NOTTINGHAM TRENT UNIVERSITY

Honour based violence and the Multi-Agency Approach in Nottingham

Response of local agencies to honour based violence

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Glossary of Terms

	Definition
AAIU	Adult Abuse Investigation Unit
ACPO(S)	Association of Chief Police Officers (Scotland)
BCS	British Crime Survey
BMER	Black Minority Ethnics and Refugees
BVPIs	Best Value Performance Indicators
CAADA	Co-ordinated Action Against Domestic Abuse
CAFCASS	Child and Family Court Advisory Support Services
CAIU	Child Abuse Investigation Unit
CAT	CAADA Advocacy Training
CDA	Crime and Disorder Act(1998)
CDP	Crime and Drugs Partnership
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CIMEL	Centre of Islamic and Middle Eastern Law
CJS	Criminal Justice System
CLU	Community Liaison Unit
CPS	Crown Prosecution Service
DASH	Domestic Abuse, Stalking and Honour based violence
DASU	Domestic Abuse Support Units
DCFS	Department of Children and Family Services
Dowry	Payment to the family of the spouse as part of the arrangements of the marriage
DV	Domestic Violence
DVCs	Domestic Violence Coordinators
DVPOs	Domestic Violence Protection Orders
DWP	Department of Work and Pensions
ECHR	European Convention of Human Rights
ECtHR	European Court of Human Rights
ENAPs	European National Action Plans
FCO	Foreign and Commonwealth Office
FGM	Female Genital Mutilation
FIP	Family Intervention Project
FLA	Family Law Act (1996)
FM	Forced Marriage
FMPOs	Forced Marriage Protection Orders
FMU	Forced Marriage Unit
Ghairat	Respect and social prestige
HBV	Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
HO	Home Office

IATP	Improved Access to Psychological Therapy
IDAP	Integrated Domestic Abuse Programme See: http://www.nottinghamshire-probation.co.uk/IDAP.aspx
IDVA	Independent Domestic Violence Advisor
ILR	Indefinite Leave to Remain
INTERIGHTS	Internal Centre of Legal Protection of Human Rights
IPV	Interpersonal Violence Module
ISVAs	Independent Sexual Violence Advisors
Izzat	Family or communities honour
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LCJB	Local Criminal Justice Board
LEA	Local Education Authority
LSCB	Local Safeguarding Children Board
MA	Multiagency
MAPPA	Multiagency Public Protection Agreement
MARAC	Multiagency Risk Assessment Conference
MPS	Metropolitan Police Service
Multiculturalism	The promotion or acceptance or multiple cultures within one jurisdiction/area
NFA	No Further Action- Normally released without charge unless new evidence comes to light
NI	National Indicator
NNIDAS	North Nottinghamshire Independent Domestic Abuse Service
NPIA	National Police Improvement Agency
NRPF	No Recourse to Public Funds
NWA	Nottingham Women's Aid
OBTJ	Offences Brought To Justice
OCJR	Office of Criminal Justice Reform
OM	Offender Management
PCTs	Primary Care Trusts
POP	Problem Orientated Partnership
PPU	Public Protection Unit
PSA	Public Service Agreement
RIC	Risk Identification Checklist
SARCs	Sexual Assault Referral Centres
SBS	Southall Black Sisters- non-governmental organisation fighting for BME women's rights
SCB	Safeguarding Children Board
SD	Sanctioned Detection- Crimes which are 'cleared up' and result in a form of sanction
SDR	Sanction Detection Rate
SDVCs	Specialist Domestic Violence Courts
Sharam	Shame brought upon the family through 'dishonourable' acts or behaviour
SMBs	Strategic Management Boards

SOVA	Safeguarding Of Vulnerable Adults
TRI	Training Resources and Information
VAWG	Violence Against Women and Girls
VVAPP	Victims of Violence and Abuse Protection Programme
WAIS	Women's Aid Integrated Services
WSW	Women Support Women

Executive Summary

The focus of the research was to gain an understanding of the current levels of HBV in Nottingham and the nature of the multi-agency response. The main aim of the research was to gain an understanding of practitioners' work with a range of issues relating to honour based violence (HBV) within partnership agencies.

The revised Violence Against Women and Girls Strategy Action Plan published by the government in 2010 (Home Office, 2010) gave precedence to a co-ordinated approach to ending all forms of violence against women including HBV and forced marriage.

There is a paucity of empirical research on HBV, which Gill (2011) argues is under-researched. The current literature on honour based violence demonstrates a lack of agreement regarding the definition of keys terms. It has been argued that there has been an emphasis on traditional male 'honour' which often overlooks violence that is used as a means of control over women. Therefore, Gill (2011) argues in favour of a radical departure from such 'semantic struggles', '...the notion of HBV should be overthrown entirely...the problem should be seen as a specific manifestation of VAW' (Gill, 2011, p. 219, cited in Idriss and Abbas). We address the debate on definitions of HBV in Section Two of this report.

Both primary and secondary research methods were adopted for this study in order to gain an understanding of how practitioners work locally and within the context of current legislative and policy underpinnings. The primary research took the form of semi-structured interviews which were conducted with representatives from the Police, Nottingham City Council, local domestic abuse and HBV support networks, Crown Prosecution Service (CPS), Nottingham City Care, Domestic Abuse Support Unit (DASU) and a family law barrister.

Key findings from the research:

- There were significant issues concerning the recording of HBV at a local level. It was found that HBV is often not recorded separately from other domestic abuse.
- There was an effective use of Multi-Agency Risk Assessment Conferences (MARACs) (monitoring high risk cases of domestic abuse) with cases of HBV.

•Many practitioners had received some basic training on domestic abuse (DA) and HBV but most felt more was needed, particularly in relation to HBV.
•It was felt that greater awareness needs to be raised amongst communities, for example, through the education of young people in schools and colleges.
•The research highlighted the importance of partnership working in order to continue to provide support for survivors of HBV.
•There were levels of uncertainty about how the Coalition Government's restructuring of local authority spending could affect frontline services.

Recent government campaigns, endorsed in the views expressed by the participants in this study, focus on the importance attached to classifying cases as honour based (Home Office, 2011). For example, it was found from the primary research that there is a need to respond differently to these crimes and to identify a range of risks to the survivors, their friends and family. It is believed this is only possible when they are being flagged separately from other cases of domestic abuse and that practitioners are trained to identify these cases.

This topical research has highlighted the need for a better understanding of the nature of HBV and the importance of multi-agency working to provide effective support for survivors. It has also raised questions about the prevention and detection of such cases and the sanctions imposed by the criminal justice system. However, the latter was not a key focus of the study and it is suggested in the Conclusion to this report that this could be an area for future research.

1. Introduction

The study explored a range of issues related to honour based violence (HBV) focusing on how key agencies in Nottingham respond to this type of abuse directed in the main against women living within particular communities. An investigation into the current methods used by both statutory and voluntary agencies when dealing with cases of HBV was undertaken by the authors through the use of semi-structured interviews with representatives from the Police, Women's Aid (WAIS, Roshni), Nottingham City Council and the Nottingham Crime and Drugs Partnership (CDP), Domestic Abuse Support Unit (DASU), NHS Nottingham City Care, Crown Prosecution Service (CPS) and a Family Law barrister.

The main objective of the research was to gain a greater understanding of a number of issues relating to honour based violence at a local level. This report summarises our findings on the extent of HBV in Nottingham, the preventative and policing response and the work of multi-agency partnerships in addressing the issues associated with HBV. In order to appreciate the current response, practitioners were asked to outline their approach when dealing with potential HBV cases.

The literature has indicated that honour based violence is on the whole under-reported, thus data and statistics may not be truly representative of the current levels (Mayell, 2002). The lack of official statistics on HBV cases is detrimental to the possibilities of gaining an operational understanding of such a sensitive topic. It also raises questions about whether without fully appreciating the extent of the issue, it is possible to effectively raise awareness amongst communities and through education. It has been stated by the Metropolitan Police Service (MPS) that during the period 1998-2007, there were on average twelve honour killings a year. However, it is argued that these statistics represent only a fraction of the true number of cases, (Gill,2006).

In order to gain an understanding of the local multi-agency approach the study focused on the ways in which both voluntary and statutory agencies work together in order to provide a joined up response to HBV, together with an exploration of the services they offer survivors. In order to consider this joined up approach, the empirical part of the research focused on highlighting each participant's role within their respective organisation, their understanding of HBV and the level of support they offer survivors. In examining the work of each organisation we aimed to access a

variety of perspectives on how effectively practitioners believe partnership approaches to domestic abuse, and HBV in particular, work in practice.

A lesser focus of the research was the impact that the Coalition Government's recent spending reviews, and the resulting spending cuts, could subsequently have on frontline provisions, services and training for staff. This issue was treated with a degree of sensitivity, as there are still ongoing concerns regarding which services could be affected. However it was felt that it is important to raise this issue in order to keep the research contemporary, in line with the current economic and political situation.

The initial intention was to focus on South Asian communities, however from both the literature review and from interviews with practitioners, it was felt that this might be a stereotypical view, and there are other communities where honour and patriarchal systems may be in place. Palmar and Sampson (2006) support this view and state that HBV should not been regarded as a primarily South Asian 'issue'. The widely cited case of Rukhsana Naz's killing in 1999 highlighted that honour-based violence and honour killings are happening in the UK against women of third or fourth generation migrants (Smartt, 2006).

Section Two of this report examines the background to the issues related to HBV, focusing on the current literature and relevant secondary research on domestic abuse, honour and other key areas of consideration. This section also considers definitions of the key terms and investigates the current debate over which terms are most appropriate. In addition to this, we also examine current Home Office and government guidelines for dealing with cases of HBV.

The research methods used in the study are outlined in Section Three. Semi-structured interviews with selected local professionals were conducted for the primary research and the advantages and limitations of this method are discussed in this section. In addition, we discuss the validity of the data that was collected and the potential limitations of the findings from this data. The research used thematic analysis to identify key themes and topics that form the basis of the Findings and Discussion sections. The ethical issues relating to the research, together with the sensitivities associated with criminological research into partnership agencies, are considered in this section.

The fourth section of the report outlines the findings from the primary research, based on interviews with local practitioners working in the field of domestic abuse and HBV. This provides a descriptive summary of the responses from the participants interviewed for the study. In addition, this section outlines key themes and topics that emerged throughout the interviews, and draws comparisons between the responses.

The discussion in Section Five highlights the findings from both the primary and secondary research and refers back to the issues outlined in Section One. This section identifies and explores further the key themes raised by the findings from the interviews outlined in Section Four.

The final section, setting out our conclusions and recommendations, summarises the key findings from the research and revisits the aims outlined in the Introduction. Furthermore, potential policy and practice recommendations supported by the research are proposed, along with areas of potential future investigation that could enhance understanding of this sensitive issue.

2. Background and Review of the Literature

Research on Honour Based Violence

While research in the UK has increased in relation to studies of domestic and sexual violence more generally, including forced marriage and female genital mutilation, there is a paucity of empirical research on HBV, which Gill (2008) argues is under-researched. Our study aimed to go some way towards addressing this gap in the literature, highlighting some of the main issues in relation to identifying and responding to the needs of such victims, albeit within the local area.

There can be parallels drawn between domestic abuse, forced marriages and honour based violence. HBV has been identified by the Association of Chief Police Officers as an act or crime that is committed in order to protect or defend a family and/or community's honour, (ACPO, 2010, p.5). It is not a specific crime in itself but encompasses a variety of offences including kidnap, enforced imprisonment, forced marriage, harassment, physical (and emotional) abuse, murder, rape and serious sexual assault and female genital mutilation. HBV is closely linked to domestic abuse, and other forms of gendered violence, both in terms of its legislative underpinning and the abusive acts involved. It is acknowledged here that men are also victims of domestic abuse and HBV, however our study and this report focuses on female victims. The circumstances associated with HBV are often similar to those of domestic abuse; however, cases of domestic abuse are widespread and indiscriminate within all economic, racial, social and ethnic groups (Gill, 2004) while HBV is often associated with particular communities.

