in relation to the motive of the abuse (to defend perceived 'honour') and unlike domestic abuse the perpetrators of HBV can involve community members who may be extended family or strangers to the victim.

Despite this, HBV does centre around close family members, often branching out from the views or behaviours of partners, parents and other relations. As such there are many survivors of HBV who are also survivors of domestic abuse; 'honour'-based violence may even be triggered by attempts to leave an abusive relationship. In this way, HBV forms one of the many different experiences and hidden barriers that can accompany domestic abuse, which we have sought to understand as part of our Spotlight series. An awareness of HBV and its interaction with domestic abuse is important for both frontline professionals and policy makers, in order to fully understand the whole picture for victims and survivors.

This Spotlight report explores the links and overlaps between these two forms of abuse, and ways in which we can and should respond to those victims at risk of or who are experiencing HBV, alongside the response to domestic abuse.

"My husband started the physical abuse, and the other family members soon followed. His family began to give the children expensive gifts and my children began to turn against me... From day one, my mother-in-law, father-in-law, sisters and brothers in law, and then my husband and now children too. What was I going to do?"

Amala, Survivor

ⁱ Names of survivors have been changed

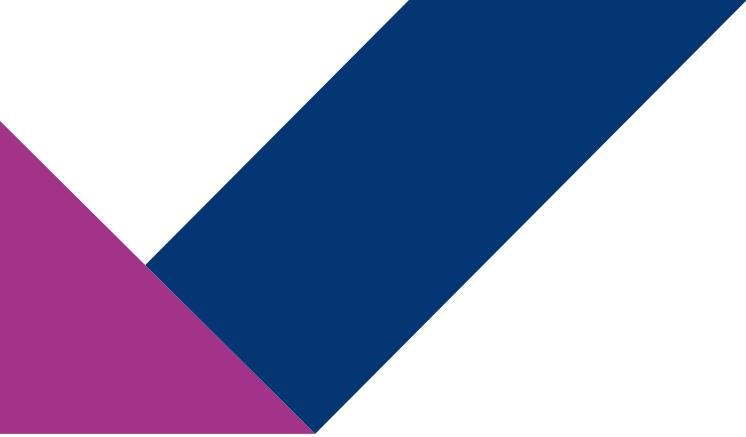
This report will also discuss forced marriage, which is an integral aspect of the abuse for many survivors of HBV - **20% of people in our Insights dataset who were at risk of HBV were also at risk of forced marriage**. Rather than treat this as a separate topic, we will consider forced marriage as a form of 'honour'-based violence, alongside other forms of abuse. Prior to marriage the victim may be subject to violence, threats, or other forms of coercion, and many find themselves experiencing domestic abuse within the relationship once the marriage takes place.

'Honour'-based violence is a complex form of abuse, influenced by a wide range of motives. The term 'honour'-based violence is itself debated, with some believing that use of the word 'honour' unhelpfully reinforces a false association between honour and violence (as discussed by Dr Moira Dustin in her Spotlight blog). This report does not seek to resolve this issue of language, nor will it cover the full extent of these wide-ranging issues. It aims to provide a platform for our contributors, experts and survivors, to pass on their knowledge and to shine a light on this topic.

This report uses SafeLives' Insights national dataset to help understand the extent of the domestic abuse that those at risk of 'honour'-based violence and forced marriage can suffer. Our Insights dataset is collected by specialist domestic abuse services who support people aged 16 and over, including services that provide specialist support to ethnic minority women and are experienced in responding to HBV.

SafeLives has worked in partnership with specialist organisations who support victims of 'honour'-based violence or forced marriage to inform this report. The evidence captured has helped us to gain insight into the experiences of victims and survivors and the support that the domestic abuse sector, alongside others, can provide. This includes evidence from practitioners, academics and, most importantly, the views of survivors.

We hope this Spotlight report will help to inform the understanding of practitioners, commissioners and policy-makers and that our recommendations will help to create change in practice as well as policy for victims and survivors of HBV and their families.



Policy context: Government and its agencies

The UK has taken gradual but important steps forward in the response to ‘honour’-based violence, through legislation, strategy and guidance.

Public awareness of ‘honour’-based violence has increased following high profile media coverage of ‘honour’ killings over the last 10 to 15 years. Policy and legislative developments over a similar period have developed a framework for organisations to respond to the issue, but evidence shows there is a distance to go to develop a coherent and effective response to HBV.

There is a risk that extreme individual cases, which rightly command media attention, mask the full extent of HBV and abuse. An effective response will need to respond to a wide range of abusive behaviours and recognise HBV in a variety of different contexts, helping those who spot early warning signs to trust their instincts or professional judgement, not waiting for abuse to escalate to extreme levels before taking action.

A key issue related to both HBV and forced marriage is immigration. Whilst immigration will not always be a factor in these cases, many victims/survivors are migrants to the UK and therefore immigration legislation and powers are highly relevant. One of the first areas to be addressed by the UK Government was assistance for survivors of domestic abuse who were reliant on a spousal visa (and therefore, in many cases, the perpetrator) to access benefits and remain in the country.

In 1999 the Government introduced the Domestic Violence Concession to allow survivors of domestic violence on a spousal visa to apply for indefinite leave to remain (ILR). However, until ILR was granted they were still unable to access public funds. After extensive campaigning led by Southall Black Sisters and other specialist charities the Government introduced the Destitution Domestic Violence Concession (DDVC) in 2012. It allowed these survivors, many of whom will also be survivors of HBV, access to benefits for three months while the ILR was sought.

During this time a wider understanding and awareness of HBV was developing, in particular forced marriage, and in 2005 the Forced Marriage Protection Unit was established to lead on the Government's forced marriage policy, outreach and casework. It provides a helpline, training and guidance for professionals. In 2007 the Forced Marriage (Civil Protection) Act was passed, introducing Forced Marriage Protection Orders (FMPOs) in England and Wales, which are used to protect potential victims of forced marriage. Scotland introduced FMPOs in 2011, also making it a criminal offence to breach these orders, a step England and Wales did not take until 2014, when forced marriage became a criminal offence.

Looking at the response to HBV more widely: in 2008, the Association of Chief Police Officers (ACPO – now the National Police Chiefs Council or NPCC) published their first national police strategy to combat HBV and forced marriage. It set out their priorities, including identifying the scale of HBV across all police forces in the UK. The strategy⁸, published by the NPCC in 2015, begins by commending police chiefs for the 'notable progress' made on the ACPO's 2008 recommendations, including adopting a definition for HBV and identifying a champion for harmful practices within each police forceⁱⁱ.

However, in the same year Her Majesty's Inspectorate of Constabulary (HMIC) published the results of an inspection of the police response to HBV, forced marriage and female genital mutilation (FGM). The report⁹ provides a more critical picture of the state of the police response to HBV. A key issue highlighted in the report is inconsistencies in appropriate flagging and recording of HBV incidents and crimes. The report warned that this may reduce public confidence in the ability of police to recognise HBV, leading to lower reporting, and made a number of recommendations to address the issues identified. The Government has committed to pursue these recommendations as part of the latest strategy to end Violence Against Women and Girls (VAWG), and says it will drive improvement through a National Oversight Group chaired by the Home Secretary.

ii The current NPCC definitions of HBV, forced marriage and female genital mutilation can be found in appendix A of the national policing strategy on HBV, FM and FGM (2015)

Developments and awareness have also extended beyond the police and criminal justice system. In England HBV was recognised as a type of abuse in statutory guidance issued alongside the 2014 Care Act, requiring a safeguarding response if a child or adult at risk is the victim. In Wales the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill (2014), which aims to ensure a focus across the public sector on the prevention of domestic abuse, included 'Honour'-based violence and forced marriage within its scope. The importance of the multiagency response to domestic abuse is increasingly being recognised, forming a key part of the Government's most recent strategy to tackle Violence Against Women and Girls¹⁰ This includes health services, education and local authority services such as social care and housing. These agencies are increasingly involved in the response to domestic abuse through models such as the Multi Agency Safeguarding Hub (MASH) and SafeLives One Front Doorⁱⁱⁱ approach. These multi agency approaches must extend to all forms of domestic abuse, including those involving HBV if they are to be truly effective.

There are still gaps to fill, refinements to be made, and newly identified forms of abuse to respond to.

These have all been vital steps forward in ensuring victims of HBV can access support and seek justice, but there are still many issues to address. For instance, in his blog for our Spotlight series, Maz Idriss, Lecturer in Law at Manchester Metropolitan University, discusses whether criminalising forced marriage has been successful. He highlights that unless victims/survivors come forward, criminalisation cannot be effective, and for many victims there are still barriers to doing so. For instance, reporting the abuse may trigger further HBV, and can lead to isolation from family and even whole communities.

The support available from the Forced Marriage Unit could also be more accessible to victims. Statistics from the Forced Marriage Unit¹¹ reveal that the majority of calls they receive (80%) come from professionals or other third parties (eg non-governmental organisations, colleagues, friends or family). There is clearly more to be done to make this helpline more accessible to victims themselves.

iii <http://www.safelives.org.uk/one-front-door>

Research suggests that there are barriers to accessing the Destitute Domestic Violence Concession too. A research project by Eaves and Southall Black Sisters set out to monitor the implementation of the DDVC scheme and reported on their findings in 2013¹², one year after the scheme began. The findings highlighted that there were still many areas to improve. For instance, gathering the evidence required was a major problem for women accessing the scheme, with police and health professionals not responding to requests for information. The research also found weaknesses in the awareness, understanding, confidence and empathy of Department of Work and Pensions staff when women using the scheme approached them. This research has not been repeated since 2013, and so developments may have been made, however these issues will need to be monitored.

