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**‘De-culturalising honour and violence:
exploring ‘victims’ experiences of
‘honour’-based violence in rural
England’**

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Abstract

Violence perpetrated in the name of 'honour' is neither a new phenomenon, nor one associated exclusively with any particular culture or religion. Nevertheless the concept of honour has become a powerful expression through which certain 'culturalised' forms of violence have been differentiated from 'mainstream' forms of violence against women. Indeed, while the latter is viewed generally as a pattern of individual deviance and desire for power and control, HBV is perceived as symptomatic of deviant and problematic cultures and cultural pathology. Subsequently although there has been increasing academic attention paid to the problem of 'honour'-based violence within the UK, much of this existing research has focused on urban areas with large South Asian Muslim populations. Problematically, Larasi (2013b) argues, this limited focus can create silos that do not necessarily represent 'victims' real lived experiences of violence and abuse.

This thesis is based upon data collected from semi-structured interviews conducted with twenty-six participants – twelve service users and fourteen service providers – from various 'rural' locations spanning across five English counties. By re-examining the notion of 'honour', this thesis considers the extent to which the culturalisation of HBV has hindered contemporary Western understanding of VAW and our ability to provide services to those seeking help. Although, by drawing upon the lived experiences of service users, it is shown how honour and shame operate as more pervasive features of all intimate personal victimisation, this thesis demonstrates how culturalised perceptions of honour and HBV restricts service provisions – particularly in rural areas which are conceptualised as lacking in ethnic diversity. Ultimately this thesis argues that, given that honour underlies so many forms of gender-based violence, rather than resituating HBV within a broader framework of VAW, we should instead situate VAW within a broader theoretical understanding of honour and shame.

List of Abbreviations

BME Black and Minority Ethnic

CAFCASS Children and Family Court Advisory and Support Service

CEDAW Committee on the Elimination of all Forms of Discrimination against Women

CIMEL Centre for Islamic and Middle Eastern Law

CPS Crown Prosecution Service

DDV Destitution Domestic Violence Concession

DV / DA Domestic Violence / Domestic Abuse (often used interchangeably)

DVCVA Domestic Violence, Crime and Victims Act 2004

EVAW Declaration on the Elimination of Violence against Women

FGM Female Genital Mutilation

FMPO Forced Marriage Protection Order

GTR Gypsy, Traveller and Roma communities

HBV / HBA Honour-Based Violence / Honour-Based Abuse

HTP Harmful Traditional Practice

ICAHK International Campaign against Honour Killings

IDVA Independent Domestic Violence Advocate

IKWRO Iranian, Kurdish Women's Rights Organisation

ILR Indefinite Leave to Remain

ISVA Independent Sexual Violence Advocate

NRPF No Recourse to Public Funds

NSM New Social Movements

OSM Old Social Movements

SARC Sexual Assault Referral Centre

SBS Southall Black Sisters

SP Service Provider

SPOC Specific Point of Contact

VAW Violence against Women

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Chapter 1: Introduction

When we speak of particular phenomenon [sic] in certain ways [...] we fix it in people's minds [...] we become politically and intellectually immovable in unhelpful ways – and we do not push ourselves to rethink or have our ideas evolve. [...] [Yet] as the image of 'honour-based' violence has become associated with communities from particular regions of the world, there has not been much room for interrogating how ideas of 'honour' may operate in different contexts [...] We must locate it in a wider context, as the silos that we create do not always exist in [...] lived experiences. (Larasi, 2013b: 3)

1.1 Background and Rationale for Research

1.1.1 What is 'honour'-based violence?

'Honour'-based violence (HBV) is a term that has been adopted by scholars and policy-makers to portray a variety of violent and/or abusive acts – 'honour'-based domestic abuse, forced marriage, female genital mutilation (FGM), and honour killings – that are perpetrated as a result of deep connections to notions of family and/or community 'honour' (Dustin and Philips, 2008). As 'honour' is generally seen as being held within the sexuality of women and their reproductive capabilities (Brandon and Hafez, 2008; Walker, 2012), it is widely acknowledged that HBV is primarily – though by no means exclusively – perpetrated against women as a means to suppress certain behaviours and sexual autonomy (Smartt, 2006) which may threaten the overall status quo of a community (Faqr, 2001). For this reason the notion of 'honour' is often regarded as an unwritten social code which limits women's psychological, sexual and physical freedoms (see *inter alia* Brandon and Hafez, 2008; IKWRO, 2007, Meeto and Mirza, 2007b; Siddiqui, 2005). In other words, violence perpetrated in the name of 'honour' is traditionally seen as a way for communities and/or families to prevent the transgression of societal norms and morals, or to punish individuals for their transgressions (Brandon and Hafez, 2008).

It is important to recognise that “a particular crisis only explodes into [...] visibility as the result of a complex struggle” (Žižek, 2008: 2) – see further chapters 2 and 3. Over the last two decades the topic of HBV has become an increasingly prominent issue in the media and on national and international political agendas (Jafri, 2008; Meeto and Mirza, 2007b; Welchman and Hossain, 2005). This has coincided with, or perhaps led to, a rise of recorded cases of HBV in the UK, which in 2011 was estimated to stand at a minimum of 2,823 (IKWRO, 2011).¹ While academics and activists such as Purna Sen (2005) have stressed the importance of recognising the uniqueness of HBV, it is widely argued that rather than being recognised and treated as a fundamental violation of human rights, the culturalisation of this type of abuse (see chapters 2 and 3) has resulted in an overemphasis on culture blaming (Thiara and Gill, 2010b). Due to this ‘culturalisation of violence’ (Razack, 1994) HBV is increasingly represented as being fundamentally different from what we might refer to as more ‘mainstream’ forms of domestic abuse.²³ Thus, while the latter is viewed generally as a pattern of individual deviance, HBV is perceived as symptomatic of deviant and problematic cultures and cultural pathology. This is discussed further in chapter 2.

With gender increasingly placed at “the heart of cultural constructions of collectivities” (Anthias and Yuval Davies, 1992 cited in Anthias, 2013: 40), it follows that individual high profile cases of violence against women (VAW) become representative of these problematic cultures (Anthias, 2013). Rukhsana Naz (1998), Heshu Yones (2002), Shafilea Ahmed (2003), and Banaz Mahmood (2006) have been situated as symbolic ‘victims’ of HBV within the UK and for female cultural

¹ It is widely acknowledged that figures for the prevalence of domestic violence generally, and HBV particularly, are likely to be vastly underestimated due to under-reporting and under-recording (Gill, 2009; Home Affairs Committee, 2008; Smartt, 2006; Women’s Aid, n.d.).

² Montoya and Agustín (2013) explain this culturalisation process as one in which the focus is on certain forms of violence that are particularly prevalent within certain cultures and/or the articulation of culture as the sole explanatory force behind such violence.

³ The term ‘mainstream’ is used here to refer to other forms of violence and abuse which are not culturalised in popular imagination.

oppression more broadly.⁴ Media reports of these cases highlight this tendency towards culture blaming. ‘Victims’ are commonly depicted as passive women “torn between two cultures” (Carter, 2012) – that is to say, torn between the liberal and progressive values of ‘Western’ culture and the traditional and ‘backward’ values held by Eastern or non-Western culture (see further, chapter 3).

Representations of the (predominantly) male perpetrators – for example Abdulla Yones or Mahmod Mahmod – are of deviant males who have failed to “[adapt] to life in Britain and the cultural tensions [life in Britain has] placed on [their] family” (Dodd, 2003). Gill (2009) – amongst others – has further highlighted the way in which this emphasis on culture blaming has impacted directly upon criminal justice outcomes. In *R v Abdulla M. Yones* (2003), for example, this belief that crimes perpetrated in the name of so-called ‘honour’ are inherently intertwined with culture and cultural ‘difference’ is overtly evident in Judge Neil Denison’s sentencing of Mr Yones in which he described the case as “a tragic story arising out of *irreconcilable cultural differences* between traditional Kurdish values and the values of western society” (*R v Abdulla M. Yones*, 2003 cited in Gill, 2009: 482, emphasis added).

As a result of these constructions, HBV and other “harmful and illegal cultural practices” (Home Office, 2015) within the UK have been incorporated into broader debates around multiculturalism – something which is discussed further in chapter 3. While inclusion within multiculturalist discourses can lead to a situation in which an “exaggerated respect for cultural difference” (Dustin and Phillips, 2008: 410) and a fear of being perceived as racist prevents meaningful action (see also Patel and Siddiqui, 2010), it can also lead to the hyper-visibility of particular communities, cultures and practices (Gill, 2012). As passive ‘victims’ who must be liberated from their oppressive community and culture, Muslim women have become what Žižek (2008: 2) refers to as

⁴ While I discuss briefly some of these cases in slightly more detail in chapter 2, specific details can be found on www.memini.co/memini/ - a site dedicated to the memorial of ‘honour’ killing ‘victims’ in the UK and abroad.

one of the “usual suspects” in “the struggle for hegemony in suffering”, thus reinforcing the ideological perception that white men must save brown women from brown men (Spivak, 1988). Indeed, as chapter 3 highlights, traditional multiculturalism has been replaced in the UK with an emphasis upon assimilative integration and ‘cohesion’ (Mirza, 2009; Patel and Siddiqui, 2010). It follows then that in line with the view that multicultural sensitivities should not lead to moral blindness, there has been an increased shift from multiculturalism that deals with tensions *between* communities to one that focuses on issues *within* communities – at least ‘problematic’ ones that fail to integrate with traditional (white) British values.⁵

This focus, Smee (2013) argues is evident in the disproportionate focus on certain forms of violence/abuse within criminal justice interventions (see chapter 3) – the most recent example being the criminalisation of forced marriage by s. 120 and 121 of the Anti-Social Behaviour Crime and Policing Act (2014). While many academics and activists advocated for and have since welcomed the government’s strong stance against particular harmful traditional practices (HTPs) such as forced marriage, others have been critical of such a punitive move.⁶ In an article published on Open Democracy, for example, Amrit Wilson (2014) argues that this increased criminalisation of certain ‘cultural’ practices will only perpetuate an unjust emphasis on particular cultures as being problematic. Rather than situating such practices within the broader context of VAW discussions around forced marriage and HBV have become inextricably linked to notions of extremism, terrorism and radicalisation (*ibid*). The risk of this, Siddiqui (2013) proclaims, is that subsequent responses and initiatives designed to target these ‘culturally specific’ practices are likely to emphasise social integration and the adoption of core ‘British’ values. In other words “they [will] have more to do with teaching ‘them’ how to behave than [they will] any meaningful anti-violence objective” (Razack, 2004: 131).

⁵ The quote ‘multicultural sensitivity is no excuse for moral blindness’ was given by former government minister, Mike O’Brien in 1999 during a discussion about the issue of forced marriage and his push towards a more ‘mature multiculturalism’ (see, for example, Patel and Siddiqui, 2010).

⁶ See Julios (2016) for a more in-depth discussion of the arguments for and against.

The fundamental objective of the thesis is to consider the extent to which the culturalisation of 'honour'-based violence hinders our understanding of VAW more broadly and our ability to provide services to 'victims' seeking help and support. This thesis will argue that, by emphasising the specificity of certain forms of 'culturalised' violence over other more mainstream acts, such discourses overlook the universality, seriousness and pervasiveness of VAW (Montoya and Agustín, 2013). Indeed, not only does this disproportionate focus on 'cultural' violence potentially downplay "the more commonplace brutality against women" which, Montoya and Agustín (2013: 539) continue, risks "[losing] some immediacy as an issue needing to be taken seriously", it also fails to recognise that VAW in (white) Western societies does not occur within a cultural vacuum.

While often framed as being fundamentally different from 'mainstream' forms of VAW (for example, Idriss, 2017) (see further chapter 3), there is an increasing body of academic literature which attempts to resituate HBV within the broader context of VAW (see for example Gill, 2009, 2011). Indeed, "It is precisely because the notion of 'honour' underlies so many forms of gender-based violence across the world" Gill argues "that HBV cannot be studied, or even understood, in isolation from other forms of VAW and the particular societal context in which such violence occurs" (2011: 220). In this thesis I agree with the work of scholars such as Gill who suggest that HBV needs to be situated within a broader framework of VAW. At the same time, however, drawing upon the literature presented in chapters 2 and 3 and the data presented in chapters 5 and 6 I wish to take this argument one step further. Given that honour underlies so many forms of gender-based violence, in this thesis I will argue that, rather than situating HBV within a broader framework of VAW, we should instead situate VAW within a broader theoretical understanding of honour and shame. This subtle yet important shift enables a more effective consideration of HBV within the broader context of VAW, whilst simultaneously deculturalising honour as something which is fundamental and exclusive to BME 'victims' experiences of violence and abuse – a

process through which it is hoped we can avoid the silos that Larasi (2013b) warns about in the quotation at beginning of this chapter.

It is important to stress that I am not suggesting in this thesis that all experiences of violence/abuse are the same. To the contrary, the experiences of the participants within this study are unique and deeply personal. Chapter 3, however, critically explores the notion of difference and how differences are represented in order to highlight the way in which ‘difference’ is experienced not only at an individual level but within wider social structures (see Brah, 1992; Thiara and Gill, 2010b). By drawing upon the notion of intersectionality this thesis aims to explore how multiple systems of oppression and privilege developed through collective histories translate into the *lived experience* of ‘victims’ and service users. Indeed, as a theoretical perspective which attempts to explore how multiple forms of difference interact to inform systems of privilege and oppression (see further chapter 3), this thesis aims to: (a) challenge the overly simplistic and essentialist notion of culture as a sole explanatory factor for certain forms of VAW – something Wilson (2014) suggests, has “long been [used as] a stick to beat BME communities with”; and (b) to recognise culture’s importance as simply one of *a number* of contextual dynamics that inform ‘victims’ needs and experiences of violence and abuse (see also, Larasi, 2013a; Patel, 2013; Rehman, 2013).

1.1.2 Why the rural?

It is widely recognised that ‘victims’ wishing to seek help or support for interpersonal abuse face numerous difficulties – both emotionally and practically – in reporting such crimes (Women’s Aid, n.d.) (see further chapters 5 and 6). Research has also documented how these difficulties can be exacerbated for certain groups. Drawing upon the findings of his ethnographic study of ‘victims’ of domestic violence in rural Kentucky, USA Websdale (1998), for example, shows how rurality can significantly impact a ‘victims’ experience of help-seeking. Indeed, as perpetrators often rely

on their ability to isolate their 'victim' to maintain control (Neate, 2014), violence is often rendered invisible (Squire and Gill, 2016), and thus 'victims' in rural areas are hindered by additional levels of isolation (Websdale, 1998). For instance, with smaller population density in comparison to urban areas and significantly reduced funding across the domestic violence sector generally, support services – particularly specialised ones – tend to be located in more urban areas (this is discussed in chapter 6). Not only does this limit the availability of specialised support, it also puts an increased pressure on mainstream service providers who must cover far greater geographical areas (Neate, 2014). This means that 'victims' in rural areas are often required to travel significant distances to access help and support. This can be particularly problematic for those who are under the strict control and close surveillance of their perpetrator(s). Furthermore it is made more difficult in situations whereby 'victims' are reliant on public transport because, as Garland and Chakraborti (2004) highlight, both transportation and services in rural areas tend to be very limited.

In addition to these more practical issues, Websdale (1998) discusses how geography and the rural milieu can increase the effectiveness of emotional and psychological abuse. Rurality, in this way, can intensify feelings of social isolation even in what I describe as the more metropolitan rural areas (see the discussion on terminology later in this chapter). With community cohesiveness often thought to be particularly high in rural areas (Websdale, 1998), the small or close-knit nature of many communities can further discourage 'victims' from seeking help and advice (Neate, 2014) – a point which is returned to in chapters 5 and 6. For instance, 'victims' may fear they will not be believed – particularly if they or their perpetrator are well known and considered reputable within the community – or they may be concerned about gossip and the wider ramifications of seeking help either upon their own status/reputation or that of their partner or family (*ibid*). The impact of rurality on help-seeking is discussed further in chapter 6 which tracks the journey of 'victims' – both (white) British and BME – from recognition (of the

problem) to resettlement. Chapter 6 ultimately highlights the current inadequacy of rural services in meeting both the material and identity needs of BME service users and demonstrates the need to mainstream local and national services based on an understanding of the intersectional needs of ‘victims’.

Typically rural areas are perceived in popular imagination as white landscapes, “predominantly inhabited by white people” and thus lacking in ethnic diversity (Agyeman and Spooner, 1997: 197). Subsequently, as Agyeman and Spooner continue:

A common response to the idea that issues of ‘ethnicity’ are important in rural areas is [often] one of amusement and derision, accompanied by the comment that ‘there is no problem here’. (*ibid*: 197)

With the construction of HBV as a cultural phenomenon which is particularly pertinent – though not exclusively so – within Muslim cultures or sub-cultures (ICAHK, 2009), it is perhaps unsurprising that existing research has generally been focused on urban areas with large South Asian Muslim populations, such as London, the Midlands, and northern cities like Bradford and Manchester (Vertovec, 2002). I suggest, however, that not only has this narrow focus neglected to look at how ‘honour’ functions within more mainstream VAW but that, despite the increased interest in HBV, there has been little effort to explore HBV within more rural parts of the UK which are typically far less ethnically diverse. Yet this lack of empirical research on ‘victims’ of violence in rural communities and on BME ‘victims’ more specifically means that much of what is actually known about these populations and their experiences is conjectural (Squire and Gill, 2016). Subsequently, despite the importance of “understanding the local context” in “developing and providing effective services” (Cheers; 1998 cited in Pugh; 2004: 196), responses and policy

developments continue to develop from overstated similarities between rural and urban communities (Squire and Gill, 2016).

This thesis will argue that this empirical absence has resulted in the creation of a monolithic depiction of the needs and experiences of ‘victims’ of HBV which is reflected in the uneven distribution of black and minority ethnic (BME) specific services across England and Wales (Coy *et al*, 2009) – services which, as de Lima (2004) asserts, continue to be ‘numbers led’ rather than ‘needs led’. This approach to policy development, Squire and Gill (2016: 159) argue, can lead to “serious misunderstandings, policy neglect and injustice” thus failing to adequately meet the needs of ‘victims’. I argue further that the culturalisation of violence has perpetuated a false idea that violence/abuse in BME communities is inherently unique and extraordinary. In this way, BME ‘victims’ have been constructed as problematic service users rather than service users with a problem (Kurz and Stark, 1988 cited in Jiwani, 2011), particularly in less diverse areas where specialist knowledge and services are scarce. The purpose of this thesis, therefore, is to address this gap in the literature on HBV in rural regions of the UK and to determine the extent to which the needs of ‘victims’ living within less ethnically diverse regions are currently being met.⁷

1.2 Situating the Self: My Position as Researcher

The situated knower is always also a participant in the social she is discovering. Her inquiry is developed as a form of that participation. Her experience is always active as a way of knowing. (Smith, 1999 cited in Moreton-Robinson, 2000: xx)

⁷ Needs here are defined both in terms of the services available and the extent to which they are able to incorporate differences.

Before moving on to discuss the structure of the rest of the thesis I wish to address my own position within this research and its subject matter; an interest which, as I will discuss further in chapter 4, emerged through my time as a volunteer within a local domestic abuse organisation that specialised in helping BME women. As a subject which has been largely constructed as an ethnicised form of violence/abuse, it is unsurprising that a large proportion of the research on HBV in the UK has been conducted by black/South Asian feminist academics and activists on BME communities (see *inter alia* Gill, 2009, 2012; Larasi, 2013a; Meetoo and mirza, 2007b; Patel and Siddiqui, 2010; Patel, 2013; Rehman, 2013; Siddiqui, 2013; Thiara and Gill, 2010b). The emergence and monopolisation of research in this area is largely attributed to wider criticisms of (white) feminist movements, their reliance on a collective women's experience and subsequent inability to account for difference (Harris, 1990). In highlighting the way that multiple systems of privilege and oppression overlap to shape experiences, intersectional theory emerged as a direct means to contest this collective experience (Crenshaw 1991; Kelly, 2010). In this way, black and Asian feminists have drawn upon their own sociocultural biographies and their position as 'insiders' to conduct meaningful research which reflects their unique standpoint (Hill Collins, 1991).

As Dwyer and Buckle point out, however, "holding membership in a group does not denote complete sameness within that group. Likewise, not being a member of a group does not denote complete difference" (2009: 60). Indeed in emphasising the importance of sameness in qualitative studies the risk is that researchers are "encouraged to pluck some one aspect of [themselves] and present this as the meaningful whole, eclipsing or denying other aspects of [themselves]" (Lorde, 1984: 120). Not only does this fail to recognise the intersectional nature of identities (see chapter 3 for a discussion on intersectional theory), it also falsely implies that as researchers we are either 'insiders' or 'outsiders' and that only 'insiders' can truly understand – in other words, that "you have to be one to know one" (Fay, 1996: 9). As a white, British, ostensibly middle classed woman who has fortunately had little direct personal experience of being in an abusive relationship I

cannot claim to have an understanding of my participants experiences of violence/abuse based on shared experience. However, as others have noted (see for example, Dwyer and Buckle, 2009), my position as an 'outsider' to my participants group does not instantly prevent me from being able to access, engage and learn from them.

As I discuss further in chapter 4, it is important to recognise the manner in which this thesis was influenced by my experience with working within a local women's refuge. Indeed, although this took place after the initial data collection phase of this research, the first-hand experience of working in this environment has contributed towards the development of a criminological or *victimological* *verstehen* of VAW. (Ferrell, 1998); that is to say it has contributed to the perspective, methodology and overall argument of the thesis (see further chapter 4). From white British women from the local area to minority ethnic women with uncertain immigration status, within this time I have worked alongside women from a wide range of backgrounds and with varying needs. What was particularly striking from this experience was that, far from being easily demarcated into distinct categories of 'domestic' and 'honour'-based violence, there were significant *parallels* in these women's experiences of violence. Albeit manifesting differently, what underpinned all these experiences was the presence of the 'honour'-shame nexus. This does not correspond with the manner in which professional practice in these environments is influenced and constrained by mainstream discourses on domestic and HBV, discourses which situate notions of 'honour', shame and violence in the name of 'honour', within the context of ethnicity. Indeed, while colleagues and practitioners from other agencies have often appeared to associate minority ethnic cases with this notion of honour, primarily those involving Asian women, there has been little attempt to look at how 'honour' holds a more pervasive and underlying presence in more mainstream experiences of violence/abuse. This thesis attempts to re-examine this notion of 'honour' more closely, to explore its meaning and its potential impact on interpersonal relationships and to answer the following research questions:

1.3 Research Aims

1. To critically explore the honour-shame nexus and understand how it operates within individuals' everyday lived experiences of victimisation;
2. To develop an understanding of how 'honour'-based violence is conceptualised in the UK today and how this shapes service provisions and service providers understanding; And
3. To explore how the culturalisation of violence impacts upon 'victims' needs and experiences of help-seeking within rural contexts.

1.4 Labels and Definitions: A note on terminology

1.4.1 Victims or Survivors?

I spent significant time thinking about how to refer collectively to my participants in this study: do I refer to them as 'victims', 'survivors' or 'service users'? Or do I use a more generic term such as 'respondents'? With policy and legislation frequently referring to 'victims', it appeared to make sense to me to talk about participants in this way. However, much has been written about the term 'victim' and its use in the context of domestic violence and other forms of intimate personal violence (Kelly, 1988; Spalek, 2006). Many feminists have argued that the term carries negative connotations – weakness, helplessness, passivity and so on – which encourage a broader sense of victim blaming (Spalek, 2006; Walklate, 2007). Indeed, through my roles as a researcher and a domestic abuse worker I have encountered a number of women who have explained how their perpetrator used the term 'victim' to belittle and blame them.⁸ For this reason, many feminists and feminist organisations reject the term 'victim' in favour of the more empowered term 'survivor' (see, for example, Kelly, 1988).

⁸ I am not suggesting here that men are not also victimised or that they may not also take offence at being labelled a 'victim'. However, not only were the vast majority of participants in this study female, but my position as a domestic abuse worker was in a women only refuge.

Unlike 'victim', the term 'survivor' is thought to inspire positive connotations – strength, power, resilience and so forth (Davies, 2007). While 'victim' suggests that a person is in some way trapped – either physically or mentally – 'survivors' have choices and have exercised those choices to leave their abuser and reclaim their life. In this way, the term 'survivor' recognises the various coping/survival strategies that individuals employ in their everyday lives (Davies, 2007) and celebrates individual agency and autonomy (Gupta, 2014). 'Survivor' is in many ways, then, considered a more respectful term to use. However, while the term suggests that individuals come out the other side of their experiences stronger, it is important to recognise that this is not always the case for all, even if they physically survive their experiences. As will be shown, violence and abuse do not always end once a relationship has ended and the effects of violence/abuse can be long-lasting (Radford and Hester, 2006). Similarly, others argue that the term 'survivor' denies victimisation or at least the severity of it, thus minimising an individual's experience of violence/abuse and the difficulties they have faced in reclaiming control (Fernandez, 2010).

Rather than viewing the terms 'victim' and 'survivor' as an artificial dichotomy (Spalek, 2006), therefore, I view them as existing on a continuum. For me, this idea of a continuum best encapsulates the *journey* that individuals experiencing violence/abuse must travel in order to reach 'survivor' status and recognises that all individuals – whether defined as 'victims' or 'survivors' – will display both passive and active coping strategies (*ibid*). From speaking to the participants in this study and from my experience of working in a professional service provider capacity, I feel it is important to stress that this continuum is not linear. Although each and every participant interviewed had endured and survived some of the most horrific violence and/or abuse, Kelly (1988) reminds us that survival – associated with the feminist term 'survivor' – is both a physical and an emotional process. While physical survival is instantaneous, emotional survival is a far more complex and prolonged process. In order to emotionally survive, Kelly argues, an individual must "reconstruct their lives so that [their] experience [...] does not have an

overwhelming and continuing negative impact on their life” (*ibid*: 163). Clearly this does not mean that the individual will forget their experience and/or return to who they were prior to the abuse. As will be shown in this thesis, these experiences are so often life changing. Almost all participants in this study spoke about the ongoing psychological and emotional impact of their abuse – particularly those with ongoing child contact issues. In other words, while they had survived physically they were still on their journey to becoming full ‘survivors’.

Ultimately, while I draw heavily on the principles of feminism and (one of) its central aim of empowering ‘victims’, for the purposes of this thesis I have chosen not to refer to participants as ‘survivors’ as is so often customary for feminist discussions. Instead I describe them as either ‘service users’ or, in situations prior to accessing support, ‘victims’.⁹ I wish to stress that the use of the term ‘victim’ in this context is not designed to disempower the participants I spoke with or disrespect any those individuals who have been, or may one day be subjected to violence/abuse. To the contrary, the strength and determination of these individuals was palpable throughout our discussions of their experiences – for this reason alone I purposefully put the term in inverted commas. Rather this decision is a strategic one. I use the term ‘victim’ in a broader context to reflect the myriad forms of systemic victimisation that participants faced in the wider areas of their lives, all of which intersected with their experiences of violence and/or abuse. I also wish to capture the enormity of the problem of VAW and women’s oppression more broadly (Gupta, 2014). Moreover, I hope that in using the term ‘victim’ I am able to embody both the seriousness of participants’ experiences and their ongoing journey.

1.4.2 ‘Rural’

The process of defining and distinguishing between what is rural and what is urban is problematic and widely contested within the social science literature (de Lima, 2004). While traditional

⁹ I also felt I could not solely refer to participants ‘service users’ because one of my participants – for various reasons (see chapters 6 and 7) – never actually accessed any professional support during her victimisation.

discourses have focused on quantitative aspects of rurality – such as population density, population composition, employment, and so on – there is an increasing interest in the sociology of the rural and rural life. In these latter discourses emphasis is placed upon exploring aspects such as media representations of rurality and the values, traditions, relationships and networks that comprise everyday lived experiences (Woods, 2011). However it is conceptualised, the notion of rurality is often depicted as being in stark contrast to the urban (Cloke, 2006a). While urban areas are characteristically described as, for example, densely populated, diverse, developed, cosmopolitan, commercial and economic hubs, rural areas are often romanticised as “places where elements of traditional, pre-industrial ways of life” prevail. Subsequently rural areas “are frequently endowed with symbolic importance as signifiers of national identity” (Woods, 2011: 1) and the image of what is quintessentially British.

It is not my intention for this thesis to offer any great contribution to the urban rural dichotomy debate. At the same time, however, I feel it is imperative to explain briefly how I conceptualise rurality because, as Cloke (2006a) warns, how rurality is defined affects how rural research is conducted. In recognition of the fact that rurality is neither static nor homogeneous, within this study rurality and urbanism are not viewed as distinct but rather as existing on either ends of a continuum (Websdale, 1998). In this way I use the term rural not only in the more traditional sense of referring to the “peripheral ruralities of remoter areas” (Cloke, 2006b: 380). I also use the term to encompass what we may refer to as metropolitan rural areas in relative close proximity to urban cities (*ibid*). Indeed, while many of the participants interviewed were located in particularly remote, isolated areas, it is important to recognise that others were located in areas in relatively close proximity to larger towns and city suburbs. Whilst these varying locations may not have shared population size or geospatial proximity, what they did share was a number of cultural characteristics. These characteristics, which Squire and Gill (2016) refer to as the ‘internal features’ of rurality, included a deep sense of collective community cohesiveness (see Websdale,

1998), a perceived lack of ethnic diversity, and a subsequent sense that culturalised problems such as HBV are not likely to be an issue ‘around here’ (see Agyeman and Spooner, 1997). These internal features of rurality were summarised by one service provider who explained: “It’s a town, it’s not a city [and] it’s not very [diverse]. I always think of [it here] as [...] a town with a village mentality – everybody knows each other, you know” (SP11).

1.5 Moving Forward: Organisation of the Thesis

This thesis comprises of seven chapters. In addition to this introductory chapter, the thesis includes two literature chapters, a methodology chapter, two analysis chapters and finally a conclusion.

Chapter 2 is the first of two literature chapters and is titled ‘The Social Construction of Honour and Shame’. This chapter takes a critical look at the intimate relationship between honour and shame – here on in referred to as the honour-shame nexus – explores the power dimensions related to this nexus, and the manner in which violence – whether it manifests itself overtly or covertly (Garver, 1968) – is frequently used as a tool to obtain, retain and regain honour. Using both historical and contemporary examples of interpersonal violence, I look at how interpretations of honour and violence in the name of ‘honour’ have changed. In doing so this chapter highlights three important points. Firstly, it shows how, when deconstructed, honour and shame become intimately connected to status and reputation. Connected to this, I use a variety of examples to demonstrate how this powerful nexus operates as a key mechanism for social control. Finally, in discussing the former two points, I suggest that, far from being a foreign concept reserved for talking about particular ‘cultural’ manifestations of violence, honour is a pervasive feature of violence – particularly in the context of male violence against women (VAW).

Chapter 3: 'Framing the Problem: Addressing 'Honour'-Based Violence', picks up on how problems and problematic groups are understood and subsequently represented within policy and legislation, both in broad terms and also in the context of VAW and HBV specifically. The way in which problems or problematic groups are defined and/or represented, it is demonstrated, has a significant and direct impact upon realistic solutions and policy/ legislative decisions (Berns, 2004; Considine, 2005). Conaghan (2009: 24) refers to this as the practical "problem of representation". Using the work of Nancy Fraser, Nira Yuval-Davis and Iris Marion Young, amongst others, chapter 3 discusses how identity politics, while contributing to a heightened awareness of particular group experiences of violence and abuse, has also perpetuated the culturalisation of HBV as distinct from VAW.

In this chapter I show that while greater recognition of 'difference' has led to a general increased awareness of the specificity of 'victims' needs and experiences, overemphasising these differences has simultaneously overlooked or dismissed other important similarities. Although discussions about how to respond to HBV have been located within feminist debates, the culturalisation of particular manifestations of violence has meant that they have also been encompassed within broader discourses of multiculturalism (Meetoo and Mirza, 2007b). Not only has this isolated HBV from wider concerns about VAW, it has reinforced the notion that 'cultural' manifestations of VAW require "'different' analysis and solutions based on ... racial and religious identities" (Patel and Siddiqui, 2010: 109). While responses to 'mainstream' VAW have thus aimed to punish individual perpetrators, responses to HBV have additionally focused on attempting to modernise and liberalise minority ethnic values, norms and traditions (Gill and Brah, 2014) – something which ultimately limits what can be done to help 'victims' of HBV (*ibid*).

After describing and defending my methodological approach in chapter 4, I begin the first of my two analysis chapters. The first of these chapters, chapter 5, is called 'What's in a name? Labels,

definitions and lived experiences'. While also drawing upon how abuse is understood in policy and by service providers, I draw primarily upon the subjective experiences of twelve individuals (eleven women and one man) who experienced some form of intimate personal violence and abuse. In this chapter I aim to explore how service users defined *their own* experiences of violence and abuse, to understand how they made sense of *their* experiences and to assess how, if at all, notions of honour and shame affected these experiences. In so doing, not only does this chapter aim to explore if and how 'victims' lived experiences of violence and abuse fit into the existing categorical silos of 'domestic' and 'honour'-based violence and abuse, but by extension, it examines how the creation of such categorical silos actively obscures a deeper and more nuanced understanding of the more pervasive role that the honour-shame nexus plays within VAW.

Chapter 5 concludes with a number of interrelated points. Firstly, it is demonstrated that, irrespective of ethnicity, nationality or religion, 'culture' in its various forms is embedded in all forms of violence. Secondly, whether explicitly referenced or not, I demonstrate how the honour-shame nexus acts as a pervasive feature in all 'victims' experiences of recognising, acknowledging and seeking help from abuse. Finally, in focusing on the lived experiences of service users, the inherent problems with the application of rigid typologies of violence in policy and practice are highlighted – typologies which, Larasi (2013b) warns, often do not reflect or neatly apply to the messy realities of real-world victimisation.

Chapter 6 is the second and final analysis chapter and is titled 'The Complex Journey from 'Victim' to 'Survivor': Help seeking, justice, and support'. This chapter draws primarily upon 'victims' personal experiences of help-seeking, as well as incorporating data gathered from a variety of frontline service providers. In doing so, its purpose is to track the service users' complex journey from the point at which they recognised or acknowledged that support was needed through to their resettlement. This chapter builds upon previous arguments within this thesis in order to

explore the practical impact of contemporary discourses surrounding HBV and VAW and how these impact upon service users' help seeking behaviours and their accessibility to justice and support. The purpose of tracking this journey is to draw out the particular issues and barriers that service users faced when attempting to use services and organisations to escape violent and abusive relationships. How, if at all, did the categorisation of violence impact upon 'victims' experiences of help-seeking? And how did rurality impact upon these experiences?¹⁰

In building upon the broader theoretical arguments made in chapters 2 and 3, the data presented within this chapter highlights the inherent problems with the 'culturalisation of violence' (Razack, 1994). In doing so, I highlight how the conceptual shortcomings associated with this culturalisation process manifest themselves problematically in the real world of service provision and the lived experiences and journeys of service-users. Indeed, the chapter's core contention is that rather than meeting 'victims' needs and expectations, the conceptualisation and labelling of HBV as distinct from 'mainstream' domestic abuse restricts access to resources in these rural areas as well as determining service provider's responses – a process which ultimately fails to meet the needs and experiences of service users.

This thesis concludes with Chapter 7 in which I present a summary of the findings, how these contribute to existing literature, and suggestions for future research.

¹⁰ It is worth noting here that while some service users did not initially access support in a rural area, all utilised these services at some point in their journey – for example, in resettlement.

Chapter 2: The Social Construction of ‘Honour’ and Shame

2.1 Introduction

The process of defining ‘honour’ is highly problematic. It is a word which means many different things in a multitude of contexts and thus, because of these different meanings, it is often argued that it is a word which has become somewhat meaningless (Oprisko, 2012) – an “ideological leftovers (sic) in the conscious of obsolete classes” (Berger, 1983: 172). This is not to say, however, that honour is a notion of declining importance in society. As this chapter will demonstrate, as an evaluative term it can be applied at least to some extent to any society (Pitt-Rivers, 1966). Instead, what Oprisko is saying when suggesting that honour is meaningless is that, the nature by which honour has been assimilated with/replaced by alternative words – fame, reputation, honesty, virtue, chastity, chivalry, bravery (Walker, 1996) to mention just a few – has resulted in a fundamental shift in its definition, subsequently hindering academic understandings of the term. This problem is exacerbated when the concept is examined across cultural, spatial and temporal boundaries or when used as a translation for understanding non-English words such as *ird*, *izzat*, *namus*, *zina*, *sharam*, or *sharaf*.¹¹ Indeed, it can be argued that the renewed focus on the concept of honour – the consequence of an emergent awareness of the practice of so-called HBV (Sen, 2005) – has resulted in interpretations being framed primarily within cultural and spatial confines whilst being largely divorced from wider historical settings. Furthermore, despite feminist theorists’ attempts to readdress such a problem, these historical interpretations of honour have primarily been constructed from a male perspective (Moxnes, 1996).

Accordingly, despite the fact that violence in the name of ‘honour’ is neither a new phenomenon, nor one associated exclusively with any particular culture or religion (see for example Julios, 2016), such framing has arguably created an West/non-West, male/female divide in which honour largely remains a positive concept in the former, whilst taking on negative connotations when

¹¹ See Brandon and Hafez (2008) for more comprehensive translations.

applied in the context of the latter (Sen, 2005).¹² While reinforcing the contentious nature of both honour and its antonym (shame) such framing highlights the way in which meanings and interpretations are contingent upon the time and place in which they are constructed (Cohen, 1992). Constructing a definition that is all-encompassing and cross-culturally appropriate, therefore, becomes hugely problematic (Gill, 2006; Kirti *et al*, 2011). Yet this lack of clarity raises three fundamental questions:

- (1) To what extent can assumptions and generalisations made from research on honour in one time or place – in this case, Western culture – result in stereotypical interpretations of the meaning and impact of honour in other (non-Western) cultures?
- (2) To what extent do historical interpretations of honour constructed from mainstream academic discussions limit understandings of the true impact of honour/shame on the lives of women?
- (3) And moreover, to what extent do mainstream Western interpretations of ‘honour’ determine what can be done about HBV in the UK?

In an attempt to address these questions it is crucial to explore the complexities surrounding both ‘non-Western’ *and* ‘Western’ constructions of honour. Furthermore, it is necessary not only to examine the degree to which these different social constructions conflict but also to consider the extent to which commonalities can be found. Can re-examining the honour-shame nexus in this

¹² Whilst acknowledging the crude and imprecise nature of such a binary distinction, this thesis uses the terms ‘West/non-West’ within the context of cultural rather than biological or geographical terms with the former, unlike the latter, developing historically from ‘Greco-Judaic-Christian’ values (Karan, 2004). Drawing broadly upon the notion of civilisations proposed by Samuel Huntington (1993), this thesis not only views the differentiation of cultures as determined by histories, languages, traditions, and religions, but also that these differences result in cultural heterogeneity. Yet, unlike Huntington, this thesis does not necessarily see these cultural differences as inherently incommensurable but rather it acknowledges that these crudely defined categories are neither static nor homogeneous.

way create a liminal space (Ashcroft *et al*, 2000) through which a transcultural understanding of ‘honour’ can be established?

Before moving on to review contemporary interpretations of honour and HBV within academic literature and UK policy, this thesis begins by re-examining the notion of ‘honour’ within two broad discursive themes: (1) honour as both a facet of identity and a motive for action; and (2) honour as a source of power. While there is substantial overlap between these themes, presenting the concept of honour in this way stresses the point that, although the honour-shame nexus is essentially socially constructed with a multiplicity of meanings (McEwan, 2009), its powerful impact on individual and collective behaviours is universally applicable and significant.¹³

2.2 Honour as a Facet of Identity and Motive for Action

Mine honour is my life; both grow in one: Take honour from me, and my life is done.

(Shakespeare, King Richard II, act 1, scene 1)

Set honour in one eye, and death i’ th’ other, And I will look on both indifferently.

(Shakespeare, Julius Caesar, act 1, scene 2)

The process of defining honour is made problematic not only by the historical-cultural context in which it is used, but also by its multifaceted nature (Bettiga-Boukerbout, 2005; Kelly, 1995).

Honour can operate on both an individual and collective level, and is seen, therefore, to have both a private and public facet (Brandon and Hafez, 2008). Liepmann (1906 cited in Oprisko, 2012) referred to this as *subjectified honour* – an individual’s self-perception – and *objectified honour* –

¹³ Reviewing honour in this way may assist in maintaining hyper-self-reflexivity in order to avoid complicity in reproducing hegemonic representations (Spivak, 1988).

what others think about that individual.¹⁴ What is important to note here is that these two components of honour are not mutually exclusive, but rather they share a symbiotic relationship. In other words, a community's sense of honour (collective honour) is sustained through the behaviour of individuals, while what motivates an individual to conform to socially accepted behaviours is their desire to be part of that community (Wyatt-Brown, 1982).¹⁵ In this way, honour acts not only as a moral code determining which behaviours are appropriate (honourable) and which are inappropriate (shameful) (Gill, 2006; Sennett, 2004) and thus who is and is not included (Sen, 2005), but individual honour becomes inextricably bound up with that of the collective (Cairns, 1993).

This is a process evident within both professional and social moral codes – the former which govern appropriate standards of professional behaviour within a work or academic environment (Sessions, 2010) – the latter dictating social roles and relationships (Howard, 1995). Honour becomes a matter of status, of reputation, and of social or professional standing (Wyatt-Brown, 1982). The doctor who abides by the professional codes established within the medical community is valued amongst his/her peers, the servicemen/women who demonstrate exceptional valour are awarded honours for their service, just as those within traditional honour cultures maintain 'honour' from peers by adhering to social roles and rules outlined in customary honour codes. Welsh (2008) contends therefore that honour acts as a moral imperative characterised by both obedience – the way in which a person ought to act, and respect – the subsequent judgment of that action. In this way, not only is evaluation – self or public – a core

¹⁴ Stewart (1994) adopted this idea using the concepts *internal* and *external* honour.

¹⁵ There are numerous sociological explanations of the term community. Lee and Newby (1983: 43) condense these down into three primary definitions – community as “*a geographical expression*”, as “*a local social system*”, and as “*a type of relationship*”. Whilst acknowledging that there is often significant overlap between these three broad typologies, this thesis largely refers to ‘community’ in the last sense – as a type of relationship. In this context, community is taken to mean a shared sense of identity, a sense of unity which is not necessarily spatially determined. In this context, such discussions draw upon identity and identity control theories which seek to understand individual behaviours and emotions by looking at the influence of (role) identity(ies) and the expectations placed upon those roles within the overall social structure (see further Burke, 2007 and Burke and Stets, 2009).

component of honour (Peristiany, 1974), but respect and honour become fundamentally tied to identity and social status. In other words, not only does aspiration for honour and/or respect determine individual behaviour, but what you do determines who you are both as an individual and as an individual within the community (Middleton, 2004).

This relationship between honour and respect, terms which are frequently used interchangeably, suggests a connection which dictates not only how an individual views her/himself – their *self-esteem* – but moreover how s/he views her/himself in relation to others – their *self-respect* (*ibid*). Tajfel and Turner (1979 cited in Brown, 2004: 33, emphasis as original) argue, therefore, that “*personal identity gives way to social identity*” and that individual “self-esteem becomes bound up with the fortunes of the group”. Moral ‘honour’ codes act as a protection against injury to both individual and collective/group identities; those who deviate from them risk damaging not only their individual identity or social standing, but the status of the wider collective. Along these lines, honour becomes a fragile concept and the honour-shame nexus a powerful motive for both action and inaction (Margalit, 1996). Essentially, shame, as a loss of honour or respect, occurs as a result of an individual’s insensitivity to collective opinion (Moxnes, 1996), and their failure to measure up to the communities’ external standards and expectations (Miller, 1993).

Nevertheless, whilst honour and shame are both reliant on public evaluation, unlike honour

[Shame] can be felt without the actual presence of the judging group. One can feel shame even when no one is looking, for the judgement of others is already congealed within the social norms internalized by the person feeling shame. (Miller, 1993: 118)

Indeed Scheff (1990) discusses a diverse range of theorists – Darwin (1872), McDougall (1908), Cooley (1992), Lynd (1958), Goffman (1967), and Lewis (1971), who suggest that shame – or

rather a fear of shame – as opposed to honour, pride or other related emotions, is the primary motivation for action. A similar point is made by Margalit (1996) in ‘The Decent Society’ using the notion of humiliation. Whilst he clearly distinguishes between shame and humiliation, proclaiming that, although an individual may be shamed s/he will not necessarily experience humiliation, Margalit recognises shame as a core component of humiliation. What generates humiliation from shame, he suggests, is when feelings of shame are linked to a characteristic of self-definition fundamental to group association. In this context shame becomes an internal concept whilst humiliation is external. Yet both shame and humiliation are connected through concerns about judgement and evaluation – an idea discussed in Cooley’s notion of the ‘Looking Glass Self’ (1922 cited in Scheff, 1990). Shame, as “the emotion of social disengagement” (Websdale, 2010: 227), becomes a control mechanism through fear of social rejection (Pattison; 2000). In other words, if honour is maintained through social conformity, and social inclusion is both the motivation for, and the result of compliance, then social exclusion becomes intricately connected with the concept of shame (Scheff and Retzinger, 2001). Fundamentally, then, the honour-shame nexus – as a notion which has the ability to bind or divide individuals within both professional and social communities (Oprisko, 2012) – is something seen to require regulation (Scheff, n.d.)

What can be asserted here is that, despite recent popular conceptions of honour as a non-Western cultural phenomenon, when examined in this broader context the honour-shame relationship is evident today – at least in some form – within *all* cultures (Pitt-Rivers, 1966). Indeed, if we move away from the notion of professional codes and focus purely on social ones, what is evident is that all communities operate with some form of regulated notions of right and wrong and that these rules outline expectations regarding individual and collective behaviours. This is most apparent within the context of official state laws. While, as will be discussed, these laws are neither static nor uncontested, ultimately they act as means through which to reinforce social moral ideals (Fineman, 1994), and to punish those who deviate from them. It is widely

accepted that these offenders will often find their character stained through a process of stigmatisation (Brooks, 2008) and are subjected to 'normative exclusion' (Duff, 2001).¹⁶ That is to say, through the conviction for, or the implication in an offence – whether false or otherwise – the offender experiences a form of shame (Brooks, 2008).

Fear of public judgement, damage to honour or respect and the subsequent loss of group association (*normative exclusion*), is therefore often thought of as being a sufficient means through which to enforce social conformity (Welsh, 2008). Problematically, however, whilst human behaviours are fundamentally linked to perceptions of the self (Gorodnichenko and Roland, 2012), such an assumption fails to recognise that ultimately we are autonomous. In other words, just as in the case of the offender above, despite these social moral codes there remain those who deviate from them and threaten the overall status quo. In this context, violence, or at least the threat of violence, has often been seen as an alternative manner in which to enforce conformity (Stanko, 2006) and protect individual and collective honour, respect, and/or reputation. This point is yet further reinforced if, as Garver (1968, 2012) proposes, violence is taken in its broader human affairs context. In doing so, whilst violence can be thought of in its traditions physical sense – which Garver (1968) refers to as *overt* violence – violence can also be thought of as a violation of rights, or *covert* violence.¹⁷ While this idea will be explored in more depth in the next section, what is important to note here is that, not only is “the notion common in all the languages [...] that honour is susceptible to ‘defilement’ or ‘stains’ of which it requires to be purified” (Pitt-Rivers, 1966: 35) but, in many instances throughout history, violence has and still does act as this ‘purifier’ (Blok, 2001).

¹⁶ Duff (2001) uses the terms normative inclusion and exclusion in the context of a shared sense of community values. Duff suggests that normative exclusion occurs when individuals are treated as if they do not share, or should not be allowed to participate, in these community values.

¹⁷ While overt violence in a personal sense may include direct physical assaults on a person, covert violence includes more subtle verbal or psychological abuse.

The more commonly given illustrations of this practice are the acts of jousting, duelling, lynching in the old Southern states of America, and the practice of so-called honour killings (Appiah, 2010; Pitt-Rivers, 1966; Wyatt-Brown, 1982). Such actions are clear examples of overt physical violence used either as a means to acquire or a challenge against an insult to, traditional masculine notions of honour (Pitt-Rivers, 1966). This gendered nature of honour will be returned to within the next section. Violence in this context is thus given justification by the customary honour code of the community (Kelly, 1995) and status or honour becomes embedded within that violence (Blok, 2001). Not only does violence serve an instrumental purpose – as a means to inflict some form of harm on the ‘victim’ – it also serves a symbolic function – as a means through which to reinforce one’s own status by causing harm to another (*ibid*). Indeed, in the case of duelling for example, violence was seen to act as a customary process through which men could publically reconcile disputes and/or affronts to individual and collective honour or reputation (Frevert, 1998; Kelly, 1995; Latif, 2011; Pitt-Rivers, 1966; Spierenburg, 1998a). Not only are such violent acts governed by codes or rules of engagement, but they become deeply ritualised and conditioned by cultural, spatial, and historical circumstances (Blok, 2001).

Despite the specificity needed to understand the ritualised nature of violence, in all the aforementioned examples not only is violence acting as a means through which to restore honour, but the reputation of those involved depends heavily on the way they are seen by the wider community (Pitt-Rivers, 1966). Accordingly, overt physical violence was, and in many contexts still is, widely regarded as *necessary* in order to manage individual honour and shame (Scheff, n.d.), reinforce collective identities, and to establish group membership. In other words, because “passivity is [seen as] a cardinal feminine virtue, whilst violence is seen as honourable” (Spierenburg, 1998 cited in Brookman, 2005: 125), individuals who fail to defend their honour – either by failing to respond or through defeat – themselves become dishonoured or shamed (Pitt-Rivers, 1966). Returning to the context of the duel, for example, while those who engaged in this

ritualised violent practice were seen to reinforce the collective bond, those who refused were regarded as cowardly and excluded from this fraternal community (Spierenburg, 1998b).

