HOW IS ‘HONOUR’-BASED VIOLENCE MANAGED IN ENGLAND AND WALES?

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1. Abstract:

The purpose of this study is to determine how ‘honour’-based violence is managed in terms of legislation and policy within the UK.

Due to a substantial rise in immigration into the UK over the last decade and the terrorist attacks of 9/11 and 7/7, the UK moved away from multiculturalism and instead adopted a push towards civic integration. As a result greater focus has been placed upon minority ethnic communities within England and Wales. Furthermore, since the rise of second wave feminism and the human rights agenda, violence against women within the UK has been increasingly recognised as a social problem. Thus ‘Honour’-based violence, a phenomenon commonly associated with minority ethnic communities, is today increasingly found within both the media and political spotlight within the UK. Through an extensive study of the relevant literature in this area, this dissertation focuses on the way in which ‘honour’-based violence is managed within England and Wales; particularly within both legislation and policy.

This research establishes firstly that ‘honour’-based violence is predominantly regarded as both a heavily gendered and cultural religious problem, and secondly that, whilst the government has taken substantial efforts to improve responses to specific types of ‘honour’-based violence (female genital mutilation and forced marriage), ‘honour’-based domestic violence has been situated within the context of mainstream domestic abuse legislation and policy. In addition it outlines, not only the way in which these mainstream policies have been amended through a process of multicultural drift, but subsequently how culture and religion have often been permitted as a defence within law. The main conclusion from this research is that currently the way in which ‘honour’-based violence is interpreted as a cultural religious issue and subsequently managed within England and Wales marginalises the victims it seeks to protect.
2. Introduction:

DA, a common form of violence against women (VAW), had until relatively recently been a problem largely dismissed within legislation and policy in England and Wales (Wells; 2004). Despite being a phenomenon that cuts across gender, age, class, race, ethnicity, religion and sexuality (Women’s Aid; 2007), as an act which commonly occurs within the private sphere of the home (Gill; 2006), policy makers and criminal justice agencies have tended not to regard it as a ‘real’ or ‘legitimate’ crime (Women’s aid 2008b). Instead, historically it has been perceived within society as ‘lawful chastisement’, or a man’s ‘right’ to control his wife (Johnson; 1998). Indeed it was not until the second wave feminist movements of the 1970’s that DA was put within a prominent position on the political agenda (Walklate; 2008).

Today it is thought that 1 in 4 women will directly experience DA within their lives; however it is likely that this figure could be vastly underestimated due to both the nature of its criminal definition and the numerous ‘difficulties’ that are faced by victims in reporting such crimes (Women’s Aid; 2008d). These problems are greatly exacerbated when violence occurs within communities in which the notions of ‘honour’ and ‘shame’ are fundamental in the expectation of the behaviours of those who live within it; predominantly those of women (Home Affairs Committee; 2008). Violence within these communities is commonly referred to as ‘honour’-based violence (HBV). Whilst this is not a new phenomenon, HBV is finding itself increasingly within both the media spotlight and UK political agenda (Meetoo and Mirza; 2007a).

However it is important to note that regardless of this recent increase in media and political interest in this subject, HBV is a relative newcomer to the UK political agenda. Furthermore, there has been little empirical evidence carried out about HBV practices within the UK, especially in comparison to other forms of VAW (Gill; 2009). Indeed, what little government research there has been on this subject has tended to focus on forced marriage (FM) (Gill; 2009), and, more recently, female genital mutilation (FGM); just two of the diverse spectrum of behaviours defined as HBV (Gill; 2009). Furthermore, despite recognition that there are fundamental distinctions between ‘mainstream’ DA and ‘honour’-based DA that need to be taken into consideration (Brandon and Hafez; 2008) policies have tended to be incremental, adapting from those in place for mainstream DA (Phillips; 2007). As a result, there has been substantial debate as to whether this is the correct response (Home Affairs Committee; 2008).

Additionally, although historically it has existed in different cultural forms within the UK, today HBV is predominantly practiced amongst British Minority Ethnic (BME) communities (Brandon and Hafez; 2008); a group often subjected to discrimination and marginalisation within both the criminal justice system (CJS) and VAW legislation (Francis; 2007). As such, many fundamental issues exist for those charged with managing such an emotive topic, many of which this thesis will endeavour to address. Accordingly it is important to note here that this thesis focuses on the concept of ‘honour-based’ domestic violence and includes ‘honour’ killings (HK) as its most extreme manifestation.
3. Aims:

The Overall aims of this study are to determine the following;

- How is the concept of HBV constructed within contemporary British society?
- How is HBV managed within both legislation and policy in England and Wales?
- Should HBV be treated as a separate issue to domestic abuse which requires its own unique responses?

In order to address these questions, I will first start by reviewing the relevant literature in this area; looking not only at the issue of ‘honour’-based violence, but at VAW more broadly. Within this review, I will endeavour to provide a comprehensive understanding of how HBV is constructed and understood within mainstream British society. This will be provided within a summary at the end of this review and will subsequently be used in order to inform my discussion into how this type of violence is dealt with within England and Wales. This discussion will address the management of HBV both within legislation and policy and the ‘appropriateness’ of such responses. Finally, I will conclude by summarising the key findings from my discussion and providing recommendations for further actions.

4. Literature Review:

In order to understanding how HBV is constructed and understood I will start this literature review by looking more broadly at the concept of VAW and how this is culturally specific. I will then move onto look at what is meant by the terms ‘honour’ and HBV, and how this is currently defined and interpreted at a national level in England and Wales. The rest of the literature review will then consider HBV within the four main contexts in which it is interpreted within key academic literature; as a ‘gender’ issue; a ‘power’ issue; a ‘cultural’ issue; and finally as a ‘religious’ issue. The purpose of looking at such areas will be to not only highlight the differences between HBV and DA, but also to comprehend the reasons for, and implications of, these variations upon the management of HBV in England and Wales.

4.1. Violence against Women (VAW)

The subject of VAW has increasingly featured amongst social, academic and political debate worldwide (Gill; 2009); particularly since the emergence of the human rights agenda (Sen and Kelly; 2007) which has now infiltrated all areas of the UK CJS. However, despite finally receiving recognition as an issue which requires separate considerations to that of male orientated violence (Watts and Zimmerman; 2002), VAW manifests in different ways (World Health Organisation; 2009) and as such its definition is highly contested (Dobash and Dobash; 1998). Furthermore, the extent to how much is included within this definition informs not only public opinion, but also government and public sector perceptions of the magnitude of the problem. Therefore policy is determined greatly by definition (Dobash and Dobash; 1998).
At an international level, VAW is defined as;

“...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women.” (United Nations; 1993)

However, the breadth of this definition becomes problematic when it is used at a macro level across varying communities, as simply put, VAW manifests in various cultural forms (Faqir; 2001) which may not be regarded as ‘wrong’ in all societies. As this literature review will show, this notion is particularly apparent within the issues of DA and HBV.

4.2. ‘Honour’ and ‘Honour-Based’ Violence (HBV)

The term HBV has been commonly adopted to describe a variety of violent crimes that are perpetrated (predominantly against women) as a result of deep connections to community perceptions of ‘honour’ (Dustin and Philips; 2008). However it is important to note that although the various categories of HBV may be both perceived and subsequently reacted to differently they are not necessarily mutually exclusive. The common factor that connects them is that all crimes committed as a result of this concept of ‘honour’ act both as a way to enforce particular social morals and as a punishment for the transgression of them (Vitoshka; 2010). As such, understanding the complex notion of ‘honour’ as it is meant by those who perpetrate HBV is a fundamental step in determining appropriate legislative and policy responses. However, this concept of ‘honour’ is fluid, contested and interpreted differently across cultures (Brandon and Hafez; 2008). Therefore, although the term is often used to portray behaviours regarded as beneficial both for an individual and the collective (Brandon and Hafez; 2008), what constitutes these behaviours is culturally specific. Thus as HBV manifests in numerous forms and is common across a number of different cultures, (Faqir; 2001) it is not only a fluid concept (Brandon and Hafez; 2008) but also a symbolic one (Gill; 2006).

Despite this, a similarity throughout all cultures is that ‘honour’ has both a personal and private facet in which it not only determines how an individual perceives themselves, but also how they are perceived by others (Brandon and Hafez; 2008). Whilst today within the UK this concept of ‘honour’ is typically vested in the individual, with titles are given out each year by the monarch as a reward to persons whose behaviours have been regarded as ‘honourable’ (Sen; 2005); in many BME cultures it is determined not only by the actions of the individual but by the behaviours of others, particularly women (ICAHK; 2009). As such in order to maintain ‘honour’, the behaviours of these women must be monitored and controlled (Araji; 2000). Consequently, the concept of ‘honour’ has significantly different implications for the male and female members of communities which practice HBV.