Use of terminology in the study

In this report we have used the terms of 'victims' and 'survivors' coterminously, reflecting the literature (including government and organisation policy documentation) and the use of both of these terms by professionals working in the field of violence against women including HBV. We also refer variously to 'domestic violence', 'domestic abuse', 'honour based' and 'honour related' violence and 'crimes of honour'. Moreover, although the terms domestic violence (DV) and domestic abuse (DA) are used interchangeably in this report they refer to the same types of behaviour.

For the purpose of this study, 'honour crimes' are conceptualised typically as violence against women, largely perpetrated by men (but not exclusively so). It is recognised that males can also become victims and that perpetrators can also include women. A central premise of our argument is

that HBV is different from domestic abuse since, although HBV usually occurs within the private sphere, and perpetrators are often known to their victims (similarly to domestic abuse), HBV often involves a wider range of perpetrators, including family elders and people from the wider community. This has very significant ramifications for how agencies detect and respond to such offences, particularly when children are involved and child protection measures are invoked.

Contested Definitions

Key definitions associated with domestic abuse and HBV, are contested, both by researchers and organisations working in the field of violence against women. This lack of agreement over what constitutes HBV is highly significant when it comes to understanding the nature of such violence, particularly when attempting to record information about its incidence and prevalence. From a multi-agency perspective, a lack of consensus on definitions can be extremely difficult for agencies working together in response to a problem that is often not clearly articulated or understood.

Although it is beyond the scope of this report to fully investigate the various definitions and understandings of the terms 'domestic violence/abuse', 'honour' and 'honour based violence' a brief overview of the debate surrounding the terminology is useful here.

'Domestic Violence' and 'Domestic Abuse'

The government definition of domestic abuse forms much of the basis from which statutory agencies work in association with partnership organisations in the field of domestic abuse. According to Women's Aid Integrated Services (WAIS, Nottingham) domestic abuse can be defined as, '[A]ny incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (WAIS, 2011).

It is apparent that domestic abuse is one of the most widespread and severe forms of violent crime, which can affect any community, culture, age or gender (Nottingham Domestic Violence Forum [NDVF], 2011). It is notoriously under-reported by survivors and under-recorded by organisations.

Dobash and Dobash (1992) contend that domestic abuse is difficult to define, encompassing a range of perpetrators and victims. However, Gill (2004) argues that the plight of many South Asian women leaves them 'doubly victimised'; first, by the violence inflicted upon them and second, through the

lack of support thereafter. This is supported by the work of Gill and Sharma (2004) who document that many immigrant women suffering from domestic abuse fail to come forward for fear of deportation. The difficulties associated with immigration status are particularly apparent in cases of HBV, where survivors are often subject to the 'two-year rule' with no recourse to public funds (NRPF).

'Honour Based Violence'

The Association of Chief Police Officers (ACPO, 2010) in common with the Crown Prosecution Service (CPS, 2010) make use of the following definition when referring to HBV, 'Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community' (CPS, 2011).

The concept of 'crimes of honour' has been used to flag a type of violence against women and includes a range of offences such as 'honour killings, assault, confinement or imprisonment and interference with choice of marriage' (Welchman and Hossain, 2005, p. 68).

HBV, 'Honour' and Gender Issues

Although the majority of victims of HBV are women, it is important to recognise that the concept itself does not exclude men as victims (*ibid*). Therefore, while the term HBV may be considered gender-neutral, the behaviour to which it refers is a highly gendered type of crime to the extent that Gill (2009) argues:

> 'Although this article is ostensibly about HBV, the first contention of this article is that this phenomenon should actually be defined as a form of VAW [violence against women] and that the terms HBV and honor killings should be dropped...The notion of honour acts as a smokescreen, a nod to an extrinsic value system that masks the fact that judgments about honor are made according to internally defined gendered criteria' (Gill, 2009, p. 477).

However, it is important to recognise that perpetrators can be male or female (Sen, 2005).

Gill (2006) argues that there is no definition of HBV that is applicable to all cultures and in a later article (Gill, 2009) refers to the following 'working definition':

> '...HBV will be considered to constitute any form of violence perpetrated against females within the framework of patriarchal family structures, communities, and/or societies, where the main justification for the perpetration of violence is the protection of a social construction of honour as a value system, norm, or tradition' (Gill, 2009 p. 476).

The current literature on HBV demonstrates this lack of agreement regarding its terms of reference. It has been argued that the definition has focused on emphasising male honour and overlooked violence, not ending in murder, which is routinely used to control women (Baxi, Rai & Ali, 2006).

As the term 'honour' is open to much interpretation and various conceptualisations (Reddy, 2008), the difficulty lies in analysing the understanding, approaches and strategies adopted by those working with victims of HBV. As indicated above Gill (2009) argues, somewhat controversially, that the terms honour based violence and honour killings should be 'dropped' and instead should be defined as a form of violence against women. Government strategies and guidelines embrace the use of the terms violence against women (VAW) and honour based violence under the umbrella term of 'Domestic Abuse' while the focus within government departments and committees is often on forced marriages (Home Office, 2011, Home Affairs Committee, 2011).

HBV and Cultural Issues

Galtung (1969, cited in Khan, 2006) analyses the distinction between three different types of violence against a person: personal or direct, structural and cultural. He describes direct personal violence as an event where an individual can be held responsible for the actions of violence. Structural violence, on the other hand, is considered to be the product of 'social injustice.' Cultural values and violence are often regarded as the foundations for legitimising direct and personal violence. Due to its nature it could be argued that honour based violence 'cuts across' all three types of violence. It is most commonly perpetrated against an individual, but is often regarded as an issue of social injustice towards women, thus constituting both cultural and structural violence.

The analysis of violence at both macro and micro levels provides evidence that in order to understand HBV we must consider the social and historical contexts that manifest such rituals and behaviour. Tahira Khan (2006) discusses the issue of HBV in relation to non-Muslim cultures. Her research has shown that media coverage has created the foundation of the belief that HBV is associated with Islam and the 'oppressive nature' of the Muslim state towards women. However,

Khan (2006) argues that many Muslim communities are unaware of such violence being attributed to the teachings of Islam. This supports the view that HBV is culturally, not religiously, justified and victims are predominantly, although not exclusively, female. It also lends support to the prevalent view that HBV is not confined to South Asian communities.

Nevertheless, *Izzat* is a term used across South Asia that can be interpreted as a set of rules that are followed in order to protect the family 'honour' which, in turn, is related to shame (in Urdu: *sharam*) but has a diverse meaning (Gilbert, Gilbert and Sanghera, 2004). Honour based violence is often viewed as resulting from situations where (usually) a female member of the family has brought shame and stigma upon her family by, for example, refusing to engage in a forced marriage.

Forced Marriage

At the time of writing, there are no specific offences of HBV or Forced Marriage (FM) in England and Wales because they are covered by existing legislation. The Forced Marriage (Civil Protection) Act in 2007 introduced Forced Marriage Protection Orders (FMPOs) into previous legislation [Family Law Act, 1996] after a government campaign and consultations. The Act provides protection through the use of civil remedies for those faced with forced marriage or victims of forced marriage. A comprehensive overview is provided by Bano (2011) who explores initiatives which culminated in the introduction of the Forced Marriage (Civil Protection) Act 2007, and which we explore below.

However, such behaviour is viewed as representing a violation of a person's 'human rights' thus much of the legislation is underpinned by the Human Rights Act (1998) and the United Nations Convention Against all Forms of Discrimination Against Women (1981).

Forced marriage can itself be conceived of as a type of 'honour crime' (Reddy, 2008) but it may also be instrumental in bringing about other types of 'honour' crimes such as marital rape (Siddiqui, 2003, cited in Reddy, 2008). Essentially, the lack of consent to marriage may lead to the ongoing lack of consent to future sexual relations, which can ultimately lead to 'honour killings'.

Bano (2011) examines the legal response within England and Wales to the problem of forced marriage and challenges us to reflect upon two important questions. First, why is it that plans for a *criminal* offence to the problem of forced marriage have been abandoned by the government and

second, why is it that both forced marriage and HBV have been perceived as 'emblematic' of *only one* religion, namely that of Islam? Furthermore, according to Southall Black Sisters (SBS):

> '...in the UK context there have been attempts by politicians and governmental officials to argue that such violence is gender-neutral, since men have been the victims of 'honour killings' and forced marriages (Siddiqui 2003, p. 71). This is indeed the case, and at least one major legal case on forced marriage in the Scottish family courts has involved a male Petitioner' (cited in Reddy, 2008 p. 308).

However, Reddy argues that for males it is much easier to escape such negative situations (and sanctions) than it is for women (see also Araji 2000; Baker et al. 1999). The evidence therefore leads us to suggest that forced marriage should not be perceived as a gender-neutral crime. Furthermore, Gill (2004) argues that the problem of forced marriage afflicts many societies in different parts of the world and not only 'diaspora communities' (Gill, 2004, p.481). Indeed, Bano (2011) argues that although there does seem to be an over-representation of cases in the UK involving South Asian families, this can be explained by a 'large South Asian presence' in the UK and differential reporting, potentially leading to skewed figures.

Bano (*ibid.*) highlights that intense media coverage and feminist campaigning has helped to bring the problem of forced marriage to a wide audience at an international level. She argues further that the State has been reluctant to intervene in cases of forced marriage for 'fear of being labelled racist' (p. 201). This is posited as a *culturalist* stance adopted by the State, which it is argued stigmatises Islam and the Muslim community. The current legal response to forced marriage in the UK is examined and Bano states that when the Forced Marriage (Civil Protection) Bill was first introduced there were fears about demonising particular groups. The Bill was reformulated so as no longer to be a criminal offence but a civil matter. The argument in favour of criminalising was that it would act as a deterrent whilst the argument against was that there were other offences, such as kidnapping and child abduction, which would cover the practice of forced marriage. However, it was also contended that making this a criminal offence would deter victims from reporting which (similarly to domestic violence) would lead to problems with evidence in court as this would need to be proved 'beyond reasonable doubt' (Bano, 2011).

As Gill and Anitha (2009) argue, distinguishing between 'arranged' and 'forced' marriage is not always straightforward, and consent and coercion fall somewhere along a continuum of attitudes towards marriage. McAlpine, Gill and Hegarty (2007) highlight that the distinction between an arranged and a forced marriage is determined by the issue of consent. Their research provides a good overview of the problem and highlights that there are real dangers in criminalising forced marriage, for example the burden of proof, conflating arranged and forced marriages and deterring victims from reporting. We return to this debate briefly in Section Four when outlining the views of practitioners who participated in this research study, views which were often acknowledged to be influenced by media reporting of cases of forced marriage and honour based violence.

Media representations of HBV

There seems to have been an explosion of interest in the media on the topic of HBV in recent years, which could possibly be associated with the number of high profile cases reported in the UK, USA and Canada bringing this issue to the attention of the west (Khan, 2007).

For example, the media reported widely on one such case, that of Shafilea Ahmed, whose parents were arrested, held in custody and charged in September 2011 with the murder of their seventeen year-old daughter in 2003. The media reported this case as an honour killing, as Shafilea is believed to have run away from home after a failed suicide attempt in order to escape a forced marriage (BBC News, 2011).

Media interest in HBV has been aroused by an increase in reporting of such cases together with greater awareness of the issues through campaigns against forced marriage by Jasvinder Sanghera, from Karma Nirvana (2011) who has given evidence to the government's Home Affairs Committee (2011). Karma Nirvana have also publicised HBV and forced marriage through their roadshows and interviews given by Sanghera across a range of media.