Maz Idriss also points to the importance of prevention and early intervention through education and awareness. Jasvinder Sanghera CBE, founder of Karma Nirvana, agrees in her Spotlight interview that it will be vital to change attitudes in the communities where abuse is happening. The forthcoming statutory relationships and sex education (RSE) in schools may be an opportunity to increase young people's awareness about issues such as consent, particularly relevant to forced marriage. This could be an effective first step, but schools will need to equip themselves with the right expertise to deliver on the new responsibility, and be supported to respond to any disclosures that arise from discussing such topics with young people. So far it is not clear whether the Department for Education has understood the need for dedicated training on HBV and FM for teachers expected to deliver RSE and for referral pathways to be developed for young people who may need to access support. It is likely that whatever initial training is available, teachers will not be able to develop the depth of understanding that a full response to this topic requires, making it vital that they're able to forge links with specialist organisations who do hold that knowledge and expertise. There is also a danger that any RSE programme will focus exclusively on ways children and young people can keep themselves safe, rather than tackling the underlying values which allow violence against women and girls to happen. We and other charities hope to see a comprehensive programme, which includes reference to unhelpful notions of gendered behaviour.

However the legal framework is still an important tool in tackling HBV and work to strengthen the legal response is also needed. While forced marriage has been criminalised, there is no specific crime of HBV. It is prosecuted under the current legislative powers related to the behaviours involved (e.g. assault) and there are no sentencing guidelines for HBV cases for courts to follow. The forthcoming Domestic Violence and Abuse Bill may provide an opportunity for this to be addressed. In the mean-time a key tool will be the relatively new offence of Coercive and Controlling Behaviour. The latest statistics show that between 31 December 2015 to 31 March 2016, five prosecutions were completed under the new offence, although these do not relate specifically to HBV¹³. In the same report the CPS highlight that cases of extreme controlling and coercive behaviour can now be prosecuted under new Modern Slavery legislation. In its 2015-16 report on Violence against Women and Girls the CPS includes a case study of this type of crime in which the defendant and victim were involved in an arranged marriage before the victim was kept in servitude when arriving in England. It will be important to monitor the use of both these new legislative powers to ensure they are being fully utilised in HBV cases.

The forms of abuse seen within HBV are evolving. It is increasingly recognised that perpetrators may take victims abroad where they will leave them with no means of returning or accessing support (known as transnational marriage abandonment). In some cases, the victim may be taken abroad with their children, and in other cases deliberately separated from them. In her Spotlight interview Dr. Sundari Anithra at the University of Lincoln highlights that the legal system needs to consider how to respond to such emerging forms of abuse. Currently, once stranded within another country, victims are denied the visa that would enable them to return to the UK to initiate court proceedings or access the DDVC. There is a potential role for the UK Visas and Immigration office in removing this barrier. It will also be important to ensure there is awareness of such issues among border and immigration staff, who can play a role in identifying these circumstances, or responding to those who seek help.

Jasvinder Sanghera notes that there has been substantial policy development since her organisation began over 25 years ago. Government agencies now have a tool box of resources, support and legal mechanisms to tackle HBV and forced marriage. This progress should be celebrated, but it will be important to keep expanding this ‘tool box’, and to ensure that frontline staff, from all agencies who may come into contact with victims, are both aware of the systems and support available and are confident to use them. We must do this while also making the policy and legislative changes necessary both to prevent HBV and better support victims.



'Honour'-based violence and forced marriage: the numbers affected

The prevalence of 'honour'-based violence is extensive in the UK and around the world, but the true scale of the problem is unknown.

- **'Honour' killings:** At least 5,000 individuals are murdered as a result of so-called 'honour' killings around the world each year¹⁴, and research suggests **at least one of these murders takes place in the UK every month**¹⁵. However these numbers are not only thought to be extreme underestimates¹⁶, but they are also greatly outdated, with the UK estimate dating back to 2003. Reported numbers are even lower, with only 29 cases reported in the UK between 2010 and 2014¹⁷. What's more, 'honour' killings represent a small minority of cases with much larger numbers of victims suffering other forms of 'honour'-based violence, including physical and sexual abuse, and severe levels of coercive control.
- **'Honour' crime, forced marriage and female genital mutilation (FGM):** In 2014 a Freedom of Information request to UK police forces revealed that over 11,000 cases of so-called 'honour' crime were recorded between 2010-14 (including forced marriage and female genital mutilation)¹⁸. However, these numbers only accounted for 39 of the 52 police forces, and IKWRO, who submitted the request, again highlighted that this figure does not show the true extent of the problem. In 2016, the Forced Marriage Unit (FMU) gave advice or support related to a possible forced marriage in over 1,400 cases¹⁹, however agencies are not required to inform the Forced Marriage Unit if they identify a case (as they must report FGM to the police for example), and many other victims will not come forward, so again the actual number will be much higher.
- **All HBV:** It is clear that there is a lack of reliable and up to date information on the scale of HBV in the UK. More must be done to understand the true extent of these crimes and help victims to feel confident and safe to report the abuse.

So many crimes are never reported because the perpetrators are the victim's own families and/or community members, who often have convinced them that going to the police is shameful and they fear retribution.

Diana Nammi, Executive Director of IKWRO²⁰

Recommendation1: Priority should be given to effective data analysis to capture and retain a better understanding of the dynamics of ‘honour’-based violence.

- **All those supporting victims (including domestic abuse services, Maracs, Police, family courts and the Crown Prosecution Service)** should collect and analyse data on the HBV cases they engage with, and use this analysis to identify potential gaps. For instance, where cases predominantly involve a current or ex-intimate partner, consider how to work with referring agencies to increase recognition of domestic abuse perpetrated by other family members. Data should be used to contribute to reflective practice across the organisation.
- **Home Office (Border Force, UK Visas and Immigration Enforcement)** should monitor abuse of the immigration system by those perpetrating HBV, for instance through transnational marriage abandonment, and ensure sanctions are targeted at those perpetrating abuse rather than those caught in abusive situations.

‘Honour’-based violence is evident across countries, cultures and religions.

Cases of ‘honour’-based violence have been identified in a wide range of populations including South Asian, African, Middle Eastern, Turkish, Kurdish, Afghan, parts of Western and Eastern Europe (including the United Kingdom), American, Australian and Canadian.²¹

The majority of cases seen by the Forced Marriage Unit in 2016 were from South Asian communities, however, the large percentage of cases from South Asia is likely to be partly due to the large South Asian community in the UK, and the unit dealt with cases from over 90 countries in total²². SafeLives' Insights data for those at risk of HBV shows a similar trend, with 58% of victims identifying as Asian, although it should be noted that demographics within the Insights dataset will largely reflect the local populations of the services that contribute to it, which may differ to the national population.

HBV has also been found among most major religions including Christian, Hindu, Jewish, Muslim and Sikh, according to a literature review by Bhanbhro et al (2017)²³. Although much media coverage of HBV links it to Islam, there is clear evidence that people identifying with all the other major world religions are also affected²⁴.

SafeLives co-chairs, with the Home Office, a bi-annual national scrutiny panel for multi agency working, looking at how key forums such as Marac and MASH deal with individual cases of high risk abuse. Cases are anonymised and each panel looks through the lens of a particular type of abuse or group of victims/ survivors. At a recent panel, cases involving BME victims/survivors highlighted that practitioners need to be aware of the wide range of communities that HBV can affect:

Issues of so called ‘honour’-based abuse were compounded by a lack of awareness and confidence on the part of many agencies, including a lack of recognition of these issues being present in a number of communities, not being the exclusive preserve of one community or ethnic group.

National Scrutiny Panel (BME) 2017²⁵

In her Spotlight blog, Tina Ciccotto, a Senior Independent Domestic Violence Advisor (Idva) at Victim Support in the London borough of Tower Hamlets listed some of the factors she has come across which have been precursors to HBV:

- Defying parental authority
- “Westernised” dress, behaviour and attitude
- Pre-marital sex or extra-marital affairs
- The existence of a “non-approved” relationship
- Rejecting a forced or arranged marriage
- Leaving a partner
- Seeking divorce particularly when a dowry may be large
- Rumours and gossip

These issues are wide-ranging and not culturally specific. Rather, the fact that they would trigger abusive behaviour is a symptom of individuals in a variety of communities trying to exert power and high levels of control on those around them. In her Spotlight blog Dr Moira Dustin at the University of Sussex stated that 'use of the term 'honour' to describe a violent criminal act... can be explained only as a means of self-justification for the perpetrator'. In the same light, it is important to remember that where culture or tradition are used to exert power or control over others, this can only be a misuse of that culture for the purpose of self-justification.

There will however be nuances in the way that HBV manifests itself in different communities. These do not alter the seriousness of the abuse; exploring these different contexts carefully will however be vital to fully understanding the victim/survivor's experience and the response they need. This report focuses on the specific examples of HBV discussed through the Spotlight, and the overarching themes that emerge. It does not seek to explore the differences between cultural contexts in more depth. However, it is clear that understanding any relevant culturally specific circumstances, and additional needs and risks that accompany being a migrant in the UK, will be important in supporting victims of HBV.

I work with girls who experience 'honour'-based violence who are from Sikh families, or who are from Indian families and from Christian families, you know, or have no religion... I don't want it to be a case where I'm blaming a particular community.... It's not that issue. At the same time though, I think it's really important that we do talk about it.

Ariana, Saheliya (BME women's organisation)

Recommendation 2: Practitioners and strategic leads must recognise that the culture and beliefs of the victim and perpetrator are important when assessing risk and need. A rigid set of beliefs leading to abuse can happen across all cultures.