According to Blok (2001), the meaning and importance of violence is thus reinforced through the manner in which individuals who fail in these ritualised violent performances are subsequently 'punished' themselves; the idea that it is better to die a physical death than a social one (*ibid*).

Today it is suggested that, in Western cultures, the use of interpersonal violence in this context – that is as a necessary means to regulate honour – has declined substantially (Wyatt-Brown, 1982). This reduction has been largely attributed to two presuppositions: firstly, as a consequence of the 'evolution' of Western society (Moyers, 1996) – a process largely depicted in Western knowledge as being linear, progressive and dichotomous (Viveiros de Castro, 2002) – it is claimed that the significance of honour in this traditional (masculine) sense has diminished (Muchembled, 2012).¹⁸ Indeed, rather than emphasising collectivism, conformity and interdependence, characteristics now largely attributed to non-Western societies, modern Western societies became categorised as individualistic, autonomous and largely independent (Lykes and Qin, 2002; Markus and Kitayama, 1991; Yilmaz, 2005). Thus, although both individual and collective notions of honour are reciprocal – given that honourable conduct is both recognised and rewarded by the wider peer group (Oprisko, 2012) – it is suggested that "honour-driven action" in modern Western cultures has become largely associated with self-interested motives (Steele, 2008: 38).

In addition to this increased concern with individualism – something seen to have resulted in a shift away from honour in its collective sense (Wyatt-Brown, 1982) – it is further argued that a shift in socio-cultural processes in the West led to what Elias (1978 cited in Muchembled, 2012) referred to as 'the civilizing process'. Within this process, in which the state began to take a

¹⁸ Durkheim, for example, referred to differences in social organisation between mechanical (traditional) and organic (modern) societies; Tönnies spoke about *Gemeinschaft* (community) and *Gesellschaft* (society); whereas Parsons referred more broadly to expressive and instrumental values (see further Moyers, 1996).

greater responsibility for individual protection, it is suggested that individuals became more rational and were subsequently able to display greater self-control (Elias, 1978 cited in Muchembled, 2012). In this way, societies witnessed both “a reduction in the use of overt physical violence and an increase in the intensity of psychological control” (Vaughn, 2000: 74). Collective moral principles, it is suggested, underwent a process of spiritualisation (Spierenburg, 1998b) through which honour was replaced by conscience (Pattison, 2000; Wyatt-Brown, 1982). Social codes based on violence or physical subjugation became – at least in principle – regarded as morally reprehensible (Wyatt-Brown, 1982), and the concept of respect moved from emphasising collective respect to respecting individuals in their own right (Young, 1990) – something said to be symbolic of a wider shift from cultures based on shame to cultures based on guilt (Scheff, 1988; Wong and Tsai, 2007).

Although both of these emotions – shame and guilt – are innately linked to evaluation, a fundamental difference can be seen in the manner in which guilt is closely linked to self-perception whilst shame expands more widely to public opinion (Wong and Tsai, 2007). This suggestion of shame/guilt as public/private emotions has particular significance in reference to discussions of honour. Shame as a signifier of loss of honour typically occurs only when the shameful act has become public knowledge (Blok, 2001; Brandon and Hafez, 2008; Brookman, 2005; Pitt-Rivers, 1966; Polk, 1994). Concern is based less on the specificities of the act itself and more about: (a) the manner in which it is perceived by the wider community (Brandon and Hafez, 2008); and (b) the way in which it is responded to (Pitt-Rivers, 1966). In this sense, shame has become a collective emotion that appears to contrast sharply with today’s Western moral ideals of individual respect (Steele, 2008). Scheff (1988) goes further to suggest that, today, shame has become a social taboo within Western societies and is constructed in Western cultural thought as an atavistic emotion. Problematically, therefore, whilst ‘civilised’ Western cultures have become synonymous with notions of liberalism and decency, those cultures that have retained these

traditional honour-shame values are depicted as somewhat backwards, deviant and barbarous (Sen, 2005).

The extent to which the honour-shame nexus as a motivation for violence has been reduced through this 'civilising' process is highly contestable (Spierenburg, 1998b). This is particularly so if, as has been suggested, honour is taken more broadly to include the notion of respect and reputation. Thus, while as a result of these increased moral sensitivities there has been a propensity to view much of today's violence in the West as 'senseless', in reality honour, respect, and status are, at least to some degree, embedded in most violence (Blok, 2001). Violence is rarely senseless (*ibid*). Indeed, whilst not strictly referred to as honour violence, challenges to honour, status, and/or respect have been used by a number of academics to account for the substantial number of male-on-male confrontational homicides that occur in the West each year (see *inter alia* Blok, 2001; Braithwaite and Daly, 1994; Daly and Wilson, 1988; Ellis, 2016; Gilligan, 1996, 2001; Gilmore, 1990; Katz, 1988; Messerschmidt, 1986; Polk, 1994; Polk and Ranson, 1991; Spierenburg, 1998b; Wolfgang, 1958). In a similar fashion to historical and cross-cultural experiences of honour cultures (Daly and Wilson, 1988) violent altercations – those typically occurring in a public setting (Brookman, 2005; Polk, 1994) – are a necessary means to settle an insult to honour or reputation and/or a manner through which to assert status and command respect (Scheff, n.d.).¹⁹

In this context, this necessary violence is seen as meaningful – at least from the perpetrators perspective (Blok, 2001), and unavoidable (Ellis, 2016). Furthermore, it is seen as justified. That is to say that the 'victim' is regarded as having somehow precipitated the violence either through a real or perceived threat to the perpetrator's honour or reputation (Polk, 1994). Indeed, while this provocation may appear trivial from an outsider's viewpoint, for the individual involved, this

¹⁹ See also Ellis (2016).

perceived insult is regarded as a real threat to their sense of masculine identity (*ibid*). In the same way as the duel, in order to maintain respect or reputation amongst the collective community, challenges to masculine identity are often reciprocated with violence (Blok, 2001; Braithwaite and Daly, 1994). Anderson (1999: 33) discusses this idea within the context of inner-city street violence used as a means to maintain and enforce the “code of the street”. Recognising how respect, as a core component of this code, is highly valued, Anderson describes how, as with all social moral codes, appropriate interpersonal behaviours are tightly regulated within the community. When these rules of behaviour are broken and individuals are disrespected – commonly referred to as being ‘dissed’ – violence is frequently used as a ritualised response through which the ‘dissed’ individual can save ‘face’ or reputation (Anderson, 1999; Polk, 1994).

Violence, then, as an attack on masculine identity, becomes less about the trivial provocative action itself and more about the symbolic impact that it has on both an individual’s self-respect and/or the respect received from the wider community (Polk, 1994). Indeed Gilligan (1996, 2001), through his work with violent male offenders, found that, however trivial, and whether real or perceived, threats to reputation generate feelings of humiliation and shame within the perpetrator. Whilst shame and humiliation – emotions which, as noted, when linked to self-defining characteristics (for instance masculinity) are closely related (Margalit, 1996) – are in many ways directly opposed to rage, Katz (1988) suggests that such feelings can abruptly transform into rage. The kinds of altercations discussed above are typically those in which this rage occurs spontaneously; the challenge is made and the status threat responded to immediately (Polk, 1994).²⁰ However this process can also be a gradual one in which feelings of shame and humiliation are suppressed and, when unacknowledged, lead to anger and manifests itself as violence (Katz, 1988; Scheff, 1988, 1990; Scheff and Retzinger, 2001). As Katz (1988: 28) puts it

²⁰ In the context of male-on-male violence, this is commonly referred to as ‘confrontational violence’ (Brookman, 2005)

Rage is a hot gas, a fire; it burns. As fire is to water, so rage is to humiliation. The heat of rage ontologically transforms the liquid of humiliation. Thus, a person 'boils' in anger and [...] 'blows off steam'.

Despite Western conceptions of shame as a social taboo, then, in these circumstances it is its hidden nature which transforms to rage and gives rise to violence (Scheff, 1988; Scheff and Retzinger, 2001).

It is then these feeling of shame rather than the protection of honour that become the principal cause of violence. Shame, Scheff (2011) argues, acts as an isolating emotion. By breaking social expectations individuals are not only shamed but, as follows, are excluded from the wider community. This social rejection, Scheff (2011: 455) continues, results in a "rejection/isolation loop"; not only does the shameful act result in social exclusion and feelings of isolation, but in turn, this rejection generates *internal* shame which intensifies these feelings, thus reinforcing the individual's ostracised status (*ibid*). In this emotional spiral, therefore, feelings of shame become intensified and manifest in extreme forms of aggression (Scheff, 1997 cited in Pattison, 2000). Dividing cases into "livid coercive hearts" and "civil reputable hearts" – the former manifest as spontaneous violence, the latter encompassing those involving premeditated violence (Websdale, 2010 cited in Scheff, 2011: 455) – Websdale (2010) uses this idea as an explanatory factor in a large number of cases of familicide. Indeed, whether shame was caused by the perpetrator's own action – for example, loss of job or some other factor linked to social status – or as a result of some external act – namely the breakdown of a relationship – Websdale's research indicates that shame acts as a significant precipitant in a number of such crimes. In other words, such violence was caused by an inability to cope with these intense feelings of internal (self-judgement) and external (public judgement) shame (*ibid*).

While so far the examples discussed here have largely depicted such acts as being about individual honour or respect, the same principles can be applied to violence in the name of maintaining or preserving collective status (Polk, 1994). Excluding so-called HBV, this type of collectivist violence is particularly evident within the context of street gangs and football hooliganism. As noted, honour is not only closely linked to the notion of respect, but these two concepts are fundamentally tied to identity and social status. Moreover, in the context of collectivist 'communities' the personal identity of individuals is often replaced by the social identity of the group (Tajfel and Turner, 1979 cited in Brown, 2004) – whether that community is, in this context, a particular street gang or football team. Thus within these collectivist ideologies, an insult to one individual's status is regarded as an insult to the whole group – in other words, "derogation of one of their members affects their collective honor" (Horowitz and Schwartz, 1974: 239). Not only are individuals continuously wary of such challenges to honour from rival gangs or supporters (*ibid*, Blok, 2001; Spaaij, 2006), but ritual collectivist violence is frequently used as a manner through which to defend and/or repair damage to both individual and group status/honour (Blok, 2001).

Using yet further examples, Sen (2005) refers to the neo-Nazi groups' Blood and Honour and Combat 18 as sub-cultures which endorse traditional notions of collective honour and use violence as a means to maintain this honour. Honour within these groups is not about individual identity *per se*, but rather about the identity of the 'white British' collective (Blood and Honour, 2009). These groups, and others similar to them, advocate white supremacy (Atkins, 2004) and engage in violence against any groups that are perceived as challenging this white hegemonic ideal – predominantly racial minorities immigrating to the UK (Covey, 2010). Not only is membership exclusive, but those who join are expected to live by a set of standards or behavioural norms – the 'code of honour' – in order to maintain the collective status of the group (Blood and Honour/C18, n.d.). Indeed, within their code of honour, 'Blood and Honour' stipulate

that “an oath on honour means what it says – to break that oath is dishonourable, a cowardly act, and as such deserves death or everlasting ignominy” (*ibid*). It follows that violence becomes directed not only at those ‘others’ who do not belong (Covey, 2010) but also those who challenge the status quo outlined within the code. Ultimately therefore, as Wyatt-Brown (1982) suggests, honour is about belonging.

While I wish to be careful not to imply that either the linguistic meaning or practical implications of honour are the same across time or cross-culturally (Cohen, 1992), two common themes can be drawn within each of these examples. Firstly honour, at least to some degree, is hierarchical (Welsh, 2008). The preservation of ‘A’s’ honour is ostensibly based on the oppression (social or physical) of ‘B’ –this is something that will be returned to when discussing honour as power. Secondly, therefore, as the honour-shame nexus is inherently linked to social status (Moxnes, 1996), honour becomes both a fragile and contestable concept, constantly renegotiated (Brandon and Hafez, 2008; Welsh, 2008) within the complex, competitive process of peer group recognition (Moxnes, 1996). In each of these contexts, violence is used as a means through which to command respect and to reinforce their own and others social status. Honour, which is integral to social behaviours (Sennett, 2004), moral expectations and individual and collective identities, fundamentally becomes connected to power – through the manner in which the honourable can control the honourless and also through hegemonic representations of these so-called cultural practices. This thesis will now move on to explore the concept of honour as a source of power in these different forms.

2.3 Honour as a Source of Power: Class, gender and sexual Regulation

When everyone attains equal honour, then there is no honour for anyone. (Finley; 1977
cited in Stewart; 1994: 60)

While highlighting the distinction between internal and external experiences of the honour-shame nexus, so far this thesis has explored honour largely as a homogeneous concept. Yet while honour can *lead to* status, honour can also be automatically *ascribed by* status (Pitt-Rivers, 1966). In order to explore the hierarchical nature of honour it is necessary to deconstruct the concept of honour yet further into what Stewart (1994) refers to as '*horizontal*' and '*vertical*' honour – the former relating to respect owed to conforming individuals within a particular 'honour' group, the latter afforded only to those of superior social rank.²¹ The purpose of such a distinction is not to suggest that these dualities of honour are mutually exclusive; on the contrary, they are often closely interrelated and conflictory (Pitt-Rivers, 1966). However, as this section will demonstrate, this distinction has significant implications for the way in which honour codes operate and the type and amount of honour that individuals can obtain (Spierenburg, 1998b). Indeed, whilst horizontal honour is an egalitarian concept (Keating, 1998; Sciama, 2003) concerned with belonging or group inclusivity through the adherence to social norms (Wyatt-Brown, 1982), the concept of vertical honour is a stratified concept associated largely with the claim to supremacy of those in superior social positions (Iliffe, 2005; Pitt-Rivers, 1966).

Vertical honour, then, is often discussed within the context of class, caste, gender, age, kin relation, ability and other explicit designations linked to social status ranks (Oprisko, 2012; Stewart, 1994).²² An individual can be honoured for anything as long as it is recognised by the principal as being valuable and virtuous (Oprisko, 2012). When examined in this vertical way, honour is often understood as a conduit for social oppression of particular marginalised or less valued groups (Moxnes, 1996). For example, in relation to the examples discussed earlier in the

²¹ Stewart adapted these from Gustavo Correa's concepts of 'honor' (vertical honour) and 'honra' (horizontal honour) (see Correa, 1958 cited in Stewart, 1994).

²² In this context social status is taken to mean status which is both acquired by *achievement* – for instance, through business, war, or so on – as well as that which is *ascribed* through family or birth rights (Barnard and Spencer, 2002).

chapter, 'high status' individuals or groups with honour defend their claim to respect by preventing others from challenging the status quo (Iliffe, 2005), whether this is via direct, indirect, or internal social controls (Nye, 1958 cited in Chriss, 2007).²³ It follows then that honour, as a concept fundamental to social status and individual and group identities, becomes a negative source of unilateral power. That is to say that power is something possessed by the principal (the 'honourable') and held over the subaltern (the 'honourless') as a means through which either to encourage behaviours which reinforce their dominant status, or discourage behaviours which challenge their dominance (Dahl, 1957; Scott, 2001).

In this context 'honour' as a source of power acts like any other asset (such as money) that can "be held in readiness for use whenever it is needed" (Scott, 2001: 5). Indeed, Davis (1977: 98) proposes that, above all else, honour is

A system of stratification: it describes the distribution of wealth in a social idiom, and prescribes appropriate behaviour for people at various points in the hierarchy; it entails acceptance of superordination and subordination. [...] [I]t is an absolute system: when honour is used to allocate resources [...] they [men] try to discriminate absolutely between themselves so that each competitor occupies a unique position in the hierarchy.

Honour under this view becomes essentially materialistic; it is both derived from economic wealth and is itself a form of wealth in the way it opens up access to other resources (*ibid*). Stewart (1994) suggests, therefore, that this materialistic element of honour can result in *competition* for

²³ Whilst Nye referred to the family as the principal social control over individual behaviour, this thesis applies these ideas within a wider societal context under the premise that collectivist communities operate as extended families, clans, or fraternities (Nelson and Quick, 2011). It follows that the honour-shame nexus can be seen acting as a *direct control* – threatening punishment for disobedience and rewards for compliance; as an *indirect control* – through the bonds of attachment created within the group; and finally as an *internal control* – inculcating individuals into the honour code and its values (see Rankin and Kern, 2012, and Chriss, 2007).

honour – a process through which individuals who demonstrate some form of social superiority are afforded additional respect. Indeed, while Welsh (2008) argues that it is problematic to speak of competitive vertical honour independent of horizontal honour relations without mixing the concept of honour with that of fame, this competitive element may provide an important point when endeavouring to explain individual behaviours within a community – particularly in scenarios in which individuals may act in ways which are not seemingly in their personal best interest – for instance war (Sessions, 2010; Welsh, 2008).

In stark contrast, however, both Keating (1998) and Patterson (1982) refute the idea of economic stratification as being a principal organisation of social honour by suggesting that it overlooks the personal internal nature of honour (Keating, 1998) – something which, as noted, is not only “other-regarding” but also “self-regarding” (Sessions, 2010: 32). Moreover, examining the power relations associated with honour only in this vertical way not only depicts individuals within these ‘lower’ status groups as being essentially powerless but therefore it overlooks the bilateral nature of power (Wrong, 1994) and the symbiotic relationship between individual and collective honour (Wyatt-Brown, 1982). By differentiating between these two forms of honour, then, Stewart (1994) attempts to explain that while an individual may not enjoy (vertical) honour because they occupy a low social status they may still possess (horizontal) honour by observing behavioural expectations attached to their particular social groups (Oprisko, 2012) – those concerning the characteristics and moral worth of a person as a whole (Sessions, 2010). In other words, so long as these individuals adhere to socially prescribed norms and behaviours – the ‘honour code’ – they can expect to be respected amongst their peers (Casimir and Jung, 2009; Iliffe, 2005).

Honour, at least in a broader sense, becomes not something exclusive to certain ‘elite’ groups, but rather an asset that is attainable – at least in principle – by all who abide by the overall ‘honour code’ (Keating, 1998). Welsh (2008) suggests that these divisions between vertical

honour ranks may actually act to strengthen cohesion within horizontal honour groups by reinforcing a shared sense of identity. However, despite this ostensible basis for solidarity, Braudy (2005 cited in Oprisko, 2012: 80) warns that it is in these egalitarian contexts “where there is little or no accepted hierarchy with the group [in which] questions of honour are especially acute”. Indeed, as noted in the previous section, within collectivist honour groups not only does individual identity often give way to the collective social identity of the group, but the fortunes of the individual become bound to the fortunes of the group (and vice versa) (Tajfel and Turner, 1979 cited in Brown, 2004). In this way, while horizontal honour is the “means by which individuals claim the right to a particular identity and gain the benefits of this sameness” (Oprisko, 2012: 80), this right is highly contingent upon specific behaviours demarcated within the overall honour system (Casimir and Jung, 2009; Iliffe, 2005; Oprisko, 2012). Ultimately honour within this context becomes a delicate concept which can “be lost absolutely by gross violation of its code” (Iliffe, 2005: 5). It is for this reason that the principal focus of much of the literature surrounding honour-shame communities is on horizontal honour (Oprisko, 2012).

It is important to stress that this thesis is not an attempt to imply that, once gained, vertical honour is fixed. Neither does it suggest that it is impossible (at least in certain circumstances) to regain such honour if it is lost; as the previous section has shown, violence is often used as a means through which to recover or regain damaged honour. Rather, what this chapter aims to demonstrate is that, unlike vertical honour which is by definition stratified, horizontal honour is “an all-or-none phenomenon” (Wikan, 2008: 58); it is something which people either have or do not (*ibid*). It follows that, whilst status honour – as something which can be both gained and lost – relates to an individual’s struggle to *increase* respect, horizontal honour – as something which can only be lost – refers to an individual (or collective) struggle to *maintain* respect (Stewart, 1994).²⁴ Conversely then, individuals should not be necessarily be seen as motivated by their *desire for*

²⁴ For this reason horizontal honour is often referred to as “negative honour” (Stewart, 1994: 59).

honour but rather their *fear of shame* (Wikan, 1984). As Gilbert (2002: 1205) asserts, “the fear of shame and ridicule can be so strong that people will risk serious physical injury or even death to avoid it”. Thus power in this context is not situated in the possession of honour per se, but rather in the ability to evade, deflect, or inflict shame (Pattison, 2000).

When discussing the concept shame within religion (Catholicism), Starkey (2009: 177) makes the assertion that “the capacity to shame, like most other forms of social control, is derived from power and position”. Indeed, not only is shame derived from public judgement over whether an individual has lived up to particular standards or expectations (Wong and Tsai, 2007), but such expectations are culturally constructed (Starkey, 2009) within the confines of the wider social structure (Stets, 2005). In this way “the social self gains recognition from members of a social group” (James, [1890] 1950 cited in Baxter and Margavio, 2000: 403).²⁵ Role conformity, therefore, as a core component of both individual and group identities is regulated through the experience of positive (honour) and negative (shame) emotions (Stryker, 1987 cited in Stets, 2005).²⁶ The emotional impact this evaluation has, Stets (2007) suggests, is largely dependent upon *who* has caused the transgression – that is to say, whether it is caused by self (internal) or another’s (external) action – and the status of the individual judging such behaviour. It follows then that, whilst a principal (A) who transgresses in the presence of a subaltern (B) is likely only to experience discomfort, if (B) transgresses in the presence of (A), s/he is likely to feel shame (Burke and Stets, 2009). Similarly, if (B) is to blame for (A’s) transgression, (A) is likely to experience rage while, in a reversal of roles, (B) is likely to be fearful (Stets, 2007). In this context then, shame becomes a resource of social control through which powerful individuals or those with status

²⁵ In this context it is necessary to acknowledge that as the self is made up of multiple identities, individuals may possess membership to multiple, potentially conflictual, honour codes (see Baxter and Margavio, 2000)

²⁶ Stryker (1987 cited in Stets, 2005) suggests that positive emotions are experienced when individuals live up to expectations in role performance and this conduct is approved by others; whilst conversely, negative emotions are experienced when individuals reject or fail to meet role performances.

(vertical) honour can reinforce social boundaries and feelings of interdependence (Pattison, 2000).

This does not mean, however, that individuals from high status groups are impervious to shame; as an emotion linked to public perception (Wong and Tsai, 2007), feelings of shame can be experienced by all (Starkey, 2009). It is important, therefore, to recognise the manner in which the behaviours attached to an individual's personal (horizontal) honour affect both their claim to status (vertical) honour, and the manner in which they can respond to threats to personal honour (Stewart, 1994). In other words, an individual's "right to the vertical respect ... [depends on their] right to the horizontal respect" (*ibid*: 61). Welsh (2008) argues that increasing one's status honour and attaining higher social status does not automatically yield increased respect; rather this simply leads to membership within a new peer group, one with its own unique set of behavioural expectations. This indicates that it is not only typical for communities to retain both vertical and horizontal forms of honour (Casimir and Jung, 2009; Stewart, 1994) but that both personal and status honour operate within the context of social 'boundaries'. It follows that honour cannot be understood simply as either egalitarian (horizontal) or stratified (vertical) but rather, as a concept which embodies both facets simultaneously and which must be examined as such.

It is possible to consider the duality of honour in a practical context by returning again to the historical act of duelling. As noted, duelling acted as a ritualised form of violence through which men could protect or lay claim to masculine honour and respect from those within their fraternal group (Pitt-Rivers, 1966; Spierenburg, 1998a). Nevertheless, since honour was regarded as being something only possessed by men of a certain social status (Holland, 2003), duelling was considered an exclusive practice reserved only *for gentlemen* (Foote, 2010; Goffman, 1951) and *between gentlemen* (Pitt-Rivers, 1996). As ritual codes stated that opponents must be of equal status, men of lower social status were seen as possessing insufficient honour to challenge these

gentlemen (Frevert, 1998; Pitt-Rivers, 1966). Gentlemen, therefore, were neither required nor likely to accept the challenge of a subordinate male – particularly as losing could potentially result in significant injury to (horizontal) family honour (Holland, 2003). Honour in this context was not something that could be claimed by all but rather something that could be claimed only by those who were “sufficiently powerful enough to enforce their claim” (Pitt-Rivers, 1996: 24). In other words, the duel acted as both an instrumental means *to status*, but moreover as a symbol *of status* (Goffman, 1951).

This is not to say, however, that men from within these lower classes did not also engage in ritualised violence, but rather that violence was largely intra-class rather than inter-class. Indeed, as Spierenburg (1998b: 9) notes

[While] lower groups... recognized middle- and upper- class persons as honourable ... this had little relevance for their own honor games: a lower person could never hope to diminish (to ‘steal’) a higher person’s honor.

Although the violence was less formalised and occurred using fists and knives as opposed to pistols (Holland, 2003; Spierenburg, 1998b), men from these lower social classes would engage each other in fights as a means to protect their personal honour or reputation (Casimir and Jung, 2009). It follows that, while the hierarchical nature of vertical honour acted as a source of social stratification *between* groups, horizontal honour can be seen, at least in principle, as having acted as a source of social solidarity *within* groups (Welsh, 2008). Further, violence helped to reinforce this bond (Muchembled, 1985 cited in Weiner, 1998; Spierenburg, 1998b).

This duality of honour is not confined only to historical practices but can be seen, at least to some extent, within any society which operates around a code of honour (Casimir and Jung, 2009) –

something which the previous subsection demonstrated is evident to some degree in all societies (Pitt-Rivers, 1966). Certainly, if masculine honour is considered in a broader sense of a man's ability to meet socially approved ideas of 'manliness' (Davis, 1977)²⁷, as well as his ability to achieve social status (Davis, 1977) – in other words at a horizontal level as well as a vertical one – then the same principles can be applied to street gang violence and other Western manifestations of male-on-male confrontational violence.²⁸ Stanko (1994: 44) argues that, when used as a means to defend personal/collective honour or status, violence is predominantly, though by no means exclusively, found within lower social class males as a means through which to negotiate the "hierarchies of power".²⁹ It is suggested that, whilst these individuals are unable to meet social expectations of hegemonic masculinity through legitimate means such as wealth, employment, or education, they can assert their dominance through "hypermasculine aggressive" displays of violence (Tomsen, 2008: 95), whether this is against members of their own peer group or members of 'subordinate' gender groups.³⁰

The concept of hegemonic masculinity has therefore played a central role in understanding the unequal power relations not only between groups of males but also between males and females (Cohen, 2005). Indeed, while recognising that notions of masculinity and femininity – concepts linked to normative gender roles – are neither static nor homogeneous between or within cultures (Spierenburg, 1998b), these two notions have traditionally been dichotomised as polarities (Johnson and Repta, 2012; Kimmel, 2000).³¹ Connell and Messerschmidt (2005: 848)

²⁷ Drawing upon the ideas of Antonio Gramsci, Connell developed the concept of 'hegemonic masculinity' to describe society's normative ideas about male behaviour. Hegemonic masculinity, as a concept linked to power and dominance, is therefore premised on the subordination of those who do not live up to this patriarchal ideal – that is both subordinate males and females (Connell, 2005).

²⁸ It is worth emphasising that similar behaviour has been documented between female gang members by both Quicker (1983) and Moore (1991).

²⁹ For example, the same principles can be applied to situations of familicide where the male is motivated by feelings of emasculation caused by a sudden loss of status (Websdale, 2010).

³⁰ Connell (2005) refers to this marginalised form of masculinity as 'protest masculinity'.

³¹ Kimmel (2000) links this to sociological ideas about gender roles which assert that masculinities and femininities are constructed within a wider social environment. Not only do these gender roles differ within

argue, therefore, that masculinity is always “socially defined in contradistinction from some model (whether real or imaginary) of femininity”. While men pertain to a hegemonic masculine ideal based on power and dominance, women are socialised into an ideal of femininity based around conformance to gender inequalities constructed within patriarchal values and beliefs (Connell and Messerschmidt, 2005).³² Subsequently gender roles simply become social constructions of culturally ‘accepted’ normative behaviours (Ashcroft and Belgrave, 2005) – behaviours which, as noted, are outlined within wider social moral or ‘honour’ codes.

The concept of honour is thus a gendered one (Spierenburg, 1998b). Social codes of ‘honour’ construct the meanings of both masculinity and femininity which “reflects and contributes to socially legitimated constructions of gender norms” (Sen, 2005: 51). Honour becomes an inherently masculine characteristic which is at best limited and at worst completely denied to women within patriarchal societies (Stewart, 1994). As noted, vertical honour is restricted to those within lower social status groups. Subsequently women, as “the original degraded social category” (Scheff, n.d.), are greatly restricted in their personal claim for this type of honour (Stewart, 1994). Stewart proposes that, because women are typically excluded from the public domain, often their only claim to vertical honour is that which is reflected from the men in the family/group (*ibid*). Moxnes (1996) also uses this public/private divide as an explanation for the gendered nature of honour within his discussion of honour in Mediterranean societies. Because men have traditionally held the dominant positions within the public domain, Moxnes argues, they have acted as the key defenders of honour and have dominated discussions in relation to it. In other words if, as noted, horizontal honour is about identity and group membership and vertical honour is about social power, women, as a subordinate group, have no claim to power in a vertical context (Welsh, 2008) – a point which will be returned to in the next section.

varying social contexts, but moreover, they cannot be understood as separate from other characteristics that shape identities – such as age, class, region or ethnicity.

³² Connell refers to this as ‘emphasised femininity’ (see Connell and Messerschmidt, 2005).

While women may possess individual honour at a horizontal level then, the characteristics to which this is premised are fundamentally different to those of masculine honour (Stewart, 1994). As indicated, horizontal honour is closely connected to the concept of individual or personal honour (Casimir and Jung, 2009) and, as such, is based upon an adherence to socially constructed and gendered normative behaviours, as well as a peer judgement of these actions (Oprisko, 2012; Moxnes, 1996). Although these characteristics may differ across time and culture, while male honour rests on characteristics such as assertiveness, dynamism, bravery, confidence and dominance, female honour is contingent upon such characteristics as chastity, obedience, timidity and domesticity (see *inter alia* Casimir and Jung, 2009; Gill, 2004; Moxnes, 1996; Payton, 2011; Pitt-Rivers, 1966; Stewart, 1994). Female personal honour – as linked to both self-respect and the respect received from peers – is thus primarily, though not exclusively, dependent upon sexual conduct and purity (Casimir and Jung, 2009). Further, in most societies the qualities of ‘shameful’ male conduct become the characteristics of ‘honourable’ female conduct and vice versa (Moxnes, 1996; Pitt-Rivers, 1966).

Yet importantly Spierenburg (1998b) suggests that, as honour in the West became spiritualised – a process through which conscience began to replace honour (Pattison, 2000; Wyatt-Brown, 1982) – Western male honour shifted from being premised upon sexual dominance to sexual self-restraint.³³ Hence negative attitudes towards female sexual honour are today largely attributed to non-Western ‘honour cultures’. It is important to note here, however, that this is not to suggest that individual female personal honour or respect in contemporary Western cultures is based on sexual equality. To the contrary, despite evidence of a change in attitudes towards the control of female sexuality over time (Spade and Valentine, 2011), it is widely contended that sexual double standards between male and female sexual behaviour are pervasive (Moore and Rosenthal, 2006;

³³ Žižek (2008), for example, discusses how in stark contrast to non-Western men, men in the West are constructed as capable of sexual restraint and are thus seen as being able to control their sexual impulses.

Spade and Valentine, 2011). While male status amongst peers is often premised on sexual promiscuity, women who act in ways that are deemed to defy gender normative moral behaviours – that is to say women who are not chaste – are afforded a negative reputation or stigmatised amongst peers (*ibid*). In this way, women's sexual freedom remains somewhat constrained (Kimmel, 2000).

This double standard, Kimmel (2000) argues, is linked to an enduring unequal power distribution based on gender (*ibid*).³⁴ Although Western women are no longer necessarily physically constrained – that is to say, they can engage in sexual promiscuity if they so choose – they continue to be controlled through societal judgement of such decisions. Further, although feminist movements have highlighted the individual oppression of women within the 'private sphere', collectively Western women remain largely suppressed by male-dominated state and civil society institutions – in other words, the 'public sphere' (Walby, 1990). What this demonstrates is that while

The vocabulary of honour does not exist [in Western societies]... the social ideology of status, and the belief that certain status groups deserve to be dishonoured, is still a very important part [of Western culture]. (Howard, 1995: 144)

Despite having greater access to personal honour (as a form of respect) at a horizontal level, then, women within Western cultures, like their non-Western counterparts remain limited – albeit to a lesser degree – in their claim to power, honour and respect at a vertical level.

A final noteworthy point – one which will be returned to in the next section – is that, much in the same way as the male of lower social standing was unable to defend his honour against the

³⁴ In this context, Crawford and Popp (2003 cited in Moore and Rosenthal, 2006: 108) have documented "the continuing power of the epithet 'slut' as a way of controlling female sexuality".

gentleman in the duel, women too have been seen as possessing insufficient honour to challenge or defend their own honour (Kelly, 1995).³⁵ Instead, men, as heads of the family, have been regarded historically as the protectors of female and family honour (Goddard, 1987) – particularly in patrimonial cultures where women are regarded as male possessions (Davis, 1977). While men have typically taken an active role in relation to honour, women have played a far more submissive role (Goddard, 1987). This is not to suggest that women are power/less or totally passive (Gill, 2004). Indeed, male honour has always, at least to some degree, been dependent upon the actions of women (Kelly, 1995) in which a failure to “control that which one is seen to own [could result] in stigma” (Gilbert, 2002: 35). A woman who breaks these social norms relating to sexual conduct, therefore, is seen as disgracing herself. Furthermore, in many respects she brings a form of shame upon her menfolk who fail in their patriarchal duty to protect her (Kelly, 1995; Oprisko, 2012; Stewart, 1994). Female behaviours affecting honour at an individual level are bound to male honour at a collective level (Cairns, 1993). Consequently it has been documented throughout history that male violence is often triggered by the protection of and/or competition for women (see *inter alia* Brookman, 2005; Daly and Wilson, 1988; Kelly, 1995).

What this demonstrates is the importance of recognising how

A system of values [in this case the honour code] is never a homogeneous code of abstract principles obeyed by all the participants in a given culture... but a collection of concepts which are related to one another and applied differentially by the different status groups defined by age, sex, class, occupation etc. (Pitt-Rivers, 1966: 39)

Although individuals within a given community operate under the same all-encompassing honour system (Berger, 1983), what is *honourable* is based upon what qualities are deemed as socially

³⁵ Patterson (1982) applies a similar argument to the power relationship experienced between slaves and masters.

desirable to the *specific* group to which they belong (Oprisko, 2012). It follows then that disputes in honour may often arise through situations in which individuals lay claim to more honour than they are entitled. Furthermore, as shown, not only is access to honour/respect afforded through status largely restricted by the behaviours to which one's personal honour is based, but moreover, status affects an individual's ability to defend against attacks on their personal honour.

Honor is intimately related to power, for in competing for precedence one needs power to defend one's honor... [yet] it is one's sense of honor that often drives one to acquire power in the first place. (Hobbes; 1651 cited in Patterson; 1982: 82)

Individuals are constrained not only by their limits of social mobility but also by their status within the community and the socially sanctioned behaviours to which they are expected to adhere (Ilfie, 2005). Ultimately, whether viewed as *legitimate* – a belief that this is the way one ought to behave, *referent* – a desire to maintain membership and source of identity within the collective, *reward* – a belief that, by conforming, an individual will be afforded additional respect, or *coercive* – a belief that punishment will be used to ensure compliance (French and Raven, 1959), the honour-shame nexus becomes the basis for power (*ibid*) and the means through which the powerful can maintain the status quo.

2.4 Contemporary Interpretations of Honour and Violence in the Name of 'Honour'

What things are called is incomparably more important than what they are. The reputation, name, and appearance, the usual measure and weight of a thing, what it counts for – originally almost always wrong and arbitrary, thrown over things like a dress and altogether foreign to their nature and even to their skin – all this grows from

generation unto generation, merely because people believe in it, until it gradually grows to be part of the thing and turns into its very body. What at first was appearance becomes in the end, almost invariably, the essence and is effective as such. (Nietzsche; 1974: 121-22)

In 1998 19 year old British/Pakistani, Rukshana Naz, was murdered by her mother and brother for refusing to stay in an abusive (forced) marriage and instead falling pregnant by her lover (Patel and Siddiqui, 2010; Siddiqui, 2003, 2005; Smartt, 2006). A few years later in 2002, 16 year old Heshu Yones was murdered by her Iraqi Kurdish father for allegedly becoming too 'Westernised' and for having a Christian boyfriend – something of which her father strongly disapproved (Siddiqui, 2005; Smartt, 2006). Despite being a few years apart there were notable similarities in both of these cases. Most obviously, both 'victims' were young women of South Asian heritage. In addition, both girls were killed by members of their family for allegedly behaving in a way that transgressed socially acceptable sexual norms. Furthermore, in both cases a plea of provocation was used by the defence on the grounds that the girls had, in accordance to particular religious and/or cultural norms, brought shame upon the family names (Gill, 2006; Payton, 2011; Phillips, 2010; Siddiqui, 2005).³⁶ Indeed, while the term 'honour' was not specifically referenced (Gupta, 2003), both murders were to some degree 'justified' by the perpetrator(s) under its guise (Jafri, 2008; Siddiqui, 2003; Wikan, 2008).

Although these cases were by no means the first or only 'honour' crimes of this nature in the UK, both were highly publicised (Phillips, 2010), and according to Payton (2011: 75), arguably marked

³⁶ The 'defence of provocation', outlined in s.3 of the Homicide Act 1957, enabled successful defendants to have their conviction for murder reduced to manslaughter if sufficient evidence was found to suggest that "the person charged was provoked (whether by things done or by things said or by both together) to lose his self-control" and whether "the provocation was enough to make a reasonable man" act in the same way under the same circumstances (Homicide Act 1957). The defence of provocation has since been replaced by the 'defence of loss of control', outlined in s.54 and s.55 of The Coroners and Justice Act 2009 (see further, Mitchell, 2016).

“the first time the phrase ‘honour’ killing entered the lexicon of the popular press”.³⁷ As will be discussed in more depth in the following chapter, how a problem is defined greatly impacts on how a problem is identified and responded to (Chantler *et al*, 2009). Although the use of the term ‘honour’-based is not without controversy – with many arguing that it is somewhat of a misnomer (Chakravarti, 2005; Meeto and Mirza, 2007b; Sen, 2005; Welchman and Hossain, 2005) – it has today become a blanket phrase through which scholars, media, and policy-makers can delineate particular manifestations of VAW that have deep connections to family, conjugal or community ‘honour’ (see *inter alia* Begikhani, 2005; Dustin and Philips, 2008; Gill, 2006, 2008; Siddiqui, 2005; Welchman and Hossain, 2005).

It is important to note here, however, that the term ‘*honour*’-based violence is a Western construction which is not commonly used and/or understood amongst many ‘honour’ communities (Jafri, 2008). As noted at the outset of this chapter, the term is often used as a generic translation for words such as *ird*, *izzat*, *namus*, *zina*, *sharam*, or *sharaf* (Brandon and Hafez, 2008). While it is beyond the scope of this thesis to examine the myriad translations of ‘honour’, this remains a significant point which must be considered when examining how particular crimes are identified and responded to. Indeed, while we may refer to honour in contemporary ‘Western’ societies under the guise of alternative terms – for example, respect or reputation – discussions thus far have demonstrated how the meanings attached to the concept of ‘honour’ remain far-reaching and cross-culturally relevant. Indeed, not only is the concept fundamentally about identity and belonging but, through ‘fear’ of stigma/shame and of social

³⁷ See, for example, Patel and Siddiqui’s (2010) discussion of the case of ‘Afia’ in 1989 for one of the earliest documented ‘honour’ crimes in the UK. Other high profile cases in the UK include the murder of 15 year old Tulay Goren in 1999; 17 year old Shafiea Ahmed in 2003; and 20 year old Banaz Mahmod in 2006 (see *inter alia* Gill, 2006; Morey and Yaqin, 2011; Patel and Siddiqui, 2010; Payton, 2011; Siddiqui, 2003, 2005; Wikan, 2008). A further high profile case which propelled HBV onto the international political agenda was that of Samia Sarwar in Pakistan (Welchman and Hossain, 2005). Samia, the daughter of a senior civil servant (Wikan, 2008), was murdered in 1999 by a hit man her family had hired (Siddiqui, 2003) because she had gone against family wishes and sought a divorce from her husband (Wikan; 2008) – (see also Shah-Davis, 2011)

ostracism, it also functions as a strong motive for both action and inaction. Moreover, honour is linked to power and is, to some degree, hierarchical. Both the amount and types of honour that are accessible are greatly restricted amongst particular 'subordinate' groups within a community; something particularly evident in the gendered nature of honour (Moxnes, 1996).

Discussions thus far have also highlighted some of the various contexts in which violence in the name of (male) honour is evident within the West. Typically, such disputes of honour have been largely situated within the context of race and/or social class (see *inter alia* Leverenz, 2012; Pitt-Rivers, 1966; Spierenburg, 1998b; Wyatt-Brown, 1982). This is evident, for instance, in the case of duelling where the lower-class male, despite viewing himself to be honourable and thus worthy of defending his honour, was not recognised as such by men of higher social standing (Frevert, 1998, Pitt-Rivers, 1966). Similarly, Leverenz (2012: 2) discusses how "'white skin' and 'black skin' are fictions of honour and shame" whereby honour was associated with whiteness whilst "the black man's body became a symbol of shame and a stimulus for fear" (*ibid*: 27).³⁸ Yet today, there has been a notable shift in conceptions of honour and violence in the name of 'honour' within academic and policy discussions to focus on culture blaming (Thiara and Gill, 2010a). Drawing upon current academic literature and UK policy, this section expands upon these contemporary Western interpretations of honour by looking at both the genderisation and culturisation of HBV. These debates will frame the basis of next chapter which will move on to review the implications of such interpretations with regards to how the issue of HBV has been addressed within the UK.

2.4.1 The Genderisation of 'Honour'-Based Violence

Speaking with regards to sexual violence in war, Schuhmann (2006: 94) notes that "often negotiated like a natural law, the dominant analogy women = victim, man = perpetrator reaffirms a notion of male (sexual) invulnerability". This is particularly relevant within the context of HBV in

³⁸ Leverenz's (2012) discussion of honour is situated within the context of the American slave trade.

which the minority ethnic male is often portrayed as the deviant other whilst the minority ethnic woman is regarded as the passive victimological other (Kapur, 2002; Walklate, 2005). Yet both men and women can fall ‘victim’ to HBV (Idriss, 2011; Reddy, 2008; Siddiqui, 2003; Smartt, 2006) – particularly in the context of FM (Home Affairs Committee, 2008).³⁹ Both women and men are pressured into maintaining standards of honour (Thapar-Björkert, 2011) and while, as noted in the previous section, the standards of honour for men and women differ significantly (Stewart, 1994), both remain premised upon sexual propriety and notions of patriarchy and heteronormativity (Reddy, 2008). Violence is thus often directed at homosexual men who bring shame upon the family/community through their failure to uphold masculine normative behaviours (Brandon and Hafez, 2008; Reddy, 2008). Moreover, violence may also be directed at men who are seen to ‘tarnish’ a woman’s honour (Smartt, 2006).⁴⁰ In instances where a male has transgressed the honour code, however, it is important to recognise how women may also be punished (Reddy, 2008). Thus, while it is important not to “dismiss or deny the victimisation of males” it is important to recognise how the victimisation of men remains fundamentally about the control of women (Reddy, 2008: 308).

It is for this reason that the issue of HBV has been largely situated within a broader discourse of VAW – something which will be discussed further in the next chapter. It is widely agreed that females constitute the vast majority of HBV victims (see *inter alia* Gill, 2006; Idriss, 2011; Reddy, 2008; Smartt, 2006; Welchman and Hossain, 2005). Mohammad Idriss (2011: 2) suggests that one reason for the unequal gender balance in terms of ‘honour’-based victimisation is that in contrast to women – whose “lives are controlled and placed in the hands of men, in deeply rooted

³⁹ Samad (2010) suggests that recent figure of cases of FM involving male ‘victims’ was around 15%.

⁴⁰ For example, in 2005 Arash Ghorbani-Zarin, a 19 year old student from Oxford Brookes University, was murdered by the family of his girlfriend to allegedly “vindicate the family’s honour” (Morrall, 2006: 69) after his girlfriend, who had refused an arranged marriage, became pregnant with his child (Smartt, 2006; Thapar-Björkert, 2011).

patriarchal culture” – men have far greater access to resources.⁴¹ Indeed, as argued earlier, women do not possess honour in the same way as men (Araji, 2000). Honour – particularly in its vertical form – is/has been constructed as an inherently masculine concept (Moxnes, 1996; Stewart, 1994). Thus, while a dishonoured man may be able evade punishment for dishonour (Baker *et al*, 1999) or restore his honour through the use of violence (Araji, 2000; Welden, 2010), a dishonoured female – who, as noted, is seen as possessing insufficient honour to challenge or defend her own honour (Kelly, 1995) – remains dishonoured regardless of whether or not she is punished (ICAHK, 2009) – in other words, once lost, female honour cannot be restored (Walker, 2012). It follows then that “although culture costs everyone [...] its costs and rewards are not evenly shared” (Boddy, 1998: 107).

While female ‘honour’ is largely fixed, then, “male ‘honour’ is in constant flux, dependent upon his abilities to control the women in his family” (ICAHK; 2009 cited in Walker, 2012: 5). A woman does not actually have to have acted dishonourably to trigger violence, rumours are often sufficient to warrant ‘punishment’ (Smartt, 2006; Welden, 2010). Public evaluation is a core component of the honour-shame nexus (Peristiany, 1974) and thus it is typically when a transgression, or rumoured transgression, becomes public knowledge that ‘honour’ is lost and violence is sanctioned (Brandon and Hafez, 2008; Baker *et al*, 1999). As was evident in the case of the duel, there is a social expectation placed upon male members of a family or community to respond to transgressions of honour with failure to do so resulting in shame (Araji, 2000). Violence, in this context, serves not only a symbolic but also pragmatic function (Jafri, 2008), acting as both a means to restore (male) honour and as a ‘warning’ to those who wish to challenge the “patriarchal status quo” (Kandiyoti, 1988 cited in Gill, 2011: 222). There is often wider community support for the perpetration of such violence. Speaking historically with regards to the Bedouin, for example, Kressel (1981: 143) notes that those who perpetrated such violence

⁴¹ Resources in this context may refer to access to autonomy, money and/or social contacts.

were not considered murderers but rather ‘purgers’ – that is to say, someone who restores honour. This idea continues to this day (*ibid*). As the transgressors of the code of ‘honour’, blame and responsibility is seen to lie with the victim (Gill, 2004; Welden, 2010). The memories of these transgressors are often expunged by the families and/or communities whether this is by social death (ostracism) or physical death (see *inter alia* Burman *et al*, 2004; Meeto and Mirza, 2007b; Patel and Siddiqui, 2010) – something which, as shall be discussed, can act as a barrier in women’s access to support (Gilbert *et al*, 2004; Gill, 2004).⁴²

Violence in the name of ‘honour’ is principally premised upon a “dualistic notion of male ‘honour’ and female ‘shame’, whereby masculinity is largely constructed in terms of female chastity” (Reddy, 2008: 307) and masculine self-worth is maintained through the regulation and protection of women (Lindisfarne, 1994 and Goksel, 2006 both cited in Reddy, 2008). Women are seen to embody both male and collective honour (Coomaraswamy; 2005, Welden, 2010). “Male sexual behaviour – as long as it is heterosexual – is seen as having little bearing on the collective honour” (Brandon and Hafez, 2008: 64), whereas female conduct affects not only their own ‘honour’ but also that of the men/family (Kelly, 1995; Oprisko, 2012; Reddy, 2008; Stewart, 1994). Female sexual ‘honour’ becomes an investment which, like any other asset, must be secured and protected (Brandon and Hafez; 2008). Individual female shame, therefore, is bound to collective male honour (Cairns, 1993); women are far more likely to be blamed for transgressing the ‘honour code’ (Gill, 2004; Idriss, 2011), and it falls primarily on the man as the head of the house to protect family honour through the control and/or punishment of (his) women (Gill, 2011; Reddy, 2008; Welden, 2010). In other words, it is, Hassan (2000 cited in Penn and Nardos, 2003: 87-8) argues, the “dual constructs of women as the property of men and women as the standard-bearers of a family’s honor [that] set the stage for culturally sanctioned forms of violence”.

⁴²This is evident, for example, in both the UK case of Banaz Mahmod in 2005 (Banaz: A Love Story, 2012) and the case of Aqsa Parvez who was murdered by her Father in Ontario, Canada in 2007 (Welden, 2010).