Incidence of HBV

The United Nations estimates that there are around 5,000 so-called 'honour' killings a year worldwide (UNFPA, 2000 cited in Meetoo and Mirza, 2007). It is also argued that:

> 'While more than 100 women are killed by their partners in England and Wales every year, the Metropolitan Police estimates that in 2003 there were approximately 12 honour killings

> across Sikh, Muslim and Christian communities' (the Guardian, 2003, cited in Meetoo and Mirza, 2007, p. 187).

This further illustrates the rationale of our research in choosing not to focus primarily on HBV in South Asian communities.

However, reliable figures in relation to HBV more generally are difficult to ascertain, not least because HBV-related offences have often gone unrecorded. It is increasingly being recognised that HBV offences, subsumed within the broader concept of domestic abuse, are being overlooked. The police have in the past not recorded such offences separately from domestic abuse, however a system of 'flagging' reported cases of HBV has recently been introduced (including in Nottingham) along with an increased awareness of the problem.

For example, in June 2004, Scotland Yard announced that it was revisiting 109 'possible honour killings' that had taken place during the time period 1993–2003. Many of these cases involved women from South Asian communities and the impetus behind the initiative was to explore the 'motivations' of perpetrators with a view to developing 'risk' indicators to help with the formulation of a national police database to record and monitor future cases more effectively (Gill, 2011, p.225).

Similarly, a surge in the number of HBV cases was recorded in the year 2008-09 over the previous year. Detective Chief Inspector Gerry Campbell, of the Metropolitan Police, said that 'more was being done by the Metropolitan Police to collect up-to-date information about people at risk and emerging patterns' (the Telegraph, 2011).

The most recent figures on numbers of cases of HBV reported to the police in the UK suggest that the figures for 2009-10 are between 2,800 (actual reports from 39 police forces) and 3,000 (estimated reports from all forces) incidents of HBV. The five areas with the highest incidence of reported and recorded incidents of HBV were London (495), West Midlands (378), West Yorkshire (350), Lancashire (227) and Manchester (189) (IKWRO, 2011).

Key Agencies Working with HBV

The research for this study focused on a number of key statutory and third sector agencies that deal with domestic abuse and HBV and interviews were conducted with practitioners working in this field

of violence against women. It is inevitable that statutory agencies play an important role in responses to violence against women. For example, the police and wider criminal justice system play a vital role in the investigation, detection and sanction of such crimes. Some of the agencies associated with campaigning for, and working with victims of HBV are outlined here.

On a national level the Government's Forced Marriage Unit (FMU) are at the forefront of providing support to survivors and organisations across the UK that come into contact with cases of HBV and FM. The introduction of the Forced Marriage Unit brought to light a significant issue that faced women in Britain, and in 2010 dealt with over 1,700 cases (Foreign and Commonwealth Office, 2011). They provide multi-agency practice guidelines for handling cases of forced marriage (2010).

Southall Black Sisters (SBS) were established in 1979 as a non-profit organisation to meet the needs of Black and Caribbean women. They have been involved in a number of high profile campaigns in order to protect the rights of migrant women who are the survivors of violent relationships including forced marriage, FMPOs and HBV more widely (SBS, 2011).

The Sojourner Project, run by Eaves and funded by the Home Office, is a pilot scheme that offers support, both emotional and financial, for women and other organisations where there is no recourse to public funds (NRPF). Eaves Women's Aid offers accommodation for such women whilst their immigration status is finalised (Eaves, 2011).

More recently, the role of Karma Nirvana, outlined above, cannot be underestimated. They have established themselves as a national support agency for women and girls who are at risk of FM and HBV, through their national freephone helpline. In addition to providing support to survivors, they have also played a significant political part in campaigning and driving forward issues related to HBV, providing evidence at the Home Affairs Select Committee on Domestic Violence, Forced Marriage and Honour Based Violence (2011) and raising public awareness of HBV (Karma Nirvana, 2011).

Multi-Agency Working

Multi-agency and joined up partnerships were identified as an important issue to explore in this research. Agencies work together in order to provide training to statutory and 'third sector' organisations and offer primary support for the survivors of domestic abuse and HBV. In a time of finite resources and public expenditure cuts, joined up partnerships can be seen as a way of sharing

resources, expertise and knowledge in order to provide continuous support to those who require it. For an outline of such partnerships in Nottingham please see the Combined Process Maps (Appendix B of this report).

Multi-Agency Risk Assessment Conferences (MARACs) are regarded as being at the forefront of the multi-agency initiative when dealing with issues related to domestic abuse including HBV. Participants in this study voiced some concerns that while the MARAC in Nottingham (see Appendix A) works with a range of high-risk cases of domestic abuse there was not a specific multi-agency partnership focusing exclusively on cases of HBV (see Section Four).

Responding to HBV in Nottingham

As part of their remit on domestic abuse, the Nottingham City Crime and Drugs Partnership (NCDP) is a statutory Crime Reduction Partnership and forms the 'Safer' strand of One Nottingham, providing the framework for multi-agency working. The Partnership Board has members from most statutory organisations including the health service, housing, social services, police and probation service. In addition, the Nottingham CDP takes a strategic lead on the Nottingham Domestic Violence Strategy.

The Nottingham Domestic Violence Forum (NDVF) provides support to other agencies to improve practice and policies on domestic abuse through multi-agency partnership meetings and the provision of training to agencies and communities while also working with young people in schools and community settings (see Appendix B and www.ndvf.co.uk). Although the NDVF specialises in domestic abuse, it inevitably includes support on issues associated with HBV and FM.

Women's Aid Integrated Services (WAIS) is a Nottingham based support agency run by women for women and children who are survivors of domestic violence, sexual abuse and HBV. WAIS provides a range of services, including a helpline, outreach work, a Sanctuary Scheme, Children's workers and the Zola BMER refuge (see www.wais.org.uk).

There are three commissioned refuges for women suffering from domestic violence in Nottingham: Amber House, Umuada Refuge and Zola refuge. In addition, there are two refuges in Nottingham that are not commissioned by the Local Authority, one of which, Roshni, provides a refuge and

support service specifically for South Asian women and children who have experienced domestic abuse, honour based violence or forced marriage.

The next section of the report focuses on the methods used for the research in the study. A range of methodological issues is addressed including informed consent for participants, ethical issues associated with researching such a sensitive issue and the validity of the research findings.

3. Methodology

The aim of the study was to explore how practitioners in statutory and voluntary agencies respond to honour based violence (HBV) within a multi-agency approach at a local level. Both primary and secondary research methods were applied in order to gain an understanding of the research topic and fulfil research aims. A library based literature review of key journals and texts was conducted initially in order to gain a deeper understanding of the themes and issues associated with violence against women, domestic abuse (DA) and, more specifically, HBV.

For the primary research interviews were conducted with practitioners working in the field of both DA and HBV. A qualitative research methodology was designed in order to gain insight into the relationship between the issues outlined in the previous section and the practices of key agencies. In addition, due to the lack of uniform statistics on the number of cases of HBV, there were insufficient grounds to conduct quantitative research. Bryman (2008) states that qualitative research allows us to focus on the 'understanding of the social world' through analysis of perceptions and interpretation of interviewees' responses.

The aim of the research methodology was to conduct semi-structured interviews with a number of professionals that provide frontline services to survivors of HBV. Access to 'gatekeepers' of these agencies was established through personal contacts and referrals from other participants. There were some difficulties related to gaining access to the most appropriate member of staff, however this is usual when conducting interviews and was not insurmountable. Due to the sensitive nature of the topic, and the added concerns of researching working relationships with partnership agencies and public service organisations, the ethical approval for this research was key to ensuring that informed consent was offered to, and gained from participants. Later in this section we discuss the ethical approval process undertaken by the researchers.

Question Design

The research aim was initially formulated to focus specifically on honour based violence against South Asian women in Nottingham and the multi-agency response. However, this focus shifted early in the study as a result of background research, based on secondary sources, which indicated that HBV is more widespread.

Bryman (2008) states that although qualitative research is more open-ended than quantitative, completely unstructured questions can be problematic as there can be confusion over the focus of the research. In addition, the use of qualitative research methods allows the researcher to explore the 'actor's viewpoint' in order to gain an understanding of their perceptions and influences on their actions which, in turn, create their social reality (Jupp, 1989). Thus in order to understand how organisations and partnerships work and their effectiveness, one must understand the perceptions of those working with and within them.

The development of research has many influences (Bryman, 2008), but this empirical research was predominantly influenced by the personal interest of the researchers, the increased media attention focused on honour based violence as a social problem and the publication of the Violence Against Women and Girls (VAWG) strategy, an initiative by the Labour Government in 2009 to end violence against women and girls, which has been developed in an Action Plan by the Coalition Government (Home Office, 2010).

Interviews

The use of semi-structured interviews in this study allowed the researcher to direct the participants towards disclosing the information needed to establish findings related to the research aims. Semi-structured interviews allow the researcher to devise a number of questions which form the basis of an interview schedule but also allow for some variation in the sequence enabling the researcher to ask further questions in response to what are seen as significant replies (Bryman, 2008). Key themes identified from the literature review formed the foundations for the design of the questions used in the interview schedule.

The order in which questions were asked was also taken into consideration, while it is suggested that more general questions should precede specific ones (*ibid*). However, it was also established that more sensitive questions about specific multi-agency working and participants' views on its effectiveness would be placed towards the end of the interview schedule. Bryman (2008) cites the work of Mayhew (2000) who found that the order in which questions are asked can affect the response of participants. Similarly, answers to earlier questions may affect responses to subsequent questions, due to respondents becoming sensitised to the issues.

The first interview was conducted as a pilot to establish the usefulness of the interview schedule in eliciting meaningful participant responses. It was felt that although the interview gave the opportunity to gain important information for the research, the interview schedule was flawed in a number of ways. The ordering of the questions was seen, in hindsight, to be unsuitable. Although the interviewer was able to gain information from the interview, the original schedule did not allow an open narrative to ensue, which is the basis of professional semi-structured interviews (Davies, Francis and Jupp, 2011). In addition, some questions were too broad and open-ended, whereby the interviewer was required to use a significant number of probes in order to gain a meaningful answer. Probing is often used when the interviewee does not understand the question or has not provided a sufficient answer for the purposes of the research (Bryman, 2008).

The revised interview schedule (see Appendix C) was used as a basis for subsequent interviews, however some questions were omitted or changed depending on the respondents' position and expertise. For example, some questions about partnership working and the frontline support offered to survivors were omitted when interviewing respondents who held more strategic roles.

Advantages and Limitations of Primary Research

The use of semi-structured interviews with appropriate representatives of key organisations as the primary research method for this study enabled the researchers to gain an understanding of what each organisation could offer to survivors and how partnership agencies work together. It is acknowledged by the authors that a major limitation of the study is that a small-scale sample was used. This research was focused primarily on the local response in Nottingham, and thus is not representative of the national situation. Bryman (2008, p378) states that because of the often small-scale nature of qualitative research, it tends to be orientated to contextual uniqueness and significance.

The interviews for this study were conducted by one researcher thus compensating for any inter-interviewer variability. However, this does not account for intra-interviewer variability as the interviews were conducted on different days, in different locations and due to the semi-structured nature of the interviews, may not have been consistent in the way in which questions were asked (Bryman, 2008).

The interviewees' responses to each of the questions were recorded on a Dictaphone with their permission and recordings were subsequently transcribed. In one case, where permission was not granted to record the interview, the interviewer took extensive notes during the interview in order to reflect on responses at a later date. Inter and Intra-interviewer variability is important in this type of research as the observed variation in responses should be a true variation between interviewees and not in the way that questions were asked (*ibid*).

