

Exploring the cultural context of Honour Based Violence (HBV) from a male perspective in Asian and Middle Eastern communities across the globe

by
Natasha Sharma

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Abstract

To date, little psychological research has examined the cultural context of Honour Based Violence (HBV) within South Asian and Middle Eastern communities and the cultural factors that are used as ‘justifications’ for this type of family violence. This thesis examines these issues via three approaches; a systematic literature review, an empirical piece of research, and a critique of a psychometric measure.

Chapter two - Systematic literature review: This chapter explores the attitudes, experiences and beliefs of South Asian and Middle Eastern men, across the globe, regarding HBV to identify themes that are prevalent in the context of this crime. Only a small number of papers with this focus were identified. They collectively found that male dominance and patriarchy, female chastity, religion and culture, socialization, and the need for education are common themes in the context of HBV.

Chapter three - Empirical research: The attitudes of British-born young South Asian males toward ‘honour’ and HBV are explored in a qualitative study. Focus groups are analysed using Interpretative Phenomenological Analysis (IPA). Four themes are identified that relate to the cultural context of HBV. These are 1) *Gendered accountability in honour*; 2) *The ‘honour code’ – factors that drive HBV*; 3) *The role of the community and cultural rules*; and 4) *Fixing ‘honour’*. On the whole it is apparent that intergenerational engrained beliefs and attitudes, which include cultural norms and expectations, are held to maintain honour. Furthermore, condoned cultural practices were found to be exercised to repair the damage caused by alleged dishonourable acts.

Chapter four - Critique of a psychometric measure: This chapter presents a critique of the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk checklist. It finds that the tool is acutely based on a narrative review of secondary and existing research and lacks evidenced evaluation. As such it should only complement the assessment and management of risk by an experienced specialist practitioner. It is argued there is a need for a more psychologically sound instrument to be developed to better inform professionals of the risks that surround victims of Honour Based Violence.

Conclusion: Collectively the thesis advances understanding about the cultural context of HBV and forms the basis of preventative work and interventions within British communities where HBV is most prevalent.

Dedication

This thesis is dedicated to my heart, Zayne Sharma...

Thank you for teaching me the true meaning of life.

xxx

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I would like to take this opportunity to mention all those who have helped make this thesis possible. Foremost, I would like to express my sincere gratitude to Dr. Louise Dixon for her support and expert advice throughout the doctoral programme. I would like to thank Zoe Stephenson for her patience and motivation through the final journey of my doctorate and for believing in me every step of the way. I would also like to thank my placement supervisor (and now my friend) Dr. Nicola Murphy for always being there at my time of need and instilling the confidence in me to achieve my dreams. I am also immensely grateful to Dr. Myfanwy Ball for her continued words of encouragement throughout my placements and answering many of my diary related questions. A very special thank you to Sue Hanson who has been a pillar of strength throughout this journey.

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Jai Sai Ram

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CHAPTER ONE

Introduction to the key concepts of Honour and Honour Based Violence

Introduction

The focus of this thesis is Honour Based Violence (HBV), a phenomenon which is central in a number of high profile murder cases within the UK. This chapter provides an introduction to the body of work contained within the thesis and provides the reader with an overview of terminology, prevalence, victim characteristics and the cultural context of HBV, with a specific focus on HBV in the UK. The following discussion centres on the experiences of the South Asian community as this population is the predominate focus of the research. However it also provides consideration to Middle Eastern cultures where HBV also occurs which are considered in chapter two in a general review of HBV.

Terminology and definitions within the framework of ‘honour’

It is important to open this piece of work with clear definitions of prevalent terms, as well as particular factors which are commonly used to justify crimes of honour. *Honour* (or izaat) is a portrait which conveys the status, reputation and social standing of an individual within their own community (Brandon & Hafez, 2008). It is the moral boundary in which individuals are expected to behave to avoid bringing ‘shame’ upon those close to them. Although the term is universal to both men and women, the rules or codes of behaviour are distinctive. The perplexity around the definition of ‘honour’ in terms of what is acceptable has restricted the movement and expression of individuals and has been a key motivating factor in Honour Based Violence (HBV). *Honour Based Violence* has been regarded as one of the most alarming Human Rights issues in the world. The Crown Prosecution Service (CPS, 2013a, p. 68) identify HBV as “a crime or incident, which has been committed to protect or defend the honour of the family and/or community.” Such violence may occur when it is felt that an individual has broken the ‘honour code’ and brought shame on their family or community by way of their actions which have deviated from cultural or religious standards. The CPS (2013b) reports that such crimes are perpetrated against adults and children for a number of reasons. These can include:

- To protect family ‘honour’ (or ‘izaat’).
- To control unwanted behaviour and sexuality (including promiscuity, being lesbian, gay, bisexual or transgender).
- In response to family, community or peer group pressure.

- To strengthen family links.
- To protect perceived cultural and/or religious ideals (misguided or dated).
- To retain wealth, property or land within the family.
- To prevent unsuitable relationships.
- To assist claims for residence and citizenship in the UK.
- In response to perceived immoral behaviour including – inappropriate makeup or dress, possession and/or use of a mobile telephone, kissing or showing other forms of intimacy in public, running away from home, being a victim of rape or other serious assault, inter-faith relationships, becoming pregnant outside of marriage, seeking a divorce or rejecting a forced marriage.

The above list is not exhaustive and the commission of crimes against victims can also be accompanied by other forms of controlling behaviours. These may include; house arrest, excessive restrictions to the victim's freedom, denial of access to any form of telephone, Internet, friends or contact outside the immediate family, and denial of access to passports, birth certificates, bank accounts, and other forms of official documentation. Baker, Gregware and Cassidy (1999) argue that the definition of HBV must be more explicit, reflecting three basic elements: 1) control over a woman's behaviour; 2) a male's feeling of shame over his loss of control of the behaviour, and; 3) community or familial involvement in augmenting and addressing dishonourable actions.

According to the Working Together to Safeguard Children Consultation document (HM Government, 2009) children and young people who suffer HBV are at particular risk of significant harm through physical and psychological impairment. The emotional pressure on these individuals, as a result of threats of violence or witnessing violence directed towards a sibling or other family members is immense and quite often they fail to report abuse to authorities for fear of 'criminalising' their parents and being isolated from their communities (CPS, 2013b).

Honour Killings are the most extreme form of HBV defined by the Human Rights Watch (1999) as a form of intrafamily violence where acts of retaliation, usually murder, are committed by men against women considered to have brought dishonour to their family, usually for the reasons cited above. Honour killings are collectively planned crimes, usually

agreed within a community council made up of the victim's family (immediate and extended) and community to decide the most justifiable cause of action. Methods of killing have included; hanging, stoning, burning, beheading, shooting, strangulation and acid attacks. In some countries, such as Saudi Arabia and Jordan, these murders are conducted within a public domain to signal possible consequences to other victims who may be indulging in behaviours regarded by the community as immoral. Sometimes murders are made to look like a suicide or accident to prevent families from being criminalised. One key aspect of honour killings is that perpetrators will never be stigmatised by their community because their actions were seen as justified; instead their behaviour is celebrated. In some Middle Eastern countries such as Syria, the practice of honour killing is indigenous. The penal code within these countries grants immunity or reduced sentences to perpetrators of honour crimes and killings (Kiener, 2011).

The difficulties in defining crimes of 'honour'

There are many negative connotations associated with the term 'honour' in Honour Based Violence, making it difficult to accurately define this type of crime. Many researchers believe that the term 'honour' conceals the premeditation of perpetrators who execute HBV (Gill, Begikhani, & Hague, 2012), and by using the term 'honour' we are in fact giving rise to a system that justifies violence on the basis of protecting their 'honour', insulting and even blaming victims and survivors in the process (Elakkary et al., 2014). Gill (2009) believes that the definition is problematic because the term 'honour' clouds the true meaning of this phenomenon. She argues that it undermines victims and underestimates the true severity of this crime. Instead she states that HBV should be regarded as a form of violence against women. A second consideration for altering the term according to Gill rests on socio-political grounds. She highlights that men are more conscious of their political and cultural authority over women when committing HBV, more so than their value of honour.

In some studies, researchers have opted to use the term 'Femicide' (the misogynous killing of women by men) as opposed to HBV, condemning all murders of women regardless of motive (Shalhoub-Kevorkian, 2002). Other suggestions have included 'Family Femicide' to highlight the collective community involved in the committal of HBV. Referenced in the Parliamentary Assembly of the Council of Europe in Document 9720, the UN Secretary General, Kofi Annan, suggested the term 'shame killings' as an alternative definition for the harmful traditional practice (Cryer, 2003). Although the term and understanding of HBV has

undergone considerable transition, there is still no cross-cultural/cross-societal definition. What is clear is that many government bodies regard it as a global issue of patriarchy which is not confined in any way by culture, country or ethnicity (Elakkary, et al., 2014). The problem here is that it excludes the possibility of male victimisation therefore for the purpose of the current study, the CPS operational definition will be utilised.

Prevalence of HBV and Honour Killings

According to the online Annual Report to the Commission on Human Rights (Jahangir, 2000), HBV and honour killings have been reported in Pakistan, India, Bangladesh, Sweden, Turkey, Brazil, Ecuador, Egypt, Israel, Italy, Jordan, Morocco, Uganda and the United Kingdom. Those who perpetrate these crimes often justify their actions as “murdering to defend their misconceived notion of family honour” (Jahangir, 2000, p. 27).

Honour in history

Goldstein (2002) reports HBV has been a prevalent phenomenon since ancient Roman times. Superior male figures within the family were permitted to kill an adulterous wife or sexually active young female as a way of protecting the family’s reputation. In medieval Europe, acts of HBV, such as stoning, were mandated in Jewish law, perpetrated against adulterous wives and their partners (Brundage, 1987). In some Arab countries (under Ottoman rule i.e., Jordan), a victim’s blood would be sprayed onto the perpetrator’s clothes. He would then proceed to walk through the streets, brandishing the murder weapon, as a means of exhibiting his honour. This was known to attract respect from the community as opposed to condemnation for taking a life (Kressel, 1981). HBV is often regarded as an ‘ethnicised’ crime, exclusively assigned to South Asian and Middle Eastern cultures (Meetoo & Mirza, 2007). Although most commonly reported in these cultures, the notion of ‘honour’ is longstanding and widely reflected in historical literature. For example, the beheading of Henry VIII’s fifth wife, Catherine Howard, on the grounds of adultery.

International Honour Based Violence

Due to the lack of focused international reporting and recording of HBV very little is known about its true extent worldwide. However, according to the United Nations Population Fund (UNFPA), “as many as 5,000 women and girls are killed annually in so called honour killings, many of them for the dishonour of having been raped” (UNFPA, 2000, p. 5). The majority of these victims have been reported in the Middle East and Asia (Gill, 2009).

The current state of Honour Based Violence in the UK

In December 2011, the Metropolitan Police Service revealed that approximately 3,000 cases of HBV (including threats, abduction, acid attacks, beatings, forced marriage, and mutilation) had taken place between 2010 and 2011 in the UK, equating to a daily average of eight 'honour' attacks on British women. The highest numbers of such attacks (n=495) were recorded in London. West Midlands and West Yorkshire recorded 350 crimes, Lancashire 227 and Greater Manchester 189. Other areas such as Cleveland recorded 153 cases of HBV, while Suffolk and Bedfordshire experienced 118 and 117 respectively. Whilst investigating this area of family violence, three-quarters of Britain's police forces in total also reported 12 cases of 'honour killings'.

The Iranian and Kurdish Women's Rights Organisation (IKWRO, 2011) reported that the figures for the attacks, which mainly affect women from South Asian and Middle Eastern communities, were the most accurately compiled so far. However, they emphasised that although this data had been taken from 39 out of 52 UK police forces, it did not present a complete picture and more awareness needed to be raised. Recent research by IKWRO (2014) has pushed HBV back into public consciousness after findings revealed that 1 in 5 UK Police forces were failing to adequately record cases of HBV. In order to determine these statistics, the IKWRO submitted Freedom of Information Requests to every police force in England, Wales, Northern Ireland and Scotland and received a response from every force. Derbyshire and Gloucestershire Constabulary, Staffordshire Police and half of all Scottish police forces (before they amalgamated into Police Scotland in April 2013) were found to have the most significant failures. IKWRO emphasised the importance of appropriate identification and recording of HBV as a means of effectively safeguarding victims.

The Honour Based Violence Strategy (ACPO, 2010) was designed in 2008 as an integrated strategic approach (in terms of policy and policing in England and Wales) to cases of HBV and Forced Marriages. The strategy was developed collaboratively bringing together the expertise and experience of key individuals within the two sectors including law enforcement agencies, academics, researchers and survivors. The primary aims of the strategy included; protecting those at risk of HBV and FM, investigating all cases that are reported, improving police service delivery to victims and potential victims, facilitating effective action against perpetrators, adopting a multi-disciplinary approach and increasing awareness of the nature,

extent and impact of HBV. The Honour Based Violence Strategy is now embedded in police risk assessments to promote early intervention and is widely recognised in national policies such as the coalition's Call to End Violence against Women and Girls (HM Government, 2013) and in the Violence Against Women and Girls strategy (APCCs, 2013).

Who are the perpetrators and victims of HBV and Honour Killings?

The majority of HBV cases identify men as the primary perpetrators of violence towards women. Research suggests that unlike domestic violence, HBV is a group offence often perpetrated by multiple male family members including fathers, grandfathers, brothers and uncles against women and children whom they consider to 'belong' to them (Goldstein, 2002). They believe the fundamental nature of honour is carried and contained by women and is there to be guarded by men (Ahmed, 2014). Members of the wider community may also assist in the practice of HBV highlighting the overall 'systems of power' within society (Walby, 1989). The core belief of this collective system is that honour is not lost until it becomes public knowledge and the only way to restore this honour is to punish the dishonoured female (Smartt, 2006). Unlike the discreet violent behaviours of domestic violence perpetrators who attempt to conceal their crimes, HBV is much more public and usually carried out with guidance and a sense of approval from the wider community (Brandon & Hafez, 2008; Khan, 2007). While the majority of HBV cases identify male relatives as primary perpetrators, the role of the female (i.e., grandmother, mother, sister, aunt) should not be ignored. Although they may not be directly involved in the violence, female perpetrators have in some cases, such as that of Rukshana Naz, been known to collaborate in acts of HBV typically preventing the victim from escape or defending the actions of the primary instigator (Chesler, 2009). Many cases of HBV on the whole have been observed in the UK presenting a widespread cultural practice in the West. Table 1 (adapted from Memini, 2014) outlines the female victim's profiles in specific 'Honour' Killings, within the UK and the motives for these killings. Interestingly, there is an obvious absence of male victims of honour killings within this table. The following list is by no means exhaustive and there are many victims who are still unaccounted for.

Table 1: Female victim profiles in cases of ‘Honour’ Killings in the UK

Victim Name Religion Age	Location Year	Perpetrators (relationship to victim)	Motive	Method
Surjit Athwal Sikh 27	London 1998	Mother-in-law Husband	Having an affair Planning divorce	Lured to India for ‘family wedding’ and strangled
Rukhsana Naz Muslim 19	Derby 1999	Mother Brother	Refused arranged marriage Pregnant with boyfriends baby	Strangled by brother whilst being held down by mother
Heshu Yones Kurdish 16	London 2002	Father	Dating a Christian Too ‘Westernised’	Stabbed 11 times, Throat cut
Sahjda Bibi Muslim 21	Birmingham 2003	Male Cousin	Refused arranged marriage	Stabbed 22 times
Anita Gindha Sikh 22	Scotland 2003	Possible hitman recruited by her family	Refused arranged marriage, Married a non-Sikh	Strangled
Shafilea Ahmed Muslim 16	Warrington 2003	Mother Father	Opposed parents plans for an arranged marriage	Suffocated
Banaz Mahmood Muslim 20	London 2006	Father Uncle Male Cousins	Divorce Having a boyfriend from a different culture	Raped, Strangled
Samaira Nazir Muslim 25	London 2006	Brother Male Cousin	Refused an arranged marriage Having a boyfriend from a different culture	Stabbed, Throat cut
Sabia Rani Muslim 19	Leeds 2006	Husband In Laws	Sought a divorce	Beaten to death
Caneze Riaz Muslim 39	Manchester 2006	Husband	Too westernised	Family home set on fire killing victim and her 4 daughters
Yasmine Cherif Muslim 22	Birmingham 2008	Ex Boyfriend	Breaking up with perpetrator	Stabbed
Sabrina Cherif Muslim 19	Birmingham 2008	Sisters Ex Boyfriend	Sister breaking up with perpetrator	Stabbed
Geeta Aulakh Sikh 28	London 2010	Hit men hired by husband	Wanted a divorce	Hacked with a machete

Assia Shahzad Muslim 40	London 2011	Son	Separated from her husband for several years, she had begun seeing other men	Stabbed
Rania Alayed Muslim 25	Manchester 2013	Husband	Too westernised Establishing an independent life	Unknown
Sabeen Thandi Muslim 37	London 2013	Husband	Victim having an apparent affair	Strangled
Naika Inayat Muslim 56	Birmingham 2013	Husband	Preventing daughter from leaving home to marry her boyfriend	Family home set on fire killing victim and injuring her 3 daughters
Mashael Albasman Muslim 24	Bournemouth 2014	Father	Talking on her mobile phone	Stabbed

Although the victims of honour killings are usually women it is important to note that men can also be victimised. Chesler (2010) observed that 6% of honour killing victims in a worldwide sample of 240 (collated between 1989 and 2009) were men. In the UK, approximately 10 to 20% of South Asian and Middle Eastern men are victims of HBV (Brandon & Hafez, 2008). The reasons cited for these crimes include supporting female victims of HBV (Roberts, Campbell, & Lloyd, 2013); engaging in inappropriate/forbidden relationships (Gill, Begikhani, & Hague, 2012); or deviating from a heterosexual relationship (Jaspal & Siraj, 2011). It is worthy of note that there are no known cases within the UK of men being killed by their immediate families for transgression of cultural norms. These statistics suggests that South Asian and Middle Eastern cultures perceive women as the primary holders of honour within the collective community.

Migration and Social Identity

The term ‘Asian’ encompasses many religions, cultures, languages and regions. For the purpose of this thesis, individuals from the communities of the Indian subcontinent, namely those from India, Pakistan, Sri Lanka and Bangladesh, will be the primary focus. The 1960s observed a new wave of migrants from the above countries enter the United Kingdom. This migration was motivated by the high unemployment and poverty rates apparent in the subcontinent (Maan, 1992). By the mid-nineteenth century tens of thousands of Indian men and women of all social and economic classes had made the passage to Britain. Many had not

regarded their migration in a social-cultural context and had not envisaged a future settlement within the UK. Carrying with them their culture, values and beliefs, South Asians from the Indian-subcontinent set upon a new journey of integration. Many decided to settle in areas such as Birmingham, London, Leicester and Bradford which were already occupied by small numbers of South Asian people who had arrived in Britain before the First World War (Gould & Qureshi, 2014). These were also areas with thriving textile industries, making it easier for them to gain employment and utilise the skills that they possessed (Edwards, 2000).

Since this time, much has changed in terms of volume, character and movement of the South Asian community. The 2011 National Statistics Census reflects these trends, noting that about half of Indian-born residents in England and Wales in 1971 were still resident in 2011. These figures were also true of Pakistani-born residents. With regards to current trends, approximately 3 million South Asians reside in England and Wales representing 5% of the overall population (Office for National Statistics, 2013). In 2001 this figure was just 2 million. Those of Indian origin comprise 2.3% of this population, Pakistani origin represent 1.9% and Bangladeshi origin represent 0.75%. British Asians tend to be religiously diverse, with 56% Hindu, 30% Sikh, and 13% Muslim. People of Pakistani and Bangladeshi origin are more homogenous in terms of religion, with Muslims accounting for 92% of each group.

With regards to the Middle Eastern community, demographic data suggests that unlike the South Asian community who arrived in the UK from their homelands, the Middle Eastern population migrated from Europe in the early 1990s due to outbreaks of war in areas such as Iraq and Iran. According to the 2001 figures collated by the Office for National Statistics, some 72,000 people born in the Middle East (comprising all the nations in this region including; Iran, Iraq, Bahrain, Israel, Jordan, Kuwait, Lebanon, the Palestinian territories, Oman, Qatar, Saudi Arabia, Syria, United Arab Emirates and Yemen) were residing in the UK. Approximately 40% of these individuals were located in London alone, with other clusters identified in Birmingham, Sheffield, Liverpool and Manchester. Current trends show that this number has increased significantly to 215, 875 (Office for National Statistics, 2014). Today, as a result of increased immigration into the country, the UK is described as a 'multicultural' or 'multi-ethnic' society (Dustin & Phillips, 2008).

According to Social Identity Theory (Tajfel, 1982), social identity is determined by group memberships and the affect of group processes on self-definition (Hogg & Williams, 2000).

Processes which are apparent in the collective self are often mirror images of the individual self, except that they occur at a group level so are more likely to be reinforced. In the present context, migrants from the Indian subcontinent established their groups (or 'communities') in areas of the UK as a means of safeguarding both heritage and culture (Alam, 2006). Somerville & Dhudwar (2010) found in their study of Indian immigration to the UK that residing in close-knit communities would enable migrants to construct their living standards in keeping with those around them, without having to fully comprise their cultural traditions. Middle Eastern communities also adapted their lives in a similar fashion to ensure that their particular religious and cultural values were upheld. In the UK, South Asian communities organise their religious and social lives in such a way that they can keep their language and culture intact (Ousley, 2001). This is further maintained by the thriving ethnic economy which includes Asian clothing retailers, specialist food stores and well established radio and broadcasting services. Over time, third generation South Asians established a growing sense of affiliation with Britain prompting the term "British Asian" to reflect this. These individuals embraced a new social identity merging Eastern and Western ways. They acquired the mannerisms of native Britain however did not lose sight of their heritage and the morals that were so important to them (Chatterji & Washbrook, 2013). Honour and pride have always been central to the South Asian community. Maintaining honour, social identity and culture in Britain was straightforward because of the broadcasting, religious, and community platforms which helped to promote these on a grand scale.

British Asians are quite often regarded as living "between two cultures" which contradict one another (Anwar, 1998). The contrasts between the cultural expectations of the minority community and the demands of the wider western society result in British Asians experiencing intense psychological pressure (Husain, Waheed, & Husain, 2006). Such pressure has resulted in increased mental health difficulties amongst the ethnic group; most common in second generation British Asians who are subject to direct demands from parental influences and those expectations from the community in which they reside. Rising as a concern in research, significant rates of suicide and self-harm have been observed amongst young women of South Asian descent (Cooper et al., 2006). Statistics reveal that those aged between 16-24 years were more likely to self harm than White women of this age (Merrill & Owens, 1986) and were five times more likely than their South Asian male counterparts due to issues relating to integration and cultural conflict (Bhugra, Desai, & Baldwin, 1999).