HBV, in this context, becomes a means to either prevent women from, and/or punish women for deviating from social norms and expectations, from making autonomous decisions, and therefore, from challenging male supremacy (Smartt, 2006). Despite being criticised for providing essentialist and reductivist views of women's oppression (Yuval-Davis, 1997), the public/private theory, which dichotomises society into broad domains, has provided an important conceptual tool both for explaining the disparities between male and female access to honour (Araji, 2000), and in drawing distinctions between the treatment of women in Western and non-Western cultures.⁴³ Although the concept of patriarchy is contested, Walby (1990: 20) argues that, when "conceptualised at different levels of abstraction", it acts as a principal way of theorising "the system of social structures and practices in which men dominate, oppress and exploit women".⁴⁴ Women (and men) in 'honour'-based communities become socialised into hierarchical gender roles based on male dominance and female subordination (Gill, 2011). Gill adds

Just as the family subsumes a woman's identity, so it also defines her position in society; acquiescing to such ideologies becomes, for many women, their way of justifying their own self-worth and their status in the community. (*ibid*: 221)

Male VAW and the control of female sexuality, therefore, operate as two structures of patriarchal oppression (Walby, 1990) which legitimise the use of violence "in the eyes of women as well as men" (Kandiyoti, 1988 cited in Gill, 2011).

⁴³ Yuval-Davis provides a critical discussion of the problem of defining the public and private sphere noting that, whilst some (see *inter alia* Pateman, 1988 cited in Yuval-Davis, 1997) see this distinction centred on the divide between the political (state) and the domestic (family), others (see *inter alia* Turner, 1990) extend the private domain to any institution which is not directly controlled by the state (including religious institutions). It follows, Yuval-Davis (1997: 81) suggests, that this distinction should be extended to three spheres: "the state, the civil society, and the domain of the family and kinship". As the honour-shame nexus is something evident within power relations between ideological, cosmological, and gendered traditions (Moxnes, 1996) this thesis adopts the distinction proposed by Yuval-Davis.

⁴⁴ See Walby (1990) for an in-depth discussion of both the contested nature of patriarchy and its definition.

It is important to recognise and acknowledge female agency in so-called 'honour'-based communities and stress that women can be perpetrators as well as 'victims' (Samad, 2010).⁴⁵ The practice of FGM, for example, is often sanctioned by mothers as part of a 'coming of age' ritual through which daughters become eligible for marriage (Kalev, 2004). Moreover the procedure is often carried out, or assisted, by elder women and female relatives (Momoh, 2005). Similarly, Abrams highlights how "women are [often] consciously involved in the process of forced marriage" (2000 cited in Samad, 2010: 190), while Gill (2011) notes that female relatives can also be involved in the perpetration of 'honour' killings – although their role is often secondary, for example by helping to create an opportunity or to keep the murder secret (Baker *et al*, 1999).⁴⁶ Kandiyoti (1988) argues that, in classic patriarchal societies, where patrilineal/patrilocal households and female subordination are common, women often strategize within a 'patriarchal bargain'. Through this bargaining process women are socialised to actively collude in the "reproduction of their own subordination" in exchange for 'protection' (*ibid*: 285).⁴⁷ Moreover, women's power in this patriarchal bargain is cyclical and thus "the deprivation and hardship she experiences as a young bride is eventually superseded by the control and authority she will have over her own subservient daughters-in-law" (*ibid*: 279). It follows then that, while many attempt to alter the status quo, other women actively resist change and even participate in violence in order to protect the traditional normative order (*ibid*).⁴⁸ In this way, women are not passive observers but active agents constantly negotiating their position in the social order.

⁴⁵ It is important to stress here, that female involvement in perpetuating VAW is not solely witnessed in BME communities. Indeed, "survivors of domestic violence in a Western context who have attempted to seek help from their own mothers do not always receive support, being told to put up with it because 'he's your husband'" (Stanko, 1985 cited in Meeto and Mirza, 2011: 46)

⁴⁶ For example, Rukshana Naz, was murdered by her brother with the assistance of her mother (Phillips, 2010).

⁴⁷ Baker *et al* (1999) suggest, for example, that mothers seek to protect the family's reputation for the sake of her sons who may provide for her financially in the future. While Ortner argues (1978 cited Baker *et al*, 1999: 172) that "the hope of hypergamy provides the rationale for the participation [of women] [...] in enforcing the rules".

⁴⁸ For example, it is suggested that both men and women from the wider community often function as an informal network of surveillance (Brandon and Hafez, 2008).

2.4.2 The Culturalisation of ‘honour’-based violence: Crimes of passion, crimes of honour

Typically, the term ‘honour’-based is used to encompass ‘honour’ killings and ‘honour’-based domestic abuse, including, yet not limited to: physical, emotional, financial, psychological and sexual abuse, and control, coercion and deprivation of freedoms such as the right to an education (see *inter alia* Gill, 2006; Reddy, 2008). In addition, the term is often expanded to incorporate FM and FGM both as types of ‘honour’ crimes in themselves, and as the precursors to or results of other forms of honour violence (Reddy, 2008). Although these different manifestations of violence may be reacted to differently (see chapter 3) they are not necessarily mutually exclusive but rather exist on a continuum of gender-based violence (see *inter alia* Gill, 2011; Idriss, 2011; Sen, 2005; Thiara and Gill, 2010a; Welchman and Hossain, 2005). Despite this, it remains highly problematic to construct an all-encompassing definition of HBV (Gill, 2006; Welchman and Hossain, 2005) or even specific manifestations of it, since the meanings attached to honour and marriage vary both between and within groups (Phillips, 2012). Indeed, not only does the way in which notions such as honour, shame, respect and status are negotiated vary between social actors (Latif, 2011), but the meanings attached to these are culturally and temporally determined (Cohen, 1992).

Modern Western interpretations of honour, however, are today often devoid of any historical context which links violence in the name of ‘honour’ to the West (Sen, 2005). Popular media representations, which have framed these crimes as ‘cultural practices’ (Morey and Yaqin, 2011) “specific to the ‘other’ ethnic minority in Britain” (Thapar-Björkert and Shepherd, 2010: 272), have helped perpetuate this idea of ‘honour’ as a “‘foreign’ concept” and violence in its name as a non-Western cultural phenomenon (Sen, 2005: 61).⁴⁹ ‘Honour’ has therefore been interpreted and represented as being a fundamental component of cultural identity (Narayan, 2000) amongst particular groups in the UK – namely South Asian and Middle Eastern communities from

⁴⁹ Sen (2005: 61) refers this as “Western amnesia”. See also Gil (2006) for more detailed analysis of media reports.

Bangladesh, India, Kurdistan, and Pakistan and amongst the Muslim diaspora more generally (Brandon and Hafez, 2008; Smartt, 2006).⁵⁰ Although this politicisation has stirred national and international action in response to 'honour'-related crimes (Welchman and Hossain, 2005) and rendered previously hidden 'victims' visible (Jafri, 2008), it has also meant an intense media interest in the communities in which it is seen as most prevalent (*ibid*).

Despite the wide array of behaviours encompassed within the term HBV, much of this acute media attention has focused specifically on the issue of HK as the most extreme manifestation of violence in the name of 'honour' (Gill, 2006). This sensationalism with its alluring "combination of sex and violence" has resulted in "a 'pornography of violence'" (CIMEL/Interights, 2001 cited in Mirza, 2012: 127) through which cultural/ethnic stereotypes have been both created and perpetuated (Bettiga-Boukerbout, 2005; Meeto and Mirza, 2007b; Mirza, 2012; Welchman and Hossain, 2005). Communities or cultures in which traditional notions of 'honour' are regarded as fundamental and in which, therefore, the practice of HBV is believed to be most prevalent, are frequently constructed as regressive, morally inferior, intolerant 'Others' (Gill, 2006; Phillips, 2012). This is particularly apparent with regards to discussions about their treatment of women (Dustin and Phillips, 2008). Indeed, sexuality is often positioned as a marker of cultural difference between the liberal West on the one hand, and the oppressive and backward non-West on the other (Phillips, 2012).⁵¹ This is an assertion shared by Schuhmann (2006: 91) who notes that "discourses of progressiveness and atavism are often symbolised in the icon of the Western white emancipated woman and the gender-sensitive white man" A process through which "the

⁵⁰ As the vast majority of (reported) cases of HBV in the UK have been amongst the Muslim diaspora (Smartt, 2006) HBV is often misinterpreted as a religious phenomenon (Dustin and Phillips, 2008). However Chantler *et al* (2009) argue that this is largely to be expected since most existing knowledge has focused on these communities.

⁵¹ While sexuality has always been positioned as a marker of difference, Phillips (2012: 24) argues that there has been a fundamental shift in "sexualised Orientalism". In other words, what was once based on over-sexed harems is now based on moral rigidity and sexual oppression (*ibid*).

assumedly natural-born chauvinistic non-Western man and his victimised Other woman serve as contrast foils for white phantasms of their own advanced civilization” (*ibid*: 91).

It follows then, that although HBV has been situated within a wider discourse of VAW, it has, at least historically, been differentiated from ‘mainstream’ VAW (Gill, 2011). Whilst VAW in Western communities is largely attributed to individual deviation, there is a general sense that perpetrators of VAW in non-Western communities are acting without agency in accordance with unwritten cultural laws (Dustin and Phillips, 2008). Indeed, although it can be said that “all domestic murders of women take place within a ‘cultural’ context [...] culture is the prism through which we view only the actions of minorities” (Gupta, 2003). In other words, “culture is credited with a compelling power to direct and drive behaviour – as if it is culture rather than people that kills” (Dustin and Phillips, 2008: 14). Razack (1994) refers to this process and perception as the ‘culturalisation of violence’ – a point which is returned to in the next chapter (chapter 3). What is more, the values of these non-western cultures are depicted as profoundly different from those of the liberal west (Dustin and Phillips, 2008). As BME women are often perceived as “representatives of their culture”, Gill (2006: 3) argues that the treatment of women in non-Western cultures is frequently constructed as symbolic of a “clash of cultures”. Indeed, despite this assumptions failure to acknowledge the oppression and violence that is routinely inflicted upon women in the West, it propagates an idea that VAW in particular minority ethnic communities necessitates not only different explanations but more significantly, different responses (Patel and Siddiqui, 2010) – a point that will be returned to in the next chapter

There are a number of reasons given for the separation of so-called ‘honour’-based crimes from other ‘mainstream’ manifestations of VAW (see *inter alia* Idriss, 2017; Sen, 2005; Smartt, 2006; Welden, 2010). These centre primarily around three interrelated points: (1) the relationship between the perpetrator and ‘victim’; (2) the extent to which VAW is socially sanctioned and the

act of wider community collaboration; and (3) the notion of honour as a form of justification, that is to say, that the perpetrator – at least in their eyes – was in some way provoked by the action of the ‘victim’ (see for example, Payton, 2017) – justifications which I problematise in chapter 5. However, it can be asserted that, regardless of the label assigned, VAW in both a Western and non-Western context is fundamentally rooted in unequal power balances between men and women, the expression of masculinities and the presence of patriarchy (Sweetman, 1998). In other words, VAW is about male domination and female subordination (Gupta, 2003).⁵² Baker *et al* (1999) argue that the honour-shame nexus can be seen as an extension of this patriarchal control. Indeed, while honour outlines the social boundaries of a group (Baker *et al*, 1999; Faqir, 2001) – defining, in the process, normative behavioural expectations linked to masculinity and femininity (Sen, 2005) – shame often arises as the product of the loss of control (Baker *et al*, 1999). In this way, overt and covert violence features across cultures as a means of enforcing female conformity and maintaining patriarchal control (Garver, 1968; Stanko, 2006).

Despite the significance of patriarchy as a conceptual tool in trying to understand VAW across both Western and non-Western cultures, it is important to recognise that the concept of patriarchy itself is neither static or universal but rather manifests itself in various different forms (Hunnicut, 2009).

Indeed, a distinction often drawn between modern Western and traditional ‘honour’-based cultures is that, while gendered power relationships are evident within both, the latter are further influenced by class, clan and/or tribe (Faqir, 2001). Male power in these ‘neo-patriarchal’ societies, therefore, “is influenced not only by their personal resources but more importantly by their group membership” (Araji, 2000). This influence creates cultural variations between sanctioned normative gendered behaviours (Ashcroft and Belgrave, 2005) and generates

⁵² Viewing this power relationship as part of a wider hierarchy of gender helps in avoiding a reductionist view of men as oppressors and women as oppressed and in theorising other manifestations of interpersonal violence – for example male on male violence (Hunnicut, 2009).

fundamental differences in how power relations function between social actors (see *inter alia* Baker *et al*, 1999; Kandiyoti, 1988).⁵³ While in modern Western patriarchal societies it is a woman's intimate partner who typically has responsibility for control, in non-Western (neo-patriarchal) 'honour' cultures, this control remains with a woman's biological family regardless of whether or not she is married (Sharabi, 1988 cited in Araj, 2000).

The social position of women, therefore, has a significant impact upon how violence manifests (Sweetman, 1998). Indeed, the term VAW encompasses a wide array of abuses that may be inflicted by a multiplicity of different perpetrators (Watts and Zimmerman, 2002). In other words, although control can be seen as a fundamental motivation for VAW in all societies (Baker *et al*, 1999), a fundamental distinction made between HBV and other manifestations of VAW is who exerts this control. While the literature on VAW in modern Western cultures is most commonly discussed within the context of a woman and her intimate partner (Dobash and Dobash, 1998), VAW in non-Western 'honour' cultures is generally framed within the context of "collective family structures, communities and societies" (Gill, 2011: 221). VAW in these neo-patriarchal societies is more often viewed within the context of biological or extended family or community members – that is, for example, between a father and daughter, brother and sister, or a woman and her 'uncles' (Baker *et al* 1999; Gill, 2011).⁵⁴ Thus while loss of control over female behaviour in a modern Western context results in a sense of shame for the individual husband or sexual partner only, in traditional 'honour'-based cultures, where there is much greater emphasis on collective notions of honour, this shame is said to be felt within the entire family and/or community (Baker *et al*, 1999). It follows then that, due to this much wider range of stakeholders invested in a

⁵³ For example, Kandiyoti (1988) asserts that in classic patriarchal systems young women are subordinate not only to men but also to older women. Moreover, it is argued that there have been greater calls for social equality between men and women in Western cultures (Baker *et al*, 1999) which has resulted in a supposed reduction in private forms of patriarchy (Walby, 1990).

⁵⁴ Reflecting the importance of wider kin groups, in many South Asian communities children are socialised to address each other as 'brother' or 'sister' and their elders as 'aunt' or 'uncle' regardless of whether they are related to one another (Channa, 2013).

woman's 'honour' and the collective nature of shame (Abu-Odeh, 1997), HBV is often perpetrated by multiple individuals (Home Affairs Committee, 2008; Smartt, 2006; Welchman and Hossain, 2005; Welden, 2010) – another common distinction made between 'mainstream' and 'honour'-based violence.

It is often asserted that unlike 'mainstream' violence, HBV is typically planned and collectively decided upon (see *inter alia* Gill, 2008, 2011; Payton, 2011; Sen, 2005; Smartt, 2006). Due to the wider family/community investment in a woman's 'honour', HBV is said to be "an act committed for the benefit of a presumed audience" (Payton, 2011: 73). The premeditated and collective nature of HBV is often stated as a further distinction between it and 'mainstream' VAW, which is itself typically framed as a spontaneous act of violence linked to the intense 'passion' of an individual (Abu-Odeh, 1997; Sen, 2005). Indeed, while the idea of a 'fit of fury' (Sen, 2005) is evident in both contexts – that is to say, as the quotation from Katz (1988: 28) referred to earlier suggests, that a person 'boils' with rage, loses their temper and "blows off steam" – "in the case of honor [...] the necessity to avenge the dishonour survives the initial moment of fury" (Abu-Odeh, 1997: 293). It follows then that, although the 'cultural' notion of honour has not in theory qualified as 'provocation' or 'loss of control' under English law (Abu-Odeh, 1997; Reddy, 2008), in many traditional 'honour'-based societies, it is still used as a cultural and legal defence for violence (Hedayati-Kakhki, 2011; Smartt, 2006). It is this, Smartt (2006: 4) argues, that perpetuates a culture of "silent endurance" amongst HBV 'victims'.

A further distinction often referred to is the wider community/state sanctioning of violence "through recognition of honour as motivation and mitigation" (Sen, 2005: 50). As noted in the previous section, not only is violence regarded as a necessary means (Scheff, n.d.) to "expunge a stain [to honour]" (Smartt, 2006: 5), but reputation is heavily dependent upon wider community perceptions (Pitt-Rivers, 1966). Alluding to the notion of victim blameworthiness (Gill, 2004;

Welden, 2010), Hedayati-Kakhki (2011) calls attention to the tenuous link between this 'toleration' or 'pardoning' of HBV and the notion of self-defence. The only real difference, he argues, is that "the act to which the defendant responds with violence is not physical but rather one against the more metaphysical concept of honour" (*ibid*: 316). It follows then, that violence committed in the name of 'honour' is said to be largely "based on the notion of *justification*" (Abu-Odeh, 1997: 292, emphasis as original) – that is to say it is used out of necessity for a reason.⁵⁵ While the behaviour of a defendant and *their* characteristics are the central focus in Western judicial systems, the focus in many traditional 'honour'-based cultures is said to rest on the behaviour of the 'victim' (Abu-Odeh, 1997) – did they act in some way which transgressed social expectations? Did these actions result in dishonour or loss of respect for the defendant? In other words, were the defendants actions warranted? Did the 'victim' deserve to be victimised?

It is often argued then that, although there is widespread awareness and overwhelming condemnation of VAW in the West, there remains a general denial of VAW as being problematic in terms of its volume and/or its social impact within many non-Western cultures (*ibid*). This is not to suggest, however, that the notion of victim-blaming is unique to traditional 'honour'-based cultures, nor that – despite significant progress – there has been a total shift in societal attitudes towards gender equality and/or VAW.⁵⁶ Drawing upon the public/private debate Gill (2006) asserts that both 'honour'-based and 'mainstream' VAW have – at least historically – been viewed as private matters beyond the need for state intervention. Discussing 'antifeminist' media representations – namely those in 'lads' magazines such as 'Zoo' or 'Nuts' – for example, Berns (2004) argues that there is still a propensity for segments of society to normalise and down-play VAW. Kelly *et al* (2005: 1), for example, note that "unlike other crimes, where the status of

⁵⁵ This is, Abu-Odeh argues, opposed to "the [Western] idea of passion [which] is based on the notion of *excuse*" (1997: 292) or diminished responsibility.

⁵⁶ Historically, this is evident through old English common law which permitted men to legally 'discipline' their wives (Levy, 2008) and through the way in which until comparatively recently the law permitted "husbands to use force to gain compliance [in sexual intercourse]" (Fagan and Browne, 1994 cited in National Research Council, 1996: 65) – in other words, to rape their wives.

‘victim’ usually confers a sense of deserving sympathy and support, declaring that one has been raped frequently invites judgement”. This is particularly evident in cases that do not reflect societal expectations of what constitutes ‘real’ rape – that is “those committed by strangers, involving weapons and documented injury” (*ibid*: 2) – or where there is little or no sign that the ‘victim’ has actively resisted her attacker (Horvath and Brown, 2009). Such societal attitudes or ‘myths’ lead to high rates of attrition (Kelly *et al*, 2005) by providing “‘explanations’ as to why rape victims ‘got what they deserved’” (Bohner *et al*, 2009: 27) . In other words, attention is shifted onto the behaviour of the ‘victim’: What was she wearing? Did she act flirtatiously? And so on. Despite the distinction drawn between ‘Western’ and ‘non-Western’ attitudes towards VAW then, law in both contexts remains a tool through which women are implicitly shamed, “judged and condemned for failing to live up to societal expectations of appropriate scripts of femininity” (Carline, 2011: 84).

When viewed in this context it can be argued that, regardless of how the violence is categorised, and whether it is viewed as a crime of ‘honour’ or ‘passion’, both notions serve to downplay the severity of VAW and, to some degree, normalise it (Abu-Odeh, 1997). Carline (2011), for example, explains how the defence of provocation in the UK was historically constructed around patriarchal notions of male honour which viewed women as property.⁵⁷ Importantly, therefore, Gill (2011: 220) writes

It is precisely because the notion of honour underlies so many forms of gender-based violence across the world that HBV cannot be studied, or even understood, in isolation

⁵⁷ Dobash and Dobash (1979) point out the historicity of marriage as a contractual agreement between wider kin groups through which to ensure the social status (honour) and/or financial security of these extended ‘families’. In this context, women (daughters) were often regarded as “commodities” which could be exchanged between families – from fathers to husbands – “as symbols of the power and honour of men” (*ibid*: 45).

from other forms of VAW and in particular societal contexts in which such violence occurs.

I wish to conclude this section with two brief and integral points: firstly, it is important to acknowledge that the way in which a problem is defined and framed, impacts upon what can and should be done in response to it (Berns, 2004). Secondly, although VAW is pervasive in almost all societies, it remains important to recognise the cultural and temporal specificity in both the volume and nature of this violence (Dobash and Dobash, 1998). It is with these points in mind that the next chapter moves on to discuss how such cultural specificity is translated into policy through a process of representation.

Chapter 3: Framing the Problem: Addressing ‘honour’-based violence

3.1 Introduction

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: 20)

This quotation from Garland – taken from his discussion of the sociology of punishment and penal policy – reminds us that social problems are always identified, defined and framed by wider historical, political and cultural factors (Considine, 2005). Not only can this process of framing obstruct alternative ways of thinking about such problems (Considine, 2005), but it may also create barriers as to what conditions can and cannot be realistically altered in order to generate change (Berns, 2004). Speaking with regards to the notion of HBV, Marai Larasi, Executive Director at Imkaan, cautions

When we speak of particular phenomenon [sic] in certain ways [...] we fix it in people’s minds [...] we become politically and intellectually immovable in unhelpful ways – and we do not push ourselves to rethink or have our ideas evolve. (Larasi, 2013b: 3)⁵⁸

As the previous chapter has shown, despite the potentially wide applicability of the notion of honour in the context of interpersonal violence, the term has been reserved and widely accepted as a means to label acts believed to occur primarily within particular non-Western cultures. This narrow image, Larasi argues, limits room to interrogate “how ideas of ‘honour’ may operate in different contexts”. Furthermore, she adds, the limited context in which it is applied creates silos that “do not always exist in [...] lived experiences” (*ibid*: 3).

⁵⁸ Imkaan describes itself “as a UK-based, black feminist organisation dedicated to addressing violence against women and girls” (Imkaan, n.d.).

Garland's observation has particular resonance in the context of honour and HBV in the UK and the way in which this crime problem has been understood. As a phenomenon that predominantly affects women, HBV has been situated within feminist discourses surrounding VAW (Meetoo and Mirza, 2007a). At the same time, as a perceived ethnicised type of violence it has simultaneously been encompassed within discourses of multiculturalism. Problematically, while the former focus on challenging gendered inequalities and hierarchies (Hester, 2013) and have been criticised for overlooking differences *between* women, the latter focus on challenging cultural inequalities based on racial and/or ethnic hierarchies (Kymlicka, 2007) and are often critiqued for being gender blind (Mirza, 2009). In other words, it is argued that a disjuncture exists between anti-sexist policies – which focus on the white British female – and anti-racist policies – focusing on the minority ethnic male (Crenshaw, 1991) and that this threatens to marginalise those at the intersections of difference. In this chapter I argue that, while greater recognition of difference has led to a greater representation of minority women's needs it has simultaneously created a propensity

For state institutions to 'exoticise' the more dramatic *culturally specific* practices [...] and to isolate them from wider debates on violence against women and state accountability [Something which] [...] creates a parallel universe where domestic violence against minority women is considered 'different' from that experienced by white women, requiring 'different' analysis and solutions based on their racial and religious identities. (Patel and Siddiqui, 2010: 109, emphasis added)

What this means in practice is that, while we identify VAW in non-Western communities as 'cultural' – a process which Razack (1994) refers to as the 'culturalisation of violence' – the cultural aspects of VAW within white western communities remain seldom acknowledged (Volpp,

2005). This chapter aims to explore this implied disjuncture by disentangling issues of intersectionality and difference. In doing so, it aims to frame “broader intellectual and political developments” with regards to responses to HBV in order to highlight the limitations of “law’s [and policy’s] representational role” (Conaghan, 2009: 40). This chapter will centre on the following questions:

- (1) How can social movement groups problematise the notion of ‘difference’ without falling into the ‘pitfalls of identity politics’?⁵⁹ And;
- (2) How is it possible to recognise cultural specificity in violence without (a) ignoring the interrelatedness of the various forms of VAW or (b) homogenising experiences within any one particular group of women?

This chapter begins with a discussion of the complex relationship between identity and representation before turning to the ways in which ‘the problem of identity’ (Bauman, 1996) – or rather the problem of difference(s) – can be managed. Following this, the chapter looks at the practical problems of representation within social policy. Drawing in particular upon the works of Nancy Fraser, Nira Yuval-Davis and Iris Marion Young, the chapter concludes by concentrating on the representation of HBV (and VAW more broadly) within feminist and multiculturalist debates and the manner in which this framing has influenced responses to HBV within the UK. While the purpose of this chapter is not to present a comprehensive review of all VAW and HBV policy, key

⁵⁹ While it goes beyond the constraints of this thesis to discuss the issue in detail, the use of the term social movement discourses is a recognition of the fact “that what is being discussed and acted on is never unanimous but often challenged and negated by opposing groups” (Johnston, 2002: 67). In other words, although social movements are not united by a common central ideology – for example, ‘feminism’ and the recognition of gender – these social movements are comprised of different political, ideological, and philosophical positions and goals – that is to say, for example, multiple ‘feminisms’ (see *inter alia* Bryson, 1999; Buker, 1999). Similarly, while it is possible to think of multiculturalism as “a social movement toward openness and diversity” (Yang, 2000: 278) which challenges white Eurocentric dominance, it is comprised of multiple disenfranchised groups (Foster and Herzog, 1994) with potentially different and/or conflicting political and ideological aims. Bondi (1993: 82) suggests that the pitfalls of identity politics “manifest especially in notions of authentic identities and hierarchies of oppression”.

policy debates, issues and documents will be drawn upon to demonstrate the manner in which HBV has been culturalised.⁶⁰

3.2 Identity, Difference and Representation

One day I learnt,
A secret art,
Invisible-Ness, it was called.
I think it worked
As even now you look
But will never see me. (Bhabha, 1990: 189)

What has been highlighted thus far is the manner in which discussions of honour – whether individual or collective, vertical or horizontal – are fundamentally tied to the concept of identity. This connection is evident both in the manner through which the honour-shame nexus is used as a mechanism to control or regulate social inclusion and exclusion, and also through the way in which honour is principally framed as a non-Western phenomenon linked to particular collectivist cultures (Carline, 2011). Although identity is a highly contested concept with no unified definition (see Yuval-Davis, 2010), within the context of this thesis it is taken broadly to mean those characteristics that constitute the ‘I’ (*the individual*) and/or the ‘we’ (*the collective*). What discussions have indicated so far, however, is that this ‘I’ and ‘we’ are intimately connected (see Tajfel and Turner, 1979). Identity is shaped by both individual esteem – self-worth derived from personal characteristics – and collective self-esteem – that which is gained through group

⁶⁰ See Groves and Thomas (2014) for a more comprehensive review of VAW policy and legislation or see Gill *et al* (2014) or Sharma and Gill (2010) for a more comprehensive review of HBV within policy and legislation.

membership(s) (Garcia and Sanchez, 2009), which ultimately lead to the construction of either a positive or negative sense of self (Moskowitz, 2005).

The contentious and often conflictual nature of, on the one hand, identity – that is, the essence of the individual ‘I’ or collective ‘we’ – and on the other, representation – that is, how the ‘I’ or ‘we’ are seen and portrayed by others (Bhabha, 1990) have already been discussed. This is a particularly pertinent debate within the context of honour and HBV. Particular minority ethnic communities are often represented as regressive or morally inferior (Gill, 2006; Phillips, 2012). The women from within these communities are frequently constructed as passive victims of culture (Kapur, 2002), and the VAW they experience is regarded as fundamentally different from ‘mainstream’ VAW (see for example, Idriss, 2017) requiring unique explanations and responses (Patel and Siddiqui, 2010). In other words, particular forms of violence or violence within particular communities have become culturalised. That is to say, culture has become the primary lens through which this violence is understood (Razack, 1994; Jiwani, 2008). What is important to note, however, is that representations are never complete (Phelan, 2003); rather than representing the entire person/collective, representations are based on partial, distorted, and subjective interpretations of the ‘self’ and the ‘Other’ (Cooper, 2009). In other words, representation “fails to reproduce the real exactly” (Phelan, 2003: 106). Therefore, as the poem quoted by Homi Bhabha at the beginning of this section suggests, it is possible for one to be seen without really being seen.

To begin this discussion it is important to acknowledge the interconnectedness of representations and identities. Indeed, “identities are always constructed through and against representations” (Howarth, 2002: 20). An individual’s identity is contingent not only upon how they define themselves (*self-awareness*) but also upon (a) how they are seen by others (*self-other-awareness*) and – in a way that is reminiscent of Cooley’s (1922) idea of the *looking-glass self* – (b) how they

see themselves through the eyes of these others (*self-other-self-awareness*) (Cooper, 2009). Social appraisals/evaluations – or metaperceptions – therefore, give meaning and purpose to social action or interaction (Cooper, 2009).⁶¹ Moreover, they act as a measure of social approval or acceptance (Wallace and Tice, 2012) – that is, as a signifier of belonging. As Baumeister and Leary (1995 cited in Wallace and Tice, 2012: 127) assert, all “individuals share a fundamental need for assurance of connection with people who accept them”. It is this essence of belonging which forms the basis of social groups (Young, 1990) and thus:

While groups do not exist apart from individuals they are socially prior to individuals ...
social groups reflect ways that people identify themselves and others, which lead them to
associate with some people more than others, and to treat others as different. (*ibid*: 9)⁶²

In this context, identity becomes not only a mark of unity, it also becomes a symbol of division.

It follows then that identity construction is an inherently subjective process based around a recognition of who one is as well as who one is not – the ‘Other’ (Sarup, 1996). It is only in the presence of these others that an individual or social group really defines who they are (Hall, 1989; Young, 1990). In other words, while identities as “a reciprocal reality” (Mishra *et al*, 2009: 84) are largely based on similarities, they are ultimately reinforced through *difference* (Hall, [1996] 2000). This notion is akin to Jacques Lacan’s concept of the *Stade du Miroir* (‘mirror stage’) – a process through which an infant recognises and develops a sense of self whilst simultaneously becoming

⁶¹ Despite the fact that these so-called metaperceptions are typically discussed within the context of interpersonal relations, Frey and Tropp (2006) suggest that similar principles can be applied to intergroup relations and the manner in which in-group and out-group members see each other.

⁶² Young (1990: 44) emphasises that “a social group is defined not primarily by a set of shared attributes, but by a sense of identity”. The ‘black’ social movement, for example, may consist of men and women who do not share exactly the same skin tone, but they share a sense of collective experience. Whereas, conversely, individuals may share the same attribute of having blue eyes but, as they have no collective experience in common, they do not constitute what Young defines as a social group.

aware of its distinctiveness from the “(M)other” (Schroeder, 1998: 69).⁶³ That is to say, the ‘(M)other’ acts as a mirror through which the self is reflected (Schroeder, 1998). Whilst Lacan conceptualises this mirror stage as a phase of adolescence, this process of self-other awareness is nonetheless one which continues throughout the life course. Indeed, Hall (1989) reminds us that identity is neither given nor fixed but rather is a malleable narrative continuously developed in interaction with others – some of whom we identify *with* and some of whom we identify *against*.

While the construction of identity is intimately connected to how individuals are represented by others (Young, 1990), it is important to recognise that this process is based on already established and socially ‘accepted’ stereotypes (*ibid*) – men as assertive, women as passive, particular non-Western cultures as intolerant or backward and so on. In this way identity “marks the ways in which we are the same as others who share that [same] position, and the ways in which we are different from those who do not” (Woodward, 1997: 1-2). These notions of sameness and difference subsequently become markers through which social systems of privilege/oppression, inclusion/exclusion are maintained (*ibid*; Young, 1990). Indeed, difference is almost always constructed in contradistinction to “the vantage point of some claimed normality” (Minow, 1985: 204). This is evident in the traditional manner through which identity characteristics have been compartmentalised and constructed as binary opposites – the ‘us’ and the ‘them’ (Hall, 1997; Sarup, 1996). Within the construction of such binaries one category is typically portrayed as subordinate to the other (Derrida, 1981 cited in Hall, 1997). For example, in polarities such as male-female, heterosexual-homosexual (Boswell, 1992), white-black, and occidental-oriental (Said, 1978), the latter tend to be constructed as subordinate to the former.⁶⁴ It follows from this that, not only does the identification of the ‘Other’ and the meaning of difference become steeped in subjectivity, but also that its representation, as an inherently political process,

⁶³ “(M)other” is written in this way to convey how the individual the infant recognises as the ‘other’ can be someone other than their birth mother (Schroeder, 1998).

⁶⁴ Black here is taken in its broader political sense to encompass the ‘non-white’ population (See *inter alia* Brah, 1996; Modood, 2007).

encompasses the use of symbolic power (Hall, 1997) – a process through which only the subordinate social group is constructed as different or abnormal (Young, 1990; Minow, 1985).⁶⁵

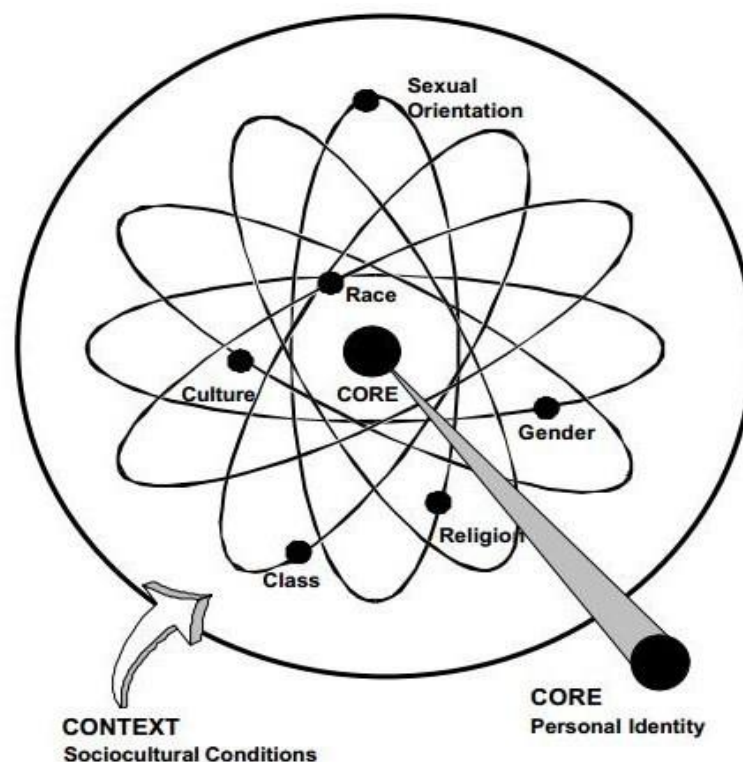
While for some, then, identity is banal or taken-for-granted (Billig, 1995), for others identity and difference become the site of political struggle (Young, 1990).⁶⁶ The emergence of ‘collective’ social movements as part of a wider move toward a politics of identity or difference (Crenshaw, 1991; Young, 1990) has played a key role in problematising this notion of difference (Adkins, 2006; Woodward, 1997) by reclaiming the derogatory labels – feminine, black, gay – used to differentiate these marginal groups from the ‘norm’ (Modood, 2007). Such movements developed as a “politics of solidarity” (Brah, 1996: 97) through which groups could celebrate their uniqueness and highlight their collective oppression (Woodward, 1997). The feminist movement, for example, was largely founded on an image of a collective womanhood steeped in the ideological image of a “monolithic ‘women’s experience’” (Harris, 1990: 588). Similarly, the British black movement – which emerged within a broader context than was originally used in the USA – was founded upon a collective non-white or Afro-Asian experience (Brah, 1996). Representations, then, are not neutral but rather are acts of power (Owens, 1992). That is to say, identity becomes “a ‘means of asserting one’s rights in a political community’” (Cohen, 1979 cited in Lyon, 1997: 202-3).

Despite challenging notions of difference, these movements have received sustained criticism: firstly, for employing ‘strategic essentialist’ ideas (see for example, Crenshaw, 1991) based on an image of in-group homogenisation, and secondly, for ‘forcibly fragmenting’ individual experience and reducing oppression to a single causal factor (Brah, 1996; Crenshaw, 1991; Woodward, 1997)

⁶⁵ Symbolic power in this context is the ability “to make people see and believe, to get them to know and recognize, to impose the legitimate definition of the divisions of the social world and, thereby, to make and unmake [dominant and subordinate] social groups” (Bourdieu, 1982: 221).

⁶⁶ While Billig (1995) generally refers to nationalism and national identity as banal, the same principles can be extended to other facets of identity.

– for example, sexism or racism. In other words, identity is represented as static and universal (Woodward, 1997).⁶⁷ This, Brah (1992) argues, obscures other potential similarities and differences between the ‘us’ and ‘them’ and the multiplicity of ways in which difference (and oppression) is experienced.⁶⁸ Indeed, as indicated in the previous section, individuals possess multiple facets of self (identities) which are utilised in different contexts (Baxter and Margavio, 2000).⁶⁹ Jones and McEwen’s (2000) model (*see figure 1*) is a useful way of visualising this multiplicity and interchangeability of identity in that it represents not an all-encompassing portrait of an individual’s identity but a cross-sectional snapshot of their identity at one particular moment in time and in the presence of particular sociocultural conditions. By purposefully depicting different facets of social identity as orbital rings surrounding the ‘core’ – that which represents an individual’s personal identity – the model helps to conceptualise the way in which multiple facets of social identity can engage simultaneously (*ibid*).



⁶⁷ Identity is seen as fixed and predicated on the (false) idea that all those who are members of a particular identity group – for example ‘women’ – will share the same or ‘universal’ characteristics (Woodward, 1997).

⁶⁸ See also Young (1990) for a more in-depth discussion of the different manifestations of oppression.

⁶⁹ Some of these identities will play a more salient role than others. Some work in isolation while others work in conjunction with other characteristics (Burke and Stets, 2009).

Figure 1: ‘Model of Multiple Dimensions of Identity’ Adapted from Jones and McEwen (2000: 409).

Due to the ever changing boundaries between the ‘us’ and ‘them’, traditional dichotomous categories of identity – black/white, man/woman, western/non-western and so on – are destabilised (Allen, 1994; Conaghan, 2009; Hall, 1989), and the ‘shared’ experiences of collective social groups – if they ever were truly shared – become increasingly disjointed (Young, 1990; Yuval-Davis, 2010). The transient nature of people, ideas and values, Hall (1990) argues, has further opened up opportunities for ‘new’ facets of identities to be created and incorporated within the self. Identities, therefore, rarely fit into neat ‘containers’ (categories) but rather are fluid and spill over into multiple different genera (Bauman, 2004). In other words, identity cannot be compartmentalised as either “this [or] [...] that; but rather this *and* that” (Kearney, 1984: 110 cited in Abes *et al*, 2007: 3, emphasis as original). Individual characteristics must be understood as existing or functioning in conjunction with other facets of identity rather than singularly (Jones and McEwen, 2000) – a particularly important notion when identity is comprised of multiple differences. Problematically, however, the division of these traditional social categories makes it impossible to capture all experiences simultaneously and holistically (Abes *et al*, 2007) and renders it potentially problematic to speak either of or for any category – men, women, black, white and so on – as either homogeneous or discrete without marginalising the *lived experiences* of those who exist as neither the ‘Norm’ nor the ‘Other’ but rather as an in-between group (Bhabha, 2004).⁷⁰

This is not, however, to advocate a total rejection of these collective social movements. Indeed,

⁷⁰ It is possible to view these ‘liminal’ identities not only *within* groups – for example, in the liminality of bisexual or transgender identities within the binaries associated with sex/sexuality (Whitney, 2001), but also *between* groups in what Bhabha (2004: 313) refers to as “hybrid hyphenations” – for instance, Black-women or British-Muslims.

In the absence of some sense of the whole, some conception of the complex social formations that constitute and constrain subjects, we end up with an impoverished model of the subject, that overestimates its capacities for self-creation and self-transformation, as well as a very limited understanding of the forces we must subvert in order to make possible the construction of alternative subjects (Weeks, 1998 cited in Conaghan, 2009: 40).

It is important to recognise, nevertheless, that any denial of difference, whereby the experience and culture of the dominant groups is universalised and established as the norm (Young, 1990, Yuval-Davis, 2006b), can further the oppression of members of particular social groups that exist on the margins (*ibid*).⁷¹

3.3 ‘Social Justice’ and the Practice of Representation

Major social movements are spawned in obscurity at the periphery of public awareness, seem to burst suddenly and dramatically into public view, and eventually fade into the landscape not because they have diminished but because they have become a permanent part of our perceptions and experience. (Adler, 1975: 5)

What the previous section has highlighted is both the intimate and problematic nature of the relationship between identity and representation. While identities are constructed around and against representations (Howarth, 2002; Hall, 1989), it is important to remember that these representations are neither complete (Phelan, 2003) nor neutral (Owens, 1992). Representations become not only a marker of similarity(ies) and difference(s), they also signify notions of collectivity/belongingness and ‘Otherness’. They reinforce and perpetuate wider social systems of

⁷¹ Young (1990) refers to this particular form of oppression as ‘cultural imperialism’.

dominance and inferiorisation (Woodward, 1997; Young, 1990). Indeed, the use of identity as a political means to assert rights with *and against* others in a political community is long-standing (see Owens, 1992; Cohen, 1979; Lyon, 1997). Nonetheless, the dichotomous way in which identity – or difference – has been constructed has, at least historically, resulted in the socio-political dominance of the norm or privileged group over the ‘Other’. More recently, however, marginalised groups have utilised such differences (Adkins, 2006; Woodward, 1997) to challenge social hierarchies that propagate the notion of difference as natural and social inequality as functional (Newman and Yeates, 2008), in other words, to make social justice claims.⁷² Yet, while it is this “sense of group identity and solidarity” Heberle (1951: 7) argues, which is crucial in the construction of social movements, it is important to recognise that social action remains heavily contingent upon the way in which a problem is framed (Benford and Snow, 2000).⁷³

Claims for social justice, then, act as “a mobilising ideal” (Newman and Yeates, 2008 cited in Lister, 2010: 256) for solidarity within marginalised collectives (Brah, 1996). Indeed, despite the commonly contested nature of this solidarity, social movements are often characterised as *collective* challenges, founded upon *common aims* which act as *political* means through which to strive for social justice (Lister, 2010). That is to say, social movements challenge dominant hegemonic discourses and the natural and functional nature of social hierarchies and inequalities (Newman and Yeates, 2008). What is more, such movements often play an important stage in the construction and institutionalisation of policy and legislation (Jenness and Grattet, 2001) – a point to which I will return later in this chapter when discussing the role of feminism in the anti VAW agenda. The process of framing is therefore an integral “part of contemporary struggles to shift boundaries of inclusion and exclusion” both within and between categories (Ferree, 2011: 63). As

⁷² While all claims are unique, all social justice claims are made within the context of rights, fairness, dignity, and ‘equality’ (Lister, 2010; Rawls, 1999).

⁷³ Heberle (1951: 7) argues that a sense of group identity is essential because it is “only when the acting individuals have become aware of the fact that they have sentiments and goals in common” that social action can be realised.

Fraser (2007: 23) asserts, whether implicit or explicit “no claim for justice can avoid presupposing some notion of representation”. Put simply,

Framing functions in much the same way as a frame around a picture: attention gets focused on what [and thus, who] is relevant and important and away from extraneous items in the field of view. (Noakes and Johnston, 2005: 2)

The way in which a problem is framed, then, directly impacts upon *how* and *who* is represented within a social movement, and who is not.

3.3.1 Problem Framing: Redistribution, Recognition, Representation

It follows then that framing tends to restrict not only the explanations of social phenomena but also the range and type of strategies which are advocated for resolving them (Benford and Snow, 2000). For Fraser (2007: 29), the notion of framing is a matter which focuses “not only on the ‘what’ of justice, but also on the ‘who’ and the ‘how’”. In other words, in understanding the dynamics of social movements it draws our attention to how society is organised, conceptualised, and mobilised, and to the strategies advocated for resolving particular disparities or “problematic situation[s]” (Benford and Snow, 2000: 616). Traditionally, social movement claims have been framed in one of two ways: either as a matter of economics within a politics of *redistribution*, or as a cultural issue within a politics of *recognition* (Fraser, 2003). While the distinction between these two paradigms is less than clear-cut (see Lister, 2010; Fraser, 2003), redistributive claims – commonly associated with so-called ‘old’ social movements (OSMs) – have tended to align with the notion of class as the primary division in society, while recognition claims – linked to ‘new’ social movements (NSMs) – are situated within a broader politics of identity (Lister, 2010).⁷⁴

⁷⁴ ‘Old’ social movements (OSMs) include, for example, the abolitionist (of slavery) movement or labour movement, while ‘new’ social movements (NSMs) emerging during the 1960s include, for example, gay, civil rights, second-wave feminist and multicultural movements (see Crossley, 2002).

While the former see the redistribution of resources and wealth as the means to a more just society (Fraser, 2003), the latter see the issue of class difference as simply “one *among a range* of inequalities attached to the construction of social differences” (Lewis, 2003 cited in Lister, 2010: 257, emphasis as original). Social justice in a politics of *recognition* therefore is, in principle, framed in order to include inequalities of all kinds (Barry, 2005).

However, it is important to remember that differences in the meanings attached to social interaction and how disparities are conceptualised affect the type of collective action which is advocated. While social justice issues within a *redistribution* paradigm are based on assimilation and anti-differentiation, social justice within a *recognition* paradigm is rooted in a revaluation of difference and the rejection of assimilationist strategies which are seen as perpetuating institutionalised oppression and domination (Fraser, 1995; Young, 1990). Rather than focusing on the distribution of material goods, a politics of recognition challenges the social structures and institutional contexts which preserve these distributive arrangements (Young, 1990). In other words, recognition politics goes beyond criticizing “merely the distribution of the dominant good” – for instance, labour or wealth – by “[criticizing] the structure of dominance itself” (Walzer, 1983 cited in Young, 1990: 17). Recognition politics is based, therefore, on a belief that the distribution of material goods is not simply a case of who has what, but is inherently connected to the distribution of power and decision making (Newman and Yeates, 2008; Young, 1990) – a sense of power that is deeply rooted in group differences (Fraser, 2003).

Having said that,

[D]espite the differences between them, both socio-economic injustice and cultural injustice are ... deeply rooted in processes and practices that systematically disadvantage some groups of people vis-à-vis others. (Fraser, 1995: 72)

Many social justice issues can be understood both distributively (socio-economically) and non-distributively (culturally) (Fraser, 1995; Young, 1990). Non-recognition “tend[s] to happen to groups who are already economically disadvantaged” and this in turn may “perpetuate material inequalities” (Newman and Yeates, 2008: 17). Fraser (1995) refers to such groups as ‘bivalent’ collectivities and provides gender and race as key examples.⁷⁵ If we take gender, for example, Fraser (1995) asserts that women have traditionally occupied more domestic or private sphere roles. As a *distributive* issue, an unequal division of labour refers literally to the allocation of jobs or roles between men and women (Young, 1990). On the other hand, however, such division of labour can also be linked to the masculinisation or feminisation of particular skills and personality traits and thus may also be viewed as a *non-distributive* issue (Fraser, 1995; Young, 1990). Similarly, while exploitation and marginalisation within the labour market can be blamed as the root cause of injustice amongst BME populations within the UK, media stereotyping and general racist hostility offers an alternative way of conceptualising such injustices (see *inter alia* Fraser, 1995; Phillips, 1998; Young, 1990). For bivalent collectivities, then, redistribution and recognition politics become mutually imbricated and thus claims for social justice among such groups “requires *both* redistribution *and* recognition [remedies]” (Fraser, 2003: 9 emphasises in original).

It follows then that in today’s NSMs the ‘what’ of justice is no longer universal and “claimants couch their demands in a variety of idioms, which are oriented to competing goals” (Fraser, 2009: 2). While bivalent collectivities must, on the one hand, “pursue *political-economic remedies* that would undermine... differentiation” they must simultaneously seek “*cultural-valuation remedies*” that emphasise difference (Fraser, 1995: 82, emphasis added).⁷⁶ The resulting situation is one in

⁷⁵ Fraser conceptualises collectivities as existing on a continuum from those marginalised purely through economic injustices to those marginalised through cultural injustices. In doing so, she recognises the intertwining nature of these two forms of injustice and therefore questions the extent to which any “pure collectivities” of either sort exist (Fraser, 1995: 76).

⁷⁶ Fraser (1995) refers to this as the ‘redistribution-recognition dilemma’.

which claims for justice concerning a demand for socio-economic redistribution clash with those seeking recognition of cultural specificity (Fraser, 2009). As Benford and Snow (2000) note, contentions in the process of framing may occur internally *within* social movements as well as externally *between* them. For this reason, Fraser contends that justice claims should be understood as three-dimensional encompassing not only the economic (redistribution), and the cultural (recognition), but also the political or ‘representation’ as she puts it.

Whether the issue is distribution or recognition, disputes that used to focus exclusively on the question of what is owed as a matter of justice to community members now turn quickly into disputes about who should count as a member and which is the relevant community. (Fraser, 2007: 19)

3.3.2 Intersectionality and the Struggle for Representation

Rainbows include the whole spectrum of different colours, but how many colours we distinguish depends on our specific social and linguistic milieu. (Yuval-Davis, 2006a: 203)

Despite acknowledging the importance of Fraser’s work in highlighting the potential strengths and weaknesses of identity politics with regards to feminist and other marginalised collectives’ claims for recognition, Yuval-Davis (2011a: 155) argues that “the dichotomy of recognition and redistribution politics can ultimately be misleading”. Recognition claims, she argues, always include a degree of construction when it comes to collective or group identity (Yuval-Davis, 2006b). Indeed, the fundamental problem with the recognition-redistribution dilemma, she continues, is that it tends to reify and essentialise – at least strategically – “the particular identity category[ies] around which the collective in question are attempting to build social and political movement” (Yuval-Davis, 2011a: 161). In the context of feminist social movements, for example,

claims fundamentally concern challenging gender inequalities and hierarchies (Hester, 2013) while overlooking other facets of social identity which can also contribute to wider systems of privilege and oppression. Problematically, rather than acting as sites of political solidarity, identity politics risks fragmenting claims for justice (Choonara and Prasad, 2014). Moreover, it raises issues about political representation (Fraser, 2009) within social movements as well as between them.