Validity and Reliability

The nature of the research design allowed for in-depth qualitative data to be collated. Bell (1993, p4) states that research that adopts qualitative methods is 'more concerned with understanding the individuals' perceptions of the world,' which seeks insight rather than statistical analysis.
As outlined above, due to the small-scale and local nature of the study the ability to generalise from the findings is inevitably limited. In addition, the reliability of the research is limited to some extent as only one representative from each partnership agency was interviewed and their responses may not accurately reflect the range of views of those working in their organisation. The study tried to counteract this through a process of triangulation, using official guidelines and published strategies of the agencies, in addition to findings from the primary research, in order to draw conclusions about the current approach to HBV in Nottingham.

Maitlis and Lawrence (2007, cited in Bryman, 2008) demonstrate how sampling in qualitative research can have substantial effects on its reliability. They refer to this as 'purposive sampling,' which occurs at two levels; deciding which organisations to include and the sampling of interviewees from that organisation. A form of 'opportunity sampling' was used for this study whereby known contacts led to referrals to other participants in relevant agencies, thus providing a range of interviewees with experience of working with DA and HBV.

The researchers in this study applied the method of thematic analysis, in its loosest sense, to identify key themes and issues identified from the transcripts. The three researchers identified these themes independently and these will be explored in the subsequent two sections of the report. This aspect of the research process adds to the internal reliability and overall credibility of the research findings. The transcripts were also typed and sent back to participants to be amended or for extra information to be included. This enhances the reliability of the research, as interviewees were able to offer clarification to their answers.

Ethical Issues

Participants were sent a copy of the interview schedule (see Appendix C), required to sign an Informed Consent form (see Appendix D) and read through the Participant Information sheet (see Appendix E) before they were interviewed in order to ensure that fully informed consent was obtained. The findings from the primary research, outlined in the next section of the report, have been anonymised, however there is a possibility that some participants could be indirectly identified through their role in the respective organisations and participants were made aware of this before the interview.

Ethical issues are becoming increasingly important for researchers, universities and organisations that want to demonstrate good ethical practice and credentials (Bryman, 2008). An application for ethical approval was submitted to the University's College of Business, Law and Social Sciences (BLSS) Research Ethics Committee (REC) and ethical approval was duly granted. Ethical issues are very important when conducting research into local partnership agencies that deal with sensitive topics such as domestic abuse and HBV, not least when attempting to ensure the protection of the identity of employees of statutory and third sector agencies that could be identified by their role within a specific organisation.

There has been some debate about the idea that public services, such as the police, health services and local authorities, at an organisational level, have some form of obligation to allow social research to be conducted on their policy and practices (Dixon-Woods and Bosk, 2011). As many of these organisations are established to serve the public and funded by public monies, there is a commonly held view that it is in the public's interest to understand their functioning and effects (*ibid, p. 260)*. However, the impact of such research on the participants must also be considered, and it was recognised in this research study that the interviewees' opinions and responses should not be used to represent the agencies for which they worked. The protection of these respondents was paramount when seeking ethical approval for the research. In addition to this, the University's BLSS REC also considered the potential issues concerned with the safety of the researcher and interviews were all conducted in participants' place of work or at the University.

The findings of the study have been anonymised in this report, however there is a possibility, outlined previously, that the participants could be indirectly identified from their professional role. We therefore asked participants to provide the most appropriate way of referring to their role in the

report. We allowed participants to review their transcripts before they were used for analysis to ensure they were comfortable with what was discussed during the interview. Although this may be perceived to have adverse effects on the validity of the research, it was felt necessary in order to protect the interests of the participants. There are considerable issues related to researching work in organisations, in this case investigating participants' understanding of, and response to a sensitive issue such as HBV, and these were addressed at length by the researchers for the purposes of the study and this report.

The use of both primary and secondary data collection provided sufficient information in order for the research team to identify significant findings about the research aims and objectives and these are outlined in the following section of the report.

4. Research Findings

This section addresses the research findings from the primary research, which were obtained through semi-structured interviews with practitioners working with survivors of HBV or in partnership organisations that provide strategic frameworks and local practice guidelines. Due to the sensitive nature of this topic not all individuals approached were able to provide interviews, and some interviews were not recorded. One interview was conducted as an informal meeting, where the respondent was able to give a brief overview of the work they do and signposted official guidelines that could be used in order to answer questions on the interview schedule. In addition, two members of the research team took the opportunity to observe a Specialist Domestic Violence Court (SDVC) on the recommendation of one of the participants, which demonstrated how such cases are dealt with by the Crown Prosecution Service (CPS) and magistrates.

In this part of the report, the findings will be divided into subsections referring to important issues raised in the interviews. These key themes were selected by the research team and linked to those identified from the secondary research, which was based on the literature on HBV. While this section gives a descriptive overview of what was found from the primary research, Section Five of the report provides a more detailed discussion of the key themes that emerged from both the primary and secondary research.

Training on Domestic Abuse and Honour Based Violence

A key issue that was raised throughout the research was the training that both voluntary and statutory agency staff received on HBV and domestic abuse (DA) more generally. It was frequently reported that in order to be able to deal effectively with these types of issues practitioners needed to be aware of the complexity of HBV and relevant support networks at their disposal. It was clear that training was considered important, as one participant stated, *'[for] all organisations who I am sure are working on this, I think it should be mandatory training, absolutely. And that's HBV and DA, mandatory training'*. It was felt that introducing mandatory training would ensure that all staff are aware of the key issues related to HBV, the organisations available to offer support and how to risk assess the survivors to ensure their safety.

It became apparent that the training that was provided was often delivered by outside 'third sector' agencies. This illustrates a real advantage of partnership working, where voluntary and charitable

organisations, that often provide the frontline support to survivors, are able to use their expertise to train statutory agencies. As a participant who sits on the Nottingham CDP states:

> *'…the City Council do not do training on specific topics around DV. We commission NDVF [Nottingham Domestic Violence Forum] to deliver training, seminars and so on for us and we do that through the NCDP [Nottingham Crime and Drugs Partnership]. And any staff within the City partners, which would include the Police, Probation, City Council, Housing, voluntary sector can attend that training'.*

Although training days and roadshows on domestic abuse, including HBV, are provided by the NDVF, attendance is normally not compulsory and many frontline staff simply lack the time to attend. This can lead to some staff receiving training and others being less aware of the issues. In addition, due to the cost and time that is involved in attending training programmes, and within the context of cuts in funding with the current economic situation, many voluntary and charitable organisations and statutory agencies are unable to commit to such programmes. As one participant commented, *'Unfortunately, we're only able to afford fifty places but if fifty people get a full day's training, and they can then disseminate that out to the rest of their teams, then I think that's a good start'*.

This cost-effective way of distributing the training is one which is employed by other agencies, *'…then what I have to do is come back and feed back, so I would have to do a training day at work where I would give information and I will also get leaflets which I hand back to other staff members so we share'*. In addition, this participant stated that *'logistically it would be a nightmare'* to train every member of staff in her organisation.

With regard to training on domestic abuse and HBV, several interviewees mentioned the value of roadshows and workshops. Some participants had nominated themselves for these events and some saw their role as imparting the knowledge gained to others in their team:

> '*We offer a full day's training on basic DA awareness and I deliver that with somebody else, from the Safeguarding Children Team. So it is a full day that looks at power and control issues. We look at the Duluth power and control wheel, we look at the impact on different groups of women and barriers to disclosing*'.

Other comments made by participants reflected their different roles and experience in relation to training staff on DA and HBV within their own agencies or training those from other organisations:

> *'Initially when I was an […] officer, we had training on DV in its general sense. I nominated myself to do this role; training has been ongoing, both formally and informally'.*

> '*Yes, I have had training around DV, I have done the basic DV awareness training. I have also been on FM and HBV workshops. I have also completed training with Rights of Women who are a legal organisation in London. So I have done some training around HBV, yes*'.

> '*I think it is about raising awareness, things like these roadshows [provided by Karma Nirvana], and it is getting professionals to understand what HBV is*'.

Awareness of HBV and Community Outreach

The issue of raising awareness of issues like HBV and FM amongst the communities that are most affected by it, and within the general public, is understood as one of the most effective ways of dealing with the problem, *'… it is all about raising awareness isn't it? I think in the last two to three years there has been a lot of awareness raised about FM [forced marriage]'.*

> '*…there are certain types of problem within [some] families and I think they should attend awareness courses, but I don't think that there are any that are offered. But I know that parents are offered parent awareness courses, and specifically if parents are facing that sort of a problem, HBV, FM, they should attend awareness courses. They should be made to attend awareness courses to make them understand the impact that their behaviour is having on their British-born child'.*

> '*Yes, definitely, in the same way that lots of survivors of DV are completely unaware that what they are experiencing is DV, certainly to start with. Young people, boys and girls, who are vulnerable to HBV, will have no idea that that is what their parents have got planned for them probably*'.

'*Yes definitely, I think it is about raising awareness. I think it is for people not to be scared to ask questions because you know they are often frightened to ask the questions because they feel like they are prying. There are ways of asking questions*'.

'Well I suppose it's about engaging with the communities, and our awareness and their awareness; about the facilities that are available, the resources and support networks that are available'.

'I think from an honour based perspective it is quite specific, as in the nature of the community and the nature of the religion and so on. So, I think it is more to do with that as opposed to anything else'.

The Multi-Agency Approach

As indicated In Section Two, and illustrated in Appendices A and B, there are a number of key agencies, both statutory and 'third sector' providers, working together in forums and partnerships to improve services for survivors of domestic abuse and, in some cases, honour based violence. The mechanisms for reporting and monitoring 'high', 'medium' and 'low' risk cases vary nationally and in Nottingham the police and partnership agencies use the Multi-Agency Risk Assessment Conference (MARAC) and Risk Identification Checklist (RIC) to assess high-risk cases of domestic abuse. However, participants acknowledged that these risk assessment tools are not perfect and honour based violence is often not highlighted as a particular category of risk:

'I think the MARAC works really well, the steering groups of the MARAC RICs work really well. But what we haven't got [points to diagram, see Appendix B] is anything around HBV, FGM, FM. The only sort of specialist work which is happening on that is through this focus group (BMER Focus group)'.

MARACs only deal with high-risk cases, considering the risks that the survivor faces and ensuring that action plans are put in place in order to protect them. However, it was raised by one participant that due to the sensitive nature of HBV cases, it is at the survivor's discretion whether they want the support offered to them, '*...if she doesn't want it, you can't do anything about it. That's the difficulty*'.

Many statutory agencies use links with other voluntary and charitable organisations that provide support to victims. By signposting specialist agencies to survivors, and also directly referring survivors to such agencies, it ensures that the support can be effectively targeted. However, there were also issues that could impact on effective multi-agency working in the area of domestic abuse identified by some participants. As these interviewees stated:

> '*Well for me the biggest one is Women's Aid. That for me is the biggest one in relation to HBV, but whether that is because I have got quite good links with them about all the work that I have done before*'.

> *'I suspect it would be better to work for that regionally, for example between Nottingham, Derby and Leicester. However, given that we are not really encouraged to work regionally now, but with national government, I can't really see that happening'*.

> *'[We have a] Children's Safeguarding Board and I don't know if you are supposed to have an Adult Safeguarding Board but we do have one [in Nottingham]. So, they are the key partnerships with DV, and its related topics work underneath*'.

Referring specifically to service provision for HBV one participant stated, *'I would say it is quite difficult to demand a specialist service that sits on this [partnership] as lots of areas all over the country would not have this specialist service'*.

