

Not Domestic Violence or Cultural Tradition: Is Honour-Based Violence Distinct from Domestic Violence?

This paper addresses an important conceptual question surrounding the categorisation of honour-based violence (hereafter 'HBV') – is HBV a subspecies of domestic violence (hereafter 'DV')? According to Reddy (2014), Aujla and Gill (2014), HBV falls within the broad spectrum of DV. Utilising data extracted from interviews conducted with 30 key agents, this paper will seek to provide incontrovertible evidence that HBV is different to DV because the characteristics it presents offer some differences. Furthermore, the overall strategies used to investigate HBV by UK law enforcement agencies differ to that of DV. Being this specific about HBV does not necessarily mean that one succumbs to cultural-essentialist assumptions about the prevalence of such violence in particular communities either. Rather, an understanding that HBV can be different will help to identify the serious dangers it presents and the strategies needed to support victims.

Keywords: Honour-Based Violence; Domestic Violence; Violence Against Women

Introduction

HBV is the infliction of violence predominantly upon women who are deemed to have brought shame and dishonour upon the family for reasons usually involving their sexual behaviour. As a phenomenon, there has been increased recognition of HBV and honour killings in the UK in the last decade following high-profile criminal prosecutions convicting honour killers. Tulay Goren; Heshu Yones; Banaz Mahmood;

and Shafilea Ahmed were all young female (and Muslim) victims of honour killings who were killed (primarily) by male figures for supposedly acting too western and for engaging in relationships outside marriage. Banaz was killed in 2006 on the instructions of her father and uncle for dating a boy they did not approve – Banaz kissing her boyfriend outside a London tube station and it being witnessed was the last straw and prompted the order of her killing. Five people, including her father and uncle, were convicted for taking part in her murder. As part of a debate, there is discussion about HBV and its relationship to other forms of violence including whether it should fall part of the paradigm of DV and violence against women in general (hereafter ‘VAW’). This raises some important conceptual questions: is HBV a form of DV or should it be considered something distinct? A generally accepted definition of DV is the cross-government definition:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological; physical; sexual; financial; and emotional.

Reddy, Aujla and Gill argue that HBV ‘should be approached primarily as a subspecies of gender-based violence’ (Reddy, 2014: 28 and 40-41) because of the need to avoid the ‘inappropriate focus on the alleged cultural aspects of such violence, which treats the phenomenon as a species separate from wider domestic violence’ (Reddy, 2014: 28; Aujla and Gill, 2014: 155-159). By singling out HBV, it draws attention to race, culture and religion and puts the ‘political spotlight’ on the immigrant population in the UK (Eshareturi et al, 2014: 376). The argument is that if

we view HBV as a subspecies of DV, we avoid stereotyping HBV and amalgamate it within DV and the wider experiences of VAW.

While one can understand the need to avoid supporting any cultural stereotypes about HBV, it is not clear why one should draw the conclusion that HBV *has* to be defined as a subspecies of DV. I agree there is a need to avoid stereotypes that single out HBV as a ‘cultural tradition’; HBV does disproportionately target women more so than men; and there are similarities between HBV and DV that allow such acts to fall ‘absolutely within a broader continuum of forms of violence against women’ (Sen, 2005: 43). However, there are several key features that make HBV different. Contrary to the position of some authors, I argue, based on interviews with 30 key agents, that HBV is different from DV. This is based on three main strands of argument: (a) the involvement of the community in deciding on ‘punishment’; (b) the involvement of third parties in meting out violence; and (c) the longevity of the desire to mete out punishment. If these views are correct and HBV is viewed separately, does this mean one has succumbed to cultural-essentialist explanations about HBV? Is it possible to view HBV separately from DV, whilst *simultaneously* rejecting the argument that particular communities perpetrate HBV? The answer, it is submitted, is yes. As Terman notes, ‘to be specific is not to be racist’ (Terman, 2010: 26).

Literature Review – Similarities Between HBV and DV

It is true that acts of HBV share similar features with other forms of VAW. HBV is a patriarchal form of violence and relates to male domination over women (Sen, 2005: 50; Reddy, 2014: 31). It acts as a method to police the behaviour of women and their sexual autonomy, thereby allowing men to exercise control (Ortner, 1978: 23). A

central component is the ability to protect male honour by forcing women to comply with acceptable norms of behaviour as set and controlled by men (Sen, 2005: 50). HBV also disproportionately targets women more so than men and so should be subsumed under DV because it is an example of female oppression and gender inequality (Reddy, 2014: 31-32; Aujla and Gill, 2014: 154-155). If men are targeted, it is usually because they are seen to have dishonoured a female. In the honour killing cases of *R v Chomir Ali* [2011] EWCA Crim 1011 and *R v Ibrahim and Iqbal* [2011] EWCA Crim 3244, both cases involved male victims, although the latter was a case of mistaken identity. Thus, there appears to be a growing acceptance that men are potentially the targets of HBV just like in DV cases. Dyer cites 22 women and 7 men were victims of honour killings/attempted honour killings in the UK in the last 5 years (Dyer, 2015: 16). Whoever HBV is committed against, at the centre is male domination over those who are weaker, bearing some similarity with DV (Rexvid and Schlytter, 2012; Reddy, 2014: 32).