Motives for HBV across the globe

In investigating the phenomenon of HBV, there appears to be four significant aspects which contribute to the execution of this crime, those of which will be outlined here.

The 'honour code'

The existence of 'honour' within our societies, intertwined with religion, culture and reputation, have dominated the lives of many and has been executed as a means of justifying violence towards vulnerable members of society. Although rooted in a patriarchal system with clearly defined gender roles, Siddiqui (2005) argues that the 'honour code' is applicable to both men and women and to uphold 'honour' and avoid 'shame' is ingrained in specific communities that practice HBV. Women in particular are conditioned to adhere to the 'honour code' and their behaviour is highly restricted. They are taught from a young age to be sexually submissive until it is time for them to be married. The cultural society that exercises the 'honour' system is the basis for harm perpetuated against women. Within certain communities across the globe, the mere perception of behaviours that contravened the norm were enough to justify violence towards victims. For women, supposedly transgressing sexual behaviour codes are lethal; "...women on whom suspicion has fallen are not given an opportunity to defend themselves, and family members have no socially acceptable alternative but to remove the stain on their honour by attacking the woman" (Amnesty International, 2001, p. 10). This ideology is carefully positioned within a cultural mindset, incorporating social and economical factors. The distorted beliefs of the perpetrator surrounding 'dishonour' and the potential of facing public humiliation, acts as motivation for eliminating the suspect (Muhammad, 2010).

The implementation of HBV is most common in communities where the patriarchal position is highly valued and protecting the family's honour outweighs the value of a woman's existence. Driven by social inclusion and acceptance, perpetrators will often legitimise HBV as a way of upholding their reputation. In the context of male dominance, a victim of sexual assault may also be perceived as bringing dishonour to the family despite being the injured party (Save The Children, 2013). This is primarily due to the stigma attached to being a victim of sexual assault in a society that believes keeping a woman 'chaste' is a fundamental part of the 'honour' system. Directing a marriage or even murdering these women has been cited in many cases as a means of 'restoring' honour. Embedded patriarchy and politics have been suggested to form a lethal combination that drives HBV (Brandon & Hafez, 2008). For

men, honour reinforces social norms which dictate abuse as a means of defining its membership to the patriarchal system. When honour is compromised in a public domain, it must be restored and this usually requires a “collective response” from members of the family and/or wider community (Hailé, 2007, p. 10).

In some very stringent cultures women seen mixing with the opposite sex will be seen as engaging in dishonourable behaviours and this is considered unacceptable. Having any sort of communication with the opposite sex is considered as flirting and this type of behaviour is not approved of in South Asian and Middle Eastern societies. Even though times are changing, and this type of behaviour is now not always seen as inappropriate, many families still try and educate their children about why this is perceived as inappropriate behaviour (Dyer, 2015). Family izzat is important for South Asians and women are expected to maintain it. Therefore, as Gilbert, Gilbert and Sanghera (2007) note, women must follow the ‘rules’ of their tradition, religion and culture in order to maintain izzat.

As stated above, maintaining the honour of a family is paramount and frequently seen as the responsibility of its female members. Economic and social matters are also factors contributing to honour crimes. The emphasis that is placed on the different elements of sexual control, patriarchy, or property, that generally lead to the commission of honour crimes varies depending on the context in which the crimes occur.

Religion and Culture

Religion and culture are prominent features within many communities and play an important role in understanding the belief and value system. Religion and culture are separate concepts which are often confused and overlapped. Where religion is the complete worship of God and a belief in God’s teaching, “culture is a collective and total way of life developed gradually over the centuries...within a broad definition of culture may be included a community’s religious beliefs, rituals, values, language, customs, manners, family structure, and social organisation, as well as its achievements in terms of art and knowledge” (Rait, 1993, p. 44-45). Within the context of traditions and values the words ‘culture’ and ‘custom’ are frequently used. HBV is not advocated by any of the major religions of the world, however, religion is often cited as a justification for the actions of perpetrators (Dustin & Phillips; 2008). HBV mainly occurs in those communities where families hold strong traditional views and is akin to culture as opposed to religion. Within these religions and cultures there are

many customs and beliefs. It is therefore important to make reference to these within each community in order to understand the background and value systems in which they so strongly believe.

First generation South Asians came from their home lands to the UK in hope of gaining “economic comfort and security for the family through maintaining culture and traditions reminiscent of ‘back home’, whilst at the same time aiming to take advantage of the opportunities that the UK presented” (Dhaliwal & Kangis, 2006, p. 4). By doing this they hoped to give their offspring a better life. First generation migrants may have left their homes and families behind to live in a 'new world', at times in alienation, faced with racism and a clash of cultures (Maxwell, 2006). However, it did not mean that they lost their values, memories, religion, or culture to fit in. The children (the second generation) of these migrant parents were brought up in a very different world where two different cultures were apparent. This would often lead to conflict as parents were endlessly trying to ensure that their children did not lose sight of the traditions, social identity and respect of their culture, even though they were raised in an environment very different to the one they were raised in (Dhaliwal & Kangis, 2006). The construct of identity in immigrants was “an ambivalent and antagonistic process” (Bhabha & Parekh, 1989, p. 25). Ideally strong identification with the ‘homeland’ culture as well as associations with the dominant culture was perceived as a successful form of integration in order to understand who you are and your sense of ‘being’ (Bhugra & Becker, 2005). However, due to parental lack of knowledge with regards to new behaviours deemed appropriate in the dominate countries, parents often overcompensate, restricting movements or activities of their children. Such styles of parenting have also been linked to the notion of HBV as parents regard certain behaviours as unacceptable which bring shame upon their family.

There are many similarities and differences between South Asian communities. For example, Sikh and Hindu societies share many cultural values and traditions such as language, social traditions and family structure, although their religion and religious practices differ. Rait’s (2003) research into the Sikh community living in Leeds found that Punjabi cultural values are more dominant in the lives of its members than Sikh religious values. Seventy participants were interviewed and a qualitative analysis was adopted in order to research this area. Results showed that Punjabi culture dominated their lives due to the fact that it is a mixture of Hindu, Sikh and Muslim values, which came into existence with the influence of

invaders on Punjab and their subsequent integration with the original inhabitants of Punjab. It has a marked effect on Punjabis of any religion. Rait makes the same observation for Bengali and Gujarati communities. Sometimes it can be difficult to differentiate between religious and cultural traditions. Since becoming recognised as a crime, HBV has often been labelled as an Islamic practice due to media interpretation and representation (Gill, 2006; Meetoo & Mirza, 2007). Although much of the reported ‘honour’ killings have taken place within Muslim countries, such practices are apparent in Hindu and Sikh communities also. Furthermore, ‘honour’ killings have also been reported in Mediterranean countries such as Greece, Italy, and Spain, the main religion of which is Catholicism (Jahangir, 2000). It is important to remember that the practice of HBV predates any written religion (Hussain, 2006), and it should never be excused on the basis of religious or cultural grounds. It impacts many communities and should be understood as a fundamental breach of human rights (Meetoo & Mirza, 2007).

The caste system

The Caste System, a system of social stratification is also relevant to understanding HBV within South Asian and Middle Eastern communities. It was first developed in the Indian subcontinent as a means of exercising religion and dividing labour (Singh, 2005). The system works on the basis of occupations a person can pursue and the social interactions they may have which were all dependent on the ‘group’ they were born into. However, the division of society on the basis of a Caste System was unsuccessful and led to downgrading people on account of their families (or Jātis) they were born in and the menial jobs they earned their living from. The Jātis were grouped by the Brahminical texts under the four well known caste categories: Brahmins (uphold scriptural education and teaching); Kshatriyas (maintain all forms of public service e.g., law enforcement); Vaishyas (usually businessmen in commercial activity); and Shudras (semi-skilled/unskilled labours). The term ‘untouchables,’ used to describe those originating from a low caste, reflected the prevalence of exclusion by other caste members (Hoff & Pandey, 2014). Although mainly observed within Hinduism, caste systems have been common amongst other religious groups such as Sikhs, Muslims and Buddhists. The caste system has also been identified in other parts of the world, for example, in Muslim communities of the Middle East. They are primarily divided into two groups, namely the ‘Ashrafs’ who are presumed to hold a superior status and the ‘Ajlaf’s’ who are perceived to be of lower status. The ‘Arzal’ group are regarded as the equivalent of untouchables in this particular system (Khanam, 2013). The caste system still remains a life

structure for UK based South Asian and Middle Eastern migrants. A number of honour based crimes are motivated by issues relating to caste. These can include inter-caste marriages, whereby two individuals of separate social groups marry usually without the consent of parents and running away from home. This form of 'dishonour' usually results in the death of the bride and/or the groom in order to restore the family's reputation.

Marriage

Pande (2014) reports that marriage in South Asian families is still very much a family affair. Generally, parents' views are that they should look after the general welfare of their daughters and it is their responsibility to find a suitable husband for them (Roy, 2011). On the whole, women respect their parents and elders and accept their decisions. Parents normally make marriage decisions in consultation with their daughters, giving full consideration to their views and wishes. Marriage in the Middle Eastern communities often take place within the immediate family, so that women have the added advantage of knowing their partners beforehand (Islam, 2012). Sometimes marriages take place outside the family circle when a suitable family match is not available. This would usually be with a family of the same religion and sect to ensure equivalent status (Shaw, 2001). Even though previously the non-Asian communities perceived every arranged marriage to be a forced marriage, times have progressed and now more consideration is given to the wishes of the prospective bride and groom (Pande, 2014). There is now more room for compromise, however, this is not to say that forced and entirely arranged marriages do not take place.

Arranged marriages are still the norm in many South Asian and Middle Eastern families, irrespective of their religion and language. Marriages in which women play a role in the decision to get married are referred to as arranged marriages. Certain rules have to be followed in arranged marriages such as marrying within the caste, religion and status (Roy, 2011). This system works well in families who consult their children and make decisions with their consent. According to Vaughn (2010), arranged marriages were originally conceived to help women adjust easily into the family in which they were married and also to strengthen the religious and cultural bonds they had been raised in. Arranged marriages are also seen as joining two families together who share the same culture and background. A marriage that is forced upon women, under pressure or through emotional blackmail, is known as a forced marriage (HM Government, 2014). In these cases, the women do not have any autonomy. They are hardly consulted and their wishes are not taken into consideration

when the decision is made. This can be the case when a woman is not ready for marriage, or when she does not approve of the partner chosen for her. Although there are no reliable estimates on the true extent of forced marriage in the UK, the Forced Marriage Unit (FMU; a joint initiative between the Home Office and the Foreign and Commonwealth Office) gave advice and support in 1267 instances related to possible forced marriages in 2014. In 2013 this figure equated to 1302. New legislation has since been introduced by the government in June 2014 to criminalise those partaking in the act of a Forced Marriage and the maximum penalty for the new offence is now seven years imprisonment.

Mixed marriages are cross-cultural or cross-religious marriages. South Asian and Middle Eastern communities do not endorse these marriages, however, they do have some acceptance dependant on the culture and background of the partner (Goli, Singh, & Sekher, 2013). Pande (2014) reports that the pattern of marriage in the South Asian community is a mixed one and predominately fall into three categories of arranged, forced, and love (also known as romantic) marriages. Love marriages are those conducted independently without the input or approval of family members. Some women choose their partners and inform parents at the later stages of the relationship. If this choice is made from within their own religion and caste, it normally receives the parents' approval. Choosing a partner independently is a sensitive matter and parents find it hard to accept marriages formed on this basis. Within Western customs, romantic love is seen as a cause for concern due to the challenge it creates to a family and community trying to protect 'honour' (Samad & Eade, 2002). It is difficult for South Asian and Middle Eastern parents to endorse a marriage between people of different religions and cultures, partly because of the difficulties of adjustment because they wish to retain their religious and cultural traditions, and partly because of the disapproval they will receive from their community (Gangoli, Razak, & McCarry, 2006).

Women who want to marry into a different religion may feel hesitant about telling their parents and in some cases they have resorted to running away from home. 'Runaway girls' are not respected in South Asian culture, no matter what their reasons for absconding (Joseph & Naḡmābādī, 2003). Families do not maintain a relationship with such girls and some family members are even pressured into losing this contact. Girls who break the izzat of the family name can be disowned or even killed.

The pressure on perpetrators to conform to the notion of ‘honour’

Araji (2000) indicated that one consequence of the ‘honour’ and ‘shame’ belief system is that male-female interaction is always viewed as potentially disruptive as it may call into question a man’s ability to control or protect the women for whom he is culturally responsible. Such culturally embedded attitudes, in particular views on women’s’ virginity and fidelity, have and continue to lead people to commit HBV in certain societies (Muhammad, 2010). The strong value systems combined with some condoned practices (which are dependent on the region or country) encourage violence in the name of ‘honour’. Immense social pressure within a family and/or community give rise to the notion of ‘honour’ and stimulates condoned behaviours such as murder, acting as an accomplice or inadvertently enforcing gender roles. These methods are administered as a means of dissuading behaviours that are considered undesirable. Within any given society there may be individuals who perceive themselves as ‘not fitting in’ therefore increasing the risk of HBV being committed. Within this context, HBV is committed by those individuals to ‘prove’ themselves to society. Patel and Gadit (2008, p. 688) report that “men who may feel unsure about their gender or masculine identity in societies where ‘honor’ killings occur, may be more likely to commit ‘honor killings’ as a means of demonstrating their dominance and trying to show that they fit in.” In many cases, “younger relatives may be selected to undertake the killing to avoid senior members being arrested or in the hope of obtaining a shorter sentence” (ACPO, 2011).

2012 UK attitudes towards Honour Based Violence poll

In February 2012 a poll (ComRes, 2012) commissioned by the BBC’s Panorama investigated the attitudes of UK based South Asian men and women with regards to Honour Based Violence. In total, five hundred individuals aged 16 to 34 were interviewed and using the same participant statistics, the data was compared to a similar survey carried out in August 2006. Results of the poll indicated that more than two-thirds of young South Asians (69%) living in the UK agreed families should live according to the concept of honour or ‘izzat’ – concerningly 18% of those interviewed agreed that specific acts by a woman that bring family dishonour were reasonable justification for physical punishment. The role of the female within the family context was seen as pivotal to maintaining family honour, status and respect. The results from the poll were further broken down as follows:

- Young South Asian men (75%) are more likely than young Asian women (63%) to agree that families should live according to the concept of honour or izzat.

- 16-24 year-old Asians (73%) are more likely than 25-34 year-olds (64%) to agree that families should live according to the concept of honour.
- While just 6% say that in certain circumstances it can be right to physically punish a female member of the family if she brings dishonour, when presented with a list of possible reasons 18% actually say at least one is reasonable justification. Reasons ranged from disobeying a father (8%), marrying someone unacceptable (7%) or wanting to end a marriage (7%). Young Asian women are just as likely as young Asian men to say she should be punished.

Of concern, the survey also found that 6% of young South Asian men believed there was justification for so called ‘honour killings.’

The impact of HBV on victims and the community

The psychological consequences of ‘honour’ killings being committed are highly detrimental. The occurrence of such violent practice results in a great deal of fear and anxiety being experienced by women, who are most often the victims. Due to ‘honour’ killings being a form of social control, female victims (as well as those living in a climate of HBV) suffer from physical and mental health issues in addition to having their sense of security and safety threatened which creates an environment of intense anxiety and risk (Patel & Gadit, 2008). A four-year study conducted at a private psychiatric clinic in Karachi (Pakistan), found that two thirds of the patients were female of whom 70% had been victims of violence, and 80% had struggled with domestic conflicts (Niaz, 2004). Additionally, children who have experienced, witnessed or who are aware of other female relatives being victims of ‘honour’ killings, are often significantly traumatised. This significant trauma results in an increased risk of behavioural issues, substance abuse, and/or repeating the cycle of ‘honour’ killings in the next generation (Niaz, 2004).

Thesis aim

Current evidence shows that the prevalence rate of HBV continues to increase in the UK with men being identified as the main perpetrators. Although the media often associates HBV with religion, and perpetrators quite often cite religion as a reason for conducting HBV, it is more likely that cultural practices increase the likelihood of this crime occurring. However, there is limited understanding about the cultural context of HBV and although this issue has been

discussed in the literature, little has been done to test the validity of proposed concepts. Taking into consideration the power of UK Asian media platforms, which reinforce cultural representations of women and women's inequality, the 6% of young South Asian men justifying so called 'honour' killings has the potential to rapidly increase. Therefore, this thesis aims to advance understanding about the cultural context of HBV in the South Asian and Middle Eastern communities, across the globe, in order to develop practical and sustainable interventions.

Outline of chapters

Chapter two provides a systematic literature review that explores the attitudes, experiences and beliefs of South Asian and Middle Eastern men, across the globe, to identify themes that support/motivate the practice of HBV. It further provides recommendations for research and discusses the implications for practice in reducing HBV. Chapter three presents a qualitative study which aims to explore the attitudes of British-born young South Asian males toward 'honour' and Honour Based Violence (HBV), utilising Interpretative Phenomenological Analysis (IPA). Chapter four presents a critique of the Domestic Abuse, Stalking, Harassment, and Honour Based Violence (DASH) risk checklist (Richards, 2009) used by practitioners who work with adult *victims* of Domestic Abuse. This is the only checklist which is widely recognised in the UK and is used in the assessment of HBV. The thesis concludes with a full discussion in Chapter five, which aims to summarise the main findings of the collective body of work and how these can be practically applied within the field of HBV.

CHAPTER TWO

Systematic Literature Review:

**Exploring South Asian and Middle Eastern male attitudes, towards
Honour Based Violence, across the globe**

Abstract

Aim: The need to understand what drives perpetrators of HBV to commit such acts of violence is of extreme importance in helping to develop effective practice and policy in this area. This systematic literature review aims to understand global attitudes, experiences and beliefs of South Asian and Middle Eastern men that are associated with HBV to identify themes that are prevalent in the context of this crime.

Method: Electronic databases were searched systematically using keywords to identify Asian and Middle Eastern male attitudes, experiences and beliefs. A total of sixty one citations resulted, which were examined for relevance based on stated inclusion/exclusion criteria. A total of thirty two papers were excluded from the review leaving the remaining five to be quality assured. Following a process of quality assurance and assessment by a second reviewer, blind to the author's results and conclusions, all five were deemed to be of good quality and were subsequently included in the review.

Results: The final five papers featured global attitudes, experiences and beliefs from a South Asian and Middle Eastern male perspective. From a review of the papers, five themes were identified regarding important influences on HBV and links made to cultural context in which such acts take place. Themes identified were: male dominance and patriarchy; female chastity; religion and culture; socialization; and education.

Conclusion: This systematic literature review found there to be a dearth of attitudinal research centred on HBV. However, the review offers some interesting insights into the impact of cultural/societal factors and the related views regarding gender roles. Further investigation examining normative attitudes and beliefs in respect of HBV is recommended to better inform evidence based practice for assessment and interventions in this domain.

Introduction

The purpose of this chapter is to firstly provide an overview of the literature regarding theories as to why acts of Honour Based Violence (HBV) occur. Reference is made to the Theory of Planned Behaviour which suggests that certain behaviours will occur as a result of factors such as attitudes held towards said behaviour and cultural/societal norms. Further to this, the link between violence towards females and adherence to traditional gender roles is discussed. The issue of HBV is then explored through a systematic review of the literature on the topic of men's attitudes, experiences and beliefs of HBV. Themes relating to attitudes held by men towards HBV identified in previous research are discussed with reference to issues such as cultural norms and gender inequality. In addition, the methodological limitations of research in the area are outlined; recommendations for future research and suggestions regarding implications for practice are then made.

Theories of HBV

A range of theories of HBV propose that there is one definitive component which can explain why this crime occurs. According to Western media reports, acts of HBV are the result of traits of foreign cultures (varying in terms of geographical region, religion and nationality), where a focus is placed on the concept of honour (Meetoo & Mirza, 2007). Others argue that HBV communicates a patriarchal motivation to control women (Sharon & Araji, 2000; Sev'er & Yurdakul, 2001). Although these proposals are relevant in the context of this crime, neither provides a grounded explanation for all occurrences of HBV. As presented in chapter one, HBV exists in many countries and crosses over a number of cultures. Aside from South Asia and the Middle East, cases of HBV have been reported in Brazil, Italy and the United States and perpetrators from Roman Catholic backgrounds have been reported (Chesler, 2010). Equally, although research has demonstrated that the primary perpetrators of HBV are men aggressive against women, there is evidence of female-executed HBV as well as male victimisation, challenging current theories from a feminist perspective (Dobash & Dobash, 1998). As discussed in chapter one, of the 5,000 honour killings reported by the United Nations worldwide, approximately 7% were found to be male victims. In a study identifying victims of honour killings, Chesler (2010) found that about 6% of the 240 cases were male. However, most of these male victims were not prime targets and were in fact killed alongside their female companion. These 'couple' killings are most commonly perpetrated by the

family of the female victim as a means of restoring honour (Danish Immigration Service, 2010).

Assigning HBV to one specific group (i.e., age, religion or gender) suggests a certainty of HBV execution in that particular group. It is suggested that this claim should be rejected based on the finding that acts of HBV are not carried out by a specific group of individuals. As highlighted in the ComRes (2012) poll, pro-HBV attitudes are held by both men and women, across a varying age range, with 18% stating that there is at least one justifiable reason for HBV perpetration. Theories of HBV that centre on honour/patriarchy as a factor underlying acts of HBV do not make reference to specific groups of individuals. It is therefore important to consider a wide range of factors when exploring reasons underlying acts of HBV rather than focusing on demographic factors.

Previous research has found that, in many South Asian and Middle Eastern societies, the issue of honour is central to cultures and may therefore influence behaviour. Cultural norms have a large impact on the individual's environment and standard of living. They are translated through many forms (including parental teachings, interaction with religion, adherence to law and social policy) to ensure that traditional values are upheld. Through a system of reward and reinforcement, conduct that complies with inherent cultural norms are strengthened, whilst behaviours that deviate from these standards are punished (Brandon & Hafez, 2008). Through regular contact with appropriate social standards and cultural norms, individuals build up internal representations of acceptable and unacceptable conduct (Cohen, 2009). Once cultural norms have become engrained, they are expressed through the individual's attitudes and beliefs, shaping their overall behaviour. Within a psychological context, beliefs are regarded as mental representations and building blocks of conscious thought. They are the psychological state in which an individual holds a proposition or premise to be true. Attitudes on the other hand are defined as a "relatively enduring organisation of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events or symbols" (Hogg & Vaughan, 2005, p. 150). In the context of honour cultures, beliefs and attitudes are presented interchangeably, especially those concerned with defined gender roles and attitudes supportive of violence against victims in light of shame.