- **Agencies delivering training on HBV and forced marriage** should ensure that training directly discusses cultural practices and beliefs. This training should be applied to all levels of the organisation including senior management, to ensure it is embedded within the organisation's culture and approach. The training should emphasise that:
 - Although cultural circumstances should not affect the criminal or safeguarding response to suspected abuse, they will influence the experience of the victim and should be explored carefully.
 - Abuse is not a cultural practice, and it is important that professionals are able to name the abuse when it is happening within circumstances that they are not familiar with, without fear of causing cultural offence.
 - HBV can often be perpetrated by family members that might typically be seen to act protectively, such as fathers, mothers, brothers and sisters, and safety plans must take account of this.
 - There is complexity in the gendered nature of HBV; that men may be at heightened risk if they have certain characteristics (including disability, sexuality and mental health needs), and women may be perpetrators as well as victims in certain circumstances.
- **Specialist HBV and forced marriage services** should work with other local services, such as social workers, teachers and mental health professionals, to increase the confidence of these professionals in identifying risks of HBV and forced marriage. This should include circumstances in which the victim may not be overtly 'forced' into an action (such as marriage) by the perpetrator, but does not believe they have the option to say 'no'.

'Honour'-based violence can affect people of all ages, but often begins early, in the family home

HBV can begin at a very early age. Jasvinder Sanghera, CEO of Karma Nirvana and survivor of a forced marriage, explains that from the age of eight she was 'promised to a man' for marriage. At 15 she was removed from school and held prisoner in her home until agreeing to the marriage. Age is particularly significant in relation to forced marriage because, regardless of the abuse or controlling behaviour used as 'force', children cannot consent to the arrangement and any such behaviour presents a serious safeguarding concern. Statistics from the Forced Marriage Unit²⁶ show that **15% of cases involved a victim below the age of 16, and a further 11% of cases involved those aged 16-17.**

Considering HBV more widely, people accessing support for domestic abuse through Insights services were typically older: only 3% of those at risk of HBV were aged 16 – 17, with a further 9% aged 18 – 20. Domestic abuse services only support those aged 16 and over, but the higher average age may also reflect the nature of the support that domestic abuse services are delivering. The majority of HBV victims supported by domestic abuse services in our Insights dataset were experiencing abuse from a current or ex-intimate partner (81%), which is typical of all people accessing domestic abuse services. However in some cases this may have followed a forced marriage, and reflect the point at which they are able to access support rather than when the abuse began.

Forthcoming research by Spotlight contributor Dr. Lis Bates (2017)²⁷, which also draws on Insights data, finds that client age varies depending on the perpetrator. People who are experiencing abuse from family members with no partner involvement were significantly more likely to be under 25 years old.

As these younger people make up a minority of the clients supported by Insights services, this may suggest that domestic abuse services need to do more to reach people who are experiencing HBV that falls outside the traditional profile of domestic abuse between partners. In cases where the victim is aged 16 or 17, this may be achieved by making links between children's services and domestic abuse agencies, and also with schools and GP surgeries.

For victims/survivors under 16 years old where domestic abuse may be occurring alongside HBV there will be no opportunity for children's services to work with domestic abuse agencies, unless local young person's domestic abuse agencies are available. Our previous Spotlight^{iv} on young people and domestic abuse highlights the importance of ensuring those under 16 can also access support for domestic abuse, as there is unfortunately no guarantee of support before that age.

'Honour'-based violence is experienced by both men and women but the risk for women is much higher.

Data from the Crown Prosecution Service on cases flagged as 'honour'-based violence reveals that (where gender was recorded) 76% of victims were female²⁸. Of all UK reported cases of 'honour' killings in the past five years, the majority of victims (22 out of 29) were women²⁹. The figure for forced marriage is similar, with the Forced Marriage Unit reporting that four out of five cases involved a female victim in 2016³⁰.

SafeLives' Insights dataset finds that, of those identified as at risk of HBV while accessing support for domestic abuse, almost all (96%) are female. The higher percentage of female victims supported by the domestic abuse sector may again reflect the type of support that these services provide. However this could be influenced by a traditional perception of domestic abuse between partners, and indicate that some male victims are not visible to services.

In addition to these numbers, research shows that the experience of victims of HBV, and the nature of the abuse, is linked to gender. Two contributors to this Spotlight, Lia Latchford from specialist BME charity Imkaan and Dr. Sundari Anitha from the University of Lincoln, discuss how the intersection of multiple forms of abuse heightens the abuse for women at risk of HBV. Latchford explains that women and girls are likely to experience multiple forms of violence and abuse: 'this could include physical and sexual violence, stalking, female genital mutilation, trafficking or child abuse, alongside forced marriage for example.' She emphasises that HBV against women must be seen within the wider context of violence against women and girls.

^{iv} Safe Young Lives report available here: <http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

Dr. Sundari Anitha explains how this intersectionality is relevant to victims of HBV, using the example of forced marriage. She explains that men and women are forced into marriage for different reasons, which goes on to affect their experience of that marriage. For instance, a gay man whose family refuse to accept his sexuality may be forced into a heterosexual marriage with a woman, but once married he may not be expected to 'live the marriage in full', for instance he may be able to pursue other relationships (if covertly). This may be while the women in that marriage is expected to 'live the marriage in full', meeting expectations from wider family of childbearing and domestic labour. Similarly, a disabled man who does not have the capacity to consent may be a victim of forced marriage, but the woman in that marriage may be expected to become her husband's full-time carer.

We really need to be thinking about what are the forms of the violence that take place, what are the manifestations of forced marriage... what is the impact of forced marriage for men and women.

*Dr. Sundari Anitha,
Reader in Criminology at the University of Lincoln*

Many contributors to our Spotlight highlighted the links between HBV and patriarchy, with women being tasked with carrying the 'honour' of their fathers, their husbands, their sons and other male family members. For instance, in the example in which a gay man is forced to marry a women, any perceived 'failure' of the marriage (for instance not having children) is likely to be attributed to the inadequacies of the woman for not 'transforming' the man.

Research suggests these patriarchal roots could be heightened when migrant families are living in western cultures, because migration can result in downward occupational mobility and social status. Mayeda (2016)³¹ explains 'the fluctuating stresses of migration contribute to a loss of masculine control, and honour systems provide organisational structures and rules that restore men's status to patriarchal positions of power, at least within the family setting.' It is clear from the chapter of this report which deals with the policy context that issues linked to masculinity are rarely tackled, with an almost exclusive emphasis on protection and support after abuse has occurred, rather than prevention rooted in tackling harmful views of gendered behaviour which allow abuse to happen in the first place.

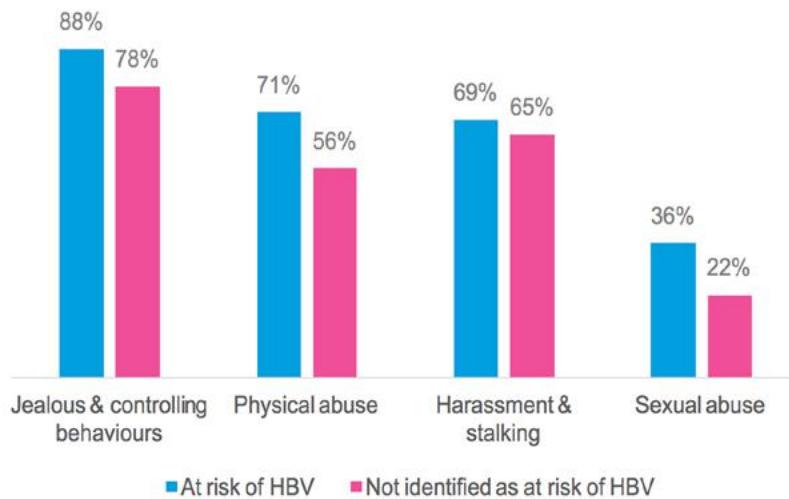
As well as recognising the evidence base for this type of abuse being heavily gendered, it is important to recognise the factors, such as sexuality and disability that put men at increased risk. In fact, statistics from the Forced Marriage Unit in 2016³² show that **of those cases involving a victim with a learning disability 61% were men**, suggesting disabled men are at greater risk than disabled women. Understanding the specific risks for men will be as important as understanding the overlap between HBV and other forms of violence against women and girls, not least because of the causal link highlighted by a number of our contributors between a man being victimised in this way going on to himself be involved in perpetration.

The abuse experienced by victims of ‘honour’-based violence

Victims of HBV are at high risk of serious harm or murder, accompanied by deeply embedded coercive control

SafeLives' Insights data suggests that those at risk of HBV were more likely to be at high risk of serious harm or murder than other people accessing domestic abuse support. Over two thirds (68%) of HBV victims were considered to be at high risk of serious harm or murder, compared to 55% of those not identified as at risk of HBV. Similarly, 58% of people at risk of HBV met the threshold for Marac, compared to 48%.

This increased level of risk for the victim persisted across all abuse types captured in our dataset. These differences were statistically significant for all abuse types except harassment and stalking.



Within these categories of abuse are also culturally specific practices, including female genital mutilation (FGM) and forced marriage. However research by Maydea et al (2016) highlights that behaviours such as 'restrictions on freedom of movement, minimized contact with males, verbal violence and non-lethal physical abuse' are far more common than the 'honour' killings, forced marriages and Female Genital Mutilation that receive a large amount of media attention.³³ Only one in five victims (20%) at risk of HBV in our Insights dataset were also at risk of forced marriage, although this may also reflect their age and relationship status.

Particularly high levels of jealous and controlling behaviour are well documented within our Spotlight. In her interview Ariana at Saheliya (a BME women's organisation) highlights how, particularly for young people, a powerful coercive environment can be constructed without obvious threats or violence against the victim, for instance through family members threatening to kill themselves because of the behaviour of the young person.

Ada, a survivor of 'honour'-based violence and forced marriage, talks about the restrictions around 'westernised' behaviours that she came to realise were part of the abusive control she had experienced:

"I don't want a lot; I just want to be free. I want to wear jeans if I want to wear jeans, play football if I want to play football, if I don't want to wear a scarf don't wear a scarf. Simple things, I don't want a lot. But when you have these things taken out from you, you feel like wow, like there is something wrong."