Although acts of HBV are generally understood to be a form of patriarchal violence, like DV this does not preclude women inflicting violence upon other women/men or women adopting a role in policing other women's behaviour (Pope, 2004: 108; Sen, 2005: 50). HBV may equally involve female on female violence or even female on male violence. In a number of academic works, mothers have been implicated in the infliction of HBV upon daughters (Akinpar, 2003: 425-426; Wilson, 2006: 32-33; Elden, 2010: 128-130; Hussein, 2010: 157).

One explanation for female-on-female violence is that patriarchal communities will often look to mothers and make them responsible for teaching daughters what is acceptable behaviour within their social settings (Wilson, 2006: 30). Older women in particular will strive hard to work in the interests of families and

even their own survival, showing their disapproval towards daughters who dishonour the family. This may also be termed as ‘bargaining with patriarchy’, where women use strategies and coping mechanisms to protect themselves from violence by men (Kandiyoti, 1988). Women also co-operate in their own subordination, where mothers reproduce patterns of behaviour, programming into their daughters that they should fear and consider sex shameful as part of the loyalty to the patriarchal system (Ortner, 1978: 32). The first person usually subjected to criticism will be mothers, who have a vested interest in the maintenance of honour, either for the family’s interests or because of their own survival as they too do not want to be subjected to violence (Wilson, 2006: 31). These reasons may explain why women inflict HBV – they are coerced into loyally following patriarchal norms to secure their own survival (see e.g. Stanko, 1990).

Both HBV and DV involve the physical abuse of victims however one wishes to explain it – abuse is abuse and both involve physical, emotional and psychological violence perpetrated against victims that, in extreme cases, can lead to death. Another similarity between the two is that there is currently no single offence of HBV or DV in English criminal law, with the criminal justice system instead pursuing a range of criminal offences to convict offenders, including murder, ABH, GBH and false imprisonment, which are deemed appropriate and sufficient to tackle both forms of violence, although forced marriage was recently criminalised in June 2014 (see Idriss, 2015a and Idriss, 2015b). Nor can it be claimed that DV is less barbaric than HBV – both can involve extreme violence (see e.g. *R v Su Hua Liu* [2007] 2 Cr App R (S) 12; *R v Bevan* [2010] EWCA Crim 255; and *R v Zelder* [2009] EWCA Crim 2958).

Allowing HBV to be subsumed under the DV framework also ensures victims can still receive appropriate support from DV agencies – it allows existing resources

to be pooled and integrated; avoids the duplication of work; avoids diverting staff unnecessarily; aids in signposting to other specialist service providers; and minimises the cost on the criminal justice system as the DV framework is already established and in operation (Aujla and Gill, 2014: 160; Eshareturi et al, 2014: 374-376).

HBV and DV: The Blurred Distinction

While the above arguments recognise the similarities between HBV and DV, the distinction between the two can also sometimes be blurred (Siddiqui, 2005: 266; Thapar-Björkert, 2007: 41). Siddiqui recognises the possibility that cases that ostensibly appear to be HBV may simultaneously have elements concerning forced marriage; honour killings; DV; and the patriarchal control over female sexual behaviour (Siddiqui, 2005: 276). This assessment reveals the 'complex', 'multi-faceted' and multi-dimensional features cases present, which largely depends on the facts of the case (Gill, 2010: 227; Reddy, 2014: 35). It is perfectly possible for a case of DV to transform into a HBV issue (and vice versa), blurring the distinction.

A good illustration of this is the unfortunate criminal case of Sabia Rani, a young Pakistani woman who was murdered by her husband in the family home (*R v Khan* [2009] 1 Cr App R 28). She had been in the UK for only five months. Rani had been subjected to extreme violence three weeks leading up to her death, including suffering ninety percent bruising to her body and fifteen broken ribs (equivalent to being hit by a car or train) on the night she died. The pathologist report indicated she had suffered injuries in the weeks leading up to her death and had sustained further bruising upon her original bruising from previous beatings. This would have caused Rani extreme pain and should have been noticeable to other members of the

household. On the evening in question, her husband had bludgeoned her to death in the garage, carried her through the house, up the stairs and placed her body in the communal bathtub full of cold water. He was eventually convicted of her murder and sentenced to life imprisonment. This would seem to be a case of DV – her husband confessed he had been angered by her failure to grasp English and by her failure to place fresh sandwiches in his lunchbox ready for work. When she did place food in his lunchbox, he was angered that she did not establish he was actually off work the next day.