Whilst both male and collective honour is generally seen as existing within the body and sexuality of women (Coomaraswamy; 2005), women do not possess individual honour in the same way as men (Araji; 2000). Consequently whilst female ‘honour’ is fixed, male ‘honour’ is in constant flux, determined upon his abilities to control the women in his family (ICAHK; 2009). Therefore ‘honour’ acts as a social code which seeks to suppress female behaviour and sexual autonomy (Smartt; 2006 as cited in Watts and Zimmerman; 2002) in order to prevent the transgressions of societal norms (Brandon and Hafez; 2008) which may threaten the status quo (Faqir; 2001). Although often the mere threat of violence is sufficient in itself to force compliance from these women (Stanko; 2006); in many cases the transgression of these social norms, no matter how small, ‘necessitates’ actual violence.
Whilst this violence ‘restores’ male honour, a ‘dishonoured’ female will always be shamed regardless of whether she has been punished (ICAHK; 2009). As such, when a woman transgresses these norms and brings shame to her family she not only loses her ‘honour’, but can never regain it; for men, the family, and the wider community not only is HBV regarded as the sole way in which ‘honour’ can be restored, but furthermore it acts as a method for both maintaining and increasing it. Subsequently HBV is perpetrated against women in order to either prevent them from, or punish them for, deviating from the social norms and expectations placed upon them (Brandon and Hafez; 2008). Consequently the term has now begun to take on a negative connotation when used to describe the ‘backwards’ and ‘deviant’ behaviours of non-‘western’ societies (Sen; 2005), particularly in relation to their treatment of women; thus feeding into an Orientalism (Abu-Odeh; 1997 as cited in Dustin and Phillips; 2008) which breeds fear in a risk infatuated society.

Currently the cross government definition of HBV states that;

“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; 2010).

This definition is extremely broad reflecting the complex problem of finding one which is not only all encompassing but cross-culturally appropriate (Gill; 2006). One substantial difference between ‘mainstream’ British culture and those of BME communities is that within these minority groups it is common for communities to operate as extended families (Brandon and Hafez; 2008). Consequently, female behaviours are ‘policing’ by all members of this extended ‘family’ including other women (ICAHK; 2009). Furthermore it is often not until an act has become public knowledge that ‘honour’ is lost (Brandon and Hafez; 2008). Once this happens the only way in which it [male/collective ‘honour’] can be ‘restored’ is through the punishment of the ‘dishonoured’ female (Araji; 2000). Thus unlike within traditional notions of DA, in which the abuse is typically secretive and within the confines of the private sphere of the home, ‘punishment’ in HBV is not only made public knowledge (Faqir; 2001) but is also sanctioned by the wider community (Brandon and Hafez; 2008). Thus two fundamental issues for policy makers arise from this and are worth noting here. The first of these is that within many of these BME groups, the concept of ‘honour’ is so deeply entrenched in the construction of individual and collective identities that they are resistant to change, and, if pressured from ‘intrusive outsiders’, may become more self-segregated and isolated (Brandon and Hafez; 2008). Secondly, unless an adequate definition is constructed which both encompasses the diverse forms of HBV, and the numerous complexities of the issue (Gill; 2006), policies may struggle to correctly identify and sufficiently address this complex problem.

With the recognition of HBV as a national problem, today the Home Office states extends its standard definition of domestic violence to include;

“...issues of concern to black and minority ethnic (BME) communities such as so called ‘honour based violence’, female genital mutilation (FGM) and forced marriage” (Women’s National Commission; 2009)

As such it can be argued that HBV within England and Wales is to some degree understood as a ‘subcategory’ of DA which is, in itself, defined as;
“...any 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” (Women’s National Commission; 2009)

Although, as is evident within this definition, DA is a social phenomenon which cuts across gender, it is statistically far more prevalent in cases of male violence against women (Women’s Aid; 2007). Furthermore, by definition, not all abuse is physical violence. Indeed in much the same way as is seen within HBV, DA is argued to be less about anger and more about power and control which, as the Duluth Model demonstrates, abusers exert over their victims in numerous ways in order to enforce compliance (DAIP; 2008) (see appendix 1). Consequently due to this affiliation, and the similarities between ‘mainstream’ DA and HBV, HBV is often portrayed as a gendered issue; something which is clearly evident in current responses to HBV in England and Wales.

Whilst the government does recognise that there specific issues raised from HBV which differentiate it from DA (Home Affairs Committee; 2008) which need to be taken into consideration (Brandon and Hafez; 2008), currently ‘honour’-based domestic abuse is dealt with under the context of ‘traditional’ DA policy framework. As such, within the literature HBV is also often proposed to be something manifested through societal power structures or cultural or religious traditions. Consequently whether treating HBV as a form of DA is the best approach to take is a fundamental quandary when considering how to respond to HBV in England and Wales, and one which divides opinions. Thus, in order to understand the complex reasoning behind HBV, this thesis will go beyond the notion of HBV as a subcategory of DA and look at it, as suggested by literature, not only as a ‘gendered’ issue, but as a ‘power’ issue; as a ‘cultural’ issue; and finally as a ‘religious’ issue.

4.3. Honour’-based violence: An issue of gender?

Despite the fact that HBV can be perpetrated against both men and women it is universally recognised that, not only is it far more prevalent against women, but that its implications are much more detrimental to women. Indeed it is the regulation of the ‘social’ life and the subsequent expectations attached to being male and female that differentiates cultures (Shachar; 2001). These regulations and expectations contribute towards a feeling of tribalism within individual communities (Wilson; 1978 as cited in Thompson; 1996) and comprise part of a group’s ‘common origin’; a fundamental element of ethnicity (Young; 2005). Subsequently as individuals can only truly belong to an ethnic group through being born into it, the growth and purity of this collective is unsurprisingly vested in the reproductive capabilities of its women (Yuval-Davis; 1997). Thus ‘honour’ is generally seen as being held within the sexuality of women and their reproductive capabilities. Accordingly, the chastity of women is regarded as an economic investment which, like any other asset, must be secured and protected (Brandon and Hafez; 2008). Consequently whilst women who contravene these social expectations are likely to be punished severely, men who dishonour themselves or their families are more likely to be ‘forgiven’ due to their far superior bargaining powers (ICAHK; 2009).

Furthermore, looking beyond the physical act at linguistics; even the word ‘honour’ is gendered. In its feminine context it becomes one associated with passivity and is therefore static, whereas in its masculine form it is more positive and active and as such is constantly in a state of flux (ICAHK; 2009). Thus, as has been demonstrated, whilst HBV is seen as a way of ‘restoring’ male or collective ‘honour’, for females this ‘honour’ will never be restored. As such, due to this heavy gender differentiation, the study of HBV has been championed by feminist researchers, along
with other types of VAW, and thus a common explanation throughout the literature has focused on HBV being a predominantly gender based issue requiring gender based responses.

In addition, societies in which this kind of ‘honour’ is prevalent can be referred to as ‘neo-patriarchal’ as not only is a male’s power and status determined by their individual behaviours, but also upon the group to which they belong (Sharabi; 1998 as cited in Araji; 2000). Therefore within these societies, male ‘honour’ is synonymous with masculinity. This is not only determined upon his ability to control the actions of the female members of his family, but also in his ability to respond to any transgressions (Araji; 2000). Dobash and Dobash (1998) suggest therefore that the idea of masculinity is closely affiliated with violence in which men use it to assert their masculine dominance, not only against each other, but in differentiating themselves from weaker females. Thus although patriarchy is commonly associated with male power over women (Araji; 2000), it does not just affect women but, in fact, has implications for the identities of both women and men (Abbott; 1998).

Furthermore, although patriarchy exists to some extent within most societies across the world, it does so in different forms; both as a ‘private’ and a ‘public’ concept (Walby; 2010). This distinction is particularly evident from ‘Eastern’ to ‘Western’ cultures (Araji; 2000). Whilst in modern capitalist societies, in which women have gained more rights and thus begun to ‘challenge’ male power (Baker et al; 1999 as cited in Araji; 2000), women experience ‘public patriarchy’. Women in societies in which HBV is commonplace experience ‘private patriarchy’. The fundamental difference is that although women within both ‘public’ and ‘private’ patriarchal societies are oppressed within the public arena, those who experience patriarchy in its ‘public’ form at least have access to this arena, whilst those who suffer patriarchy in its ‘private’ form are completely excluded from it (Walby; 2010). Therefore women within these societies are discouraged from making autonomous decisions, and, for those who do, are often portrayed as bringing shame upon their family. Consequently, within traditional ‘honour’-based societies it can be said that ‘patriarchal’ attitudes are far more restrictive to women than those of modern day western societies (Sev’er; 2000 as cited in ICAHK; 2009); limiting both “…the psychological and physical freedom of women” (IKWRO; 2006).

4.4 ‘Honour’-based violence: An issue of power?

A fundamental distinction between HBV and domestic violence is the involvement of families and the wider communities in both the facilitating and assisting in HBV practices. This can be argued to show how HBV is not only about gender power relationships but overall systems of power within society (Walby; 1990 as cited in Meetoo and Mirza; 2007a). This is particularly evident within the power of the collective, as often honour is not lost through an act until that act becomes public knowledge; even if this knowledge is just speculation (Brandon and Hafez; 2008). Furthermore, not only are women victimised by the male members of their family, but by the whole community who ostracise them for ‘dishonouring’ not only themselves, but their family and the wider community (Smartt; 2006 as cited in Watts and Zimmerman; 2002).