Flagging and recording incidents of Domestic Abuse and HBV

Participants reflected on the difficulties for organisations in ensuring that cases of DA and HBV are recorded and 'flagged' for risk assessment. In some cases problems were perceived as operational, with inconsistencies in data collection and monitoring and in other cases there were concerns that priorities imposed by funding cuts could impact adversely on continued effective monitoring of, in particular, 'standard' to 'medium' risk cases (which are not considered at MARACs but through other multi-agency risk assessment panels). At the time the study was conducted there was a planned reorganisation of such non-MARAC panels, which was part of a strategic restructuring of services in the City involving the police, city council and partner agencies.

In relation to the role of frontline police officers in recording and flagging incidents of DA and HBV there were contradictory views. One participant felt that this would be a straightforward process:

> '*With the Police it is one police force, it's one police officer reporting into one control room, so it is quite simple. Whereas with Health, you have a number of different agencies and now, you know that the Health Service is being broken up in the way it is*'.

However, another participant stated:

> '*...whether an officer who pulls up at a house or gets a call is fully aware of their own force's policy is another matter. Which is where risk assessment helps, as in a sense it should guide them down that line of thought. I am aware that sometimes police officers are really brilliant, are immediately switched on to the issue, and I am sure there are times when they are not*'.

With regard to the recording and monitoring of HBV in particular by partner agencies one interviewee expressed the view:

> *'...if the government said "we want you to start to record this", then I think they would fairly quickly start recording it [HBV]. Unless there is an incentive to record it, then it won't get recorded*'.

> *'In theory the JSNA [Joint Strategic Needs Assessment] is the needs assessment which should tell you what the strategy and the commissioning of processes are. So, in theory a strategy [for HBV] should reflect the national strategy, the VAWG [Violence Against Women and Girls Strategy] and the local needs assessment*'.

> *'I couldn't tell you the data [on HBV]. And I can't partly because police, CPS and courts all monitor cases slightly differently, which does sound ridiculous*'.

> *'I think monitoring it [HBV] is really helpful as once you know what you are dealing with you can resource it. So that is part of that idea in undertaking a needs assessment. I think this is*

all quite technical stuff and not very "warm", but the cost-benefit analysis I have found to be quite useful'.

Impact of Funding and Government Cuts

In the course of the research we discovered that one local support service, Roshni, set up specifically for survivors of HBV, had lost some funding as a result of an earlier restructuring of local authority service provision, with resulting cuts to some of the services that this agency could offer South Asian women.

'*Roshni is not commissioned by the local authority and runs independently. It has a long track record and their sole purpose has been South East Asian women and, they have got a lot of skills and knowledge in that area*'.

'A strong part of having a strong voluntary sector, third sector, is that they have a ring of funding so both WA and NDVF and Roshni all bring in funding from other places, like charitable funding or national government'.

'*So we are in a world of finite resources. The local authority's view was to commission a refuge which is Zola for all BMER groups, including travellers, Polish women, white minority ethnic groups as well. So, I think the thing about refuges is quite complex, as obviously I think they are really good, but you're fighting for resources*'.

With regard to the struggle for resources, participants felt that while the effects of some cuts in funding were already being felt by organisations, the situation is likely to get worse for agencies seeking to improve service provision for survivor groups with the possibility that victims of DA and HBV could be exposed to greater risk.

'*There is lots of crime and ASB and social issues so there is more stuff to be done by fewer people. And things drop off the priority list; at that point it becomes a must-do, as a statutory obligation. "We would like to do" is where everything else starts to sit*'.

'They have done away with the Government Office of the East Midlands, so they did away with all the regional layer of government so it is national government or local government now'.

'*Next year the crunch will really hit as we will be doing a second round of cuts, and all those projects would have used their reserves up. It's just going to get worse. I think with DV, well the evidence seems to suggest that the economy is having a bit of an impact and increasing DV'.*

Education of Young People

Participants frequently expressed the view that young people should be educated about domestic abuse and HBV in age-appropriate ways, however several had experienced frustration or encountered difficulties in trying to raise awareness in schools. Participants spoke of an apparent nervousness by teaching staff to engage with what were felt to be culturally sensitive issues, although one participant had been successful in gaining access to a further education college that was seen to be more amenable.

'*...some schools are really well aware of it and some schools, through the schools nurses, have contacted me or contacted NDVF [Nottingham Domestic Violence Forum] and have had information go into schools about DV and HBV and some schools have asked their school nurses to put up displays or things around the school. Other schools have been absolutely adamant that they will not display any material about FM and HBV*'.

'NDVF goes into schools to do work with young people around the awareness, and something like 100 percent of young people, all young people should have these sessions. Young people need to be skilled up and empowered to look after themselves as no one else is going to'.

'Teachers need to not be frightened and not thinking that they are opening a can of worms, to feel confident that they know what to do'.

Explanations for HBV

This anxiety about HBV is reflected not only in views expressed by education professionals to participants but also in the literature and in the responses, both at national and local levels, to this

type of domestic abuse. While conducting background research on this issue we found that the concept of HBV is contested by those who see this type of abuse variously as an issue of gender, culture, tradition, race and ethnicity. Studies of HBV often focus on the debate regarding whether it is a type of abuse borne out of traditional patriarchal customs and/or cultures and religious practices that condone or ignore violence against women (see Section Two). The participants in this study tended to view HBV as rooted in cultural or religious issues.

> *'DV obviously in its general context, HBV from a traditional, cultural, religious perspective; it is from the perpetrator's perspective, the role that they play in controlling and manipulating women into relations*'.

> '*My view around HBV is that we think of it as specifically Asian or Muslim. We probably have a stereotype around it, and obviously a lot of organisations working in that area have those backgrounds*'.

> *'Primarily, in terms of cases that I have come across, it is mainly the Muslim community. However, I think that because that is most prevalent, we mustn't also forget the other communities, the East African and so on that are affected by HBV'.*

> *'The thing is they are very tight-knit communities. I suppose for most it is about the reporting and the information we have received from other parties and other agencies surrounding honour based [violence]. But primarily the ones I have come across have been Muslim communities*'.

Forced Marriage – the Criminalisation debate

The two most newsworthy aspects of HBV, namely honour killings and forced marriage, are increasingly reported in the media and have come to represent the public view of HBV through the media representation of prominent cases. Forced marriage has been highlighted through high profile campaigns by support groups, notably that led by Jasvinder Sanghera from Karma Nirvana (Karma Nirvana, 2011; Forced Marriage Unit, 2010; Home Affairs Committee, 2011**)**.

In this study participants tended to the view that forced marriage should be a civil matter rather than enforced by criminal law through Forced Marriage Protection Orders (FMPOs) which were introduced in the UK in 2007.

> *'In terms of the FMPOs, I have followed the thinking that civil law is more appropriate than criminal law. I fully understand why young people would be happier going through civil law rather than criminal law'.*

> *'I just think it is hard enough for young people to face the fact that they're on the receiving end of this without the additional pressure of that [going through the criminal law process]'.*

One participant expressed a different view, that *sharia* [Islamic] family law, which focuses on *izzat* (honour) and *sharam* (shame in Urdu), could be used in communities in the UK in cases involving forced marriage to ensure that the woman is freely consenting to the marriage:

> *'I have always said that, for example, mosques need to have a policy whereby, for example, under Islamic family law you should not be able to obtain the consent of a woman through her silence; it was [historically] one way of obtaining consent. Which is unusual as you would think that in order to consent you would have to voice, but that practice was specific to the time of the Prophet, whereby brides where very shy to say 'yes, I want to marry this man'. So it was customary at that time, when the priest asked whether she would accept such and such's proposal, her silence was considered her being shy and would be accepted as consent. So what has happened is that is being abused because there is a lot of emotional pressure put on women to accept a marriage, and they don't feel that they can say 'yes', but if they say 'no' there will be massive repercussions so they just stay quiet. There has been a lot of work done with the Imams, basically the Muslim priests, to ensure that they elicit a verbal consent as opposed to just silence, because of the problem of forced marriages. So some mosques have adopted that and they will say, "and I am now going to ask specifically, and I do need a verbal answer, do you take…"' and at that point they [the woman] will either say 'yes' or 'no'. Most of the time they will say 'yes', but if they continue to stay silent they [the Imams] will say to the father "look, I am not going to accept this until she says yes". It needs to be changed at grassroots level, and that work has started happening, but communities can only change themselves*' (see also Arshad, 2007).

In Section Five we consider the findings from both the primary research, based on interviews with participants, and those from secondary sources including published studies, official reports and relevant documentation on HBV and the response from both statutory and third sector support agencies.

5. Discussion

The aims and objectives of the study were established in order to gain an understanding of the current approach to HBV in the local area and the support that is offered to survivors. Throughout the research, both the primary and secondary findings have highlighted prominent issues pertaining to HBV and the current multi-agency approach. All of the practitioners that were interviewed were aware of HBV and although understanding between individuals differed based on experience there was a general working knowledge of the appropriate methods to employ when dealing with cases of HBV.

However, it was found that some practitioners had very little interaction with cases of HBV and most of their understanding was gained through training programmes, roadshows and media representation. Nevertheless, participants illustrated awareness that the representation of issues associated with HBV were not always dependable.

Domestic Abuse and HBV

There was some discussion by participants of the difference between definitions of HBV and domestic abuse more widely and the need for a different response to the former. Although this was not a focus of the research, participants often argued that while HBV is a form of domestic abuse nevertheless there is a need for a specific response to HBV. This was felt to be particularly important in cases that involve child protection and safeguarding of vulnerable young women and their family members and friends. Also recommended was the use of neutral interpreters from communities where HBV is prevalent, together with addressing risk and safety issues, such as where victims are interviewed on order to prevent further victimisation.

Recording and Flagging Cases of HBV

One of the main issues that arose out of the literature, and which was supported by the empirical research, was the complications arising from inconsistencies with recording statistics and with 'flagging' cases that indicate traits associated with HBV. This could be a local problem, however this was difficult for the authors to ascertain as there are few official statistics recorded on HBV (see also Gill, 2009).

The recording of data is a significant problem that would need to improve in order to fully understand the current levels of HBV in the local area. Although official statistics are not always reliable in their representation of a the true levels of crimes, HBV cases are currently hidden by the apparent incapability of flagging systems to record this separately from other crimes associated with domestic abuse. This would explain why the official figures are not truly representative of the current levels of HBV (Mayell, 2002).

From the participant interviews it appeared that there was some confusion about which agencies were recording the number of cases and the current levels of HBV in the area, although it did seem that the third sector agencies had more of a capacity to record figures on a case by case level. There have been recent developments in the use of flagging and recording data cases, while the CPS and court services have issued mandatory guidelines on how to record such cases on court computer systems.

HBV as a Gendered Issue

The findings from the interviews support the prevalent view that HBV should be viewed as a gendered crime and referred to in the wider context of violence against women (Gill, 2011, cited in Idriss and Abbas). This view is prominent in the literature and was also highlighted by many of the practitioners. Gill (2011) argues that the terms 'honour based' and 'honour killing' should be dropped and regarded as a 'significant subcategory' in the umbrella term of violence against women. However, it became apparent from much of the literature, in recent government campaigns and in the views expressed by the participants in this study, that there is a significance attached to classifying these cases as 'honour based'. As outlined above, it was found from the primary research that there is a need to respond differently to these crimes and to identify a range of risks to the survivors and their families, particularly with regard to 'child protection' and safeguarding practices.

HBV as a Cultural Issue

One of the key findings of the study, both from the literature and the interviews with local practitioners working in the field of domestic abuse and HBV, is that the issues related to religious and cultural sensitivities need to be addressed in responses to HBV. For example, if 'honour' is being used as a defence for violence against women, including FM and HBV (see Meetoo and Mirza, 2007), how do frontline providers of support services, and those working in the criminal justice system respond to perpetrators and victims of HBV? Most of the government reports and many of the

academic studies examined for this research are critical of the honour 'defence' and refer to 'so-called 'honour' in a direct critique of the 'cultural' position. This was reflected in the participants' views on 'honour' outlined in Section Four of this report. This is an ongoing debate and it is clear that practitioners and policy makers have to grasp a politically and culturally sensitive nettle when engaging with responses to HBV. Several of the participants expressed the view that training of professionals and education in communities about the nature and extent of HBV is paramount in its prevention and to emphasise that this is a form of violence against (predominantly) women that should not be tolerated.