When investigating the notion of cultural norms, it is important to note that individuals may not always endorse the attitudes and beliefs of the culture to which they belong; all individuals are able to make autonomous decisions. However, Self-determination Theory (SDT) proposes that “individuals vary in the degree to which their behaviour can be seen as autonomously regulated” (Downie, Koestner, ElGeledi, & Cree, 2004, p. 306) predominantly due to differences in upbringing (i.e., parenting experiences), interaction with peers and membership to differing cultural groups (Chang, 2007). Bi-cultural competence, (“the ability to successfully interact in one’s own heritage culture as well as in one’s new host culture” (Downie et al., 2004, p. 306)) is a critical aspect of attitude formation, and accounts for some of the difficulties South Asian and Middle Eastern migrants face in disseminating cultural norms. Having a bi-cultural identity may impact upon whether some individuals would be more (or less) likely to exercise crimes of honour (Ishaq, 2010).

Theory of Planned Behaviour

Proposed in 1985 and commonly regarded as one of the most compelling models for the prediction of human conduct, the Theory of Planned Behaviour (Ajzen, 2011) argues that an individual’s behaviour is determined by three elements: their attitude towards a specific behaviour; their subjective norms; and their perceived behavioural control. It proposes that only specific attitudes will anticipate certain behaviours and that subjective norms held by an individual will determine whether certain behaviours will occur. Perceived behavioural control refers to the individual’s view of their capacity to perform a given behaviour. When applied to the context of honour cultures, the theory could offer some explanation as to why people do not always behave in ways that are parallel to their state of mind, beliefs or intentions.

The Theory of Planned Behaviour is constructed on three considerations of belief (i.e., behavioural, normative and control) which determine intended behaviour (Ajzen, 1991). Behavioural beliefs forecast the consequences of a particular behaviour and are reinforced through a system of reward or acceptance. These beliefs produce either a favourable or unfavourable attitude towards a particular behaviour. Normative beliefs about acceptable or expected behaviour are translated through the collective community. They are the outcome of perceived social pressure or demand. Control beliefs allude to the feelings that individual’s hold about their capacity to perform a specific behaviour. Controlled beliefs are strengthened by the confidence individuals have about their conduct. However, behavioural and normative

beliefs act in the same way and impact upon the individual's view of a specific behaviour (Ajzen, 2002). As guided by Ajzen (2002) "the more favourable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person's intention to perform the behaviour in question" (p. 1). The Theory of Planned Behaviour postulates that intentions to partake in a particular behaviour can be awakened by the environment an individual is in. Individuals who hold engrained normative expectations of their social environment are more likely to present their intentional behaviour. Belfrage, Strand, Ekman, and Hasselborg (2012) argue that in addition to this, other features such as the relationship between victim and offender as well as pro-HBV attitudes within the community must also be considered as motivations of HBV and outline these as particular reinforcing factors within the PATRIARCH risk assessment tool. In an honour-based system, social and cultural environments that reinforce notions of honour, respect and reputation are more likely to persuade individuals to perpetrate violence, especially when the honour of the family and/or community has been brought into disrepute. Interactions outside the immediate social network (i.e., extended family, religious leaders) are also likely to support these actions as they are 'expected' and regarded as normative beliefs in an environment where patriarchal control, collectivism and violence are welcomed (Oberwittler & Kasselt, 2014). By identifying such risk factors for HBV it is possible to provide practitioners with the information necessary to help in identifying those at high risk of committing acts of HBV and to intervene to ensure the safety of victims.

According to research, honour cultures regularise normative beliefs (Cohen & Nisbett, 1997). The recently developed Motivational Model of HBV (Roberts, 2014) proposes that HBV will transpire in locations where individuals are required to conform to traditional roles and are expected to respond with violence if these roles are contravened. This model rejects the notion that acts of violence will be dependent on gender, and instead argues that men and women can be victims as well as perpetrators on the basis of their individual psychological characteristics, their environment, and interaction with their cultural context (Leung & Cohen, 2011).

HBV and the system of gender

Femininity

According to Bond (2014, p. 90), "honour is universally a gendered concept" which is "allegedly provoked by women's failure to conform to gender stereotypes and the

transgression of sexual boundaries.” Within this gendered system, men are perceived as the head of the family who ‘defend’ their honour against behaviour deemed to cause the family to be humiliated. Women are considered to be the property of the male members of the household, ‘protectors’ of the family’s honour, therefore any actions or behaviour deemed contradictory to the family/community norm will not go unpunished (Sen, 2003; Welchman & Hossain, 2005). In this system, honour involves the female’s assigned sexual and familial roles as indicated by cultural norms and traditions. They are denied the right to make autonomous decisions on issues such as marriage, divorce and sexual relations (Abu-Odeh 2010). Women might also bear the burden of any shame resulting from a male’s violations of sexual honour, and would be subject to HBV because they have fallen pregnant as victims of incest or rape (Meetoo & Mirza, 2007).

Masculinity

Although possessing traditional male qualities (i.e., masculinity) does not necessarily predict violence, it has been suggested that “norms of masculinity may authorise the use of violence in the maintenance of gender domination” (Anderson, 2008, p. 179). The patriarchal system (or the system of power) is considered to give rise to violence against women due to community and wider familial involvement in HBV (Siddiqui, 2005). The patriarchal system is embedded socially, economically and politically and therefore requires a global perspective to challenge it. Gupta (2003) explains that within ‘low-violence’ cultures, female power and autonomy is reflected outside of home, strong sanctions are in place against interpersonal violence, masculinity is not linked to male dominance or honour and equality in decision making is held within the family. These progressive qualities are absent from societies in which female sexual purity is still linked to familial and community dignity and social status and, where the male is the custodian of that honour.

A recent study by Eisner and Ghuneim (2013), investigating the attitudes of young Jordanian adolescents, revealed that of the 856 ninth grade students interviewed, 40% of boys and 20% of girls justified the killing of a female family member on the basis of family honour, regarding this to be “morally right”. The researchers from Cambridge University’s Institute of Criminology inspected the affiliation of cultural indicators and beliefs concerning honour killings with a student population in Amman. Their findings revealed that in spite of the fact that females were among the individuals who legitimised honour killings, young males were more than twice as likely to support such violence. In further analysis, the researchers found

that males from lower educational backgrounds were also more inclined to accept honour killings as the ultimate response for dishonourable behaviour. Whilst the findings of this study reflect Jordan's headway in legislation regarding honour killings (i.e., the introduction of a special court for honour crimes in 2009), views concerning honour crimes still remain profoundly engrained in society. In Jordan alone, there are reportedly fifteen to twenty honour killings each year, however, these figures are not precise due to the number of cases that go unreported (Eisner & Ghuneim, 2013). This study presents an overall picture of masculinity and of wider society's influence over gender roles. The researchers suggest that "honor killings are an extreme form of gender violence that occurs in the context of societies with strong tribal traditions and a pronounced patriarchal social structure" (Eisner & Ghuneim, 2013, p. 2). In less supreme terms, men have the power to execute what they deem to be suitable punishment if a woman has put the families honour into question. As suggested by Eisner and Ghuneim (2013), gender notions attached to women within a patriarchal society can be addressed in the first instance by educating individuals of the consequences of HBV. The recent study investigating the attitudes of young Jordanian adolescents has highlighted the impact of patriarchy in the condoning of honour killings. The authors recommend education on a collective level as a means of challenging individual misconceptions about gender roles.

Attitudes of South Asian male perpetrators

Many studies of South Asian communities within the UK have shown that attitudes, beliefs and norms play an important role in the perpetration of violence towards women (Bowl, 2007; Chew-Graham, Bashir, Chantler, Burman, & Batsleer, 2002; Greenwood, Feryad, Burns, & Frances, 2000). Such attitudes survive thorough the process of intergenerational transmission (Markowitz, 2001). Research looking at perceptions of North American immigrant populations suggests that cultural assimilation to a new society has an impact on attitudes toward violence against women. In this particular population, it was proposed that changes take place as a result of an individual's interaction with parts of the predominant culture. The issue of gender roles is of importance in understanding violence against women. Traditional gender roles facilitate violence against women by making men more powerful (e.g., men should be aggressive) and women more powerless (e.g., women should be passive and submissive). Even though cultures may change, the beliefs and practices that have evolved over time can still remain. Such beliefs and practices are thought to be based on the following assumptions: a) sons are more important than daughters; b) man is the woman's

protector; c) the ideal wife must obey her husband, be loyal, devoted and chaste; d) children must obey parents and be dutiful towards them at all times; and e) woman's primary role is towards the family and household (Shankar, Das, & Atwal, 2013).

Despite the limited empirical research regarding the specific link between gender role attitudes and violence against women within the South Asian populace, researchers have highlighted the relationship between gender role attitudes and violence. Ayyub (2000) suggests that high dependency rates on male family members within the South Asian community helps to reinforce traditional cultural norms which stem from religious institutions. Mehrotra's (1999) suggests that adhering to conventional gender roles encourages acts of violence against South Asian women. Results from this particular study indicated that the women felt less at risk of violence against them when their husbands refused to uphold their traditional gender roles. In an attitudinal study assessing the relationship between cultural assimilation and attitudes toward violence against women, it was found that Canadian men of South Asian descent were less likely to promote violence against women if they were more culturally assimilated (Bhanot & Senn, 2007). The authors reported that higher levels of cultural assimilation were linked to less restrictive and less conservative beliefs about specific gender roles. Subsequently these participants were less accepting of the subordinate role of women in the community. These findings suggest that socialization within the wider community, as well as cultural assimilation, has a significant impact upon gender role attitudes. The interaction of men and women, within various educational and work settings, has also been found to contribute to less restrictive behaviours expressed in accordance with gender roles. This is an important aspect to consider given that the South Asian community uphold traditions which segregate men and women thus, reinforcing traditional gender role attitudes. As a community action, Bhanot and Senn (2007) recommend the use of community engagement projects and educational interventions in order to change attitudes towards traditional gender roles held by South Asian males.

The abuse of women

An alarming number of female casualties across the globe occur as a result of male violence (UNODC, 2013). According to the United Nations Populations Fund (UNFPA; 2000), violent conduct and resilience for violence against women differs cross-culturally. Analysts of domestic violence discourse within the South Asian community propose a positive correlation between physical abuse by men and their adherence to traditional gender roles.

HBV can occur across all cultures and communities, including those originating from South Asia and the Middle East. Despite the fact that HBV predates many of the religions within these communities, the maintenance of this crime is still supported. Research conducted in the 1980s found that men expressed significant support for the utilisation of violence against a female partner who had contravened their expectations in some way. In a study predicting self-reported likelihood of domestic violence, Briere (1987) found that 75% of the American male college students interviewed would exercise violence against a woman if she had sex with another man. A further 40% suggested violence against her if she refused to have sex, and 65% suggested violence was acceptable if she told friends that her partner was 'sexually pathetic'. Within this study, an overwhelming 79% of the students believed there would be at least one justification for causing harm to their wife. Current literature identifies HBV in cultures where the concept of masculinity is aligned to male honour and dominance as well as masculine type traits such as hardiness (Howell, Buckner, & Weeks, 2014). Some researchers contend that norms based on gender roles legitimise violent responses in men more so than women, and that common justifications for violence evolve from these norms where men and women share separate roles and responsibilities and are expected to behave in particular ways. Harway and Hansen (1993) reviewed literature in light of male violence against women in intimate relationships, and concluded that the main causes of perpetration were norms which were accepting of domestic violence toward women, which endorsed gender images (i.e., subordinate females and aggressive males), and which displayed an imbalance of power (e.g., where women were discouraged from acting in self-defence). In comparison to the findings above, Feld and Felson (2008) found that male respondents were no more supportive than female respondents of a man retaliating against a woman, when testing attitudes towards violence within and outside of intimate relationships. Using a representative sample of American adults, the authors set out to examine the influence of gendered norms on spousal and acquaintance violence using vignettes of abuse-type scenarios and asking participants how they would respond. The findings from this study rejected claims of male group pressure as an influence of violence against women (Godenzi, Schwartz, & Dekeseredy, 2001). This suggests a cultural shift in attitudes in support of violence against women.

The psychological impact on women

Women of patriarchal systems are not naive to the 'honour code'. It is engrained in their social, emotional and cognitive world from birth. A prime example of this can be observed in

the case of Kiranjit Ahluwalia, who, in 1989, killed her husband by burning him to death. Her actions were a result of years of suffering physical, psychological and sexual abuse at the hands of her perpetrator. Taken from the book 'Homebreakers to Jailbreakers: Southall Black Sisters' (Gupta, 2003, p. 196), Kiranjit refers to the honour code which bound her to the abuse for so long:

“My culture is like my blood – coursing through every vein in my body. It is the culture into which I was born and where I grew up, which sees the woman as the honour of the house. In order to uphold this false honour and glory she is taught to endure many kinds of oppression and pain in silence. In addition, religion also teaches her that her husband is her god and fulfilling his every desire is her religious duty. A woman who does not follow this path in our society has no respect or place in it. She suffers from all kinds of slanders against her character, and she has to face much hurt entirely alone. She is responsible not only for her husband’s happiness but also his entire family’s happiness.”

In a UK based investigation into the psychological distress of South Asian women, and the likelihood of self harm or suicide within this population, Chew-Graham et al. (2002) found a number of motivating factors. One of the most significant findings was the presence of domestic violence followed by the reinforcement of the honour culture in Asian family life, which was seen as a major influence in the lives of Asian women. These experiences were thought to result in mental distress and some reported self-harm as a coping strategy to deal with their distress. A similar study by Greenwood, Feryad, Burns and Frances (2000) revealed that pressure to marry or the experience of violence within a relationship was a significant cause of participant distress in a psychiatric setting. The authors established that distress was also a result of a lack of support agencies available to participants in their time of need, as well as the victim’s reluctance to approach family members for support for fear of contravening cultural expectations.

A notable finding in Anand and Cochrane’s (2005) literature review regarding the mental health status of South Asian women in Britain was that approximately 85 out of 1, 979 women had taken their own lives for reasons relating to cultural conflict between families (i.e., fulfilling traditional roles and religious expectations). In contrast to this, Macey (1999), in her study of young Muslim men residing in Bradford, found that the majority cited Islam to justify violence against women, whilst women categorised religion as a source of strength

and a vehicle for challenging community forms and structure. Patel (1998) argues the need to consider the influence of religion on women's experiences, especially within a patriarchal domain. She argues that social policies are to blame as they fail to overcome community misconceptions especially in the context of gender accountability. Thus, studies specific to South Asian communities within the UK have shown that attitudes, beliefs and norms play an important role in the abuse of female partners on the basis of religious commitment.

The current review

Study aims

As discussed above, the majority of HBV cases are directed towards women and perpetrated by men, justified in the name of family or community 'honour.' As a result, the present review aims to highlight themes associated with male perpetrated HBV, through an exploration of research investigating the attitudes and beliefs held by men regarding the concept of 'honour' and the practice of HBV. More specifically, the review aims to:

- Identify specific themes prevalent in South Asian and Middle Eastern males regarding attitudes, beliefs and experiences, which support/motivate the practice of HBV.
- Provide recommendations for further research and discuss implications for practice in reducing HBV.

Although a scoping exercise reveals that the literature does not directly compare male and female attitudes, experiences and beliefs, those studies which report female points of view will also be analysed where available. It must be noted that identifying themes which increase the likelihood of HBV occurring would be helpful in terms of informing interventions and allowing practitioners to target particular motivating factors. With this focus, it is hoped that interventions would be more successful and sustained. However, at the present time there are no papers synthesising risk factors associated with HBV and only the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk checklist (Richards, 2009) outlines some of the possible risk factors associated with this crime. Of importance, the DASH is not yet supported with empirical literature and the risk factors identified for HBV originate from the experiences of one specialist practitioner in the field.

Method

Scoping exercise

A search of gateway Cochrane Central Library, DARE (Database of Abstract Reviews of Effectiveness) and Campbell collaboration database was employed in order to ascertain whether any reviews had been conducted in the area (January 2014). No such reviews were found suggesting a need for a recent review in the area.

Search strategy

Four electronic databases were searched including: PsycINFO (1987-2012), MedLine (1946-2012), Web of Science (1898-2012) and ASSIA. These databases allowed specific limits to be placed on search criteria. All databases were accessed the same day (14 January 2014) and all search criteria were the same. Due to the limited number of articles relating specifically to South Asian and Middle Eastern male attitudes to Honour Based Violence, the inclusion criteria was widened to focus on general attitudes, experiences and beliefs of men in accordance to HBV. All searches were restricted to articles in the English language. This exclusion criterion was employed due to time constraints of translating full articles and may have limited the search results. All results excluded editorials and book reviews. The spelling of honour was entered into the search engines utilising both versions ‘honour’ and ‘honor.’ All relevant searches were saved. The search terms used were broad in order to maximise the chance of collating all relevant literature. A full list of the search terms used are detailed in Appendix A. The following table illustrates the search terms utilised for each separate database:

Table 2: Search terms used for electronic databases

Source	PsychINFO Medline	Web of Science	ASSIA	University of Birmingham Library Catalogue	Wolverhampton University Library Catalogue
Search Terms	(hono* adj2 (violence or kill*)).ti,ab. UK Britain England Scotland Wales Attitudes (hono* adj4 (violence or kill*)).ti,ab. Experiences Beliefs Views	hono* NEAR/2 violence or kill*.ti,ab Attitudes hono* NEAR/4 violence or kill*.ti,ab. Experiences Beliefs Views	hono* NEAR/2 violence or kill*.ti,ab All Fields hono* NEAR/4 violence or kill*.ti,ab. All Fields Attitudes Experiences Beliefs Views	hono* violence hono* killing	hono* (violence or kill*) All Fields Attitudes Experiences Beliefs Views

As outlined in Figure 1, a two-part search strategy was carried out in order to capture all relevant literature. This included an electronic search and a hand search strategy, resulting in 52 citations (Appendix B). Expert contact was then established with four main individuals who are prevalent researchers within the area of Honour Based Violence (see Appendix C for contact details). These individuals include:

Dr Roxanne Khan: *Lecturer in the School of Psychology, University of Central Lancashire*
 Dr Aisha Gill: *Lecturer in the School of Psychology, University of Roehampton*
 Dianna Nammi: *Director of the Iranian and Kurdish Women's Rights Organisation*
 Jasvinder Sanghera: *Director of Karma Nirvana*

Articles received from the listed experts (n=9) were also included in the review process, resulting in a total of 61 citations.

Inclusion criteria

The following inclusion criteria were used to assess study eligibility for the present systematic review (Appendix D).

<i>Population:</i>	Adult Asian Males Adult Middle Eastern Males Aged 18 years and above
<i>Intervention:</i> (to assess attitudes, experiences and beliefs)	Interviews Survey Questionnaire Focus Group Vignettes
<i>Comparator:</i>	None Adult Asian Females HBV – attitudes, experiences and beliefs
<i>Outcome:</i>	Male attitudes/experiences/beliefs towards HBV UK studies International studies Themes
<i>Study Type:</i>	Qualitative Quantitative Mixed – Qualitative and Quantitative Cross-Sectional Longitudinal Content Analysis Self-Report Descriptive

Exclusion criteria

The following items were excluded from the literature review: articles not written in English; duplications; commentaries; editorials; and reviews.

Inclusion/Exclusion

From the total 61 citations, the researcher excluded all non-English articles resulting in five citations being removed and 56 citations remaining. All abstracts and titles were checked for relevance and 12 citations were removed. Of the remaining citations, 44 were potentially relevant however seven were eliminated as these were duplicates. Subsequently, the researcher checked the remaining 37 citations based on the inclusion/exclusion criteria, removing 32 citations.

Hand search

Of the remaining five citations, all reference lists were searched ensuring that all relevant articles had been included in the review.

Quality assessments

The methodological quality of included studies was assessed using quality assessment scoring sheets. The quality assessment scoring sheets were adapted from the Critical Appraisal Skills Programme (CASP, 2004). The main areas included: screening; study design; selection bias; performance and detection bias; exposure and outcome bias; assessment tools; confounding variables; results; themes; and applicability of findings.

All included studies were scored using the scoring sheet. A response of yes received a score of one, while a response of no received a score of zero, and an 'unsure' response was not included in the scoring. The total quality score was obtained by adding the scores of each item, giving a total score ranging from 0-38 for qualitative cross-sectional studies (Appendix E) and 0-47 for quantitative cross-sectional studies (Appendix F). These scores were converted into a percentage giving an overall quality assessment score. The studies considered to be of good quality obtained a score of 60% or above and were included in the results. Although this may produce some bias, it ensures that the conclusions and recommendations of this review are based only on those studies assessed to be of a high quality, particularly in terms of methodological considerations.

The final papers (100% n=5) were quality assessed by a second reviewer blind to the authors results and conclusions, using the same Quality Forms to assess inter-rater reliability. The mean percentage agreement was 97%. Subsequently, all five papers were included in the final systematic literature review. The characteristics of each of these studies are included in

Appendix G. The key features and quality assessment scores are noted in the table within Appendix H.