As highlighted within these ‘neo-patriarchal’ communities (Sharabi; 1998 as cited in Araji; 2000), in order for males to maintain their ‘honour’, which acts as a form of social status, the behaviours of other members in which this ‘honour’ is vested must be monitored and controlled (Araji; 2000). In this way ‘honour’ is acting not only as an individual behavioural code, but as a wider social one (Smartt; 2006 as cited in Watts and Zimmerman; 2002) in which the thought of
losing one’s ‘honour’ acts as an effective means to enforce social conformity. This therefore theoretically prevents any individual from acting upon their personal impulses which go against these societal norms and expectations (Gill; 2009). Furthermore, it is often said that this conformity is programmed into individuals through a process of socialisation. This process internalises these ‘social norms’ to such an extent that members of the society, particularly women, understand violence in this context to be a ‘normal’ part of life (Gill; 2009).

In addition, as well as affecting the private lives of those living within these societies, these systems of power also permeate into public lives, manifesting themselves both within legislations and legal systems (Meetoo and Mirza; 2007a). This is evident not only in ‘foreign’ laws (the laws assigned to the country of origin) but also in ‘domestic’ laws (the laws which govern the UK). Although this thesis is concerned with UK responses to HBV and thus focuses upon domestic laws, it is crucial to recognise that these cultures often operate in communities which are ‘governed’ by religious or community leaders or ‘elders’. These individuals, whilst not elected, have great ‘honour’ or social standing within the community (Siddiqui; 2005) and as such they are both extremely powerful and highly influential. Subsequently these individuals not only “…act as gatekeepers between minority and majority communities’ (Meetoo and Mirza; 2011), but who, as such, greatly influence the thoughts and principles of other members of that community (Brandon and Hafez; 2008).

Consequently, much of the literature notes the way in which these communities are perceived as ‘self-policing’. This may have one of two effects on the understanding of, and responses to HBV: either depicting these women as passive victims who require liberating from their ‘backwards’ culture (Sen; 2005); or identifying HBV as a cultural issue which is best dealt with within these ‘self policing’ communities, thus recognising women as requiring no assistance from external agencies (Meetoo and Mirza; 2007a). In whichever way this manifests it can be argued that the rights and needs of these women involved are largely ignored.

4.5 ‘Honour’-based violence: An issue of culture?

Although HBV is not culturally specific, today in the UK it is predominantly practiced amongst BME communities (Brandon and Hafez; 2008). Much of the literature therefore suggests that the term ‘honour violence’ has quickly develop into a cultural rather than a gender based issue. Therefore HBV is increasingly portrayed as an ethnicised strain of domestic violence (Meetoo and Mirza; 2007a). This representation of HBV is not only used by policy makers when looking at potential responses to the ‘problem’, but also by the perpetrators in terms of justifying their actions (Dustin and Phillips; 2008) through a ‘cultural defence’ (Meetoo and Mirza; 2011).

The term ‘Culture’ in itself is a highly complex concept which can be used to describe the shared norms and values of a society which comprise rules about their behaviour and way of living (Abbott; 1998). Today, as a result of increased immigration into the country, the UK is described as a ‘multicultural’ or ‘multi-ethnic’ society (Dustin and Phillips; 2008). In this context, ‘multiculturalism’ is used to express the affirmation of the uniqueness of different cultures, and the subsequent acceptance and accommodation of these differences (Fisher; 2004 as cited in Meetoo and Mirza; 2007a). However there are fundamental theoretical issues that arise from this that are worthy of discussion.
Firstly, whilst the UK has been assigned the label of a multicultural society this does not mean that multiculturalism is an uncontested concept (Meetoo and Mirza; 2007a). Indeed it can be argued that;

“[Multiculturalism] ...only works if the demands of visible and distinct ethnic groups are not too ‘different’ and not too rejecting of the welcoming embrace of the host society” (Ahmed; 2004 as cited in Meetoo and Mirza; 2007a)

Over time, the UK has developed its own culture with its own set of social ‘norms’. Not only have these become fundamental to the construction of its national identity but, by the inclusion of multiple ‘foreign’ cultures, has subsequently been ‘threatened’ (Parekh; 2000). Consequently, in order for multiculturalism to truly work both cultures have to be willing to adapt and accommodate (Hadjetian; 2005). However this is not always the reality and it is common for different communities with conflicting ‘norms’ to be hostile to one another (Bauman; 1990). Thus ‘Culture’ according to Marx, becomes a source of ideological power (Parekh; 2000) in which the powerful dominant members of society ascertain the overall cultural norms expected of the collective in order to create a homogenised mass culture (Andersen and Taylor; 2007); a process which Gramsci refers to as ‘cultural hegemony’. In this way it can be argued that the UK is “…witnessing a retreat from multiculturalism and a move towards ‘civic integration’ (Meetoo and Mirza; 2007a).

Furthermore, the CJS in England and Wales adopts a standard ‘legalistic’ position in relation to crime, in which it is law which defines what is criminal (Gibbons and Farr; 2001). Therefore it can be argued that one way to achieve this civic integration is for the dominant culture to condemn minority practices which are regarded as deviating too much (Sumner; 2006). As such laws, which are not static (Wells; 2004), act as inherently political tools existing to reinforce these ‘majority norms’ (Fineman; 1994). Consequently, although these behaviours may be sanctioned in one culture or at a particular time in that culture, they may not be sanctioned in another (Henley; 2006). This is evident within the case of HBV; a practice which is culturally ‘accepted’ in many ethnic communities but regarded as morally wrong within the UK. Subsequently, HBV within the UK has only become criminal or ‘deviant’ because it has been labelled as such (Muncie; 2006b). Thus from a social constructionist perspective, both crime and deviance are socially constructed phenomenon which differentiate the ‘normal’ from the ‘abnormal’ (Clarke; 2006).

However, as discussed, within a process of socialisation, ‘victims’ of HBV may begin to regard these practices as normal aspects of their culture (Gill; 2009) and as such may not see them as morally wrong or ‘deviant’. If this is true, it is then only through the exposure to alternative cultures that individuals from minority ‘honour’ based communities see that these practices are not the ‘norm’ everywhere, and furthermore, that there are other options ‘available’ to them. This process is typically referred to as ‘Westernisation’ and is itself a ‘justification’ for HBV (Brandon and Hafez; 2008). Therefore in this way, this clash of cultures can be highly problematic, particularly for women (Smartt; 2006 as cited in Watts and Zimmerman; 2002), and can actually result in an increase of HBV in a drastic attempt to retain traditional cultural ‘norms’ (Brandon and Hafez; 2008). Therefore for those challenged with managing such a volatile situation, it becomes crucial to balance a response which both effectively acts against VAW whilst discouraging any cultural stereotyping (Dustin and Phillips; 2008).

Additionally, Beckett and Macey (2001) argue that despite the condemnation of these practices at national level, the labelling of such practices as ‘cultural’ actually prevents the implementation of policy at ground level. This occurs through a quandary in which both action and inaction can be portrayed as racist (Dustin and Phillips; 2008). Thus although multiculturalism
doesn’t create abuse, it is argued that, by its nature, it allows for the continuation of it through the acceptance and subsequent lack of intervention of these practices deemed as cultural (Beckett and Macey; 2001). Consequently, for the victims of HBV this could lead to them becoming doubly victimised; first by the community in which this practice occurs, and secondly by the state institutions who offer no assistance (Meetoo and Mirza; 2007a).

4.6 ‘Honour’-based violence: An issue of religion?

It is important to state that HBV is a practice which predates any written religion (Hussain; 2006 as cited in Vitoshka; 2010). As such it is largely disputed amongst the literature that religion can be used as a justification for HBV. Despite this, within discussions of HBV, religion and culture have become synonymous (Dustin and Phillips; 2008). This link has been intensified through mass media attention (Meetoo and Mirza; 2007a) which tend to not only sensationalise, but culturally stereotype cases of HBV (Fekete; 2004 as cited in Meetoo and Mirza; 2007a). Furthermore many, but not all, of the high profile cases of HBV have occurred from within Muslim cultures or subcultures (ICAHK; 2009). Subsequently HBV has quickly been portrayed as a genre of violence perpetrated predominantly by Muslims under Islamic religion, which combined with the high profile terrorist activities of 9/11 and 7/7, has fed into a fear of the ‘other’ commonly referred to as ‘Islamophobia’ (Meetoo and Mirza; 2007a). This has happened despite two things: firstly that violence perpetrated in the name of ‘honour’ is documented in a number of different religions (Brandon and Hafez; 2008); and secondly that, whilst ‘dishonourable’ acts may go against religious moral values (Vitoshka; 2010), the use of violence in the name of ‘honour’ is not formally legitimated within the Koran (Turner; 2006) or any other religious texts (Meetoo and Mirza; 2007a).