However, could this case be considered HBV too? Three members of the same household (the mother-in-law and two sister-in-laws) were prosecuted under s.5 of the Domestic Violence, Crime and Victims Act 2004 for causing the death of a vulnerable adult and were duly sentenced to 2 years imprisonment for failing to take steps to report the violence sustained by Rani. This was not only a case of DV but also HBV: as likely witnesses to DV, if they had reported and contributed to the prosecution of their son/brother, they too themselves would have been the cause of dishonour to the family. Was this a reason why they remained silent? Perhaps. As other family members were aware of the abuse experienced by Rani, one could also argue that family honour was important to them and that they took part in a ‘hush culture’. To let others in the community know that DV occurred in their home was too shameful and so they remained silent – their own perceptions of honour that personally affected them might have been far more important than the abuse experienced by Rani. Alternatively, what steps could they have taken in an environment where a psychotic man was terrorising his wife? Might they have been terrorised too? Or fearful of the dishonour that might result if they had reported his behaviour? Whatever their reasons, the discussion demonstrates how a DV case can

transform into a case of HBV. This has also led some organisations to coin the term ‘Honour-Based Domestic Violence’ (Centre for Social Cohesion, 2010: 27), recognising the links between the two.

HBV and the Wider VAW Paradigm

Gill has stated that HBV is an example of a wider species of VAW and so should not be considered distinct from other forms of gender-based violence (Gill, 2010: 219 and 227). She argues HBV should be viewed as a form of VAW because it is only *cosmetically dissimilar* to DV and other forms of VAW (Gill, 2009: 484; Gill, 2010: 227). This is a curious statement – based on my interviews with key agents it is submitted that HBV is only *cosmetically similar* to DV – once we begin to look deeper at the differences and scratch at the surface, the differences become more and more pronounced. Gill further argues that ‘responses to HBV that focus on culture exoticise the act instead of enabling the issue to be viewed as part of the larger struggle against VAW’ (Gill, 2014: 10). The problem that authors like Gill have with recognising HBV as being different is that it potentially racialises HBV as a practice undertaken only by certain communities [DELETE] (i.e. Kurdish and South-Asian Muslims). Payton similarly warns against the creation of a distinct category as it ‘risks increasing racial tension’ and risks creating divisions (Payton, 2010: 76). There are thus advantages in understanding HBV within an overall framework of VAW because it will eliminate an over-emphasis on particular communities that are perceived to practice HBV (Thapar-Björkert, 2007: 31). It will not differentiate between BME and white women – it is a form of VAW experienced by all women (Baker et al, 1999; Thapar-Björkert, 2010: 184). If HBV is considered separately, the

danger is that it could create a dangerous backlash that could also heighten racism and xenophobia (Meeto and Mirza, 2010: 45; Hellgren and Hobson, 2008: 387; Strange, 2014). Distinguishing HBV from DV could then lead to the marginalising of specific communities and contribute to problems relating to cultural-essentialism. Gill's insistence that HBV should be seen as but one manifestation of the wider problem of VAW recognises the possible racialisation of HBV – by integrating it within the wider framework of VAW, it can then be tackled without a racist backlash that has been witnessed in the discussion on forced marriages across the UK and Europe (Siddiqui, 2005: 276; Gill and Anitha, 2011; Idriss, 2015b; Anitha and Gill, 2015).

Methodology

The sample is based on qualitative interviews with 30 key agents in Northern and Central England who were asked a variety of questions on HBV. This paper will address solely the results of their opinions on the relationship between HBV and DV. A feminist methodology was employed concerning personal narrative analysis – listening to the accounts and stories of (mainly) female participants and empowering them to 'have a voice' by speaking about their experiences in an open forum (Kelly, 1988: 3). The 30 key agents interviewed were 27 women and 3 men. Of the 27 female key agents, 13 were identifiable as South-Asian Muslims, the majority who had been born and brought up in the UK (only 5 were born in Pakistan); 12 were identifiable as White or White British females; 1 was a White female Italian; and the final female described herself as Black African. Of the 3 male key agents, 2 were White British males and the other was a British-Pakistani male. Most of the sample were drawn from refuge or support work (some were also survivors of HBV and DV) (18); others

were employed by the criminal justice system as serving police officers of various ranks (8), solicitors/legal workers in the Crown Prosecution Service (hereafter 'CPS') (2); and local authority employees (2). Key agents interviewed were between 23-60 years of age.

The researcher had no prior contacts with key agents and so written correspondence was sent out to various organisations in Northern and Central England that the researcher thought would be interested in the research, having researched the names of organisations on the Internet. Northern and Central England was also chosen as large concentrations of ethnic minorities live within these areas. After initial meetings with key agents, the researcher asked if they knew others who would be interested in participating in the research – the very familiar snowball effect was used to help generate further participants and to maximise potential recruits to the study. It was important to ensure in-depth interviews were conducted with a variety of participants from a variety of backgrounds in order to draw genuine and reliable conclusions about their experiences. With the use of an aide memoir and following established protocols on conducting ethical research (including requiring informed consent and respecting confidentiality), interviews were audio recorded and lasted between 1-2 hours each. Interviews were also conducted at the location of organisations where key agents were employed. Interviews were later transcribed.