The question here then becomes more than simply what groups are afforded the right to make social justice claims (the included) and who are not (the excluded) (Fraser, 2007), it becomes a deeper concern about who speaks on behalf of the group as a whole.⁷⁷ Yuval-Davis (2011b: 13) emphasises this point stating that “social locations [...] even in their most stable format, are virtually never constructed along one power vector of difference”. Despite the importance and impact of universalising movements such as feminism in mobilising policy changes (Montoya and Agustín, 2013), prioritising one location – for example race or gender – over all others inevitably overlooks those situated at the margins or ‘intersections’ of difference (McCall, 2005). For instance, a key policy area which feminism has successfully mobilised is the VAW agenda. While the emergence of this agenda brought attention to the seriousness of VAW within the private sphere – a point which will be returned to later in this chapter – it has since been criticised for its overemphasis upon an image of “collective victimhood” amongst women (Thiara and Gill, 2010b: 42). Criticisms have primarily been structured around two key arguments. Firstly it is argued that feminism falsely assumes a unified category of ‘woman’ which encompasses “a monolithic ‘women’s experience’ that [can] be described independent of other facets of experience like race, class, and sexual orientation” (Harris, 1990: 588). Secondly – and linked to the first point – this framework is therefore founded upon a particular (Western) cultural standpoint (Mohanty, 1991).

⁷⁷ This tendency for essentialism is one of identity politics biggest pitfalls (see for example, Bondi, 1993).

In calling for greater recognition for women as a collective, feminism has frequently failed to account for varying social constructions of gender. Not only has this privileged representations of the needs and experiences of (straight, white, middle-class) Western woman, but in doing so it has silenced the needs and experiences of women in ‘Othered’ minority groups (Harris, 1990).⁷⁸ With this omission in mind, many academics have argued that intersectional theory is not only desirable in attempts to understand traditionally marginalised individuals lived experiences (see for example, Crenshaw, 1989, 1991; Collins, 2000; Yuval-Davis, 2011b), it is “vitally important” (Yuval-Davis, 2011b: 13). Intersectionality – a term which is typically credited to Kimberle Crenshaw (1989, 1991) – has its historical roots within Black feminist activism. While acknowledging the importance of gender as an identity marker, such black feminists began to challenge its pre-eminence (Bolich, 2007). Indeed, to be homosexual, black or ‘different’ in any other way means “to engage a political identity defending [multiple] identities marginalized by society” (*ibid*: 40). Ultimately in challenging such essentialist views, black feminist activists and academics have sought to highlight how difference and intersectionality have “real-life consequences” for oppressed individuals and groups – including victims seeking redress for VAW (Sokoloff and Dupont, 2005: 43).

As a theoretical framework, intersectionality attempts to map multiple forms of difference in order to show how systems of privilege and subjugation can conflate to form a “many layered blanket of oppression” (Crenshaw, 1991 cited in Yuval-Davis, 2006: 196).⁷⁹ Unlike traditional identity politics, therefore, intersectionality is aimed at examining experiences of oppression both *within* categories – for example, gender and race – and *across* categories (McCall, 2005). No one

⁷⁸ In this context the term ‘Othered’ minority groups includes, yet is not limited to, women from BME groups, disabled women and lesbian and bi-sexual women. However, this gender essentialism may also silence the experiences of male ‘victims’ of HBV.

⁷⁹ The experiences of feminists of colour were particularly significant in the development of intersectional theory. Such feminists felt overlooked by the essentialism of a feminist movement based on a universal (white, middle-class, heterosexual) women’s experience (Conaghan, 2009) which ignored the complexities behind the oppression of women from other marginalised communities (Kalev, 2004).

location is held as the sole or principal cause (Reynolds, 2010), rather oppression is seen as part of a complex matrix of domination and subordination. Intersectionality has thus developed as a critique, rather than an outright rejection, of the use of single-identity social movements which depict identity as fixed, thereby falsely reducing oppression to a single causal factor (Brah, 1996; Crenshaw, 1991; Woodward, 1997). While identity politics tends to hinge on division and difference, intersectionality aims to acknowledge and accommodate difference within a more inclusive politics (Choonara and Prasad, 2014). Subsequently, rather than recognising oppression as a simple additive model in which, for example, “racism plus sexism plus classism equals triple jeopardy” (King, 1997: 222), intersectionality attempts to recognise identity as being both dynamic and contextual (Montoya and Agustín, 2013).⁸⁰

Yet while intersectionality is often conceptualised as a ‘map’ of identity whereby those at the margins – those of difference – are situated at the juncture between different markers of identity, I argue here that it is far more fluid than this imagery suggests (Reynolds, 2010). This is not to suggest that the metaphor of the map be completely dismissed, however this imagery must be recognised as merely a “surface representation” which may fail to account for the ‘richer topography’ of individual lives (Conaghan, 2009: 41). With chapter 2 demonstrating the importance of honour as both a central aspect of an individual’s core identity and a link to wider collective identity, I believe that Jones and McEwen’s (2000) model (see *figure 1*) is a helpful conceptual image to demonstrate the transient and cross-sectional complexity of identities and intersectionality. Indeed, not only does this model highlight both the fluid and interchangeable nature of identity, it further demonstrates the manner in which this is deeply affected by wider socio-cultural conditions in which an individual is situated – for example, rurality. The practical problem of intersectionality therefore becomes “a problem of representation” (Conaghan, 2009: 24).

⁸⁰ This triple jeopardy is held in contrast to the white, heteronormative, upper-class, male ideal.

It is further necessary to recognise that while the intersection of multi-layered oppression may be evident within the lived experience of marginal groups, it is often only alluded to in research (Smooth, 2013).⁸¹ As Deo and McDui-Ra (2011: 41, emphasis added) assert, “Intersectional demands are not primarily demands for recognition. Rather they are demands for *accurate* recognition in order to make redistributive claims”. In other words, intersectional demands aim to traverse the divide between recognition and redistribution claims (*ibid*). For instance, while there are common practical issues in relation to ‘victims’ help-seeking abilities – for example, childcare, housing, transport, and money – Montoya and Agustín (2013) stress that for ‘Other’ women, these issues are often exacerbated by additional sources of oppression – for example, racism, homophobia, and so on – which may limit the availability and appropriateness of service provision. Indeed, because of the limited amount of attention paid to the impact of intersectionality in policy and legislative decision making (Verloo, 2006) such variations in experience are seldom adequately reflected in legal and political discourse (Crenshaw, 1991). It follows then that, even when provision is available to ‘victims’ of VAW, often it may not meet all the needs of ‘Other’ ‘victims’ – a point which will be returned to in the final subsection of this chapter.

Montoya and Agustín (2013) further demonstrate how, even when intersectional needs are considered in the formulation of policy, difference is not always accounted for in a way which represents the best interests of the ‘victims’ they are designed to protect.⁸² Although it is important to acknowledge contextual differences in ‘victims’ experiences, they argue, often differences are overemphasised in exclusionary ways. In contrast to inclusive intersectional efforts

⁸¹ Choonara and Prasad (2014) further critique that a fundamental limitation of intersectionality is that “as an approach it is content to remain at the level of experience, rather than attempting to understand the sources of the intersecting oppressions that it describes”.

⁸² Montoya and Agustín’s (2013) methodology was to analyse the role of intersectionality in European Union (EU) policy texts.

which attempt to avoid stigmatising certain minority groups by incorporating difference in productive ways, exclusionary approaches to intersectionality tend to “construct and emphasise the difference between an ethnic majority ‘us’ and an ethnic minority ‘them’” (Montoya and Agustín, 2013: 5). In the context of VAW against BME women, then, the result is either that their needs and experiences remain hidden or that their experiences of violence become hyper-visible and depicted as a cultural pathology (*ibid*). Drawing upon key policy and legislative documents, the remainder of this chapter focuses on looking at this practical problem of intersectionality within the context HBV within the UK.⁸³ Within this final subsection I have paid particular attention to the following questions: How are specific manifestations of violence and abuse defined in relation to one another? In what ways are particular forms of violence framed? And how does this framing impact upon practical and political responses to these problems? Ultimately I aim to show how, despite attempts to frame HBV as a fundamental violation of human rights, both the politicisation of culture (Wright, 1998) and the culturalisation of policy (Agustín, 2013) has led to the continuing culturalisation of particular forms of violence.

3.4 VAW Debates, Policy and Legislation: The Culturalisation of HBV

Despite the global prevalence of VAW there was, until the second wave feminist movement, limited research on this issue. While women were – at least historically – constructed “as breeders, ‘naturally’ [belonging] in the domestic world” (Magarey, 2001: 25), feminism forced questions around the sexual difference between men and women into the political domain (*ibid*). Feminists aimed to challenge the traditional notion of the home as the ‘proper’ place of women (Laurie *et al*, 1997) by

⁸³ I would like to take the time to remind the reader here that by HBV I mean to include broader forms of domestic abuse, forced marriage, female genital mutilation, and honour killings.

Transform[ing] personal power relations between men and women into the stuff of politics, taking what often occurs ‘behind closed doors’ and exposing it to the vicissitudes of public analysis and opinion making (Keetley and Pettegrew, 2002: xx).

In ‘politicizing the personal’ – that is to say, contesting the binary distinction between the ‘personal’ and ‘political’ – feminism began to challenge androcentric attitudes towards sexuality and gender normativity which had previously normalised VAW as an ‘acceptable’ form of behaviour (Kelly and Radford, 1996).⁸⁴ Accordingly, these feminist social movements began to afford VAW national and international recognition as a legitimate socio-political problem (Walklate, 2008).

It has been highlighted in this chapter that a key aspect of the political dimension of justice (representation) is about social belonging and the right to make justice claims (Fraser, 2007) – that is to say, the right to have rights (Fraser, 2009). A principle aim of feminist social movements was to reframe justice disputes ensuring equal political voice for all those who are or *should* be represented (*ibid*). Initially feminist movements aimed to challenge gendered inequalities between men and women. Gender-blindness was seen to manifest in gender-based prejudices and inequalities at an ideological, structural and practical level within social institutions (Montoya and Agustín, 2013).⁸⁵ Indeed Evans (2011: 604) argues that even when women have been included within “various kinds of ‘male’ preserves”, they often “had to mimic aspects of male behaviour”. Feminist advocates, therefore, began to demand greater *recognition* for women, first based on their gendered difference from men (Fraser, 2009) and later embracing their differences within the category of woman itself. In the context of the criminal justice system, for example,

⁸⁴ Both sexual and ‘domestic’ violence before this time had been interpreted as private matters not worthy of criminal justice attention (Groves and Thomas, 2014).

⁸⁵ It is often argued that the gender-blind nature of the criminal justice system is established upon an image of women as sexualised and subjugated and has thus produced discourses which marginalise women in their access to justice (see for example, Chesney-Lind, 2006).

feminists sought to challenge a system which was seen to be both phallocentric and ethnocentric (Walklate, 2008), that is, a system created *by* (white) men *for* (white) men (Rake, 2006). Accordingly, whether *mis*-recognised or *un*-recognised (Fraser, 2009), various feminist movements attempted to promote the interests of women marginalised by mainstream discourse.

Despite human rights not traditionally including those of women (MacKinnon, 2006), the demise of the 'Westphalian frame' and the globalisation of justice forced a "major shift in the geography of feminist energies" (Fraser, 2009: 100) in which human rights were extended into the private sphere (Okin, 2000). While human rights laws had traditionally focused on violations against the state, due to wider challenges to the dichotomy drawn between the private and public, women's rights became mainstreamed as human rights (Gill, 2014b; Pickup *et al*, 2001).⁸⁶ In recognition of VAW as a fundamental violation of human rights, violence and abuse in its various forms began to take a more prominent position in international human rights discussions (Pickup *et al*, 2001).⁸⁷ Indeed, due to the "legitimizing function of international law" (Sullivan, 1995: 126) landmark documents such as The Declaration on the Elimination of Violence against Women (EVAW) have not only given recognition to the seriousness of VAW within the private sphere, but have also signified a broader international commitment to ending *all forms* of VAW (Sullivan, 1995; Heyzer, 1998).

In recognising VAW as a global problem, the United Nations defined VAW broadly as

⁸⁶ The 1979 Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) is credited for resituating women's rights as human rights while The 1993 United Nations World Conference on Human Rights, Vienna placed gender based violence "unequivocally on the human rights agenda" (Pickup *et al*, 2001: 2).

⁸⁷ See Pickup *et al* (2001) for more detailed discussions of these developments in international law.

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations General Assembly, 1993)

Despite such recognition, it is important to recognise the way in which particular forms of violence have been framed. In article 2 of the EVAW declaration, for instance, this broad definition of VAW was extended specifically to include “harmful traditional practices” (HTPs) (*ibid*). Used to describe a wide range of ‘cultural’ or traditional practices, the term HTP effectively demarcated particular forms of violence from the issue of VAW more broadly (Pickup *et al*, 2001). Over time HBV, FGM and forced marriage have all been included within this notion of HTP (Gill, 2014b).⁸⁸ However this demarcation unintentionally implies that violence within Western societies is individualised and devoid of culture (Gill, 2014b). Furthermore, it simultaneously draws upon cultural essentialist attitudes which frame these practices as fundamental components of cultural identity (Narayan, 2000). Indeed as the literature presented so far has indicated, so-called HTPs such as HBV have become increasingly viewed as types of violence which are fundamentally different to other manifestations of abuse that exist primarily in ‘Other’ minority ethnic communities.⁸⁹ Not only has this fed into stereotypical perceptions of the non-Western ‘Other’ as being inferior, backwards and morally regressive (Gill and Brah, 2014; Pickup *et al*, 2001) but in doing so it has created an image in Western nations that these “imported foreign cultural practices” (Sabbe *et al*, 2014: 172) pose a threat to modern Western values.

While as a form of gender-based violence solutions to HTPs such as HBV have been situated within the context of VAW policies, the culturalised way in which these practices have been

⁸⁸ Gill (2014b) observes that between the 2000 and 2004 the UN and General Assembly adopted a number of resolutions specifically focused on the issue of HBV.

⁸⁹ The practical everyday implications of this differentiation are discussed in more depth in chapters 5 and 6.

framed have meant they have become entangled within debates about multiculturalism, immigration and diversity within the UK (Dustin and Phillips, 2008). While historically the UK's laissez-faire approach to multiculturalism has placed little pressure placed upon immigrants coming to the UK to adopt 'British' values (Murphy, 2016), today due to pervasive anti-multicultural or anti-immigration attitudes in the UK, there has been an increasing shift away from multiculturalism towards a return to assimilative integration and 'cohesion' (Mirza, 2009; Patel and Siddiqui, 2010).⁹⁰ Indeed, under the premise that multiculturalism can act as "a prescription for a de facto apartheid" (Community Cohesion, 2001 cited in Singh, 2003: 41), the UK has begun to move away from liberal multiculturalism in favour of an approach which emphasises a sense of *collective* British citizenship based on the adoption of *shared* values and *universal* rights (McGhee, 2008). "In short, the Other is [considered] just fine, but only insofar as his presence is not intrusive, insofar as this Other is not really other" (Žižek, 2008: 35). In other words, rather than attempting to accommodate differences through exceptions and exemptions (Fleras, 2009), differences are now only be supported if they are not *too* different from Western values and do not challenge this ideal of a collective 'British' identity (Mirza, 2009).⁹¹

Even though violence in the name of honour is not linked to any particular religion or culture (see chapter 2), the politicisation and mediatization of HBV as a cultural issue has led to the hyper-visibility of particular BME communities living within the UK (Gill, 2012). This culturalised framing of HBV is connected to a deterministic link between culture and violence (Agustín, 2013). Not only has this link resulted in the increased policing and profiling of certain minority communities within the UK (Sabbe *et al*, 2014; Wilson, 2010) but also helps to perpetuate this idea of a broader

⁹⁰ This is despite feminist(s) calls for a more 'mature multiculturalism' which was intended to challenge the cultural relativism of traditional liberal multiculturalism (SBS, 2003) without denying the importance of multicultural policies in their entirety (Patel, 2008).

⁹¹ See McGhee (2008) for a more in depth discussion of this change in multiculturalism in the UK.

cultural clash between 'Us' and 'Them' (Razack, 2004).⁹² Indeed, rather than being situated within the broader context of VAW, HBV has become increasingly linked to notions of extremism, terrorism, and radicalisation (see Wilson, 2010). Despite a lack of empirical evidence to link HBV with terrorism, this tenuous connection has resulted in particular HTPs like HBV being situated in the Government's 2015 Counter Extremism Strategy (Vaughn and McGowen, 2016).⁹³ Subsequently while particular BME men are depicted as inherently dangerous (Razack, 2004), women in these communities have become what Žižek (2008: 2) refers to as one of the "usual suspects" in "the struggle for hegemony in suffering". Problematically, however, not only does this reinforce the ideological perception that white men must save brown women from brown men (see Spivak, 1988), but subsequent responses risk focusing on social integration and the adoption of core 'British' values (Siddiqui, 2013). In other words rather than focusing on the collective root causes of VAW, emphasis in initiatives is placed upon how to alter fundamental cultural values in order to teach 'them' to be more like 'us' (Razack, 2004).

Historically under traditional liberal multiculturalist discourses, this culturalised framing of HBV has resulted in a position of cultural relativism (Dustin and Phillips, 2008). Subsequently, despite condemnation of these practices at international and national levels, this process of labelling prevented meaningful action at ground level (Beckett and Macey, 2001; Pickup *et al*, 2001).

Today however, imitating broader patterns across Europe (Sabbe *et al*, 2014), the UK government has taken far more active interest in responding to these 'cultural' issues. Responses are now two-

⁹² This is evident, for example, when examining the language used by the Judges the high profile case of the murder of Heshu Yones in 2003. Indeed, during this trial, the judge Neil Denison summated that "this is, on any view, a tragic story arising out of *irreconcilable cultural differences* between traditional Kurdish values and the values of western society" (BBC News, 2003, emphasis added).

⁹³ This link looks set to continue. Indeed in her first Prime Minister's Questions, Theresa May was asked by Nusrat Ghani MP whether she agreed that HBV is in actual fact an act of terror rather an act of honour. While not explicitly linking HBV to acts of terrorism, Theresa May responded by agreeing that "extremism does take many forms" and that the government would be committed to "tackling the root causes of some practices within communities" (Hansard HC, 2016). Follow link for access to the full strategy https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470088/51859_Cm9148_Accessible.pdf.

fold. On the one hand, thanks largely to the increased attention feminist movements brought to the issue, VAW including HBV are now viewed as criminal justice matters. Indeed as Snider (2008: 38) writes, “criminalisation has increasingly become the preferred remedy of the neo-liberal state when faced with social conflicts, deviance, and disorder”. Yet on the other hand, as a problem that is seen to be imported by and practiced within particular BME communities (Sabbe *et al*, 2014), HBV is increasingly encompassed within immigration debates and dealt with through the introduction of “draconian immigration controls” (Patel, 2012). Problematically as this chapter will now discuss, this dual framing has created what Agustín (2013: 144) refers to as a “discursive spill over between policy fields” in which BME ‘victims’ needs and experiences are frequently marginalised (Meetoo and Mirza, 2007b).

It is important to recognise from the outset the limitations of criminalisation as a solution to the problem of VAW. Not only does such a response rely on the knowledge and abilities of criminal justice agencies to respond appropriately, it also relies heavily on a ‘victims’ ability to recognise their own lived experiences as abuse (Groves and Thomas, 2014) – something which many ‘victims’ struggle to do (this difficulty is discussed further in chapter 5).⁹⁴ Despite these limitations, criminalisation remains a popular solution due to its symbolic power (*ibid*). As Sabbe *et al* (2014) argue criminalisation sends an explicit signal to wider society that a particular practice is unacceptable. For this very reason, they argue, criminalisation is often “a politically tempting move” because it suggests that an issue is being taken seriously (*ibid*: 182). Due to both the politicisation of particular cultures (Wright, 1998) and the culturalisation of particular forms of violence (Agustín, 2013), over the last decade or so there has been an increased interest on HTPs such as HBV. Indeed, despite that domestic abuse is still to this day not a stand-alone criminal offence within the UK, there continues to be a disproportionate legislative focus on certain

⁹⁴ This difficulty can come from a lack of knowledge about what acts are criminal (Groves and Thomas, 2014) or it may also stem from a ‘victims’ ability to normalise their lived experiences (see chapters 5 and 6).

‘cultural’ forms of abuse (Smee, 2013).⁹⁵ Subsequently while the actions of domestic abuse perpetrators are encompassed within piecemeal criminal and civil amendments (Groves and Thomas, 2014)⁹⁶ behaviours which are often constructed as unique to particular BME communities are facing increasing criminal justice intervention (Smee, 2013).

Unlike FGM which has been a criminal offence in the UK since 1985, forced marriage has only recently become a criminal offence under s. 120 and 121 of the Anti-Social Behaviour Crime and Policing Act (2014).⁹⁷ Prior to 2014 ‘victims’ were able to seek criminal remedies for many of the behaviours associated with the practice – for example, kidnapping, false imprisonment, rape and so on (Home Affairs Committee, 2008) – or apply for specific civil remedies under the Forced Marriage (Civil Protection) Act 2007. These civil remedies included applying for a Forced Marriage Protection Order (FMPO) which, if contravened, could result in perpetrators receiving up to two years in prison (Julios, 2016).⁹⁸ Despite criticisms that legislation alone is insufficient to end HTPs like forced marriage (Julios, 2016), in 2012 former Prime Minister, David Cameron publicly announced that forced marriage would become a criminal offence in England and Wales. Indeed, advocating for “decisive action” to be taken to end such an “abhorrent” practice, David Cameron declared that criminalisation would “send a clear and strong message: forced marriage is wrong, is illegal and will not be tolerated” (Home Office, 2012). Not only did his words reinforce this notion of law as a symbolic resource, they simultaneously drew upon the assumption that criminalisation would act as a deterrent for would-be perpetrators (Sabbe *et al*, 2014).

⁹⁵ The Domestic Violence, Crime and Victims Act 2004 (DVCVA) – commonly cited as the first legislation within the UK to directly address domestic abuse (Women’s Aid, 2007) – today remains the principle legislation in response to domestic abuse within the UK. However at the time of writing this thesis Prime Minister Theresa May had recently announced plans towards bringing in forward a Domestic Violence and Abuse Act (Home Office, 2017).

⁹⁶ These behaviours include, yet are not limited to, assault, harassment, rape, and attempted murder.

⁹⁷ FGM has been a specific criminal offence in the UK since the Prohibition of Female Circumcision Act 1985. Problematically this Act contained a loophole which enabled women and girls to be taken abroad for the purpose of undergoing this practice. The Female Genital Mutilation Act 2003 which replaced this Act acknowledged the international element of this crime thus closing the problematic loophole of the 1985 Act (for more on this the reader should see the edited collection by Momoh, 2005).

⁹⁸ As explained by Gill and Harvey (2016: 4-5) “FMPOs are a form of injunction made by a court to prohibit persons from performing particular acts that might lead to a named individual being forced into marriage”.

While this move to criminalise forced marriage was advocated for and since welcomed by many politicians, activists and academics, others have been critical of such a punitive move.⁹⁹ Armit Wilson (2014), for example, argues that the criminalisation of ‘cultural’ practices perpetuates an unjust emphasis on certain cultures as being particularly problematic. Furthermore, despite its symbolic function, it is widely argued that in reality criminal legislation offers little in the way of actual protection for victims (Sabbe *et al*, 2014). Indeed, many have criticised the criminalisation of forced marriage under the grounds that, far from acting as a deterrent to perpetrators it is more likely to push the practice underground (see discussions in Julios, 2016). Others, for example the Southall Black Sisters (SBS), have further argued that rather than empowering ‘victims’ and encouraging them to come forward, the criminalisation of forced marriage actively prevents individuals from reporting.

Our experience showed us that the overwhelming majority of our service users, while wanting to escape a forced marriage, did not wish to criminalise their parents and family members and would not come forward if they felt that this would be the end result of their complaint. (SBS, n.d.)

Although criminalised since 1985 similar criticisms have been applied to the context of FGM (see for example, discussions in the edited collection by Momoh, 2005). Moreover, despite these moves it is questioned how much criminalisation has actually helped ‘victims’ – a question which is frequently raised when discussing the incredibly low conviction rate of particular HTPs in the UK.¹⁰⁰ Problematically, then, despite their potential symbolic function Sabbe *et al* (2014) argue

⁹⁹ See Julios (2016) or The Home Office (2011) Report ‘Forced marriage – a consultation: Summary of responses’ for a more in-depth discussion of arguments for and against the criminalisation of forced marriage.

¹⁰⁰ While this is likely caused in part due to the higher burden of proof required in criminal prosecutions cases (Gill, 2015; Sabbe *et al*, 2014) it is worth noting that since forced marriage became a criminal offence

that without effective enforcement these laws are effectively reduced to '*paper tigers*' – that is to say, while they appear threatening on paper, in reality they are ineffectual at affording 'victims' any real protection.

As noted, as an 'imported' problem to the West (Sabbe *et al*, 2014), immigration control has been the UK's alternative means through which to 'manage' HBV (see for example, Sharma and Gill, 2010). Indeed, in a post 9/11 world the immigrant has moved from being not only an economic threat in popular imagination but one who poses a serious risk to national and European security (Hogwood, 2011; Razack, 2004). This perception of the immigration 'Other' as a fundamental risk to the native white European 'Us' has, since this period, become a hot political topic. This has coincided with – or perhaps led to – a seemingly increasing popularity for radical right-wing populist parties across Europe (see for example, Winlow *et al*, 2017). As BME women are often perceived as being symbolic of their culture (Gill, 2006; Razack, 2004), the treatment of women in religion and culture has frequently emerged as a central focus within debates about immigration (Kapur, 2002, Meeto and Mirz, 2007a).¹⁰¹ While the political left have used these debates as a means to justify a shift from liberal multiculturalism in the name of protecting vulnerable BME women (see discussion above), the political right, Bredal (2011) argues, have appropriated the same debates into their anti-immigration agendas as a means to control levels of immigration into the UK and the rest of Europe.¹⁰² Ultimately then, these debates around women's rights and

in 2014 there has only been one successful conviction (Gill, 2015). More worryingly, despite being criminalised since 1985 as of yet there are no successful convictions of FGM in the UK (see for example, Smee, 2013) – a failure recently referred to as "national scandal" by the Home Affairs Select Committee (2016).

¹⁰¹ This focus is often disproportionately placed upon Muslim communities (Razack, 2004). This can be seen, for example, in attempts to ban the burqa in Britain and Europe. Indeed, while the burqa is, like a cross or crucifix to a Christian, a potential means through which Muslim women can identify with and express their religion, it has simultaneously become a highly symbolic garment which is seen to represent female oppression in Islam, an expression of religious fundamentalism (Hill QC, 2013) and the epitome of a "divided Britain" (Groskop, 2011).

¹⁰² The political left's retreat from liberal multiculturalism is at least in part due to the absent analysis of the way multiculturalism can negatively impact upon the rights individuals – particularly women – in the private sphere (see for example, Dustin and Phillips, 2008; Okin, 1999).

immigration have given rise to “a space for the left and right to act in common” (Bredal, 2011: 90).

The introduction of the primary purpose rule, the one and two year immigration rule, raising the minimum age of marital sponsorship from 18 to 21, and the No Recourse to Public Funds rule (NRPF) are all examples of government initiatives designed to restrict marriage migration into the UK (Sharma and Gill, 2010).¹⁰³ Problematically, whether framed as being necessary to prevent false marriage claims for the purpose of immigration, or as a vital means to protect vulnerable ‘victims’ of HBV, the reality is that many of these changes have negatively affected (im)migrant individuals – namely women – experiencing domestic and HBV (*ibid*). While many of these controls have since been repealed or amended (see *inter alia* Sharma and Gill, 2010), NRPF remains as one of the most controversial and detrimental by-products of anti-immigration rhetoric. Introduced within the Immigration and Asylum Act (1999), the NRPF rule was intended to restrict the amount of public funds available to recently arrived immigrants (Brandon and Hafez, 2008) under the premise that these individuals should be self-sufficient rather than relying upon state benefits entitled to British citizens (Home Office; n.d.).¹⁰⁴

A side-effect of this rule, however, has been that many women on temporary work permits, student visas, or spousal visas who are subjected to abuse have been unable to claim the public funds necessary to access support such as refuge accommodation (see for example, Brandon and Hafez, 2008). Without these vital funds ‘victims’ are forced into an impossible situation in which they must risk either staying with their perpetrator thus prolonging their abuse, or make themselves homeless (Carline and Easteal, 2014). While the Destitution Domestic Violence concession (DDV) introduced in April 2012 has gone some way to supporting the women trapped

¹⁰³ See Sharma and Gill (2010) for a discussion of each of these immigration rules. See also Wray (2016) for a discussion on marriage migration more broadly.

¹⁰⁴ See s.115(1) of the Immigration and Asylum Act (1999) for a full list of all benefits and public funds that are not available to recent immigrants.

in this situation, considerable difficulties remain in the high burden of proof necessary to apply (see Carline and Easteal, 2014).¹⁰⁵ Indeed in order to apply for this rule ‘victims’ must be able to provide substantive evidence that the relationship broke down as a direct result of abuse. Problematically, not only is the process of applying for indefinite leave to remain (ILR) complex – particularly for those with limited English language skills – but the level of evidence required to prove domestic abuse can also be problematic to supply (*ibid*). This is further compounded, Hubbard *et al* (2013: 51) argue in their report ‘Uncharted Territory’, by the restrictive timescale of the given to apply for the DDV concession;

The timescale of the DDV means that women who have limited or no understanding of English, who are traumatised by abuse, and have not been able to gain support from statutory or voluntary bodies, may struggle to meet the requirements in time [...] [thus delaying their] ability to access protection from violence.¹⁰⁶

Ultimately, what this brief overview of UK policy and legislative responses has shown is that the current culturalised framing of HBV means that, even if ‘victims’ find the strength and courage to report their abuse, they still face a number of barriers to service provision. This is not to suggest that white British ‘victims’ do not also experience barriers to service provisions. Indeed as McRobie (2013) points out, austerity and its negative effects on criminal justice agencies and VAW services have had a major impact on all ‘victims’ ability to access support (see also chapter 6). However, it is important to recognise how the discursive policy over spill (Agustín, 2013)

¹⁰⁵ Designed for ‘victims’ with uncertain immigration status who leave their partner within the two year probationary period due to violence or abuse, this concession permits ‘victims’ to apply for ILR in the UK (Home Affairs Committee, 2008).

¹⁰⁶ In their report they also note that there are “several categories of vulnerable women and girls such as women in marriages which are not legally recognised in the UK, and women married to EU nationals” who remain unable to benefit from the DDV concession (Hubbard *et al*, 2013: 11).

created by the culturalisation of violence (Razack, 1994) has both compounded and added to these difficulties for BME 'victims' living in the UK.

While my decision to base this study in rural areas of the UK has already been discussed in chapter 1, I feel it important to end this subsection by considering how the culturalisation of violence can impact upon the provision of local services (discussions which will frame much of chapter 6). Importantly, as Coy *et al* (2009: 28) assert

The translation of international commitments and domestic policy goals into the provision of specialised VAW services at the local level is [to a large extent] [...] dependent on local authorities recognising the need for specialised services and making financial commitments that enable their delivery.

Yet while the culturalised image of HBV has portrayed this problem as one imported by a non-Western 'Other', the rural has continued to be depicted in popular imagination as a space absent from race and ethnic diversity (see chapter 1). Ultimately – and as this thesis will argue – this has resulted in the misconception that these 'culturalised problems' do not happen here (see further chapter 6) and therefore that specialised services are not required, or at least are required less than they are in ethnically diverse urban areas. In other words, services – particularly specialised ones – are increasingly numbers rather than needs led (de Lima, 2004) resulting in a situation in which a regional – and arguably geographical – postcode lottery of service provisions exist (Coy *et al*, 2009).¹⁰⁷

¹⁰⁷ With funding and commissioning of VAW services increasingly based on competitive tendering, Coy *et al* (2009) note that many services – particularly specialised ones – have either been merged into mainstream services or had their funding cut altogether.

3.5 Chapter Summary: Moving forwards

This chapter has highlighted the inherent limitations to the representational role of law and policy (Conaghan, 2009). Not only are representations based on limited and subjective interpretations of the 'self' (us) and the 'Other' (them) (Cooper, 2009), but these interpretations are also predicated on pre-existing socially accepted stereotypes (Young, 1990). Similarities and differences subsequently establish and maintain social systems of privilege/oppression and inclusion/exclusion (*ibid*; Woodward, 1997). Although social movements have aimed to represent the needs of particular marginalised social groups – for example women, 'blacks', homosexuals and so on – by challenging the notion of difference (Adkins, 2006; Woodward, 1997), they have tended to represent identities as fixed and static by employing strategically essentialist ideas while reducing oppression to a single causal factor (Brah, 1996; Crenshaw, 1991; Woodward, 1997). In contrast, this chapter has shown how identities are comprised of multiple facets of difference which conflate to form systems of privilege or oppression depending on the social context in which they are experienced. For those individuals whose identities are constructed at the intersections of difference (Yuval-Davis, 2011b) their lived experience of oppression is seldom adequately reflected in legal and political discourse (Crenshaw, 1991) – an issue this chapter has highlighted with particular reference to minority ethnic women.

What I want to argue, then, is that the practical problem of intersectionality is an issue of representation (Conaghan, 2009). As the quotation from Garland (1990) with which this chapter began reminds us, policy decisions are influenced by the way in which a problem or 'problematic' population are framed. Such framing, we have seen, not only limits the way in which a problem is interpreted and understood, it also creates barriers about what can realistically be done to address the situation (Berns, 2004; Considine, 2005). In the context of VAW, for instance, this chapter has shown how HBV has been framed as fundamentally different from 'mainstream' forms of DV. Indeed contemporary Western interpretations of honour and violence in the name

of honour as ethnicised concepts have resulted in its interpretation as a fundamental component of cultural identity (Narayan, 2000). Not only has this culturalised framing perpetuated an image of particular BME communities as being morally regressive (Gill, 2006; Phillips, 2012), but responses are often framed in ways which emphasise the need to modernise minority ethnic values, norms and traditions while simultaneously liberalising ‘vulnerable’ BME women (Gill, 2014a; Gill and Brah, 2014). Ultimately, as has been demonstrated, this narrow framing has resulted in a discursive over spill between policy fields whereby BME ‘victims’ needs and experiences are frequently marginalised.

What this chapter has demonstrated, then, is the inherent difficulty of addressing the specificities of particular forms of VAW without stereotyping entire cultures. Indeed framing HBV as inherently different from – and more dangerous than – other manifestations of VAW “restricts the scope of debates about possible solutions to these problems” (Gill and Brah, 2014: 83). While recognising VAW as existing on a continuum, this chapter has acknowledged that VAW is neither monolithic (Bograd, 2005) nor experienced equally (Kelly and Radford, 1998). It is intersectionality – that is, the unique facets of difference that create unique lived experiences – that

[Colours the] meaning and nature [of VAW,] [...] how it is experienced by self and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained (Bograd, 2005: 26-7).

Understanding these particularities is essential in order to contextualise specific manifestations of VAW (Reddy, 2008). While recognising this specificity, however, in this thesis I aim to resituate rather than divorce discussions of HBV within a broader framework of VAW, to recognise difference as dynamic and to challenge essentialist notions of culture. In other words, in this

thesis I endeavour to move away from viewing HBV using a purely cultural lens (Gill and Brah, 2014; Thiara and Gill, 2010b) by offering considerations of honour in a broader context.

Gill and Brah (2014: 85, emphasis added) call for research which replaces this emphasis on 'cultural' difference with a "more complex, nuanced understanding of the [...] various types of inequality that lie behind [...] *all* forms of violence against women". In adopting an *intersectional approach* to analysis, this thesis endeavours to combine the gender-based approach of feminist scholars and the cross-cultural focus of multicultural scholars with wider discussions of marginalisation in order to understand how individuals "negotiate their [unique] intersectionally configured locations" (Gill and Brah, 2014: 80). While placing 'victims' at the centre of the study, this thesis also explores how agencies responsible for supporting victims understand the intricacies of victims' experiences and how these translate into needs. An intersectional approach to research – in which information is gathered by asking men and women about their lived experiences – is founded upon a "bottom up approach to research [and] analysis" (Krishnadas, 2008: 38). It is with a discussion of these methodological considerations that this thesis now continues.

Chapter 4: Methodology

4.1 Introduction

As the literature chapters (chapters 2 and 3) in this thesis have addressed HBV, in being viewed through a culturalised lens, is often constructed as being fundamentally different from domestic violence. I wanted to avoid presupposing or portraying HBV in such a way and to think critically about the particular labels attached to both certain types of violence and those individuals that experience them. Based upon the literature discussed within chapter three – which demonstrates the complex and messy nature of identity – I drew upon an intersectional sensibility to try to understand the everyday lived experiences of service users.¹⁰⁸ The benefit of intersectionality, Hunting (2014) argues, is that it helps to challenge thinking in simple identity categories and thus reducing oppression to a single causal factor (for example, gender or culture). Indeed, there is nothing inherently new about applying such thinking to VAW. Many have used intersectionality to develop a more nuanced understanding of the various inequalities that affect all forms of VAW (Gill and Brah, 2014). I continue this tradition of engaging with an intersectional sensibility, therefore, in order to try to understand the heterogeneity of victim's experiences of help-seeking in rural England.

As stated in the introductory chapter, by demonstrating the pervasiveness of the honour-shame nexus in interpersonal violence (see chapter 2), in this thesis I attempt to challenge the idea that 'honour' and violence in the name of 'honour' are something unique to particular minority groups. Furthermore, in so doing, I argue that there is a need to reconceptualise VAW more broadly within the context of honour and shame. While this argument centres on the analysis of

¹⁰⁸ While Crenshaw (1991) uses the term 'intersectional sensibility' in a specific sense, it is employed here in a broader sense to discuss how an empathetic understanding of the messy realities of my participant's lived experiences married neatly with an intersectional analytic approach. In other words, I use it in order to emphasise the complexity of identity and to show how, in addition to their experience and understandings of honour, shame, violence or abuse, it shapes the individual's everyday lived experience of help-seeking in a rural context.

data collected from twelve service *users* and fourteen service *providers* (SPs) from various rural locations within England, in this chapter I wish also to situate my own experiences of working in the domestic violence sector – experiences which, I hope to show, have shaped this thesis throughout. Indeed, reflexivity, Hunting (2014: 2) argues, “involves examining how research processes and knowledge production are shaped by the preconceptions, values, social positions, and interests of the researcher”. In this way, reflexivity lends itself well to intersectionality theory.

By discussing my own experiences of working in the VAW sector I aim to show how the study has evolved both theoretically and methodologically throughout the research process. Indeed, while my first experiences of working with ‘victims’ of domestic and HBV came prior to my writing the research proposal, the vast majority of my working experience has taken place in a local women’s refuge simultaneous to writing this thesis. While my experiences of working in this refuge were not directly part of my methods – that is to say, while I did not take systematic fieldnotes or include those women in the research itself – I drew from that work the development of a what Ferrell (1998) refers to as a criminological, or in my case, a *victimological* verstehen of VAW.¹⁰⁹

Criminological verstehen can, according to Ferrell (1998: 27), be defined as:

A process of subjective interpretation on the part of the social researcher, a degree of sympathetic understanding between social researcher and subjects of study, whereby the researcher comes to share, in part, the situated meanings and experiences of those under scrutiny.

¹⁰⁹ While working with the women in refuge accommodation could undeniably provide a fantastic ethnographic opportunity for scholarly enquiry in the field of VAW, due to the timing of my appointment as support worker combined with the restrictions that were placed upon me both ethically and professionally, I was unable to conduct such an ethnographic study – this is discussed further in the subsection on ethical considerations within this chapter.

Developing a criminological or victimological *verstehen* based on such shared experiences can therefore allow researchers to develop understanding beyond simple theoretical explanations towards an interpretation based on empathy and shared appreciation of the everyday lived experience and meanings of crime, criminality and victimisation (*ibid*). My experience of working with women in crisis, while not exclusively part of data collection, has contributed to the development of such a victimological *verstehen* which has informed many of the methodological choices made during this study and has unavoidably informed both my analysis and framing of the problem of HBV. I witnessed, and in many respects, shared in the experiences of the women living in refuge accommodation.¹¹⁰ I watched them struggle mentally with feelings of anger, shame, self-blame and low self-esteem (see further chapter 5). I attempted to help them with practical issues such as criminal justice proceedings, child contact battles and immigration applications, and I witnessed their ongoing struggles with rebuilding their lives (see further chapter 6). In doing so, I was able to witness first-hand the lived experiences of issues that service user participants had raised during the interviews. Ultimately, then, my practical experience brought to life participants experiences in a way that interviewing alone could not.

My first experience of working in the VAW sector was in 2010 when I volunteered for a domestic violence charity that specialised in working with BME women in a rural region of England. Perhaps demonstrating my own prior ignorance, it was during this time that I was first introduced to the notion of HBV and other ‘cultural’ manifestations of abuse. While this introduction happened at first through a training session on the issue, later it was brought to life via the experiences of a young woman, Priya, who was fleeing an abusive forced marriage along with her infant child.¹¹¹ As an organisation we attempted to support Priya, who like many others in her situation had limited

¹¹⁰ My position in the refuge was as a night support worker. It was often late at night after their children had gone to bed and they had time to sit and reflect upon their situation that the women would feel at their most vulnerable. I would spend a significant amount of time speaking to these women about their worries and concerns which ultimately fed into my feelings of sharing in their experiences.

¹¹¹ All names have been changed to protect the identities of participants – the only exception to this rule is one national service provider, Diana Nammi, who was happy to be named in the study.

English language skills and NRPF, through the complex process of negotiating immigration, legal, and criminal justice proceedings. Unfortunately less than a year after meeting Priya, substantial funding cuts to domestic violence services across the UK (see for example, Groves and Thomas, 2014) impacted upon the work of this small local organisation and they ceased operating. With ‘mainstream’ DA organisations increasingly stretched (*ibid*), I began wondering what would happen to women like Priya without these local specialist services. Who would women like her in these rural areas now turn to for support? To what extent would the already overstretched mainstream services be able to accommodate her cultural needs? If they could not, what would happen to these women in the long run? Would they remain trapped in violent and abusive relationships?

Due to these questions, and in recognition of a broader gap in the literature on HBV (see chapters 1, 2 and 3), I decided to base my research on rural areas of England. I wanted to examine how different manifestations of violence and abuse are conceptualised by service providers, to assess the availability and appropriateness of provisions in place for responding to ‘domestic’ and HBV, and to see if and how notions of rurality impacted on the needs and experiences of ‘victims’ of HBV. Furthermore, by employing an intersectional sensitivity – something I return to later in this chapter – I aimed to explore how systems of privilege and marginalisation impacted upon help-seeking behaviours. Ultimately, from these broad theoretical considerations the following research aims were established (see also chapter 1):

1. To critically explore the honour-shame nexus and understand how it operates within individuals everyday lived experiences of victimisation;
2. To develop an understanding of how ‘honour’-based violence is conceptualised in the UK today and how this shapes service provisions and service providers understanding; And

3. To explore how the culturalisation of violence impacts upon ‘victims’ needs and experiences of help-seeking within rural contexts.

4.2 Sampling: Population and location

In addition to shaping the research aims, my experience of working with Priya also significantly influenced my research sample both in terms of the population and also the rural location of this population. As noted in chapter 1, the term rural in this thesis is seen as existing on a continuum that ranges from the extremely remote to what we may refer to as being more metropolitan rural areas that are in relative close proximity to more urban towns and cities (Cloke, 2006b). Despite their position on this continuum, all participants interviewed were located in one of five counties which constituted one larger geographical region of the UK. With rurality in mind, it is important to acknowledge here that in many respects these two aspects of sampling – population and location – were deeply intertwined. While the inherent problems of accessing vulnerable and hard-to-reach populations including ‘victims’ of domestic violence are widely discussed (see for example, Abrams, 2010; Chatzifotiou, 2000; Follingstad, 1990), many of these access issues were intensified by the rural location of this research. Not only were many of the research locations particularly geographically dispersed, but public transport services were also limited. This lack of public transport was something which, as a non-driver, was at times particularly problematic for me. In addition, unlike the metropolitan Northern towns and large cities that have featured in most studies about HBV, rural areas – such as those visited during the course of this research – are commonly constructed as lacking in racial and ethnic diversity. In other words, as noted in chapter 1, rural areas are conceptualised as white landscapes, inhabited primarily by white individuals and lacking in ethnic diversity (Agyeman and Spooner, 1997). This perceived lack of diversity was something which, as I will discuss, proved problematic when attempting to identify and contact BME victims of ‘domestic’ and HBV. Ultimately, then, the hard to reach nature of the

population being studied combined with the geographical location of the study significantly impacted upon the sample in this study.

A key benefit of inductive qualitative research, however, is that greater significance is placed upon depth and richness of the data rather than actual sample size (Ritchie *et al*; 2003). Emphasis in this study was not on the prevalence of domestic and HBV incidents in these rural areas but rather in understanding how current discourses surrounding honour and HBV impact upon the support available to ‘victims’ and how this affects areas that are typically regarded as being less ethnically diverse. Thus, while many more individuals were contacted as part of this research, in total I met and spoke with twenty-five participants (fourteen service providers, twelve service users) in interviews ranging from thirty minutes to three hours (see appendices 1 and 2 for additional details about the participants who took part in this study).¹¹² This process of data collection took place in two stages: the first stage involved reaching out to service *providers*, the second involved speaking to ‘victims’ or ‘service *users*’ – terms which, as noted in chapter 1, I use interchangeably. While I will speak about these two stages separately in the discussion below, it is important to recognise here that they were not discrete but rather overlapped and intertwined. Indeed not only did service providers act as gatekeepers to a number of the service users contacted, but it is important to recognise the possibility that those working in the sector may have personal experience of victimisation themselves. This blurring of biography as practitioner and ‘victim’/‘survivor’ was something that became apparent to me, not only in my personal experience of working in the domestic violence sector, but also in speaking to a specialist police officer during this study. Although, due to her request not to be identified as a former ‘victim’ I

¹¹² The reason for the disparity in the total number of participants interviewed (25) and the combined total of service users and service providers interviewed (26) is to account for one participant who identified as *both* a current service provider and former ‘victim’ of abuse. Although this service user did not their victimisation to be directly attributed to them in this thesis, they were happy to be analysed separately as both service provider *and* as service user.

use different pseudonyms when discussing her experiences, due to this blurring of biography this participant was analysed as both service provider *and* as service user.

4.2.1 Stage One: Service providers

Although the focus of this research was to explore the needs and experiences of ‘victims’ of HBV, in order to develop a deeper level of appreciation for ‘victims’ help-seeking experiences, I felt it was important to explore the types of services available within rural regions and, more importantly, to understand how service providers construct understanding of HBV. Indeed, both of these factors are important ones that could directly influence a ‘victims’ experience of seeking support. In recognition of the hard-to-reach nature of ‘victims’ of domestic and HBV, my decision to contact service providers first was a strategic one based on my intention to try to use these individuals/ organisations as ‘gatekeepers’ to service user participants.¹¹³ Miller and Bell (2012: 62) define ‘gatekeepers’ as those with power who are in “a position to ‘permit’ access to others for the purpose of interviewing”. While these gatekeepers can prove highly useful, this issue of power meant that I had to exercise caution when using them to contact service user participants (*ibid*).

There is a vast array of access points ‘victims’ have into the criminal justice system. Furthermore, the multiagency nature of this type of work (see for example Groves and Thomas, 2014) means that ‘victims’ are likely to come into contact with a wide range of voluntary and statutory agencies throughout their journey. I decided, therefore, to use a purposive sample for this stage of the data collection. The benefit of purposive sampling is that, unlike other sampling strategies, participants are intentionally selected based on who will provide “the best perspective on the phenomenon of interest” (Abrams, 2010: 538). With this in mind, I contacted those at the

¹¹³ Not all service providers who acted as ‘gatekeepers’ participated in the research themselves. Despite all agency workers contacted being asked to participate, some declined but offered instead to act as an intermediary between myself and other potential participants.

frontline of domestic and HBV provision including key statutory and third-sector/voluntary agencies across five different counties. In addition to this, I also made contact with specific national level organisations – for example, SBS, Karma Nirvana and IKWRO – who are well known for their work on HBV. Where possible, I used established contacts with service providers either as potential participants in themselves or as individuals who may be able to direct my enquiries. In addition to this, other key individuals and organisations were identified by conducting calculated internet searches. Once identified I contacted individuals identified via these internet searches by email before following up with phone calls. Once contact was established with key individuals and/or organisations, I used these established contacts to make contact with other potential participants – something commonly referred to as snowball sampling (see Bryman, 2012).