Due to the unsettling affiliation that has been created between HBV and religion, it has been argued that the increased politicisation of this type of crime, whether this is done with women’s rights in mind or more cynically as a political tool, has resulted in a backlash of increased religious fundamentalist activity (ICAHK; 2009), subsequently feeding back into this ‘honour culture’. In particular, Jihadi groups, who preach a specific interpretation of Islam known as Wahhabi, defend ‘traditional’ conservative views of the subordination of women (Turner; 2006). These Wahhabi teachings are widespread across many Muslim countries due to the simple fact that “…many mosques, educational establishments and university Islamic societies outside the Muslim world are funded by Saudi money” (Turner; 2006: 168). With such strong influences, these groups play a central role in legitimising VAW, meaning a strong link exists between extremism and HBV (Brandon and Hafez; 2008). This results in two fundamental problems emerging: firstly this can lead to religion being used as a mitigating factor (Meetoo and Mirza; 2011), and secondly the ‘privileged position of religion’ within public discourse results in a reluctance for intervention on behalf of the government (Dustin and Phillips; 2008). Consequently, by misinterpreting the causes of HBV, the media risk misinterpreting whole religions, cultures and communities within the UK (Gill; 2006). As such it is widely suggested that HBV should not be portrayed as a religious issue, or a cultural one for that matter, but instead should be understood as a fundamental breach of human rights (Salim; 2003 as cited in Meetoo and Mirza; 2007a).
4.7. Summary:

This chapter has identified the ways in which both DA and HBV are both heavily gendered issues in which men seek to control women. Furthermore, it has noted how they are both perpetuated within societies which exercise forms of patriarchy; thus not only affirming the subordination of females but recognising VAW as a ‘private’ matter (Smartt; 2006 as cited in Watts and Zimmerman; 2002). As such currently ‘honour’ based domestic abuse is managed within the wider context of a DA policy framework, whilst significant developments in terms of HBV more generally have tended to focus upon more specific types of HBV; particularly FGM and FM. As this chapter has shown, however, social norms differ both culturally and historically. Therefore in the context of ‘honour’-based domestic violence and ‘mainstream’ DA, it can be said that it is the concept of ‘honour’ which remains the fundamental distinction between the two. This distinction is now recognised by the government and as such it is widely accepted that, regardless of whether DA and HBV require distinct and separate responses, they do require different levels of risk assessment (Meetoo and Mirza; 2011). This is supported by the literature in this area which not only highlights these fundamental distinctions, but which identifies the need for these to be taken into consideration when assessing how best to manage HBV (Brandon and Hafez; 2008).

Additionally, although the punishment of women for deviating from societal behavioural and sexual ‘norms’ is not a foreign concept in the UK and can, for example, be likened to the chastity of wives in Victorian times (Faqir; 2001); subsequent feminist movements within the UK, which have championed women’s rights, have begun to alter general societal perceptions about VAW. Consequently, not only is there a greater public awareness of DA in the UK but it is now largely regarded as culturally unacceptable (Smartt; 2006 as cited in Watts and Zimmerman; 2002). However, within many BME communities there remains a process of socialisation which ‘normalises’ VAW (Gill; 2009). This socialisation process, which reaffirms the notion of ‘honour’, differentiates DA and HBV not only in the sense that VAW is seen as a ‘normal’ behaviour, both by those within the communities themselves and by cultural ‘outsiders’, but furthermore, it results in wider community collaboration (Smartt; 2006 as cited in Watts and Zimmerman; 2002). Consequently, there are often multiple perpetrators involved in HBV practices (Brandon and Hafez; 2008). Subsequently, not only has this led to ‘honour’ being exploited as a motivation for violence but, more problematically, it is often seen as a justification for it. As a result escaping the abuse becomes particularly problematic for victims of HBV (Meetoo and Mirza; 2011).

Additionally, whilst HBV has been situated within this DA policy framework, it has quickly been interpreted as an ethnicised strain of DA (Meetoo and Mirza; 2007a). Consequently, not only is HBV caught up within debates regarding VAW and the concept of gender equality more broadly, but furthermore, due to an increased infatuation with ‘risk’ which has permeated all aspects of British society (Mythen and Walklate; 2006), it has become encapsulated within an anti-multiculturalist discourse (Meetoo and Mirza; 2007b) in which ‘accommodation’ has been replaced by ‘integration’ (Meetoo and Mirza; 2011). As such, as the literature has demonstrated, HBV is a multifaceted concept which may be interpreted within a number of different and overlapping agendas; gender, power, culture and religion. Furthermore, as the following chapter will show, the manner in which these issues are interpreted not only has an impact upon the way HBV is responded to within legislation and policy but, as a result, determines the treatment of HBV victims, not only within the English and Welsh legal and criminal justice systems, but within society as a whole.
5. Discussion:

In order to demonstrate how these interpretations have impacted upon the management of HBV in England and Wales, this chapter will examine in more depth how HBV is addressed, firstly within law and legislation and subsequently within policy. In terms of policy, this dissertation will focus not only on the management of HBV at a national level, but how this is implemented at local level through the police. The rationale behind focusing on police policies is that they are typically the primary source of contact for victims of DA and other forms of VAW (Newburn and Reiner; 2006) and thus their failure to act, or taking the wrong action can have devastating consequences for these victims (Brandon and Hafez; 2008). In addition, it is important to note that due to the close relationship between legislation and policy, many of the issues discussed will overlap between the two subsections of this chapter.

Due to the fact that HBV is currently dealt with alongside DA, this chapter, whilst focusing on the management of HBV, will also discuss that of DA. Furthermore, a number of fundamental questions will be considered throughout;

- What interpretative position have these responses adopted?
- To what extent, if any, do these responses conflict?
- How these responses subsequently impact upon the treatment of women within ‘honour’-based communities by statutory agencies, their own community and society as a whole?

The overall purpose of this discussion will be in order to determine not only how HBV is managed within England and Wales, but crucially, to establish the suitability of such responses. This suitability will be determined by the way in which they address the needs of the victims and the needs of the minority communities as a collective.

5.1. The ‘Management’ of HBV within Law and Legislation

The term legislation is often considered to be synonymous with that of law insomuch as legislation is “…a proposed or enacted law or groups of laws” (The Free Dictionary; 2011). However within the context of HBV it is necessary to draw a distinction between these terms. Whilst this affiliation refers to ‘official’ state laws; that is those determined by legislative bodies, ‘unofficial’ laws; that is those which are determined through societal customs or beliefs (such as the Muslim Sharia laws) (Yilmaz; 2005), are not necessarily legislated. Consequently, although all laws are sanctions, not all sanctions are laws (Haviland et al; 2008). As Beccaria argues;
“There is a noteworthy contradiction between, on the one hand, the civil laws which are the jealous guardians of, above all, the citizen’s person and goods, and, on the other, the laws of what is called ‘honour’ in which pride of place is given to opinion” (Beccaria; 1764 in Bellamy; 1995: 26).

This is particularly apparent in the case of HBV in which ‘honour’ acts as a social code determining the ‘ unofficial’ laws which regulate what behaviours are sanctioned, particularly those of females. Whilst these behaviours do not contravene any official laws they do transgress societal customs, and as such, it is commonly believed amongst these communities that they have the right to punish those within their community who break these ‘laws’. Consequently ‘law’ can create micro-cultures which may be completely opposing to the overall grand design (Wells; 2004).

Furthermore, societies are subject to drastic transformations over time and as they change so do these ‘norms’, and accordingly, so can laws (Wells; 2004). Consequently behaviours sanctioned in one culture, or at any one time in a particular culture may not be sanctioned in another and hence ‘law’ and its purpose are complex and contested concepts (Henry; 2006). This contested nature of law is important when considering two influential theories which endeavour to explain its purpose; ‘consensus theory’ and ‘conflict theory’. Whilst the former is based upon the notion that there is a common consensus of values and morals amongst individuals within a society which determine the basic rights and wrongs; the latter is derived from the idea that, due to the complex multiplicity of social groups in any given society, there is little consensus of such behaviours and values (Muncie; 2006a). Therefore whereas consensus theory adopts an idealistic view of the construction and application of law, conflict theory assumes a more realistic one, and one which is more fitting for the discussion of HBV; a subject which encompasses conflicts between both gender and ethnicity.

Conflict theory operates under two notions; that crime is caused by competing social groups, and that the dominant groups in society use their power and influence to control the construction of legislation for their own interests (Siegal; 2007). Thus in this way laws exist only to benefit the most powerful (Douglas; 1992 as cited in Meetoo and Mirza; 2002). As such, law becomes an inherently political tool which can be manipulated to reinforce moral ‘ideals’ or societal ‘norms’ (Finean; 1994). Therefore in the context of populist punitiveness (Bottoms; 2005 as cited in McLaughlin and Muncie; 2006), Rynkowski (2010) suggests that the government select certain issues to focus on at particular times in order to gain popularity and legitimise their political agendas. With an increased pre-occupation with ‘risk’ and ‘ otherness’ (Walklate; 2008), and the subsequent rise of an anti-multicultural discourse within the UK (Dustin and Phillips; 2008), immigrants, an easy group to manipulate, are an obvious target in which this popularity can be attained (Rynkowski; 2010).