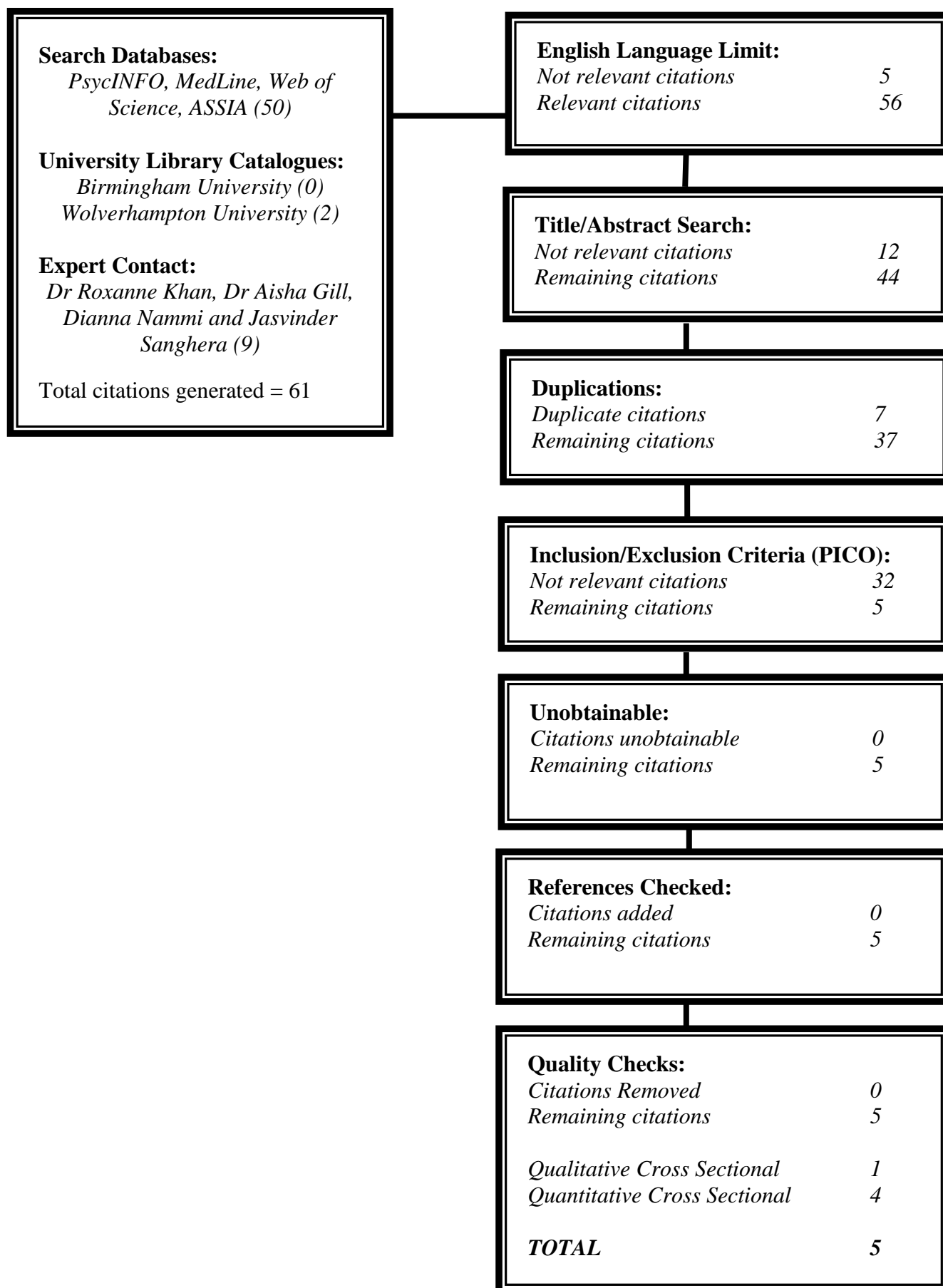


Figure 1: Flowchart of search results

Data extraction

Data was extracted from the studies using a structured pro forma (see Appendix I), which incorporated the quality assessment results of each study. One reviewer completed data extraction forms for all studies included in the review. The form allowed for both general information and more specific details to be collated in order to make conclusions in this review, and covered the following items:

- *Eligibility of Study*
 - Target Population
 - Inclusion/Exclusion criteria
 - Participant Characteristics
 - Exposure
 - Comparator
 - Outcome
- *Methodological Quality*
 - Explanation of quantitative data in order to establish themes
 - Study Design
 - Recruitment Procedures
 - Number of participants
 - Quality Assessment
- *Intervention/Exposure Method*
 - Number of Interviewers
 - Survey
 - Questionnaires
 - Interviews
 - Self Report
 - Steps taken to improve validity of self-reporting and interviews.
- *Outcome Measurement*
 - Validity of measurement method
 - Limitations of the study

- Clarity of the study
 - Confounding variables
 - Reporting of attitudes, experiences and beliefs.
-
- *Statistical Analysis*
 - Magnitude and Direction of Results (male attitudes more prevalent than females)

Results

Descriptive data synthesis

The final papers all presented with descriptive statistics or qualitative data about common factors associated with the attitudes, experiences and beliefs of Asian and Middle Eastern men. Four were quantitative and one qualitative. From the four quantitative papers, themes that were found to be statistically significant were used to inform conclusions. The qualitative paper had been subjected to thematic analysis so the themes established from this paper were incorporated into the present literature review. For the studies that focused on family violence with features of HBV, only the details of honour specific violence were reported in the review. Lastly, where female attitudes, experiences and beliefs were available in studies, these were used by the papers' authors as comparisons during the building of themes.

Study populations

Four of the five studies were conducted with males in Asian and Middle Eastern countries, including Jordan, Pakistan and Turkey. The one qualitative study was carried out in Britain. Four of the studies included both male and female attitudes towards Honour Based Violence, whereas one concentrated solely on male attitudes. Three of the included studies dealt with samples of University students (Araji & Carlson, 2001), two of which looked specifically at nursing students (Adana et al., 2011; Can & Edirne, 2011). A fourth study (Shaikh, Shaikh, Kamal, & Masood, 2010) recruited participants via a convenience sampling method, approaching individuals in markets, bus-stops, hospitals and various other public places. The fifth study (Ali, 2008) utilised eight participants that were selected from organisations that deal with honour crimes themselves or those who have vast amount of knowledge on honour crime. These participants were found on internet sites and also victim support leaflets. Table 3 outlines the key features of the five studies included in this review. It also provides the overall quality score for each paper.

Table 3: Characteristics of included studies

	Title Author Year Country	Aim	Sample Size	Ethnic and Religious Group	Comparison Group	Sampling Method	Analysis	Assessment Tool	Results	Themes associated with HBV	Quality Score
1	Family Violence Including Crimes of Honour in Jordan Araji & Carlson (2001) Jordan	Investigate University students' perceptions of the seriousness of family violence in Jordan, including crimes of honour and, within constraints, identify demographic and attitudinal factors associated with these perceptions.	Part 1 605 Part 2 176	Middle Eastern (Muslim) single male	Middle Eastern (Muslim) single female students in Part 2 only (166)	Stratified Random	Descriptive Statistics ANOVA Multiple Classification Analysis	Survey (validated)	<p>Part 1 Crimes of Honour:</p> <p>63% (n=382) of the students viewed crimes of honour as very much of a problem in Jordan.</p> <p>17% saw it as somewhat of a problem</p> <p>12% did not see it as much of a problem</p> <p>13% of men (n=43) compared to 11% of women (n=33) indicated personal exposure to crimes of honour</p> <p>Part 2 Determined factors that influence students' perceptions of the pervasiveness of family violence (see THEMES ASSOCIATED WITH HBV).</p>	Male Dominance Patriarchy Female Chastity Social Class Religion and Culture	72%

2	Views of male university students about social gender roles; an example from east of Turkey Adana Arslantas, Ergin, Bicer, Kiransal, & Sahin, (2011) Turkey	Determine the views of male nursing students on social gender roles at work, social life, marriage and family life.	116	Middle Eastern (Muslim) Males	None	Opportunity	Mean, SD and Percentages used in the evaluation of descriptive statistics In the analytical evaluation, Chi-square Test and Fisher's exact test were used for the comparison of non-parametric data.	Questionnaire	44.8% Approved honour killing When asked for some of the reasons for their approval of honour killing: <ul style="list-style-type: none"> 11.2% said they would blame themselves very much if they would not kill; 6.0% said they would be alienated within the society; 4.3% said this was ordered by religion Students who approved of honour killing were also found to support violence towards women. Students who witnessed violence at some stage of their lives supported violence towards women Following the study it was considered that the students should be educated about the definition of violence and situations involving violence, and directed to consultant services.	Socialization Male Dominance Patriarchy Religion and Culture Education	70%
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3	Beliefs and attitudes of final-year nursing students on honour crimes: A cross-sectional study Can & Edirne (2011) Turkey	Evaluate perceptions of nursing students about honour crimes and examine their beliefs about enquiring information from victims of honour crimes.	51	Middle Eastern (Muslim) male Students	Middle Eastern (Muslim) female students (174)	Stratified Random	Descriptive Statistics used Chi-Squared Test was used to analyse associations between categorical variables.	Survey (Pilot tested with 12 students. Responses were dichotomised and displayed positive results)	Male Views (n=51): 94% had heard of honour crimes 28% stated that honour rules would apply in their family 16% felt devoted to honour rules 51% had witnessed honour crimes 8% would justify honour crimes Motivations for honour crimes (male views, n=51): 73% Chastity 57% Religion 51% Low level education 12% Economy 31% Male dominated society 35% Tradition 65% believed that asking for honour crimes is useful 51% believed that nurses should ask patients about honour crimes. Significantly higher number of female (64%) than male students (31%) believed that honour crimes were associated with a male-dominated society. Findings support the belief that gender has an influence on student's and nurses' perceptions, attitudes and tolerance of honour crimes.	Female Chastity Socialization Religion and Culture Male Dominance Patriarchy	60%
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4	<p>Attitudes about honour killing among men and women – perspective from Islamabad</p> <p>Shaikh, Shaikh, Kamal, & Masood</p> <p>(2010)</p> <p>Pakistan</p>	<p>Determine the opinions of men and women pertaining to killing in the name of and saving one's honour, utilising vignettes.</p>	307	Asian (Muslim) Males	Asian (Muslim) Females (294)	Convenience	<p>Statistical analysis was done using STATA 9.</p> <p>Vignette responses – male and female comparisons using Pearson Chi-square Test</p>	<p>Interview Questionnaire Vignette</p> <p>Questionnaire and Vignette were checked for validity and approved by two psychologists and all authors.</p>	<p>Cumulatively, 343 (57.1%) respondents believed that the man in the vignette did the right thing by killing his wife.</p> <p>Male (n= 307):</p> <p>190 thought that the man did the right thing by killing his wife to save his honour</p> <p>182 thought the man should also have killed the man found with his wife</p> <p>103 thought instead of killing his wife the man should have asked for a divorce and to leave the home</p> <p>44 thought that the man should have forgiven his wife</p> <p>Female (n= 294):</p> <p>153 thought that the man did the right thing by killing his wife to save his honour</p> <p>159 thought the man should also have killed the man found with his wife</p> <p>117 thought instead of killing his wife the man should have asked for a divorce and to leave the home</p> <p>77 thought that the man should have forgiven his wife.</p>	<p>Male Dominance</p> <p>Patriarchy</p> <p>Female Chastity</p> <p>Education</p> <p>Religion and Culture</p>	74%
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5	Is the motivation of 'honour crime' cultural or religious? Ali (2008) Britain	Distinguish whether 'honour crimes' are encouraged by Islam or motivated by cultural beliefs and distinguish the boundaries between religion and culture and whether they interconnect or are dissimilar.	8 in total (3 Men, 5 Women)	South Asian	None	Convenience	Grounded Theory	Primary and Secondary data Interviews	All 8 respondents felt HBV was culturally motivated	Education Social Status Religion and Culture Male Dominance Patriarchy	63%
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Interpretation of findings

In total, five themes associated with male attitudes, experiences and beliefs supportive of the practice of HBV were identified in the reviewed studies. These are discussed below under the heading of each theme.

Male dominance and Patriarchy

Male dominance and patriarchy was noted as a significant theme in all five of the included studies (see table 3). According to Middle Eastern and Global South literature only a combination of several complex social factors (i.e., religion, ethnicity, political standing, education and locality) along with the patriarchal system of belief could explain the phenomenon of ‘honour killing’. In Pakistan, Turkey, Iraq, Iran, Afghanistan, and other South Asian and Middle Eastern societies, honour based crimes have been documented to be high in rural, small-scale traditional communities which operate based on a tribal system. People in these systems tend to be a lot more traditional and patriarchal. Other cultural beliefs attached to patriarchy, and relevant to Araji and Carlson’s (2001) study, are Islamic and Middle Eastern codes of modesty that regulate sexuality and attempt to restrict it to the privacy of the home. This Islamic ethos reflects a common male view that emphasises the danger to the social order if female sexuality goes unrestrained. This view makes it the responsibility of men to control female sexual behaviour, using whatever means necessary. This cultural norm is related to the concepts of honour and shame.

In Araji and Carlson’s (2001) study about 63% (n=382) of the students viewed crimes of honour as ‘very much of a problem’ in Jordan. Approximately 17% (n=105) saw it as ‘somewhat of a problem’, whereas about 12% did not see it as much of a problem. With respect to the percentage of students who indicated they had personal exposure to crimes of honour, more men than women reported having had personal exposure; 13% (n=43) of the men compared to 11% (n=33) of the women. Interestingly, the findings demonstrated that males from families of the highest occupational status fathers are most likely to view crimes of honour as a serious problem. Araji (2000) suggests that the range of decisions concerning what to do about crimes of honour was very much influenced by the social and political standing of the family in the community, which is defined by males. Thus, male students whose fathers hold high status and occupations may view family violence as a very serious social problem because of the damage it could do to their family’s social and political standing in the community. Any factors that influence the disruption of these social statuses

must be dealt with in a manner that conforms to societal norms. Araj and Carlson's (2001) study reinforces these claims in that participant perception of family violence was directly influenced by variables such as fathers occupational status, mother's education and the role of culture in forming youths' beliefs.

Adana et al. (2011) studied the implications, of assigning social roles to women and men in university students in order to reveal the views they held about social gender equality. The attitudinal study was conducted with 116 male participants, studying at Kars Health School during the 2007 – 2008 academic year, who were required to complete a twenty-four item questionnaire relating to work life, social life, marriage and family life to determine their views on social gender roles. University students were chosen as at the time they were studying in an environment that aimed to produce intellectual individuals. Moreover, it was hoped that determining the views of young people on social gender roles may help shape the views of the next generations about social gender roles on the basis of equality. Findings from the study showed a high percentage of students (44.8%) approving the act of 'honour killing' and when asked for the reasons behind these views, 11.2% of them said they would blame themselves very much if they would not kill, 6.0% said they would be alienated within the society and 4.3% said this was ordered by religion. The reasons for physical violence towards women in this study was found as, 'women not obeying to ethical rules' (24.1%), 'women disobeying men' (5.2%), 'women demonstrating inappropriate behaviours to their husbands and families' (3.4%). This study, which determined the traditional and non-traditional perceptions of students about social gender roles reported that male students adopted traditional roles in terms of gender roles more than females. In particular, in Turkey men perceived themselves as holders of power and strength in the family resulting in more women being exposed to physical violence.

With regards to male dominance and patriarchy, Can and Edirne (2011) aimed to assess the beliefs and attitudes of nursing students towards honour-related violence against women and whether screening for honour crimes was a positive idea within the nursing profession. In this case, the term honour crimes included 'any act of violence, usually against women, to either prevent or repair perceived violations of male or family honour.' Nearly all students declared to have knowledge about honour crimes with some reporting further terms such as 'cleansing' or 'washing,' which were used to describe the restoration of family honour by the blood of the disgraced woman. While this study reveals that nursing students believe in

sharing patients' problems about honour crimes, they were unsure as to whether they were retrieving truthful information from the victims. In fact, many cases of honour crimes go unreported, especially in patriarchal societies, where honour gains importance in the life of people, and laws are often based on cultural criteria (DGSPW, 2004).

Within the qualitative study by Ali (2008), one of the main themes derived from analysis was that of male dominance and patriarchy. 'Honour killings' were noted to occur in much more male-dominated societies/communities that attempt to control and disempower women. The certain features associated with honour based violence was the dominance of male power over female members of the family, being wife, daughters or even sometimes mothers, because the act of 'honour killing' can be done by fathers, brothers, uncles and any other male members of the family. All forms of violence towards women were reported as the by-products of the patriarchal system. Eastern traditional values and norms among the South Asian community especially are maintained by the male head of the family who will encourage traditional values through which women's movements, actions, and most specifically their sexuality is controlled. Society will then determine how supportive it will be of family violence and who it considers the appropriate administrators and recipients of abuse. Most known societies are patriarchal, wherein men are given greater power, privilege, and control of women and children (Dobash & Dobash, 1998). One respondent commented that the motive to honour crime is to maintain authority and have power over women, "honour crime I think is to maintain in an orthodox way, differences between the female and male power and gender" (Ali, 2008, p. 30).

Ginat (2000) reports that punishment of a girl over matters of family honour is influenced by the social and political stature of her family within the community. Families can ignore some of the gossip, or use other sanctions, such as confinement, imprisonment, termination of studies, termination of work outside the family home, beatings, ostracisation or humiliation – using murder only as a last resort. In some instances, violence or killings may be perpetrated against the person with whom the woman had sexual relations. Such a response is designed to signal to society as a whole that "our honour" was harmed by the male's dishonourable intentions towards the girl, but has been reinstated by harming the two of them, who together are the source of the family's loss of honour.

In summary, the issue of male dominance and patriarchy is highlighted as being a key factor associated with HBV. The attitude held by men that they are responsible for controlling the conduct of females in their family and that it is acceptable to use HBV as a means to do this was evident (Araji & Carlson, 2001). Explanations cited by men as justification for such acts was to uphold the status/social standing of their family (Araji & Carlson, 2001; Ginat, 2000). It was proposed that adhering to traditional gender roles whereby men hold the position of power and authority in the family was a motivating factor underlying the practice of HBV (Adana et al., 2011; Ali, 2008).

Female chastity

Female Chastity was the second theme prevalent to the subject of HBV; perceived sexual misconduct is not acceptable in certain cultures and, in certain cases, is responded to with acts of HBV. The concept of honour in the Middle East and other countries around the world, is thought to be linked to both a man's sense of self and his social worth. A man's honour is his claim to pride, which may be reflected in factors such as his family of origin or his wealth and generosity. Araji (2000) suggested that a man's honour is tied most closely to the reputations and sexual conduct of women in his family, particularly his mother, sister(s), wife (wives) and daughter(s). Any breach or suspected breach of sexual codes by these women is viewed as a potent assault on the man's honour, the family's honour, and/or the communal fund of honour associated with a clan, tribe, or other lineage group resulting in feeling of shame for the man. In order to restore honour, the woman must be punished. Family responses to actual or alleged sexual misconduct vary from ignoring or minimising the situation to killing the woman. Decisions may depend on the social and political standing of the family in the community (Araji, 2000).

Araji and Carlson (2001) studied university students' perceptions of the seriousness of family violence in Jordan, including crimes of honour. Student responses indicated that a high percentage (63.1%) reported crimes of honour as 'very much of a problem' in relation to actual or suggested sexual misconduct. The high percentage derived from attitudes which were consistent to male dominance and patriarchy and beliefs that any misbehaviour on the part of the woman can bring shame and dishonour to the male members of a whole community, lineage of family, especially when related to sexual misconduct. Female chastity and modesty are considered essential components of the family's honour.

Adana et al. (2011) found that men in Middle Eastern countries held traditional views about the standards of social conduct of women necessary to uphold honour in the family. Women's protection of their sexuality is a distinct feature related to honour not only in Turkish society but also in patriarchal societies. Men are expected to play an active role in protecting their family's honour, while women are expected to protect their virginity and become good housewives. Approximately two thirds of men (62.1%) in the study by Adana et al. (2011) reported that it should be the men who decide whether women would go out at night, because of security, they felt that women would be unable to protect their virginity and therefore should not go out. In conclusion, the study found that the way in which female members of a family conduct themselves, especially regarding their sexuality and manner of dress, is a reflection of how much control male members of her family are able to exert, and that constitutes their honour. These findings were also noted in a UK based study of young South Asian men who regarded 'honour' as a prominent feature in their lives, and believed that the behaviour of the female had a direct impact on the honour of the men within the household (Sharma, 2013).

Shaikh et al. (2010) aimed to ascertain the opinions held towards the use of killing to retain family honour amongst a sample of 307 Asian males. Opportunity sampling was used to obtain a sample group from public places in Islamabad. Interviews, questionnaires and vignettes were methods used to obtain opinions pertaining to killing in the name of, and saving one's honour. A vignette used entailed details of a killing of a wife by a husband who finds her with another man in bed. Participants could choose from one of the four options to show their beliefs about the killing. These were: *'think the man did the right thing by killing his wife to save his honour'*; *'think the man should have also killed the man he found his wife with'*; *'think instead of killing his wife the man should have divorced his wife and had asked her to leave his house immediately'*; and *'think the man should have forgiven his wife and had asked her not to cheat on him again.'* A total of 190 (64.8%) male participants believed that the man in the vignette did the right thing by killing his wife to save his honour. This viewpoint was further reinforced by the fact that saving honour was deemed to entail killing the 'man' as well with 182 (65.2%) responding positively to this question. Results demonstrated that individuals in the study, regardless of educational attainment, accepted the notion of killing one's wife in the name of honour upon discovering extramarital relationship.

The studies outlined above highlight views held regarding female chastity, i.e., that sexual misconduct will have a negative impact on family honour and that the use of HBV is therefore necessary (Adana et al., 2011; Araji & Carlson, 2001; Shaikh et al., 2010). Views were supportive of the use of HBV in order to protect the sexuality of the female (Adana et al., 2001) and prevent sexual misconduct (Araji & Carlson, 2001). The use of killing was condoned where a female was found to be having an extramarital affair (Shaikh et al., 2010).

Religion and Culture

The issue of religion and culture was evident in all five studies included in this systematic review with two studies making direct reference to these issues.

Can and Edirne (2011) conducted a cross-sectional study using questionnaires with 51 final year Middle Eastern male nursing students to explore their views on honour crimes. The authors suggest that (given the fact that ‘honour killings’ cross over geopolitical regions and religious boundaries) the view that a particular religion gives rise to honour crimes is oversimplistic. It is further suggested that in strongly patriarchal cultures, the practice of a range of religions can be associated with male domination, privilege and control. The students in the study believed that one cause of honour crimes was religion. Many argued that Islam reinforced HBV, however, honour crimes against women in fact predate Islam and are not consistent with the Qur’an. The nursing students reported that one of the most significant barriers in the reporting of honour based violence to healthcare workers is that the healthcare worker might hold the same cultural norms and prejudices as perpetrators of honour crimes which may impact upon professional judgement. Some men in the study were found to have traditional cultural views of family and to agree with honour rules which may have contributed to a reluctance to address honour crimes in a healthcare setting.

Ali (2008) investigated views held by three men and five women focussing on the impact of religion and culture on HBV practices. Through primary and secondary interviews, it was expressed that honour crimes were largely motivated by cultural beliefs. It was suggested that honour crimes mainly took place in rural areas, due to the lack of education where strict cultural values are adhered to. Further, the study highlighted that although HBV is predominant in Muslim countries, the teachings of the Qur’an would not permit such acts. Within ‘honour’ cultures, an individual is expected to be responsible for the behaviour of

other members of his or her family, tribe, community, faith or other form of social identity grouping.

Ali's (2008) study also highlighted the issue of community status and society's perception of family honour within the culture. All respondents within the study acknowledged that the main motivation for honour crimes is to defend the family honour and the honour of the community. If one goes against the norms and values of the family it gives the family a motivation for an honour based crime. One respondent argued that people are motivated because they don't want to be an outcast in society and conform to whatever the community wants based on the cultural norms. All eight respondents argued that honour crime is culturally motivated, for example: "well honour crimes go back in history in all religions"; "its not just one culture, its not just one religion, its much wider than that"; "all religions prohibit honour crime"; "no religion condones the beating of the wife, partner or daughter, no matter how many interpretations you get it is wrong"; "the problems tend to start where people go against cultural norms and values." (Ali, 2008, p. 31).

In short, Honour Based Violence was noted to occur in communities where the concepts of honour and shame were fundamentally bound up with the expected behaviour of families and individuals, particularly that of women. Honour based crimes have not been found to be associated with particular religions or religious practice; they have been recorded across Christian, Jewish, Sikh, Hindu and Muslim communities. In the study by Can and Edirne (2011) it was suggested by participants that religion is a factor in acts of HBV, however, it is also noted that cultural norms have a large impact. The findings of the study by Ali (2008) shows that participants make a clear distinction between religion and culture by drawing attention to the fact that religious teachings do not condone HBV.

Socialization

Two of the studies incorporated in the review made reference to the process of socialization (i.e., Social Learning Theory) in the development of HBV behaviour. Adana et al. (2011) reported that men who had witnessed violence (especially physical abuse) at some stage of their lives were more likely to support violence against women, in particular when the women had gone against the honour code.