Ada, survivor

The role of controlling behaviour is particularly relevant when considering the type of force that may pressure someone into marriage. In her Spotlight interview Dr. Sundari Anitha explains how the choice to say no to a marriage can be taken from the victim without violence or threats:

"When people stereotypically think about forced marriage, it's about their parents or their family members saying you must marry this individual or the consequences are x, y or z, but in other circumstances it could be, I can't have this abortion, if I have this baby I have to be married, I don't really have another choice but to do this."

Dr. Sundari Anitha, reader in Criminology, University of Lincoln

This emphasises how the line between a forced and arranged marriage can be blurred when saying ‘no’ does not feel like a viable option. This reasoning can extend to other freedoms and choices, through the expectations that are created at a very early age. In her Spotlight interview Jasvinder Sanghera explains:

Our upbringing meant we were incredibly vulnerable and conditioned to believe that, as women, we were meant to behave in a certain way and our choices were not our own.

Jasvinder Sanghera CBE, Karma Nirvana

In this way, the force can extend beyond the marriage itself to behaviour within the marriage, whether the marriage was forced, arranged or chosen. A key aspect of these expectations can be domestic servitude; in some cases, not only servitude to one’s husband and children, but to extended family members. Amala, a survivor of HBV, recounts her experience:

While my husband's family went to work and school I was expected to make the lunch, the evening meal, to clean and dust the house, making sure everything was prepared by the time they got back. With 8 people living in the house, that's all it was day in and day out, picking up and taking away. My husband's family has all of the control, whatever I did was on their terms.

Amala, survivor

In her interview Dr. Sundari Anitha highlights these expectations can also lead to sexual violence, when the woman’s decision to have sex, become pregnant, and whether or not to undergo an abortion, is determined by the expectations of the victim’s husband and/or their family.

Although the behaviours involved in ‘honour’-based violence can be placed into the broad categories of behaviours typically seen in domestic abuse cases, professionals must be aware of the embedded nature of the coercive control, and the sometimes subtle or atypical forms the abuse can take. It will be important not only to look for signs of violence, but also patterns of constrained behaviour which may indicate someone is fearful of harm or altering their behaviour because of abusive behaviour by others.

Recommendation 3: Specialist training and resources need to be accessible to organisations that may come into contact with domestic abuse victims, to provide a better understanding of the risks faced by victims of ‘honour’-based violence.

- **Domestic abuse services and local specialist services** should work together, for instance arranging reciprocal training, to understand the links between these forms of abuse and ensure appropriate referral pathways between services.
- **All agencies making Marac referrals** should seek special advice before risk assessing cases in which there is a risk or presence of HBV, this may be from local specialist services or a national helpline.
- **Domestic abuse services** should review their risk assessment guidance to ensure it reflects the high levels of coercive control that can be achieved without obvious threats or violence, including how this may present in HBV cases.

The perpetrators of ‘honour’-based violence can be an extensive network, heightening the opportunities for abuse and control

Perpetrators of HBV often extend beyond the circle of partners and family members who would be considered as perpetrators of domestic abuse³⁴. Research by Idriss (2017)³⁵ notes that it would not be an exaggeration to label some cases of HBV as a form of community or gang-related violence, or to approach it in a similar way to organised crime. Even when the community are not directly abusive, they may be complicit in or condoning of the abuse. Idriss gathered evidence from Crown Prosecutors, one of whom states ‘police are often met with a wall of silence from community members who do not wish to discuss ‘honour’-based violence’. Evidence provided to us as part of this Spotlight agrees with this view:

“HBV cases can be challenging because of the tight knit cohesive family and religious networks. These networks can sometimes preclude us from easily accessing and in some cases implement interventions to protect the victim.”

Police Officer (15 years’ service)³⁶

SafeLives' Insights data finds that **over half (54%) of domestic abuse victims at risk of HBV were abused by multiple people, compared to only 7% of those not identified as at risk of HBV**. However, this wider network of abusers is often in addition to partners or family members.

In her Spotlight interview, Amala describes how, although her husband became the primary perpetrator, this behaviour very much originated from other family members:

"They manipulated my husband and my children. I began to see the change in my husband. There was soon no financial support and the first time there was physical abuse, it came from my husband."

Amala, Survivor

Insights data also suggests that, where partners are involved, they are likely to be current partners rather than ex-partners. Domestic abuse victims who are at risk of HBV are **much more likely to be in a current relationship with the perpetrator (43%) than those not identified as at risk of HBV (29%)**.

Data on CPS cases flagged as HBV reveals that (where gender was recorded) the vast majority (87%) of defendants were male.³⁷ Insights data is similar, with a male perpetrator recorded in 88% of cases, however the percentage of female perpetrators was higher in cases identified as HBV (9%) compared to those not (5%). Research by Mayeda et al (2016)³⁸ has illustrated how **women may perpetuate the 'honour' system by 'monitoring one another's behaviour'**. However, often these women are both survivors and perpetrators of abuse, perhaps because they have now moved up the hierarchy; for instance, as a mother in-law they 'have earned and can wield significant power'.

Through the Spotlight Dr. Geetanjali Gangoli at the Centre for Gender and Violence Research (University of Bristol) talked to SafeLives about her research on the police response to HBV. She highlights that police need to have an understanding that other family members who may be present at conversations with the victim may also be perpetrators. It will be important for those responding to domestic abuse in which there is a risk of HBV to understand the potential for all family members, and the wider community, to be perpetrators of abuse, in order to understand the extent of the risk for the victim, and how to keep them safe while providing support.

As Amala introduces in her quote above, children can also be drawn into the abusive behaviour. Shigufta Khan, CEO of Blackburn & Darwen District Without Abuse, explores this issue in her Spotlight interview. She explains how children are often used as a way of monitoring or continuing to control the mother, after they have moved away from the perpetrators of abuse. The examples she uses illustrate how serious the nature of this abuse can be:

We had another case, for example, this was an extended family where the father was using the children. He had given the 12-year-old cameras to put in the property and given the 12 year old sleeping tablets to put into the mother's food.

Shigufta Khan, CEO, Blackburn & Darwen District Without Abuse

The extreme manipulation of children and the impact this behaviour will have on their wellbeing must be recognised. Where children are involved or witnessing abuse, teachers, GPs, and other professionals that come into contact with these children must be clear that this is a form of child abuse and follow their safeguarding processes accordingly.

For social workers and those working in the justice system, as well as recognising this behaviour as a form of child abuse, they must recognise the impact of the behaviour on the mother's ability to control the parenting of their child and protect them from the behaviour of others. The accountability for the safety of the children must be placed on the perpetrator. It will be particularly important for civil courts to fully understand the wider circle of perpetrators when considering contact arrangements with family members.



Additional risks for victims of ‘honour’-based violence

Language barriers require more than a translator; services must look beyond their own terminology to understand what the victim is experiencing.

A quarter (26%) of HBV victims in the Insights dataset required an interpreter. This is a common area of need for victims of HBV, due to the high percentage of victims from migrant communities. For people experiencing HBV, language barriers can make the process of seeking support more complicated. There are obvious barriers around locating and contacting services, and the need to communicate with professionals through a translator. Professionals also need to be aware that family-members should not be used as translators.

However the issues around language can be even more extensive than the need for translation services. In her Spotlight interview, Ariana at Saheliya (a BME woman’s organisation) explains that the young women they support **may not have been allowed to learn English**; this barrier to accessing support can be part of the abuse itself.

The language barrier can also be a deeper problem than translation can resolve; it relates to the way that victims are able to identify and articulate what they are experiencing in a way that professionals understand. As discussed in the section above, the coercive control that victims experience may be based on a culture of expectations around behaviour that are embedded at a young age; it is unlikely that these victims would identify what they experience as issues of honour or forced marriage.

They [professionals] will use words, like “did your family talk to you about dishonouring the family and that you have to go into a forced marriage?” These words don’t mean anything to them [the victims], because those are not the words their families are using with them.

Ariana, Saheliya (BME women’s organisation)

This not only impacts on the initial stages of identification, but on the professional's ability to recognise the victim's needs throughout the support. For instance, Ariana also discusses language in relation to mental health, and the tendency for some BME women to describe their mental health problems in terms of physical symptoms. Similarly, victims may describe the mental distress they experience, but may not be able to identify or explain the behaviour that has made them feel or act this way.

Research suggests that this may be exacerbated by mental health not being perceived as a socially acceptable topic in many communities³⁹, leading to limited language that describes the experience. This is particularly relevant to supporting victims of HBV, as research suggests they may be especially vulnerable to self-harm and suicide. A study by Bhardwaj (2001) explored the high levels of self-harm and suicide among young Asian women and found links to experiences of family and community related oppression and abuse⁴⁰. Therefore overcoming the language barriers around mental health and understanding the signs of HBV through the language that victims use will be key to keeping them safe.

It will be particularly important for health professionals to understand why symptoms such as mental ill-health may have presented themselves and how they link to what is happening within that person's life. This can only be achieved by an effort on the part of these professionals to conduct a holistic assessment that looks beyond the presenting problems, or the way they are described by the victim. It may also help for services to think creatively about the materials they use, to support those with limited language understand and respond, eg utilising pictures and ensuring that the service is not reliant on telephone communication.

Recommendation 4: Information should be provided to victims and survivors in formats and languages that are accessible and that they can identify with

- **Government** should fund specialist translators for the purpose of advocacy, for instance to be used by domestic abuse services.
- **Domestic abuse services** should use awareness raising materials (eg posters, videos, written information) which are relevant to a range of scenarios including abuse from family members against young adults. These materials should be displayed in a range of locations including those frequented by young people, such as youth services and educational institutions. Agencies may wish to consider how they can source materials created by reputable organisations overseas.
- **Agencies** delivering training on HBV and forced marriage should ensure that verbal information and training materials use language that victims and survivors will identify with when describing abusive behaviours, in order to help embed this language within practice.
- **Local Safeguarding Adult Boards** should ensure that local agencies have policies and practices around ‘honour’-based violence which are informed by the views and experiences of survivors of HBV.