Forced Marriage and the Criminalisation Debate

While this study was not focusing on forced marriage, one of the participants is a family lawyer who has experience of dealing with this aspect of HBV. Several interviewees felt that FM should be dealt with by civil rather than criminal law as this would put less pressure on victims who have enough to contend with without having to take out criminal proceedings against family members. However, the Home Affairs Committee's (2011) report on forced marriage recommends 'maintaining the civil route [while] criminalising forced marriage'. As Keith Vaz, Chairman of the Committee states:

'Forced Marriage is a serious issue that affects some of the most vulnerable individuals in the UK. I am very disappointed that progress on protection and awareness remains slow. I am also concerned that a loss of specialist support services due to spending cuts will stunt further progress. We believe that the best way to deter people from forcing individuals into marriage is through criminalising forced marriage. Taking this bold step alongside providing a range of services supporting victims of violence and raising awareness in schools must be a priority for the Government. There should be zero tolerance of this harmful activity that ruins the lives of so many' (Home Affairs Select Committee, 2011).

One of the unexpected findings from the study was the view stated by one of the participants that *Sharia* law could be used in tandem with the UK criminal justice system in order to ensure that young women (and men) are freely consenting to marriage (see Section Four). It would be interesting to explore this dimension further in relation to debates on forced marriage and HBV.

Local and National Response to HBV Prevention

In relation to the prevention of HBV, there is a range of policies and initiatives, both at local multi-agency partnership level and in responses by government at the national level. We have considered the local response coordinated through multi-agency partnerships earlier in this report.

With regard to the Coalition Government they have developed an Action Plan for the previous government's Violence Against Women and Girls campaign while the previous government had already initiated Forced Marriage legislation and investigations into HBV and FM in the Home Affairs Committee reports (2008; 2010). The prevailing view of participants in this study is that the current Government seems to be saying the right things at the national level, however the interviewees reflected negatively on the impact of the cuts at local and regional levels. The consequent decomissioning of specialist services for HBV survivors in one particular case was perceived to be a casualty of the restructuring of services due to cuts in funding. Participants expressed concerns that the effects of public spending cuts were yet to be felt fully in some areas and that they would be likely to impact further on support provision for victims of HBV due to budget constraints, rationalisation and prioritising of services.

In the final section of the report we summarise, in brief, our key research findings and make some recommendations for policy and practice, together with future research recommendations.

6. Conclusions and Recommendations

Summary

As stated at the outset of the report, the main focus of the study was to develop an understanding of levels of honour based violence in Nottingham and how agencies respond to this form of violence against women. We found that awareness of HBV is growing, in light of media reporting of high-profile cases and practitioner experience in dealing with cases of HBV. Participants felt that multi-agency working was, on the whole, effective in raising awareness of, and responding to HBV. Most practitioners felt that more training on HBV and its effects on family members and local communities was needed, both within their own organisations and in partner agencies. There was also an acknowledgement that while HBV is a culturally sensitive issue, nevertheless it should not be tolerated. Various measures were suggested to address and challenge such sensitivities in order to improve services for survivors of HBV. One of the key areas identified by participants in seeking to raise awareness of HBV is education, especially for young people, in schools, colleges and local communities.

Successive governments have also recognised the extent and nature of forms of HBV although the focus appears to be on forced marriage (including the introduction of FMPOs). The current Call to End Violence Against Women and Girls Action Plan (HM Government, 2011) is a step in the right direction and builds on the work of the previous government in identifying and seeking to eradicate violence against women. The Home Affairs Committee has produced several reports and updates on forced marriage and HBV. These initiatives are welcomed, however it is important that, as the participants in this study frequently commented, this momentum is not lost through cuts in resourcing of service provision for victims of domestic abuse and HBV.

There is a particular need to improve reporting by victims of HBV and to help to challenge the prevailing view that this is only a problem that impacts on Muslims and the Islamic community more generally. This is detrimental as it can exacerbate difficulties in the reporting of HBV by victims, friends and families, and create hurdles for practitioners and policy makers in responding to the problem and providing the much needed support that victims and their families need. Improving the reporting and flagging mechanisms for HBV cases would, it is suggested, encourage victims to come

forward and practitioners would feel better able to respond without worrying that they are interfering in the customs and traditions of 'other' cultures.

Recent government campaigns, endorsed in the views expressed by the participants in this study, focus on the importance attached to classifying cases as honour related or honour based. For example, it was found from both the primary and secondary research that there is a need to identify a range of risks to the survivors, their friends and family and to respond appropriately to these crimes. It is believed this is only possible when they are being flagged separately from other cases of domestic abuse and practitioners are trained to identify honour based violence.

Policy Recommendations:

- Improved and more training for practitioners, both frontline and support staff.
- Better recording of data and statistics on the current levels of HBV locally.
- Continued development of key representation at Multi-Agency/Partnership level.
- Community awareness programmes.
- Education in schools, youth clubs, colleges, universities.
- Provision of specialist support services for HBV victims.

Future Research Recommendations:

- Developing studies on working definitions of HBV which are often contested.
- Cross-cultural research on HBV in cultures/communities in the UK and elsewhere.
- Researching the impact of community engagement in dealing effectively with HBV.
- Conducting research on the civil/criminal debate regarding forced marriage (including the issues related to *Sharia* law and consent to marriage).
- Further research on the effectiveness of multi-agency working in the field of HBV.
- A systematic study of the prevention and detection of cases of HBV and the sanctions imposed by the criminal justice system.
- An examination of the prevention and detection of HBV cases and sanctions imposed by the CJS.

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Appendices:

A. MARAC and Non-Police DASH form

B. Combined Process Maps for Domestic Abuse and IDAP in Nottinghamshire

C. Interview Schedule for Research with Participants

D. Participant Information Sheet

E. Informed Consent Form

Appendix A: MARAC and Non-Police DASH Form

RESTRICTED WHEN COMPLETE

NON-POLICE DASH FORM
NOTTINGHAM AND NOTTINGHAMASHIRE

Domestic Abuse, Stalking and Harassment and Honour based violence (DASH 2009) Risk Model plus Referral Pathways for use in Nottingham and Nottinghamshire

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

Risk Identification and Assessment

All staff and volunteers working with an individual or family at risk from domestic abuse or violence should use these forms to determine a risk level and corresponding referral pathway. "High Risk Cases" need to be referred to MARAC with children and vulnerable adults also referred to Social Care for safeguarding.

Risk assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. However, this tool is known to improve assessment of risk in relation to domestic abuse.

DETAILS OF VICTIM(S) AND ALLEGED PERPETRATOR(S)

Where information is not available write NK (not known)

Crime Reference Number *if known*:	Date (s) of Incidents:
Police Officer's Name *if known* :	
Victim(s) Name:	
DOB	
Address	
Safe contact Tel number (home, mobile, work or other) Safe e-mail address	Mobile Landline Work Email
Vulnerable Adult Details e.g. learning disability/ mental ill-health/ physical disability	
Sources of Information:	☐ Victim ☐ Other sources, please state
Victim GP Details :	
Relationship between Victim & Perpetrator: and If partner / ex partner the length of the relationship:	
Perpetrator(s) Name:	
DOB	
Address	
Tel number	
Other names used (please specify)	Other dates of birth (please specify)
Perpetrator GP Details *if known* :	

Is there a history of violence, domestic or other? ☐None ☐Violence ☐Sexual ☐Other (specify below) ☐Not known			
Does the suspect have access to firearms?	☐Yes	☐No	☐Not known
Existing Bail Conditions? (add detail)	☐Yes	☐No	☐Not known

Details about children should be written overleaf

Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse						
Name	DOB	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationship to the alleged perpetrator?	Child known to social care?
Social Worker name if known						
Time and date this family referred to Children Social Care if appropriate. See Classification grid page 10 for guidance				Time:		
				Date:		

DASH QUESTIONS

If possible the victim is interviewed on her/his own. Explain purpose is to improve safety

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	YES ☑	NO ☑
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	☐	☐
2. Are you very frightened? Comment:	☐	☐
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s) might do and to whom) **Kill:** Self ☐ Children ☐ Other (please specify) ☐ **Further injury and violence:** Self ☐ Children ☐ Other (please specify) ☐ **Other (please clarify):** Self ☐ Children ☐ Other (please specify) ☐	☐	☐
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/Dr or others?	☐	☐
5. Are you feeling depressed or having suicidal thoughts?	☐	☐
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	☐	☐
7. Is there conflict over child contact? (please state what)	☐	☐

	Yes ☑	No ☑
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)	☐	☐
CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	Yes	No
9. Are you currently pregnant? ☐ Or Have you recently had a baby (in the past 18 months)? ☐ Please give details	☐	☐
10. Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative)? Please give details	☐	☐

	Yes ☑	No ☑
11. Has (.....) ever hurt the children/dependants? Please give details Was a child present in the house at the time of the incident ☐ Was child injured? If "Yes" refer to Children's Services. ☐ Please give details Was the child in the arms of either party at the time of the incident ☐ Who:	☐	☐
12. Has (.....) ever threatened to hurt or kill the children/dependants? Hurt ☐ Kill ☐	☐	☐
Domestic Violence History	**Yes**	**No**
13. Is the abuse happening more often?	☐	☐
14. Is the abuse getting worse?	☐	☐
15. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)	☐	☐
16. Has (.....) ever used weapons or objects to hurt you? Please give details	☐	☐
17. Has (.....) ever threatened to kill you or someone else and you believed them? Self ☐ Children ☐ Other (please specify) ☐	☐	☐
18. Has (.....) ever attempted to: strangle? ☐ choke? ☐ suffocate? ☐ drown you? ☐ when was this?	☐	☐

	Yes ☑	No ☑
19. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)	☐	☐
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence.) Please specify who and what you are afraid of:	☐	☐
21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐
22. Has (.....) ever mistreated an animal or the family pet?	☐	☐
Abuser(s)	**Yes**	**No**
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	☐	☐
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ☐ Alcohol ☐ Mental Health ☐	☐	☐
25. Has (.....) ever threatened or attempted suicide?	☐	☐
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail conditions ☐ Non-Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ Don't Know ☐	☐	☐
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐ Don't Know ☐	☐	☐

Other relevant information (from victim or worker), which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)
Is there anything else you would like to add to this? Please also use this space for providing extra information from questions

I hereby give consent / no consent for agencies involved in my case to share information to assist them to support my family and me (delete as appropriate).

Signature……..

Date……..

In all cases an initial risk classification is required:

RISK TO VICTIM:		
STANDARD ☐	MEDIUM ☐	HIGH ☐
SEE CLASSIFICATION GRID OVERLEAF Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Total Number of ticks:		Referral contact details are on the MARAC Referral form

Person completing form with victim Name ……

Signature:…….. Date:…… ……..