Included in those services contacted were individuals who represented the police, local councils, women's refuges, hospitals, sexual assault referral centres (SARCs), and national organisations known for their activism on VAW and HBV (see appendix 1 for more details about the fourteen service provider participants interviewed and the organisations for whom they worked).¹¹⁴ In addition to these organisations, contact was also made with the Crown Prosecution Service (CPS), the Children and Family Court Advisory and Support Service (CAFCASS) and social services across each of the five counties. Unfortunately all individuals from these latter three organisations either declined to participate or failed to respond at all. All individuals who declined, regardless of their organisation, attributed their reluctance to participate either to (a) time/staff shortages, (b) a sense that, as something they viewed as not being a core aspect of their daily work, they were not qualified speak to me about HBV, and/or (c) a feeling that there was no one else within their

¹¹⁴ By hospital I am referring to a nurse who specialised in understanding and responding to FGM.

organisation to whom they could direct my enquiry.¹¹⁵ Indeed, due to the inclusion of the term 'honour'-based violence within my working thesis title, a number of service providers based their responses on ethnic and cultural assumptions. That is to say that, because of a lack of diversity in their working area, they did not feel that this project was something they could or wanted to participate in. This is not only a methodological point, but one that also informs the theoretical argument in this thesis.

4.2.2 Stage Two: 'Victims' and service users

In order to use service providers as gatekeepers it was necessary to build a trusted relationship with them. Although I already had established contacts within some of these services, trust was negotiated with others through a timely process of calls and emails in which I exchanged literature and information about the research and its purpose. Despite the time consuming nature of this process, Abrams (2010: 541) suggests that using practitioners/organisations as gatekeepers can aid the difficult process of accessing harder-to-reach groups by providing "a more readily available pool of participants". An additional benefit of this, Robinson and Chandek (2000) suggest is that gatekeepers, who have already (theoretically) established a trusted relationship/rapport, can help increase the likelihood of service users participating in the research study.

There are a number of potential issues with using service providers as gatekeepers to service users which I had to take into account. Firstly, as Jones (2013) cautions, using professional organisations as a means to recruit participants is often heavily dependent on individuals within that organisation being proactive in disseminating information about your study to their clients. As Miller and Bell (2012: 62) note, the use of gatekeepers "suggests the potential exercising of power by some individuals [in this case, service providers] over others [service users]". With this

¹¹⁵ I wish to state here that when inviting service providers to participate in this study I did stress that it was not essential that they had any prior experience of dealing with HBV, but rather that they might potentially come across the issue within their day to day work.

possibility in mind it is was important to ensure that even when service providers gained initial consent for me to contact service users, that I re-explained the research to service users and re-confirmed in writing their consent to participate. While this process of renegotiation meant losing three potential participants in my study, it is fundamental in recognising the manner in which the process of gaining access is “an ongoing process of negotiation and renegotiation” (Hughes, 2011: 316).¹¹⁶ The final issue that I had to consider when recruiting in this way was the possibility that gatekeepers might restrict access to only those who they wanted me to meet in order to create a favourable image of their organisation (Abrams, 2010). While there was no obvious evidence of this, I have to acknowledge the small possibility of a degree of bias in using this sampling strategy (Davies, 2011).¹¹⁷

While this method of sampling was eventually successful – recruiting in total six service users – it was only within the second year of data collection that this contact was established. The remaining six service users were recruited via contact made with independent ‘survivor’ groups. It is worth noting here my initial intention to use this means of sampling to recruit *all* service users, however it soon became apparent the difficulties in accessing BME participants in this way (see chapter 6 for more on this). These ‘survivor’ groups were again located via internet searches. While these groups were a convenient means to contact potential service users, it is important to recognise a number of potential flaws. Firstly not only was there a noticeable absence of ethnic diversity within these groups, but those I contacted were exclusively for women only. Not only did this limit access to women from BME backgrounds, it also restricted my contact with male ‘victims’. Finally, by their very nature these groups are meant to empower ‘victims’ by getting them to speak openly about their experiences of violence and abuse (Gordon, 2016). This is not

¹¹⁶ All three of these participants expressed initial interest in participating in the study when approached by a gatekeeper but later declined when I attempted to confirm this consent.

¹¹⁷ Although I was concerned with looking at help seeking behaviours – thus making contact via services an appealing and obvious route – it is important to recognise that this excludes the perspectives of individuals who, for whatever reason, have *not* accessed support (Abrams, 2010). This would be an interesting avenue to pursue in future research in order to ascertain reasons why service users do not seek help.

problematic in itself, particularly given that the women I contacted through these groups appeared to be more comfortable and open in speaking about their experiences. However it is possible that their ease in speaking about their experiences were a product of having re-told their story numerous times – something which may affect their ability to reflect on their experiences on a deeper level.

In order to allow for the complexities of identity and experience to be explored (Hunting, 2014), I decided not to restrict the category of service user by sampling participants based on their gendered, racial, ethnic or religious characteristics. Furthermore, I decided to leave definitions of domestic and HBV deliberately broad in order to allow meanings to emerge directly from the voices and personal experiences of participants (Brooks, 2007) – a process commonly referred to as an “emic” approach (Ellsberg and Heise, 2005: 90). I extended the invitation to participate to *any* service user who either self-defined or was labelled as having experienced intimate personal abuse, whether that abuse was domestic or ‘honour’-based.¹¹⁸ My decision not to focus on specific groups was not intended to ignore the obvious gender bias within domestic and HBV (see chapters 2 and 3), nor was this decision an attempt to dismiss the findings of previous academic work which has highlighted the prevalence of honour-based crimes within South Asian communities living within the UK (see for example Thiara and Gill, 2010a), however I wanted to explore violence in a broader context and to look at how the honour-shame nexus functions as a universal aspect of experience.

In total I spoke with twelve service users across an extended period of two years. Of these twelve, six identified as white British, while the remaining six identified either as Asian or British/Asian (this information and the pseudonyms used to refer to each of these twelve participants is

¹¹⁸ As will be shown in chapters 5 and 6, this distinguishing between self-definition and labelling was important for later analysis on help-seeking behaviours and subsequent routes into services.

documented in appendix 2).¹¹⁹ Reflecting the gendered bias in intimate personal violence, eleven of the twelve service user participants interviewed were women – the three participants who agreed to speak to me but later declined were also female. It is important to recognise that although the gendered nature of my sample may be evidence of broader gendered patterns around domestic and HBV, my method of accessing participants – that is, through ‘survivor’ groups – also played a significant part in the fact that only one male was interviewed. Indeed, not only are services and support groups for men limited within the UK (see for example, www.dvmen.co.uk), all the ‘survivor’ groups that I accessed offered female only membership. While I did not directly ask participants their age, through our conversations, and using broad estimates, the twelve service users ranged from a mere seventeen years of age to their mid-to-late 40s. Not only did I hope that the varied demographics of service user participants in this study would allow for a deeper level of analysis, but on a broader level, it reflects the fact that ‘victims’ are not a homogeneous group and that intimate personal abuse can affect anyone regardless of their identity characteristics (Groves and Thomas, 2014).¹²⁰

4.3 Data Collection: Semi-structured interviews

As a method which is aimed at accessing the subjective views of participants (Galvani, 2006), I used semi-structured interviews as my primary means of data collection. While interviews are a common and useful way of collecting data, a key consideration with this method is recognising the way in which the depth of knowledge attained is to a large extent reliant on the ability of the interviewer to form a trusting relationship with participants (Punch, 2005). Due to the sensitive and personal nature of what I was researching the issue of trust was a particularly important

¹¹⁹ By Asian here I mean Pakistani, Indian, or Sri Lankan.

¹²⁰ While retrospectively in terms of conducting an intersectional approach to analysis it might have been useful to have had additional information about the biography of service users, I did not ask participants specific questions about their age, religion and so on. In part this was a practical move I felt necessary because of the restricted time I had to spend with participants all of whom were giving up time to speak to me. My reason for avoiding asking for this additional information was also linked to participant safety. While it would have been useful to have more information relating to their biographies, I did not want to disclose information that may inadvertently lead to their identification.

consideration for me, particularly when attempting to encourage service users to share their deeply personal experiences. While interview situations are by their very nature somewhat artificial (Denscombe, 2010), I wanted to make them feel as informal as possible – in other words to feel, as Byrne (2012: 208) puts it, like “conversations with a purpose”. There are a number of different variables that can affect the quality of data produced in an interview (Byrne, 2012). In addition to the interviewer-participant relationship, the location of the interview, what questions are asked, and how these questions are posed are additional factors which can influence the quality of data. These were all key considerations which I will attempt to address below.

In thinking about what questions are asked and how, Hunting (2014) argues when conducting intersectionally informed research researchers need to engage with participants in a way that gets them to talk about their broader day-to-day experiences. I encouraged participants to engage in an open dialogue discussing issues which *they* felt were important so as to enable me to understand how *they* made sense of *their* experiences. This is considered a key benefit of qualitative interviews – particularly those with open-ended questions – in that they have the ability to allow participants the opportunity to use their own voices. I wanted to “understand how people [individuals] interpret[ed] *their* experiences, how they construct[ed] *their* worlds, and what meaning[s] *they* attribute to their experiences” (Merriam, 2009: 14, emphasis added). Furthermore, and in the specific context of service users, by allowing participants the ability discuss and/or raise issues which they felt were particularly important, I wanted to recognise them not as “passive victims” but as “active agents” (de Lima, 2004: 53) affecting as well as being affected by their experiences of help-seeking.

This is not to say, however, that interviews were completely unstructured. I took with me to each interview a guide outlining a general set of questions.¹²¹ Nonetheless, as the interview progressed past the opening stages (Morgan, 2015) and the interview became directed by the participant's own lived experiences, this guide functioned merely as a prompt for myself rather than as a strict list of questions (Bryman, 2012). Although information contained within initial consent forms advised potential participants that interviews would last approximately half an hour, in reality the length of each interview was very much guided by the participant themselves. For those who felt that they had more they wanted to share, interviews were extended. While a few only last around thirty minutes, the majority of interviews were closer to two hours long.¹²² The flexible approach of open-ended questioning is also considered particularly useful when asking difficult questions on sensitive topics or when interviewing participants from marginalised groups and/or on particularly sensitive topics (Byrne, 2012).¹²³ Clearly the nature of what I was asking service users was both highly sensitive and deeply personal. It soon became evident throughout the data collection phase that although all service users had experienced some form of violence/abuse, the specific details of these lived experiences were unique to each individual. Without allowing for a degree of flexibility in the interview I might have struggled to respond to participants or missed these subtle differences during later analysis (Byrne, 2012).

On a practical level, wherever possible I attempted to conduct interviews with participants face-to-face.¹²⁴ The benefit of meeting participants in person, Brinkmann (2014) argues, is that

¹²¹ Interviews with service *providers* were guided by three topics: (a) understanding/interpreting domestic/HBV; (b) Identifying/responding to domestic/HBV; and (c) looking at the aftercare/resettlement issues linked to domestic/HBV. Interviews with service *users*, however, were guided by four topics: (a) their lived experiences of abuse; (b) their help-seeking behaviour (i.e. the availability and accessibility of support); (c) the expectations versus the reality of support; and again (d) their experiences of aftercare/resettlement.

¹²² One interview with a service provider lasted closer to three hours.

¹²³ Sensitive research may include that which asks personal questions relating to private and/or sacred issues, those issues which may cause stigma or fear, and those which potentially put both researcher and researched at harm (mental and/or physical) (Jones, 2013)

¹²⁴ With both verbal and written consent from participants, all interviews were audio recorded using a digital recorder. While the mention of audio recording caused initial hesitation from some of the service

researchers can avoid missing gestures, body language and facial expressions which may give additional meaning and depth to what is being said. Despite a number of attempts to re-arrange, one service user was simply not available to meet face-to-face due to their personal commitments. I did not want to miss out on opportunity to speak to this individual particularly when access to such a 'vulnerable group' is so problematic anyway. In this case, therefore, I was left with no other option but to ask her whether she would be happy to be interviewed over the phone. Although I did not feel that the lack of face-to-face interaction with this particular service user affected their openness in talking about their experiences – in fact, Bryman (2012) suggests that this lack of physical presence can put a participant at ease about disclosing sensitive information about themselves – it did affect the duration of the interview. While this may have been due to the participants other commitments, I felt that this was in part due to not being able to read her non-verbal communication and respond accordingly.

In addition to being flexible in the content of the interview, I also found that I had to be flexible in who was present during the interview. Indeed, while for the most part interviews were conducted on a one-to-one basis, there were three interviews – two with service users, the other, service providers – in which I had to interview two participants simultaneously.¹²⁵ In addition to these three interviews a fourth service user requested that her support worker be present during our scheduled interview. I was reluctant at first thinking about the potential negative effect of having a third party present during our conversation. Would having her support worker present affect her responses? What if she had something negative to say about that support worker? Despite these reservations it was clear that she would only speak to me under these conditions and I did not want to miss out on the opportunity of hearing her story. Indeed, I wanted participants to feel as much at ease as possible and, whatever her reason for making this request, this support worker

users, the eventual duration of the interviews which lasted way beyond my initial suggestion of thirty minutes, appears to suggest that they lost much of their initial inhibition quite quickly.

¹²⁵ It is important to stress here that in all of these cases the participants knew each other before hand and that all had requested to be interviewed in this way.

was clearly someone she trusted. Ultimately, then, given that this is what it would take to make her feel comfortable enough to talk to me I felt my methodological concerns were outweighed by the participants needs.

The location of interviews was yet another central consideration in the study particularly for service user participants.¹²⁶ In addition to practical issues of accessibility – both in terms of myself and my participants – I also had to consider both the participants and my own safety (Magnusson and Marecek, 2015). Safety here is meant in terms of physical and emotional safety – the latter being a point to which I will return. Physical and emotional risks were especially pertinent issues for service user participants whose perpetrator(s) resided in the same geographical area. To ensure the safety of participants I remained flexible and left the decision over where to conduct the interview to the participant.¹²⁷ While there were both positives and negatives attached to allowing participants the freedom to choose the location of the interview ultimately my priority was to ensure that participants felt safe, comfortable and in as much control of their role within the research as possible – something I hoped would encourage them to be more open in their responses (Byrne, 2012). Many of the service user participants who were referred to me through organisational gatekeepers were interviewed in private at the site of that organisation. Of the remaining service user participant, some requested that I meet them in their home. This was something I agreed to do only if it was safe to do so. For those participants who had new partners or children in front of whom they did not want to discuss their previous experiences, we met – at their request – in familiar public locations during quiet trading hours.¹²⁸ Although I worried about the level of privacy we had in these public locations – particularly in light of the sensitive things

¹²⁶ In terms of service providers, the vast majority of interviews were – as they requested – conducted in private offices at their place of work. The only two exceptions to this were one specialist police officer who requested to meet me at a service station close to where she worked, and a nurse who requested that I meet her at her home on her day off.

¹²⁷ The only exception to this freedom of choice was one service user who was still living in refuge accommodation and who felt uncomfortable and unsafe meeting in a café or similar. In this instance, and with her permission, I booked a private room at a local community centre.

¹²⁸ These included, for example, local cafés or libraries.

we were to discuss – in the absence of a better alternative, and at the request of the participants, I had to make the most of the resources at hand.¹²⁹

4.4 Ethical Considerations

Given the sensitive nature of this research topic and the potentially vulnerable population with which I wished to speak, ethics were of central concern. I felt a deep sense of responsibility to my participants – both service providers and (particularly) service users – to ensure that I avoided causing them any additional harm. While avoiding direct physical harm was clearly paramount, it is important to recognise that harm can take a variety of other forms including – yet not limited to – emotional, psychological or professional (see for example Bryman, 2012). Similarly, when speaking to those service users in continued receipt of professional support it was essential to ensure that they felt confident that participating in the research would not negatively affect this support or their ongoing recovery. This latter concern was particularly important considering my use of services and service providers as ‘gatekeepers’ to recruiting service users (see subsection on sampling). In an effort to minimise the risk of harm to participants I took a number of precautionary steps including obtaining full ethical approval from Keele University ethics committee before any fieldwork was conducted. While I have discussed a number of these measures in other sections of this chapter I wish to reiterate them here in order to demonstrate the ethical integrity of this study.

4.4.1 Access and Informed Consent

Informed consent can be defined as “a voluntary, un-coerced decision, made by a sufficiently competent or autonomous person on the basis of adequate information and deliberation” (Butler,

¹²⁹ This issue of privacy was somewhat alleviated by meeting in these public locations during quiet trading hours.

1990 cited in Wahidin and Moore, 2011: 301). In order to ensure that the consent obtained by participants is informed, Wahidin and Moore (2011) argue, at least two basic criteria must be met: firstly participants must be made fully aware of the nature and purpose of the study, secondly it is necessary to ensure that participants are fully informed of their rights as research subjects. In order to ensure that the first of these criteria was met all participants – both service providers and service users – were provided with information about the research (see appendices 3 and 4 respectively).¹³⁰ In addition to outlining the purpose of the research, these information sheets also outlined what participation would involve, and the potential impact – both positive and negative – that participating might have. From the outset all participants were advised that participation within this research was strictly voluntary and that, for service users, their decision of whether or not to participate would not affect any ongoing support from other organisations.

While I avoided asking service users direct questions about their abuse I was aware that just by thinking about their previous experiences there was the potential for service users to feel re-victimised. In order to minimise this risk I took a number of precautionary measures. In addition to allowing participants the ability to speak freely about issues which they felt were important to them (see subsection on data collection), all participants were advised of their right to pause or end the interview at any stage, as well as their right to refuse answering any question which they did not wish to do so. Despite these precautions there was no way to know for sure how participants – particularly service users – would feel after the interview had ended. Given time to reflect on their participation and responses would they regret speaking to me? Would they regret answering a particular question or disclosing specific information about themselves? As a means to alleviate these concerns and to address the second of the ethical criteria discussed above, I

¹³⁰ In recognition that English might not have been the first language of all participants, translated versions of these information sheets were available if necessary. My principle aim in offering translated versions was to ensure that all participants had a full understanding of the study thus ensuring their informed and valid consent. In addition to this participants were invited to request the use of interpreters should they wish to do so.

reinforced to all participants their right to withdraw from the study at any stage. In order to enable this all participants were given my direct contact details which they were told they could contact at any stage in order to ask questions or raise any further concerns that may arise.

In order to access a number of service user participants, service providers were frequently used as ‘gatekeepers’ for initial contact. As noted in the section on sampling, my main concern with using this method was that potential service user participants would feel pressured or coerced into taking part in the study thus negating the principle of informed consent. In order to prevent this from happening I looked at the issues of access and consent as ongoing processes of renegotiation (Hughes, 2011). Subsequently, even after service providers had obtained approval for me to contact service users, I ensured that there was sufficient time for us to have an open and honest discussion relating to the purpose of the research. During this discussion I further encouraged potential participants to ask questions or raise any concerns that they had about taking part. Only once participants felt their questions and concerns were satisfied, and once written consent had been obtained, were interviews conducted.

4.4.2 Confidentiality and Anonymity

Confidentiality can be defined as the “promises made to research participants about who will be told about what [they] reveal to the researcher about themselves or their experiences” (Ali and Kelly, 2012: 560).¹³¹ A common theme that emerged when discussing the research and what it would involve with potential participants – both service providers and service users – were whether or not they would be able to be identified through their responses.¹³² This was also one of my own personal concerns particularly given that many of the service user participants were

¹³¹ From the outset I ensured that all potential participants were clear that the only time that confidentiality agreements could be broken were if I became aware of their intention to cause harm to themselves or another, or of their disclosure of any criminal activity.

¹³² While service users were particularly concerned about their physical safety, service providers were concerned about their professional integrity – particularly in cases in which they had disclosed negative or potentially damning information about the organisation for which they worked.

still in hiding from their perpetrator(s). In an effort to protect both the identity of participants in this study, all data was anonymised. With the exception of one service provider working for a national organisation (IKWRO) who was happy to be named in the study, all participants were given pseudonyms. Once collected, all data including emails, voice recordings and interview transcripts were treated in accordance with the confidentiality principles set out within the Data Protection Act 1998.

Despite these precautionary measure, Ali and Kelly (2012) assert that maintaining confidentiality can be problematic when researching small or distinguishable populations. Given that this research was conducted in rural regions of the UK commonly associated with a lack of ethnic diversity, I was concerned that by reporting on BME service user's experiences I might have inadvertently left them open to identification.¹³³ In order to avoid this predicament, I had considered leaving out discussions of geography altogether. Yet rurality was a central focal point for this study which I felt could not be omitted. Subsequently, in order to ensure that I did everything in my power to protect the identity of participants, all specific geographical information such as the names of towns or particular regions were also removed.

4.4.3 Representation

It is important to recognise that the process of conducting ethical research does not end once the data has been collected. Indeed, social researchers have both an ethical and a moral obligation to listen to their participants and to consider the way in which they subsequently represent them (Jones, 2013). At the same time, however, it is equally imperative to recognise and acknowledge that the process of representation is never neutral (see chapter 3) and that, as social researchers, what and how we choose to represent our research subjects can have a significant impact on the

¹³³ While the findings of this study are extremely unlikely to be accessed by participant's perpetrator(s), my main concern here was that service user's experiences (positive and negative) of local services might subsequently be picked up by the gatekeepers that referred them – thus negatively impacting on any current or future support that service users may need.

way in which they are seen and understood more broadly (Lee, 2016). This consideration is perhaps of even greater importance for those researching minority groups – for example, ‘victims’ or BME populations – who potentially constitute an already marginalised or stigmatised population, whose voice is not often heard in research and who may be open to false representation.

As discussed within the chapters of this thesis so far (chapters 1, 2 and 3), HBV is commonly portrayed and understood as a problem unique to particular BME communities in the UK. Furthermore, as a perceived ethnicised or culturalised strain of VAW, HBV is often viewed as being fundamentally different to other more ‘mainstream’ forms of domestic abuse. Problematically not only has this culturalised view of violence led to the misrepresentation of particular BME communities as morally inferior to the white British population, but in turn it has directly impacted upon policy and legislative responses towards HBV (see chapter 3). As indicated in the title of this thesis, from the outset I have attempted to avoid reproducing culturalised views of honour and violence in the name of honour. Indeed while recognising variation in the way honour-shame nexus manifests, by drawing upon an intersectional approach to methodology, I have attempted to resituate this nexus as a central component of VAW more broadly.¹³⁴

A key reason for adopting such an intersectional approach was to avoid making broad generalisations about my participants based on essentialist interpretations. Indeed, as discussed in the subsection on sampling (stage two), in order to allow for the complexities of identity and experience to be explored, I avoided sampling from particular groups. Rather, I extended the invitation to participate to any service user who either self-defined or was labelled as having experienced some form of intimate personal abuse. Furthermore, I also avoided imposing strict

¹³⁴ I continue this discussion of intersectionality as a methodological approach further in the subsection on data analysis.

definitions of domestic and HBV but rather left these intentionally broad to enable meanings and understandings to emerge directly from the voices and personal experiences of participants.

Connected to this point I feel it is important to stress here that, despite my previous experience of working within the domestic violence sector, I ensured that I listened to my participants, showed a willingness to learn from them, and avoided assuming to possess any 'expertise' over them. Indeed, as discussed in the subsection on data collection, rather than imposing a strict set of pre-established questions I chose to use a semi-structured interview format. I found this was particularly important when speaking with service users. In enabling participants flexibility during our conversations my aim was not only to provide them with the ability to speak about issues which *they* felt were important to them but in doing so, to recognise and acknowledge them as 'active agents' rather than 'passive victims' (de Lima, 2004). I have continued this process by avoiding altering or censoring participant's responses in the data analysis chapters (chapters 5 and 6). Indeed, while I have removed any personal or geographical details which might lead to participants being identified, I have attempted to remain as true to participants words as possible. Subsequently unless stated any emphasis in participant quotes is as original.

As a final point within this discussion I wish to address the disproportionate focus on service user voices within the presentation of data within chapters 5 and 6. Indeed, despite having interviewed more service providers (fourteen) than service users (twelve), the data presented in the subsequent two analysis chapters is heavily favoured towards the voices of service users. As discussed in the subsection on sampling, this uneven distribution of participants was linked to the hard to reach nature of 'victims' or service users and also the use of service providers as 'gatekeepers'. Despite the fact that more service providers were interviewed than service users, I wish to stress that my disproportionate focus on service users' voices is an intentional decision. While it is important to recognise how the availability of support across these rural regions and

the level of understanding of service providers within these organisations impacts upon ‘victims’ experiences of help-seeking, ultimately as highlighted in the title of this thesis, the purpose of this study is to explore ‘victims’ experiences of violence and abuse in these rural areas.

4.5 Managing Emotions

Before moving on to discuss how the data was analysed I feel it necessary to reflect on managing my own emotions, in addition to the emotions of my participants during fieldwork. Managing emotions is an essential part of the research process, particularly when dealing with ‘vulnerable’ groups and sensitive topics.¹³⁵

Although Campbell (2002) warns that qualitative researchers risk getting too emotionally engaged in the lives and problems of the subjects in order to get participants to speak I encouraged informal interaction during interviews (Kennedy-Bergen, 1993) – that is to say, interactions based on openness and honesty. This, I discovered, was key in getting service users to open up to me about their experiences. Indeed, as I would discover throughout interviews with service user participants, an integral part of their overall help-seeking experience was the extent to which they felt listened to, understood and believed (see chapter 6). As one participant, Lucy, went on to tell me, ‘victims’ want to be listened to, and “treated [...] as if [they] have something to say”. In addition to adopting a flexible open dialogue with participants in which they were able to discuss issues which *they* felt were important, I also offered all participants the opportunity – both prior to and after interviews – to ask any questions about me or the research. A common question, particularly from service user participants, was ‘what were my personal reasons for conducting this research?’ I explained to participants, as I have done at the outset of this chapter, that while I was fortunate enough not to have experienced abuse, my reasons for conducting this research were based on my experiences of volunteering within the domestic violence sector. Kennedy-

¹³⁵ See, for example, the edited collection by Renzetti and Lee (1993).

Bergen (1993: 208) believes that this “exchange of information [is] essential in establishing a relationship based on trust and mutual interaction”. This is not the same thing as building a ‘friendship’ with these participants. As Chatzifotou (2000) observed during her research on ‘wife abuse’ in Greece:

I knew that after leaving the fieldwork I would probably never see those women again so I thought that it would not be fair for them to invest in a friendship which would not last. Still, being 'in the field' and listening to the private information confessed by women that I had only just met [...] I felt close [sic] to them than to anyone else.

While I had genuine empathy for these service users, I wanted to avoid being deceptive or exploitative in any way or to imitate or fake a genuine friendship for the sake of gathering data. Edwards (1993: 192) argues that “at its most extreme, after an interview, the subject may be left with [their] emotional life in pieces and no one to help put them back together”. Considering the nature of what I was asking participants to discuss – particularly service users – I wanted to ensure that as much as possible I avoided causing them additional harm to that which they’d already suffered and that, in the unlikely case that this did happen, participants had access to adequate support systems. Through accessing participants already in receipt of support – whether through professional organisations or independent ‘survivor’ groups – I remained largely confident that these systems were already in place.¹³⁶

As an additional precaution to causing harm I intentionally avoided asking service users about their direct experiences of abuse. Despite this, in speaking about their experiences of seeking

¹³⁶ I carried additional literature and information about potential local/national support services as an extra precaution.

help, all bar one service user offered up this information voluntarily.¹³⁷ The process of recalling this information was clearly difficult for some individuals and when relaying this information to me service users displayed a range of emotions. While some were quite matter-of-fact in telling their stories – perhaps the by-product of having retold their stories so many times – others were visibly moved. Indeed, when interviewing the youngest of the service users I spoke to – a 17 year old female who had fled her abusive family at the age of 16 – it all became too much and she broke down in tears. It was at this point in the interview that we took a break so that she could collect herself. I was not sure that she would want to continue but she insisted she did. I feel that this was in part because her support worker was present during the interview. Despite my initial hesitations about her presence during our interview, I was grateful in that emotional moment that she was there to offer my participant additional support.

While emotions within social research have been traditionally treated with scepticism and caution (Delamont, 2007; Jewkes, 2011), criminologists have recently encouraged researchers to think of emotions as a potentially rich source of data in their own right (Anderson, 2011; Letherby, 2011; Wakeman, 2014). Nevertheless, watching these powerful emotions play out was often difficult to observe. As deMarrais and Tisdale (2002: 119) assert, in developing close relationships with participants who share deep and personal insights into their lives “researchers, too, are likely to feel the power of the experience”. Chatzifotou (2000) states in recalling her study of ‘wife abuse’ in Greece, how “the discovery of the amount of pain in women's lives reverberated for some time” and how after each interview she felt overwhelmed and anxious. While I had similar emotions throughout the research process – both in data collection and later in analysis – there were two particular occasions in which I felt genuinely overwhelmed. The first of these times was when the young service user participant broke down in tears during our conversation. I felt strong feelings of responsibility and a lasting sense of guilt for potentially prompting such feelings. The

¹³⁷ As will be shown in chapter 5, the violence and abuse they experienced ranged from relatively ‘minor’ incidents to extreme psychological and physical acts.

second time I felt genuinely overwhelmed was after a particularly busy day 'in the field' early on in the data collection process. On this particular day, to save time and to avoid having to travel twice, I conducted separate but back-to-back interviews with two service user participants: Chloe and Leanne. Both of these interviews were intensely emotional with the women disclosing historical incidents of rape and child sexual abuse. While I was used to participants disclosing such difficult experiences, I left the field on that particular day feeling emotionally drained.

While I felt that my interviews with both Chloe and Leanne were very insightful, I had to acknowledge the possibility that, due to my emotional fatigue, my second interview with Leanne might have been affected due to what Boyatzis (1998) refers to as a researcher's 'sensory overload'. The inherently subjective nature of qualitative research, Boyatzis (1998) continues, can not only affect the processing and analysis of the data, but may also affect how it is collected. As already discussed, the quality of the data collected when using qualitative interviewing as a method is heavily reliant on the ability of the researcher to connect with the participant on a personal level (Punch, 2005). It is important to acknowledge the possibility that in conducting such an intensely emotional interview in the morning, my ability to form this kind of necessary relationship might have been impaired during the second interview that day. Fortunately, however, while there is certainly a possibility that my fatigue that day might have affected our relationship, I feel these potential issues were mitigated that day – at least to some extent – by the fact that I had met Leanne prior to our interview. Indeed, due to having discussed my research within the 'survivor' group that she attended I felt that I had already begun to form an open and honest relationship with Leanne. Nonetheless, while it might not have impacted negatively on Leanne's interview, I made an important practical decision from that experience to restrict myself to one interview only in any one day – a decision intended to prevent this from happening during the remaining process of collecting data.

4.6 Data Analysis

Before looking at the process of analysing the data, I wish to address a couple of practical issues.

Firstly, considering the nature of this research there was an obvious necessity to protect the identities of the participants – particularly those who had relocated to escape their abuse. This was further compounded by the rural nature of the study. During our conversations participants spoke about towns and other places that might easily be recognisable to someone familiar with that area. In order to protect identities I wanted to, wherever possible, avoid using this information. Subsequently while I wanted to remain true to participant's experiences by using their own words, I also had to ensure that they could not be identified from how they answered their questions. I took a number of preventative steps to overcome this issue. While I referred to service provider (SP) participants as SP1, SP2, and so on, I used pseudonyms for all service user participants. Initially I had planned to refer to *all* participants, including service users, by their participant number. However, I felt that calling service users 'participant one', 'participant two', and so on was sterile and somewhat disrespectful. These were real people who had opened up to me by sharing their deeply personal experiences. Subsequently the use of pseudonyms was a compromise I made in order to avoid dehumanising their experiences. In addition to anonymising participants, it is important to acknowledge that some discretion was exercised when selecting which quotes to use and that, where absolutely unavoidable, some very minor editing was required.¹³⁸

I personally transcribed all interview recordings. Although this was time consuming, this meant that not only could I ensure that participants identities were protected, but also that I could re-familiarise myself with the data. The process of transcribing interviews is often thought of as an arbitrary or mechanical process in research in which, through the routine practice of representation, researchers naturally 'edit' spoken text (DeVault, 1999). Despite this inclination, I

¹³⁸ For instance, removing directions or other particularities that made a location easily identifiable.

wanted to try to remain as true to the conversations as possible. In order to do so, all interviews were transcribed verbatim – that is to say, in a naturalistic way (Davies, 2011) which captured the emphasis, pauses, and emotion participants conveyed within our conversations. Indeed, while it may not be possible to “preserve all the details of respondents’ speech” (DeVault, 1999: 77) I wanted to try to ensure that I captured as much emotion and meaning as I could from the interviews – particularly those with service users. As noted in the previous subsection, for example, during one particular interview, the young female service user was moved to tears by the retelling of her story. Similarly, in another, the service user’s voice became noticeably shaky when speaking about particular aspects of her experience. I wanted to avoid losing this emotion or misrepresenting my participant’s feelings as such emotion provides a crucial opportunity to capture the “psychological and social realities” of their everyday lived experiences (Jones, 2013: 119).

It is worth noting at this stage that during the early stages of transcribing and analysing data I returned to working within the domestic violence sector in a local women’s refuge.¹³⁹ During my time working there I supported women and children from a wide range of backgrounds with varying needs. In witnessing and sharing in their journey from ‘victim’ to ‘survivor’ (see further chapter 6) what was particularly striking was that, far from being easily demarcated into distinct categories of VAW, there were significant *parallels* in these women’s experiences of violence. In other words, the women’s *lived experiences* of violence and abuse did not appear to fit into the neat terminology and categorisation of ‘domestic’ and ‘honour’-based violence – something that mirrored what I was witnessing within the interview transcripts. I began to see that the realities of participant’s lives were not the product of, for example, universal gendered, racial and cultural stereotypes, but rather were fractured, messy and fluid. That is to say, they were shaped and

¹³⁹ I began working first as a volunteer and then later as a paid member of staff.

affected by wider socio-cultural conditions in which the individual was situated – (the reader should refer back to chapter 3 for a more in depth understanding of this process).

In accepting this point I felt that attempting to understand the everyday lived experiences using pre-established narratives of gender or race were not enough. The identity of my participants and their lived experiences of victimisation were far messier and far more complex than these narratives suggested. I needed an analytical approach to transcend these gendered and racial stereotypes and to help me recognise and understand how lived experiences are the “condensation of social processes, interactions, and positions where intersecting categories [which] are inextricably linked” (Christensen and Jensen, 2012: 117). As a theory which attempts to understand the complex, ever changing nature of identity – something which subsequently feeds in to systems of privilege and oppression (see chapter 3), intersectionality provided the framework to explore not only issues of identity and categorisation but also issues around location. In other words, it enabled me to address issues of race, gender and culture while acknowledging broader contexts such as rurality. This allowed me to make sense of what I was seeing in my professional capacity as domestic violence worker as well as in the messy realities of my participants lived experiences – lived experiences which I attempt to map out in the two chapters that follow.

Chapter 5: What's in a Name? Labels, definitions and lived experiences

5.1 Introduction

The literature presented in chapters 2 and 3 has demonstrated the way in which violence in the name of 'honour' has been culturalised. Through this process, violence labelled as 'honour'-based is commonly regarded as a problem exclusive to particular non-Western cultures, and one which is fundamentally different from what we might refer to as 'mainstream' violence. While some argue that the distinction between HBV and mainstream violence helps to increase awareness of the particular needs and experiences of 'victims' in minority communities (see *inter alia* Brandon and Hafez, 2008; Siddiqui, 2005), others are more critical of adopting such a rigid distinction.¹⁴⁰ In a speech given at the United Nations Commission on the Status of Women in 2013, Marai Larasi (2013b) suggests that, while it is important to recognise and examine the specificities of violence and abuse in order to understand 'victims' needs and experiences, as academics and policy makers we need to avoid becoming politically and intellectually fixed. In other words, while recognising specificity is important, there is a need to situate the particular within the broader context of gender-based violence. This is crucial, she cautions, because "the silos that we create do not always exist in [...] lived experiences". While also drawing upon the attitudes and experiences of service providers, this chapter primarily focuses on the subjective experiences of service users.

Rather than focusing specifically on how 'victims' experience might be defined in policy (see chapter 3) and practice (chapter 6), in this chapter I draw primarily upon the personal experiences of twelve individuals – eleven women and one man – who self-defined as having experienced

¹⁴⁰ Although I discussed the use of terminology in chapter 1, I wish to remind the reader here of my decision to use the term 'victim' and service user interchangeably throughout this chapter. This was a purposeful decision meant to acknowledge the different stages at which the participants sought help – in other words the different stages at which they became service users.

intimate personal violence or abuse.¹⁴¹ In doing so, I aim to explore how the service users defined *their own* experiences, how they made sense of *their* experiences, what similarities and differences were evident between their experiences, and how useful, if at all, pre-established labels were to them in the process of recognising their abuse. While examining these issues, I pay particular attention to whether and how notions of honour and shame impacted upon their experiences. Ultimately, the purpose of this chapter is to explore how labels, definitions and categorisations of violence and abuse constructed in theory and policy compare to the subjective experiences of those accessing services. It follows then that the findings presented within this chapter should be viewed as an attempt to operationalise the theory presented within chapter 2.

In drawing upon the experiences of these twelve service users and listening to the ways in which they attempted to make sense of their experiences, the chapter concludes with a number of interrelated points: firstly, it is demonstrated that, irrespective of ethnicity, nationality, or religion, 'culture' in its various forms is embedded in all forms of violence. Secondly, whether explicitly referenced or not, it is shown how the honour-shame nexus acts as a pervasive feature – albeit in various cultural forms – within all 'victims' experiences of recognising, acknowledging and seeking help from abuse. Finally, in focusing on the lived experiences of service users, the inherent problems with the application of rigid typologies of violence in policy (chapter 3) and practice (chapter 6) are highlighted – typologies which, Larasi (2013b) warns, often do not reflect or neatly apply to the messy realities of real-world victimisation. Indeed, while many of my service user participants did not possess what we might refer to as the traditional 'hallmarks' of HBV – a point which will be returned to throughout this chapter (see also chapter 2) – once I began to dig a little deeper below the surface level, it became apparent how honour and shame acted as pervasive features of victimisation.

¹⁴¹ While some of the service providers who referred service user participants through to me had already categorised 'victims' experiences as either 'domestic' or 'honour'-based violence/abuse, I wish to make clear here that when I say that 'victims' self-defined, I mean simply that they all acknowledged having experienced *some* form of intimate personal violence/abuse.

Ultimately, then, the primary purpose of this chapter is not only to explore if and how ‘victims’ lived experiences of violence and abuse fit into the existing categorical silos of ‘domestic’ and ‘honour’-based violence and abuse but, by extension, to examine if and how the creation of such categorical silos obscures a deeper and more nuanced understanding of the more pervasive role that the honour-shame nexus plays within VAW. Consequently, in so doing, this chapter serves to make a vital empirical and theoretical contribution to some of the central arguments of this thesis: (1) that there is a need to deculturalise the honour-shame nexus and violence in the name of honour in order to avoid artificially demarcating HBV from VAW more widely; and (2) that in order to deculturalise HBV there is an urgent need to re-examine VAW more generally through a lens of honour and shame.

5.2 Making Sense of Experience: The power of naming

‘Sticks and stones will break my bones, but names will never harm me’. This is what the timeless nursery rhyme tells us. In the context of the fight against social problems such as VAW, however, the literature presented in chapters 2 and 3 has emphasised how names and labels play an important role in policy and practice. The way in which a problem is named and defined impacts directly upon how the problem is both represented and responded to and thus, has a direct impact upon ‘victims’ experiences of help-seeking (see further chapter 6). The process of naming a problem is therefore a powerful tool through which an experience can be legitimised or dismissed. Indeed, as Du Bois (1983 cited in Gill, 2004: 474), reasons:

The power of naming is at least two-fold: naming defines the quality and value of that which is named – and it also denies reality and value to that which is never named, never uttered. That which has no name, that for which we have no words or concepts, is

rendered mute and invisible: powerless to inform or transform our consciousness or our experience, our understanding, our vision; powerless to claim its own existence.

Naming not only gives license to be able to speak openly and legitimately about a problem but subsequently enables potential solutions to be proposed.

While on the surface the name given to a problem may appear as mere matter of semantics, it is important to recognise how this has a direct impact upon how a problem is defined and thus responded to (Groves and Thomas, 2014). While giving a problem a name logically precedes defining it, the two processes are intimately connected (*ibid*). That is to say that, both naming and defining are intimately connected processes which not only reflect the way in which a problem is understood, but also reinforce the way in which it is to be addressed (see chapter 3). Speaking with regards to domestic violence, for example, Groves and Thomas (2014) demonstrate the vast range of debates that have arisen over both the name and definition of this widespread social problem. From ‘wife beating’, ‘battered wife’, ‘intimate partner violence’ (IPV) to ‘domestic violence’, they continue, each of these names has been problematised and criticised for failing to adequately reflect the lived reality of ‘victims’ experiences. Indeed, in addition to affecting ‘victims’ experiences of help seeking (see chapter 6), it is equally important to recognise the importance that naming has on a ‘victims’ ability to identify or recognise their own experiences as abuse. This was an issue raised by Leanne when retelling her story:

Even if I had been asked [are you in an abusive relationship], I would have said no because I didn’t understand that that’s what I was in! [...] You *need* to be able to explain to somebody what abuse *is* [and I couldn’t do that]. [...] It was like this is a factual thing that has happened but I didn’t link that with the word abuse.

In being unable to identify and name her experiences, not only did Leanne fail to recognise her relationship as abusive, but this delayed her from seeking much needed help and support.

Ultimately, without a name, her lived experiences became this ‘factual thing’ that she simply endured. In other words her experiences became normal – an experience shared by Nabeela: “I know it’s not ‘normal’. Domestic violence is not normal [...] but [it became] normal to me”.

For Leanne – as with a number of other service users – things only changed when someone else intervened, named and thus legitimised her experiences. As she explained, “[It wasn’t] until someone actually said, ‘Well actually that’s not right!’ and then it was like, ‘Wow, of course it’s not’” (Leanne). I return to this point in chapter 6. This delayed process of recognition was not uncommon and it became immediately evident when re-reading the transcripts that, despite purposefully broad definitions at national and international levels (see chapter 3), ‘victims’ struggled almost unanimously to identify and acknowledge *their own experiences* as abuse. This difficulty in recognising abuse is widely documented in existing literature (see for example, Gill, 2004; Walby and Allen, 2004). While there are many reasons for this – some of which will be returned to during this chapter – for the purposes of this discussion I wish to focus on the impact of names and definitions. Although today the Home Office (2013) refers to domestic violence *and abuse* – explicitly defining it as “[an] incident or pattern of incidents” which may or may not encompass psychological, sexual, financial, emotional abuse *as well as* physical violence – an absence of direct physical incidents led many of the service users in this study to dismiss their experiences as abuse.¹⁴² Beth, for example, reasoned “He [ex-husband] never punched me! So [in my mind] it was not abuse”.

In addition to a lack of physical violence, it is also important to acknowledge the problematic use of the term ‘domestic’ when speaking about ‘victims’ experiences. Again this is a point discussed

¹⁴² See also research by Walby and Allen (2004) which demonstrates the impact that a lack of actual *physical* incidents can have on ‘victims’ perceptions of their experience.

by Groves and Thomas (2014). Not only does the term imply a sense of cohabitation, they argue, but it also suggests that abuse and violence is something that happens “behind closed doors” in the private domestic sphere (*ibid*: 4) – again failing to accurately reflect the lived realities of violence and abuse. This failure was evident within the context of the lived experiences of service users within my own study. In addition to their experiences of post-separation abuse (see chapter 6 for more on this), a number of participants spoke about how their perpetrators openly abused them – both verbally and physically – in public. Chloe, for instance, was both verbally abused in public and, on a separate occasion, was punched in the stomach.¹⁴³ Both of these incidents occurred in public in full view of other people who did nothing to intervene. While I will return to this public/private debate later in this chapter when discussing societal attitudes towards violence and abuse, for the time being it serves to demonstrate the problematic nature of names and definitions and their ability to reflect ‘victims’ lived experiences.

In the same way as ‘domestic violence’ it is important to recognise some of the key debates that continue to exist around the use of the term ‘honour’ when discussing HBV.¹⁴⁴ Both Siddiqui (2005) and Meetoo and Mirza (2007b) argue that the use of the term ‘honour’ in describing particular forms of violence and abuse is a misnomer. They contend that these crimes are actually dishonourable and that there is, in fact, no honour in these crimes, only shame (Siddiqui, 2005). The use of the term, they continue, not only places blame upon the ‘victim’ – that is to say, that they have brought the violence upon themselves through some form of dishonourable or shameful behaviour, but that it also serves to ‘justify’ the perpetrator(s) actions – at least in *their own* eyes. This was also a position adopted in recent parliamentary debates by Nusrat Ghani, MP. Indeed, while addressing the House of Commons and proposing a new Crime (Aggravated Murder of and Violence against Women) Bill, she declared:

¹⁴³ It is also worth emphasising that Chloe was heavily pregnant when she was punched by her partner.

¹⁴⁴ The arguments presented here are by no means an exhaustive list (see for example, Begikhani *et al*, 2016).

Language matters. [...] The use of the term 'honour' to describe a violent criminal act - sometimes committed against a man, but more often against a woman - can be explained only as a means of self-justification for the perpetrator. [...] It diminishes the victim and provides a convenient excuse for what in our society we should accurately and simply call murder, rape, abuse or enslavement. (BBC, 2017)¹⁴⁵

While individuals such as Pragna Patel from the Southall Black Sisters have come forward to challenge this argument – proclaiming that “Tinkering with terminology will not rectify the many failures of the British state to address ‘honour’ crimes adequately” (Patel, 2017) – it is important, nonetheless, to recognise the impact that terminology has on how a problem is framed and understood (see discussions in chapter 3). Indeed a further criticism of the use of the term ‘honour’, as this thesis has shown, is that the term ‘honour’ is often misunderstood and prone to “exoticisation” (Welchman and Hossain, 2005: 4). That is to say that honour is regarded as a foreign concept relevant to particular backward or barbaric cultures – a misperception which, as chapters 2 and 3 have shown, results in violence in the name of honour being culturalised.

A further problem demonstrated in chapter 2, is that the meanings attached to the honour-shame nexus vary both between and within communities (Phillips, 2012). This has made the process of constructing an all-encompassing and cross-culturally appropriate definition of HBV highly problematic (Gill, 2006). Indeed, while specific manifestations of ‘culturalised’ violence such as forced marriage and FGM are now criminal offences within the UK (see chapter 3), there remains no offence of HBV. Rather, as noted in chapter 3, HBV is today typically understood as a unique form of VAW. Yet, despite being situated within the context of VAW more broadly, as this thesis

¹⁴⁵ Although now withdrawn from parliamentary debates, the Crime (Aggravated Murder of and Violence against Women) Bill, sponsored by Nusrat Ghani, was designed to, amongst other things, ban the use of the term ‘honour killing’ and create a provision for “the aggravated murder and aggravated domestic violence against women” (Hansard HC, 2017).

has shown, HBV as a ‘culturalised’ form of violence, is often conceptualised and portrayed as being fundamentally different from other more ‘mainstream’ forms of VAW (see chapters 2 and 3). Drawing primarily upon the lived experiences of the twelve service users that participated in this study, in the following subsection I focus on examining and subsequently problematising some of the popular conceptions of HBV that are seen to differentiate it from mainstream forms of VAW. By challenging some of these perceived differences not only will I demonstrate how honour and shame work as more pervasive features of VAW, but in doing so, I will begin to problematise the categorical silos that are created through the culturalisation of violence.

5.3 Problematising the Culturalisation of Violence

Despite attempts to resituate HBV within broader discussions of mainstream VAW (Gill, 2006, 2009, 2011), HBV continues to be viewed by many as a culturalised form of violence which remains fundamentally different to more mainstream forms of VAW (see chapters 2 and 3). Indeed, in order to tackle the problem of HBV, many practitioners, policy makers and scholars continue to focus on what it is that differentiates HBV from VAW more broadly – that is to say, “what makes these [crimes] unique” (Chesler, 2010). While Sen (2005), for example, presents six key features that differentiate HBV from mainstream VAW, Payton (2017: 1335) condenses these into three reasons:

[A]gnation (the perpetrators are members of the same patriline as the victim), collectivity (the active or tacit collaboration of members of a patriline and the wider community in perpetration), and the deployment of a discourse of “honor” to justify violence.

In other words, what differentiates HBV from VAW, she appears to claim is: (1) the relationship between the perpetrator and ‘victim’; (2) the extent to which VAW is socially sanctioned and the act of wider community collaboration in the abuse; and (3) the notion of honour as a form of

justification, that is to say, that the perpetrator – at least in their eyes – was in some way provoked by the action of the ‘victim’ (see chapter 2).

Drawing upon the literature presented in chapter 2, I wish to add a fourth feature which is often used to demarcate HBV from VAW; HBV typically consists of extreme forms of violence. This is not to suggest that there is not also acknowledgement of the extreme forms of violence experienced in mainstream domestic abuse relationships. To the contrary, many, including Mohammad Idriss (2017: 5) explicitly state that “both can involve extreme violence”. Nevertheless, while mainstream VAW is often depicted as existing on a continuum, the cultural stereotypes that have been created due to media attention on honour *killings* (see chapter 2) misrepresent certain BME communities as being particularly barbaric (Meetoo and Mirza, 2007b). Indeed, as will be shown in chapter 6, this view of cultural deviance and extreme violence remains a common misperception of many frontline service providers.