When interpreting interview transcripts, each narrative was examined based on close readings of statements. Statements made by participants were grouped into themes, representing emerging themes, ideas and content that seemed to be considered important to those interviewed, or those themes, ideas and content that the researcher thought were particularly significant. Searches for any connections between topics, what was considered significant, what was frequently said and how a

theme in one interview transcript connected to another transcript, was also undertaken. The resultant themes were then improved, sharpened, polished and organised into themes that were applicable to all transcripts across the board.

Strengths and Limitations

Key agent interviews are the least expensive in terms of both time and cost. Several key agent interviews took place on the same day at the same organisation. One of the greatest advantages of interviewing key agents is the vast array of expertise and experiences that can be studied, making such interviews a very useful and versatile method to collect data. Information extracted directly from people with expert knowledge provided a rich source of information that simply cannot be obtained from other sources. An issue raised by one key agent was also explored with others for their assessment. The drawbacks relate to potential organisational and/or individual bias. It is possible some participants may have understated or overstated the true value of a comment. In some cases, some key agents might have been keen to demonstrate that they 'knew what they were doing'. If this was the case, this may potentially affect the validity of some comments. Another criticism was the tendency to interview the first available key agent simply because 'they happened to be the first available'. This is the disadvantage with the snowball method of recruitment. However, this was overcome by recruiting participants from a wide variety of backgrounds. The analysis of personal narratives across the sample also minimised the chances of key agents misreporting experiences, as discernible themes were extracted as a whole from the sample and not individual participants in isolation.

The Findings

Though there are strong similarities, the interview data revealed that HBV possesses qualities that differentiate it from DV. As Purna Sen states, to ‘posit a specificity...that fails to see linkages is problematic; to deny specificity if it exists is also problematic’ (Sen, 2005: 49-50). This section will now explore a series of careful empirically based arguments as to why HBV is different to DV.

The Involvement of the Community in Deciding on ‘Punishment’

Some key agents recognised the term ‘family councils’ or the Urdu phrase ‘jirghas’ when applied to HBV. This is where a patriarchal head of the family at a family gathering decides on the fate of the victim, often arriving at a decision with the collective help of others. Some key agents recognised different terminology – one key agent referred to this as ‘family group conferences’. The head person would often be male and the most domineering in the family, not necessarily and only in terms of wealth, but also in terms of whether ‘he is feared the most’. Such a person would often make a decision in consultation with others, sometimes with religious leaders or other influential associations. Key agents explained that such a person would often communicate to the rest of the gathering what the fate of the woman should be and whose responsibility it would be to inflict HBV. Again, an oft-cited example provided by key agents was the case of Banaz Mahmood and how her uncle ordered her death.

On the question of family councils, some support workers stated that: ‘Family councils or ‘jirghas’ are rare in the UK’ (South-Asian Female Support Worker), while

others stated: ‘This is not like Pakistan, where that practice is common’ (South-Asian Female Support Worker). Other key agents said:

I haven’t come into direct contact with family council meetings, but I admit I haven’t worked on honour-based cases directly in a long time – part of the problem also is that when you work with victims, victims do not always know what is going on behind the scenes, so they may not know much about the decision-making process or who is after them (White British Female Support Worker).

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

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

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

It may become an issue when the behaviour of a woman becomes public knowledge. Where other members of the community come to know of the shaming behaviour,

HBV may be inflicted because families are then forced to react. Some key agents explained that they had heard of the existence of family councils by victims, but did not have ‘personal encounters’ with them – ‘just what victims are telling you what happened’ (White British Female Support Worker). However, other key agent experiences were very different. One police officer had direct experience when a victim, who wanted to be rescued from a forced marriage, contacted her:

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

This is an interesting account as it conflicts with patriarchal theories of violence that seek to explain that only men inflict HBV and that women take a more passive role in decision-making. In the experience of the police officer, the women were very much the driving force in the family meeting to discuss whether the girl should enter into marriage with a person who they approved. The police officer explained that she was able to rescue the victim before she was taken abroad and forced into marriage. The woman sitting on the high chair was clearly controlling the conversation, clearly making decisions about the fate of the girl, while her parents ‘were clearly being talked at as opposed to conversing with one another’ (White British Female Police Officer). Several other key agents had similar experiences:

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

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

One key agent explained how she even inadvertently became involved in a family council without her knowledge:

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

The Involvement of Third Parties in Meting Out Violence

Key agents pointed out that ‘abuse is abuse’ and that HBV and DV both concern patriarchal power and control over women. As one key agent explained, HBV is a form of DV because violence is inflicted within ‘intimate trusting relationships’:

Honour-based violence is a form of domestic violence because the definition of domestic violence is the opposite to stranger violence, so it’s violence that occurs in a family setting between people who have intimate trusting relationships. So in the context where a victim would normally expect to be able to trust perpetrators, as somebody who wouldn’t harm them and in that sense honour-based violence is very much like all domestic violence – it’s violence perpetrated by close family members...(White British Female Support Worker).