DASH RIC -Classification Grid- NOTTINGHAM AND NOTTINGHAMSHIRE -2011

Risk level	Threshold Number of Ticks	Pathway	Consent to share information
HIGH RISK ADULT AND CHILDREN	14 Ticks in yes box or Professional Judgment – score less than 14 ticks but practitioner has **serious safety concerns** or **There is clearly increasing in severity or frequency**	Immediate **MARAC referral** and **child safeguarding referral** (also **vulnerable adult safeguarding** where appropriate) Referral contact details are on the MARAC Referral form	Signed consent should always be sought however is not essential for high risk If survivor refuses consent when MARAC referral is discussed, complete "Information Sharing Without Consent" form and then make referral.
HIGH RISK CHILD but MEDIUM - RISK ADULT Threshold is lower for child safeguarding referral as compared to MARAC referral	10-13 Ticks in yes box or Professional Judgment – score less than 10 ticks but practitioner has serious safety concerns or concerns about increasing severity/frequency	Immediate **child safeguarding referral** Offer to arrange specialist support from Women's Aid or equivalent. Male victims to Victim Support Refer to own agency procedures	Signed consent for a safeguarding referral is not required Inform parent/carer of child safeguarding referral
MEDIUM RISK ADULT AND CHILDREN	7-9 ticks in yes box	Offer to arrange specialist support from Women's Aid or equivalent. Initiate CAF (Common Assessment Framework) for child and (County only) refer to child to IAT (Joint Access Team) Refer to own agency procedures.	Signed consent should always be sought. If not given you do **not** have grounds for CAF or referral to specialist agency
STANDARD RISK	1-6 ticks in yes box	Supply 24hour DV Helpline information and other relevant signposting	As above

Nottingham and Nottinghamshire MARAC Referral Form

MARAC referrals should be sent by secure email or other secure method
Include completed DASH form and all pages in this pack

Nottingham City: CityDivDomesticAbuse@nottinghamshire.pnn.police.uk Fax 0115 844 4046

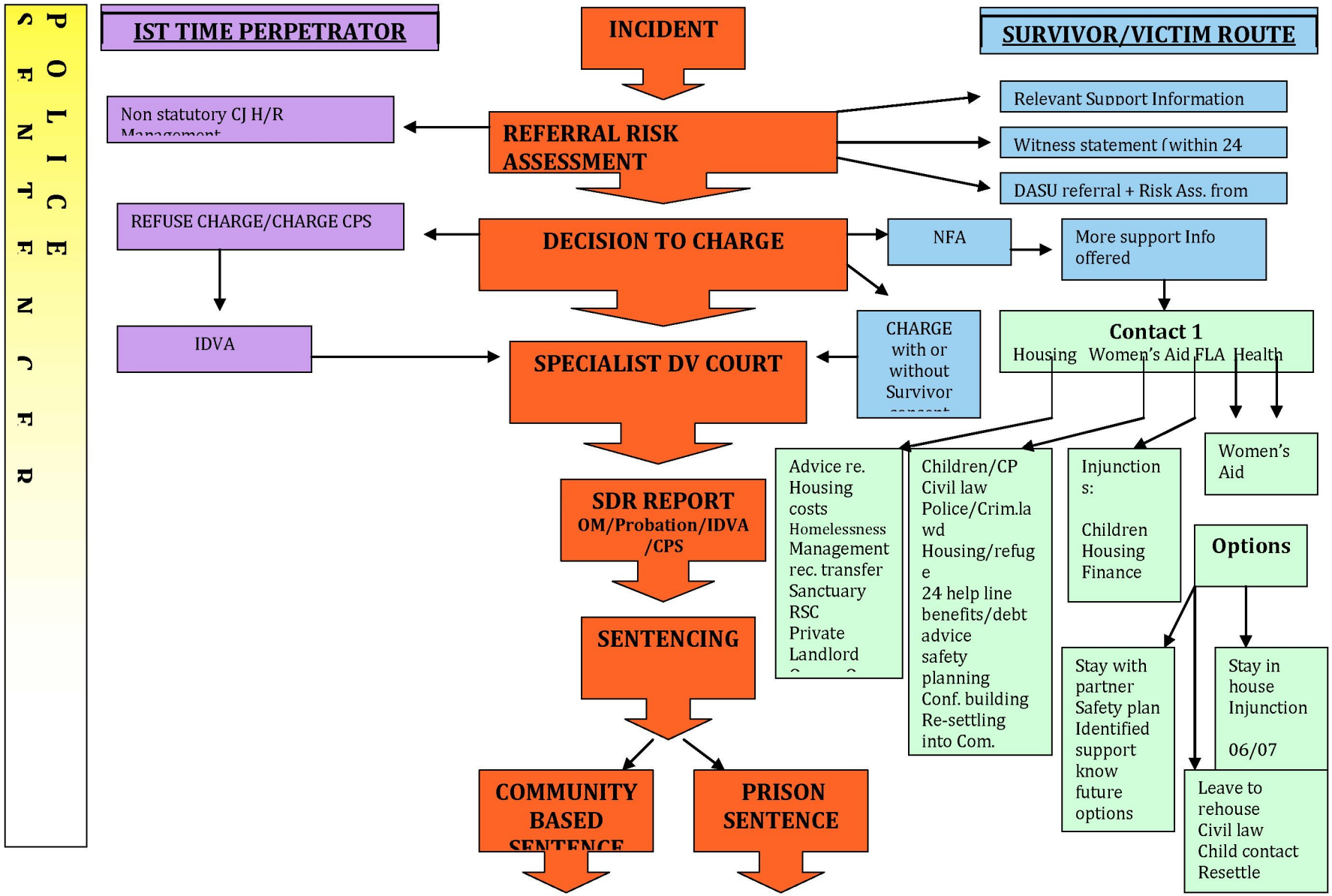
South Notts: southnotts.domesticviolence@nottinghamshire.pnn.police.uk Fax 0115 844 6049
(Broxtowe, Gedling, Rushcliffe)

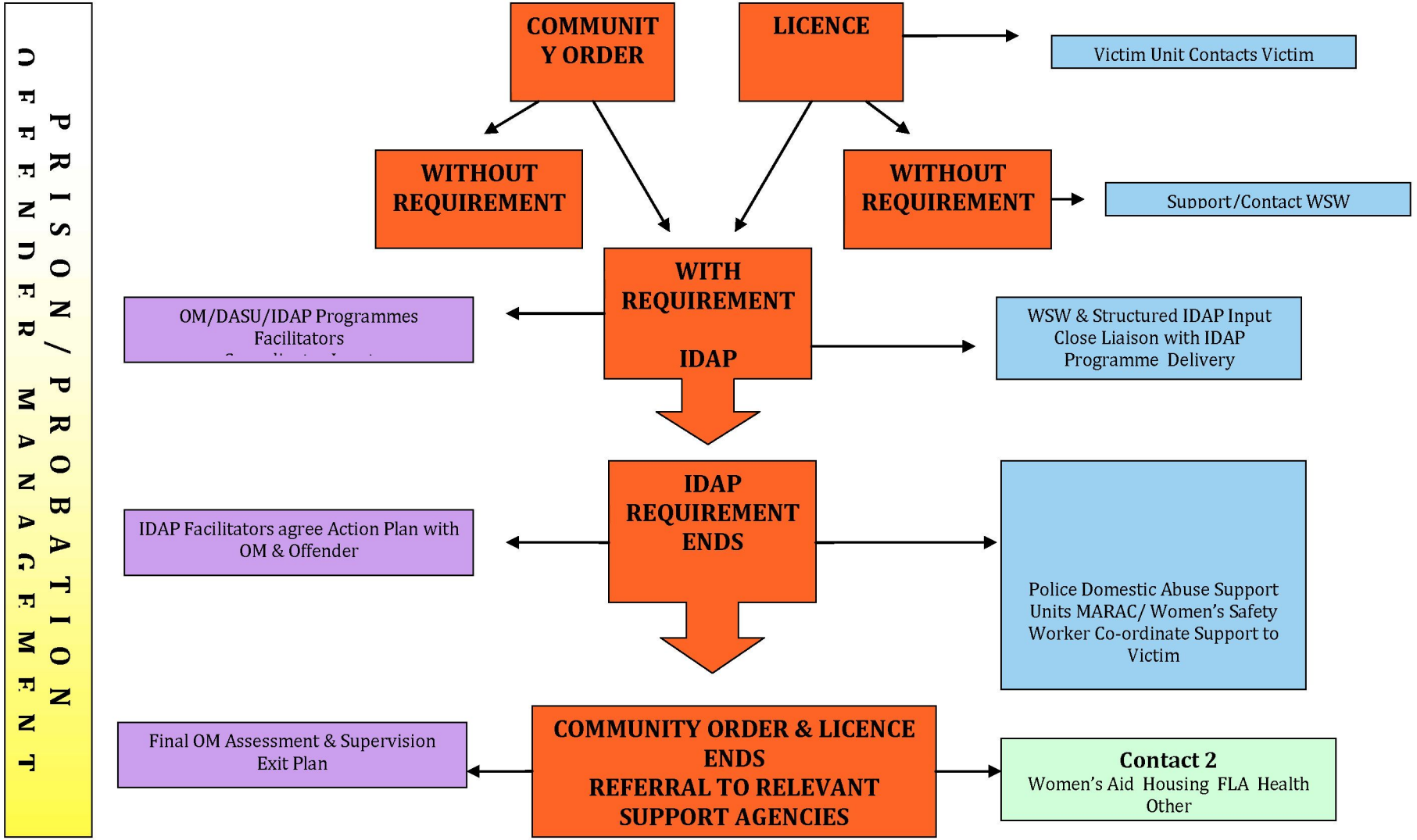
Bassetlaw Newark & Sherwood: brenda.peacock@nottinghamshire.pnn.police.uk Fax 01636 657 919

Mansfield & Ashfield: dan@nnidas.org Fax 01623 683 251

Date	
Referral agency: (provide full details at the end of the form)	Tel: Fax:
Reason for referral **Referral made on** (please tick) Professional Judgment ☐ Escalation ☐ Number of ticks on Risk Identification Checklist ☐ **Attach DASH Risk Identification Checklist pages 1-9**	
Victim Name: Date of birth:	Victim Address and tel etc on DASH form page 2:
Ethnicity:	Gender:
Sexual Orientation:	Disability / Life Long Illness:
Tenancy Details: Owned ☐ Local Authority Landlord ☐ Private rent ☐ Other Registered social Landlord ☐ please give details :	
Animals: Is a pet(s) in the house - Yes ☐ No ☐ If yes: are any specific actions required? e.g. support if survivor going to refuge	
For details of perpetrator and children see DASH form pages 2-4	
Tenancy details of perpetrator: Owned ☐ Local Authority Landlord ☐ Private rent ☐ Other Registered social Landlord ☐ please give details :	
Is the person referred aware of the MARAC referral? **Yes/No** Has this person given consent for MARAC and information sharing? **Yes/No**	
Referring Agency Details Referring officer: Address: Telephone: Mobile: Email:	
Admin to complete Date referral received: Case number allocated: DATE MARAC case to be discussed:	

Appendix B: Combined Process Maps for Domestic Abuse and IDAP in Nottinghamshire


POLICE SENTENCER
IST TIME PERPETRATOR
INCIDENT
SURVIVOR/VICTIM ROUTE
Non statutory CJ H/R
REFERRAL RISK ASSESSMENT
Relevant Support Information
Witness statement (within 24
DASU referral + Risk Ass. from
REFUSE CHARGE/CHARGE CPS
DECISION TO CHARGE
NFA
More support Info offered
IDVA
SPECIALIST DV COURT
CHARGE with or without Survivor
Contact 1
Housing Women's Aid FLA Health
Advice re. Housing costs Homelessness Management rec. transfer Sanctuary RSC Private Landlord
Children/CP Civil law Police/Crim.law Housing/refuge 24 help line benefits/debt advice safety planning Conf. building Re-settling into Com.
Injunctions: Children Housing Finance
Women's Aid
Options
SDR REPORT OM/Probation/IDVA/CPS
SENTENCING
Stay with partner Safety plan Identified support know future options
Stay in house Injunction 06/07
Leave to rehouse Civil law Child contact Resettle
COMMUNITY BASED SENTENCE
PRISON SENTENCE


PRISON / PROBATION
OFFENDER MANAGEMENT
COMMUNITY ORDER
LICENCE
Victim Unit Contacts Victim
WITHOUT REQUIREMENT
WITHOUT REQUIREMENT
Support/Contact WSW
WITH REQUIREMENT
IDAP
OM/DASU/IDAP Programmes Facilitators
WSW & Structured IDAP Input Close Liaison with IDAP Programme Delivery
IDAP REQUIREMENT ENDS
IDAP Facilitators agree Action Plan with OM & Offender
Police Domestic Abuse Support Units MARAC/ Women's Safety Worker Co-ordinate Support to Victim
COMMUNITY ORDER & LICENCE ENDS
REFERRAL TO RELEVANT SUPPORT AGENCIES
Final OM Assessment & Supervision Exit Plan
Contact 2
Women's Aid Housing FLA Health Other

Appendix C: Interview Schedule for Research with Participants

Appendix C: Interview Schedule for Research with Participants on HBV

1) Which organisation do you work for?

    i. What is your job role?

    ii. What is your role in relation to DV?

    iii. Have you had any specific training on domestic violence for this role?

    iv. What training are other staff provided with when working with DV (including frontline and support staff)?