In this chapter I use the lived experiences of the twelve service users interviewed to examine and subsequently problematise some of these common hallmark characteristics of HBV to demonstrate the pervasiveness of the honour in victimisation. While demonstrating such pervasiveness, I will, however, also attempt to highlight the subtle but important differences in which the honour-shame nexus manifests. As was outlined in chapter 2, for instance, honour and shame are socio-culturally and temporally contingent, not only in terms of what behaviours or characteristics are deemed honourable but also those that are considered shameful. What the data presented here will highlight, nonetheless, is how ‘honour’ – as both a private and public concern – is a common feature of violence in ‘victims’ lived experiences regardless of their ethnicity or religion. Indeed, when examined in the broader context of other associated terms – respect, status, reputation, dignity and so on (see chapter 2) – the honour-shame nexus becomes

a universal feature of violence that is employed as both a justification for abuse and as a key barrier to 'victims' seeking help.

The remainder of this chapter is set out into four subsections. The first challenges the idea that honour as a justification for violence is unique to BME communities. In doing so, I demonstrate how the honour-shame nexus is a pervasive feature of all 'victims' experiences and how it functions as a powerful motive for both action and inaction not only for the perpetrator(s) of violence but also for the 'victim'. In the second discussion I examine and problematise the sensationalised and symbolic view of HBV. Far from limited to extreme forms of violence, in this discussion I show how the honour-shame nexus manifests in a range of coercive, controlling and abusive behaviours. The third subsection, challenges the idea that, unlike mainstream VAW, HBV involves wider community collaboration. The fourth and final subsection will summarise the findings in preparation for the final analysis chapter which explores 'victims' experiences of help-seeking. Ultimately, by exploring and problematising each of these common perceptions of HBV, the purpose of this chapter is to demonstrate how 'victims' lived experiences do not always fit neatly into the categorical silos that are created through the process of demarcating cultural forms of violence from 'mainstream' VAW.

5.3.1 Honour as Justification: A motive for action and inaction

[T]he main issue, the motivation is different. The motivation for honour violence is defending the honour of the family and for cleaning ... cleansing the family's name. They believe the only way is by killing the women and sacrificing her for the whole community and the whole family and so all the motivation is different. (Dianna Nammi, Director of IKWRO)

As the quote above, taken from my conversation with Dianna Nammi, demonstrates, motivation, extreme violence and wider family or community involvement in violence and abuse are frequently cited as being fundamental differences between so-called honour crimes and 'mainstream' VAW. I will examine these issues of extreme violence and wider involvement in the remaining subsections to follow. In this section, however, I focus specifically on the issue of honour as a form of motivation. Indeed, while notions of power and control are cited most frequently as key motivations for the perpetration of mainstream forms of VAW (see for example Groves and Thomas, 2014), violence in particular non-Western communities is understood as being a means through which individuals can restore lost or damaged family or community honour (see chapter 2) – in other words, as Dianna Nammi reasons, as a means to 'cleanse the family name'. In this way, the notion of honour is today commonly framed as being a foreign concept and violence in its name as a cultural phenomenon unique to particular BME communities within the UK (Sen, 2005).

As will be demonstrated in chapter 6, despite the fact that a few service providers attempted to think more broadly about the role of honour in violence, all continued to frame HBV within the context of culture. In this way honour and culture became common themes that service providers drew upon to differentiate honour crimes from other forms of VAW. In this section, however, I draw upon the experiences of the 'victims' I interviewed to problematise the idea that motivation differentiates HBV from VAW. Indeed, I will show how honour plays an integral part of all forms of VAW. This pervasiveness of honour was a point raised by SP9, a specific point of contact (SPOC) on HBV cases for the police:

[People] want to put domestic violence within Asian families as a separate thing and honour-based violence as a separate thing. [...] What I'm trying to make them understand is that it actually goes hand-in-hand. Whatever level that domestic violence is going on

within the home, if you scratch beneath the surface, it's ultimately [...] HBV because it's all about the honour [...] it all comes back to the honour.

What it is central to this quote is this notion that, when examined 'beneath the surface', all violence and abuse is underpinned by notions of honour. Although SP9 frames her discussions specifically in the context of Asian families, in this chapter I will expand upon this idea to show how honour (and shame) underpins all violence and abuse regardless of ethnic or religious background; how honour acts as a powerful motive for both action and inaction not only for those perpetrating the abuse but also for 'victims'; and how, importantly, this prevents and delays many 'victims' from seeking the help they so very much needed.

Despite the pervasiveness of honour and shame within 'victims' experiences, it is important to state from the outset that only two service users – Aaliyah and Nabeela – *directly* referred to 'honour' when re-telling their stories. Aaliyah, for instance, reasoned, "Honour to me and to anybody of my background is basically the family respect, the family name being marred. It's really, really important that the family reputation is intact". These sentiments were also shared by Nabeela in her explanation of honour. This limited use of the term honour does not mean, however, that it did not feature in the experiences of any of the remaining service users. Firstly, it is important to recognise that, as a term which is often used as a generic cross-cultural translation for terms such as 'ird', 'izzat' and so on (see chapter 2), it is possible that some BME participants may have felt that I, as a White British woman, may not have understood the complexities behind its use. This belief was highlighted by Nabeela who explained to me the difficulty she had faced in talking to white, Western service providers about her situation (this is discussed further in chapter 6). Indeed, her experience was that "English" people were unable to comprehend both the meaning and importance of 'honour'. "I felt like I was on two different pages" she told me:

Like ... they'd [white British service providers] be questioning like, 'Why would your dad do that?' and you just think, 'Well because it's honour!' But they don't understand what honour is. (Nabeela)

Nonetheless, while the term honour was rarely used by service users, chapter 2 highlighted the way in which 'honour' has become intimately connected to or assimilated with broader terms such as 'respect', 'status', and 'reputation'. This link between honour and some of these more widely used terms was summarised in my conversation with Nabeela:

It's everything! Honour is for yourself, your reputation is so important. [...] your reputation is everything! If you've got a bad name it's, you know, you're not looked at by the community as being particularly good. So respect, reputation, honour, is more important than anything! I would say it is more important than blood.

In this quote Nabeela links the notion of honour to broader terms such as reputation and respect. Furthermore, in doing so she not only demonstrates how honour is fundamentally tied to both individual and collective identity (see chapter 2) but, in speaking about the importance of avoiding 'a bad name', she begins to show the link between honour and shame.

This interrelated nature of honour and shame was also discussed in chapter 2. It was recognised in that discussion how shame, as a loss of honour or respect, typically emerges as a result of an individual's inability to measure up to a communities' standards and expectations (Miller, 1993). Rather than being spoken about as two independent concepts chapter 2 highlighted the importance of recognising honour and shame as part of a wider complex nexus. This interconnected nature of honour and shame was discussed by Aaliyah when retelling her story. Indeed, in recalling the emotions she felt after choosing to leave her abusive partner, Aaliyah

explained, “I do carry shame because of my life [...] [So] honour and shame goes hand in hand and in fact honour and shame is one thing ... it’s one thing to me”. As our conversation progressed, Aaliyah went on to explain that, although her parents were not directly responsible for any of the abuse she experienced, the shame she felt came from a sense that she had let them down by failing to live up to the norms and traditions they had expected her to follow. These expectations, it emerged, had for a long time prevented her not only from seeking help but also from speaking openly about her abuse.¹⁴⁶

When viewed in this broader context it soon became evident that almost all ‘victims’ experienced similar feelings of responsabilisation for their victimisation.¹⁴⁷ That is to say that, rather than accepting that the abuse they experienced as being something beyond their control, they all appeared to regard his or her own actions as contributing to their own abusive experiences. For instance, whether his demands were reasonable or not, Leanne felt she could never live up to her partner’s expectations of her. Despite the fact that, in reality, Leanne had done little wrong and certainly did nothing to merit the violence and abuse she experienced, it became apparent that she, and many others, began to feel as though she had done something to deserve the abuse. Rather than attributing the breakdown of their relationship to her partner’s abusive behaviours, for example, Lucy explained how she thought of her ‘failed marriage’ as being somehow *her* fault. These were sentiments shared by Nabeela.

In each of these experiences ‘victims’ felt or, through a process of socialisation, were *made* to feel like they had in some way failed to live up to external expectations placed upon them – expectations which dictate what is expected of a good wife, daughter, son and so on.¹⁴⁸ This sense

¹⁴⁶ Aaliyah was the only ‘victim’ never to seek professional support during or after her abuse.

¹⁴⁷ ‘Responsibilisation’ here is not meant in the broader context in which Garland (2001) refers to it, but rather in a micro sense in terms of feelings of self-blame and self-responsibility for their own victimisation.

¹⁴⁸ The process of socialisation, Pickup *et al* (2001) argue, tends to perpetuate ‘common sense’ gender roles which prioritise male dominance and superiority over women (see also chapter 2).

of shame that was attached to such feelings of being at fault, blameworthy or responsible for their victimisation, was particularly apparent when speaking to those who had children. Indeed, whether through their sense of shame at failing to make their marriage work, or their fear of shame at having their victimisation become public knowledge, many of these women voiced concerns that their role as a 'good mother' would be called into question.¹⁴⁹ Conversations with Beth, Hannah and Chloe in particular, demonstrated such concerns. While Chloe, for example, began to feel as though, in order to live up to expectations on what constitutes a good mother, she ought to leave her abusive partner – a point which is returned to in chapter 6 – at the same time she explained how she felt pressure from family members to keep her family together:

I can remember [...] [my family] had this meeting. I was on the settee here and they were all sat there [...] [and they told me] 'You need to go home and be together. You [need to] just put up with it'. (Chloe)

Although, as discussed in chapter 6, Chloe ended up choosing to prioritise her children's safety over her partner and family's expectations, what Chloe's experiences demonstrate is the paralysis often felt by 'victims' in abusive relationships when deciding whether to seek help. It is important to recognise how this paralysis is intimately connected to notions of honour and shame and the social expectations that are placed upon being a good mother, wife and so on. For Chloe to have left her abusive partner would have seen her fail to play her role as a good wife; to have stayed would have, at least in her eyes, seen her fail in her role as a good mother. In this way the honour-shame nexus can create a quandary for all 'victims' regardless of ethnicity or religion, in which both action and inaction can be perceived as shameful – a point which is crucial in understanding why 'victims' stay in abusive relationships.

¹⁴⁹ This concern was particularly apparent with participants who had some involvement with social and/or child services.

Through speaking to ‘victims’ it became obvious how these feelings of shame were further intensified by the presence and lived experiences of the violence and abuse itself. Indeed as Easteal (2003: 255) asserts, the fundamental role of intimate violence and abuse “is about beating another human down internally to such a point that she [sic] becomes consumed with shame – self-blame and low self-esteem”. Even as the violence and abuse progressed, all participants – including Raihan, the only male service user in the study – appeared to continue internalising much of their experiences, attributing it to being part of their role as wife, partner, or general ‘subordinate’ within their relationship.¹⁵⁰ Nabeela, for example, spoke about how, as a housewife, she “literally had no say in anything” and was simply expected to look after the children. Similarly Hannah reasoned:

You [the wife] have to be at home and supportive and if they [your partner/husband] want to kick off, you know, really you need to be their sounding board. It doesn’t matter if it goes over and above, that’s your place.

Hannah’s words not only demonstrate the ‘subordinate’ position she felt she occupied within the relationship but moreover, it reinforces how ‘victims’ become socialised into expectations of what is expected of, in this case, a good or honourable wife.

It is important to stress at this point that, with the exception of Meena, these feelings of being responsible for their own victimisation were not the same as thinking that abuse was acceptable.¹⁵¹ However, whether through repetition and the routine and everyday nature of the abuse or because ‘victims’ lived experiences of abuse were frequently punctuated by periods of calm, much of the violence and abuse experienced by ‘victims’ became normalised. A number of

¹⁵⁰ ‘Subordinate’ here includes, for instance, son (/in-law), daughter (/in-law), and/or younger member of a community.

¹⁵¹ Meena, who had migrated to the UK as a teenager, spoke about how she had not realised that being physical or physically chastising your children was considered abnormal and unacceptable in this country.

participants also spoke about the way in which their perpetrator(s) appeared to justify their behaviours as being part of their dominant position in the relationship. As a victim of financial abuse, for example, Leanne explained how her former partner had felt it was his fundamental right not only as a man but also as the head of the household to control the finances. Similarly, Lucy spoke about how her partner had felt it was his right as husband and father to discipline their child, or at least dictate *how* it should be done. Chloe explained how things really began to worsen for her once she and her former partner were married, a point which was reiterated by Lucy. For both of these women there was a sense that, once married, they had become to some extent the 'property' of their husbands. Indeed, despite separating, Lucy explained how this sense of 'ownership' continues to this day through their son. "[H]e said that once we were married I was then his property. [...] [T]hen when we had our son he was also sort of his property and he is *still* his property" (Lucy).

What many of these discussions highlight is that, as discussed in chapter 2, it is not actually necessary for a 'shameful act' to have become public knowledge for individuals to feel a sense of shame for "[Shame] can be felt without the actual presence of the judging group" (Miller, 1993: 118). Rather, as the evidence I collected in my interviews illustrates, many individuals feel a sense of responsabilisation and shame because of their failure to measure up to norms and expectations which, over time, have become a deeply embedded aspect of their lives and subjectivity. Indeed, as was evident in Aaliyah's experiences, it was this fear of potential shame rather than her aspiration for honour which acted as the primary motive for her decision not to seek outside help. Many 'victims' expressed their reluctance to admit that this was happening to *them* or that they were the '*type of person*' to get themselves into such a situation. Susan, for example, confessed how she had been reluctant to tell anyone about her experiences because of the "stigma" she felt was attached to being labelled a victim. In each of these examples it was not a concern for honour per se that prevented these women from accessing help, but rather the possibility of being

publically shamed. Indeed, while direct references to ‘shame’ were again infrequent, many participants discussed feeling concerned about what people would think and say *if* their victimisation became public knowledge.¹⁵²

As noted in chapter 2, reputation often depends on the way in which an individual is perceived by the wider community: have they acted in a way which is honourable? Or have they in some way contravened social norms and expectations? The concern of many of the white British women I spoke with – for example, Susan, Lucy and Chloe – appeared to be primarily about the stigma and shame that *they* would experience should their victimisation and the breakdown of their relationship become public. The concern for BME participants, however, appeared to be less about *their own* reputation but rather how their experiences might impact upon the reputation of *others* – namely family and extended family members. For many of these individuals there was a general sense that their behaviours were constantly policed by family members and the wider community. As is often asserted (see for example, Brandon and Hafez, 2008), individuals – primarily women – in particular BME communities are often subjected to a heightened regime of control and social surveillance. As noted in chapter 2, this is typically regarded as a necessary means of maintaining social conformity and preventing those individuals from dishonouring the wider family and community reputation. Aaliyah’s experience, for example, exemplifies this intimate connection between individual status and the reputation of the wider collective. While talking about how her experience of leaving her abusive relationship had impacted upon her parents, she reasoned, “I’m still very much the focus of the community, and although my parents are in their 70s now, it [my actions] will still have a knock on effect on my entire family”.

Interestingly, though rarely discussed by the white British ‘victims’ I interviewed, this idea that, because the reputation of one can impact upon a whole community there is a need for increased

¹⁵² Again only Aaliyah and Nabeela directly referred to shame.

social surveillance, was something discussed by service providers in the context of life in rural areas. Indeed rural areas and the BME communities with which HBV is most commonly linked were both regarded as close-knit communities in which reputation was crucial. As SP3, a manager of a local women's refuge, reasoned, for example:

[You can view rural regions] the same way community wise, I suppose, as you can with BME cultural wise. You know, there's usually those strong characters in the community that hold that 'moral compass' and, you know, people that don't measure up to it are going to be, you know, maybe shunned or you know, people will talk about you in the village, you know ... it's still exactly the same.

To demonstrate this point, SP3 gave an example of a case she had been involved in whereby the 'victim' had felt unable to come forward and press charges because of her position within the community. For this young 'victim' her fear of being shunned by other villagers because of the social status of her abuser's parents within that community prevented her from seeking help.

SP2, an Independent Sexual Violence Advocate (ISVA) within a local Sexual Assault Referral Centre (SARC) spoke of a similar situation that she had witnessed in which two male victims of sexual abuse had felt unable to disclose their experiences because of their perpetrator's high social standing within the community. When they finally did come forward about their victimisation, she continued, both young men suffered repercussions for doing so:

[Reporting their abuse caused] *such* ructions in the area, such *upset* and distress that it was really quite hard for them [the 'victims'] to ... to go back and live in their home area [...] the *guilt* and the *blame* that they got [from the wider community] was horrendous.
(SP2)

Rather than being seen as deserving of compassion or sympathy, then, it appears that these two ‘victims’ were held accountable, not only for their victimisation, but also for bringing shame upon another member of their community.

Ultimately, however, regardless of whether their concerns were about their own reputation or the reputation of others, what the experiences of those interviewed in this study showed is how shame acts as an isolating emotion (Scheff, 2011) (see chapter 2) which prevents many ‘victims’ from seeking outside assistance (see also Stark, 2013). As Nabeela explained, for example, “It doesn’t matter how bad it gets, [you have] to stick with it because there’s no way that [you can] walk out. [...] It’s such, erm, a *shameful* thing to do”. What this subsection has demonstrated, then, is two important and interrelated points. Firstly, it highlights the pervasiveness of honour and shame and how concerns about status, reputation and shame act as powerful motives not only for the behaviours of individuals perpetrating the abuse (see chapter 2) but also for those on the receiving end of it. This is true even if those behaviours are not seemingly in the best interests of the ‘victim’. Indeed, the second crucial point that this subsection highlights is how the honour-shame nexus can help us to understand why ‘victims’ of all backgrounds stay in abusive relationships even when the abuse they experience escalates.

5.3.2 The Sensationalised View of Honour-based violence: A symbolic form of violence

There’s usually been a threat of [sic] life [...] and because of what we know about *these cultures*, you know, they usually mean [it]. (SP7) (Emphasis added)

I suppose for me [with] my limited knowledge of ‘honour’-based violence [...] there is a risk of quite extreme violence [or] death. (SP4)

Despite the fact that DA is no less barbaric than HBV (Idriss, 2017), today violence perpetrated in the name of honour – a perceived culturalised form of violence (see chapters 2 and 3) – is commonly framed in popular imagination as being particularly extreme. As noted in the introduction to this chapter, this sensationalised perception of HBV is in part due to intense media attention on a number of high profile cases of ‘honour killings’ that have arisen from the Muslim and South Asian diasporas (see also chapter 2). Furthermore, while all VAW is understood to serve an instrumental function – that is to say, it acts as a means to inflict harm upon a ‘victim’ – at the same time, unlike mainstream VAW, HBV is often seen to serve an important symbolic function (see chapter 2). In many communities, violence is regarded as a means through which an individual can both restore their honour or reputation, while simultaneously sending a wider message that reinforces social norms and expectations (Idriss, 2017). In this way, Idriss (2017: 13) continues, unlike mainstream VAW, violence in honour-based communities is often “enacted for a ‘double audience’”. In this section I aim to both examine and challenge the extreme and public nature of HBV as further reasons for differentiating it from mainstream forms of VAW.

The view that HBV consists of particularly extreme forms of violence was an attitude that came across while speaking to many white British service users. Indeed, while many of them tended to associate the prefix ‘domestic’ with private relationship problems, violence in the name of honour was frequently cited as being linked to oppressive non-Western cultures. While many viewed HBV as a form of oppressive cultural violence, they tended to downplay their own experiences in comparison. As Beth reasoned, for example, “[domestic violence] is not cultural because it’s not in our nature”. Both Beth and Hannah appeared to associate this view of domestic violence as non-cultural with a sense being less deserving of help. While this point is returned to in chapter 6, it is important to stress that, unlike BME women and women experiencing ‘cultural’ forms of abuse who they perceived as passive and therefore deserving ‘victims’, both women felt judged by

service providers and wider society. We're viewed as "difficult white bitches", Beth argued. "As man haters [...] [and] dreadful women", Hannah added.

Again, as will be discussed in more depth in chapter 6, this attitude was also shared by many service providers including, for example, SP4 and SP7, the former a manager within a local women's refuge, the latter an Independent Domestic Violence Advocate (IDVA) (see quotes at the beginning of this subsection). This is not to suggest that they did not recognise the potential severity of domestic violence. To the contrary, all spoke of the potential risks 'victims' faced and need to safeguard against these risks. However, they all felt that the threat of violence and the subsequent risks to HBV 'victims' was so much greater (see chapter 6). At the same time, however, while most tended to view HBV as almost always comprising of extreme violence – something often linked to their lack of practical experience in dealing with HBV cases (see chapter 6) – SP6 and SP9, both SPOCs for HBV cases within the police, were the only ones who attempted to challenge this view of HBV. SP9, for example, reasoned:

The perception people have of violence and extreme aggression is actually not fully reflective of [HBV] [...] It doesn't always become violence. Quite a lot of the time, especially in this day-in-age, there's a lot of emotional [and] verbal [abuse] [...] threats, blackmail and so on.

Similarly SP6 who, throughout our conversation, constantly referred to 'honour'-based *abuse* rather than HBV added that, like domestic violence, 'honour'-based abuse is likely to involve a range of behaviours: "In a lot of cases they're ['victims'] told what they can and can't wear, where they can and can't work, who they can and can't speak to and that is obviously abuse as well" (SP6).

In spite of a popular sensationalised image of HBV, the words of SP6 far more adequately reflected the lived experiences of the six BME ‘victims’ I spoke with – all of whom had been labelled by the service providers who acted as ‘gatekeepers’ as having experienced HBV.¹⁵³ Regardless of whether their experiences were labelled as domestic or ‘honour’-based, *all* ‘victims’ experienced a range of abusive behaviours.¹⁵⁴ That is not to say that no one interviewed experienced extreme physical violence. To the contrary, regardless of their race, ethnicity or religion, extreme violence was unfortunately a lived experience of many of the ‘victims’ I spoke with. For example, during a verbal altercation, Susan’s partner punched her so hard that he broke her ribs. Meena told me how her father would regularly physically “beat” her, sometimes “with a belt”. While similarly, during her late stages of pregnancy, Leanne explained how her former partner had punched her so hard in the stomach that it knocked her off her feet. In addition to these experiences, several of the ‘victims’ spoke about how their perpetrator(s) threatened extreme violence and, at its most extreme, some participants – including, for example, Nabeela and Leanne – spoke about how their perpetrator(s) had threatened to kill them.

Yet despite the presence of these extremely violent threats and incidents, the vast majority of everyday lived experiences of abuse were what could be loosely termed as ‘low-level’ incidents.¹⁵⁵ As noted in chapter 2, in order to protect personal status, reputation or honour, the threat of violence is often enough to enforce the conformity of the ‘victim’ (Stanko, 2006) – particularly when violence is viewed in a broader sense of both overt and covert violence (see chapter 2).

¹⁵³ The only exception to this was Aaliyah who had not accessed services but who labelled her own experiences as HBV.

¹⁵⁴ While all service users situated themselves as having experienced intimate personal violence or abuse, the use of labels such as HBV were far more likely to have been placed upon these individuals by service providers. Indeed, while only one of the 6 BME participants explicitly referred to their experiences as HBV, all 6 were labelled as HBV ‘victims’ by the service providers who acted as their ‘gatekeepers’.

¹⁵⁵ I wish to stress that by using the term ‘low-level’ I am in no way implying that I regard any of my service user participant’s experiences as in any way minor or insignificant, rather I describe them this way for two simple reasons. Firstly, as already noted in the discussion on the importance of naming abuse, many ‘victims’ emphasised physical violence when thinking about what constitutes abuse. For many of these ‘victims’, an absence of direct physical incidents acted as a key barrier to them identifying their own personal experiences as wrong. Secondly, I use the term ‘low-level’ to demonstrate the way in which many forms of violence operate within a broader cycle of control.

Indeed, it is widely documented that intimate personal violence and abuse is typically gradual and insidious (Easteal, 2003). That is to say, abuse often starts out with relatively minor incidents, getting progressively worse over time. Regardless of how their abuse was labelled, or whether ‘victims’ were able to recognise their experiences as abusive at the time, this gradual and insidious nature of abuse was reflective of all ‘victims’ experiences.

As highlighted in chapter 2 and in the previous subsection, men and women are often socialised into normative ideas about appropriate gendered roles. While, as Stark (2013: 31) reasons, the adoption and regulation of these roles may appear “merely idiosyncratic” and “not particularly harmful”, this kind of ‘micro-management’ of personal lives, in reality, can be symbolic of wider issues of coercive control.¹⁵⁶ Although not all of the participants I spoke to recognised these coercive and controlling types of behaviour as abusive, many gave indirect examples of this type of micro-regulating behaviour. For example, Leanne spoke about how her partner controlled all the finances. Similarly, other women talked about how they were expected to ensure that housework, chores, meal preparation, childcare, and so on was taken care of:

I’d look after the kids all day and then he’d come round [...] at night and expect me to stay up all night, you know, having sex and being amazing [*laughs*] and then in the morning it was me who had to get up and get the kids to school and he’d expect his coffee and fried breakfast [*laughs*]. So I used to don my dark glasses, take the kids to school and then come back and cook his breakfast and then he’d bugger off [*Laughs*]. (Chloe)

¹⁵⁶ The term ‘coercive control’ is advocated by Stark (2013: 18) in order to encapsulate the “multifaceted forms of oppression” that women experience. In addition to physical, sexual, psychological, financial and emotional abuse, coercive control aims to reflect the broader “deprivation of rights and resources that are critical to personhood and citizenship” (Stark, 2007: 5).

While in some cases their experiences of abuse progressed to more extreme levels of physical violence, all BME participants shared similar stories of controlling and coercive behaviours.¹⁵⁷ Nabeela, for example, described how as housewife the main role she was expected to take was looking after the children: “I literally had no life” she told me, “I literally had no say in anything”. Similarly, while speaking with regards to their parents’ expectations of them, both Aaliyah and Nabeela, spoke about how they were always told what to wear and who they could and could not be friends with.¹⁵⁸ In addition to this, Nabeela was forced by her father to leave education to concentrate on learning domestic duties in preparation for future marriage.¹⁵⁹ “[I was] forced to leave education” she explained “because [my dad’s] plan [was] for me to go back home and get married”.

As will be discussed in the subsection 5.3.3, parents, families and the wider community can play an integral part in the continuation of a ‘victims’ experience of abuse. This was evident in Chloe’s experience, for example. Despite feeling that she needed to leave her abusive relationship, her parents and wider family called a meeting with her to try and convince her to stay in and persevere with the relationship. While this wider involvement in abuse is something experienced by many ‘victims’ regardless of their ethnicity or religion, it is important to recognise that parental and familial control were particularly evident in BME ‘victims’ experiences. Much of this control centred on the issue of marriage. Indeed, while “[marriage] constitutes an integral part of the social identity of both men and women” (Siddiqi, 2005: 292) in both Western and non-Western cultures, it is important to recognise how differences in normative family structures impact upon BME ‘victims’ lived experiences of abuse. Indeed, while marriage in white British society is today based primarily upon notions of romantic love and individual choice, marriage in some non-

¹⁵⁷ As noted previously, all BME participants were labelled as having experienced HBV.

¹⁵⁸ This control was often linked to their parents fear that they would become too ‘Westernised’ – a process which, at least for Nabeela, was attributed to the way in which a girl presented herself physically – including, for example, having “straighter hair, make up” and wearing more Western clothing – and behaviourally – for example, becoming “too independent”.

¹⁵⁹ Meena was also ‘encouraged’ to leave education.

Western cultures often serves a far more performative function (Ballard, 2008). Marriages, Siddiqi (2005) writes, are often regarded as a way to seal social kinship relations and are often pre-arranged.

As was the experiences of some of the white British women in this study, a few of the BME participants were openly criticised by family for their choice of partner. Misha and Raihan, for example, spoke about how their decision to go against both families' wishes and form an intimate relationship with each other was a precursor for much of their abuse. Others, however, spoke about how they were the subject of arranged or forced marriages.¹⁶⁰ While there is a clear distinction in the law between 'arranged' and 'forced' marriages (see chapter 3), due to issues of duress (see also chapter 2) this distinction was less clear cut when speaking to 'victims'.¹⁶¹ Nabeela, for example, spoke about her dad's plans for her to enter into an *arranged* marriage with her first cousin. Yet, despite framing it as an arranged marriage, when she later rejected this arrangement, her father tricked her into going abroad. Once there he threatened to divorce her mother – an act she stated was considered particularly shameful for women – if she did not go through with the marriage. Ultimately, because of this threat and the impact that it would have on her mother, she felt she was left with no other choice but to agree to the marriage, a marriage she had explicitly stated she did not want. "I just felt *so* angry" she explained, "I felt like he just *betrayed* me! You're my dad, you know, you knew that I wouldn't get married, so you [tricked me]"

Interestingly, when Nabeela spoke about confronting her father and his decision to trick her in to going abroad, she recalled him framing this as a *necessary* move in order to control her increasingly independent behaviour: "You're getting way out of control [...] I couldn't handle that,

¹⁶⁰ For some participants the issue was that they did not want to marry who their family was suggesting, while for others the issue was that they simply did not wish to marry anyone at that time.

¹⁶¹ This is not to suggest that all arranged marriages are forced marriages but rather that, because of the issue of duress, there is a need to view the practice of arranged marriages with caution.

so you need to get married”. Similarly both Misha and Raihan explained how, in order to prevent their relationship, their parents had controlled when and where they could go out. Indeed, for Misha in particular, this heightened level of control resulted in long periods of time being locked away in her room. Although up until this point, all three of these individuals had complied with the norms and expectations placed upon them, it appeared to be their rejection of their parent’s wishes that led to the escalation of their abuse.¹⁶²

It became apparent while speaking to ‘victims’, that this lack of adherence to a partner or family’s expectations was often viewed as a direct affront to their status. Nabeela, for example, recalled how, by going against his wishes, her father believed she had “ruined [his] image”, while similarly, Raihan recalled how, for his family, “[It was] all about respect”. Ultimately, then, for each of these ‘victims’, the violence and abuse they experienced escalated once issues of honour, status and respect were seen to be publicly challenged. Indeed, while covert violence and the threat of overt physical violence had served to maintain the status and control of the perpetrator(s), at the point at which this status had been threatened, their actions took on a more symbolic function – that is to say, they became a means to send a message that a failure or refusal to meet their expectations would not be tolerated.

While each of these examples took place within a BME context, it is also important to recognise the potentially symbolic function of mainstream VAW. This was particularly evident while speaking to SP12, a Police Constable (Public Protection Officer). In recalling one particularly memorable incident he had attended, in which a man had hit his wife after she ‘spoke back’ to him in a local pub, he reasoned: “He [the man] was not happy about the way that she had spoken to him in a *public* forum. [...] [I guess he felt she] needed to be taught a lesson that this was

¹⁶² While Nabeela complied with her father over the marriage to her cousin, she later divorced him and remarried someone of whom her father did not approve. It was this ‘disobedience’ which acted as the catalyst for her father’s abusive behaviour towards her.

inappropriate”. While it is unclear who was present at the time of this incident, it does appear to suggest that, for this man, it was the very public nature of his wife’s behaviour that necessitated a violent response – as if her actions caused him to suffer a public affront to his honour or respect.

Not only has this subsection demonstrated the pervasiveness of honour and shame in all ‘victims’ experiences, it has also challenged what has become another hallmark characteristic of HBV – the depiction of HBV as consisting of extreme violence. This is not to suggest that violence in the name of honour does not manifest itself in extreme violence. As the tragic cases of Heshu Yones (2002) and Banaz Mahmood (2006) demonstrate, this is simply not true. Similarly, many of the ‘victims’ I spoke to experienced physical violence and threats to life. However, what ‘victims’ experiences have also shown is the more persistent role that the honour-shame nexus plays in everyday lived experiences and how this manifests in a wider range of coercive, controlling and abusive behaviours. In this sense, we need to appreciate not only the ubiquity of the honour-shame nexus, but the mundane nature in which manifests in everyday life.

5.3.3 Collectivity and the Act of Wider Collaboration

More often than not with domestic violence it is just one perpetrator [...] [but] with honour-based violence it’s not just family members [...] its bringing dishonour on the *community* as well, the community get involved. So it’s not just fleeing one person, it’s very often fleeing a whole community. (SP11)

It’s very much under the radar [in white British culture] and it’s usually more isolated – in the home and within that relationship. Whereas, you know, the honour-based violence [...] your family and your whole community are saying that that’s acceptable behaviour. (SP4)

It is important to recognise how families, communities and the wider society can play “a vital role in perpetuating, condoning, and even promoting, violence against women” (Pickup *et al*, 2001: 229) – a point which is true of all of all communities. However, as discussed in chapter 2, while it is said that societal attitudes towards ‘domestic’ violence and abuse in white British or ‘Western’ communities have changed, BME or ‘non-Western’ communities are often portrayed as being more tolerant of VAW. This is said to be particularly true if the violence is performed in order to restore or repair damage to collective notions of ‘honour’ (see chapter 2). As the quotes above, taken from my conversations with SP11, a support worker in a specialist BME refuge, and SP4 show, a key distinguishing factor between domestic and HBV is said to be the way in which the wider community colludes in HBV cases. In other words, while ‘mainstream’ VAW is typically framed as a spontaneous act of violence or abuse linked to the intense ‘passion’ of an individual (Abu-Odeh, 1997), “when violence occurs in immigrant communities, that violence is attributed to that whole community” (Thandi and Lloyd, 2011: 68).

Talking to service users, it became evident that a key factor in *their* experiences of recognising, escaping and moving on from violence and abuse was how they were responded to by their personal wider ‘support’ networks.¹⁶³ For some participants, these support networks played a crucial role in their experiences of help-seeking. Lucy, for example, told me that in order for her to be able to leave her abusive husband, her parents insisted she stay with them. “That was really nice [of them]” she explained “[...] they were so supportive”. Similarly, Hannah explained how her father, who lived locally, had provided both practical and emotional support during some of her worst times which, again, had enabled her to ‘get out’. For others, however, their violence and abuse was prolonged or made worse by friends, family and members of the local community. This was true of both BME and white British ‘victims’. This is particularly true if collusion was viewed as

¹⁶³ Wider support networks are taken here to encompass friends, families and wider communities. Those acting in their capacity as professional ‘service providers’ are excluded and incorporated under ‘professional support’ (see further chapter 6).

both active and passive (Payton, 2017). While active collusion might include, for instance, actively participating in or planning the violence or abuse, or lying to police about what they had seen or heard, passive involvement might be something as 'simple' as turning a blind eye to violence and abuse. When viewed in this broader context, many 'victims' friends, families or wider communities collaborated, albeit perhaps unknowingly, with the perpetrators of their violence and abuse.

Throughout my conversations with 'victims', it became apparent how many of them had felt a sense of pressure to maintain normative gender roles and family structures. This included, for example, attitudes which emphasised making marriages work and ensuring that children had contact with both parents. Hannah explained to me how she had felt "conditioned" to support her partner. These kinds of sentiments were also evident while speaking with Chloe, Susan and Leanne. When I asked each of these women what they meant by this, their overall response was that they had been brought up to work at relationships and taught not to quit when things got tough. Furthermore, all of these women spoke about how this socialisation process had in some way added to their sense of self-blame and responsibilisation – a point raised in the subsection on honour as a form of justification. Chloe, for example, spoke about how members of her family had suggested that perhaps she had "pushed him too far", that "all marriages are like this" with good and bad patches, and that she should just "go home, be together and just put up with it!" Similarly, family and friends of Susan had pointed out that there are always "two sides to every story", thus suggesting more indirectly that she was in some way to blame for the abuse she endured from her husband.

Unlike Meena, Nabeela, Misha and Raihan, none of these white British women were victimised directly by their blood relatives. Nonetheless, an important theme to emerge amongst a number of these women was the way in which their families played a significant part in the prolonging of

their abuse. This wider *passive* form of collaboration was, at least in part, attributed to the way in which the violence and abuse were viewed by ‘victims’ and their families as private problems that needed to be dealt with away from public gaze (see also chapter 2). Chloe, for example, a white British woman who suffered abuse at the hands of her ex-husband *and* subsequent partner, told me how her family were particularly concerned about their public reputation should her victimisation come out. “It was all about what it looked like to the neighbours,” she explained, “that was the way we were brought up”. This was a principal reason, she believed, why her family wanted her to make her marriage work. She was not the only one who felt such pressure. Lucy also told me that she had not wanted to admit the abuse to herself or to others (including service providers) because “It would have been like [admitting], yeah, my marriage is a massive failure ... I can’t sort things out for myself”.

Despite VAW now being recognised as a *public* problem at policy level (see chapter 3), there was further evidence to show how wider society plays a vital role in perpetuating such abuse in modern white British communities. At least half of the white British ‘victims’ interviewed spoke about how their perpetrators openly abused them – whether verbally or physically – in public. The most extreme example of this came from Chloe who spoke about experiencing this on two separate occasions. While on the first occasion her partner verbally abused her, on the second occasion he punched her so hard in the stomach that she fell.¹⁶⁴ Both of these incidents, she explained, took place in public in full view of other people yet, to her shock and dismay, no one did anything to intervene.

I remember there was a man and a lady in a garden right next to us [during the violent incident] and the bloke said to his wife ‘just get in the house’ [...] and it was like they just disappeared. And I just burst into tears. (Chloe)

¹⁶⁴ It is also worth emphasising that Chloe was heavily pregnant at the time she was punched by her partner.

While I do not wish to suggest that progress has not been made on recognising the dangerous and devastating effects of violence and abuse in Britain, Chloe's very public experiences and the lack of assistance that she received highlight a reluctance to intervene in what often remain viewed as private relationship problems.

The kind of attitudes demonstrated above appeared to be significant barriers – at least initially – for many of the 'victims' I interviewed when attempting to leave and seek help. Of those who eventually did seek professional help, a number spoke about how this decision led to a breakdown of communication with friends and family. Regarded by family members as a form of disrespect, this process of seeking outside assistance led to a number of 'victims' being ostracised, at least temporarily, from their immediate and extended families. This was an experience most commonly discussed by BME 'victims'. While speaking about her decision to go against her parents' wishes and enter into a relationship with a man from a different religion and caste, for example, Meena explained:

Still [today] my dad is angry, still. [...] He asked to my mum that my mum is not allowed to talk to me or see me, he asked to promise from my mum. [...] My mum promised him that she would not see me but she still sees me because she cannot able to.

Similarly Misha recalled how her once close relationship with her father had broken down due to her relationship with Raihan and how, when she had attempted to contact her family they had treated her like a stranger. "[It was like we] weren't part of the family anymore" Raihan added.

Despite being referred to most commonly by those who came from BME backgrounds, this kind of breakdown of relationship was by no means exclusively a BME issue. Susan, for example, spoke

about how, once everything had come out about the abuse she had been experiencing, mutual friends of both her and her husband started to take sides. Elaborating on this point, Susan not only shared the difficulty she had faced in being believed, but also her surprise at how many people she knew who wanted to avoid become involved in the couple's disputes:

In general ... erm, I think people prefer to keep [...] a neutral opinion. Erm, it's only a couple [of people] who've ... who've actually seen it with their own eyes and witnessed first-hand, who were really supportive. (Susan)

Similarly, Chloe explained how her brother, who was particularly fond of her ex-husband, had attempted to sabotage her benefit claims during her stay in refuge. "I was absolutely gobsmacked" she reasoned "I was like 'wow! You're supposed to be *my* family'"

What these discussions have demonstrated are the wider roles that family, friends and the wider society can play in prolonging 'victims' experiences of abuse. While not necessarily actively involved in the perpetration of violence and abuse, this was something which became apparent in all 'victims' experiences, regardless of their ethnicity. Linking this with the discussions of the previous two subsections, it is important to recognise the way in which concerns about individual and collective reputation influence the behaviours of others. With violence and abuse still widely regarded as private problems, this often leads to a situation in which family, friends and the wider community passively collude in the violence – even if this is as 'simple' as turning a blind eye to it.

5.4 Summary

The primary purpose of this chapter was to explore if and how 'victims' lived experiences of violence and abuse fit into the existing categorical silos of 'domestic' and 'honour'-based violence and abuse. By extension, this chapter has also examined how the creation of such categorical silos

and the association of HBV with particular BME communities obscures a deeper and more nuanced understanding of the more pervasive role that the honour-shame nexus plays within VAW. In order to address these aims, this chapter has highlighted and problematised some of the ways in which HBV is considered distinct from other more 'mainstream' forms of VAW. In particular, I have discussed and challenged what we might think of as being three hallmark characteristics of HBV that differentiate it from other forms of VAW:¹⁶⁵ (a) that, unlike mainstream VAW, honour serves as the principal motivation behind violence and abuse; (b) that HBV consists of extreme forms of violence and abuse; and (c) that, unlike domestic violence which traditionally involves one perpetrator and is condemned by wider society, violence in honour-based communities typically involves multiple perpetrators and is condoned by family, friends and the wider community if it is perpetrated in order to restore some form of lost or damaged honour.

Based on these characteristics, then, HBV continues by many to be regarded as fundamentally different from other forms of VAW (see for example Idriss, 2017). Of course, violence in the name of honour can and certainly does manifest in these traditional 'hallmark' ways. This is evident, for example, in a number of high profile cases of so-called 'honour'-killings including the murders of, amongst others, Rukhsana Naz, Heshu Yones, Shafilea Ahmed, and Banaz Mahmood (see also chapter 2). The argument of the chapter is not to dispute this reality but rather to merely challenge the perceived *separateness* of these forms of HBV from VAW more broadly. It is worth re-emphasising that questions about the rigid distinction between HBV and VAW have been made elsewhere, with some academics – see for example Gill (2009, 2011) – calling for HBV to be resituated within the broader context of VAW. Ultimately, in drawing and expanding upon these arguments, this chapter has aimed to demonstrate how, while manifesting in different social

¹⁶⁵ As already stressed in the introduction, HBV is by no means restricted to or defined exclusively by these characteristics. Nonetheless, the three characteristics mentioned here are some of the key ways that emerge within both academic and popular understandings of the term that help differentiate it from VAW more broadly.

contexts, the honour-shame nexus plays a more ubiquitous role in many ‘victims’ experiences of violence and abuse irrespective of their gender, religion, ethnicity or culture. In this sense, the chapter can and should be read as using the qualitative data I collected to give empirical weight to the more theoretical and literature-based discussions of chapter 2, which attempted to resituate the longstanding relationship between honour and violence within its wider historical context.

While acknowledging the potential ‘blurred distinction’ between HBV and other mainstream forms of VAW, Idriss (2017: 5) proclaims that “once we begin to look deeper [...] and scratch at the surface, the differences [between HBV and VAW] become more and more pronounced”. Both the theoretical arguments made within chapter 2 and the data presented within this chapter call this claim into question. Indeed as both chapters demonstrate, when we re-examine honour and shame as part of a broader complex nexus, *all* violence – including HBV *and* more ‘mainstream forms of VAW – is fundamentally underpinned by such concerns. Yet while recognising the significance of the honour-shame nexus in ‘victims’ experiences of violence and abuse, it is of course important not to overlook the unique social contexts in which such concerns manifest. As discussed in chapter 2, while an honour-shame nexus will – either formally or informally – outline what behaviours are considered appropriate (honourable) or inappropriate (shameful), what these behaviours are may vary between communities and in different social contexts. Indeed, the data presented within this chapter has shown how, while all ‘victims’ were socialised in ways that lead to a sense of responsibility and self-blame for their abuse, there were subtle but important variations in this socialisation process. Nonetheless, despite these subtle but important differences, what remains crucial is that when we truly examine violence ‘beneath the surface’, concerns about honour and shame remain a constant and important theme in ‘victims’ experiences of violence and abuse.

Essentially, when thinking about violence along these broader lines, it becomes evident quite quickly that BME victims' experience of 'honour'-based violence and abuse do not always display these hallmark characteristics and, more importantly, that notions of 'honour' and shame are far from 'foreign concepts' (Sen, 2005) limited to BME communities. This is a finding which is strongly supported by the data presented within this chapter. In teasing out the meanings and emotions that participants ascribed to their lived experiences, it became very clear that the honour-shame nexus was a pervasive part of all victims' experiences of abuse, irrespective of ethnicity or cultural background. Despite 'honour' being rarely referred to directly, the qualitative nature of honour was apparent in victims' narratives, manifesting in concerns about respect, status, reputation, shame, humiliation and responsibility. Indeed, my conversations with 'victims' have shown how the honour-shame nexus acts as a powerful motive for both action and inaction not only for those perpetrating the abuse but also for those experiencing it. Whether concerned about their own image, or the image of their family, such concerns often prevent 'victims' from seeking outside assistance or led them to behave in other ways which were not seemingly in their best interests.

In expanding upon the theoretical arguments made within chapter 2, this chapter has not only drawn and built upon the argument that HBV needs to be situated within the context of VAW more broadly (see for example Gill, 2009; 2011) but in doing so, has attempted to take this one step further. Ultimately, rather than situating HBV within the continuum of VAW, it is the chapter's core contention that there is an urgent need to re-situate and re-examine VAW within a wider de-culturalised framework of honour and shame. Reconsidering mainstream VAW in this way, it is argued, enables us to consider how this complex nexus manifests in a variety of cultural and gendered ways that are intimately connected to, but cross over, lines of ethnicity, religion, culture, and gender, thus deculturalising the notion of honour, and violence in the name of honour. Deculturalising honour in this way not only enables us, as academics, practitioners and policy makers, to problematise the categorisation of HBV as a distinct and culturalised form of

violence but rather *demands* that we at least begin to do so. It also requires us to recognise that categorical silos (Larasi, 2013b) that we create and perpetuate do not always reflect the real lived experiences of ‘victims’ and victimisation.

In the following chapter I explore ‘victims’ journeys of self-identification and help-seeking. By looking at ‘victims’ personal experiences of help-seeking, as well as drawing upon frontline service providers’ experience and understandings, I consider how the culturalisation of violence has shaped service provision. I consider how, if at all, the categorisation of violence has impacted upon ‘victims’ experiences of accessing help and whether ‘victims’ felt that their needs and expectations were met.

Chapter 6: The Complex Journey from ‘Victim’ to ‘Survivor’: Help seeking, justice, and support

6.1 Introduction

Prior to this chapter, this thesis has looked at the way in which domestic and HBV and abuse are constructed within existing policy (chapter 3) and how they are understood by ‘victims’ and service users (chapter 5). This chapter builds upon these arguments to explore the practical impact of contemporary discourses surrounding HBV and domestic violence more broadly on help seeking behaviours and accessibility to justice and support.¹⁶⁶ Drawing primarily upon ‘victims’ personal experiences of help-seeking, and incorporating data gathered from a variety of frontline service providers, this chapter tracks the journey of the service user from the point at which they recognised and acknowledged that support was needed through to their resettlement.¹⁶⁷ In tracking this journey I aim to draw out particular issues and barriers that service user’s face when attempting to use services and organisations to escape violent or abusive relationships. How, if at all, did the categorisation of violence impact upon ‘victims’ experiences of help-seeking? What were the particular issues that ‘victims’ faced in accessing and using services in rural areas as opposed to more urban areas?¹⁶⁸ The data and analysis presented within this chapter builds upon earlier theoretical arguments (see chapters 2 and 3) that problematise the ‘culturalisation of violence’ (Razack, 1998) to highlight how these conceptual shortcomings manifest problematically in the real world of service provision and the lived experiences and journeys of service users. The chapter’s core contention is that, rather than meeting ‘victims’ needs and expectations, the conceptualisation and labelling of HBV as distinct from ‘mainstream’ domestic abuse restricts access to resources in these rural areas as well as determining service providers’ responses. Due

¹⁶⁶ The term ‘help-seeking behaviours’ is used here to incorporate such actions as confiding in friends/family, seeking medical treatment, and accessing statutory and non-statutory services (see for example, Brownridge, 2009).

¹⁶⁷ As noted in chapter 5, sometimes this recognition came through the involvement of a third party such as a friend, relative or service provider.

¹⁶⁸ It is worth noting here that while some service users did not initially access support in a rural area, all utilised these services at some point in their journey – for example, in resettlement.

to their perceived lack of diversity, these rural areas are seen as relative 'safe havens', even if service provision within these areas often fails to meet the needs and experiences of BME 'victims'.

A key finding of the previous chapter was how 'victims' often struggle to identify their own experiences as abuse, sometimes requiring the intervention of others to aid them in this process. Picking up on this finding, this chapter begins by looking at the process of acknowledging and reporting abuse. What event(s) prompted 'victims' to access support? Who did they turn to when looking for help and why? And what expectations did they have about accessing help? This thesis recognises how many 'victims' withdraw initial complaints or take no further action after initial contact with service providers. This was not only a point raised by a number of participants in this study, but one which is also documented in national statistics on attrition rates (see for example, Cowan and Hodgson, 2016). In tracking the journey of service users through the criminal justice system, I then focus on their experiences in dealing with services and frontline service providers. How were their experiences understood and categorised by service providers? And how did this affect their entry into support and the services and support that were provided? What subsequent steps were taken to ensure their initial safety? How did these experiences measure up to service users' expectations? Finally, in following the 'victim' through to the end of their journey – at least within the criminal justice system – I look at the particular issues 'victims' faced in resettling after escaping their abusive relationships. Throughout this chapter I attempt to address how, if at all, each of these issues was affected by the categorisation of violence and abuse, by the geography of the region, and by the ethnicity of the 'service user'.