There is help available to victims with insecure immigration status, but we need to remove the barriers, and adapt to perpetrators who try to circumvent these rules or use the rules to their advantage.

For many women experiencing HBV, their insecure immigration status and lack of recourse to public funds can make it harder for them to access services that enable them to escape the abuse.

The SafeLives' Insights dataset finds that **a quarter (23%) of HBV victims accessing Insights services had no recourse to public funds** (NRPF) and a fifth (20%) needed to apply for Indefinite Leave to Remain (ILR).

Women who come to the UK on a spousal or partner visa have leave to enter or remain in the UK for between 24 and 30 months, on what is termed their probationary period, and they must have a sponsor who is a British Citizen or permanent resident. Immigrants on spousal visas are prevented from claiming most benefits, tax credits or housing assistance within the probationary period set from the point they arrive in the UK.

For survivors of HBV on a spousal visa, this may mean that their immigration status is tied to their abusive partner or family. Without recourse to public funds, these survivors are unable to access most emergency accommodation (including refuge in most cases), apply for housing benefit or income support, making leaving the abuser even more complicated.

The Destitute Domestic Violence Concession (DDVC) allows women in this situation to apply for indefinite leave to remain, and access benefits while doing so. However, survivors of HBV (particularly those who do not speak English) may be isolated and could be unaware or misinformed of their legal rights. Further, a survey by Southall Black Sisters in 2003 identified that abusers use immigration status and financial dependency as means of frightening and controlling victims.⁴¹

Tina Ciccotto, a senior IDVA at Victim Support in Tower Hamlets recounts the case of a victim who was living on a spousal visa and fearful of returning to her home country, where divorce was frowned upon:

She felt she was the “black sheep” of the family and considered a “whore”. She explained some relatives had disowned her, and the family members she was in contact with were indifferent to the abuse she had experienced and they blamed her for it.

Tina Ciccotto, Senior IDVA, Victim Support Tower Hamlets

Because of this fear of returning to her home country, her husband was able to make threats that the police would deport her, which stopped her from reporting the abuse.

Such behaviour can influence whether the victim chooses to leave the relationship regardless of whether they know what help is available. Immigration proceedings can be daunting processes and survivors applying under the DDVC must provide several types of evidence, including some which proves the abuse they have experienced. Additionally, the DDVC can only be accessed by those who have entered the country on a spousal visa, making it inaccessible to those on other forms of visa such as overseas domestic workers. Changing this rule could be one key way to widen access.

Our Spotlight contributors have also highlighted that perpetrators are circumventing the issues around the concession by leaving their wives abroad (in their home country) where they cannot gain a legal divorce, claim their financial entitlements (often due to the related issue of dowry abuse, discussed further in the next section), and would find it far more difficult to gain the DDVC and re-enter the country. This practice is known as 'transnational marriage abandonment' and has been the subject of research by Dr. Sundari Anitha at the University of Lincoln. Dr. Sundari Anitha explains that in circumstances when the woman's children have remained in the UK, professionals may become aware of the family through social services involvement with the children, but may be told by the perpetrator that his wife has simply decided to leave.

For practitioners who are in that situation, immediately that's a red flag. They need to find out why she's gone back. They need to ascertain from her whether she went back willingly.

Dr. Sundari Anitha, Reader in Criminology, University of Lincoln

In addition to ensuring victims are aware of and can access the DDVC, it will be important to ensure that policy and practice keeps up with these new forms of abuse, and practitioners are able to identify and respond to the behaviour. There is currently a gap in evidence and guidance on the potential role that border and immigration staff can play, but it is sensible that for those being removed from the country against their will these professionals can have a role in identifying these circumstances or responding to those who disclose to them. Research by Anitha et al (2016)⁴² also highlights the urgent need to recognise the rights of these women to claim the DDVC, and to enable them to obtain temporary visas to return to the country and initial legal proceedings. From October 2017, an update to Practice Direction 12J will expand the definition of domestic abuse used in the family justice system to explicitly include HBV. This is an important step forward, but must be accompanied by training for family law practitioners and the judiciary on related issues such as dowry abuse.

Recommendation 5: Statutory agencies must implement protective measures to address the issue of ‘transnational marriage abandonment’ and the related issue of dowry abuse.

- **Local Authorities** should ensure that local agencies, including those that work with children, are made aware of the issue of transnational marriage abandonment and of appropriate reporting procedures if they suspect this form of abuse.
- **UK Border Force** should develop guidance for its staff on cases of transnational marriage abandonment.
- **Government** should allow victims of transnational marriage abandonment to be issued with temporary visas to allow them to access the DDVC and initiate or engage in criminal and family or civil court proceedings.
- **Family law practitioners and the judiciary** should secure specialist training on dowry abuse.

Victims of HBV can face multiple financial barriers to leaving, but there are important ways that professionals can help

The Insights dataset suggests that victims of HBV are often in difficult financial circumstances, which can be another barrier to leaving the abuse, due to a fear of not being able to provide for themselves (or their children). Only a quarter (24%) of HBV victims were in paid employment and almost half (44%) were struggling to pay for essentials. Often this will be a consequence of language barriers and insecure immigration status, which can prevent financial independence, or other barriers to financial independence such as the expectation on women not to work but to care for the household.

In addition to challenges related to securing employment, a particular issue for South Asian victims is the use of dowries. In her Spotlight interview Dr. Sundari Anitha describes a dowry as ‘a particular form of transaction of goods or wealth which takes place upon marriage or following marriage’. Often this means inheritance is passed to a woman before the death of her parents. When this dowry is appropriated by the woman’s husband or her husband’s family it creates further financial barriers if she seeks divorce or separation.

Dr. Sundari Anitha explains that some of these dowries can be tens of thousands of pounds, and often come in the form of possessions, such as jewellery. This is particularly relevant for practitioners supporting women who are fleeing their homes. Dr. Sundari Anitha emphasises that in these cases timely support to recover the woman's possessions can be vital:

It's not just possessions you're talking about – though she may talk about it as possessions – included in those possessions are her jewellery, which is her dowry, her inheritance. And there's a very small window you have, soon after she's left, where she can go back and recover all of her gold.

Dr. Sundari Anitha, reader in Criminology at the University of Lincoln

Practitioners will not only need to be aware of the support survivors of HBV need to gain financial independence, but ways that they can mitigate this form of disadvantage, for example where relevant, by helping the survivor to regain their inheritance, and where this is less of an issue, in helping victims/survivors to access good quality, affordable financial advice, for example from Citizen's Advice, the DWP or other organisation with a duty to support those in precarious financial situations.

Financial issues can also be linked to housing situation particularly for BME victims, as identified by SafeLives National Scrutiny panel⁴³ on cases involving victims who are BME. In more longstanding communities, the victim and perpetrator may have jointly owned a home for a long time, making it more difficult to leave. Housing risks may include the need to consider and respond to larger households, with some victims/survivors sharing living space with other families. This may contravene tenancy regulations, again exacerbating the problem of a victim being able to seek help from people considered to be acting in an official capacity. In addition, they may be vulnerable to rogue landlords and employers who could further exploit their vulnerable legal status. It is important to involve housing professionals in cases where the victim is BME, due to these common issues, in order to support victims with rent arrears and situations where the individual has no recourse to public funds, and consider all possible ways that the housing response can reflect the risk to the victim.

Victims of HBV can be severely isolated from the social networks and information they need to get help and rebuild their lives

Research by Mayer et al (2016) has shown that migrant women in western countries can lack personal networks, both increasing their risk of HBV and leaving them extremely isolated if removed from their families (who are often the perpetrators)⁴⁴ SafeLives' National scrutiny panel on cases involving victims who are BME⁴⁵ found that isolation was a common theme. This was exacerbated by 'factors such as a lack of knowledge of available services, reluctance to engage with services for cultural reasons or because of lack of trust, language barriers and insecure immigration status.'

Prior to escaping the abuse this isolation may be a result of language barriers as discussed above, or the level of abusive control. Priya Manora at Karma Nivana talks of survivors who 'have never been allowed to integrate, have independence, freedom of thought'. The young age of many victims, identified earlier in this report, can add to this social vulnerability due to lack of exposure to the world outside of the victims' immediate family or community.

The isolation may also be linked to an effort by the perpetrators to shield the victim from 'westernisation', particularly in the case of young people. Contributors to the Spotlight explained that sometimes the abuse may in fact stem from a fear of westernisation. Ariana at Saheliya explains:

We work with young women who, when they go back to their various countries where their families will come from, will experience a higher level of freedom than they ever do when they're here... these communities are trying to maintain something but they're doing it in a way that's sometimes so violent and so abusive.

Ariana, Saheliya (BME women's organisation)

Ada, a survivor of HBV, highlights that even if the young person has been able to establish a support network outside of the abusive family or community, removing them abroad can be a way to re-establish this isolation:

I've always been, how can I say, more westernised... So they were always 'one day you need to fix up, you need to follow your culture' blah blah blah. And that's why I think they had to take me to another country to get married. I don't think it would have happened if I was here. Because I know a lot of people in England.

Ada, survivor

The isolation that individuals experience as part of the abuse can even expand once the immediate risk of abuse has been removed, and can have a severe and long term impact on the survivor's wellbeing and sense of belonging. Jasvinder Sanghera told SafeLives that in order to escape the risk of a forced marriage, she had to accept that she would have no further contact with her family.