The politicisation of HBV within the UK, which has rapidly increased since the early 21st century, has coincided with the terrorist attacks of 9/11 and the rise of anti-Islamic feelings; commonly referred to as ‘Islamophobia’ (BBC News; 2002). Subsequently, as mentioned in chapter 4.5, HBV has not only been interpreted as an ‘ethnicised’ issue (Meetoo and Mirza; 2007a), but more problematically, through the blurring of culture and religion, it has also been portrayed as a religious practice (Dustin and Phillips; 2008). This blurring is intensified by media representations of HBV which, through high profile Muslim cases such as that of Heshu Yones in 2002 and Banaz Mahmoud in 2006, have focused upon it being a predominantly Muslim practice (Gill; 2006). This has not only fed into this wider moral panic surrounding Islam but has also affected the development of laissez-faire multiculturalism within legislative and policy responses to HBV (Meetoo and Mirza; 2011). Accordingly, despite the implementation of anti-discrimination laws within the UK, it is argued that the Legal system in England and Wales remains not only phallocentric but, to a large degree,
ethnocentric (Walklate; 2008); designed by [white] men existing for [white] men (Rake; 2006). Subsequently in this context, for cases of HBV, in which victims are likely to be neither white nor male, to what degree can conventional laws facilitate and protect these ‘different’ victims? (Walklate; 2008)

As discussed within chapter 4.1, the worldwide increased interest in VAW (Gill; 2009) has resulted largely from the emergence of the human rights agenda (Sen and Kelly; 2007). However Gill (2006) raises the issue that a problematic relationship exists between human rights legislations and multiculturalism. Whilst human rights protects the notion of difference, which is in essence the definition of multiculturalism, it also protects an individual’s right to life (Article 2) and the right to live this free from torture or inhumane torture (Article 3) (Human Rights Act 1998). Thus within the context of multiculturalism, by focusing upon HBV as a cultural or religious problem, anti-discrimination laws end up being interpreted in such a way that not only allow minority groups to ‘ignore’ certain universal rules (Poulter; 1998 as cited in Dustin and Phillips; 2008), but that also perpetuates the abuse (Beckett and Macey; 2001). Therefore it is argued that positioning HBV within a ‘private’ cultural or family framework rather than a public human rights one, has placed crimes committed in the name of ‘honour’ outside the scope of legislative reform (Gill; 2006). Consequently resulting in;

“...a shameful betrayal of women's rights, here and abroad, in the name of respecting ‘ethnic diversity’ and ‘cultural difference’” (Tatchell; 2009)

This leads to a situation in which ‘honour’ is used, and, in a number of circumstances accepted, as a ‘cultural defence’ to HBV practices; particularly in response to HK. For example, in the case of R v Mohammed [2005] EWCA Crim 1880, in which the defendant Faqir Mohammed, a devout Muslim, murdered his daughter as a response to her relationship with a non-Muslim man, a ‘cultural defence’ of provocation was put forward. It was argued that the daughter’s actions, which defied religious Muslim beliefs as outlined within the Koran, warranted the actions of the defendant; this being despite, as chapter 4.6 has shown, there being no formal sanction of the use of violence in the name of ‘honour’ in the Koran (Turner; 2006) or any other religious text (Meetoo and Mirza; 2007a).

“The Court of Appeal explained that the defendant’s temperament was relevant in assessing the gravity of the provocation: it was more provocative for a strict, devout Muslim father to discover his daughter was dating, than for a placid non-religious father. But his temperament could not be taken into account in assessing the level of self-control expected of someone facing a provocation of that gravity” (Herring; 2008: 251).

As such, while religious or cultural defences could not be used in response to the level of self-control of an individual, the court accepted that if the self-control was the same as an ‘ordinary’ person, then it could be used as a defence to provocation. Although the law on provocation has changed since this case and is now outlined under s54 of The Coroners and Justice Act 2009 fundamentally this remains the same (Coroners and Justice Act 2009).

This is evidence not only that the law in England and Wales exists primarily to accommodate the majority culture, or ‘white man’ notions of right and wrong, but also that, despite a steady increase of the minority population in England and Wales; evident in the rise from 6% to 9% between the 1991 and 2001 national census (Office for National Statistics; 2003), it still struggles to facilitate difference (Walklate; 2008). Furthermore, it demonstrates clearly the privileged position that religion has in law (Dustin and Phillips; 2008). Consequently, it is probable that the law will
remain reluctant to adopt a definitive stance on this issue, continuing instead to be flexible in its considered opinion of a cultural defence of provocation in order to avoid being perceived as discriminatory. However, as the literature in the chapter 4.5 has shown, conversely this inaction can be regarded as a form of discrimination in itself (Dustin and Phillips; 2008). However, within the context of the rise of multiculturalism it has become increasingly important to both recognise and facilitate difference within the legal system. Nevertheless Phillips (2010) argues that facilitating VAW on the basis that it is a cultural practice raises four fundamental issues: it risks undermining “legal universalism”; it assumes that these behaviours are a part of that collective culture and subsequently legitimises them; it fuels patriarchal attitudes and practices; and finally it creates cultural stereotypes. As a result this creates a quandary in which both ignorance and recognition of these cultural differences within legislation marginalises victims of HBV (Phillips; 2010).

Fraser (1995 as cited in Moran and Skeggs; 2004) suggests that this quandary has been created due to a paradigm shift in politics from that of redistribution, which centred on inequalities between social groups, to that of recognition, which is concerned primarily with ‘difference’. Hence today in order to gain access to representation within law and legislation a social group must be recognised as ‘legitimate’. This legitimacy is commonly attained through conventional notions of political power, however it “...may also be gained through the explicit recognition of identity and cultural claims” (Smith; 2007: 160). Consequently in the same way that feminists have gained recognition for women generally, BME VAW campaign groups, such as the Southall Black Sisters, have also sought recognition for victims of HBV and other forms of VAW. Problematically however, the struggle for recognition within law not only makes these groups more visible, but also the morals or ‘values’ that are attached to them (Moran and Skeggs; 2004). This may consequently have paradoxical affects upon their representation, not only through the limited way in which they are recognised and represented (Robson; 1998 and Phelan; 2001 as cited in Moran and Skeggs; 2004), but also in the way this representation becomes distorted. In many cases this distortion results in “...only negative values being attached to them” (Moran and Skeggs; 2004: 5); something which is particularly evident in the case of BME groups (predominantly Muslims).

Although these BME VAW organisations have been campaigning long before HBV became a prominent part of political discussion (Dustin and Phillips; 2008), recognition of these minority groups has only come to the fore in conjunction with the rise of extremist activities and a growing fear of ‘otherness’(Walklate; 2008). As a result, Jeffrey (1992 as cited in Welch; 2006) argues that in today’s risk infatuated society new deviant behaviours and groups are created as scapegoats for wider social tensions. Consequently, as chapter 4.2 has demonstrated, this has led to entire BME communities being used as these ‘scapegoats’; depicted as both ‘deviant’ and ‘backwards’ particularly in relation to their interpretation of ‘honour’ and their treatment of women (Sen; 2005). Subsequently, this shift towards recognition politics has arguably resulted in both a misunderstanding and misrepresentation of ‘honour’. Therefore VAW in these communities is often misinterpreted as a “characteristic deficiency” (Fontes and McCloskey; 2011). As a result whilst women subjected to this violence are viewed as victims, they tend to be portrayed as ‘undeserving’ ones whose victimisation is endemic to their culture and thus whose status is never fully recognised (Walklate; 2007). As such they are typically underrepresented within both legislation and policy responses alike.

Due to these complex issues, the current government strategy has been an incremental one in which laws have been modified in order to facilitate ‘difference’ (Walklate; 2008). Thus whilst laws have been created in response to Forced Marriage and FGM (specific forms of HBV which are recognised as distinctly unique ‘cultural’ practices) in the form of The Forced Marriage (Civil Protection) Act 2007, and The Female Genital Mutilation Act 2003, there still remains no specific
piece of legislation to address solely the issue of ‘honour’ based domestic violence; something which shares many similarities with ‘mainstream’ DA. As such this manifestation of HBV remains situated within the framework of ‘mainstream’ DA, a phenomenon which itself has only begun to received recognition as a legitimate crime since the 1970’s.

Since this recognition there has been a steady shift in the appreciation of the fundamental importance of protecting victims. Firstly through the introduction of The Family Law Act 1996 (FLA); an act which outlined the through the introduction of two protective orders: the non-molestation order and the occupation order (HMCS; 2009), and more recently within The Domestic Violence, Crime and Victims Act 2004 (DVCVA); an act designed to increase the legal protection of victims (Ward; 2005). However, although this act was welcomed as a fundamental step in the recognition and engagement of DA as a key issue (Home Affairs Committee; 2008), its benefits to minority communities have arguably been hampered by the shift from multiculturalism to civic integration (Meetoo and Mirza; 2007a) and subsequent amendments to immigration policies.

This is apparent within both the availability and accessibility of support for BME and immigrant women in England and Wales (which will be discussed further within chapter 5), and particularly within the No Recourse to Public Funds rule (NRPF). This rule has become one of the most fundamental examples of how gender discrimination, race discrimination (Home Affairs Committee; 2006) and the rise of anti-multiculturalism has affected both HBV and BME DA victims. The NRPF rule was “…initially introduced to attempt to stop recent arrived immigrants claiming large amounts of public funds” (Brandon and Hafez; 2008: 108) under the premise that, these individuals should be self-sufficient and not reliant upon the state benefits meant for British citizens (Home Office; n.d). However a side-effect of this rule was that many women on temporary work permits, student visas or spousal visas subjected to DA (including HBV) were unable, in their two year probationary period within the UK (Brandon and Hafez; 2008), to claim the benefits necessary in order to be able to escape their abuse (Amnesty International; 2008a); “…benefits a woman must be able to claim to get a place in a refuge” (Women’s Resource Centre; n.d).