6.2 Acknowledging the Problem and Accessing Help

6.2.1 Acknowledging the Problem

It was demonstrated within chapter 5 that ‘victims’ struggle to identify their own experiences as constituting abuse. While they may attribute this to a lack of physical incidents, many ‘victims’ tend to trivialise their experiences and normalise them as being part and parcel of their subordinate role within the relationship. Of central interest to this thesis were the reasons or events that motivated service users to seek help and where they turned to for this support. Analysis of the transcripts showed three often interrelated reasons for seeking help. For many participants it was an escalation of violence and abuse that triggered them to contact agencies for advice and support. Nabeela was a prime example of this. While she had felt able to deal with the emotional and psychological pressures from her family that led to her forced marriage, she felt it necessary to contact the police when the threats made against her were of a physical nature:

[I sought help] because of the threat that my dad made [...] I was really scared [...] All the possibilities and things I thought my dad would never do and now I was like, oh yeah, he’s capable and he’s definitely going to find me and kill me. (Nabeela)

This sense of fear that was so apparent during my conversation with Nabeela was a further reason many participants sought help. While fear often acts as a barrier for many ‘victims’, a number of service users reasoned that they felt they were left with no other option but to seek outside support.¹⁶⁹ This was something which both Chloe and Susan discussed with me. While Susan had support from her family during some of the most difficult times in her life, in contrast Chloe explained to me that she had contacted external agencies because she felt “I had nowhere else to go”.

¹⁶⁹ Fear as a barrier to service access can manifest in various ways from fear of retaliation to fear of not being believed (see for example Trevillion *et al*, 2013).

Such feelings of desperation appeared to intensify amongst those participants who had children, making concerns for their safety a third key reason for seeking help. While willing to accept, or at least put up with, the violence and abuse that was directed towards *them*, many women explained that they sought outside help at the point at which they felt their children were at risk of serious harm.¹⁷⁰ Lucy, for example, explained:

I phoned the police while he was actually in the same room as me [...] He like came home drunk, smashed the house up, got really aggressive and our son got, like, caught up in it. [...] He was getting more ... more violent and aggressive and erm, I started to realise that it wasn't best for our son to have parents that are together – because he'd sort of drummed [that idea] into me. (Lucy)

Chloe also discussed having taken positive action at the point at which her unborn child became at risk. While having accepted physical assaults towards her in the past, a particularly violent incident during the late stages of her pregnancy in which her partner “punched [her] full pelt in the belly” forced Chloe to seek outside help. At that very point, she explained to me, “[I felt] I can't risk this”. Decisions to leave were therefore typically framed within the context of physically protecting their children. While having met these women I have no doubt that the safety of their children was a central concern for them, it is also important to recognise how the fear of shame can also act as a primary motivation for action (Scheff, 1990) (see chapter 2). While initially talking about the safety of their children, a number of women, including Beth and Hannah, went on to speak about their fear of being seen as ‘bad mothers’ if they did not leave (see also chapter 5).

¹⁷⁰ This is not to suggest that participants do not see the potential psychological/emotional harm that abuse can have on their children but that they took positive action only once they viewed their children to be at risk of physical harm.

6.2.2 Seeking Help: Who, where and why?

Although a key reason for many service users' reluctance to contact and involve the police was having experienced a lack of physical incidents, the police remained the primary source of assistance amongst those participants who felt particularly at risk or in immediate danger.¹⁷¹

Susan, for example, told me how, after a particularly violent incident which resulted in broken ribs, she "didn't see there was any option but to ring 999". For this participant – at least in this moment in time – her primary aim in calling for outside assistance was to ensure her immediate safety by getting the abuse to end, even if only temporarily. As was noted in chapter 5, many 'victims' experience a sense of pressure to make their relationships work – whether this pressure is internal or from external sources such as friends, family or the wider society. This was a common theme which arose from my discussions with service users. Susan, for example, explained that, despite contacting the police her aim was not to leave her partner: "I didn't want [the relationship] to end, I just wanted [the abuse] to stop". These sentiments appeared to intensify amongst participants whose abuse was perpetrated by a family member or members. Indeed, while 'victims' can and do move on to form new relationships later in life, family ties are exceptional. Even after everything that her father had put her through, for example, Meena explained "I [still] love my dad because [...] I can say that no one can love me like my dad did". "It's hard to start from zero", Nabeela added, especially without the support of your family.

In addition to this idea of seeking help as a last resort, some participants discussed having contacted police as a means of putting on record the various abusive behaviours that they were experiencing.¹⁷² Both Beth and Hannah, for example, spoke about seeking police involvement as a pragmatic move necessary to collect evidence of a broader cycle of abuse. As Hannah explained, "[The police told me] 'every time you're not happy with something that's happened, ring us up

¹⁷¹ This is by no means to suggest that this is the only reason that 'victims' are reluctant to involve the police. Some contacted the police as a means of keeping a log of incidents, whereas others called because they did not know what else to do.

¹⁷² This was done for both minor and more serious incidents.

and log it'. [...] [So] I took records [and] kept diaries [...] of every contact". Despite being able to recognise the importance of reporting and recording every incident, however, both women noted having experienced mixed responses from frontline officers – particularly when attempting to report low level or non-physical incidents. As Beth – a white British service user –explained "They [police] don't see the whole picture and the impact that it has on everything". Leanne also spoke about how the process of reporting individual incidents affected her experience of seeking outside assistance. "I wasn't confident about saying everything all in one go" she explained "[so] I tested the water for a bit". The problem with this, she added, was that her experiences never came together in the eyes of the service providers she dealt with and so each individual incident was treated as such rather than as part of a broader cycle of abuse and control.¹⁷³

[If] everything came out all in one go they would have been up in arms, but because it was drip, drip, drip, drip, drip it was like each thing in itself was just one thing in itself and it didn't ever all come together [...] and because of that [...] it took quite a lot [for me] to come back and [report] any more. Leanne

Interestingly, this point was only picked up on by one specialist domestic abuse officer.

Victim[s] will not come out and say to us, 'This is what's been going on' [...] They will take their time [...] They can tell when someone is genuinely listening to you or they're just doing a process [...] You've got to be aware of when you're talking to those victims how you're coming across [...] These are all the things that cause the maximum damage in building up relationships between the victim and the police, or whoever is dealing with them, because we're very focused on getting from 'A' to 'B' to 'C' to 'D' and then it's done and the victim's not like that and he or she needs time. SP9

¹⁷³ This inability to comprehend the broader fear that 'victims' felt was a finding shared by Stark (2013).

Despite recognising the individual needs of ‘victims’ and the way in which this necessitates a flexible approach, the increasing bureaucracy associated with police work has restricted the discretionary powers of individual officers (Eitle, 2005).¹⁷⁴ Indeed, the pragmatic nature of the police with their desire for efficiency was something which SP8, a detective inspector in public protection, also mentioned. “We [the police] like to categorise things”, she explained, “We like to be quite ordered and processed [...] [We] like to compartmentalise [...] we like to give [things] a label”. Although, the police officers I spoke with regarded this process of compartmentalising or categorising abuse as a useful practice in that it guided subsequent action – a point which will be returned to – previous research conducted by Her Majesty’s Inspectorate of Constabulary (HMIC) has highlighted that police often regard domestic abuse protocol as a “compliance exercise” rather than as a process which is “necessary to protect the victim” (HMIC, 2014:13). This, they continue, could have adverse effects on ‘victims’ confidence and ability to seek future help (*ibid*) – a point which certainly seems to echo Leanne’s personal experiences of help-seeking.

Another finding documented in the 2014 HMIC report was the desire for service users to be listened to. This again was a point raised by many of the service user participants within my study. In addition to the importance of feeling listened to, service users also spoke about needing to feel believed when seeking support from frontline agencies such as the police. Underlying these needs appeared to be a sense of autonomy and a desire to have some level of control over their experience. As Chloe explained:

¹⁷⁴ Eitle (2005) refers to mandatory arrest (known as positive action in the UK) policies as an example of this reduced discretion.

You're so used to having the control taken away from you [...] [If] they [agencies] don't actually listen to what you're saying [...] [they're] not helping the situation because you're [the service providers] just being controlling the same as what the ex-partner was.

Lucy also spoke about the importance of feeling listened to. While she had contact with the police, both Lucy and Chloe discussed having accessed much of their support through Women's Aid. "They listened to me", Lucy explained, "And treated me as if I had something to say". While I will return to this point again later in this chapter when speaking about the use of specialist agencies, it is important to recognise at this stage how the validation of Lucy's experiences gave her the necessary confidence to leave her abusive partner.

As discussed in chapter 5, not all 'victims' recognise that what they are experiencing is abuse and that help is needed. The legitimisation of a 'victim's' experience through a positive first encounter with service providers was something that directly affected their ability to acknowledge their experiences as being abnormal and inherently wrong. Chloe, for instance, explained that the process of having attending officers listen to her and believe her was integral to her feeling ready or "being in the right place" to accept support. "You can make a real difference just by acknowledging actually what it is!" Chloe reasoned. Leanne mentioned something along very similar lines noting how, even if a 'victim' is not ready to accept help at that particular moment in time, service providers can give them something to work with in the future simply by legitimising their experience.

Once you name it [as abuse], it's almost like giving that person permission to then seek help because if they don't know, then first that's actually acknowledgement that it's real, that they're not dreaming what they're going through, it's actually real. It gives them something tangible to work with to move forward from that point. (Leanne)

While Chloe spoke about the positive experience that she had with frontline police staff, other service users felt their experiences of abuse were dismissed and de-legitimised by responding officers. While keen to point out that she had received a more positive response from different officers on other occasions, Leanne described how one police officer had, while she was visibly distressed about having just been confronted by her perpetrator, exclaimed that she need not worry because, “All you women [...] tell the men to keep away [...] [but] you always get back together!”. “I’m strong”, she reasoned,

[But] if I’d only just been apart [from my perpetrator] – and I’ve had numerous times when my ex has tried to get back together with me – [...] If I’d have been at that stage and I’d have had a police officer say [that] I’m sure that that would have pushed me back into [that relationship]. [...] [It] was just so inappropriate on so many levels. (Leanne)

It is worth noting that, regardless of the point at which ‘victims’ came into contact with the police, almost all participants spoke about receiving a mixed level of response from frontline officers. This is not to say that problems weren’t experienced when accessing other agencies, rather that the most common problems were encountered when dealing with the police. While this may be attributed to the greater frequency with which service users contact police, evidence continues to show that many frontline police staff do not tend to view ‘domestics’ as worthy of police attention (HMIC, 2014). This is concerning if, as Leanne suggests, ‘victims’ aren’t strong enough to handle such a dismissive attitude.

Within this study there were a minority of victims who became service users via some form of third party reporting. While some of these individuals were referred through family or friends, others were referred through agencies outside the criminal justice system. Both Chloe and

Leanne, for example, explained the significance of the health sector in their route into support. For these women it was the advice and signposting that they were provided by midwives or general practitioners that gave them the courage and information necessary to seek help. What was interesting, however, was that, in speaking with the BME service users, it became evident that many came into contact with external agencies and support services at a much younger age than their white British counterparts. What this suggests is that the culturalisation of certain forms of violence – something based on Western notions of morality – increases the attention paid to young women in particular communities and heightens professionals' awareness to potential risk. Indeed, this intervention at a younger age was particularly apparent in cases which involved arranged or forced marriage plans. Of the six BME service users that agreed to speak to me, five discussed having experienced at least some pressure to marry.¹⁷⁵ Meena and Misha were significant cases in point, having been referred to support services via their school or college. In both of these examples it was the teacher's unique position which allowed them access to intimate details of the girl's personal lives and to spot the potential warning signs that helped them access help.¹⁷⁶

Although it is important to recognise that the sample in this study is not necessarily representative of the wider population, it was particularly significant that BME participants' routes into support differed from their white British counterparts. Regardless of the type of abuse experienced – whether domestic or 'honour'-based – there appeared to be a heavy reliance on specialist BME workers or organisations by service providers when dealing with BME 'victims'. This trend in itself is symptomatic and reflective of the wider culturalisation of violence. At its most basic level, many service providers – typically police personnel – discussed how they and

¹⁷⁵ Although the Home Office have been keen to differentiate between forced and arranged marriages in recent legislation, it is important to recognise that a 'grey area' exists centred on notions of consent and coercion.

¹⁷⁶ In the case of Meena, teachers witnessed first-hand her father's behaviour during an intimidating and violent outburst. For Misha, 11 years old at the time, teachers became concerned about changes in her behaviour as well as rumours that they had heard regarding plans for her marriage.

their organisation used national third sector organisations such as Karma Nirvana to raise awareness amongst their staff. Valued for their specialist knowledge, it appeared that the use of such organisations was designed to provide practical real-life context to generic e-learning and policy-based training tools. Indeed, a lack of (perceived) practical experience of dealing with HBV cases was both a problem raised by the majority of service providers spoken to for this study, and a fundamental reason given for engaging so heavily with specialist organisations. As SP8 and SP12 noted, for example:

Perhaps because of the infrequency [of HBV cases] here [in rural areas], the confidence of the officers dealing with the honour-based jobs *may* be less so than say [more urban areas]... SP8

...But that's just lack of experience, isn't it. SP12¹⁷⁷

This point was also raised by SP1, a domestic and sexual advice strategy manager within a county council. A common theme that emerged from speaking to service providers in rural areas was the way in which they generally attributed their lack of experience to the demographics of their organisation's catchment area and the lack of ethnic diversity within it. Importantly then, and as SP1 noted, in the absence of any real practical experience, frontline practitioners in rural areas are heavily reliant on their theoretical knowledge on HBV and their basic instincts.

This reliance on existing knowledge and instincts appeared, however, to create some tensions and anxieties amongst service providers when faced with an actual incident of HBV. SP7, for example, reasoned "[Because] we don't get it down here very often, you know, [...] [when a case arises] it's all a bit like, 'Oh my god it's HBV'". Although attributing their lack of experience to the geographical region in which they worked, it is important to recognise how the theoretical basis

¹⁷⁷ As noted in chapter 4, SP8 and SP12 asked to be interviewed together due to time constraints.

from which they work is underpinned by culturalised notions of violence and abuse (see further chapter 3). Speaking with regards to the treatment of VAW by physicians and health care practitioners in America, Jiwani (2011) argues that, while the culturalisation of violence has resulted in the heightened visibility of particular forms of abuse, it has simultaneously led to a broader dismissal of BME women's concerns on the basis that they are traditional aspects of culture. As a result, she continues, when BME and immigrant women contact health care professionals for help they tend to be constructed as "a problem patient, as opposed to 'a patient with a problem'" (Kurz and Stark, 1988 cited in Jiwani, 2011:159). The same logic can be applied to understanding service providers' attitudes to HBV cases in these rural areas. Conceptualised as a cultural issue which, due to a lack of diversity, 'doesn't happen around here', local organisations appeared to feel ill-equipped to deal with emerging cases. Subsequently as will be shown, BME 'victims' in rural areas are commonly constructed as problematic service users rather than just another service user with a problem.

In the face of feeling ill-equipped – at least in terms of experience – to deal with HBV, in these situations, local service providers tend to rely heavily on the specialist knowledge of national groups such as Karma Nirvana or the Southall Black Sisters.¹⁷⁸ A further reason commonly given for liaising with specialist BME organisations was that, unlike generic or mainstream services, they were able to understand and relate to the perceived cultural differences associated with 'honour'-based crimes or 'honour'-based communities. While, on the one hand, the increased politicisation of 'honour'-based violence and the subsequent image that is created of heightened risk seemed to provide impetus for service providers to take action, there remained evidence to suggest that some practitioners are reluctant to take action on what are considered to be cultural, traditional practices. This was summarised by SP3 who explained, "I think people are afraid of challenging it

¹⁷⁸ Karma Nirvana is a national organisation offering specialist support for victims and also professionals working with BME 'victims.' See their website at www.karmanirvana.org.uk. Southall Black Sisters (SBS) is a national organisation that offers advice, advocacy and practical assistance to BME women and children experiencing violence and abuse. See their website at www.southallblacksisters.org.uk.

[HBV] for fear of being said ‘you’re racist!’, or ‘you’re not culturally aware!’”. This, SP9 argued, was a key reason for engaging with specialist organisations or SPOCs within these organisations. Speaking with regards to the police, she explained:

[Officers] are frightened, they are frightened of [...] turn[ing] around and say[ing] ‘oh, we don’t understand it’, because people look at the police as the font of knowledge – we know ‘everything’. Well, no, we’re human beings! [...] So you just need to have those specialist people working in there to make sure they’re getting it right.

Despite recognising the importance of specialist services and individuals as sources of information, knowledge and advice, it was noted by a number of service providers that few such services or SPOCs exist in rural areas. Again this was attributed to a lack of diversity within these areas and thus, because of the association drawn between numbers and needs, to a lack of necessity. However, when discussing statistics read out at one of Karma Nirvana’s awareness roadshows which she had attended, SP4 voiced her surprise and dismay at hearing that a ‘victim’ from her catchment area had contacted Karma Nirvana’s helpline directly for support:

I mean I’m not naïve enough to think that it doesn’t happen here [...] but to hear that there was someone in our local community and they felt that the need to make contact with that helpline [...] that and that they obviously felt there wasn’t anywhere *local* that they could go for help [...] I thought that that was really shocking, you know, on our doorstep.

Larasi (2013a: 278) argues that for ‘victims’ the appeal of using specialist BME services extends beyond their ability to provide “cultural literacy”. Unlike many mainstream services, she continues, specialist services provide a space where ‘victims’ multiple intersecting oppressions

are recognised, legitimised and understood. Almost all BME service users I spoke with felt – albeit to varying degrees – that local mainstream service providers were unable to fully understand the socio-cultural factors and values that underpinned their experiences. In other words, service providers’ cultural illiteracy – whether perceived or real – was a contributing factor for many BME service user participants accessing more specialist services or individuals. This sentiment was most apparent during my conversation with Nabeela:

I felt like I was on two different pages, like... they’d [service providers] be questioning like ‘why would your dad do that?’ and you just think ‘well because it’s *honour!*’ But they don’t understand *what* honour is, they don’t understand that honour is more important than blood relations [...] It’s difficult, when somebody doesn’t understand you then you feel like they don’t believe you [...] It was difficult for them to support me because they didn’t know exactly what I meant [...] [and I] didn’t have the confidence to explain to the lady about ‘honour’, about ‘honour’-based violence [...] You know, you need confidence, [...] people don’t understand that. (Nabeela)

When Nabeela contacted Karma Nirvana, however, she explained how, unlike her experience of mainstream service providers, she felt believed, recognised and subsequently supported. As indicated in the beginning of this chapter, this element of recognition and legitimisation was crucial in her process of recognising and acknowledging her experiences as abuse.

When speaking to service users it became apparent that ‘ethnic matching’ (Hester *et al*, 2015) had both a positive and negative effect on help-seeking behaviours. Indeed, while Nabeela felt better understood and supported by accessing a specialist agency, others spoke about how they had felt judged when speaking to service providers from a similar ethnic background. This judgement, they felt, would emerge from having gone against collective socio-cultural norms. Meena, for

example, told me how she had found it “a little bit hard” to talk to other Asian people. She went on to explain that this anxiety was situated in concerns about what they would think and say about her for taking the course of action she had chosen to deal with the familial abuse she was experiencing. Similarly, while these were not concerns initially felt by Leilah and Misha, both women experienced negative outcomes when dealing with Asian service providers. The problem for both women appeared to be that, while engaging with service providers with whom they were ethnically matched, they had been pressured to endure the abuse and to stay with their perpetrator(s) for the sake of individual, family or community reputation.

They would tell me ‘Go back to your husband, stay with him!’ because they were Asian.

They were like, ‘Oh you should stay with your husband! You shouldn’t leave your husband it’s a bad idea! (Leilah)

Yet, in talking about their positive and negative experiences, it appears from the service users I spoke to that it is the ability of the service provider to listen, believe and legitimise a ‘victims’ experience which is more influential than whether they are of the same ethnicity or cultural background.

6.3 Categorising and Responding: The role of service providers

This subsection examines the process of categorisation from the perspective of service providers. How do service providers distinguish, if at all, between ‘honour’-based and mainstream incidents of violence and abuse? What impact does this process of categorisation have on their responses? And how does this impact on the way in which a ‘victim’ is safeguarded? While focusing on service providers, this section also presents excerpts from service users’ personal experiences in order to demonstrate the impact that such decisions and procedures have upon ‘victims’ needs and experiences.

6.3.1 Framing the Problem: Gender and culture

As discussed in chapters 2 and 3, domestic and ‘honour’-based abuse are heavily gendered phenomena that predominantly, though not exclusively, affect women. This gendered nature of domestic and HBV was reflected within my interviews with service providers. All service providers acknowledged – at least to some extent – that men could be ‘victims’ and that women could be perpetrators of violence and abuse. However, this acknowledgment functioned almost as a disclaimer as all of the service providers interviewed quickly reverted to the framework of VAW and the dichotomy of women as ‘victims’ and men as perpetrators. For some, the gendered nature of our discussions was linked to their employment within particular services and organisations. SP3, SP4 and SP7, for example, work in refuge accommodation specifically catering for women while SP5 was previously a specialist midwife, and Dianna Nammi is the executive director of the Iranian and Kurdish Women’s Rights Organisation (IKWRO), a national non-profit organisation that champions the rights of minority ethnic women in the UK.¹⁷⁹ For other participants, however – particularly those working within the police – it was their personal experiences and the disproportionate amount of incidents they had witnessed that involved male perpetrators and female ‘victims’ that framed these issues as gendered ones – a trend that is reflected in national crime statistics.¹⁸⁰

In addition to gender, the evidence presented within this thesis has shown how service providers further framed HBV within the context of culture and ethnicity. In contrast to domestic abuse, SP8 explained, the causes of HBV are rooted in culture and tradition; “It’s [HBV] not about an

¹⁷⁹ See here for more information about IKWRO: <http://ikwro.org.uk/>.

¹⁸⁰ For example, data from the 2012-13 Crime Survey for England and Wales, cited in the HMIC report ‘Everyone’s business: Improving the police response to domestic abuse’, demonstrates that, although both men and women can be victims of domestic abuse, women are both far more likely to be victimised and are also “much more likely to be high risk victims” (ONS, 2013 cited in HMIC, 2014).

individual, it's about a community, [a] culture, [a] community belief" (SP8). These sentiments are also evident in the following quote:

The principle that we try to follow [when identifying HBV cases] is if it was a *cultural* fear as opposed to if it was [a fear of] an individual. [...] So the ramifications are wider than a 'normal' or 'everyday' domestic abuse case [...] the wider community plays a part (Emphasis added). SP1

For all service providers interviewed, therefore, culture was seen as a distinguishing factor between domestic and HBV. That is to say that, while they linked 'mainstream' domestic abuse to *individual* abnormalities, they saw HBV as the result of a broader culture, tradition and set of social norms that are systemically *deviant* from, and regressive in comparison to, 'Western' or British values and culture. Indeed, as SP4 reasoned:

I think that actually, you know, culturally your average British white male, he probably knows that [VAW is] not acceptable behaviour. [...] His culture isn't telling him that that's okay. [...] [Culture is] a justification that perhaps, you know, you don't have in a purely domestic violence situation.

Put simply, then, while service providers attributed motivation in 'mainstream' abuse to an *individual's* desire for power and control over their victim(s), HBV was causatively attributed as a *systemic cultural pathology* emerging from the entrenched atavistic traditions, cultures and values of particular BME communities.

The result of this culturalised view of HBV appeared to be two fold. Firstly, in viewing culture as the fundamental problem, there was a general tendency amongst some service providers to view

all incidents involving 'victims' from particular BME communities as potential honour-based incidents.

In other words, due to a heightened awareness of certain 'cultural' forms of violence, professionals start seeing HBV everywhere. Indeed, as SP6 explained:

Because everyone's awareness is a lot more heightened [...] we get [cases referred to us] where people are *concerned* that it *might* be [HBV]. [...] That can sometimes be because two people are of a particular ethnicity or their name *suggests* they're of a particular ethnicity. [...] Sometimes you have to say 'No, [...] just because they are a Pakistani couple, or you know, an Indian father and daughter, they are allowed to have a [...] row without it actually being an honour-based abuse incident.

This heightened awareness is not necessarily problematic. Indeed, as will be discussed, most service providers found the categorisation of HBV as useful in that it guided subsequent actions and ensured increased safeguarding measures. However, what was potentially problematic was the way in which it seemed to create an ideological resistance to thinking practically about HBV occurring outside the communities and cultures it is typically portrayed. This was evident when speaking to SP13, a police constable in Public Protection:

[If a white British 'victim'] came to me and said, 'I think its honour-based violence', I would probably be, 'Well, why do you think that then?', whereas if it were an Asian woman, a black woman, or BME ['victim'] the chances are I'd probably go, 'Yeah, I'm right with you! [I'm] one hundred miles an hour with you on that'. [...] That's just [me] being honest, you know, because that's just kind of like how it's portrayed [as a BME issue] within the organisation perhaps, how we sell it.

In the next section I explore the implications of this framing for the practical everyday work of service providers while looking at how this impacts upon ‘victims’ needs and experiences.

6.3.2 Framing the Problem: Implications on practice

While the process of differentiating between ‘honour’ based and domestic incidents is clearly less than straightforward, the process of categorising ‘honour’-based incidents as distinct from other manifestations of VAW was, nonetheless, considered a useful exercise by most service providers interviewed. For a minority of service providers, however, definitions and categorisations were viewed with more scepticism. SP1, for example, explained that, while definitions are useful to an extent in raising awareness and understanding amongst staff, they provide very narrow interpretations of what constitutes abuse and in what ways abuse manifests. Categories, she explained, can end up acting like “lead walls” or barriers which prevent meaningful discussion or examination of how honour and violence in the name of honour might function in different contexts. Indeed, regardless of the fact that HBV is not associated with any particular culture or religion, many service providers still continued to view ‘honour’-crimes as ethnic minority issues.

Interestingly however, when I directly asked service providers if they saw HBV as an issue *exclusive* to particular BME communities, a minority of them began to rethink how honour and violence in the defence of honour might function in other communities and contexts. Despite their attempts to think more broadly about the role of honour in violence, all continued to frame such violence within the context of culture. In other words, through the culturalisation of violence, they still viewed HBV as an atypical form of VAW that occurs in ‘other’ communities away from normal, urban, white British life. The most common example given was violence within Gypsy, Traveller and Roma (GTR) communities. While rurality was generally associated with a lack of ethnic diversity, it was noted how GTR communities were a common feature of many of the

rural areas featured within this study. Similar to VAW within Asian communities, SP4 argued, “It’s [violence] about [an individual] not following cultural practices” and bringing shame to their family or community as a result.

To demonstrate this point, SP4 drew upon her experience of having supported a GTR woman who sought help after enduring extreme abuse from her husband. Despite having managed to escape the abuse, she explained, the woman’s family strongly disapproved of her leaving her husband and seeking outside assistance. For this ‘victims’ family, involving outside agencies in such a private matter was seen as a shameful act. In the face of such a dishonourable move, the woman’s family warned her: ““You’ve shamed us ... this is not how we do it [deal with the situation], you don’t leave, that’s not an option [...] you only leave this family in a box [coffin]””. Ultimately, in the eyes of this ‘victims’ family, the blame and responsibility were on her rather than on her abusive partner and, thus, they believed that it was better for her to die rather than risk the family dying a social death because of her decision to leave (see also chapter 2).

Although SP4 was the only service provider to directly link GTR communities with HBV, a number of others connected the notions of ‘honour’ and shame to intimate personal violence within GTR groups more broadly. Speaking with regards to feuds between different families, for example, SP1 reasoned that, although we [service providers in the local area] wouldn’t necessarily label them as HBV, “honour and shame still play an intrinsic role [within VAW in GTR communities]”. Similarly, SP3 reasoned that the similarity between some Asian and GTR communities is the presence of control: “It’s there from the moment they’re born”. These views were also shared by SP2:

I *guess* you could argue within Travelling families there has been disruption over the years about ... err, one family marrying another family and them coming together and fighting over that. You know, I guess you could call some of *that* honour-based violence.

Despite having previously situated HBV within the context of particular minority ethnic communities – something she presented as being a key reason for the lack of HBV incidents within rural regions – SP1 began to question whether some of the *domestic abuse* cases she had witnessed in particularly rural communities might also relate to notions of honour in some way:

It is still a community and a family threat but it's not [a minority ethnic group] ... it's white. [...] So you might have Mr Smith whose daughter wants to marry someone else, but that's not the 'right' person to marry because he doesn't own land in the family. [...] [But] the levels of risk are similar [...] [because] everybody knows everybody and if you were to come forward and say this is happening in my household ... erm ... 'Surely not, he's a lovely chap, a pillar of the community' and so on. [...] The whole pressure of the whole community, the pressure of the wider family I actually think gets greater the [more rural the area]. [So] the risk to that person is amplified.

She was not the only person to draw a connection between traditional 'honour'-based and rural communities. As noted in the previous chapter (chapter 5), other service providers, including SP2 and SP3, spoke about the close-knit nature of rural communities and how, within these communities, great importance is often placed upon tradition, reputation and social standing – particularly when people tend to rely on each other as sources of income.

Yet, rather than demonstrating progressive thoughts about how 'honour' might function within mainstream intimate personal violence more broadly, what these discussions appear to demonstrate is a simple extension of the culturalisation of violence. Indeed, even in the quote above taken from my conversation with SP1, it is interesting to observe that, despite suggesting that violence in the name of 'honour' is potentially happening within white British communities,

she still frames her discussions within the context of *culture*. Unlike modern, cosmopolitan urban areas, she appears to suggest, rural communities emphasise the importance of tradition, reputation and interdependence. By focusing on maintaining traditions, these rural communities, it was suggested, function like “little mini culture[s] where everyone knows everything” (SP3). Because people take an interest in what is happening with other people in their community, SP1 added, reputations are held in higher regard in these rural communities. In other words, therefore, reputations are seen as something that impact the status of an individual or family within the community and something of value worth protecting.

Ultimately, then, despite these attempts to think about honour in a broader context, all service providers interviewed tended to resort back to culture as a key distinguishing factor between HBV and VAW more broadly. During our conversations, then, HBV continued to be discussed primarily within the context of particular BME groups – namely South Asian and Muslim populations. This perception was most commonly attributed to the fact that ‘this is what experience or existing information tells us’. As SP10, a Senior Commissioning Officer (Interpersonal Violence) for a local County Council, reasoned; “People almost [...] stick to those sort of stereotypes that you read in the newspapers and in the media I think, just to try to [...] sort of hook onto and understand it better I think”. Not only does this reinforce the ‘lead walls’ that SP1 warned against, but in practical terms, for those cases that occur outside these stereotypes, the potential is that service providers overlook, misunderstand or misinterpret ‘victims’ experiences, therefore preventing individuals from receiving the help and support they need.

This was a potential problem discussed by SP9. As a police officer who specialises in dealing with HBV cases, she explained:

The problem is that people assume ‘honour’ based violence is where it’s the girl who’s run away and it’s the girl who is getting abused [...] [but] actually it’s men as well. [...] I’ve dealt with a man who was 45.

Interestingly, however, despite criticising others for being unable to think outside of the gendered stereotype which perpetuates the traditional dichotomy of women as ‘victims’, men as perpetrators (see chapter 2), SP9 herself was also influenced by these ‘lead walls’ or stereotypes. Indeed, despite speaking about having been involved in supporting a number of HBV ‘victims’, she expressed her shock to me at recently being presented with an HBV case in which the ‘victim’ was a young Cambodian girl. “I’m still a bit overwhelmed about that!” she continued, “I was like, I deal with the Asian community what am I doing with a Cambodian girl?”¹⁸¹ Ultimately, irrespective of this “eye opening” (SP9) case, SP9 continued to proclaim that as “an Asian thing” (SP9) ethnicity remained a key indicator for HBV.

Despite the potentially problematic nature of categories, however, for the majority of service providers categorisations were considered useful. Most commonly this usefulness was attributed to the way in which categorisation determines any subsequent actions to be taken. This was particularly evident when speaking with police officers about the process of safeguarding ‘victims’. As SP12 explained, “The advantage for *us* [the police] to label it, I think, [is that it] helps us to safeguard [...] so there is an advantage to that label”. The need to separate HBV from other forms of ‘mainstream’ domestic abuse was directly linked to the perceived heightened risk associated with HBV cases. This increased risk, SP6 argued, acts as a cause for “enhanced safeguarding” – that is to say, employing measures that are not traditionally needed for ‘mainstream’ VAW. It is worth emphasising here that *all* service providers interviewed

¹⁸¹ It is important to recognise the way in which SP9 differentiates this Cambodian girl from the ‘Asian’ communities in which she typically deals with. By ‘Asian’ it is clear that SP9 is referring specifically to South Asian communities, Indian, Pakistani, Bangladeshi, Sri Lankan and so on.

emphasised the importance of ensuring the safety of a 'victim' regardless of the type of abuse they were experiencing. As SP2 stressed, in all cases "[the victim's] safety takes precedence over everything else". Nonetheless, there were noticeable differences in the way service providers spoke about the levels of risk associated with particular forms of 'cultural' violence and how levels of risk influenced subsequent procedure. This difference was encapsulated by SP6 who explained:

There's lots of things that we put in place for, err, a more 'general' DV victim, err, but it's more extreme with the honour-based abuse victim. [...] I just think that we recognise that the ... not that there isn't a threat there in any case, but the threat is so much more likely with an honour-based abuse case [...] so the safeguarding is much more heightened.

SP6¹⁸²

Despite such additional safeguarding measures being recommended within policy guidelines (see also discussions in Roberts *et al*, 2014),¹⁸³ I wanted to move beyond this fact to understand why, if at all, service providers felt they were justified. Risk emerged as the primary justification. While risk was associated with all instances of violence and abuse, all service providers discussed – at least to some extent – how HBV cases carry an *increased* level of risk compared with 'mainstream' violence and abuse. Summarised by SP1 as having "wider ramifications", service providers frequently made reference to the "extreme" (SP3) and "immediate" (SP6) nature of HBV, the potential for the involvement of multiple perpetrators (in the form of wider community collusion), and the possible longevity of the abuse with attempts for 'revenge'.¹⁸⁴ Indeed, as SP9

¹⁸² Participants explained how these additional measures included steps such as taking finger prints, DNA samples, copying or with-holding passport information, and so on.

¹⁸³ See for example section 7 in Sussex Police's policies and procedures on forced marriage and honour based violence <https://sussex.police.uk/policies-and-procedures/forced-marriage-and-honour-based-violence/>.

¹⁸⁴ An additional point picked up on by some service providers was that, unlike traditional DV, HBV was more likely to involve international elements. This is particularly apparent in forced marriage and FGM cases where young girls are taken abroad to marry or undergo surgery (see for example, Julios, 2016; Thiara and Gilla, 2010; Welchman and Hossain, 2005).

emphasised: “[Unlike] what I call ‘English DV’ in the Western world [...] HBV never ends, it never ends so [as a service provider] you’ve got to deal with all of that”. Drawing upon his experience of working on a particularly high risk case, SP13 also referred to the never ending nature of HBV. In this particular case, he explained, the risks to the ‘victim’ were so extreme that the individual was placed on a protected person scheme. Ultimately, he reasoned, unlike in many DV cases, we’ve [the police] now made “a lifelong commitment” to that ‘victim’ to safeguard them.

It is important to recognise, then, that the categorisation of violence can directly influence the type of response that a ‘victim’ receives. Patel (2012), for example, argues that a by-product of the culturalisation of violence is the prioritisation of incidents labelled as ‘cultural’ or ‘honour’-based over other more ‘mainstream’ domestic incidents. This attitude was certainly evident when speaking to SP13, who reasoned, “If you put HBV on something [...] it will be reviewed more quickly [...] it will attract greater scrutiny and the reality is that you’ll probably get more resources and investment put into it”. Yet, despite this assertion, as the above subsection has demonstrated, for many service providers the identification of potential HBV or ‘cultural’ forms of violence remains linked to ethnicity. Take the experiences of Leanne and Lucy, for example, both of whom are white British service users whose abusive partners came from BME backgrounds and justified their actions under the guise of ‘cultural’ differences. Despite their perpetrators having used ‘culture’ to justify their abusive behaviours, both Leanne and Lucy felt their claims were dismissed when they sought professional help. Leanne, for instance, explained:

[Despite the fact that] he’d admitted doing it [*Laughs*] [...] he managed to get away with an awful lot of abuse [...] under ‘cultural’ terminology [...] and they [the police and CPS] just gave him a stern warning that ‘in this country that’s not what you do’.

What this suggests is that, while labelling something as HBV or 'cultural' may attract greater scrutiny, the need for this added attention is still linked to the ethnicity of the 'victim' – something evident in the words of SP13 in the previous subsection (see page 179).

Another thing that became apparent while speaking with service providers was that, while they discussed the possibility of HBV incidents being reported in rural areas, the vast majority of cases they had actually dealt with were referrals from out of area. Not only was a lack of diversity associated with rurality, it became evident that, due to this lack of diversity, these areas were regarded as places of relative safety for 'victims' of HBV. As SP6 reasoned:

The majority of [HBV] reports we've had [in this area] are more about safeguarding rather than that first 999 call which is, you know, reporting that incident. [...] We quite often get women referred down from other refuges, women fleeing down here to safe accommodation [...] [because it's felt that they] would be safer because there [isn't] the way to find you, there [isn't] that community.

What is important to take from SP6's words is the notion that a lack of diversity makes rural areas safe places. This was a point mentioned by other service providers including SP8.

This is not to suggest that white British 'victims' do not also move to rural areas in an attempt to avoid further violence and abuse. Hannah, for example, moved over 200 miles in an effort to protect herself and her child. As noted earlier, however, while the violence and abuse experienced by white British 'victims' is typically attributed to individual deviance and relationship troubles, the experiences of BME 'victims' – whether domestic or 'honour'-based in nature – tend to be linked to broader cultural pathology and the assumed problematic nature of minority cultures. As a result, according to SP7, while a 'victim' of domestic violence could leave an abusive

relationship but stay in contact with family and friends, “[An] HBV [‘victim’] can’t do that [...] they have to stay away from everything to do with their own culture”. This deliberate avoidance of their culture, SP7 explained, was necessary in order to maintain a ‘victims’ safety. When threats are made against ‘victims’ of HBV, SP7 continued, the people making the threat mean it. This was an opinion shared by SP6 who added that the moment a ‘victim’ of HBV goes back into any social setting that contains other members of their culture “there’s going to be a way to find [them]”.

Attitudes and beliefs such as these stem from and simultaneously perpetuate the idea that in cases of HBV it is culture that is the fundamental problem. Yet, in the absence of feeling entitled to make meaningful changes to cultural traditions, or capable of doing so, service providers appear to regard physically removing BME ‘victims’ from their problematic cultures as the most viable alternative solution. Writing in the context of aboriginal ‘victims’ experiences of help-seeking in Canada, Razack (1994) cites a report by Lorraine Courtrille (1991) which details similar findings. In her report, Courtrille (1991) notes that, if a ‘victims’ own community is unable to protect them, the only viable option that is left is to relocate that ‘victim’ outside their community (Courtrille 1991 cited in Razack, 1994). Razack argues, therefore, that the culturalisation of violence, which perpetuates an insistence that culture is the primary problem, forces a situation in which BME ‘victims’ are doubly victimised. She observes how:

Victimized in their own community and victimized outside of it, even in shelters, [...] [minority] women do indeed find themselves between a rock and a hard place: either violence or the double victimization and harsh reality of being without community and family. (Razack, 1994: 911)

While acknowledging the initial difficulty associated with leaving friends, family and other cultural ties, it appears that some service providers naïvely viewed relocation as a quick fix solution that enables BME ‘victims’ the freedom to move on with their lives. Indeed, as SP7 reasoned:

I mean ... they’ve [HBV ‘victims’] got to cut themselves off from their whole family [...] [but] if they manage to do that [...] and we’ve put them somewhere safe, then really they can start afresh. [...] Whereas with domestic violence, it may have been going on for quite some time and it might still be on-going because there might still be contact with the perpetrators through the children [...] [because HBV ‘victims’ have] got to cut all ties, it’s almost easier [for them].

What this comment demonstrates is the way in which *physical safety* is regarded as the key priority for service providers. With a lack of diversity and a subsequent absence of these ‘problematic’ cultures, rural areas are seen to function as this ‘somewhere safe’ to move BME ‘victims’. In doing so, unlike white British ‘victims’ who continue to be emotionally affected by their experiences of violence and abuse, BME ‘victims’ are given a fresh start – a solution which, as I will go on to show, fails to consider the complex nature of ‘victims’ lived experiences.

This is not to suggest that relocation does not have its potential benefits for ‘victims’. Indeed, with reference to the extreme level of control and constant surveillance that many ‘victims’ had experienced (something discussed briefly within chapter 5), one thing that was considered a positive from the perspective of white British ‘victims’ was the significance of anonymity – that is to say, the ability to go about their daily life without fear of recognition or repercussion. As Hannah remarked, for example:

[Before we moved] he knew exactly where I was and could find me at any time or any place [...] you live with that constant fear [...] [But after we'd moved] it was just nice to leave the house and breathe; because we could [...] I had no fear [...] no one knew us, I didn't have to tell anyone anything! I didn't have to explain anything! [...] We needed that anonymity, we needed that. It was just nice to breathe, to not have to look behind your shoulder, to not be scared to open your front door knowing that someone down the road was watching you.

For Hannah, then, moving away to a place of unfamiliarity, the respite that this provided her, and the fact that she felt able to live a 'normal life' again was crucial to her recovery.

Even though Hannah viewed her initial experience of moving as a positive, it is important to recognise that the process of relocating can be a particularly difficult and emotional time for 'victims' – a point raised by SP1. This difficulty was attributed not only to the 'victims'' potential unfamiliarity with the area, but also to the likelihood that they will have lost direct access to their personal support networks.¹⁸⁵ Despite being a potentially challenging time in any service user's journey, SP1 argued that this difficulty is often amplified when a 'victim' from a minority ethnic community moves into a rural area with little diversity. While rural areas are seen by many service providers as safe havens for BME 'victims', this lack of diversity can prove problematic in a number of ways. Subsequently, unlike white British 'victims' like Hannah, it is often much more difficult for particular BME 'victims' to acquire such anonymity.¹⁸⁶ This is not only because, as SP4 asserted, 'honour'-crimes are thought to involve wider community collusion, but also because, as SP6 reported, BME individuals "tend to stand out" in rural areas. Indeed, due to the lack of

¹⁸⁵ As noted in chapter 5, personal support networks are taken here to mean friends, families and wider communities.

¹⁸⁶ This is not to suggest that this is necessarily what all 'victims' want. In the case of Nabeela and Leilah, for example, such anonymity caused emotional distress and was a contributing factor to them returning to their abuser(s).

diversity in rural areas, local residents, SP6 continued, are not used to residents from minority ethnic backgrounds and thus look upon them with “suspicion”. This potential difficulty in integrating with local residents, combined with a lack of diversity in the area, can, SP4 emphasised, result in BME ‘victims’ feeling “*really* isolated”. Ultimately, then, this led some service providers to question the appropriateness of rural areas as places for them.

Certainly [...] we *would* take somebody who is escaping honour-based violence; *absolutely*! Without question! ... Err, but is [this area] the right place for them to be? I don’t know! [It depends on] how anonymous they want to be, and what risk they want to take. SP4

Although rural areas were seen as ideal places of safety for BME ‘victims’, the lived realities of those service users I interviewed were a long way from the pleasant experience described by Hannah. For instance, while Nabeela was initially happy to be moved far away from her abusive father, of whom she was “really scared”, she spoke about the difficulties of being moved away from the family and friends who would typically be thought of as her personal support system, and to an area of relatively little diversity. What made things even harder for Nabeela was that, in addition to being moved into a new area, she and her partner were encouraged to go into witness protection. As part of this process she was given a new name and backstory – a name and backstory which, for safety reasons, did not reflect her Muslim identity.¹⁸⁷ Nabeela explained how this process was difficult not only socially but also emotionally: “You’re constantly lying about yourself so you can’t, you know, even if you want to make friends, you can’t [...] [and] that affect[s] you mentally and emotionally as well”. Although service providers considered relocation a necessary means to ensure ‘victims’ physical safety, such drastic moves can cause ongoing

¹⁸⁷ Nabeela explained that because her Indian partner was non-Muslim, officers in witness protection felt that she would receive fewer questions about their relationship if she also changed her name to a non-Muslim name, thus helping to keep their real identities secret.

struggles that act as added violent ruptures in ‘victims’ lives. Ultimately, this loss of identity, combined with the inability to make meaningful personal connections, led Nabeela to go back to her family who, after only a short time, encouraged her to get back together with her abusive partner.¹⁸⁸

Leilah was another example of someone whose expectations of seeking assistance were not met. In talking through her experiences, she explained to me how she had anticipated that by seeking professional help her husband, who was the perpetrator of the abuse, would be made to leave the family home. Whether justified or not, Leilah felt that she would have been adequately protected from his abusive behaviour if he had been removed from the home. The reality of her experience, however was that, rather than her husband being removed from the family home, she was made to leave. Worse still, because of the wider risk that has come to be associated with HBV and particular ‘honour’-based communities, she was also moved out of the area, far away from her family and friends. As is evident in the following quote, Leilah struggled to understand this decision:

They moved me away from my whole family, [even though] I was [only] having problems with my husband [...] I was really upset [...] I couldn’t cope without my family, without my mum, my dad, my brothers and sisters and that because we’re a really close family [...] I didn’t want to cut my ties off with my family but they [service providers] were telling me I have to cut my ties off with my family [...] They basically just chucked me in a different county where I didn’t know anyone and no one knows me.

¹⁸⁸ During our conversation Nabeela disclosed how she had moved five times to escape the abuse. Her decision to move back to her parents was her fourth move. Having ‘recently’ left again after being forced to get back with her abusive partner, Nabeela was on her fifth move when we met.

Despite receiving professional support within her refuge accommodation, without an adequate *personal* support system in place, Leilah's mental health deteriorated. Not only did she end up going back to her family but, like Nabeela, her family subsequently put pressure on her to return to her abusive husband with whom she ended up staying for another five years.

It is important to recognise that relocating does not guarantee safety. Hannah spoke positively about moving to a rural area far away from her former partner – something which she said had enabled her “to breathe” and “to not have to look behind [her] shoulder [all the time]” – yet she too was eventually found by her perpetrator. Despite feeling as if she had done “everything right”, his persistence paid off and, six months after she moved, he found her. “It was a game [to him]” she told me “[it was] all about power and control” (Hannah). Nabeela was another service user who had relocated as part of her attempts to escape abuse. Unlike Hannah, Nabeela found the initial process of relocating emotionally difficult. She had not felt the same instant ability to breathe and during our conversation she explained how it had taken her a lot longer for her to start to feel safe again. Unfortunately, Nabeela's perpetrator showed similar persistence to Hannah's and she was also found.

Having spent six months rebuilding a new life for herself and her child, Hannah decided that, in spite of being found she wanted to stay in her new location. Unlike Hannah, however, Nabeela was not given the same choice:

[T]hey [the police] said ‘you have to leave now! Like, now straight away! [...] just leave everything in your flat and just [go]. [...] I just couldn't believe it, I thought is this actually happening? Years after you think you're settled. [...] [T]o be on the move again, that really broke me, big time. I thought, if I felt safe in [my new location but] I'm not going to be

feeling safe anywhere [now] because it could be years, and years later and they'll find me again. That really got me down. (Nabeela)

Without speaking to the officers involved it is impossible to state for certain their reasoning for making Nabeela move. Nevertheless, on the surface at least, the difference in how she and Hannah were treated does appear to support the notion that, when culture is seen as the problem, the only solution is to relocate the 'victims'.¹⁸⁹

Given the amount of times Nabeela had to move, a reoccurring feature in her experience of help-seeking was being in and out of refuge and temporary accommodation. A number of other service users talked about similar experiences of being in temporary accommodation. What was evident from speaking with these service users was that a misconception remains about who is entitled to access this kind of accommodation. Despite refuge accommodation being accessible for 'victims' of all forms of abuse, some participants felt that they would have been unable to use these services due to their lack of actual *physical* abuse. "I had no support to go into refuge accommodation", Hannah reported, "because I hadn't been *battered* [...] [I didn't] have that need". In spite of this misconception, many of the service users spoken to within this research had moved into refuge or other temporary accommodation as part of their experience.¹⁹⁰ All service users within who stayed in refuge accommodation had been referred by frontline practitioners as part of their ongoing safeguarding plans.¹⁹¹ While the simultaneous reduction in government funding and continued need for refuge accommodation often limits access and availability of such

¹⁸⁹ I have been cautious in my phrasing of 'on the surface at least' for specific reasons here that relate to the personal and legal situations of my participants. It is important to recognise that risk assessment scores might have influenced decisions to move Nabeela. For example, with Nabeela having previously been involved in witness protection, she may have been deemed to be at a much higher risk than Hannah. Similarly, while she did not disclose this information, it is also possible that Hannah might have been unable to move due to child contact arrangements – an issue which other service users like Leanne had discussed.

¹⁹⁰ While temporary accommodation could be stretched to include staying with friends or family, for the purpose of this study it includes those service users who were placed in a refuge, safe house, bed and breakfast or hotel at the expense of local authorities.

¹⁹¹ 'Victims' may also self-refer into refuge accommodation.

services (see for example, Groves and Thomas, 2014), such accommodation, at least in theory, offers 'victims' at significant risk of immediate harm an urgent means to physical protection. As SP3, a manager of a refuge in a rural area explained, "We're [refuge] about four walls, we're about safety".