In addition, Can and Edirne's (2011) results indicated that a significantly higher proportion of male students who justified honour crimes also reported existing honour rules in their families and witnessing acts of honour crimes than those who did not justify such crimes. According to the Social Learning Theory, people who witness and/or experience violence that is not criticised by society will internalise and imitate it on the assumption that such behaviour is socially acceptable and justified (Hines & Saudino, 2002). With regards to the Social Learning Theory, in Can and Edirne's (2011) study, it could be argued that male students were influenced by having witnessed and experienced violence in the family, and by the transmission of those beliefs and family violence in general from their childhood to young adulthood. In addition, it could be argued that the students were affected by their family's socialization processes, which encouraged tolerance and indulgence towards different patterns of violence in general and towards 'honour crimes' in particular (O'Leary, 1988; Hines & Saudino, 2002).

The issue of socialization as a factor underlying HBV could be argued to be part of the process by which cultural norms are transmitted through generations. However, more research would need to be conducted to gain a more in depth understanding of the process in the context of honour crimes.

Education

Two of the five studies, concentrated on the importance of educating individuals with regards to the subject of honour based violence. In their discussion, Shaikh et al. (2010) highlight the importance of learning about societal opinions and attitudes pertaining to domestic violence in its myriad manifestations and suggested this as the first step towards preventing HBV. Where there is a lack of education on the topic of HBV then such practices will remain. Reference was made to Amnesty International which has been at the forefront of identifying and addressing 'honour killings' around the world. As an effective preventative measure for 'honour killings', it has made a recommendation to the Government of Pakistan that data and statistics need to be collected "in a manner that makes the problem visible" (Shaikh et al., 2010, p. 40). In this study it is reported that physicians are often the first port of call for patients and therefore play a vital role in educating and positively influencing their opinions. Physicians are also more equipped to identify and report "at-risk women or potential perpetrators of 'honour killing' to various social and/or law enforcement agencies" (Shaikh et al., 2010, p. 40). The study concludes by highlighting the importance of multi-disciplinary

team working between various agencies including law enforcement, health and education, social services, the religious sector and the criminal justice system.

Respondents in the study by Ali (2008) reported that first generation of families that came from abroad still held their cultural beliefs and that these individuals are highly influential on the views of the second generation of people born within the UK. However, three respondents argued against the above viewpoint commenting that the second generation did not need to be influenced by the first and that they commit these crimes due to the lack of education and understanding of the topic of HBV. When investigating how organisations dealt with honour crimes and support victims and families, seven out of eight participants interviewed in Ali's (2008) study were involved in organisations that help victims of honour based crimes, and said they provided support such as counselling, support help lines, setting out schemes, providing the right contacts, and providing safe houses for victims. All the respondents gave their opinion on how to educate individuals on the topic of honour crimes. Examples included: "advertising campaigns, partnership with other agencies, media coverage, news, television programs, posters, radios, dramas, working together with mosques, temples and Gurdwaras" (Ali, 2008, p. 34).

It is suggested by the findings of studies by Shaikh et al. (2010) and Ali (2008) that a lack of education on the topic of HBV may lead to the continuation of such practices. As noted by Ali (2008) there are a wide range of methods through which individuals can be targeted in order to address pro HBV attitudes in order to reduce instances of HBV.

Methodological considerations of research studies

The five papers selected were all cross sectional in their design, four of which were quantitative and one qualitative. The main advantages of using the cross sectional design method in the context of the current piece of research are that data on attitudes and behaviours can be explored; data can be retrieved from dispersed subjects; research can be explained in an investigative manner; and hypotheses can be generated for future research. The disadvantages of cross sectional design include: an increased chance of error and the inability to measure change over time.

In terms of participants included in the study, four of the five studies sampled male participants of Asian and Middle Eastern origin. Although this is positive in order to report

on attitudes specific to these populations, caution should be exercised in applying findings to other geographical areas. The researcher was not able to locate any UK study which investigated the orientation of young South Asian men and/or women towards HBV, looking specifically at factors that may contribute to the cultural context of HBV. Conducting a study at an international level would help compare attitudes, experiences and beliefs in terms of HBV with regards to young Asian men across all countries. Results from all five of the included studies are not generalisable to other populations.

With regards to the assessment tools used within the studies, namely surveys and questionnaires, many advantages have been established especially as these are 'self-report measures which assess psychological constructs such as attitudes' (Manstead & Semin, 2001), perfect for what the present study needs to draw conclusions. However, they also have disadvantages. It is not always possible to collect self-report data unobtrusively; participants are always aware that they are under investigation and may modify their responses as a result. In particular, there is potential for the respondent's answers to be influenced by motivational factors such as social desirability and the controversial nature of the study may also account for modified results. In Shaikh et al.'s (2010) study a vignette was used to describe a scenario entailing 'honour killing'. This method has been used as an alternative/addition to other qualitative methods to draw out opinions and attitudes, however, the accuracy of responses may still be influenced by external factors such as social desirability.

Discussion

Whilst a number of studies have concentrated on the lawful and social foundations of honour killings, there is a dearth of research exploring the attitudes and beliefs towards HBV. The current review draws together the findings of five studies which focus on attitudes and beliefs towards honour and HBV in five sample groups. As described above, the findings point to a range of factors associated with acts of HBV. The presence of such factors (and potential interlinking between factors) is reported to be associated with pro HBV attitudes and acts of HBV taking place. These factors will be discussed below.

Male dominance and patriarchy

The theme of male dominance and patriarchy looked at institutionalised male dominance and patriarchy within the family and wider society and culture. Control was a significant feature within this theme and was used to ensure that family members upheld traditional norms. This also ensured that the status of the family was not tarnished by members who could potentially compromise the ‘honour code’. Siddiqui (2005) (as discussed in chapter 1), argues that upholding ‘honour’ and avoiding ‘shame’ is ingrained in specific communities that practice HBV. Honour and shame values were present in traditional societies where societal norms promoted violence upon those who compromised the patriarchal system. Men perceived themselves as holders of power in the family and encouraged traditional values through which women’s actions and sexuality was controlled. Social factors such as the influence of elderly and authoritative figures within the community were presented as reinforcements of HBV.

Discrepancies in the level of power held by individuals are also common in cases of domestic violence reported by Anderson and Umberson (2001). Furthermore, as in cases of HBV, men in the study justified their behaviour on the basis of the woman’s behaviour being unacceptable. From a feminist perspective, West and Fenstermaker (1995) cite gender as a mechanism for social inequality, with such inequalities being responsible for male dominance and oppression of females.

Female chastity

This issue of female chastity (as outlined above) is linked to the issue of male dominance in that men are considered to have power over this aspect of behaviour of a female family member. To demonstrate patriarchal control over women's bodies, some men suggested it was necessary to take ownership of female family members and control their sexuality using whatever means necessary. The idea of female chastity is an embedded concept in the collective community and allows men to sustain their dominance within the social system (Gill, 2009). As previously discussed, women are taught to adhere to the 'honour code' to avoid bringing shame upon the family. HBV (including acts of Female Genital Mutilation and Forced Marriage) is the most extreme form of control over females and is employed when men believe that the honour code is disregarded. In support of the findings of the current review, Eisner and Ghuneim (2013) concluded beliefs about female chastity were important predictors of HBV.

Religion and culture

Aspects of religion and culture can be seen to be linked to the themes of male dominance and patriarchy and also to female chastity in that some believe such beliefs originate from religious teachings and/or cultural norms. Pro-HBV attitudes have been found to be entrenched in collective communities who segregate themselves from mainstream society (Brandon & Hafez, 2008). The responses of individuals reported in the current review indicate a feeling that religion is not a motivating factor for HBV. However, honour is an important part of many people's cultural and religious identities and as such a high value is placed on traditional family values. In many of the reported HBV and honour killing cases, transgressions against religious teachings by females are cited as due cause for such acts; the honour code is not upheld where women are perceived to commit immoral acts (Doğan, 2011). However, as highlighted above, no religions condone the practice of HBV and the practice of HBV in response to immoral acts is not specific to a particular religion (Home Affairs Committee, 2008). Despite this, perpetrators of HBV may attempt to justify acts on religious grounds. A recent study by Eisner and Ghuneim (2013) emphasised that neither religion nor the intensity of religious beliefs were noteworthy indicators of attitudes towards HBV, "Rather, honour killings are likely to be supported culturally whenever notions of patriarchy, family honour and the preservation of female virginity are widely accepted" (Eisner & Ghuneim, 2013 p. 10).

In addition, cultural norms were cited in the review as being associated with acts of HBV; where cultural norms are supportive of HBV in response to women being perceived as having broken the honour code, HBV is condoned. In describing HBV as a cultural practice, it has been previously suggested that it should be respected and permitted (Home Affairs Committee, 2008). However, it has recently been stated that “...every person has a right to make choices in their lives...we should not hide behind *cultural issues*” (Home Affairs Committee, 2008, p. 13). Despite challenges made to the practice of HBV, the findings of the current review highlight the impact of remaining cultural norms in the areas of honour, patriarchy, female oppression and HBV.

Socialization

As mentioned, justifications for HBV have been based on cultural norms and gendered accountability (Gill, 2009). It is hypothesised that socialization is a mechanism through which cultural norms supportive of HBV are sustained through the generations (Vandello & Cohen, 2004). As mentioned above, where behaviour is reinforced, it is more likely to be repeated. With reference to cultural practices, Vandello and Cohen (2004) state that “Through socialization processes, the patterns [of behaviour] become culturally meaningful in addition to being adaptive...with self and social definitions incorporating these cultural norms” (p. 283). As outlined in the review, cultural norms in communities supportive of HBV reinforce the notion that men are powerful, aggressive and controlling, and that women should be submissive, are powerless and are dependent on men. The mechanism of socialization can therefore be seen to perpetuate and sustain the belief that women should be punished when perceived as bringing dishonour on the family.

Education

As highlighted in the above results, where there is a lack of education on the topic of HBV and surrounding cultural issues, attitudes supportive of HBV may remain and be passed down through the generations. A lack of education can therefore be seen to be a factor associated with HBV. The studies highlight the need for education of children and adults in order to challenge attitudes and beliefs towards HBV. In addition, a recent study investigating the attitudes of young Jordanian adolescents towards HBV has recommended education on a collective level as a means of challenging individual misconceptions about the impact of gender roles on women (Eisner & Ghuneim, 2013). It is suggested that education may be implemented in numerous ways such as promoting educational workshops within

communities and establishing mandatory training for practitioners to provide them with the skills to challenge pro HBV attitudes (ACPO, 2013).

In terms of recommendations for specific issues to be addressed, the body of research presented above can offer some suggestions. For example, gender inequality and male dominance are notions which are highly regarded in communities regardless of culture, culture, country or ethnicity, and are reinforced by patriarchal beliefs (Elakkary et al., 2014). The themes discussed above relate largely to a disparity between genders, with men being viewed as more powerful and holding power which allows them to 'punish' females that transgress the 'honour code'. Addressing these issues requires intervention on a number of levels, including the assistance of the criminal justice system, school-based curriculum focussing on gender inequality and the support of highly regarded community figures. Social Identity Theory (as discussed in chapter 1) is a significant feature at this point as it focuses on processes which are shared amongst the collective community. Creating a new social identity, one which promotes gender equality, is more likely to be shared, reinforced and practiced if it is disseminated at the highest level (by highly regarded community individuals). Practising and promoting these beliefs in environments which will promote change will also help in challenging pro-HBV in the context of social learning.

Conclusions drawn from the Adana et al. (2011) study showed the importance of public education about what to do in an HBV situation and the availability of services should such experiences occur. Societal awareness and sensitivity toward social gender roles to promote equality for women and raise the status of women were also deemed important. For example, in this study, male students who did not believe in gender equality, who had witnessed violence at some stage of their lives and who had agreed with patriarchal social gender roles (such as women had wifely duties) supported the view that men could beat their wives.

Limitations and implications for further research

The issue of whether attitudes (as measured in the studies reviewed above) will link to HBV behaviour is important to consider. An assumption is made that there will be a correlation between an individual's attitudes and their subsequent behaviour (i.e., pro HBV attitudes will lead to acts of HBV), however, it is important to note that attitudes cannot be relied upon to predict future behaviour (Glassman & Albarracin, 2006; Kraus, 1995). Various factors such

as strength and availability of attitudes have been cited as impacting upon the likelihood that an attitude will lead to a particular behaviour (Glassman & Albarracin, 2006; Kraus, 1995).

Regarding systematic review process, it is important to consider the possibility of publication bias (whereby studies that are positive in the direction of the researcher's hypotheses and produce positive results are more likely to be published). A further criticism is that by excluding all but the most methodologically robust studies, important research findings are lost. Conversely, the exclusion of these studies means that the reader can be clear on what basis the studies have been selected, and the review is less prone to other forms of bias, such as attributing too much weight to the findings of studies which are flawed or weaker in design.

Taking into consideration the limited literature available in the field of HBV, it is evident that further work is essential. Despite the rising number of HBV victims within the UK (IKWRO, 2011), there is a lack of research which explores the cultural context and subsequent motivational factors for HBV. In particular, the lack of outcome research and longitudinal studies leaves current assessment tools and practices vulnerable to criticism (see chapter 4). It is suggested that, practitioners are communicating their work without evidence for related risk factors, adequate ethical procedures and validated literature. More research is therefore essential for supporting and informing HBV practices, policies and procedures (Gill, 2009).

Having established five themes within the current systematic literature review it is recommended that research is continuous in this particular field in order to validate and add to these themes. In order to develop risk assessment measures and interventions it is necessary for further research to be conducted to highlight themes which are concurrent with acts of HBV.

Implications for practice

Knowledge of themes and risk factors underlying HBV is essential to guide the development of risk assessment tools by which to identify individuals at high risk of harm. The themes outlined above indicate that certain issues such as religious practices and cultural traditions should be considered by practitioners when assessments are made. It is suggested that practitioners who work with victims and perpetrators of HBV should have an in-depth knowledge of attitudes underlying such acts. It is suggested that HBV awareness packages

are crucial, not only to educate professionals in multi-disciplinary teams, but also for local communities where HBV is most prevalent. Such packages should take into account cultural issues and would benefit from local community input as well as reflecting the five featured themes of this systematic literature review. By updating the practices and awareness of risk factors for HBV it may be possible to target the formation and maintenance of attitudes, experiences and beliefs that support acts of HBV. The most significant rationale for ensuring updated research and subsequent updated practices, policies, and educational awareness is that of enabling prevention of HBV as opposed to intervention following acts of HBV.

Globally, multi-agency training programmes and projects are already being enforced within many law enforcement and government agencies as a means of addressing honour crimes collaboratively. These events seek to facilitate co-operation among police departments, lawyers, academics and public sector workers in order to develop and deepen understanding. However, without the direct work with the perpetrators, these crimes are likely to continue.

The findings from the current review highlight a strong need for initiatives to provide intervention programmes for male perpetrators of HBV. Given that there are approximately 3000 cases of HBV in the UK alone (IKWRO, 2011), interventions will prove a worthwhile investment in the long term as such the cost of implementation may outweigh the current figure of those that fall victim to this form of violence. Exploring the effectiveness of intervention programmes is beyond the scope of this research (largely due to the absence of such programmes and meeting appropriate criteria). Due to cultural barriers, the feasibility of such programmes may not be positive especially since engagement and readiness are major factors effecting treatment outcomes (Ward, Day, Howells, & Birgden, 2004).

When looking at prevention methods for HBV in the context of the Public Health Approach (Department of Health, 2012), it has been suggested that education interventions can be used at a primary, secondary and tertiary level. Primary intervention would apply a preventative effort to the target population (i.e., through media campaigns educating the public). Secondary intervention would be the use of risk assessments which specifically target risk factors for HBV and tertiary prevention would be working with those individuals who have committed an offence and attempting to prevent re-offending (for further discussion please see Chapter 5). It is suggested that themes identified in the current review could potentially be utilised (alongside other research) in the development of interventions for the prevention

of HBV. Knowledge of factors associated with HBV (such as those listed above) is beneficial in targeting attitudes and beliefs supportive of HBV.

Conclusion

This systematic literature review evidences five key themes within attitudes, beliefs and experiences that are associated with acts of HBV. It is suggested that the findings have implications for practice, policy and research in this area. In particular the need for education and training to address 'honour' misconceptions was noted as one factor that could aid prevention of HBV and is much needed considering the strong intergenerational link that is reported in research. One of the key concerns noted in this review was the absence of literature relating to male attitudes, experiences and beliefs associated with HBV. More research is needed in this area to ascertain attitudes related to HBV in addition to other risk factors, only then can evidenced based interventions be designed to tackle this social problem.

CHAPTER THREE

Examining attitudes towards honour and Honour Based Violence (HBV) through the lens of British-born young South Asian men

Abstract

Honour Based Violence (HBV) is a phenomenon that occurs in many cultures throughout the world. Research investigating potential causes and effects of this type of family violence is currently limited.

Aim: The present study aims to explore the attitudes of British-born young South Asian Males towards ‘honour’ and HBV.

Method: Four South Asian men aged between 18 and 24 took part in a focus group and data were analysed using the Interpretative Phenomenological Analysis (IPA) method.

Results: Four themes regarding the role of ‘honour’ in relation to HBV emerged; 1) *Gendered accountability in honour*; 2) *The ‘honour code’ – factors that drive HBV*; 3) *The role of the community and cultural rules*; and 4) *Fixing ‘honour’*. Results from the focus group demonstrated significant awareness of honour based crimes and the beliefs that underpin their execution. The Role of the Community and Cultural Rules were central discussion points during the study, highlighting the supremacy of the cultural norm and the need to remain honourable in one’s own social surrounding.

Conclusion: Advancing professional understanding in this area, in particular the attitudes and beliefs that underpin conscious thoughts and behaviours within HBV will assist in the development of practical and sustainable interventions. The findings of the current study may provide valuable information with which to help develop interventions in HBV. However, more research is needed in this area in order to gain a deeper understanding of attitudes held towards HBV across a wider population and to explore the impact of factors such as gender, socioeconomic status and education upon attitudes towards HBV.

Introduction

As highlighted in the systematic literature review in Chapter 2, there is a paucity of research exploring attitudes towards HBV held by perpetrators. In addition there is a notable absence of studies concentrating directly on the South Asian population. There is therefore a need to add to the evidence base within this area.

Honour Based Violence (HBV) has recently been at the centre of media attention following a survey commissioned by the BBC's Panorama, in February 2012 (ComRes, 2012). Within this survey, 500 South Asians aged between 16 and 34 who were also living in the UK between 23rd and 27th February 2012 were interviewed. This data was then compared to a similar survey conducted in August 2006, utilising the same participant statistics (age, cultural background). It was found that young South Asian men (75%) were more likely than young South Asian women (63%) to agree that families should live according to the concept of honour. Approximately 8% of the young men interviewed opined that in certain circumstances it is acceptable to physically punish a female member of the family if she brings dishonour, and 18% agreed that at least one of the following were reasonable justification for such actions. Reasons ranged from disobeying a father (9%), going out in the evening unaccompanied (7%), dressing in a manner that was unacceptable to the community (5%), marrying someone unacceptable (8%) or wanting to end a marriage (9%). Of concern was that the survey found that 6% of young South Asian men believed there was justification for so called 'honour killings.' This long-standing tradition amongst South Asian and Middle Eastern communities sees a woman's behaviour as central to the honour of her family.

It is reported that HBV is the product of a community who hold strong beliefs about a patriarchal system (Siddiqui, 2005). This cultural system denies women the basic rights to make autonomous decisions on issues such as marriage, divorce and sexual relations. HBV most commonly occurs in "communities where the concepts of honour and shame are fundamentally bound up with the expected behaviours of families and individuals, particularly those of women" (HBVAN, 2012). The female family member is seen as the 'protector' of her family's 'honour,' therefore any actions or behaviours deemed contradictory to the family/community norm will not go unpunished. Women of these

patriarchal systems are not naive to this 'honour code' as they are typically exposed to this cultural norm from birth.

Culture plays an integral role in human behaviour and has been described as a "highly variable system of meanings which are learned and shared by an identifiable segment of a population" (Rohner, 1984, as cited in Betancourt & Lopez, 1993, p. 630). The term culture refers to historically derived and socially transmitted ideas (values, behaviours, attitudes) and practices (laws, rituals), responsible for future human action. Grounded on a diverse pool of approaches (such as phenomenological, humanist and anthropological), cultural psychology aims to uncover explanations for a specific phenomenon; acknowledging that in order to achieve this, one must first understand the cultural context. Honour Based Violence (HBV) is a particularly interesting area for cultural psychologists because the concept of 'honour' is heavily embedded within cultures.

This study aimed to explore the attitudes of British-born young South Asian Males about their cultural perceptions and understandings of 'honour' and HBV. Given the recent poll assessing adolescent attitudes towards HBV in the UK (ComRes, 2012) and the number of recent cases presented in the media, it was anticipated that participants would be vocal in expressing attitudes from an experienced standpoint, which would assist the researcher in making sense of the dynamics which influence this particular crime. As a result, Interpretative Phenomenological Analysis (IPA) was the chosen method for analysis as it would provide an in depth narrative account of the phenomenon under investigation. It would also explore how participants make sense of their personal and social world (Smith & Osborn, 2003) and how the concept of honour influences their perceptions. Although researchers have highlighted problems with applying IPA to focus groups, i.e., the influence of social interaction in the produced accounts of individual experiences (Smith, 2004), IPA in this context can provide a wealth of experiential reflection which may not necessarily be retrieved within individual interviews. It is however essential to modify the approach to make it more applicable in the context (Palmer, Larkin, de Visser, & Fadden, 2010; Tomkins & Eatough, 2010). Taking the complexities of applying IPA to focus groups into account the researcher understood that the process of analysis would be two-fold; initial analysis to identify group patterns/dynamics and secondary analysis for identification of idiographic accounts (Smith, 2004). A sample of young men who reside within an English, urban community where HBV is prevalent (IKWRO, 2014) were explored using qualitative

methods. Specifically, the following research questions were investigated through an exploration of the young men's perceptions and understandings of HBV:

1. What are the young men's beliefs about honour in the family?
2. How do the young men understand the community's role in HBV?
3. What are the factors that the young men perceive drive HBV?
4. How do the young men make sense of the 'honour code'?

Method

Participants

The participants in this focus group study consisted of four South Asian men, aged between 18 and 24 from a South London based Youth Service. The service aims to provide young people aged from 18 to 25 years with a range of purposeful activities in order to enhance their sense of identity during the transition to adulthood. Interpretative Phenomenological Analysis (IPA) dictates that a small participant sample is the ‘norm’ as larger data sets can result in the loss of “potentially subtle inflections of meaning” (Collins & Nicolson, 2002, p. 626). Prior to their involvement, each participant was required to; confirm themselves as a resident of the UK, be proficient in English, have had a meaningful association with Honour Based Violence (HBV) within their community and be able to share their cultural knowledge about HBV based on their perceptions understandings of a culture (Payton, 2014) and urban space (IKWRO, 2014) where HBV predominately occurs in the UK. IKWRO (2014) reported that in London, honour crime has doubled to more than five times the national average and in 2011 alone 495 incidents were reported. Participants of the present study were required to complete basic demographic questions to determine their affiliation with HBV. Table 4 outlines the participant’s characteristics.