As such, the NRPF rule has been a controversial element of UK legislation and one which has gathered a great deal of opposition from both women’s rights and human rights campaign groups alike. These groups have argued that such a rule not only undermines DA and HBV initiatives but, therefore, contravenes the basic human rights of these women by leaving them trapped within their abusive situations (Amnesty International; 2008b). As a result the government has been forced to reconsider its position on its management of VAW within these minority groups. Accordingly the government introduced in 1999, and “…incorporated into the Immigration Rules in 2002” (Home Affairs Committee; 2006: 335), the Domestic Violence Rule; a concession for DA and HBV victims subjected to the NRPF rule who leave their partner within the two year probationary period. This amendment permits these victims to apply for indefinite leave to remain (ILR) in the UK if they are able to provide substantive evidence that the relationship broke down as a result of DA (Women’s Aid; 2008a).

Despite this concession, however, two fundamental issues remain. The first of these is that many victims find that the level of evidence which is considered ‘satisfactory’ (Women’s Aid; 2008a) in order to apply for ILR difficult to obtain. Not only is this due to the fact that VAW is predominantly committed within the private sphere, but that, in the case of HBV in particular, there are a number of factors which complicate reporting such incidents (Southall Black Sisters; 2004). Furthermore, immigration status in itself is often used as a form control and abuse (Brandon and Hafez; 2008). And as a result, due to the existence of the NRPF rule, these women are still unable to access the essential financial assistance in order to leave their abusive relationships whilst they apply.
for this concession (Amnesty International; 2008a). This subsequently leads onto the second issue, that “Effectively the concession and the rule cancel each other out” (Amnesty International; 2008a). However it is important to note that there has been significant progress made in respect to the NRPF issue which will be discussed within the next section.

5.2. The ‘Management’ of HBV within Policy

Whilst there is no all-encompassing understanding of the term ‘policy’, in relation to HBV, this thesis adopts the broad definition that policy “…is a course of government action (or inaction) taken in response to social problems” (Kraft and Furlong; 2009 as cited in Gerston; 2010: 6). Consequently, in this way policies can be described as provisions made by the state in response to issues that are deemed potentially damaging to society, in an overall attempt to rebuild and reinforce lost community values (Goldberg; 2006). Furthermore, as this paper has demonstrated, laws and societal morals are often synonymous. Consequently laws are merely political tools which, within a standard legalistic position, determine not only what behaviours are deemed unacceptable but at what extent these behaviours become criminal (Gibbons and Farr; 2001). However, as discussed in chapter 5.1, often there is no collective consensus amongst society as to what constitutes these ‘values’ and, as the literature has shown, typically something becomes a social problem simply because it is labelled as such. Thus as Garland states;

“It is not ‘crime’ or even criminological knowledge about crime which most affects policy decisions, but rather the ways in which ‘the crime problem’ is officially perceived and the political positions to which these perceptions give rise” (Garland; 1990 as cited in Newburn; 2006: 365).

This idea is particularly evident in the issue of DA within the UK and the historical concept of ‘lawful chastisement’ (Johnson; 1998). This reflects wider patriarchal attitudes within mainstream British society which have typically endorsed male dominance and female subordination consequently normalising the act of DA. Thus whilst DA was, until the rise of second wave feminism, largely ignored within both legislation and policy in England and Wales (Wells; 2004), it now has recognition as a fundamental human rights issue. Subsequently DA is today given a far more prominent position on the political agenda (Walklate; 2008) not necessarily because it is more prevalent, but because societal attitudes about this kind of behaviour have changed (Newburn; 2006).

Therefore as outlined within the 2003 consultation paper ‘Safety and Justice’ (Home Office; 2005), the government have now taken the lead on the national response to VAW within a top-down managerialist approach (Hill and Hupe; 2002) and as such have made significant efforts to tackle DA (Women’s Aid; 2008b), particularly since the Home Office circulars of 1990 and 2000 and the development of the Government’s national strategy for tackling DA. Therefore current responses to DA are now coordinated through an Inter-Ministerial Group on Domestic Violence tasked with tracking progress made, and identifying areas for future improvements through the creation of National Violence Delivery Plans (Home Affairs Committee; 2008). However whilst these have focused on improving criminal justice responses, this has arguably come at the expense of exploring other avenues of dealing with both DA and HBV which focus on prevention, such as those within the voluntary sector (Home Affairs Committee; 2008). Consequently today, despite the fact both that DA and HBV encompasses a number of behaviours which may not in themselves be statutory offences (Bryant and Bryant; 2009), the current government policies in relation to VAW are weighted heavily towards a criminal justice response (Home Affairs Committee; 2008).

As highlighted, currently the UK government addresses ‘honour’-based domestic violence within the context of ‘mainstream’ domestic violence policy. However, despite a number of
similarities, the government has acknowledged that there are fundamental differences between DA and HBV which need to be considered (Home Affairs Committee; 2008). As such, over recent years there have been significant attempts to better integrate HBV within DA policies in England and Wales; part of which can be attributed to the development of multiculturalism and anti-discrimination laws within the UK. Whilst this multiculturalism was never implemented as a distinct set of policies, ‘ethno-cultural diversity’ (Dustin and Phillips; 2008) has been incorporated into public policies through small incremental changes (Phillips; 2007); a process known as ‘multicultural drift’ (Dustin and Phillips; 2008).

However, as previously demonstrated within chapter 4.2, the adoption of such a broad definition reflects the complex problem of finding one which is both all-encompassing and cross-culturally suitable (Gill; 2006). As argued by Dobash and Dobash (1998), this becomes problematic, not only because the definition adopted greatly impact upon policy responses, but fundamentally it informs government and public sector perceptions of the magnitude of the problem. Consequently, whilst this is by no means the only explanation for a lack of empirical evidence on HBV within the UK, it remains a primary reason for it (Brandon and Hafez; 2008). Thus in terms of HK, the most extreme manifestation of HBV, although it is estimated that there are on average 12 each year, it is likely that this figure is substantially underestimated (Cowen; 2004). As a result, without an adequately constructed definition, which both encompasses the diverse forms of HBV and the numerous complexities of the issue (Gill; 2006), it is likely that agencies will struggle to correctly identify violence perpetrated in the name of ‘honour’, consequently perpetuating this lack of empirical evidence, and thus hindering the development of effective policy responses.

Furthermore as chapter 5.1 has shown, the accommodation of multiculturalism tends to exaggerate the importance of culture within these ‘honour’-based communities (Phillips; 2010) and has subsequently misinterpreted VAW as a “characteristic deficiency” (Fontes and McCloskey; 2011). Therefore, even though, like DA, HBV is not a new phenomenon, it has not historically been given the same level of political attention as DA. Thus whilst DA has been given recognition as both a social problem and a legitimate crime, HBV, although recognised as a social problem, has almost been branded a ‘normal’ cultural, or religious practice. As a result the government have been hesitant in developing national strategies which focus solely upon tackling both the root causes and actual crimes perpetrated in the name of ‘honour’ (Brandon and Hafez; 2008). Consequently, whilst there have been significant developments in terms of the development of universal DA policies in England and Wales, responses specifically aimed at HBV have been slower to develop and have become entangled within wider policy issues. For the most part these issues consist of a rise of populist punitiveness (Bottoms; 1995 as cited in Matthews; 2006), and the ongoing debate between multiculturalism and civic integration within the UK. Accordingly whilst adopting a firm zero tolerance approach to DA, in relation to ‘honour’-based domestic violence, the government has used multicultural drift to make small changes to mainstream DA policies in order to accommodate for ‘cultural’ differences (Dustin and Phillips; 2008).

Furthermore, the concept of ‘honour’ has become so deeply entrenched in the construction of individual and collective identities within many of these BME groups that they are resistant to change (Brandon and Hafez; 2008). For this reason, one of the key policy initiatives for the government has been to raise awareness within BME communities. This has predominantly been achieved through dialogues with minority intermediaries, such as the Muslim Council of Britain (MCB), and the delivery of a number of HBV and FM road-shows across the UK, which have aimed to engage local communities in issues which affect them (Home Office; 2008). However, as discussed within chapter 4.4, these communities are typically ‘governed’ by religious or community ‘leaders’ who have great ‘honour’ and social standing (Siddiqui; 2005). Consequently, the
composition of these overtly neo-patriarchal minority communities results in a situation whereby those [women] who are the most vulnerable, and are at the focus of any government HBV policies, are those who conversely have the least power and influence politically (Gill; 2006). Thus whilst in many circumstances working with these ‘leaders’ may have a positive effect on ending HBV (Brandon and Hafez; 2008), it must be used with caution as these self-appointed ‘leaders’ often act to perpetuate these conservative ideas about ‘honour’ (Meetoo and Mirza; 2007b) or at the very least fail to end such forms of VAW by acting as barrier to change (Brandon and Hafez; 2008).