In her Spotlight interview, Priya Manora from Karma Nirvana explains that the level of isolation prior to seeking support can make it difficult for survivors to manage outside of the community and the systems they are familiar with. They may be vulnerable to other abusive relationships, sexual exploitation, or even to returning home to the perpetrators.

They have just come from one situation that they did not feel comfortable in, or they were not safe or they were at risk, to just another situation where they are not happy.

Priya Manora, National Support Line Manager, Karma Nirvana.

In cases where the abuse may have included the manipulation of children by the perpetrator, the work of support services may include supporting the survivor to establish their parenting style, now that they are free from the control of others. The children involved will also need support to overcome the abuse and understand what they have experienced.

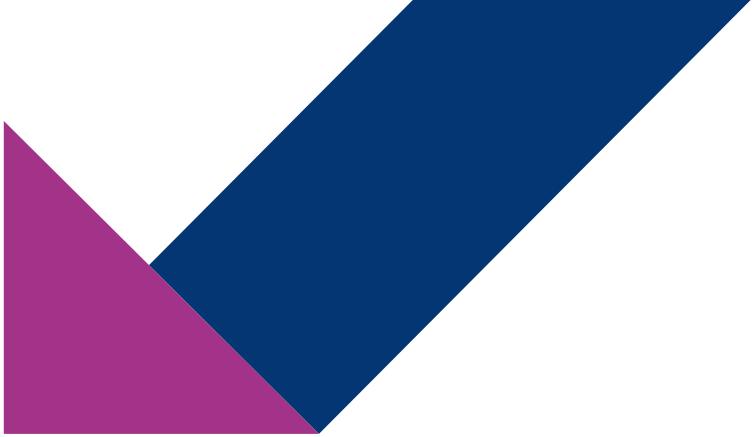
Dr. Sundari Anitha explains that, particularly for those who return to their home country, the social impact of leaving the relationship can persist permanently, even if survivors are able to rebuild their lives in other ways. She described the case of Chandy, who returned abroad to her family after escaping an abusive arranged marriage:

There was a huge amount of stigma. The family were no longer invited to social occasions, but, by then she had become the head teacher of her school. In terms of her occupation, she'd done really well, though socially the family were still isolated.

Dr. Sundari Anitha, reader in Criminology at the University of Lincoln

As well as considering more practical implications of isolation, such as the need to reach victims who may not know how to seek support, it will be important for professionals to consider the emotional and wellbeing support needed on a long term basis. This is the help that survivors need to rebuild their lives and re-establish their identities as individuals away from the life they have previously known. Supporting survivors of HBV who are feeling isolated is one of the aims of the national support line run by Karma Nirvana. It is also one of the goals of Karma Nirvana's new Survivor Ambassador Programme^v. The programme aims to reduce the isolation of survivors and empower them to rebuild their lives, by providing a platform for them to share their experiences. This will include a national membership network which will provide a variety of opportunities for survivors to connect, including a forum and access to events.

^v See <http://www.knsap.org.uk> for more information. Survivors can get involved by e-mailing sap@karmanirvana.org.uk



The response to domestic abuse for those at risk of ‘honour’-based violence

We must increase identification of HBV, in order to help the many victims who cannot or do not feel able to report the abuse themselves.

SafeLives' Insights dataset finds that the average **length of abuse before seeking support was five years for those at risk of HBV. This is far longer than the three-year average** for those not identified as at risk of HBV.

Research by Dr. Geetanjali Gangoli at the University of Bristol's Centre for Gender and Violence identified extensive barriers for victims of HBV when reporting to the police. These barriers included 'blackmail' on the part of the perpetrator, for instance based on fear that other family members will see reporting the abuse as dishonourable. The research also found that sometimes the barriers were as simple as not knowing how to report the abuse.

First generation immigrant women, they either didn't know how to contact the police; they didn't know that they could just dial 999, for instance, sometimes they didn't have a phone with them, for instance, and some of them came from countries where going to the police is actually seen as shameful in itself.

*Dr. Geetanjali Gangoli, Senior Lecturer,
Centre for Gender and Violence Research, University of Bristol*

Ada, a survivor of HBV, highlights that there is also a normalisation of some forms of abuse, which may be a further barrier to seeking help:

To be honest, I never knew there were services that could support you and help people in my situation. Because to us, for me, it's like a normal thing: I've seen my grandmother, my aunties, my mother going through all that... people just think that is the way it is, that is the way that it's supposed to be. They don't know that there are organisations or people that can help me.

Ada, survivor

SafeLives National scrutiny panel on cases involving BME victims⁴⁶ also highlighted that Victim/survivor attitudes to public services were informed by the practice in their country of origin, where not the UK. For example, a longstanding expectation that the police will be corrupt and therefore cannot be trusted.

These barriers to coming forward may be compounded by a lack of readiness to respond on the part of professionals such as the police. The 2015 HMIC inspection report on the police response to HBV⁴⁷ found that there was a very low level of readiness to respond to HBV, with only 3 out of 43 forces assessed as ready to respond across all areas of the inspection^{vi}.

SafeLives' Insights data finds that despite these barriers to reporting to the police, the percentage of HBV victims referred to domestic abuse services by the police (34%) was similar to other people accessing support (39%), as was the percentage of self-referrals for victims at risk of HBV (19% compared to 23%). This suggests that hidden victims who are not disclosing to the police are also not disclosing to other professions or seeking support directly, meaning professionals must do more to facilitate these disclosures.

It will also be important to ensure that all agencies are ready to respond to disclosures, which is a role for those inspecting the performance of these agencies, in the same way that HMIC is monitoring the police response. For instance the health inspectorate (the Care Quality Commission) should ensure that adult safeguarding frameworks meet NICE Guidelines on asking about DA and referring patients for specialist support. The education and children's services inspectorate, Ofsted, should pay particular attention to policies in place in schools around forced marriage. It is positive that a proactive response to HBV was highlighted briefly in two of the joint targeted area inspections⁴⁸ of the response to children living with domestic abuse (Bradford and Wiltshire).

^{vi} A force is described as being prepared overall for protecting people from harm caused by HBV if it was assessed by the HMIC as prepared in all areas of 'leadership', 'awareness and understanding', 'protection' and 'enforcement and prevention'

All agencies have a role in identifying victims of HBV and domestic abuse

As well as removing the barriers to reporting to the police, it will be important that other professionals who may be better placed to identify victims of HBV (such as health professionals, teachers or social workers) are equipped to identify, respond and refer victims of HBV and FM to domestic abuse agencies. For instance, according to Insights data **over half (57%) of victims at risk of HBV had visited their GP in past 12 months, and 19% had attended A&E as a direct result of the abuse.** Despite this only 6% of people were referred to the domestic abuse services from health professionals.

Previous research by SafeLives on the role of Hospital Idvas⁴⁹ suggests that the role of health can be key to supporting victims who frequently face barriers to getting help. Victims engaging with hospital Idvas seemed to be accessing effective support at an earlier point; hospital Idva victims had experienced abuse for an average of six months less than victims engaged with a community service.

The Government's Violence Against Women and Girls (VAWG) strategy highlights the importance of an integrated multiagency response that looks at victims, their families and perpetrators in the round. To be able to fully respond to the situation, all agencies that may be working with the victim, including health, education and social care, will need to have an understanding and awareness of HBV. SafeLives has developed DA Matters, a programme which focuses on the issue of domestic abuse and coercive controlling behaviour and is structured with a view to implementing long-term attitudinal and behavioural change in public service professionals who may have regular contact with victims of domestic abuse, perpetrators and families affected by domestic abuse. Programmes like this can ensure that all public services fully understand the range of circumstances surrounding domestic abuse, including HBV. The programme is currently being implemented in police forces across the country, and extending it to child and adult social workers could help to ensure these agencies are prepared to contribute to the response.

Our Spotlight contributors stressed the importance of all agencies building the confidence to fully understand what is happening for victims of HBV. Shigufta Khan (Blackburn & Darwen District Without Abuse) explains in her Spotlight interview that sometimes professionals may recognise what is happening but be deterred by culturally specific circumstances that they may not feel equipped to deal with:

It's in the 'too difficult to deal with' box, so let's not open that box... but if you've got these additional factors that are happening or going on, unless you open that box up and look at it and actually unpick everything that is going on, you are not going to deal with the root cause of the problem.

Shigufta Khan, CEO, Blackburn & Darwen District Without Abuse

The cultural context may influence the way that the victim experiences the abuse and should be explored and understood carefully. However it will also be important for professionals to remember that cultural circumstances should not affect the criminal or safeguarding response to suspected abuse; it does not alter whether or not the behaviour is acceptable.

There are several areas that key agencies can ensure their front line practitioners understand, in order to support them to feel confident to identify abuse and take appropriate action:

- Understanding that abuse is not a cultural practice, to ensure professionals are able to name the abuse when it is happening within circumstances that they are not familiar with, without fear of causing cultural offence.
- Awareness that HBV can often be perpetrated by family members that might typically be seen to act protectively, such as fathers, mothers, brothers and sisters, and understanding of how to safety plan in these circumstances.
- Understanding of the characteristics that may put certain groups (such as men) at increased risk of HBV, including disability, sexuality and mental health needs.

In light of the numerous barriers to disclosing abuse, it may be necessary for England and Scotland to consider implementing the 'Ask and Act' process already implemented in Wales through statutory guidance. The aim of this programme in Wales is to encourage relevant professionals to "ask" potential victims about the possibility of gender-based violence, domestic abuse and sexual violence where such abuse is suspected and to "act" so suffering and harm as a result of the violence and abuse is prevented or reduced.