Table 4: Summary of participant characteristics

Pseudonym	Current Age	Religion	Ethnic Origin	Generational Status	Involvement with Youth Service	Affiliation with HBV
Riyad	21	Muslim	Pakistani	Third generation British born	Attends the service 3 times a week	I have no links/experience of violence in line with the above definition
Haaziq	20	Muslim	Pakistani	Third generation British born	Attends the service 4 times a week	I have no links/experience of violence in line with the above definition
Naseem	23	Muslim	Pakistani	Third generation British born	Attends the service 3 times a week	I have no links/experience of violence in line with the above definition
Indy	22	Sikh	Indian	Third generation British born	Attends the service 3 times a week	I have no links/experience of violence in line with the above definition

Sampling strategy

Participants that met the study criteria were recruited. A volunteer opportunity sample was utilised as recommended by Smith and Osborn (2003). The benefit of this sampling method secured individuals most appropriate to the research question, that is, those who would provide meaningful disclosures in relation to HBV. This was preferred rather than recruiting men who have been involved in honour based crime to facilitate openness. In order to protect participants from disclosing personal information vignettes were utilised as the basis for conversation. This technique has been used successfully in previous research with gang affiliated young people (see Dixon & Larkin, 2014). Recruitment posters (Appendix J) were displayed at a South London based Youth Service in order to attract South Asian men aged between 18 and 24. Furthermore, the help of a community link (who had prior working relationships with some of the young men) assisted in identifying particular individuals who were deemed most appropriate for involvement in the study. Following ethical procedures, the community link provided an information sheet (Appendix K) to all those who expressed an interest in the study as well as verbally communicating details of the project to them. The information sheet was also distributed to those who had initially expressed an interest but who later did not wish to take part. This sheet listed a number of free services people could contact if they had issues or concerns relating to HBV.

Procedure

Prior to the focus group commencing, all participants wishing to take part were advised to read through the information sheet privately and raise any concerns they had by contacting the researcher via email. Once they were content with the information, they were directed to the community link to share their availability for the focus group to be arranged. The community link subsequently made contact with the researcher and arrangements were made for the focus group to take place at a central location. On the day, participants were handed a duplicate copy of the information sheet (Appendix K), which was read privately by attendees for a period of 20 minutes. To maintain ethical practice, the researcher reviewed the information sheet when all participants arrived in the room and answered any final queries. Point five of the information sheet was also reiterated so that participants knew that the study had no bearing on their attendance at the Youth Service. Having clarified all dimensions of the study, participants signed a consent form (Appendix L) with their real names to reaffirm their understanding of their role. The community link countersigned each consent form as a

witness. As a requirement of the study, participants signed a register (Appendix M; which is locked in an approved and secure location) in case they wanted to withdraw their data at a later stage. At this time, they were also asked to choose a pseudonym for the purpose of the focus group.

In preparation for the focus group, participants were given copies of the vignettes in the form of a booklet (Appendix N). The use of vignettes is desired in studies that are aiming to elicit cultural norms which derive from participant attitudes, beliefs, understandings and perceptions (Finch, 1987). Therefore, this method was fit for purpose in the present study's investigation of HBV in a cultural context of South Asian males. As noted by Barter and Renold (1999), vignettes are an effective method through which to elicit information and generate conversation in focus groups. This method was deemed the most appropriate to use for the present study because of its hypothetical nature which allows for a less threatening environment for participants who may not want to be directly asked about their experiences. It was hoped that the vignettes would also facilitate an open discussion about the sensitive issue of HBV, by placing the emphasis on fictional characters, a method which has been used in previous research (Dixon & Larkin, 2014). The vignettes were developed by the researcher and were based on real life case studies reported by the British media. The details within the vignettes also mirrored the type of responses given to the ComRes (2012) poll in regards to the list of possible reasons to condone HBV. These included: disobeying a father; marrying or dating someone unacceptable; wanting to terminate an existing or prearranged marriage; and dressing in a manner unacceptable to the community. The vignettes also included character names, ages and gender to make them more engaging to the participant group. The final vignettes were checked for their appropriateness and applicability to the study by academic staff at Birmingham University. Participants were informed that each vignette would be read aloud in its entirety by the researcher and that they should refrain from commenting until all the details had been shared. They were also reminded that they did not need to disclose personal information, especially information that related to their families or those people that were known to other participants. They were however requested to be as honest and open with regards to their beliefs about 'honour' and HBV. The focus group followed the schedule as detailed in Appendix O. This consisted of explorative questions in order to determine personal meaning for each vignette and the phenomenon of HBV. Following completion of the focus group, and for the purpose of data completeness, participants were asked to complete basic demographic questions (Appendix P). These

responses are outlined in table 4. At the end of the study, participants were all provided with a debrief sheet (Appendix Q) thanking them for their participation and offered a list of relevant service providers/helpline details for those experiencing HBV.

Method of data collection

Data were collected through one focus group with four young South Asian men, each following the same structure i.e., reading through and discussing a series of HBV vignettes.

The focus group was audio and tape recorded and lasted approximately 1 hour and 15 minutes. It was then transcribed verbatim according to the transcription conventions provided by Silverman (2000, p. 442). These conventions are listed in Appendix R. Pseudonyms were used in the transcription in order to disguise participant details. The overall presentation of the transcription allowed for practical analysis in that each line was numbered and a wide margin applied to facilitate notes on the right hand side and emerging themes on the left.

Method of data analysis

As participants are specialists in their personal encounters they can offer researchers a detailed narrative account of thoughts and feelings with regards to a particular phenomenon (Reid, Flowers, & Larkin, 2005). The perceptions and understandings of the focus group participants in relation to HBV were central to the present study, therefore, Interpretative Phenomenological Analysis (IPA) was the method chosen by which to analyse focus group transcripts. Practice guidelines set out by Willig (2008) were adhered to throughout the stages of analysis in order to form themes central to the research question.

During review of the transcribed focus group, it was helpful to note down non-verbal communication which had been apparent in order to contextualise the data and clarify any areas of ambiguity prior to analysis. Smith (2004) encourages the researcher to 'parse' the transcript to gather the required information through looking at themes shared between participants, the dynamics between participants and for idiographic accounts. Reviewing the transcription also allowed the researcher to start becoming familiar with the text and formed part of stage one of the analytical process. Whilst becoming familiar with the text is an integral part of IPA, acknowledging initial thoughts and feelings (and making notes of these) is crucial to identifying emerging patterns in the data set. As advised by Shaw (2010), a reflective research diary was utilised throughout the process of data analysis to outline

analytical decisions and provide a rationale for each theme. As guided by Willig, other areas of significance were recognised in the data set including the manner in which language is used, questions that are unclear, associations with the text and descriptive labels that may have been assigned. In order to begin stage two, the process of line-by-line analysis (i.e., coding) of participant understanding, a fresh copy of the transcript was utilised. At this stage the researcher focused specifically on experimental claims, concerns, and areas that mattered most to the participants in addition to the manner in which they contextualised these (Appendix S). In adherence to the third stage of IPA, the identified themes were ordered in terms of hierarchy; forming ‘clusters.’ This process involved the careful analysis of the themes developed at stage two, and classifying the commonalities (Appendix T). Many significant themes, which reflected the perceptions and understandings of participants, became apparent. However, some themes required further division in order to accurately reflect the research question. The final stage involved the production of a summary table (Appendix U), evidencing the superordinate and subordinate themes.

Ethical considerations

Ethical approval was obtained from the University of Birmingham Science Technology Engineering and Maths ethics committee and all guidelines were adhered to (Appendix V). Prior to the study commencing, each participant was required to read the information sheet and sign the consent form, carefully considering each of the listed points. Both documents emphasised the method of data collection (i.e., audio and tape recorded). Participants were assured of privacy and confidentiality constraints and pseudonyms were used in the transcription to ensure anonymity. Finally, given the sensitive nature of this particular research study, participants were given a list of services that could offer them support and guidance prior to and after the study. This list was also distributed to those who did not take part in the study but who had displayed interest in the initial stages.

Results and Analysis

Four Superordinate themes regarding the role of ‘honour’ in relation to Honour Based Violence (HBV) emerged from the focus group and are detailed below in table 5.

Table 5: Analytic structure

Superordinate Theme	Subordinate Theme
Gendered accountability in honour	<ol style="list-style-type: none"> 1. <i>“The regular culture”</i> 2. <i>“Men are the kings of the household”</i> 3. <i>“She is the respect”</i>
The ‘honour code’ – factors that drive HBV	<ol style="list-style-type: none"> 1. <i>Victim blaming</i> 2. <i>Turning a blind eye</i> 3. <i>The word</i> 4. <i>Choosing own</i>
The role of the community and cultural rules	<ol style="list-style-type: none"> 1. <i>The concept of ‘shame’ and the effects of rumours and gossip</i> 2. <i>The exacerbating effects of shame, rumours and gossip</i> 3. <i>Living between cultures</i>
Fixing ‘honour’	<ol style="list-style-type: none"> 1. <i>Preventing temptation</i> 2. <i>Repairing the damage</i> 3. <i>Forced marriage</i>

Superordinate Theme 1: Gendered accountability in honour

Gendered accountability served an important purpose in defining the expectations of men, and the role of women, within an honour context. Women were viewed as the repositories of the man’s honour, and were expected to protect their virginity and chastity at all times. If they were unsuccessful at this preservation, they were viewed as having polluted the family’s honour and prestige, and were punished as a result.

1. Subordinate Theme: “The regular culture”

It was apparent from participant discussion that HBV is common practice in each of their communities. The strength of the regular culture on the young men’s behavioural intentions

was apparent, the young men who owned the cultural beliefs discussed how they would act given a certain situation that breached cultural codes of practice:

if someone found out that your daughter is marrying someone from a different. lower caste. they'll disown you straight away. this is what we would do. I would do this. especially with the caste thing. my sister can't get married to just anyone. I wouldn't allow it.

Naseem

I agree with the dad. I would beat her. wouldn't kill her but I would beat her cause I'd be so betrayed.

Riyad

if like my sister was to runaway and marry a Muslim guy or a black guy then she would be disowned by every family member and everyone in our community. especially by my grandparents because it's bringing shame to them. like my granddad is a high member of the community in the temple. the Sikh community.

Indy

Maintaining the “regular culture” (Naseem) is an important process in remembering the teachings of the older generation and reinforcing the “big cycle” (Indy). The men's dialogue placed emphasis on the importance of intergenerational transmission in keeping this phenomenon alive, which was discussed as a lifelong concept by participants, ever present even after death. This is highlighted in the following extracts:

I think it's like the grandparents. you don't want to bring shame onto your grandparents. who are probably still alive. most people are probably scared of their grandparents. they don't want to bring shame on to them. they don't want to bring shame on to their parents. and these parents will also be scared of the grandparents. it's just like one big cycle. and so when the kids get older they don't want to bring shame on to their family and they will expect their own kids to be the same. so it just goes on and on and on. I don't think it's ever going to break.

Indy

...if your dad gave you a back hander or whatever or does for example scar your face he don't look at you as his child he's doing this to. he's thinking of his ancestors. he's thinking of the family name coming from the ancestors. and you little brat have just wiped it all out. where's that honour gone. what's their honour wasted on...

Naseem

In particular the role of a father was understood as an important function in understanding honour. The emphasis is placed upon his ability to maintain honour by controlling the behaviour of his daughter. This is achieved through a network of male relatives who assist in reinforcing 'honourable' actions. The importance of getting the balance right was emphasised as part of his control in a western society. Riyadh provides a hypothetical example of how having his 'son' police his 'daughter' would be one way of ensuring full control of her movements and behaviour in his absence, followed by a discussion of her movements on her return home. The psychological control of the female in this example is clear to see in addition to use of male networks across generation for entire control in different spheres of her life. Not only is she aware of her brother's surveillance, she also knows that her father will question her on her return home.

if I kept her in. kept her in and never gave her no freedom when she gets freedom that's when she taken them extra steps. but if I did give her little bit of freedom if she wanted to go to Uni and my son was going to the same uni I would let her go as he would know what's going on. what she's up to. I'd expect her to come home and tell me about her day. what she's been up to. so I know and I'm into it. but when I take a step back and don't care about it. that's when she's likely to take a step that she shouldn't take. but if she knows that she's coming back home and she's talking to me she knows my dad's gonna ask me how my day was. she will feel that she has a good relationship with me. we would have that open relationship

Riyad

The need for men to be in control of restoring honour does not come without pressure. It was clear that intergenerational continuity through men played a role in ensuring the need for honour continues within families. Collectivism is the pathway that ensures familial relationships stay intact and the notion of honour is protected. This concept and second generation pressure is reflected in Haaziq's discussion:

people in the community that do wanna stir stuff. they're probably sitting there having a fag with him and saying to him to be honest yeah. think about your granddad. imagine if your granddad was alive today. if he was alive right now yeah he would have committed suicide. he wouldn't see this. and he's thinking my granddad or like my dad would commit suicide because my daughters brought shame to the family. do you understand so that honour is a build up inside him.

Haaziq

The young men go onto distance themselves from such practices and express concern, acknowledging that intergenerational transmission has exacerbated the problem of honour crimes and believe that targeting those in perceived authority (i.e., religious leaders) is one way of breaking harmful practices upheld by tradition.

you can't change just one person you have to change the whole community. that would take years. and you will have people rebel against it because this is all they've ever known. you need luck to change the minds of the older generation. see the religious leaders are the ones to target at religious places. but it's not just all the old men cause you hear about the stories of the young men doing it as well. they have extreme views. they talk to the older generation. they have the older generation as their role models so why wouldn't they have these views. they also go to their places of worship and they have these talks where the older men will teach them about protecting their religion. protecting their women. protecting their honour. giving them a massive history lesson and brainwashing them. it's scary that younger men are doing this and are living in the modern world.

Indy

Haaziq also shares a similar stance.

you would expect them [honour based crimes] to be happening in the 80s and 90s but you're hearing of them a lot more now. I personally think it's because more religious. more orthodox people are coming into this country now. stricter religious organisations who are more tied to their religious beliefs. it could also be the fact that our generation are probably the last ones left to hold on to a bit of religion and a bit of culture cause times have changed a lot now. we are not as Asian as say our grandparents or parents are. so maybe some of the current generation want to hold on to that so will seek out similar people who will behave in a culturally appropriate way and teach the cultural way of life how it was back in the day.

Haaziq

Despite expressing recognition of perceived dilution of cultural standards, the content of vignette 4 provoked negative emotion in many of the participants who could not comprehend a situation in South Asian culture where young people were not educated about honour and deviated from social norms when forming relationships. Haaziq stated:

were they not aware about family honour. didn't the parents educate them and tell them that you know you can't get married to an Indian. will this person ever convert to Islam. so in that scenario they should have known already. they should have been aware of that honour

Haaziq

2. Subordinate Theme: “Men are the kings of the household”

The concept that men were in charge of the family was clearly introduced by Indy in response to vignette 1, which explores the male role within the family in an honour killing scenario:

the men. you have to listen to the men and if you don't listen this is what will happen to you. you will get killed. and the women have to obviously listen to the men and if they don't this is the consequences. The men are portrayed as quite violent aren't they. they say it's family honour but how is it honour when you're killing your own daughter. the men are the kings of the household but women are just like little village people. men are the dominant ones in their households. the fact that they're so upset that their. a woman didn't listen to them and left. it shows that they need that control of the whole family and if they don't then this is the consequences.

Indy

As such, upholding honour is presented as a masculine role that is a direct result of intergenerational cultural transmission. Indeed the group reached consensus about the plausibility of men going to extreme lengths to protect or restore honour and viewed these men as courageous, as reflected by Haaziq:

Asian men go too far. you overstep the mark when you mess with their women. you've gone over their boundaries basically. it's like a big no no. here it says he did it to restore the families honour so that's why he went that far

Riyad

you don't even know what her relationship with her parents was like. you know before he made the decision of killing his daughter. because obviously it takes a lot of courage to do that I think

Haaziq

The absent role of the woman in decision making was also reflected in the young men's accounts of family members' involvement in HBV.

see again it says nothing about the mum. it never mentions her. I feel like the mum has no say in it because the man is the head of the household. it's all about male dominance.

Indy

Indy further acknowledges the conflicts that arise as a result of the patriarchal paradigm and the manner in which it excludes women from making familial decisions, especially when honour is at stake.

mum could have spoken to dad and say look you know she's educated and everything you know she can make a decision. but no no one listens to the woman. if you see here the mums are on the outside. they're not allowed to make decisions or have a say.

Haaziq

also if you look at it the mother really doesn't do anything. she is just standing there she doesn't have a say. god only knows how the mums must have been feeling in these situations. watching their own child get murdered in front of them. and they're stuck in limbo. because what do you do. back up the dad or do you defend your daughter. they're in the middle. they obviously have no idea what to do and they have to live with this for the rest of their lives now.

Indy

3. Subordinate Theme: "she is the respect"

Participants presented an interesting concept that although women appear to possess no power, they actually hold all the power in that they could easily compromise honour - a precious and coveted commodity. In this sense patriarchal society has prescribed gender roles for women to live by, which men then have to enforce, or else face dishonour. The power that men perceive women have in this regard leads to the need for control over women using different forms of aggression at times to achieve this. The first extract from Riyadh explains how male and family honour is vested in a woman's body, in terms of her conduct.

see if I had a son now and he went and got married outside the family I don't care but if my daughter did I would. because she is the respect. she's the izzat. the respect of the family. so because she's the respect of the family where the guy goes around and sleeps around is there a name for him. No. but when a girl does that. is there a name for her. Yes. rundee which means prostitute. so there is a word for her. people will say so and so's daughter's a rundee but they will never say so and so's son is a rundee. that's why I say it's a mans world. so for that reason I would turn around and tell my daughter to keep away from that stuff but if my boy. if he turned around and did it I wouldn't mind because I will educate him properly so he knows how to treat a girl.

Riyad

Haaziq further supports this notion in response to vignette 2, explaining that the daughter is the 'keeper' of honour.

her dad gave her the opportunity. you can't say she was you know sheltered. lived a sheltered life and that because her dad allowed her to go to University where there was different genders. her dad had

that trust in her to allow her to carry on with higher education and go and get a job. he's thinking you're my daughter and you're gonna keep my honour.

Haaziq

Several behaviours were cited as unacceptable under the patriarchal system, such as running away, or having a boyfriend, where women were often left with little free choice as to how to behave. This system was responsible for reinforcing the 'honour code' as described above. Western influences on Asian women were therefore regarded as a threat to patriarchy and the 'honour code'. In particular, Naseem regarded independent women as a challenge and as a third generation Asian male reported the following:

this is why a lot of people get married from back home. because apparently they- they know how the system works. they know what to say yes to what to say no to. and not a lot of people get married you know with British girls in England because of the independence they have and you know the affect that it might take if they do marry them and- and. you know there's going to be a challenge. they don't want a challenge.

Naseem

Superordinate Theme 2: The 'honour code' – factors that drive HBV

The 'honour code' in South Asian communities was set as a means of endorsing honourable behaviour. As Dyer (2015) explains, the code serves to protect the social status and standing of the family within their community. Those in violation of the 'honour code' are subject to various degrees of violence ranging from psychological to physical. As highlighted in the first Superordinate theme women were regarded as the keepers of this honour and any scenario where she was punished was an immediate result of her contravening the code. The following themes emerged as factors that the young men described as being involved in the cultural context of HBV.

1. Subordinate Theme: Victim blaming

It was apparent from the group discussion that refusing an arranged marriage, backing out from a marriage agreement, and having a boyfriend could lead to HBV. All participants aired views to highlight this, placing the blame with the victim for breaking obvious cultural codes, as showing in the excerpt by Riyadh and Haaziq.

she would have known her future and that she would have to get married young. I think the fact that she ran away from home she knew there was going to be further consequences. She did wrong in this situation by running away. In this situation she shouldn't have run away because that's shameful. You don't do that if you're Asian.

Riyad

as a Muslim girl she should have known that an Indian guy was wrong. like even if it wasn't a Sikh guy. it didn't have to be a Sikh guy. she could have went home with her Muslim boyfriend. that's wrong too. she knows what's wrong. what happened to him would have happened to a Muslim guy if those parents were like that anyway. it's because she did bad. having a boyfriend full stop was just bad

Haaziq

Although Riyad recognised that the honour killing was an extreme outcome, he still appears to condone a degree of violence.

The killing part of this situation was a bit over. over the top like. the father was gonna do what he had to do. but he shouldn't have gone that far. he could have just said no to her. but then again you don't know. what if he did say no to her so many times and she didn't listen. she said no I'm not listening to you

Riyad

Haaziq hypothesised that the victim may have changed her mind about marriage due to other life commitments, thus again placing blame on the victim and instigating violence.

you never know they probably asked her when she was sixteen. you're saying she is eighteen. seventeen. when she got murdered yeah. seventeen to me personally. she's finished her GCSEs. she's gone to sixth form or college you know that's puberty as well. you never know she probably got into a relationship and changed her mind about the marriage.

Haaziq

Finally, participants felt the degree of violence used reflected the victim's repeated betrayal of her father by not adhering to his decision and making her own choices.

I don't think any father would just go straight out and kill. they must have says to her no and then she must have come back again saying you know but this is who I wanna marry. so there must have been something.

Haaziq

it's a big thing to him. he's gone through a lot of big things to do that. so she must have proper wound him up

Riyad

2. Subordinate Theme: Turning a blind eye

The role of the wider community in familial decisions was an important aspect of HBV. This particular theme exposed participant's views of resisting involvement in the final decision of another man's household despite holding similar outlooks. The victim has no avenues of support as everything is "reported back" to her parents which will inform her father's final decision.

obviously she couldn't go to a family member cause they obviously thought the same that she should be marrying her cousin

Indy

they can't get involved. even though they wanna help. but they will know it's wrong. because if I was an uncle and my niece came to me. talked to me about a marriage like this situation. I wouldn't want to talk to her about it because I'd be thinking you know what. her dad's gonna blame me as well- I'd be one of those family members just sitting there watching. if I take a step and it turns around and she backfires and says no why you getting involved for. her dad's gonna turn around and say to me then. so I'd just sit there and watch it.

Riyad

Even though my man over there would think it's really bad. what's going on with his niece. he would say sorry it's out of my hands. I don't wanna be involved

Naseem

Avoiding involvement and refusing to support women in need, according to Indy and Naseem, would eliminate personal repercussions.

I think I wouldn't want to get too much involved because the family are scary people. you dont know if they'll come after you. if they're willing to do this to their own daughter then they can do anything to me. but you try to help as much as you can. just to an extent if she's willing to get help

Riyad

you don't want to put your own family at risk do you.