As a result, the current government approach has in many cases unintentionally contributed to the victimisation of women within these ‘honour’ based communities (Brandon and Hafez; 2008). This transpires not only through failing to adequately consult HBV victims on the creation of policy, but furthermore by both allowing ‘honour’ to be used as a cultural defence and denying many women the access to help they need in order to escape their abuse. This is fundamentally due to the fact that, as discussed, the legal system in England and Wales is not only phallocentric but, to a large degree, ethnocentric (Walklate; 2008); an issue which transcends into both criminal justice policies and the agencies which implement them who essentially exist with this ‘white male’ in mind. Thus ‘difference’ is regarded with caution as something which, when encountered must be accommodated for through special arrangements (Hudson; 2001). Nevertheless it is commonly accepted that due to this ‘minority’ status;

“These special arrangements will generally be worse than the normal arrangements because difference – however statistically normal... is treated as an aberration or deviation” (Hudson; 2001: 165)

This is particularly apparent in terms of the accommodation of BME female victims of DA or HBV in which a barrier to service provision is created because, simply put, the misrecognition of such violence as a cultural or pathological trait of these communities exacerbates the difficulties these women face in leaving their abusive relationship (Burman et al; 2004). This not only creates a situation which violence within these communities is ‘normalised’ but furthermore it generates an overemphasis on “...‘cultural privacy’ which renders domestic violence within minoritized communities more invisible” (Burman et al; 2004: 336).

In addition, despite the Home Affairs Committee in their 2008 report recognising the “...necessity of linguistic- and culturally-specific services for black and minority ethnic women” (Home Affairs Committee; 2008 as cited in Coy et al; 2009: 30) women within these minority communities are poorly served with access to basic service provisions such as refuges (Coy et al; 2009). Furthermore this situation has been exacerbated by current economic demands in which the search for value for money has not only seen massive government cuts to all DA services (Channel4 News; 2011), but a wider move from grant funding to commissioning (Women’s Resource Centre; 2008b as cited in Coy et al; 2009). As a result BME women’s organisations, who are smaller, have access to fewer resources and are designed for the ‘minority’ market, are at an increased disadvantage (Mouji; 2008 as cited in Coy et al; 2009). Consequently, in spite of an increase of minority groups within the, BME women remain underrepresented within women’s services across England and Wales (Women’s Resource Centre; 2008a). This has therefore resulted in a situation in which “…victims face a regional postcode lottery” (Coy et al; 2009: 7) (see appendix 2 and 3).

Further demonstrating the point that;

“Liberal multiculturalism in the UK has functioned to privilege ‘race’ and ethnicity over gender, in that the focus on racialised position over gender has paradoxically given rise to some
acute cases of women’s exclusion from services” (Burman and Chantler; 2004 as cited in Meetoo and Mirza; 2007b: 159)

As shown within chapter 5.1, one essential way in which many BME women are fundamentally denied access to service provision is through the NRPF rule. However, since 2009 there has been significant progress made in respect to this rule through the implementation of the Sojourner Project, “…a pilot scheme run by Eaves and funded by the Home Office” (Eaves; n.d). This scheme, aimed at women with NRPF who qualify for ILR under the domestic violence rule, works by funding basic housing and living costs for a maximum of 20 days whilst she applies for ILR. Upon successful completion of this application she is funded for up to a further 20 days while her application is considered (Home Office; n.d). Due to its success, with in excess of 587 women and 358 children being successfully helped through the pilot scheme, the Home Office announced on the 10th March this year that a “…permanent plan will come into effect next year” (Home Office; 2011) signifying a vital forward step in the recognition of BME victims of DA and HBV.

However, there remains a lack of engagement between minority communities and criminal justice agencies. This is particularly evident in respect to the complex relationship between the police and these minority groups; especially in the case of women from these minority communities who, for a number of reasons (Brandon and Hafez; 2008), are statistically far less likely to access help from statutory agencies (Home Affairs Committee; 2008). This uncomfortable relationship stems from three things: a mistrust of police from within their countries of origin; accusations of dishonour from seeking help from authorities from outside the community; and allegations of institutional racism within police forces in England and Wales (Brandon and Hafez; 2008). Thus a key area of police policy, particularly since The Macpherson Report was published in 1999 (The Guardian; 1999), has been focused on improving police relationships with minority ethnic groups.

One such area which has developed in response to the recommendations of this report is the implementation of a government scheme known as ‘Third Party Reporting’ (Metropolitan Police; n.d), which the government have begun running out across many of the police forces within England and Wales. The purpose of this system is to allow “…victims of Domestic Violence to report incidents to community organisations rather than directly to the police” (Brandon and Hafez; 2008; 136). As such, despite evidence suggesting that VAW policies are weighted heavily towards a criminal justice response (Home Affairs Committee; 2008), systems such as this show how, in relation to HBV, there remains a heavy reliance upon NGOs and voluntary agencies, both in the development of research and at a grassroots level (Brandon and Hafez; 2008).

Furthermore, it is crucial that when cases of HBV and DA are reported to the police, their subsequent responses are appropriate (Home Affairs Committee; 2008) as failing to act, or taking the wrong action can have devastating consequences for these women (Brandon and Hafez; 2008). As such, in terms of DA, there have been significant changes to both police policies and attitudes. Subsequently whereas DA was typically regarded by police as a ‘private’ matter and therefore not ‘real’ crime or ‘real’ police work (Women’s Aid; 2008b), police are now required by law to take a more interventionist approach known as ‘positive action’ (Bryant and Bryant; 2009) which emphasises a pro-arrest stance in circumstances where there is sufficient evidence to do so (Sanders and Young; 2007). This is premised upon the commonly accepted notion that DA typically manifests in a cycle of abuse which intensifies in severity and frequency over time. As such it becomes vital that police respond correctly to all DA cases not only in order to predict and manage future risks to
that particular victim, but in monitoring overall force performance and the effectiveness of policy responses (Farrell and Buckley; 1999 as cited in Goodey; 2005).

Nevertheless this ‘pro-arrest’ stance to DA does not guarantee a successful prosecution nor does it ensure that the victim will be safe. In fact conversely this is often the most dangerous time for victims of DA (Women’s Aid; 2008b); particularly if the victim wishes to drop the charges or the police fail to secure a successful prosecution. This can be attributed to the nature of DA in which, as mentioned, the level of violence typically escalates over time. However in terms of HBV, the risk is heightened due to the fact that unlike DA, HBV typically acts as a form of retribution that is premeditated, collectively planned and ‘culturally’ sanctioned (Payton; 2011). Indeed, as discussed within chapter 4.4, the closeness of these minority communities means they often operate as extended families and thus as an informal network of surveillance. Subsequently, even if women are successful in leaving their abusive relationship, they may still find themselves tracked down and returned home to face ‘punishment’ from this informal network (Brandon and Hafez; 2008). This type of amplified risk is particularly evident within a number of high profile HBV cases such as that of Banaz Mahmoud who, despite going to the police on a number of occasions seeking protection from her family who wanted to kill her, was dismissed as melodramatic and sent back home where she was subsequently murdered (Brandon Hafez; 2008). What tragic cases such as this have highlighted is that within criminal justice agencies there has been both a lack of cultural awareness and a subsequent failure to recognise of the fundamental differences between DA and HBV (Brandon and Hafez; 2008).

As a result it is through these failures, and the subsequent political and media backlash in response to them, which has prompted agencies such as the police to reassess their responses and address their policies on HBV (Brandon and Hafez; 2008). Therefore since 2008 ACPO has created and disseminated force wide national strategies on HBV. These are interlinked with other related policy areas (predominantly those of DA and Child Protection) and are designed with the overall aim of reducing the risk to BME women by ensuring all forces recognise and respond effectively to HBV. Furthermore, in doing so it is hoped that this will build trust and confidence in the police therefore encouraging individuals from within these minority communities to report this kind of violence (ACPO; 2008), as currently it is widely accepted that, due to severe under-reporting of HBV, the true scope of the problem is unknown (Gill; 2009).

However despite these national guidelines, it is commonly recognised that there remains significant implementation gaps of DA and HBV policies across the 43 police forces within England and Wales (Chatzifotiou; 2005). Subsequently much like with the service provisions available to BME across the UK, police responses are greatly dependent upon region and the composition of ethnicities within that constituency. Therefore whilst the Metropolitan police, who cover much of London, an area with only 79.8% of the population percentage being white (Office for National Statistics; 2005b) and including some of the most ethnically diverse locations in England and Wales (Office for National Statistics; 2006), has been at the forefront of developing HBV specific responses; including the development of the Strategic Homicide Prevention Working Group on HK and the subsequent re-opening of 109 potential HK cases (Gill; 2009). Devon and Cornwall police, an area with 99.3 % of the population percentage being white (Office for National Statistics; 2005a) and an ethnic population “...well below the national average” (NHS Devon/Devon County Council; 2009), is likely to be much slower in its development of HBV policies. Thus much in the same way as with service provision, the knowledge, understanding and subsequent treatment of HBV cases in England and Wales is greatly determined by location.
This chapter has provided a comprehensive review of how HBV is currently managed within legislation and policy within England and Wales and will now move on to conclusively summarise its findings before providing a subsequent list of recommendations. In order to do this I shall return to the three fundamental questions I posed at the beginning of this study.

6. Conclusions and Recommendations:

6.1. Conclusions

Within this study it has been shown that the way in which HBV is constructed, understood and defined greatly determines the way in which it is responded to. Therefore the following questions become synonymous and thus will be answered together;

- How is the concept of HBV constructed within contemporary British society?
- How is HBV managed within both legislation and policy in England and Wales?