2) What is your understanding of 'honour'/HBV?

    i. Who do you think is most at risk?

3) How do you think HBV differs from Domestic Violence (DV)?

    i. How does the police response differ?

    ii. How does the nature of the victims' reporting differ?

    iii. How does the victim support differ?

    iv. How does its prevention differ from other violent crimes?

4) What do you believe are the differences between 'crimes of passion' and 'crimes of honour?'

    i. In relation to DV/HBV?

5) How do you think HBV affects women from South Asian communities?
    i. Emotionally/Psychologically?
    ii. Physically?
    iii. Sexually?
    iv. Other types of abuse (e.g. financially?)

6) Who would you identify as the perpetrators?

    i. Is there an incidence of serial/multiple abusers?

7) What are the current levels of HBV in this area?

    i. How do you think this compares to the national figure?

    ii. To what extent is HBV underreported?

    iii. How is your organisation trying to improve the reporting rates of HBV?

    iv. What proactive/preventative measures do you adopt in order to reduce the levels of HBV?

    v. What is the current attrition rate for the prosecution of DV/HBV in this area?

    vi. How do you believe this rate could be reduced?

8) How is HBV recorded?

    i. Does your organisation record HBV cases?

    ii. How is it classified?

    iii. Is it recorded separately from DV?

    iv. Why do courts classify this separately from DV?

9) What is your experience of working with victims/perpetrators of HBV?

10) What kinds of support do you offer victims of HBV?

    i. To what extent is language/culture a barrier when interviewing victims?

    ii. How do you overcome this?

    iii. What provisions do you put in place when dealing with victims of HBV?

11) How do the victims of HBV contact you?

    i. Do you maintain contact with the victims? (if so, how?)

12) Do you employ any specific methods when dealing with victims of HBV?

    i. When interviewing/offering support?

    ii. When writing witness statements?

    iii. When collating evidence?

    iv. When prosecuting?

13) Do you know of any other organisations that work with victims of HBV?

    i. Have you worked with these organisations before?

    ii. Do you refer victims of HBV to these other organisations? If so, which agencies and for what reason?

    iii. What is your experience of working with these agencies?

14) Does your organisation work with others at a national level in relation to HBV? (If so, which organisations do you work with at this level?)

15) Are you involved in any partnerships/multi-agency forums that deal with HBV?

    i. Which organisations are members of this partnership/forum?

    ii. How is this partnership/forum funded?

    iii. Who would you perceive to be taking a leading role in this partnership/forum?

    iv. How does the Crime and Drugs Partnership work in relation to the DV Forum in Nottingham?

16) What are your perceptions of the effectiveness of multi-agency working?

    i. How is this effectiveness measured?

    ii. What barriers does your organisation face when working as part of this partnership/forum?

    iii. Are there any areas or agencies that you think need to be more involved in preventing HBV?

17) What current risk assessment strategies do you apply when dealing with victims of HBV?

    i. How does MARAC work in relation to the levels of HBV?

    ii. Do you use the MARAC RIC?

    iii. How effective is the RIC?

    iv. Are relatives and siblings/witnesses of identified victims also considered to be at risk?

18) What recommendations would you suggest to your organisation/the multi-agency partnerships in relation to dealing effectively with HBV?

19) Do you have any other policy recommendations in relation to HBV?

20) Is there anything else that you would like to add?

Thank you for giving up your time and taking part in this interview.

Appendix D: Participant Information Sheet

Appendix D: Participant Information Sheet

NOTTINGHAM TRENT UNIVERSITY

Criminology Division
School of Social Sciences
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

Participant Information Form

Thank you for agreeing to consider participating in this research project. Before deciding whether to grant us an interview, we feel it is important that you understand the reasons why the research is being conducted, and what your participation will involve. We would be grateful if you would take the time to read the following information carefully and discuss this with your colleagues or other people if you wish. Please do not hesitate to contact one of the research team if any of the information is unclear or you wish to discuss your participation in this project.

What is the purpose of the study?
This study is primarily concerned with gaining an understanding of the extent of Honour Based Violence (HBV) and the nature of support services. We will be conducting semi-structured interviews with practitioners from a number of statutory and third sector agencies. The study has been designed in order to gain an understanding of how often these agencies come into contact with victims of HBV, the nature of the specific support services they offer, and the effectiveness of multi-agency working in relation to providing support for such victims.

Who is running the study?
The project is being supervised by Terry Gillespie and Kristan Hopkins Burke from the Criminology Division at Nottingham Trent University. The research is being jointly conducted with the aid of an undergraduate researcher, James Mellett, as part of the University Scholarship for Undergraduate Researchers (NTU-SPUR).

Why have I been chosen to take part?
You have been selected for interviewing as we believe your experience with victims of HBV and expertise in this field will be invaluable for our research. We believe it is important that we understand the issue of HBV from a number of different professional perspectives in order to gain a better understanding of the issues and the effectiveness of multi-agency partnerships.

Do I have to take part?
No, your participation in this research is entirely voluntary. You can also withdraw from the study at any point, either by contacting one of the researchers before the interview, asking to terminate the interview, or withdrawing your data after the interview has taken place and before 14th August, 2011.
If you do decide to take part, we ask that you read and fully understand the information on this sheet and sign and complete a separate informed consent form.

If you decide not to take part in the research, you will not be asked to give any explanation for your withdrawal.

What do I need to do?
We would like you to take part in an interview lasting approximately 1 hour, either at your workplace or a location that is convenient for you. Interviews will be taking place throughout July and August, and one of the researchers will contact you to arrange a date and time that is convenient for you. The interview will be carried out by James Mellett and will follow a semi-structured question format. As part of the informed consent form we ask for your permission to record the interview with a digital voice recorder to ensure the data you provide is accurately documented.

What questions will be asked in the interview?
A full copy of the questions that are going to be asked in the interview will be provided in advance and you will have the chance to read through them. Any questions that you would not feel comfortable answering will be omitted from the interview. If you are unsure about any of the questions, you may contact one of the research team to discuss them further before the interview.
In addition to this, if you feel uncomfortable whilst in the interview you may refuse to answer, or give no comment to any of the questions, and the researcher will continue on to the following question.

What will happen to the information I provide in my interview? Will it be kept securely?
The recording of your interview will be transcribed and analysed by one of the research team. This information will then be incorporated into the findings and conclusions of the research. All transcripts and hard copies of data will be kept on a private laptop, in encrypted files. The laptop and transcripts will be kept in a locked drawer in a secure office to ensure your data's security, in line with the British Criminological Society's code of ethics. At the end of the study, all transcripts will be kept securely for a period of five years, after which the data will be destroyed in a secure manner.

How will the research team protect my confidentiality and anonymity?
All transcripts will be fully anonymised and will be kept in a secure location at all times. You will not be named or otherwise identified in any publication arising from this research. The research team will exercise all possible care to ensure that you and the organisation you work for cannot be identified in the write-up of findings. Only the three members of the research team will have access to these documents and the recordings of interviews.

What are the possible risks/disadvantages of taking part?
The main cost to you will be the time taken with the interview. The risks to you may include providing information that you may not feel comfortable with. However, as outlined above, any information you do provide will be kept anonymous and secure. In addition, you can choose not to answer any of the questions or withdraw your data at any time until the final date specified for withdrawal of data.

What are the possible benefits/advantages?
We hope that you will find the interview interesting, and will take satisfaction from helping to develop our understanding of HBV. We also hope that you will find the results interesting and helpful to your work. The results of the study will be available to you once the research is complete.

What will happen to the results of the research?

We will write up the results in a report and hope to have them published as academic articles or in academic publications. We may also publish a short executive summary of our results which may be read by practitioners, senior police officers, academics and others working within the field of HBV.

How can I find out more about this project and its results?
For more information about our project please do not hesitate to contact one of the research team. We will send you a full copy of the interview questions before the interview and an executive summary once the research is complete in November, 2011.

Has the study been reviewed by anyone?
The research has been subject to ethical approval by the University's College Research Ethics Committee. It has been designed with reference to the British Criminological Society's code of ethics.

Who is responsible for the study?
The academic supervisors on the research team will be responsible for the conduct of this research.

Contacts and further information
Please feel free to contact any member of the project team on the following email address or phone numbers:

Terry Gillespie	Kristan Hopkins-Burke	James Mellett
terry.gillespie@ntu.ac.uk	kristan.hopkins-burke@ntu.ac.uk	james.mellett@my.ntu.ac.uk
Tel: 0115 848 XXXX	Tel: 0115 848 XXXX	Tel: 0115 848XXXX

Or at the following address:

c/o Terry Gillespie
Senior Lecturer in Criminology
School of Social Sciences
Nottingham Trent University
Burton Street
Nottingham
NG1 4BU

Appendix E: Informed Consent Form

Appendix E: Informed Consent Form

NOTTINGHAM TRENT UNIVERSITY

Criminology Division
School of Social Science
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

Informed Consent Form

Purpose:
The purpose of the research is to gain an understanding of how often statutory agencies and support organisations come into contact with victims of honour based violence (HBV), what kind of support is offered and the nature of multi-agency working in relation to providing effective support for the victims.

Procedure:
You are being asked to participate in a semi-structured interview lasting approximately 1 hour. The interview will consist of a number of questions about your awareness of HBV and experiences of working with other agencies. The interview will be recorded on a digital voice recorder with your consent. Please tell the interviewer if you do not wish to answer any of the questions put to you.

Voluntary nature of the research/Confidentiality:
Your participation in this research is entirely voluntary and you may refuse to answer any of the questions or terminate the interview at any point. You may also withdraw your interview data before 14th August, 2011. Your name and personal information will not be connected to your responses. Information that would make it possible to identify you will not be included in the report. The data will be accessible only to those working on the project (the three researchers). Your data will be kept in a secure location and stored as encrypted files.

Contacts and Questions:

At this time you may ask any questions you might have regarding this study. If you have questions later or want to withdraw your data, you may contact any of the researchers on the following email addresses:
Terry Gillespie – terry.gillespie@ntu.ac.uk
Kristan Hopkins-Burke – kristan.hopkins-burke@ntu.ac.uk
James Mellett – james.mellett@my.ntu.ac.uk

Statement of Consent:
I have read the information above and understand the purpose of the research and my part in it. I have asked any questions I had regarding the interview procedure or research and they have been answered to my satisfaction. I understand that I have the right to withdraw my data at any point during the interview or after the interview until 14th August, 2011. I consent to participate in this study.

Name of Participant_____ Date: _____

(please print)

Signature of Participant _____

Name of Researcher_____ Date: _____

(please print)

Signature of Researcher_____

Thank you for your participation!