Naseem

Although the ‘honour code’ supports turning a blind eye, Haaziq and Indy felt that opening the lines of communication between second and third generations may ease tensions and reduce the likelihood of HBV.

If it was me personally I’d try help them out. I’d try and find the best solution possible. I mean if she’s got somebody. then I’d speak to the family and say that she wants to marry this person. not from back home. and if she not got nobody and she still don’t wanna marry there then the family should accept that. and not force her

Indy

I’m open to advice. If it’s a girl she should have come. if I knew her she could have spoke to me about it and maybe I could have gone and spoken to her parents and find out what’s going on. if it was her parents that carried out that act then personally I would you know. be personally disappointed again cause I’d want them to chat to me. and then maybe I would have spoken to their daughter and said you know what’s going on

Haaziq

However, Naseem identified the pit falls in these remedial attempts which would compromise the ‘honour code’, therefore justifying turning a blind eye.

as a bloke you can’t just go to anyone and speak to their daughter you know what I mean. trying to help her. and say oh your daughter. especially if you know that the outcome is going to be a killing. dad’s don’t like their daughters talking to guys. so you my friend could make the situation worse. trying to sort it out. but if you know it’s just going to be a normal thing. the dad be like you know it’s between me and my daughter get out. who are you to involve yourself. but if you know it’s going to be a murder. obviously you gotta be careful

Naseem

3. Subordinate Theme: ‘The word’

‘The Word’, or sealing an arranged marriage agreement, was a strong theme that was extracted from the transcript. Participants explained that ‘the word’ holds a lot of weight and could explain why HBV may occur when this word is contravened.

What happens is when you go abroad you have to have say four or five people. different rishte [potential suitors] they are called. so she turns around and chooses one. She will say it’s this person I want to get married to. So that’s when the parents give their word to that family And the word is very like. very strong like this guy over here said. once it’s given, it’s a done deal [claps hand]

Riyad

in the Pakistani culture it's- it's. once the parents give their word yeah. it's very rare that once they have given their word on marriage especially. they don't go back on that. they can't go back on that because it's seen as shame. or- or like something's wrong with their daughter which gonna raise questions.

Haaziq

In cases where the word is in disrepute, participants sympathised with the parents because of the dishonour it had brought on them.

the dad probably did this. acted like this because he had someone ready for his daughter. when- when she said that she wanted to marry this guy he couldn't cope and got stressed. then he just killed her. obviously because she was promised to his cousin he saw it as dishonour. and that would have brought shame on him that's why he did what he did

Indy

what about the parents? Imagine what they had to go through to kill their own daughter. so imagine how strongly they felt about their word they gave to the uncle's son or whoever it was abroad. so they think a lot about the respect because all that respect they made. she just lost it for them in front of everyone. by running off and saying no. so for that reason they turned around and they killed her.

Riyad

4. Subordinate Theme: Choosing own

As third generation Asian males, participants were fully aware of the religion and caste system in regards to marriage. They therefore highlighted that choosing your own partner was frowned upon especially if the religion or caste was different.

what shocks me is that the fact that they are both Sikh but they still can't marry because of the caste issue is shocking here because you would think that it wouldn't make that much of a difference here. they're still the same religion but the fact that he's a lower caste to them it's just messed up.

Indy

my mate for example. he's Muslim and he got married to a Sikh. but. I know for a fact he would never let his own daughter get married to an Indian. I mean I wouldn't either. I'm seeing an Indian girl. I wouldn't allow it. if my daughter wanted to get married to an Indian I wouldn't allow it. I'm biased. I wouldn't allow it. no other guy other than a Muslim would treat my daughter good. she can't find her own guy. I make the decision

Riyad

this caste stuff is normal. you'll have it in Pakistan. Indians. Arabs. everyone. they would probably be more sensitive if it was religion. religion is bigger. more stricter than caste.. like a Muslim girl trying to marry a Sikh guy or a Sikh girl trying to marry a Muslim guy. that's wrong. you're dishonouring there.

Naseem

Interestingly, two participants discussed that a female may choose a partner from “back home” (i.e., the birth country of her parents) in hope of an independent lifestyle and less restrictions.

but she chose a typical Indian guy from back home who's a lower caste obviously for a reason-

Riyad

For a reason yeah. she's probably thinking I'd rather be married to him cause he ain't gonna question me when I go out with my girlfriends and go see other guys. I will be able to do what I want

Naseem

Haaziq concludes the theme by explaining that although people should be able to choose their partners, they need the approval from significant persons, in this context this would be the family.

everyone has the right to choose who they fall in love with and sometimes you know you fall in love with people. you don't have a choice. you know you just fall in love with them. but I think you do have a choice of taking a relationship forward or you know to stopping it. everybody has the right to choose who they wanna be with. but obviously with consent from the right people. I want you to choose your own partners. but. as your parents. you know. I. we want to influence your decision.

Haaziq

Superordinate Theme 3: The role of the community and cultural rules

As discussed in the previous superordinate theme, the resurrection of ‘honour codes’ underpins societies where honour crimes occur. In an honour context, the outside world will judge how honourable an individual is based on their conduct. This status will also be a reflection of the family and/or community to which this person belongs. Society has a moral obligation to respect other members of their sect, based on adherence to the ‘honour codes’. If the code of honour is breached, the person (and their family) loses respect. The role of the

community becomes significant when behaviours, considered disrespectful, become public and when repair measures are necessary. Thus, honour killings are highly unlikely unless the transgression becomes known in the community.

1. Subordinate Theme: The concept of 'shame' and the effects of rumours and gossip

Upholding one's family respect and honour in the community was a prominent feature throughout the discussion. Behaviours viewed by the community as challenging the 'honour code' may result in HBV, as evidenced within discussions regarding vignette 4.

they knew that they were stepping on the edge. forming this relationship and what the community is going to say. you know what their families have got to say because it's like one in a million that it. that you'll see a successful marriage where both families from two different religions have agreed especially them religions. these kids should have known that. families of this kind teach their kids from day one. never get married to a Sikh or never get married to a Muslim. it's one of life's lessons. it's the code. the rules of being an Asian kid.

Haaziq

Individuals who adhere to the culture of honour regard family and community as the core of their social identity. Placing one's status in the community before the life of a 'rebellious' child was seen as common practice. Motivation for HBV was based on preserving a families' presentation within the community and following set cultural rules that contributed to honour. The focus groups featured discussions of rules about marriage, adhering to religion and the caste system, the importance of men and women being from the same cultural and social backgrounds, religion, caste, ethnicity, job, and in some cases even ancestral village. Participants highlighted throughout the focus group how dishonourable acts by women in particular lead to negative perceptions and the defacing of honour resulting in the family being viewed unfavourably within the community. Also going onto consider rules about not having sex or children outside of marriage. However, the zero tolerance of homosexual relations also featured heavily in this cultural rule book.

that's one of the biggest sins in Islam

Riyad

Kabira [affair] isn't it?

Haaziq

Yeah Kabira [affair] and homosexuality. those are the biggest

Naseem

Zina is the worst I think. in our Islam it says you will get one of the biggest punishments for this when you pass away

Riyad

2. Subordinate Theme: The exacerbating effects of shame, rumours and gossip

The role that the community played in maintaining adherence to these rules, by inadvertently putting pressure on parents to control their offspring was a strong theme in the men's discussions. One mechanism by which this is achieved is through the spread of rumours and gossip amongst close knit community members. As upholding family respect is perceived as part of honour, being part of community gossip is in itself seen as a breach of honour. Thus rumours and gossip can further exacerbate an initial act as a breach of the 'honour code' by the individual in question

In this situation she shouldn't have run away because that's shameful. You don't do that if you're Asian. People start to talk. People- people get to know that so and so's daughter ran away. and by the time it's gone round once. it's spread that she ran away with her boyfriend. or she ran away because she got pregnant you understand.

Riyad

It was made apparent that the community effectively dictate options and choices for the family when a dishonourable act has occurred, via the powers that the community collectively has to shower the family in shame and gossip.

if he went back to the community and said oh yeah I talked to the boy and told him to stay away the community would laugh at him. but if he went to the community and said I've dealt with him they'll be like ok brilliant we respect you so that reinforces his behaviour. it's possible that all this is the result of community pressure. it's like people have seen his daughter chilling out with a guy in the streets. they've gone back and told him and this is all that's going through his head and it's just gonna keep on getting him angry until he deals with it. the level of violence I think just shows how much the community means to him. how much he cares about his honour.

Indy

there is only one motivation. you know. it's all about the people. the people that make them you know change their lifestyle with the way people think about their families. there's another family across the street. you know you're in the UK. you're living your life here. it's got nothing to do with back home.

but the people across the street live in the same village as you back there. which they can make you look bad by telling your family back home or their own family. word will spread then. that word controls nearly all our life.

Naseem

Indy's quote expresses the detrimental effect of community gossip entwined with loyalty to the 'honour code'. Using the term 'dirt', Indy wants the audience to picture the woman's behaviour as a stain on her family's honour, which must be removed or "wiped". In this context, her leaving the community is not a sufficient repair measure, and rather an attack on her would be expected in line with community expectations. The psychological strain of her inappropriate behaviour on her family remains prominent and too much to comprehend. Even though she is out of sight she is not out of mind and is still a reflection of her family's prestige.

if the community had found out that his granddaughter had run away with a black man or a Muslim man that would be it for his name. people would laugh at him and he wouldn't be able to go anywhere so it's all about the higher person in the family like the granddad. they don't want their name in dirt. but what people don't understand is if it happens here word will get to India within a day. so he couldn't even travel back to India. he will be stuck here with that shame under his name. so that's why so people go to the extent of killing them. if they let them just runaway or just disown them they still have it in their heads that they are still alive and running around with other men and they can't take that. they feel if they have to face all this embarrassment then the woman shouldn't even be breathing. she has no right to be walking free like that. they want them wiped out and done with. the community expect them to wipe them out. it's like a normal thing now.

Indy

3. Subordinate Theme: Living between cultures

Finally, the competing pressures that young second and third generation South Asian people experience by living in a modern British world with first generation Asian relatives/parents were apparent. As demonstrated by Riyadh in vignette 1, a lack of generational understanding can motivate HBV.

her parents are probably born abroad. they been brought up there and they come here. so they're still used to that culture. so the young kid who is born in this country is used to the culture here. They are two different cultures so that's why they don't get on. That's why the situation was so negative between them. That's why the parents believe in get married who we choose for you and the girls believe in no I get married to who I want to

Riyad

they're from the culture which is a totally different. where they been brought up and everything. but they moved to this country. she's been brought up in this country. two different things. so you gotta expect her to live the way they live here. not the way they live back home.

Haaziq

Haaziq believes that open communication between child and parent would prevent HBV. However, he explains that this is not achievable within an Asian society due to family's main priority lying with honour and their status within the community. In order to preserve the honour code, parents choose to remain guarded and refrain from open communication with their children for fear of having to condone behaviours that are undesirable.

I think at that age you know you should have a bond. if- if you're a girl. with your mum. if you're a boy then with your father. you know where you can sit down and discuss openly about a. if her parents showed her warmth. you know told her to call- call- call her boyfriend over. sat down and spoke to him and said you know this can't happen. you know this can't happen. even if we agree other people are going to punish us. we will be laughed at out there. even your parents won't agree son. so instead of taking a life they should have counselled their children

Haaziq

Superordinate Theme 4: Fixing 'honour'

The duty of repairing the family's reputation is often delegated to male members of the family. Families who choose to disregard dishonourable actions and fail to exercise violent crimes are ostracised by their communities and are shamed in public. The 'honour code' is used to steer desirable behaviours therefore it is important, in the first instance, to prevent certain actions. The following themes describe the techniques employed by perpetrators as a means of fixing/repairing honour.

1. Subordinate Theme: Preventing temptation

Western influence was discussed at length and the perceived affect it had on the behaviour of South Asian women. Participants believed that girls were susceptible to Western ways and these are illustrated below.

you know you will have all them girls who watch TV and it's all these English channels. and when they watch them channels. the girls get ideas on how to dress and act. the girls think it's ok to run off and they do this and they think it's so easy to do and it's not. it's embarrassing to the family. These girls see everyone. all other white girls on TV. and they become trapped. they wanna be like the girls they see. but- but they not allowed to because their parents are strict on them.

Riyad

Our girls watch all these programmes. in the media. and dress in like short skirts and tight tops. it's disrespectful.

Haaziq

A form of preventing temptation was identified in the manner in which children were parented. In the following extract Riyad indirectly highlights that Muslim parenting is perceived as “harsh” in comparison to Western counterparts.

Christianity they don't care if their daughters boyfriend comes over and sleeps over. they think it's ok but it's not meant to happen. see now in Islam the parents steer away from all that so everyone else looking at these Muslim kids now thinking their parents are strict and too harsh on them

Riyad

Naseem follows this, explaining that sither (barriers) would be put in place to prevent any wrongdoing

this is why we have sither [barrier]they call it sither. there's a barrier as in like the guy's working in the shop and they've got a daughter. she loved him. because they're there. they're [the parents] are chilling in the living room while the daughters in and out of the shop. passing the guy all the while. she probably never had a boyfriend before. he's never had a girlfriend before. that. it's- it's- Yeah a barrier where she doesn't keep coming in and out. she stays back there.

Naseem

However if this did not work, physical chastisement was seen as another form of preventing temptation and ensuring that the victim adhered to the ‘honour code’.

she's probably fallen in love with him and that's it done. the dad didn't do anything to prevent it. but then now it's happened and he can't control his daughter. who has stepped out of line. he has no choice but to get rid. kill her. if this was me. I. well you know. I agree with the dad. I would beat her. wouldn't kill her but I would beat her cause I'd be so betrayed.

Riyad

2. Subordinate Theme: Repairing the damage

When honour was compromised or standards of the community were not met, key individuals were expected to take action. Participants explored a number of ways that honour could be repaired. Naseem believed that disowning the individual for a short time may be beneficial.

they can just disown the daughter. say go away and don't come back. or. she'll go for five six years and then she'll come back with three kids. ok we'll take you back. but never would they kill her. I don't think so

Naseem

Violence would be another means to repair the damage, in which the community views actions as commendable achievements.

the level of violence I think just shows how much the community means to him. how much he cares about his honour. but saying that these people don't care about Prison either they don't see it as shame. they see it as honour going to prison for killing someone.

Riyad

so basically she got married to someone she wanted to and her family waited all the way up till her wedding day to kill her yeah. the family left it that long that they've decided to kill her on her wedding day instead of talking about it before hand.

Haaziq

He gotta sort all this crap out. soon as it's sorted. then his honour is back on track. his honour's back. he can stick his chest out. he can get on plane and go back there and say yeah I sorted that shit

Naseem

it's just that inside them. building building and then all them flashbacks. the ego like he said. and you're thinking that honour man and the only way he thinks he can put a stop to it. that the community will throw a sheet over all of it and say you know what he kept his family's name is to kill

Haaziq

Where the use of violence proved ineffective, Naseem proposes his own way of restoring honour in times of violation. This would be to return back to his ancestral "roots", paying homage to the "regular culture". Believing that there was interference in the line of intergenerational transmission (i.e., what is acceptable and unacceptable behaviour for a female), the need to "refresh", strip the girl of her identity, everything that she has ever

known, and to teach her from scratch, would be an effective method of restoring the honour value system. In this extract he acknowledges that this may not work and there may be a need to leave her there.

if they [parents] feel like their daughters going out and doing stuff and coming home late straight away the best answer is. back home. let's go back home. Pakistan. Turkey or wherever. It's- it's just to go back to the roots kind of thing. back to the regular culture. It's kind of like they want to refresh. start from the beginning. teach her her culture from the bare bones. It's. You're trying to. It's like you've missed something out. like if your child. like if this was my daughter. I'd wanna take her back to what I was taught. what's the right and wrong things to do. you know if it was my last chance. my only chance. I would take her back home. This is my chance to show her. look. this is what we believe. this is our culture. come on let me show you. and just leave her there. that's it. done

Naseem

3. Subordinate Theme: Forced marriage

Regardless of their stance on this matter, forced marriages were acknowledged as remedies for acts of dishonourable behaviour. Usually these marriages take place within the family. While forced marriages serve to conceal the dishonourable act, they also release the father of his parental duties as she is now the responsibility of another male.

I think the parents were more worried about their family. thinking what they gonna say. they thinking our daughters life can get messed up aswell. They thinking that she can go with somebody that treats her like crap. but we're saying. like the uncle's son or whoever it was. they're thinking because he's related he will look after her. even if she does them mistakes. they'll be forgiven. but if your outside getting married to someone outside the family and our daughter's gonna go there. if she does something wrong they're gonna make her life hell. so they're thinking that as well.

Riyad

I think the fact that it's happening here. in Britain. firstly being forced to be married at seventeen which is terrible because that doesn't happen in Britain at all. but then the fact that she is apparently bringing shame on to the family because she doesn't wanna get married. I don't see how she's bringing shame. she's only seventeen and they shouldn't even be thinking of marriage at that age.

Indy

It is interesting to note that participant's distinguished the difference between a forced and an arranged marriage. They highlighted that forced marriages acted as an instant solution to repairing dishonour while arranged marriages are a separate entity.

You see arranged marriages I think are separate. there's a difference between a forced marriage and an arranged marriage. A forced marriage is when you say [clap clap] you have to marry him. you're going back home to get married to your Uncle's son or so and so. an arranged marriage is when you say ok what do you think of him and vice versa

Indy

Sometimes it's culture. like families. they don't know exactly what. they supposed to have their daughters opinion when it comes to marriage. see like Muslims before she gets married even if it's a day or an hour there's gotta be witnesses. we have the witnesses is for her to agree. like if- if- if the girls here and I'm the man you will have witnesses sitting there in front of them both. them witnesses have to see that she is agreeing to the marriage. if she's not then it's not allowed.

Naseem

Muslims have a nikah where obviously there's gotta be witnesses. when the witnesses go ask the girl on her own she has like a friend or her mum with her or whatever and like the boy will have his family or whatever. and then even on top. even if he's saying yes. or she's saying yes. the Imam. the molvi has to have his own perspective to think hang on is she being forced? cause if she looks as if she's being forced he can stop it right there.

Haaziq

Summary of Results

Beliefs about honour in the family

It was found that gender plays a key role in Honour Based Violence (HBV), with women and girls predominately at risk. Intergenerational transmission of attitudes was cited as a cause for this with an emphasis placed on the continuity of a society, which maintains particular cultural codes and beliefs. Values that were believed to be in line with acceptable behaviours, and that reflected parental standards, appeared to be transmitted more effectively than those that were akin to Western societal norms. The strength of these views were openly shared in the focus group where some participants took the perspective of the parent during certain scenarios. In describing acceptable behaviour, participants rejected the homogeneous group (in terms of religion and culture), and assigned themselves to the wider society explaining that male and female roles are widely known and must be adhered to. The collective community was more readily accepted than individualism especially when ‘appropriate’ information and attitudes were disseminated. In learning gender specific behaviours, early modelling and verbal communication of attitudes were considered important factors. These were particularly significant when it came to traditional values. HBV was regarded as common practice amongst families who wished to protect themselves against dishonour. This meant that the value of life and autonomy for females was considered to be insignificant. The socio-economic status of a family was highly valued and women are oppressed as a result of deviation from rules/codes of honour. The role of the father was the most significant in the family context as he was responsible for the decision making in the household. Because of this responsibility he would also be the one to face shame within the community for any wrongdoing by his offspring. The mother’s role was merely to comply with the decisions, however, in certain circumstances they may be advised to coerce young females into returning home or to pursue an arranged marriage. This was a direct consequence of the socialization she had become accustomed to in that she has been socialised into practices which support HBV. One of the most compelling messages to come out of this particular theme was that the notion of honour was ever present, even after death. The reputation of the deceased was now in the hands of the next generation and this was the repetitive ‘circle of life’ within this community. This message was used to teach future generations about their ancestral roots, remembering the honour of their parents (or grandparents) when embarking on particular behaviours, fundamentally to avoid dishonour. Patriarchy was a dominant feature

of this study and was a common characteristic of societies, which condoned HBV. Women were defined as ‘the respect’ and her actions were closely monitored. Women were not viewed as individuals in their own right and instead would start life as the property of the father and then, once married, the husband.

The community’s role in HBV

Social group membership and identity were prominent theoretical issues within the present study, with both issues providing some explanation regarding patterns and attitudes towards violence within the studied population. According to Tajfel (1982), an individual’s social identity is developed through their interaction with others from their social group, and that over time attitudes will become consistent with other members. Tajfel (1982) proposed that membership to our in-groups provides people with a sense of pride, which is important in terms of honour and prestige. To heighten an individual’s self-esteem, it is proposed to be necessary to enhance the reputation of the group to which they belong and to discriminate against those who are outside of the group. Within the present study, attitudes consistent with high levels of violence were dependent upon the level of commitment participants had to their community. The individuals who held traditional perspectives on family life and esteemed good practices were more prone to demonstrations of violence to cure dishonourable acts. This detail was fitting with the literature on attitude formation and intentional behaviour.

The community holds a great deal of power when it comes to HBV. For example, it is suggested that rumours and gossip spread quickly amongst the community and have significant implications when an individual’s family honour is at threat. To restore status or social standing in the community, appropriate action must be taken which is most commonly referred to as “saving face.” Violence is perpetrated against those victims who have stained (“dirt”) the family honour by bringing shame. Adhering to cultural rules were apparently ‘simple’ as long as men and women knew their roles. Women are expected to remain modest, pure, obedient, and virginal at marriage and must subjugate their personal autonomy and freedoms in order to uphold the honour of the family and community. While male members of society need to ensure women adhered to the rules of the community. Marriage was also an important feature under this theme where the strict caste system dictated suitable relationships. Participants expressed views, which symbolised social change and the challenges they faced as a result. Many believed that full transmission of values through the

generations was near impossible due the clash of cultures and their desire to ‘fit in’ with their Western counterparts. Some participants did raise the fact that if families refused to conform to South Asian culture, they may be more successful in orientating the value system of their children as opposed to pressuring them. However, they acknowledged that this would be at a cost and this cost would be rejection from their community.

Factors that drive HBV

A common feature amongst participants who sustained honour values were the benefits they identified when conforming to group norms. For example, when dealing with a scenario where the victims disregarded accepted standards of moral behaviour, participants felt that being able to hold their head high within their community would far outweigh any negative consequences of committing HBV. Fear of rejection from their social group was a powerful force underlying committing acts of HBV, as rejection would mean that they would also lose their sense of identity. A breach of household or community codes was cited as the main reason for HBV where victims (in particular females) were harmed for actual or perceived “immoral” behaviour. The execution of female relatives is considered appropriate in communities who sanction the practice and many ‘outsiders’ will turn a blind eye for fear of retribution. Further to this, attempting to prevent the disciplinary actions towards a dishonourable child equates to a threat towards the “big cycle” of intergenerational transmission, which deters individuals from intervening on behalf of the victim. In addition, blaming the victim for transgressing from the ‘honour code’ was common amongst participants. In traditional Asian families, the caste system prevents free choice of partners; therefore, an arranged marriage is deemed the most appropriate method of parents finding a suitable spouse for their child. The father was responsible for finding a suitable partner for his daughter and in some communities this partner is sought within the family. This was felt to ensure continuous surveillance of the daughter on entering a new family. Within the context of marriage, ‘the word’, which the father gives to seal an arranged marriage was seen as integral to maintaining respect and honour. If the daughter attempted to retract from this agreement and choose her own partner, HBV would be sanctioned.