As demonstrated within this study, as a phenomenon universally accepted as being both more prevalent against women and more detrimental to women than men, HBV has been championed by feminist researchers. As a result HBV has been largely interpreted within an academic and political context to be a predominantly gender based issue. However in addition, as HBV is today primarily found within BME communities within the UK, it has also quickly been construed as a cultural issue. Accordingly whilst HBV is managed as a gendered issue within ‘mainstream’ DA policies which are, to a large degree, ethnically blind; it has also become encapsulated within a discourse of multiculturalism, and thus has also been incorporated into multicultural policies which are essentially gender-blind (Meetoo and Mirza; 2007b). This is clear evidence of both a legal system and subsequent set of policies which are both phallocentric and ethnocentric and which struggle to facilitate difference (Walklate; 2008). Thus as a result, subsequent responses to HBV created within this discursive framework, which typically categorise those for whom the policy is aimed (Considine; 2005), have sat uncomfortably between a focus upon the white-British female, and the minority ethnic male, therefore marginalising BME women from the policies designed to protect them.

Additionally, this interpretation of HBV as a cultural issue problematically “elicits expectations about the causes of the problem and the conditions which can be altered to bring about change” (Edelman; 1977 as cited in Considine; 2005: 63). This has resulted in an overemphasis on culture blaming rather than the recognition of HBV as a fundamental violation of human rights. Consequently this has led to two things: firstly, the government’s responses have relied heavily upon mediation with cultural community ‘leaders’ rather than listening to the women they seek to protect despite the fact that these leaders often endorse violence in the name of ‘honour’. Furthermore, the government has thus far been slow to provide adequate support for these women (particularly that of essential financial support), instead focusing on services for mainstream DA and the more ‘deserving’ white British female. What’s more, this notion of culture has become so entwined with that of religion that, due to the privileged position that religion enjoys within the legal system, the government has been reluctant to take a definitive stance in relation to HBV for fear of being perceived as racist (Dustin and Phillips; 2008). Subsequently it has been argued that the current positioning of HBV within a ‘private’ cultural or family framework rather than a public human rights
one, has placed crimes committed in the name of ‘honour’ outside the scope of legislative reform (Gill; 2006).

Interestingly however, whilst this may be true of for ‘honour’-based domestic violence in which there remains no specific piece of legislation, this has not been the case with FM and FGM in which there are now specific legislative acts which address solely these issues. This therefore highlights that government responses to HBV have focused predominantly on those practices which deviate radically from mainstream British ‘norms’ whilst subsequently overlooking those which share some similarities. Consequently, despite the recent government recognition of HBV as a key political issue and the subsequent action which has been taken in response to it, the current position on ‘honour’-based domestic violence remains centred on using multicultural drift within mainstream DA policies to accommodate for fundamental ‘cultural’ differences between these two forms of VAW. Therefore, as demonstrated throughout this discussion, not only has this, in many cases, led to a lack of assertive action from the government (Dustin and Phillips; 2008), but furthermore, even when action has been taken it has, in many cases, allowed perpetrators to justify their actions under a cultural defence.

Therefore, this leads onto the final question;

- Should HBV be treated as a separate issue to DA which requires its own unique responses?

Within this thesis it was stated that the suitability of current HBV responses would be determined by the way in which they address the needs of the victims and the needs of the minority communities as a collective. Within this study there has been strong evidence to suggest that by managing these two forms of VAW under the same set of policies and legislations, but making allowances for their differences, social tensions are created. This evidence clearly demonstrates that, in many ways, multicultural policies not only contradict those of DA but they take precedence over them. Subsequently despite the purpose of multicultural drift being to better integrate HBV into DA policies, conversely it has shifted focus upon why these minority communities are failing to integrate into mainstream British ‘norms’. Consequently these social tensions are created not only through treating these social groups differently, but also by accentuating the differences between them; therefore portraying HBV as something endemic to particular minority cultures, which, in the current populist punitive climate of risk and anti-multiculturalism, has depicted those within these communities as especially ‘deviant’ and hence the victims of these ‘cultural’ practices as ‘undeserving’.

Whilst creating a unique set of legislations and policy responses to HBV is unlikely to discourage this portrayal of it as a cultural issue, by moving away from thinking about HBV as a form of mainstream DA, the government will have the freedom and capacity to address appropriately the differences between these two forms of VAW without highlighting to such an extent the differences between these minority and majority groups. Fundamentally therefore this will open up the opportunity for the government to make a substantial impact on the lives of those who suffer HBV. Therefore this dissertation concludes with the view that the current management of HBV is inadequate and thus adopts the position that HBV should be treated as a separate issue to DA.

6.2. Recommendations

Through the evidence cited within this study it is clear that there have been significant steps taken by the government in the management of HBV within the UK. However as has been
demonstrated, at present the current approach to HBV, in many cases, marginalises the victims it seeks to protect. Therefore this study concludes with following recommendations;

**Investigate further the prevalence and impact of HBV within minority communities living within the UK**

- Currently there is a lack of empirical evidence on HBV within the UK. This is necessary not only to determine appropriate strategies in response to it but also in the construction of a better working definition of HBV.

**Increase awareness of HBV**

- Within minority communities within the UK by continuing HBV road shows and delivering education through schools.
- Within criminal justice agencies and those working in other frontline public services by administering mandatory training.

**Increase support and funding to specialist BME women’s services**

- As BME communities appear more responsive to NGOs than with those from the statutory sector, the government should focus on expanding these specialist voluntary agencies.

**Implement a national police strategy**

- National standardised policy strategies should be implemented across all police forces country regardless of the ethnic population of that region.

**Incorporate women from minority communities into discussions relating to HBV**

- Less emphasis should be placed on mediation through self-appointed community ‘leaders’, instead women from within BME communities need to be given a bigger voice in terms of responses to HBV and other issues which affect them

**Fundamentally, the government should take a definitive stance on ‘honour’-based domestic and implement a unique legislation and set of policies which clearly outline how HBV will be managed in England and Wales.**
7. Glossary:

ACPO - Association of Chief Police Officers
BME - Black Minority Ethnic
CJS - Criminal Justice System
CPS - Crown Prosecution Service
DA - Domestic Abuse
DVCVA - Domestic Violence, Crime and Victims Act 2004
FGM - Female Genital Mutilation
FLA - Family Law Act 1996
FM - Forced Marriage
HBV - ‘Honour’ based violence
HK - ‘Honour Killing
ILA - Indefinite Leave to Remain
MCB - Muslim Council of Britain
NGO - Non-government organisation
NRPF - No Recourse to Public Funds
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9. Appendices:

APPENDIX 1

The Duluth Power and Control Wheel

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DAIP (2008)

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**APPENDIX 2**

BME Services by Nations and Regions including FGM

<table>
<thead>
<tr>
<th>Nation/Region</th>
<th>No.</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>London</td>
<td>38</td>
<td>48.7</td>
</tr>
<tr>
<td>North West</td>
<td>8</td>
<td>10.3</td>
</tr>
<tr>
<td>South East</td>
<td>8</td>
<td>10.3</td>
</tr>
<tr>
<td>Scotland</td>
<td>8</td>
<td>10.3</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>6</td>
<td>7.7</td>
</tr>
<tr>
<td>West Midlands</td>
<td>4</td>
<td>5.1</td>
</tr>
<tr>
<td>South West</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Wales</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>East Midlands</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>East of England</td>
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<td>0</td>
</tr>
<tr>
<td>North East</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

(CEDAW Committee; 2008 as cited in Coy et al; 2009: 47)
Domestic Violence Services by Nations and Regions

<table>
<thead>
<tr>
<th>Nation/Region</th>
<th>No.</th>
<th>%</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>86</td>
<td>17.2</td>
<td>12.8</td>
</tr>
<tr>
<td>North West</td>
<td>59</td>
<td>11.8</td>
<td>11.6</td>
</tr>
<tr>
<td>South East</td>
<td>54</td>
<td>10.8</td>
<td>14.0</td>
</tr>
<tr>
<td>Scotland</td>
<td>48</td>
<td>9.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>46</td>
<td>9.2</td>
<td>8.7</td>
</tr>
<tr>
<td>West Midlands</td>
<td>42</td>
<td>8.4</td>
<td>9.1</td>
</tr>
<tr>
<td>South West</td>
<td>39</td>
<td>7.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Wales</td>
<td>38</td>
<td>7.6</td>
<td>5.0</td>
</tr>
<tr>
<td>East Midlands</td>
<td>36</td>
<td>7.2</td>
<td>7.4</td>
</tr>
<tr>
<td>East of England</td>
<td>27</td>
<td>5.4</td>
<td>9.6</td>
</tr>
<tr>
<td>North East</td>
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<td>5.0</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>500</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

(CEDAW Committee; 2008 as cited in Coy et al; 2009: 41)
APPENDIX 3

Map 4: Specialised services for BME women

(CEDAW Committee; 2008 as cited in Coy et al; 2009: 46)
Map 2: Domestic violence services

(CEDAW Committee; 2008 as cited in Coy et al; 2009: 40)
ACKNOWLEDGEMENTS

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