Victims may find it difficult to engage even when the immediate risk is removed

The challenge of identifying victims of HBV is only the first step for agencies responding to the abuse. The HMIC report on the police response identified that, while 40 forces were prepared to respond⁵⁰ to some extent, the majority could respond to early stages of reports but were unprepared for enforcement and prevention^{vii}. This reflects the findings of the participatory research carried out by the University of Bristol alongside the report, which was described by Dr. Gangoli in her Spotlight interview. This research found that 20 out of 34 reporters in the study were happy with the police's initial response, but only 9 out of 34 were happy with the overall experience; 'there was a sense among some participants that the role of the police was to move women to safe accommodation and then withdraw'⁵¹.

Speaking to us about this research, Dr. Gangoli explained that cultural awareness was a key part of this, for instance the lack of understanding on the part of police about why other women in the family may not be speaking out about their knowledge of the abuse:

HBV adds a different level of complexity where you're trying to understand issues and scenarios that are not common place... there is a skills gap between police training and real practice.

Police Officer (15 years' experience)⁵²

The role of specialist support services will be vital in supporting police and other statutory services to identify victims, and ensuring they know how to respond after initial identification.

It is important to remember that many of the barriers that prevent victims from reporting the abuse in the first instance are still present at the point at which they are in contact with services. These barriers may cause survivors of HBV to choose not to take offers of support, or to do so gradually or inconsistently.

Maz Idriss notes in his Spotlight blog that there is a particular complexity around why a survivor may choose not to support a criminal justice response. He explains that since the criminalisation of an FMPO breach, the police have been able to investigate and make arrests regardless of whether the case is taken forward by the survivor in civil court, known as a pursuing a victimless prosecution. This is an important step because of the coercive and controlling nature of forced marriage which means that family members may exert pressure upon the survivor to withdraw civil cases.

vii Enforcement and prevention includes capacity to investigate HBV incidents, work together with others to identify and manage those who pose a risk to victims and to close cases in a victim-centred and timely way.

However, Idriss also highlights that in some cases, supporting any criminal or civil remedies may cause further risks for the survivor, who may be in further danger for 'shaming the family' if a prosecution is brought. Because of this, 'pursuing a victimless prosecution' must be managed carefully. This must be with due regard for the views and experiences of the victim or survivor, and the views of specialist advocates who will ideally be working closely with them.

CPS data reveals that in 2015 – 2016⁴³, five new defendants were prosecuted in two forced marriage cases using the new specific offence of forced marriage, but both cases were unsuccessful as the victims withdrew and did not attend court. While prosecutions without support of the victim are possible they are more difficult.

Even where HBV has already been identified, understanding the further actions that might be perceived as 'dishonourable' will be important not only to help support the victim to engage, but to identify further risks and keep them safe while doing so. This is not only relevant for the criminal justice system, but police, domestic abuse agencies, specialist HBV and FM organisations and any other professional supporting survivors. Ariana at Saheliya explains that fundamentally this is about professionals ensuring they fully understand the circumstances of the survivor:

Nobody's asking every single social worker, or every single health provider, or every single mental health worker to have an understanding or awareness of every single culture there is out there, it's just saying to offer a holistic assessment, so you're taking everything into account.

Ariana, Saheliya (BME woman's organisation)

Recommendation 6: Provision must be made available for honour-based violence victims to access tailored support throughout the criminal justice process.

- **The police** should ensure that victims of HBV are able to access all special measures available to vulnerable or intimidated victims, as set out in the Code of Practice for Victims of Crime, and are proactively made aware that these special measures are available to protect them from intimidation and further harm.
- **Local Authorities, family law practitioners and the judiciary** should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements. This includes use of child manipulation by perpetrators and the impact this has on the victim's ability to parent, and the prevalence of extensive perpetrator networks within the family.

Support for domestic abuse linked to ‘honour’-based violence must be responsive to the specific risks for survivors of HBV

As this report has discussed, the specific motivations that define HBV are complex and can be hidden from those outside of the community through the highly coercive and often subtle nature of the control used by perpetrators. Additionally, the number and range of perpetrators can distinguish the experience of victims of HBV from other domestic abuse cases. Domestic abuse services working with victims of HBV will need to fully understand these circumstances in order to properly assess the risks for the client.

In her Spotlight blog, Dr. Lis Bates at the University of Bristol discusses her research which explores three typologies of domestic abuse victims who are at risk of HBV:

- **Type I:** the sole perpetrator was a current or ex intimate partner (very similar – arguably identical – to other domestic abuse cases).
- **Type II:** the perpetrator was one or more of the victim’s family members, generally their birth family.
- **Type III:** the perpetrator was a current or ex intimate partner, and in addition one or more of the victim’s family members – most commonly their in-laws.

The study found that risk levels differed significantly, ranging from type II at the lower end (52% at high risk of serious harm or murder) to type III at the highest end (74% at high risk). Those in Type III had the highest number of perpetrators which is likely to have influenced this increased level of risk. Despite this, all three types were equally likely to be referred to Marac. Dr. Bates highlights that it will be important to understand whether this is a result of those in the type II category being automatically elevated to Marac (with some local areas operating a policy of referring all HBV cases). Alternatively, it may be due to these cases being mistakenly scored at lower risk, perhaps as a result of **underestimating the risk posed by female family members who are traditionally seen as protective.** Bates (2017)⁴⁴ finds that cases in Type II were significantly more likely to include a female perpetrator.

It will be important for domestic abuse services and local procedures around Marac referrals to be aligned in their understanding of risk in order to ensure that the right referrals are made and that victims get the most appropriate response. This is likely to require a deeper understanding of how the risks, and presentation of these risks, might vary depending on relationships to the perpetrator. If risk judgements are elevated to Marac threshold there must be an understanding of the basis on which this occurs, based on a true knowledge of the circumstances of the victim, rather than a local procedure.

Support for domestic abuse linked to ‘honour’-based violence must respond to the specific needs of these victims

This report has highlighted a number of specific circumstances that commonly accompany ‘honour’-based violence, including insecure immigration, language barriers, financial difficulties and isolation. In her Spotlight interview Dr. Gangoli highlights that services working with victims of HBV must consider these more structural issues that often accompany the abuse and can create multiple forms of oppression and inequality.

Women with no recourse to public funds cannot access any form of emergency accommodation, including most refuges, because they are not able to claim housing benefit or income support. Research carried out by Anitha et al in 2008⁴⁵ indicated that the vast majority of women with no recourse to public funds (NRPF) were refused accommodation by refuges, and services that did accommodate them faced financial difficulties as a result. While these funds can now be made available through the DDVC, this is unlikely to be in place at the point of crisis. A report by Amnesty International and Southall Black Sisters⁴⁶ highlights that specialist services who have a policy of accepting these women may be key to ensuring the initial barrier of NRPF does not prevent women from escaping abuse when they need to.

Anitha et al also highlighted, through quotes from survivors themselves, that the advantage of specialist provision is also to mitigate for the multiple forms of oppression, such as isolation and language barriers. One survivor said:

When you are depressed, that’s when you definitely want someone who understands your problems, with whom you can share everything. At that time you are so alone, so you need company - please don’t arrange a B&B ... and don’t put us in English (generic) refuges either.

Survivor (as quoted in Forgotten Women, Anitha et al, 2008)

Insights data shows that those at risk of HBV are disproportionately supported by refuge services, compared to Idva and Outreach services. In 2016-17 4% of those supported by Idva services were identified as at risk of HBV, compared to 9% of those supported by refuge. Refuge is an important resource for this group, due to the prevalence of multiple perpetrators and danger of staying in the community even if the risk from the primary perpetrator has been removed. However, it is also important that Idva services are fully accessible to these women to prevent the risk escalating to a point at which it is necessary to flee their homes. It is also only a small percentage of women overall who will need to stay in institutional housing and it will also be important that specialist support is available for victims of HBV who remain in the community, whether they move, or stay in the same or similar location. For those that do require the support of a refuge, there is also a need for more flexible and wide-ranging move-on options so that people can more quickly return to independent living.

Our Spotlight contributors have highlighted that having practitioners who understand their culture can make victims feel more able to explain their situation, because there is already a level of understanding about their circumstances. Combined with the number of complex risks and needs for this group, the need for specialist provision is clear. Specialist services must be given the appropriate funding to provide the option for clients to work with a specialist practitioner if they wish. Both Afrah Qassim at Savera UK and Dr Hannana Siddiqui who works for a number of leading BME women's organisations, highlight that specialist services are stretched for the resources they need.

A lack of funding has resulted in budgetary cuts in training and development that are so key to understanding the issues surrounding harmful practices, as well as developing and coordinating a multi agency approach.

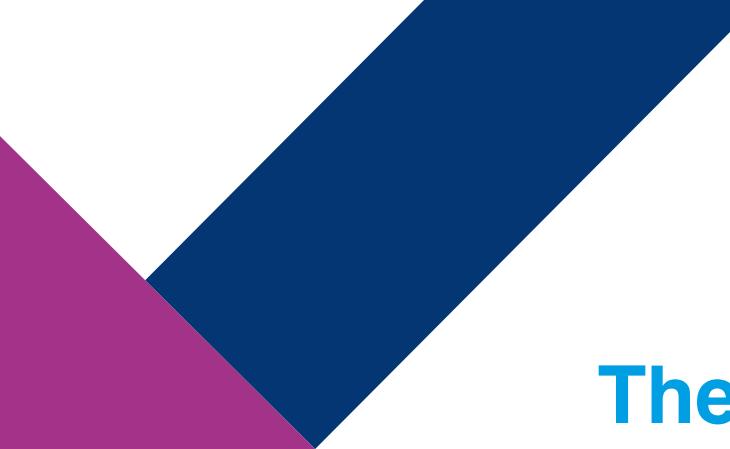
Afrah Qassim, Founder and Director at Savera UK

However to ensure this form of abuse is responded to, HBV and forced marriage must also be recognised as a form of domestic abuse and training and awareness provided to non-specialist organisations. It may also be helpful to have a specialist practitioner or 'champion' within non-specialist services, to give clients the option to work with a specialist within a wider service.