This statement demonstrates the private nature within which both HBV and DV is carried out. However, other key agents were able to draw distinctions:

Domestic violence usually takes place behind closed doors, whereas honour-based violence can involve the community (White British Female Police Officer).

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

Here, key agents explained that HBV is more public than private because it involves multiple perpetrators who may not necessarily have a domestic relationship with the victim. The South-Asian key agent above explained a case where a victim had suffered HBV at the hands of a ‘stranger’ from the community. I call this the ‘employee case’. Here, the victim was a young woman who had been subjected to a forced marriage. She did not wish to remain in that relationship and had expressed her unhappiness to her father (a businessman). He expressed his anger at her request and ordered his daughter to remain in the relationship, which she declined. She was also pregnant at the time as a result of the forced marriage. As she was walking down the street, a man approached her. He explained that he was an employee of her father. The man accosted the victim and told her to obey her father and to stay in the marriage. Again, she expressed her desire to leave the relationship. The man then pulled out a knife and stabbed the victim in the stomach. Although she survived the attack, she lost her baby. Speaking about this case, the support worker explained:

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

This was an example of an attack by a member of the community who had no ‘domestic’ relationship and was a clear case of HBV – it could even be considered to be a form of ‘stranger’ violence as the victim did not know her attacker. Similarly, another key agent provided an example of a woman who was the victim of a road

traffic accident although it later transpired her parents had orchestrated the ‘accident’ – the parents had commissioned someone else (i.e. a hitman) to drive the car and attempt to kill her for dishonouring the family. This is another difference – the use of hitmen is rare, if not uncommon, in cases of serious and prolonged DV but appears to be a feature in HBV cases. The CPS has stated that those not directly related to the victim will often take it upon themselves to enforce codes of behaviour and that it is important to look beyond the immediate family for those who may pose a threat (Crown Prosecution Service, 2008: 19). The CPS has also made reference to the commonality of organised contract killings in one out of nine cases they investigate, where the primary inciter of violence does not wish to carry out the killing (Crown Prosecution Service, 2008: 19-20; Johal, 2003: 37-38). This presents HBV as ‘a very unique form of violence against women’:

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

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

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

The above accounts also demonstrate the level of organisation and premeditation involved in cases of HBV. It would, therefore, not be an exaggeration to label some cases of HBV to be a form of community/gang-related violence:

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

Similarly, a Crown Prosecutor characterised HBV as a form of ‘organised crime’:

This type of activity of honour-based violence is organised crime. What marks this out from normal mainstream domestic violence is generally multiple offenders, multiple victims, premeditation and organisation, so to fight this type of crime, the CPS treat it as a form of organised crime. That means we have a wall of silence within the family or community, you have to use tactics and strategies that you would use to tackle Mafioso-type organised crime.

You have to send in undercover officers if need be, have to use covert techniques and you can build strong cases on the back of that, especially when you are met with a wall of silence from the community, who don't want to say anything either because they are scared they may be victims too, or because they condone violence in the name of honour. Never mind the code of honour, there is a code silence which prevents people talking about it and when they all close ranks, how does one build a case about who the perpetrators are?...When I look back at cases, especially those over the last 10 years, I cannot think of one case that just involved one perpetrator only. To my knowledge and experience, all cases of honour-based violence involve multiple perpetrators (South-Asian Male Crown Prosecutor).

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

The Longevity of the Desire to Met out Punishment

Cases of HBV also demonstrate the lengths people go to in order to inflict violence in the name of honour, which can run far deeper in comparison to DV cases. One case example demonstrates how the 'death sentence' can still hang over a woman twenty years after the initial 'dishonouring' event occurred and yet she is still murdered once her whereabouts become known. One key agent provided an example of a girl whose house was burned down in a HBV attack – she survived and fled the city, but 15 years

later, she was discovered and murdered in another city. This kind of ‘death sentence’ in the key agent’s view does not appear to hang over women in DV cases:

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

When pressed, the key agent could not think of any other examples in DV contexts where close family or community members work so closely together:

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

Discussion of the Key Agent Interviews: Implications for the HBV/DV Debate

The experiences of key agents suggest HBV presents characteristics that are different to DV. This is in line with some academic opinion on the subject (Keeping, 2012: 11; Eshareturi et al, 2014), but my conclusions are supported by empirical evidence. HBV is different to DV because: (a) it involves community members deciding on

‘punishment’; (b) it involves third parties in meting out violence; and (c) law enforcement techniques to investigate and prosecute HBV differ to that of DV.