For many of the service users the respite that this accommodation provided was the first time they had the space and freedom to reflect on their experiences. While this was viewed as a positive thing amongst white British service users, it appeared problematic for BME 'victims'. It is important to stress that all service users who had accessed such accommodation voiced at least some difficulties and challenges in being unsettled. Living in unfamiliar accommodation or having relocated to a new area, for example, were issues most service users appeared to find particularly hard. Many noted feeling rather unsettled. Nabeela, for example, who lived in refuge accommodation for almost a year explained, "[It was] really hard, you feel like you belong nowhere, you've got no house, you've got nothing". Similarly, Leilah noted how not knowing where she was or what was going to happen to her next left her feeling "really, really, *really* depressed". For others, despite the fact that they were sharing refuge accommodation with other families, they explained having felt the same intense feelings of isolation. "I just remember [...] thinking 'where the hell am I?' You know, and just feeling really, really alone. *Really* alone!" (Chloe)

Feelings of isolation were particularly strong for those who had moved out of area and left their personal support networks behind. For this reason, a number of the service users discussed the significance of the relationships and friendships that they formed with other 'victims' whilst in temporary accommodation. This was almost exclusively something discussed by white British service users. For these women, recollection of their time spent in refuge was talked about in a positive sense. Many focused on the importance of being able to share their experiences with the

other service users and having been able to form reciprocal relationships of empathy with others in similar situations. This sentiment was illustrated by Chloe: “I think that whole [experience of] refuge, of being together is really important for like bonding and feeling part of something.” In contrast, however, the BME service users interviewed in this study that had accessed refuge or temporary accommodation spoke about their experiences with far less positivity than their white British counterparts. All participants whose experiences were labelled as being in any way connected with notions of ‘honour’ were encouraged by service providers to cut ties with family and friends as part of their ongoing risk assessment and risk management strategies. In doing so, however, many of the BME women interviewed spoke about their time in refuge in the context of both social and cultural isolation. Unlike the white British women who had found a sense of empathy and social bonding with other residents in refuge, participants such as Nabeela explained how she had felt isolated her from the other women:

I know you said you felt quite isolated but in the refuge were you able to talk to some of the other women who were staying there? (SW)

Yeah but there was no one that was ... that was similar to *my* culture, to my *religion*.

(Nabeela)

Thus, rather than being able to form relationships through a sense of mutual or shared experience, social and cultural differences between BME and white British service users living in temporary accommodation appear to have been amplified.¹⁹²

¹⁹² This was evident not only from the interviews conducted for the purpose of this thesis but also through my personal experience of working within a women’s refuge. While women from BME backgrounds can and do form relationships with the other women, these are generally slower to develop and are hindered initially by barriers like language and socio-cultural differences around activities or topics which can be opportunities for socialisation and bonding. These can include eating habits and tastes, references to popular culture and social etiquette among many others.

An inability to speak the same language was a key theme raised by service providers when discussing barriers with BME ‘victims’. As SP9 explained, being able to communicate with someone in their own native language is important: “How you convey something in English and how you translate that into their language is very different” (SP9). It can be very impactful, she added, when you explain something in a ‘victims’ native language. This is something particularly apparent in the context of ‘honour’ which, as noted in chapter 2, has multiple translations with varying meanings. Despite recognising the importance of being able to communicate with ‘victims’ in their native language, many service providers – particularly those working in refuge or temporary accommodation services – discussed the inherent issues with offering this service to ‘victims’ in rural areas. “Access to interpreters is really limited and expensive [here which can create] communication barriers” SP4. Despite recognising the importance of these services, SP3 justified the absence of specialised services by reasoning that the lack of diversity meant there was less need: “It’s like what comes first the chicken or the egg? You know [...] [this area] hasn’t got the immigration [so] it hasn’t got the services”.

Problematically, however, if a ‘victim’ is unable to connect with staff or other service users, or, as noted earlier in this chapter, they feel that they are not believed or understood, they are more likely to return to their perpetrator(s).¹⁹³ This inability to connect was evident in the following service user’s comments:

It’s difficult. When somebody doesn’t understand you [because] then you feel like they don’t believe you, like, this is where the problem comes. I found it really difficult [...] with my support workers. I felt like when I explained everything to them they kept [questioning] me. (Nabeela)

¹⁹³ This is one of several reasons discussed by former ‘victim’, Kim Eyer (2003), in a blog post titled ‘*Why Abuse Victims Go Back*’, as to why ‘victims’ do not leave or return to their perpetrator(s): see post at <http://www.hiddenhurt.co.uk/why-abuse-victims-go-back.html>.

This is not to suggest that white British ‘victims’ do not also experience similar feelings of isolation when entering refuge or temporary accommodation services. Any ‘victim’ who accesses such services are likely to feel – at least initially – more isolated due to the unfamiliarity of their accommodation and uncertainty about their future. However, as stated by SP9, “No matter how good [a] refuge is” if that ‘victim’ is the only BME resident or person of ‘difference’ in that refuge then they are isolated yet further. Not only do staff unfamiliar with working with BME ‘victims’ appear to struggle to understand the complexities of their experiences, but unlike the other white British service users, BME service users have fewer opportunities to build support networks with other residents. In this way, even when BME ‘victims’ do access these services in rural areas, it appears as though their cultural differences prevent them from being afforded the same level of provision as white British ‘victims’.

6.4 From ‘Victim’ to ‘Survivor’: Resettlement and ongoing needs

I think the misconception is that [...] you’re gonna get divorced and then it will all be dealt with, but it’s not like that! (Susan)

This chapter has demonstrated how, while there were a number of similarities in ‘victims’ experiences of help-seeking, each of their journeys was unique. I feel it is important to recognise that the vast majority – possibly even *all* – of the service users that I spoke with were still on their journey back to ‘normality’ – that is to say, a life free from the effects of violence and abuse – when we met. I include this brief subsection, therefore, as an acknowledgment to these service users and their continuing journey from ‘victim’ to ‘survivor’. In this subsection, I aim to briefly address some of the ongoing challenges that service users identified as part of their journey. It is important to stress here that this is not an exhaustive list of these challenges. To the contrary, in speaking to service users, it was obvious that they have numerous concerns and practical issues.

What this section aims to highlight, however, is how rurality shapes a number of these challenges – particularly in the context of BME ‘victims’ attempts to relocate.

As noted in Chapter 1, the process of survival is an ongoing process involving both physical *and* emotional recovery (Kelly, 1988). This point was not only reinforced by Susan’s words at the beginning of this subsection but also by Chloe who explained:

[When you leave an abusive relationship] it’s basically like being a baby again, you know, you have to *learn* again [...] you might have come out of a relationship with an arsehole, but you’re so used to that arsehole [...] you were their puppet. [...] And now that someone has come along and cut your strings and you just fall onto the floor. You don’t know what to do with yourself! [You have to re-learn how to take] control again.

However, with the exception of outreach services provided by specialist domestic violence organisations – the vast majority of which are oversubscribed and subjected to increasing funding cuts (see for example Women’s Aid, 2015) – the primary emphasis for most services is on safeguarding measures that focus on a ‘victims’ *physical* safety. The problem with this approach is, as Chloe put it, that service providers help ‘victims’ get out of their abusive relationships but then you get to a certain point in your journey and then “It’s like you’re out of the main [danger] now ... bye!” Thus, in the absence of professional support, a number of service users spoke about how they were left with feelings of uncertainty and anxiety about the future.

It was evident when speaking to service users that they all appeared to be left with some degree of mental health problems, albeit with varying degrees of severity. Confidence and self-esteem issues, anxiety and depression were all too familiar features of their lives, sometimes occurring simultaneously. Yet, with service providers emphasising physical safety, many service users talked

about a lack of ongoing emotional support. In the absence of professional support, half of the service users interviewed spoke about the importance of forming or joining independent ‘survivor’ groups. While some had strong personal support networks around them, others spoke about how friends and family, despite their attempts to be supportive, failed to fully understand what they had been through. For Susan, a ‘survivor’ group offered a safe and empathetic environment where she could speak about her experiences without fear of judgement or disbelief. This process of shared reflection appeared to help to alleviate some of the women’s feelings of guilt and shame by helping them to realise, “It’s *not* just me [going through this]” and that “it’s not my fault” (Leanne). In doing so, it appeared to help ‘victims’ to re-build their confidence and self-esteem.¹⁹⁴

While more research is perhaps needed on the impact of these groups, those women who had accessed ‘survivor’ groups clearly regarded them as a positive part of their ongoing journey. Despite such overwhelmingly positive feelings, however, there was an obvious lack of diversity amongst the groups I attended.¹⁹⁵ As I noted in chapter 4, while all of the white British service users interviewed were contacted directly via these groups, none of the six BME service users were accessed in this way. Notwithstanding SP7’s assertion that once BME ‘victims’ are physically safe – in other words, away from their ‘problematic’ cultures – they are easily able to make a fresh start, conversations with service users told another story. Leilah, for example, spoke about the fact that she could not cope without her family, while Raihan explained how limited access to places of worship, and his inability to practice his religion, acted as a huge barrier for him in moving on with his life.¹⁹⁶ Even when BME service users spoke about attempting to start afresh,

¹⁹⁴ I refer to women only here because (a) there were no men in any of the support groups I attended, and (b) the only male service user interviewed within this study was not part of any support group.

¹⁹⁵ In total I contacted three separate ‘survivor’ groups across these rural areas.

¹⁹⁶ It is worth noting that for all ‘victims’ relocating to rural areas there are general issues such as limited access to social housing and jobs that can affect their resettlement. However, BME ‘victims’ also face limited access to cultural services including, for example, places of worship, traditional clothing, and food which further problematise their experiences.

either the constant threat of being found (Nabeela) or persistent feelings of shame (Aaliyah) appear to prevent them from ever feeling totally settled. Ultimately then, there was a clear need for continued emotional support amongst these BME service users that, for whatever reason, 'survivor groups' were unable to meet.

6.5 Summary

As discussed throughout this thesis, culture is popularly depicted as one of the fundamental differences between mainstream domestic abuse and HBV. While mainstream domestic abuse is discussed within the context of an individual's desire for power and control, violence perpetrated in the name of 'honour' is attributed to a broader systemic cultural pathology emerging from entrenched traditions, cultures and values.¹⁹⁷ Not only is this view falsely based on the idea that violence in white British communities is devoid of cultural influence, it simultaneously perpetuates the idea that HBV is a phenomenon linked solely to particular BME communities in the UK. This chapter has further problematised this culturalisation of violence by demonstrating the way in which it impacts upon both how services are provided in practice and the journeys and lived experiences of service users. The central argument of the chapter has been that, rather than meeting 'victims' needs and expectations, the conceptualisation and labelling of HBV as distinct from 'mainstream' domestic abuse restricts access to resources in rural areas and has a significant influence on how service providers respond to them. This reduces the effectiveness of responses for certain 'victims', and in doing so, affects 'victims' experiences of help-seeking.

This chapter has demonstrated how, due to the culturalisation of violence, ethnicity remains a principal marker for service providers identifying cases as HBV – an association which occurs in spite of the fact that HBV is not associated with any particular culture or religion. Evidence in this chapter suggests that, since service providers do not feel either able or entitled to intervene in

¹⁹⁷ Both of which are shaped by broader systems of patriarchy (see chapter 2).

and make meaningful changes to longstanding cultural traditions, they tend to rely on physically removing individuals from their 'problematic' communities as the only viable alternative in attempting to safeguard BME 'victims'. Since rural areas are typically viewed as being quintessentially white British areas with little ethnic diversity, they are frequently seen as ideal places to which to relocate BME 'victims'. While rural service providers spoke about dealing with very few cases of HBV from within the area, many of them noted the increasing frequency with which they were dealing with BME 'victims' from out of area.

Yet it is also clear from the evidence presented in this chapter that the removal of an individual from their 'problematic' culture can be equally problematic for their journey from 'victim' to 'survivor'. This difficulty was evident when speaking to service users as well as service providers. Indeed, it became apparent that, due to a lack of practical experience and cultural awareness, many rural service providers felt ill-equipped to deal with BME 'victims'. This lack of experience is further compounded by a lack of resources. SPOCs, interpreters and other specialist support services all appear to be numbers rather than needs led (de Lima, 2004) resulting in a regional postcode lottery of service provision across the UK (Coy *et al*; 2009). As a result, BME 'victims' are not viewed as just another service user in need of support, but rather as *problematic* service users (Kurz and Stark, 1988 cited in Jiwani, 2011) who pose a number of practical difficulties – notably their apparent reluctance to leave their pathological culture (*ibid*).

However safe rural areas might appear, it was evident from the experiences of many BME 'victims' that relocating them away from their culture and community does not guarantee their security. Despite having moved numerous times, Nabeela was located by her perpetrators and, even when 'victims' are not located by their perpetrator(s), they face a number of other barriers on their journey from 'victim' to 'survivor'. While many of these issues, such as chronic mental ill-health, were universal to 'victims' regardless of their ethnicity, many were unique to BME service

users. The lack of diversity in rural areas was something that was crucial in BME ‘victims’ experiences. Moved to rural areas, they became the cultural ‘Other’ and many spoke about having lost a sense of their identity. Unlike the white British ‘victims’ in this study, all but one BME ‘victim’ was advised to cut ties off with friends and family even if they were not directly involved as perpetrators of the abuse. This loss of personal support system posed particular problems for BME service users who, unlike the white British participants in this study, were not able to find emotional solace in the empathetic context of ‘survivor’ groups.

Having used the data to explore ‘victims’ lived experiences of violence and abuse (chapter 5) and how the culturalisation of violence affected their attempts to seek professional help and support (chapter 6), this thesis now moves onto summarise these findings and to consider the implications of the research for the study of HBV and VAW more broadly.

Chapter 7: Conclusion

7.1 Introduction

Over the last decade or so there has been an increasing amount of academic attention paid to the issue of so-called ‘honour’-based violence (HBV) (see *inter alia* Gill, 2006, 2009, 2011; Meeto and mirza, 2007a; Patel and Siddiqui, 2010; Patel, 2013; Rehman, 2013; Siddiqui, 2013; Thiara and Gill, 2010b). Although violence perpetrated in the name of ‘honour’ is neither a new phenomenon, nor one that is uniquely associated to any particular culture or religion, most of this research has focused on urban areas with large South Asian or Muslim populations (Vertovec, 2002). As noted, this is, in part, due to a number of high profile cases which have occurred amongst South Asian and/or Muslim communities in the UK and Europe (see chapters 1, 2 and 3).

Notably, with the vast majority of research focusing on South Asian or Muslim communities in urban areas, there has been little “room for interrogating how ideas of ‘honour’ may operate in different contexts” (Larasi, 2013b). That is to say, little research exists on how honour functions within other communities or in rural areas. This absence of research, Larasi (2013b) argues, has not only fixed in people’s minds the idea of HBV is something unique to particular BME communities in the UK, it also creates categorical silos in policy and legislation which do not always reflect the lived experiences of ‘victims’. Subsequently, in spite of an increasing body of academic literature which has attempted to resituate HBV within the broader context of VAW (see for example Gill, 2009, 2010, 2011), ‘honour’-based violence remains today a powerful expression through which particular forms of violence are differentiated from what we might think of as more ‘mainstream’ forms of violence against women (see *inter alia* Idriss, 2017; Payton, 2017; Sen, 2005).

This ‘culturalised’ view of violence (Razack, 1994) has resulted in a situation in which culture is increasingly perceived as the primary cause of HBV. Indeed, while the increased scholarly, media

and political attention on HBV has positioned it as a prominent issue on national and international political agendas (Jafri, 2008; Meeto and Mirza, 2007b; Welchman and Hossain, 2005) it has, at the same time, resulted in a disproportionate focus on certain BME communities within the UK and an overemphasis on culture blaming (Thiara and Gill, 2010b). Subsequently, while ‘mainstream’ VAW is traditionally linked to a perpetrator’s individual desire for *power and control*, HBV is often constructed as being symptomatic of cultural pathology and entrenched traditions, norms and values.

In this thesis I have challenged this culturalised view of HBV. I have sought to address this gap in the literature by focusing on rural areas which, given that they are often assumed to lack of ethnic diversity, are often overlooked when exploring issues of HBV. Drawing upon semi structured interviews with service users and service providers, I have explored how the culturalisation of violence has affected service provisions in rural areas and how this impacts upon ‘victims’ needs and experiences of help seeking. Furthermore, by deculturalising the notion of honour, I have attempted to show how it functions as a more pervasive feature of ‘victims’ lived experiences of abuse – particularly when viewed as part of a broader honour-shame nexus. In doing so, this thesis has not only begun to think about how current culturalised interpretations of HBV have hindered broader understandings of VAW, but also about how such views affect our ability to provide ‘victims’ with adequate support.

In this final chapter I summarise the main findings of this thesis. Linking back to the three research aims presented in chapter 1, I discuss these findings under three subheadings: (1) The culturalisation of ‘honour’-based violence; (2) The honour-shame nexus and everyday lived experiences of victimisation; and (3) The impact of culturalising violence on ‘victims’ needs and experiences in Rural England. Having presented these findings I then discuss the potential implications that this research has on policy and practice while demonstrating how this thesis

contributes to the overall knowledge of HBV, VAW and criminological theory more generally. The chapter ends with recommendations for future areas of research in the field of VAW and the broader criminological discipline.

7.2 Summary of Findings

7.2.1 The Culturalisation of ‘Honour’-based Violence

A key theme to emerge within this thesis is the way in which HBV and other harmful traditional practices (HTPs) have been culturalised (Razack, 1994). Despite the fact that violence in the name of honour is not unique to any one particular culture or religion, HBV is a term that has become synonymous with acts of violence committed by those belonging to ‘non-Western’ cultures. The literature and data presented in this thesis have shown how the culturalisation of violence continues to perpetuate the false idea that violence and abuse in BME communities is inherently unique and extraordinary. As demonstrated, while mainstream VAW is typically linked to an individual’s desire for power and control, HBV is perceived as being symptomatic of deviant cultural pathology. In other words, honour is today interpreted as being a fundamental component of cultural identity amongst certain BME communities within the UK (Narayan, 2000), and culture is commonly framed as the central problem.

One of the most significant findings to emerge from this study is the way in which this culturalised view of violence creates barriers or, as one service provider exclaimed, ‘lead walls’ to thinking about how honour and violence in the name of honour might function outside the stereotypical communities to which it is most commonly associated. Despite this thesis demonstrating how the honour-shame nexus features as a common theme amongst all ‘victims’ experiences of violence and abuse (see further, subsection 7.2.2), this ideological barrier became clear while speaking to service provider participants about their practical experiences of dealing with incidents of HBV. While some service providers, when pressed, began to think about how honour might function in

other contexts, all resorted to ethnicity and cultural background as key indicators of possible HBV cases (see further, subsection 7.2.3).

As well as influencing service providers' perceptions of HBV, in chapter 3 it was shown how the culturalisation of violence has directly impacted upon policy and legislation. While the purpose of this thesis was not to focus on policy and legislative responses to HBV, in that chapter it was shown how, while originally situated within the context of the VAW agenda more broadly, HTPs such as HBV have become the focus of increasingly draconian laws emphasising criminalisation and stricter immigration control. Problematically, as demonstrated in chapter 3's discussion, this focus has created a discursive overspill between policy frames in which the needs and experiences of BME 'victims' are often marginalised. Moreover, this focus on HTPs has made particular BME communities hyper-visible within the UK. Not only are the men and masculine cultural practices deemed to be inherently deviant and barbaric, but BME women are often viewed as inherently passive and vulnerable. In this way, we can view this culturalisation process as a form of *symbolic* violence. Not only does this perpetuate the (mis)representation of particular BME communities or non-Western cultures as inherently different and problematic, but in so doing it also "removes the victim's agency and voice" (Thapar-Björkert *et al*, 2016: 144) in discussions around how their victimisation should be discursively framed (see further 7.2.3).

As this thesis has highlighted, in addition to highlighting ethnicity as a key indicator of HBV, this culturalised image of violence fails to recognise that, irrespective of ethnicity, nationality and religion, *all* violence occurs within the context of culture. While mainstream VAW is discussed in the context of individual deviance, HBV and other HTPs are framed in the context of culture. This thesis argues that, while the honour-shame nexus is the common feature of all experiences of violence and abuse, the focus on culture and cultural pathology overlooks this commonality. By overlooking this commonality and culturalising HBV in such a way which renders it strictly the

preserve of BME communities, not only are particular communities labelled and stigmatised but in turn, this prevents meaningful discussions about the role of honour and shame in other forms of VAW. By excluding 'victims' who do not fit the demographic profile typically associated with such victimisation, this too can be viewed as a form of symbolic violence. Ultimately, the findings in this thesis suggest then, that by culturalising HBV, culture, rather than honour, has become the underlying causative mechanism in particular non-Western communities. In other words, honour has become merely a symptom of the deeper causative force of culture.

Ultimately within this thesis I have attempted to address this culturalised way of thinking by showing the importance of understanding honour and shame, not simply as a feature of HBV, but as a core underlying component of VAW more broadly. In particular, the theoretical discussions outlined in chapter 2 and the data presented within chapter 5 have shown that, far from being a distinct and unique form of violence and abuse, HBV shares a common underlying theme with more 'mainstream' forms of VAW. Indeed, while manifesting down subtle yet important cultural lines, the honour-shame nexus acts as a pervasive psychological and social element which shapes both perpetrators' and 'victims' experiences of violence.

7.2.2 The Honour-Shame Nexus and Everyday Lived Experiences of Victimisation

Despite the culturalisation of violence (Razack, 1994), and distinction of HBV from other forms of VAW, it quickly became clear when speaking to participants that 'honour' functions as a pervasive feature in all 'victims' lived experiences. This is perhaps the most important finding to emerge from this thesis. As chapter 2 showed, this broader application is particularly true when honour is deconstructed and viewed in the broader context of a complex honour-shame nexus. By examining 'honour' within broader historical, spatial and cultural contexts, chapter 2 demonstrated the way in which honour is intimately connected to other associated terms such as respect, status and reputation, and so on. This connection was present in Nabeela's explanation

of honour (see chapter 5), and was further evident when service providers' were pressed to think about honour outside of Asian communities (see chapter 6). While recognising how notions of honour and shame manifest down various social, spatial and cultural contexts (see chapters 2 and 5), ultimately the central argument of this thesis is that, far from being a foreign concept, honour, as a motivation for both action and inaction, remains a common feature within *all* cultures and a ubiquitous feature in most forms of interpersonal violence – particularly when it is viewed as part of a wider de-culturalised nexus of honour and shame

Indeed, within this thesis it was shown how honour is a fragile concept based on public evaluation of an individual's ability to measure up to a particular set of standards and expectations – standards and expectations which are culturally, geographically, and temporally specific. As shame typically emerges if an individual fails to measure up to these standards, it is necessary to view honour and shame as intimately linked and comprising two parts of a complex nexus. Despite the fact that, (a) many of my service user participants did not possess what might be considered as the traditional 'hallmarks' of HBV (see chapter 5), and (b) honour was rarely referenced by service user participants, when viewed in this broader context it became evident throughout the interviews that this honour-shame nexus had acted as a common feature of their experiences of abuse. Not only did this nexus appear to have acted as a motive for action and inaction for those perpetrating the abuse, but it also directly impacted upon the actions of the 'victims' I spoke with.

It became evident throughout conversations how many 'victims' felt as though they were in some way to blame for their victimisation. Furthermore, whether these feelings were internal or whether they came from family, friends and wider community members, many 'victims' appeared to feel as if they had failed to live up to some form of external standard or expectation – for example, as good wife, good mother, good daughter/son and so on. These feelings were not

just immediate manifestations of their victimisation, but persisted throughout their journey from 'victim' to 'survivor'. As the data presented in chapters 5 and 6 showed, many 'victims' expressed their concerns about what people might say about them, their family, or wider community should their victimisation become public knowledge. Subsequently, while wishing for their experiences to be validated, many discussed feeling unable to disclose their experiences to friends and family out of fear of judgement, of not being believed, and of becoming public gossip.

Importantly, then, the honour-shame nexus created a dilemma for many 'victims' in which staying and leaving the relationship could both be perceived as shameful. It was evident throughout the data, how many 'victims' became paralysed by these concerns. By staying in the abusive relationship, many feared that they would be perceived as a bad mother endangering her innocent child(ren); yet leaving the relationship risked its own judgement. Many feared that if they were to leave their abusive situation, they would be perceived as bad wife, daughter or son who was incapable of solving their relationship problem in private. While this was true of all 'victims' regardless of their ethnicity or religion, it was particularly problematic for those who lived in close-knit communities – for example, particular BME communities, and remote rural areas – where reputation is highly valued. Nonetheless, regardless of the closeness of the community in which they lived, an important finding from this study is the way in which this honour-shame quandary prevents many 'victims' from seeking help.

This thesis has demonstrated the way in which the implementation of rigid typologies of violence and abuse have helped to demarcate HBV from other forms of VAW in both policy and practice. Furthermore, it has been shown how through a process of culturalisation, ethnicity has become a key indicator amongst service providers when identifying potential HBV incidents. Yet by demonstrating how, as a feature pervasive in all 'victims' experiences, the honour-shame nexus manifests down subtle but important cultural differences, this thesis has problematised such

categorisation. By drawing upon the experiences of 12 service users it has been shown how such typologies do not always reflect or neatly apply to the messy lived realities of real-world victimisation and how this can have real and serious implications for the type of response that ‘victims’ receive from frontline services (see further section 7.2.3). As shown in chapter 6 these implications are exacerbated within rural contexts in which, due to a perceived lack of diversity, HBV was seen as something that ‘doesn’t happen around here’.

7.2.3 The Impact of Culturalising Violence on ‘Victims’ Needs and Experiences in Rural England

During conversations with service providers I discovered that ethnicity remains a major perceived indicator for HBV cases. Indeed, despite some participant’s attempts to think about honour and violence outside of the stereotypical BME communities to which it is most commonly attributed (see chapter 6), in practice, all service provider respondents resorted back to issues of culture and ethnicity as fundamental markers for HBV. What this finding demonstrates is how deeply embedded the culturalisation of HBV has become in popular imagination and consequently service provision. Yet problematically, not only does this connection fail to recognise the broader impact that the honour-shame nexus has on all ‘victims’ lived experiences, but as became evident while speaking to participants, there is a tendency for service providers to start to see *all* intimate personal violence amongst particular BME communities as HBV. The service providers I interviewed regarded this increased caution as a positive thing, given that it dictated that additional safeguarding measures be implemented. However, it quickly became apparent through speaking to service users that these measures do not necessarily meet their individual needs and expectations. In addition to overlooking the more pervasive role that honour plays in all ‘victims’ experiences of violence and abuse, chapter 6 demonstrated how in an effort to safeguard against further victimisation, BME victims were commonly ‘encouraged’ to move far away from their perceived problematic cultures and communities.

A significant theme to emerge from speaking with service providers in these rural areas was that, of those limited incidents of HBV with which they had worked, the vast majority were cases that had been transferred from out of area. That is to say, the 'victims' had been moved into these rural areas as part of their ongoing safeguarding measures. Yet while examining the impact of the culturalisation of violence on 'victims' needs and experiences in rural areas, what I found was a general sense of anxiety and trepidation amongst service providers when faced with a potential incident of HBV. As discussed in chapter 6, the most common reason for this apprehension was a lack of practical experience at having dealt with HBV cases before. Linking the issue of HBV with ethnicity and culture, service providers, it appears, attribute their lack of practical experience to the lack of diversity within these rural areas. The absence of diversity led to the inaccurate assumption that HBV is something that 'doesn't happen around here'. In the absence of much direct practical experience in dealing with cases of HBV, the findings in this thesis suggest that rather than being seen as service users with a problem, BME 'victims' are often regarded by service providers in these rural areas as problematic service users (Kurz and Stark, 1988 cited in Jiwani, 2011). Consequently, it became apparent that service providers in rural areas tended to rely heavily on specialist organisations such as Karma Nirvana, IKWRO or SBS, either as organisations to provide training and awareness, or to offer advice and advocacy when cases do arise. Without wishing to criticise the work of such organisations, it became evident through speaking with service providers how such a strong reliance on these specialist organisations has served to perpetuate the culturalisation of violence by portraying it as a BME issue.

At the same time as attributing it to their lack of practical experience, many of the service providers interviewed discussed how rural areas, directly because of their lack of diversity, are frequently viewed as places of relative safety for BME 'victims' (see chapter 6). In the absence of feeling able to make meaningful changes to BME 'victims' longstanding cultural traditions, service providers believed that physically removing BME 'victims' from their problematic cultures is

perceived to be the safest and most viable alternative solution irrespective of whether the wider family or community were involved. This thesis has shown, however, how this 'solution' is problematic in a number of ways. Firstly, while regarded as areas of relative safety, rural areas often do not have the specialist services or cultural facilities that BME 'victims' require. Whether access to interpreters, BME specific services, or everyday cultural facilities such as places of worship, food or clothes shops, this absence was a significant barrier to them being able to resettle and move on from their experiences. A second barrier for many of the BME service users on their journey from 'victim' to 'survivor' was that, in order to stay 'safe', they were moved away from friends, family and wider communities. These were the individuals who would normally constitute the wider personal support network. While such a move was welcomed by some BME 'victims', many participants spoke about experiencing a loss of identity and feelings of both social and cultural isolation at being moved into areas of relatively little ethnic diversity.

Ultimately the findings in this thesis suggest that the culturalisation of violence and this kind of 'necessary' move that it generates constitutes not only a secondary form of victimisation on the part of the service users, but through the removal of 'victims' voice and agency, a more symbolic form of violence.

7.3 Contribution to Knowledge, Policy, and Practice

This research has attempted to contribute towards and extend current theoretical debates about HBV and VAW in a way that deculturalises honour and HBV and examines VAW in a broader context of honour and shame. In doing so, this study has raised important questions about the current way in which particular forms of violence are culturalised within the UK. Engaging with 'victims' within rural areas has not only addressed a gap in the literature on HBV, it has also revealed much about the way in which the culturalisation of violence impacts on the experiences of 'victims' seeking help. The data that has been collected appears to indicate how, in viewing

culture as the fundamental problem, a common 'solution' adopted by service providers when attempting to safeguard 'victims', is to remove them as far away from their problematic culture as possible. Despite the fact that rural areas often lack the necessary practical and cultural facilities needed to enable BME 'victims' to move on with their lives, data appears to show how rural areas are often regarded as ideal locations to move 'victims' because of their lack of ethnic diversity.

Furthermore, the literature and data presented within this thesis have highlighted how the culturalisation process has created categorical silos in policy and legislation that do not necessarily reflect the lived experiences of 'victims'. Indeed, while the current study is based on a small sample of participants, the findings suggest that the honour-shame nexus has relevance in all 'victims' experience of intimate personal violence and abuse regardless of their ethnicity, religion or culture. In other words, far from being an issue unique to BME 'victims' experiences of VAW, honour acts as a pervasive aspect of all gender-based violence. The literature presented in chapter 2, further indicates how existing theoretical knowledge on honour and shame as a motive for violence may be useful in furthering criminological knowledge of interpersonal violence more broadly (see further section 7.4).

There are a number of implications that the findings in this thesis might have on future policy and practice. It is clear from my conversations with service providers that rural regions need to be better equipped for dealing with 'victims' from BME communities, both in terms of better service provision and resources, but also in terms of better training for those working at the frontlines of service provision. During my time as an academic researcher, but also as a practitioner, I have attended many symposiums and training events around issues of honour-based violence, such as those organised by the likes of Karma Nirvana. These organisations have done extremely important work in raising national awareness around HBV. This training often opens by reasserting that HBV is not unique to any particular culture or religion. However, this often feels

more like a disclaimer statement, before the training quickly retreats to a focus on HBV within South Asian and Middle-Eastern communities. The findings in this thesis demonstrate how such limited focus results in frontline service providers employing ethnicity as *the* key indicator of potential HBV cases.

All of these issues, however, are a symptom of what this thesis argues is an inadequate understanding of the more pervasive role of honour and shame in ‘victims’ experiences of violence more generally. Therefore, while this research is in broad agreement with the likes of Gill (2006, 2009, 2011), who suggests that HBV needs to be contextualised within the broader field of VAW, I want to go one step further and suggest that VAW needs to be resituated within a broader theoretical understanding of honour and shame. Such a conceptual shift would result in training focusing on the honour-shame nexus, rather than focusing on the particular cultural manifestations within South Asian and BME communities. Furthermore, the inadequacies of frontline service provision for HBV in rural communities could no longer hide behind the excuse that they are just pragmatically prioritising their resources according to their population and service-user demographics. Finally, ‘victims’ who do not carry the traditional ‘hallmarks’ of HBV as it is currently understood would not be dismissed, disbelieved or turned away due to their ethnicity. Of course, this results in the obvious question as to whether ‘honour-based violence’ continues to be a useful term. If, as this thesis suggests, the honour-shame nexus is a fundamental feature of all VAW, then does treating HBV as a ‘separate’ category of VAW serve any purpose? While it has not been the purpose of this thesis to address this question, nor is there scope to do so here, it does provide an interesting question for future debates.

7.4 Priorities for Future Research

The findings presented in this thesis suggest that existing knowledge on the complex honour-shame nexus and the role and impact that this has on both ‘victims’ and perpetrators experiences

of interpersonal violence has applications beyond its current limited focus on so-called HBV. In this brief final subsection I suggest areas for future research and ways in which existing research on honour and HBV could be expanded to further, not only to expand the subject of VAW, but also to develop the criminological discipline more broadly.

Within this thesis it has been shown that, while manifesting in subtle but important cultural forms, the honour-shame nexus acts as a pervasive feature in all forms of VAW. This nexus, findings have demonstrated, act as a motive for action and inaction not only for the perpetrator(s) but also 'victims' of abuse. I believe that further research should be undertaken to explore how the honour-shame nexus functions in VAW more broadly. As part of this, there is a need for future research to examine how the honour-shame nexus functions down different cultural, class and gendered contexts in order to understand the various cultural manifestations in which honour and shame function. It would be interesting to compare experiences of individuals within, for example, in working class communities, Gypsy, Traveller and Roma (GTR) communities or, continuing on from this research, rural communities.

More broadly, I believe research is also needed to examine the role that the honour-shame nexus plays in other forms of interpersonal violence. Whilst not always explicitly using the term 'honour', the role and impact of this complex nexus is already beginning to emerge within a broader range of contemporary studies. In his ethnographic study on men, masculinities and violence, for example, Anthony Ellis (2016) links honour and shame to early victimisation, masculine toughness and a necessary ability to be able to 'handle oneself'. Similarly, looking at motorcycle gangs such as the Hells Angels, Mohammed Rahman and Adam Lynes (forthcoming) talk about the importance of honour codes and how violence functions as a common means through which to reinforce the status and reputation of the collective. Finally, within the context

of sport, violence and honour, Victoria Silverwood (2015) talks about 'the code' of ice hockey, violence and the notion of legitimate (honourable) and illegitimate (shameful) forms of violence.

Continuing and developing upon the aforementioned studies, I believe it would be not only interesting but important to explore the role this honour-shame nexus has in other forms of violence. How does this nexus function in, for example, male on male confrontational violence, gang violence, violence in sport, or military violence? Such research could explore if and how individuals use violence as a means to defend honour, status and reputation and if and how the language of honour and shame are used as a defence for violence. What are the codes in which behavioural expectations are set? In the context of sport and military violence, what are considered legitimate and illegitimate forms of violence and how does this impact upon notions of honour and shame? Ultimately, how much can the knowledge developed through what has already been learned through studies on honour in the context of HBV, be used to further our understanding of violence more broadly?

Finally, it is important that within the context of all of the above suggestions, that future studies take into account the voices of perpetrators and 'victims'. There is a need to explore how the honour-shame nexus works as a motive for action and inaction for both parties and how these motives interact. Furthermore, through recognising the crossover between 'victims' and offenders we can observe the role of the honour-shame nexus in both the perpetration and victimisation of violence. In Ellis's (2016) research into violent men, he observes how his participants were often both perpetrators and victims of violence. Issues of status, respect, and honour were key motivating factors in their execution of violence. However, preserving 'dignity' and avoiding humiliation when 'getting a kicking' were extremely important in their narratives of victimisation; something similarly replicated in other ethnographies of violence (see also, Jackson-Jacobs, 2004). Consequently it appears that, consistent with the central argument of this thesis,

we need to detach 'honour' as something belonging to specific BME or religious groups and understand its wider function before resituating it within the specific socio-cultural, religious and gendered violent contexts in which honour and shame manifest.

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Appendix 1

Stage 1: Service Providers

Geographical Location by county	Participant	Organisation	Position
National	Diana Nammi	IKWRO	Executive Director
County 'A'	SP1	County Council	Domestic and Sexual Advice Strategy Manager
	SP2	SARC	ISVA
	SP3	Women's Refuge	Manager
	SP4	Women's Refuge	Manager
	SP5	NHS	Queens Nurse ISVA and FGM Specialist
	SP6	Police (Public Protection Unit)	HBV SPOC
County 'B'	SP7	Domestic Violence and Abuse Service	IDVA
County 'C'	SP8	Police (Public Protection Unit)	Detective Inspector
	SP9	Police (Public Protection Unit)	HBV SPOC
County 'D'	SP10	County Council	Senior Commissioning Officer (Interpersonal Violence)
	SP11	Specialist BME refuge	Support Worker
	SP12	Police (Public Protection Unit)	Police Constable
	SP13	Police (Public Protection Unit)	Police Constable

Table 1: Details of service provider participants according to geographical location, organisation and job role

Appendix 2

Stage 2: 'Victims' / Service Users

Geographical Location by county	Participant Alias	Gender	Ethnicity
County 'A'	Susan	Female	White British
County 'B'	Beth	Female	White British
	Hannah	Female	White British
	Chloe	Female	White British
	Leanne	Female	White British
	Lucy	Female	White British
	Meena	Female	Sri Lankan
County 'C'	Aaliyah	Female	British Asian
	Nabeela	Female	Pakistani
	Leilah	Female	British Asian
County 'D'	Misha	Female	British Asian
	Raihan	Male	British Asian

Table 2: Details of 'victim'/service user participants according to geographical location, gender and ethnicity

‘De-culturalising honour and violence: exploring ‘victims’’ experiences of ‘honour’-based violence in rural England’

INFORMATION SHEET FOR PARTICIPANTS

You are being invited to consider taking part in this research study being undertaken by Samantha Walker, a doctoral research student from Keele University. Before you decide whether or not you wish to take part, it is important for you to understand what the research will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please do not hesitate to contact me if there is anything that is unclear or if you would like any additional information about this research.

Thank you for reading this.

What is the purpose of the study?

The aim of the research is to gain a better understanding of the needs of individuals experiencing ‘honour’-based violence and to explore whether current services in place for responding to the needs of these individuals are sufficient and ‘appropriate’ in meeting victims expectations. This project is particularly interested in understanding victims’ experiences of both help-seeking and resettlement, the particular challenges that they face, and the way in which ‘honour’ may impact on these needs/experiences.

Why have I been chosen?

You have been invited to take part in this study because you represent one of a number of agencies which may be at the frontline of service provisions for victims of domestic and ‘honour’-based violence. It does not matter whether you have had practical experience of dealing with actual cases of so-called ‘honour’-based violence I am simply interested in exploring potential provisions in place for victims of interpersonal violence.

Do I have to take part?

No, taking part in the study is your decision. **You do not have to be in this study if you do not want to.** If you do decide to take part you can withdraw from the research at any time up until the research is complete without giving reasons. If you withdraw, all information related to you in this research will be destroyed.

What will participation involve?

If you decide to participate, you will be asked to sign two consent forms (one copy will be for your own records and the other for the research records). You will then meet with me for an interview. At the beginning of the interview I will explain to you how the transcript of our interview will be

(a) fully anonymised – therefore making it very difficult to trace back to you, and (b) kept in a very secure place. Having explained all this, I will then check with you that you are still happy to continue. You should feel free to ask me any questions that you may have at any time during the research – prior, during and following the interview. The interview will be conducted in private with the researcher only.

The interview will be based around broad topics in which you will be asked about (a) the role and organisation that you work for, (b) the concept of ‘honour’-based violence, and (c) your professional opinion and/or experiences of the barriers, needs and concerns of victims of both domestic and ‘honour’-based violence. However there are no right or wrong answers and if there are other issues and/or experiences which you feel are relevant to this research you should feel free to do this.

For the interview we will agree upon a mutually convenient time and place where we can discuss these topics in private. It is estimated that the interview will last somewhere around **30 minutes**. However, if at the end of this time there are still things that you or I wish to discuss, we can either extend the interview (if you are comfortable to do so) or arrange a second interview at a later date.

I will need to record the interview using an audio recorder (Dictaphone) to make sure that I can have an accurate record of what we have talked about and to make sure that I do not misrepresent what you have said. However if at any stage you wish for the tape recorder to be turned off, we can do so.

What are the benefits of taking part?

Although you probably won’t benefit directly from participating in this study, it is hoped that this research will enable a better understanding of how to help future individuals’ access appropriate support. Your involvement in this study is an opportunity for you to help in this process

What are the risks of taking part?

There are no obvious physical risks involved in participating within this study however it is possible that you may experience a range of emotions within the interview process. If at all during the interview any question makes you feel uncomfortable you can choose not to answer. We can also take a break from or end the interview whenever you want without you having to give a reason.

All data will be treated in accordance with the confidentiality principles set out within the Data Protection Act 1998 and at no stage will I break confidentiality agreements or pass identifiable data to third parties without your consent. I do however have to work within the confines of current legislation over such matters as privacy and confidentiality, data protection and human rights and so offers of confidentiality may be overridden by law if I am made aware that either (1) you intend to take part in serious criminal activity, (2) intend to cause serious harm to yourself or (3) intend to cause serious harm to another person. In these circumstances I would have to make this known to the relevant authority.

All the data collected, including any contact made through emails; letters; or calls, through which you may be identifiable, will, as far as is possible, be anonymised (for example, your name, locality, and the specifics of your job role) will be removed to prevent your responses from being linked back to you. Any data collected will be kept in a locked filing cabinet that only I will have

access. Any information uploaded onto computing equipment (laptops or memory sticks) will also be anonymised and will be protected by password. In the event that you withdraw from the project all data connected to you will be destroyed. It may be the case that, if requested, this anonymised data is seen by the research supervisors, however only the researcher will know your real identity.

The results of the study may be published or presented at professional meetings, but, because all measures will be taken to ensure that the research is confidential, your identity will not be revealed. Anything discussed with me during the interview will not knowingly be reported in such a way that you can be identified. Unless specific requests are made not to have data used in future studies (in which case, all data will be destroyed no more than 5 years after the study is complete), any anonymised data kept for the purposes of future studies will be treated under the same principles outlined above.

You will be welcome to request a copy of the research findings.

What if there is a problem?

If at any time you have any questions or worries about any aspect of the research, it is important that you contact me and I will do my best to answer your questions. You can do this by the following means:

Samantha Walker

School of Sociology and Criminology (CBB 1.008)
Keele University
Staffordshire
ST5 5BG
Email: s.walker2@keele.ac.uk
Tel: 07824 444196

Alternatively if, for any reason, you do not wish to contact me you may contact Professor Bill Dixon who is the research lead supervisor at the following address:

Professor Bill Dixon

School of Sociology and Criminology (CBB1.023)
Keele University
Staffordshire
ST5 5BG
Email: w.j.dixon@keele.ac.uk
Tel: 01782 733546

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been treated during the course of the study you may write to Nicola Leighton who is the University's contact for complaints regarding research at the following address:

Nicola Leighton

Research Governance Officer
Research & Enterprise Services
Dorothy Hodgkin Building
Keele University

ST5 BG

E-mail: n.leighton@uso.keele.ac.uk

Tel: 01782 733306

What do I do now?

Think about the information on this sheet, and contact me if you are not sure about anything. If you decide that you want to participate within the study please contact me and we can arrange a mutually convenient time and place to meet.

THANK YOU VERY MUCH FOR YOUR TIME

Samantha

‘De-culturalising honour and violence: exploring ‘victims’’ experiences of ‘honour’-based violence in rural England’

INFORMATION SHEET FOR PARTICIPANTS

You are being invited to consider taking part in this research study being undertaken by Samantha Walker, a doctoral research student from Keele University. Before you decide whether or not you wish to take part, it is important for you to understand what the research will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please do not hesitate to contact me if there is anything that is unclear or if you would like any additional information about this research.

Thank you for reading this.

What is the purpose of the study?

The aim of the research is to gain a better understanding of the needs of individuals experiencing ‘honour’-based violence and to explore whether current services in place for responding to the needs of these individuals are sufficient and ‘appropriate’. This project is particularly interested in understanding survivors’ experiences of both help-seeking and resettlement, the particular challenges that they face, and the way in which ‘honour’ may impact on these needs/experiences.

Why have I been chosen?

You have been invited to take part in this study because you have ‘recently’ accessed, or are currently using a service which provides specialist support to individuals who have experienced ‘honour’-based violence. It does **NOT** matter if you consider yourself to have been affected by ‘honour’. What I am interested in is understanding (a) the reasons which led to you access this support, (b) your experiences of how you accessed this support, and (c) your thoughts and feelings about this support.

Do I have to take part?

No, taking part in the study is your decision. **You do not have to be in this study if you do not want to.** If you do decide to take part you can withdraw from the research at any time up until the research is complete without giving reasons. If you withdraw, all information related to you in this research will be destroyed. I wish to make clear here that whether you decide to participate within this study or not, this will **not** affect any support you are currently or may in the future receive from support agencies.

What will participation involve?

If you decide to participate, you will be asked to sign two consent forms (one copy will be for your own records and the other for the research records). You will then meet with me for an interview. At the beginning of the interview I will explain to you how the transcript of our interview will be (a) fully anonymised – therefore making it very difficult to trace back to you, and (b) kept in a very secure place. Having explained all this, I will then check with you that you are still happy to continue. You should feel free to ask me any questions that you may have at any time during the research – prior, during and following the interview. Unless you say that you need and agree to the presence of a professional interpreter, the research will be conducted in private with the researcher only. Any interpreters used will be professionally trained individuals working under strict confidentiality agreements in order to protect your identity.

The interview will be based around broad topics in which you will be asked about (a) what led you to seek support, (b) your experience of accessing support, (c) your thoughts and feelings relating to this experience, and (d) your thoughts about the future. However there are no right or wrong answers and if there are other experiences which you wish to talk about you should feel free to do this. It is important for me to point out here that **you will not be directly asked about, or required to talk about the specifics of the offence(s) unless you wish to do so.**

Before the interview takes place we will agree upon a mutually convenient time and place where we can discuss these topics in private. It is estimated that the interview will last somewhere around **30 minutes**. However, as you will be talking about your own experiences, if at the end of this time there are still things that you or I wish to discuss, we can either extend the interview (if you are comfortable to do so) or arrange a second interview at a later date.

I will need to record the interview using an audio recorder to make sure that I can have an accurate record of what we have talked about and to make sure that I do not misrepresent what you have said. However if at any stage you wish for the tape recorder to be turned off, we can do so.

What are the benefits of taking part?

Although you probably won't benefit directly from participating in this study, it is hoped that this research will enable a better understanding of how to help future individuals' access appropriate support. Your involvement in this study is an opportunity for you to help in this process

What are the risks of taking part?

There are no obvious physical risks involved in participating within this study however it is possible that you may experience a range of emotions within the interview process. If at all during the interview any question makes you feel uncomfortable you can choose not to answer. We can also take a break from or end the interview whenever you want without having to give a reason. I can also provide you with a directory of services to which you can access additional support should you wish.

All data will be treated in accordance with the confidentiality principles set out within the Data Protection Act 1998 and at no stage will I break confidentiality agreements or pass identifiable data to third parties without your consent. I do however have to work within the confines of current legislation over such matters as privacy and confidentiality, data protection and human rights and so offers of confidentiality may be overridden by law if I am made aware that either (1) you intend to take part in serious criminal activity, (2) intend to cause serious harm to yourself or

(3) intend to cause serious harm to another person. In these circumstances I would have to make this known to the agency with which you are currently receiving support.

All the data collected, including any contact made through emails; letters; or calls, through which you may be identifiable, will, as far as is possible, be anonymised (for example, your name, date of birth, family names, place of birth, and present or previous place of residence and so on) will be removed to prevent your responses from being linked back to you. Any data collected will be kept in a locked filing cabinet that only I will have access. Any information uploaded onto computing equipment (laptops or memory sticks) will also be anonymised and will be protected by password. In the event that you withdraw from the project all data connected to you will be destroyed. It may be the case that, if requested, this anonymised data is seen by the research supervisors, however only the researcher will know your real identity.

The results of the study may be published or presented at professional meetings, but, because all measures will be taken to ensure that the research is confidential, your identity will not be revealed. Anything discussed within me during the interview will not knowingly be reported in such a way that you can be identified. Unless specific requests are made not to have data used in future studies (in which case, all data will be destroyed no more than 5 years after the study is complete), any anonymised data kept for the purposes of future studies will be treated under the same principles outlined above.

You will be welcome to request a summary of the research findings.

What if there is a problem?

If at any time you have any questions or worries about any aspect of the research, it is important that you contact me and I will do my best to answer your questions. You can do this by the following means:

Samantha Walker

School of Sociology and Criminology (CBB 1.008)
Keele University
Staffordshire
ST5 5BG

Email: s.walker2@keele.ac.uk

Tel: 07919 871224 (Please note this number is accessed only by the researcher and is used specifically for the purposes of this research).

Alternatively if, for any reason, you do not wish to contact me you may contact Professor Bill Dixon who is the research lead supervisor at the following address:

Professor Bill Dixon

School of Sociology and Criminology (CBB1.023)
Keele University
Staffordshire
ST5 5BG

Email: w.j.dixon@keele.ac.uk

Tel: 01782 733546

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Research Governance Officer
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Tel: 01782 733306

What do I do now?

Think about the information on this sheet, and contact me if you are not sure about anything. If you decide that you want to participate within the study please contact me via the mobile telephone or e-mail address provided and we can arrange a mutually convenient time and place to meet.

THANK YOU VERY MUCH FOR YOUR TIME

Samantha