In addition to these approaches, throughout this Spotlight our contributors have above all highlighted how important it is that all practitioners make an effort to fully understand the circumstances of victims of HBV, and recognise it as another form of domestic abuse. Services employing a specialist or champion must ensure that part of their role is to increase this wider understanding within the organisation. Tina Cicotto at Victim Support and Ariana at Saheliya both spoke to SafeLives about how they had come to understand how ‘honour’-based violence was a part of the problem for the people they supported, through trying to understand what was beneath the surface of that victim’s needs. Taking the time to explore the wider experiences of the client can help to identify HBV even if the practitioner is not a specialist in this area is the first step to providing the specialist support needed.

Recommendation 7: Local specialist services should be available for those at risk of ‘honour’-based violence and forced marriage across England and Wales.

- **Local commissioners** should fund interventions, ideally through pooling budgets, designed specifically for victims of domestic abuse who are also at risk of HBV or forced marriage. These interventions should address the specific needs that often accompany this type of abuse, for instance language barriers and social isolation. This should include long term support for survivors of HBV after the initial risk has been removed, which supports them to rebuild their lives within new communities, for instance drop-in groups.
- **Government** should consider ways to make funding available for refuge spaces for victims of domestic abuse who do not have recourse to public funds or are in the process of applying for the Destitute Domestic Violence Concession.
- **Domestic abuse services** should consider appointing ‘champions’ or specialists who receive in-depth training on HBV. This should include Forced Marriage and FGM, the motivations behind HBV, and related circumstances such as the use of dowries. These professionals should take a lead in ensuring all staff members are aware of how HBV can impact on the experience of domestic abuse and the risks to those involved.



The role of the community in responding to ‘honour’-based violence

Involvement of the wider community is integral to HBV at every stage of the abuse, and working with these communities will be integral to ending the abuse.

The HMIC inspection report⁵⁷ identifies that ‘collusion, acceptance, support, silence or denial’ of HBV has been found on the part of some community leaders. Similarly a literature review by Bhanbhero et al (2016) has found that ‘normative support from the respective communities’ is one of the characteristics given to HBV⁵⁸.

In her Spotlight interview, Jasvinder Sanghera states that regardless of the changes in legislation and the actions of statutory and third sector organisations, things will not improve for victims or survivors if the community does not also have a response that supports victims and condemns abuse in the name of ‘honour’.

Wide networks of abusers make it more difficult for victims to remain in their own communities following the abuse; changing attitudes among community members could instead make it more difficult for the abusive parties to continue, and easier for the victim to leave the abusive situation without leaving the community. This will require community and religious leaders to create fundamental change in some of the persistent, patriarchal norms of masculinity and gender roles. It will be important for these leaders to speak out against the abuse, as Irfan Chishti, a leading imam in Manchester, has done:

It is not an Islamic issue, it's more of a tribal tradition that cuts across several faiths, but I can say categorically that it is not acceptable. It's difficult to ascertain the extent of this problem but I like to think that faith leaders are speaking out against it. Honour is a way of measuring dignity and respect and it is a very individualistic thing. Dishonour to one person is not the same as to another but we have to be very clear that there is never any justification for such horrific crimes.

Irfan Chishti, Imam, as quoted in The Guardian⁵⁹

Furthermore, the controlling nature of HBV often starts when victims learn what is normal or acceptable within their communities.

Yeah, you're born, you go to school, and at a certain age you get married, you have kids, and that's the woman's life... there is a lot of things you want to do, but it's always what the elders want you to do even when you're 40 years old or 50 years old, you're always going to be told what to do.

Ada, survivor

It may only be when the abuse becomes more overt, once within a marriage, or if rejecting demands to marry or behave in a certain way, that the victim seeks help. Therefore, it will be important to ensure young people are educated about issues such as consent, their rights, and the law within the UK, in order to help them to identify abuse and get help earlier. As noted earlier, when RSE is introduced into schools the focus should not solely be on telling children and young people how to protect themselves, but also halting any nascent belief or behaviour which could in future lead someone to perpetrate harm against others.

You just get that brain wash. But as you get older, you go to school, you watch TV, you think, well other people don't have to do that why can't I do what I want? But you need to have a lot of courage or heart to do it. Me, I was quiet for a very long time until I couldn't handle it no more.

Ada, survivor

The House of Commons Home Affairs Select Committee⁶⁰ reported on DV and HBV in 2008 and found that none of the survivors they interviewed had received any kind of education in school about forced marriage and HBV. The report also commented on the resistance within many schools to addressing the issue of forced marriage through awareness-raising actions such as displaying posters, for example.

However, school is not the only way to tackle this problem, and Shigufta Khan notes in her Spotlight podcast interview that it will be important for young people to hear these messages against the abuse elsewhere within the community:

It needs to happen in different settings and different scenarios and everybody should be given the same message because otherwise how confusing is that for a young person?

Shigufta Khan, CEO of Blackburn & Darwen District Without Abuse

Education of young people, with the help and support of the community, can lead to earlier intervention, but it will depend on all those who work with young people delivering similar messages. The House of Commons Home Affairs Select Committee highlighted that where schools had taken action it was very often as the result of partnership with local voluntary organisations, and noted that community organisations have been effective in reaching young people. SafeLives' previous Spotlight report, Safe Young Lives, identified that education can be successful in changing the attitudes of young people of both genders regarding healthy relationships and abusive behaviour. Use of similar programmes, with the involvement of the community, could be a key component in enabling young people to get help at the earliest stage.

Recommendation 8: Awareness raising must happen at both a local and national level, and include a focus on young people

- **Local authorities, statutory agencies, political leaders and community groups** should support national awareness raising campaigns that have a focus on HBV, including the national date of remembrance for honour killing and the White Ribbon campaign.
- **Government** should consider how to increase awareness of UK laws regarding the perpetration of abuse, and support for protection from abuse, for migrants arriving in the country.
- **Local authorities** should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.
- **School governing bodies** should ensure that the new PSHE curriculum tackles the underlying values amongst some boys and men which allows violence against women and girls to happen. This work to reduce the risk of perpetration should be delivered alongside support on how young people can keep themselves safe from this form of abuse.
- **Government** should fund a DA Matters style culture and behaviour change-programme for children's and adult social workers, as well as accelerating the current programme for the police
- **Multiagency responses** to domestic abuse must ensure they are recognising all forms of domestic abuse, including HBV

Conclusion

There is an increasing understanding and awareness of HBV and forced marriage in the UK among policy makers, statutory and voluntary services, and those commissioning support for victims. Practitioners responding to this form of abuse have access to advice, resources and legal mechanisms to help them support victims and survivors. This progress should be celebrated, but there is still much more to be done.

It is clear that there is a lack of reliable and up to date information on the scale of HBV in the UK, and there is still work needed to understand the true extent of these crimes and help victims to feel confident and safe to report the abuse.

Although the behaviours involved in ‘honour’-based violence can be placed into the broad categories of behaviour typically seen in domestic abuse cases, there are many circumstances specific to this form of abuse which must also be understood, including the motivations which define ‘honour’-based violence.

‘Honour’, culture or tradition can form no part of abusive behaviour and are only ever a means of self-justification for the perpetrator of abuse. However, understanding culturally specific circumstances which often accompany HBV will be important in supporting victims and survivors. It will also be important to tackle the heavily gendered norms of behaviour, expectations and entitlement which are common to these cases, as they are to other forms of domestic abuse. These may include expectations about behaviour made clear to victims/ survivors and those who go on to harm from a young age, the fear of children (even adult children) escaping parental and community influence and control, and the additional needs and risks that accompany being a migrant in the UK.

Because of the wide network of perpetrators in many HBV cases, practitioners must also understand the dynamics within the wider family and the community. For instance, family members who may be present at conversations with the victim may also be perpetrators, or may not admit to witnessing abuse because they too fear abusive behaviour.

The complexity of this form of abuse suggests a clear need for specialists within the domestic abuse sector who understand these issues in depth and can champion best practice within their own and other organisations, and this will require adequate funding. However identification can only be achieved if all professionals are able to recognise this form of abuse and the associated risks. Contributors to our Spotlight highlight that central to this is the use of holistic assessments that look beyond the presenting problems, or the way they are described by the victim.

For survivors of HBV, the support needed goes far beyond identifying and reducing immediate risks. Survivors of HBV can be forced to contend with complete isolation from family and the only community they have known, on a permanent basis. They will need long term emotional and wellbeing support to rebuild their lives and re-establish their identities as individuals away from the life they have previously known.

As with all forms of domestic abuse, prevention and early intervention will be key to the response, and engaging with communities, especially young people, will support those at risk to get help at the earliest stage. In the case of HBV, changing the attitudes of the community could also be an important method of reducing much more immediate risks.

Appendix: about the data

The sample size and method of data collection places a number of limitations on the conclusions we can draw from Insights data, as set out below. Care has been taken to use this data alongside other sources of information when producing the findings set out in this report.

Sample Size

The dataset used within this report represents 8,988 people entering services, 310 of whom were at risk of HBV, and 7585 people exiting services, 195 of whom were at risk of HBV.

The small size of the HBV dataset means that caution should be taken in generalising findings to the wider population. However, any differences between those at risk of HBV and those not identified as at risk of HBV that are noted in the report were statistically significant unless otherwise stated.

Cases

Insights data is collected from victims at the point at which they are accessing services. This means it is not representative of victims who are not accessing services.

Data collection

Data collection is completed at two points on the client journey within a support service: intake and exit. Data is anonymous and only collected from people who consent to their data being used for monitoring and research purposes.

The Insights data used in this report is collected by 37 services using the SafeLives Insights tool during the reporting period (12 months to April 2017). This means that the nature (eg support offered) and location of services will not be representative of all domestic abuse services nationally.

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