HBV Does Not Fit the Core Definition of DV

The interview data reveals important differences between HBV and DV. Key agents stated that HBV is different because it may involve the extended family or community (and not just ‘domestic’ relationships) and so cannot be properly understood within the DV framework. The government and other organisations face the difficult task of raising the profile of HBV within the overall sphere of DV given that it has a very narrow definition (Siddiqui, 2005: 275-276; Thapar-Björkert, 2007: 31). This also brings into question what the word ‘domestic’ really means and whether it really is about only those people with whom one has close relationships. One might argue DV should encompass a wider meaning and should extend to entire communities, as a ‘community’ is an environment in which people should feel safe. The Family Law Act 1996 gives a very wide meaning of ‘associated persons’ and relatives against whom orders may be sought (e.g. section 62) in DV cases. Section 42 of the 1996 Act allows the court to issue non-molestation orders, which includes preventing a person from using or threatening violence and can also prevent a person from instructing, encouraging or in any way intimating that any other person should use or threaten violence against the victim. This would support the assertion that the involvement of third parties in meting out violence is not unique to HBV. Reddy herself argues that the inclusion of ‘family members’ within the definition of DV ‘to some extent, if not completely, collapses arguments based on distinctions between honour-related and domestic violence’ (Reddy, 2014: 34). However, the definition clearly does not

include extended families, community or Mafioso-type gangs. Nor would it support the ‘employee case’ mentioned earlier. The difference in HBV appears to be the breadth and sophistication of the networks concerned – it is only with HBV where one may come across sophisticated networks of taxi drivers being sent photographs of an absconding daughter and asked to look out for her. In 2010, *The Guardian* reported a case where a taxi driver had ‘doubled as a bounty hunter’ and tracked down young women fleeing forced marriages and brought them back to their families (Badshah, 2010; Julios, 2015: 104-111). HBV requires a different theory if we are to really explain the conditions under which it occurs.

A reason to oppose my argument is ideological – Reddy, Aujla and Gill will feel that by treating HBV as a different type of violence, this will lead to stigmatising certain ethnic communities and cultures. But surely we are all, minority communities included, ultimately best served by truth, even if that is uncomfortable in the short term? The truth is that HBV is not peculiar to a particular racial/religious group, but only to a very small subset within certain groups – whole communities should not be stigmatised because of the actions of a few. Though treating HBV separately might encourage a racist backlash, treating it separately outweighs any backlash if this helps to heighten an awareness of the *real* dangers involved (Eshareturi et al, 2014: 375).

In the UK, the term ‘honour-based violence’ has also come to be widely used. Some may argue that the term is confusing because, historically, most HBV has traditionally involved men fighting with other men over insults and other put downs (see Nisbet and Cohen, 1996; Spierenburg, 1998). Should we, therefore, use another term instead of HBV? Should we use the term ‘Family and Community-Based Violence’ (FCBV), recognising both the domestic *and* non-domestic nature under

which such crimes occur? This may be desirable given that there is an entire tradition of scholarship that has used the term 'HBV' to refer to male-on-male violence only.

HBV a Form of Terror – Enacted for a 'Double Audience'

The interview data would support Payton's argument that HBV is not merely a form of DV, but that 'it is a distinct phenomenon existing within its own parameters' (Payton, 2010: 73). This is because of differences in motivation and premeditation, the wider planning and community involvement and the 'presumed audience'. The presumed audience argument reveals that restoration of name and status needs to be enacted for a 'double audience' – members of the community aware of the transgressions must be reassured of the worthiness of the family and women in the community must also be 'terrorised' against committing any similar transgression (Elden, 2004; Payton, 2010: 73-74; Keeping, 2012: 15). The presumed audience argument is a feature of HBV that it is used to intimidate *all* women who belong to that community. A wider message is thus sent to silence women and to inform them that violence will be used to modify transgressive behaviour (Wilson, 2006: 33-34), helping to demonstrate the very public nature of HBV and how it differs from DV. Acts of HBV send a sharp message to other women contemplating acting contrary to acceptable norms that they will become 'the next Banaz'. Such acts of terrorism are intended to demonstrate to other members of the community that men are in control and it reinforces patriarchal authority (Reimers, 2007: 239). These acts of wider terrorism are not present in individualised acts of DV. A single DV perpetrator will often carry out what would appear to be a personal attack, will attempt to hide their

abuse and will not have a motive to terrorise other *women* but the (sole) *woman* being abused. The wider symbolic messages behind HBV are thus different to DV.

HBV, on average, is also considerably more premeditated, more collective and more relationally distant than DV. Killings are enacted for an audience – the community – that often approves of the killing, even if only tacitly. But why is that? It is surely because loss of honour has real consequences for families. Desirable marriage partners become harder to find and people may not want to interact or do business with family members. No family truly wants to kill their own daughters or sisters, but the great tragedy of this form of violence is how social standing and familial reputation trumps the natural bonds of love and affection. The need to restore familial reputation makes HBV very different to DV.

Community/Gang-Related Violence

Several key agents identified HBV as serious organised crime on a similar scale to Mafioso-type crimes. This characterises some cases of HBV as community/gang-related violence which include a variety of perpetrators and networks, suggesting that a different understanding of HBV is beginning to emerge and that the parameters of HBV (as argued by Aujla, Gill and Reddy) are not as clear-cut or as concrete as they make out (Centre for Social Cohesion, 2010: 94; Eshareturi et al, 2014: 374). Protecting HBV victims will, therefore, be a very complicated and tough challenge for the UK authorities to investigate and ultimately to bring perpetrators to justice (Terman, 2010: 24; Belfrage et al, 2012: 22; Keeping, 2012: 12; Payton, 2014: 5). During the investigation into the murder of Banaz Mahmood, DCI Caroline Goode (the lead investigator) explained in the short film *Banaz: A Love Story* (2012) (available

on YouTube) that there were 50 people involved in that murder (see 41 minutes, 50 seconds) – HBV cannot be categorised as a species of DV given the wide range of perpetrators involved. Furthermore, the cross-government definition on DV does not fit exactly with HBV cases because of the very existence and constitution of family councils, which may comprise non-domestic or community figures.

Although Roberts et al acknowledge that community/gang-related violence can be a feature of HBV cases, they argue in practice a narrower range of crimes are usually committed within a family/DV context (Roberts et al, 2014: 2). They then ‘explicitly exclude’ consideration of gang violence in their discussions. However, without empirical evidence to support the assertion that community/gang-related crime forms only a very small percentage of HBV cases, the authors do not justify why they have excluded community/gang-related violence in their analysis. Given the high-profile case of Banaz containing multiple perpetrators and the accounts provided by key agents in this study, community/gang-related perspectives should not be so easily discounted. This is further evidenced by the HBV arrest strategies of some police forces, where (multiple) arrests have to be coordinated at the same time by different arrest teams and detainees taken to different custody locations for interview (Roberts et al, 2014: 80-81; Richards et al, 2013: chapter 7). Such operations are clearly larger than DV incidents and are more reminiscent of gang, robbery and drug-related crime where a group of individuals are involved in the commission of crimes. Reddy argues the definition of DV does not explicitly exclude the community from the remit of DV, so HBV could still technically form part of the overall definition of DV (Reddy, 2014: 35). However, this is far-fetched and expands on current definitions (Terman, 2010: 6).

Covert Surveillance and the Gathering of Evidence

The difference between HBV and DV also requires somewhat different law enforcement techniques. Crucially, interviews with police officers and CPS prosecutors revealed the success of the convictions in the Banaz case were the result of mobile phone forensics, which proved pivotal in the conviction of multiple perpetrators and is a technique the London Metropolitan Police Service and other UK police forces are beginning to master in their investigations to combat organised and gang-related HBV (see *R v Mahmood Babkir Mahmood* [2009] EWCA Crim 775). Using Cellebrite Universal Forensic Extraction Device (UFED) Link Analysis (www.cellebrite.com) to extract, decode, analyse and report data from a range of electronic and mobile devices, the police were able to retrieve data that was crucial towards building a case against each of the suspects, important when family and community members remained silent about the murder and did not support or assist police investigations (Roberts et al, 2014: 63-64). In fact, many had even tried to throw investigating officers off to hide the real perpetrators. Nevertheless, convicting Banaz's killers was made possible because she had before her death identified her would-be killers in a mobile phone recording on her boyfriend's phone, which was later shown in court. As Banaz had identified her killers, UFED Link Analysis helped to expose the link between Banaz and her killers, bringing them to justice and helped to locate the remains of her body in a Birmingham garden. Her killers all communicated with each other to plan her murder – such high level of planning and organisation cannot be simply labelled as DV. The Banaz case itself interestingly reveals serious and organised crime.

Similarly, in *R v Amin (Dana)* (2014) EWCA Crim 1924, a case concerning the nephew of both Ari and Mahmud convicted in the Banaz murder, the trial court admitted covert evidence of audio recordings relating to four conversations that took place when individual co-participants in the murder had prison visits. Amin had been sentenced to 8 and 5 years in custody for perverting the course of justice and preventing a burial, to run concurrently. Though Amin was not present during the relevant conversations, the other co-participants made admissions about their own involvement in the murder and implicated Amin in the offences he had been charged with. The Court of Appeal allowed the evidence under s.114 of the Criminal Justice Act 2003 (admissibility of hearsay evidence) because it was potentially highly probative and of real value for understanding other evidence in the case. There was a significant body of evidence already implicating Amin, which the recordings supported (e.g. cell site evidence suggested Amin had been present at a meeting the night before Banaz's murder; he had travelled to Birmingham on the evening Banaz was killed; he made a withdrawal of cash from an ATM machine in Birmingham about a mile away where Banaz had been buried; he returned to London the next day; and forensic evidence (fibres) linked Amin's vehicle to the suitcase in which Banaz's body was found). Although highly prejudicial to Amin, the Court allowed the admission of the covertly recorded conversations to secure conviction. To bring HBV perpetrators to justice, law enforcement agencies are beginning to understand that highly covert and sophisticated investigatory techniques (usually reserved for serious, organised and gang-related crime) are necessary to secure HBV convictions (Terman, 2010: 24-25). HBV, therefore, cannot be labelled simply as DV.

Recent Reforms on Police Protection

Another important issue is the effect of HBV on the victim. While a victim of DV can be moved to another area where they will be able to integrate and begin the process of rebuilding their lives, victims of HBV will not be able to interact with their own community for an indefinite period – they are cut off from their families. Victims of HBV are aware that they cannot risk meeting anyone from their own community as they risk being harmed. In some instances, victims may have to be relocated and form new identities. This makes the effect of HBV far more profound, more profound than DV and certainly gives strength to the suggestion that victims of HBV need to be treated differently and, therefore, that HBV is more than a subset of DV.

In 2008, the House of Commons Home Affairs Committee itself recognised the serious and organised nature of HBV, when they were informed that ‘potential victims, the majority of whom are young women who have led sheltered lives, need no less protection than those threatened by organized crime gangs; and this must include police protection and new identities. Domestic violence provisions are often inadequate and inappropriate for this purpose’ (House of Commons Home Affairs Committee, 2008: 69-70, para. 204). This suggests an urgent review of the legal measures allowing victims to acquire police protection, assume new identities and relocate to safe areas. This was, somewhat belatedly, considered within the reforms under section 178 of the Anti-Social Behaviour, Crime and Policing Act 2014. The 2014 Act amends section 82 of the Serious Organised Crime and Police Act 2005, which now provides that a protection provider (in practice, the police) may make such arrangements as considered appropriate for the purpose of protecting any person whose safety is at risk in view of the criminal conduct or possible criminal conduct of

another person. This means that the UK Protected Persons Service (UKPPS), part of the National Crime Agency, is now authorised to protect members of the public judged to be at risk of serious harm in cases that show signs of serious organised crime and where greater levels of protection are required. Previously, these schemes were not implemented for HBV victims – the only high-level protection available were police witness protection programmes that required victims to give evidence as a witness in a criminal trial before being eligible for police protection. This was often not the case with victims (e.g. because they did not want pursue a criminal prosecution), but yet they faced similar levels of danger. Before, no police protection programme was afforded to HBV victims not going through a criminal trial (House of Commons Home Affairs Committee, 2008: 70, para. 205). The new reforms now allow the UKPPS to protect witnesses, victims of HBV and any other person helping with the investigation of any serious crime. This reform is welcomed as it addresses a specific gap in the legal measures to protect HBV victims from serious organised crime, regardless of whether or not they are providing evidence at trial. However, this reform is another example that HBV is not DV – intervention must go beyond DV provisions and measures to protect HBV victims from organised crime are slowly beginning to reflect that.

Conclusion

This paper is a contribution to the academic debate surrounding the categorisation of HBV. HBV is not an example of the cultural practices of certain communities because it exists in all societies (Baker et al, 1999; Idriss and Abbas, 2010). But nor is HBV simply DV – the sample in this study shows that acts of HBV do not just take place in

a DV context. Nor does the DV policy framework reflect the nature of HBV or the kind of intervention survivors need. The danger of not recognising that HBV can be different to DV is that one may then take away the important focus on its particular dangers, thereby leaving vulnerable women at risk – the very thing one should be attempting to prevent (Thapar-Björkert, 2007: 38). As mentioned in Thapar-Björkert's Report, 'we should recognise women as equal individuals but at the same time not take away the specificity of certain crimes by putting everything in the same [melting] pot' (Thapar-Björkert, 2007: 38). By integrating HBV within the DV policy framework, this could mean that some HBV victims receive poor responses or unsuccessful intervention – more concerning is that victims may not be taken seriously or their situations trivialised because professionals trained to address DV may be ill-prepared to respond to HBV as they may under-estimate the risks posed by organised gangs (Eshareturi et al, 2014: 374-375). Acts of HBV need to be considered separately from DV so that it can be dealt with in a targeted way by law enforcement agencies (House of Commons Home Affairs Committee, 2008: 15, para. 16). HBV is not DV or cultural tradition. In order to respond appropriately to it, HBV must be detached from culture *and* DV. The challenge then is to devise suitable policies and strategies of intervention to support HBV victims in cases that involve both domestic *and* non-domestic perpetrators.

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