Making sense of the ‘honour code’

Participants stressed how important it was to restrict any breaches of the ‘honour code’. To do this they felt it was important to prevent temptations and create boundaries for family members. Authoritarian figures within patriarchal social groups reinforced established gender

roles and expected moral behaviours. It was commented that establishing a sense of shame was used to deter individuals from committing acts considered to be immoral and to ensure they conformed to gender roles. Group members worked together to remedy situations, which were deemed to have impacted on the reputation of the collective community. In traditional societies where the concept of shame governed the behaviour of its members, honour killings are more likely to be condoned due to the belief that the action of an individual may affect the social status of family members and others in the community who are connected by the individual. Western influence was seen as prevalent in moulding the behaviour of more susceptible third generation South Asian women. The manner in which such women dressed and presented in the wider community (i.e., the wearing of more western fashions) would draw attention and result in rumours and gossip being spread within communities. As children were regarded as a reflection of their parents, ultimately the shame concept would compel them to perpetuate acts of HBV. Acts of HBV were thought to repair some of the damage (e.g., the embarrassment) the child had caused. Types of actions that could be applied included, disowning the child, physical chastisement, forced marriage or murder in the most extreme cases.

Discussion

The aim of this study was to explore the attitudes of British-born young South Asian Males about their cultural understanding of ‘honour’ and Honour Based Violence (HBV). Attempts were made to explore the perceptions and understandings of young men in relation to HBV, and findings revealed significant factors that, in some way, contribute to the occurrence of HBV. The study analysed factors that permit and encourage honour killings and suggests that whilst gender discrimination against women strongly contributes to a great number of female victims in South Asian societies, honour crimes are not exclusively gender specific. Other significant factors such as preservation of ethnic identity, deep-rooted cultural practices and the concept of shame also promoted acts of HBV.

Participants

In the study, participant’s views were independent of one another however, where participants were similar in terms of religion and background, participants may have had some influence on each other regarding the responses given towards the latter part of the discussion.

In the more emotive scenarios, participants employed ‘reflection-in-action’ (Schön, 1991), critically examining thoughts and behaviours in order to judge their suitability to share in the focus group context. The precise function that the reflective process served is unknown, however, it is suggested that it may serve to allow time to gather thoughts and filtering contributions made in light of responses from others in the group. In addition, it may be indicative of some discomfort being experienced or of being generally mindful of the manner in which they portrayed themselves. This was noticed particularly in Haaziq’s interaction with vignette four, where he initially argued that everyone has the right to choose who they fall in love with. However, upon observing the group dynamics following this comment he paused then argued that this could only occur if consent is obtained from the “right people”.

Within the group setting it was felt there was an element of participants attempting to teach the researcher. Throughout the discussion; participants made statements such as “you understand?” and “this is what we do, you get it?” to ensure the researcher has been able to

comprehend the points they were making. These types of statements were most often used to ensure the researcher understood their justifications for acts of violence.

In response to all of the scenarios, participants referred to the female victims as “the girl” rather than by the name provided. At times, participants would clap their hands following making a concluding point in order to emphasise the importance of the statement they had made. Parental attitudes towards blame were discussed in group, for example, Riyadh expressed views which excuse crimes of honour on the basis that the victim, the media or the mother were to blame.

Strengths

The present study took a unique approach to studying the attitudes of young South-Asian men with regards to the phenomenon of HBV. Through the use of vignettes, it provided participants with an opportunity to discuss the occurrence of HBV in their communities within a safe environment. Through the use of Interpretative Phenomenological Analysis (IPA) it was possible to gain comprehensive insights into attitudes towards HBV of the men in the sample. The small sample allowed for in-depth analysis of participant responses thus providing valuable information to help inform strategies to address pro-HBV attitudes.

Limitations

While the present study provides valuable insights there are certain limitations, which must be taken into account. For example, participants may have provided responses to the vignettes that they felt to be more socially desirable or alternatively may have embellished their responses in order to portray themselves in a favourable light in terms of adhering to cultural norms. Another limitation is that findings from the focus group were based on the attitudes of men from two ethnic groups (namely Pakistani and Indian young males). Although there are overlaps between the two South Asian backgrounds (i.e., culture and traditions), the present study fails to acknowledge variations between the ethnicities. It is recommended for further research to focus on separate ethnic groups in order to provide more group specific information. In addition, although the small sample size allows for in-depth analyses, it can be argued that the findings are not representative of the wider population and therefore cannot be generalised. In order to achieve results that are generalisable it is recommended that larger scale studies be conducted across a wide range of locations. It is recommended that in order to reach such further populations, researchers should consider

advertising in venues such as places of worship and community centres. Furthermore, in order to obtain a more representative sample group it may be beneficial to recruit participants for whom English is not their first language. This may help to capture the essence of the narrative voice, which may otherwise be lost if translated into English. Further to this, the study population could be widened to investigate the attitudes of first and/or second generation South Asians. Finally, the present study did not include a diverse population in terms of socioeconomic status. For future research it may be beneficial to recruit participants from differing socioeconomic backgrounds and consider factors such as the impact that educational attainment may have upon attitudes and beliefs towards HBV.

In terms of data collection, there are two methods that could be considered in future research that may help to collate attitudes consistent with HBV. Firstly, one to one interviews could be conducted with participants exploring the personal meaning they attach to the concept of honour and any personal experiences they may have of this phenomenon. Questions could be shaped around the context of the family and community based on findings from existing literature, which cite these two areas as significant in shaping attitudes and beliefs within South Asian communities. A second approach could be utilising the social networking platform, collecting data from particular groups developed by South Asian users who regularly discuss prevalent issues within their community. It could be worthwhile sharing a HBV scenario and then analysing the comments left on the networking site.

Theoretical implications

In line with Tajfel's (1982) theory of social identity (discussed above) group membership and identity were prominent theoretical issues within the present study. This theory provides an explanation for the patterns and attitudes towards violence within the studied population.

Group participants disclosed personal beliefs, which would influence their identity, intentions and group membership. Within the present study individuals who held customary perspectives on family life and esteemed good practices were more prone to demonstrations of violence to cure dishonourable acts. Attitudes, which were consistent with high levels of violence, were dependent upon the level of commitment participants had to their in-group (i.e., their community). They wanted to ensure that group-orientated goals were achieved and that they were accepted therefore endorsed HBV. A common feature amongst participants who sustained honour values were the benefits they identified when conforming to group

norms. For example, when dealing with a scenario where the victims disregarded accepted standards of moral behaviour, participants felt that being able to hold their head high within their community would far outweigh the negative consequences of committing HBV. Fear of rejection from their social group was a powerful force as it meant that they would also lose their sense of identity, therefore upholding these attitudes were essential. It is suggested that interventions in this context must therefore seek to educate young individuals who will be influenced by community norms.

Practical implications

The practical implications of this study mainly concern the issue of victim safety and the processes behind HBV. From the research, planning of crimes along with family collusion and the concept of shame played a vital role in the acts of HBV. It is suggested that male members of the family are conditioned into upholding systems of beliefs anchored on male dominance, patriarchy and family honour and respect in order to avoid any shame and dishonour within communities. They are taught to monitor the behaviours of their female counterparts, as they are the “respect”. Female victims of HBV are placed in a powerless position. Cultural norms dictate that men are responsible for the protection of family and/or community honour. The reinforcement of gender roles and responsibilities make it difficult for women to challenge inequalities. Taking these factors into account, there is an evident need for interventions to target gender role misconceptions in HBV in the first instance, and to dilute ‘cultural’ and ‘religious’ justifications, which may reinforce perpetrator beliefs. Interventions may not be successful until gender inequality is challenged on a societal level and the mobilisation of women is promoted. Police and other agencies such as Social Services may need to take an active role in working with local communities to educate individuals about HBV and its consequences. There is a need to enable individuals to talk openly and honestly about abuse and to educate women in particular about the options and services available to them. It is only then that the lens of HBV can be adjusted and the “regular culture” can be amended.

The themes identified in the present study provide useful information, which may assist in constructing practical prevention programmes in order to reduce the likelihood of HBV and the potential long-term consequences. Universal primary prevention programmes aim to shape views and behaviours before violence and abuse has occurred. Targeting those young individuals who are more prone to adjusting intentional behaviours based on the attitudes

around them should be made a priority; this could be achieved through interventions in educational settings. It may be beneficial to have prevention programmes in schools based on addressing healthy and unhealthy relationship patterns; promoting zero tolerance in terms of HBV by changing norms associated with this crime; and decreasing gender stereotypes and improving conflict management skills. These modules may help to embed an understanding of gender equality in the context of healthy relationships, which may serve as an effective primary prevention technique. Through education such as this, children could learn to foster a negative view of HBV which may reduce the likelihood of them committing acts of HBV later in life and of accepting acts of HBV within their communities. It is necessary to address attitudes held by children, which are consistent with patriarchy and male dominance in order to reduce instances of HBV. In addition, programmes aimed at changing the attitudes of parents may be beneficial in terms of addressing some of the misconceptions parents may be indoctrinating their children with.

From an organisational point of view, many steps can be taken to influence best practice with regards to addressing HBV. It is essential that these organisations are aware of the cultural barriers that may prevent members of the South Asian communities opening up about HBV. Therefore, considerations may include; the manner in which disclosures are dealt with; developing minimum standards which include safeguarding procedures (i.e., not mediating between families); establishing a means of discreet contact; maintaining victim confidentiality; reassuring victims that they are not going against their religion and that HBV is a crime; and enforcing protection orders and setting conditions to these.

Conclusions

IPA analysis has provided an interesting insight into the lives of British-born young South Asian males regarding their attitudes towards 'honour' and HBV. The study has provided a basis for future research and has identified key themes, which may assist in developing treatment targets for group based intervention programmes. It is suggested that intervention programmes should challenge beliefs and attitudes consistent with HBV in order to decrease incidents of HBV in communities.

CHAPTER FOUR

Critique of a psychometric measure:

The Domestic Abuse, Stalking, Harassment and Honour Based
Violence (DASH) risk checklist

Abstract

Honour Based Violence (HBV) has become a major concern in recent years due to a perceived rise in victimisation. In the UK alone, approximately 3000 cases of HBV took place between 2010 and 2011. According to the Iranian and Kurdish Women's Rights Organisation (IKWRO, 2014), many of these victims had prior contact with law enforcement agencies who failed to implement protection measures to those who were deemed at risk. The Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk checklist (Richards, 2009) was designed to assist front line professionals to identify victims who are at a high risk of harm of different forms of aggression and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC). The checklist is the first of its kind to acknowledge HBV in the UK and seeks to identify victims at high risk of harm, in addition to highlighting dangerous and serial perpetrators. In the following chapter, the DASH risk checklist is discussed with reference to effectiveness in assessing risk in HBV. The potential need to consider HBV as a separate issue is highlighted and implications for future risk assessment are considered.

Introduction

Honour Based Violence (HBV) has become a major concern over the years due to a substantial rise in reports from victims. In the UK alone, approximately 3000 cases of HBV were reported between 2010 and 2011 compared to the 1590 cases between 2009 and 2010 (IKWRO, 2011). It is important to note that incidences of HBV may often go unreported due to the family's desire to cover up the crime (Gill, Begikhani, & Hague, 2012). Law enforcement agencies are tasked with protecting victims as well as managing the risk posed by perpetrators. However, according to Iranian and Kurdish Women's Rights Organisation (IKWRO, 2014), many of these agencies have failed to appropriately identify HBV cases and to further enforce protection measures to those victims deemed at risk. Following a number of serious case reviews, agencies were found to have had prior contact with victims and the lack of accurate risk assessment tools to measure victim vulnerability became clear (IKWRO, 2014). The reviews reiterated the importance of victim safety and first response in cases of HBV given the levels of family/community surveillance, which prevents professional intervention in supporting victims. The need for a risk assessment tool, measuring risk factors traditional of targeted violence, was deemed essential.

In order to increase victim safety, the specialised Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk checklist (Richards, 2009; Appendix W) was introduced as a means of identifying individuals at high risk of HBV as well as providing an indication of the likelihood that an offender will re-offend. The aim of this chapter is to provide an understanding of HBV risk assessment through a critique of the DASH risk checklist currently used by practitioners working with adult victims of Domestic Abuse. A brief overview of the use of risk assessment in correctional services will be provided. The checklist will then be discussed in terms of its validity and effectiveness, and reference will be made to its practical application in the area of HBV.

History of risk assessment in forensic practice

Risk assessment has been described as a "decision-making process through which we determine the best course of action by estimating, identifying, qualifying, or quantifying risk" (Nicholls, Desmarais, Douglas, & Kropp, 2006, p. 276). A primary aim of risk assessment in forensic settings is to predict the likelihood that an individual will re-offend (Andrews &

Bonta, 2010). However, there has been a shift in current risk assessment instruments to further provide practitioners with information regarding specific needs of offenders and victims which can then be addressed through treatment and risk management techniques (Andrews, Bonta, & Wormith, 2006).

Outcomes of many risk assessments used within correctional services across the UK provide practitioners with information regarding the criminogenic needs of an individual and an indication of the likelihood that an offence will re-occur (Andrews & Bonta, 2010). Identifying a client's risk of harm to others and themselves is considered necessary to inform decision making in regards to sentencing and behaviour management as well as the type and intensity of treatment programmes necessary to meet the criminogenic needs of the individual offender (Fazel, Singh, Doll, & Grann, 2012). In forensic practice, there are three broad types of risk assessment: unstructured clinical judgement; actuarial risk assessment tools; and structured professional judgement.

First Generation: The Unstructured Clinical Approach

Risk assessment based on clinical judgement is reliant on a clinician's knowledge and experience. Through observation, interviews and access to background information, the assessor uses their judgement to draw conclusions regarding the needs of an offender and the likelihood of a re-offence occurring (Andrews & Bonta, 2010). Research investigating the accuracy of clinical judgement has yielded mixed results although evidence generally points to the short-comings of the method and highlights difficulties in relying on this subjective assessment to predict risk level (Lavoie, Guy, & Douglas, 2009).

Second Generation: The Actuarial Approach

In contrast to the clinical approach, the actuarial approach to forensic risk assessment uses statistical algorithms to formulate risk level and identify offender needs by providing risk scores on a range of items. Algorithms used in actuarial assessment tools are largely based on research findings regarding risk factors for offending. The objective of this approach is to provide an estimation of the level of risk an offender poses and the likelihood of a re-offence occurring (Fazel, Singh, Doll, & Grann, 2012). Actuarial risk assessment tools are often based on static risk factors such as age and offence history, as such they have been criticised for being unable to consider fluctuations in the level of risk due to environmental/dynamic factors (Hatcher, 2008). However, more recent actuarial risk assessments include both static

and dynamic risk factors (Andrews & Bonta, 2010). Actuarial risk assessments have been found to largely out-perform clinical judgement in predicting level of risk (Grove, Zald, Lebow, Snitz, & Nelson, 2000).

Third Generation: Structured Professional Judgement

The current trend in forensic risk assessment is the Structured Professional Judgment (SPJ) approach which is thought to combine the best of clinical and actuarial approaches to the assessment and management of risk (Webster, Muller-Isberner, & Fransson, 2002). The approach was introduced by Borum who criticised the clinical and actuarial approaches based on their inability to “reflect on the state of discipline with respect to empirical knowledge and professional practice” (Borum, 1996, p. 125). Douglas et al. (2014) have continued to raise the SPJ profile through tools such as the Historical, Clinical and Risk Management Scales (HCR-20). In SPJ, information is accumulated, scored/weighted and consolidated on the basis of the evaluator's knowledge of current evidence in the field and professional judgment based on their expertise (Douglas & Kropp, 2002). Assessors are urged to consider the same set of risk evaluation variables for every client thereby enhancing the consistency of the method as well as providing an evidence trail for the overall risk level rating (Hart & Boer, 2009). Compared to the unstructured clinical approach, the SPJ approach prompts practitioners to consider a range of empirically validated variables as opposed to basing outcomes on selected variables. For successful SPJ assessments, practitioners are instructed to follow set guidelines, refer to current empirical knowledge and to be clear in their reports as to why certain risk factors have been identified as being of relevance to the overall risk level (Andrews & Bonta, 2010).

Risk assessment for HBV

In the area of HBV the principles of actuarial risk assessment and SPJ are applied to obtaining information from victims in order to identify those at risk of harm and to intervene to prevent further instances of HBV. Using victim accounts in order to provide information regarding the level of risk posed by an offender is an approach that has proved valuable. Indeed, victims can provide important information such as the mental health status of the offender, any previous violent behaviour and significant personality features which would not be possible to obtain from the offender (Kropp, 2008). However, not all researchers endorse the assessment of risk based primarily on the victim's account because of potential difficulties in obtaining accurate information. Victims may fear the repercussions of

reporting, and crucial information regarding the risk the offender may pose to them may be under or over reported as a result (Nicholls et al., 2006).

The Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk checklist

The DASH risk checklist was developed by Richards (2009) on behalf of the Association of Chief Police Officers (ACPO) in partnership with Safe Lives (previously known as CAADA - Coordinated Action Against Domestic Abuse). It was designed to assist front line professionals to identify victims who are at high risk of harm whose cases should therefore be referred in the Multi-Agency Risk Assessment Conference (MARAC) where agencies work together to devise co-ordinated safety plans to support victims. This process has been found to significantly reduce rates of recidivism (Robinson, 2004). The checklist is the first of its kind to acknowledge the phenomenon of HBV in the UK and seeks to identify high risk cases and dangerous and serial perpetrators.

Development of the DASH risk checklist

The DASH risk checklist (2009) was built on the existing practice of the Separation, Pregnancy, Escalation, Culture, Stalking and Sexual Assault (SPECSS+) Risk Identification, Assessment and Management Model (Richards & Stanko, 2003). The SPECSS+ was originally designed to assess a victim's vulnerability in cases of Domestic Abuse (DA) and identify the presence of any significant risk factors. Items included in the SPECSS+ predictive tool were based on risk factors of serious harm and homicide in DA, identified through information provided by a Multi-Agency Team (e.g., police officials, practitioners, academics, experts in the field and victims), reviewing existing literature, and analysing cases of DA murder, DA sexual offences and 'serious' DA offences (e.g., ABH, GBH, kidnappings and attempted murder). The tool was based on the premise that "certain characteristics could be more predictive of homicide than others" and that "physical violence is the most frequent precursor of spousal homicide" (Richards & Baker, 2004, p. 14). Richards and Stanko (2003) established six high-risk identification markers for DA: *Separation* (including issues of child contact/custody); *Pregnancy* (or new birth where women are considered to be at greater risk of violence; Mezey, 1997); *Escalation, Community Issues and Isolation* (barriers to reporting); *Stalking*, and *Sexual Assault*. A further eight additional (+) factors were also included as prompts for front-line officers to consider: abuse of children; abuse of pets;

access to weapons; suicidal tendencies of perpetrator or victim; drug and alcohol problems, jealous and controlling behaviour; threats to kill; and mental health problems (ACPO, 2008).

The risk identification markers proved useful in filtering high risk cases and helped prioritise incidents reported to the Police. Since SPECSS+ implementation in 2003, there was found to be a 58% reduction in recorded domestic homicide, serious incidents and repeat victimisation of DA in the UK (Chaplin, Flatley, & Smith, 2011). However, it is not possible to ascertain the extent to which this reduction is due to the implementation of the tool.

Due to concerns by clinicians working in the field of DA regarding the validity of the tool, a need to further develop the SPECSS+ was identified. The suggestion was made that the tool failed to include more complex risk factors for DA, therefore limiting the ability of practitioners to accurately assess and subsequently manage risk (Debbonaire, 2008). As a result, Richards continued to research and develop the SPECSS+ Model to create a new common toolkit which addressed the shortcomings of the SPECSS+. This evaluative information is unavailable to the public (Dixon & Robb, 2015; Kelly et al., 2013; Thornton, 2011; Wheller & Wire, 2014). The DASH risk checklist was subsequently developed from a comprehensive literature review, data analysis of 56 murders (including DA, HBV and Stalking), 450 ‘near misses’ and 104, 000 lower level incidents (Richards, 2010), and through consultation with national and international academic experts and practitioners. The final stages of the checklist were subject to extensive piloting with practitioners and victim focus groups.

Overview of the DASH risk checklist (2009)

The DASH risk checklist (2009) is a 27-item checklist containing both static and dynamic risk factors. It is designed to ascertain the type and frequency of DA, with 11 additional *follow-up* questions relating to Stalking and Harassment and 10 additional *follow-up* questions that relate specifically to HBV. The checklist can be administered by a number of front line practitioners (e.g., police officers, DA specialists and nurses) following an initial disclosure of DA by a victim. It is designed to be used with those experiencing current rather than historic DA and should ideally be administered close in time to the last incident of abuse that an individual has suffered. Victims are asked a series of questions to which they respond “yes,” “no” or “don’t know”. A comment box is available at the end to note down any issues of significance which may not have been covered in the main body of the form. Following its

completion, the total number of “yes” responses are calculated and any case totalling 14 or above is referred to a MARAC.

Critique of HBV items within the DASH risk checklist

Integration of risk factors for HBV in the DASH risk checklist

Honour Based Violence (HBV) has been defined as “a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community” (CPS, 2013a, p.68). HBV is a collection of practices, which are used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a perpetrator believes that a relative has ‘shamed’ their family and/or community by breaking the ‘honour code’. For example, HBV might be committed against people who: become involved with a boyfriend or girlfriend from a different culture or religion; want to get out of an arranged marriage; want to get out of a Forced Marriage; wear clothes or take part in activities that might not be considered traditional within a particular culture. Although HBV is a form of Domestic Abuse, it is argued that the collection of practices within HBV is distinctive from that of DA and, as such, it should be classed as a separate form of violence which requires separate guidelines on how to help victims (Dickson, 2014; Khan, 2007). For example, as outlined by Chesler (2009), HBV is most commonly planned and executed with multiple family member involvement. DA is typically carried out by one person with no family complicity and is often unplanned and spontaneous. The need to differentiate between types of abuse has been recognised with the DASH risk checklist which contains items specific to HBV.

According to Gill (2009), women and girls are the most common victims of HBV, however, it can also affect men. Crimes of honour do not always include physical violence. Crimes committed in the name of ‘honour’ might include; physical abuse, stalking, harassment, psychological abuse (threatening or abusive phone calls, emails and instant messages), forced marriage, forced repatriation (sending someone back to a country from which they originate without their consent), assault or even being taken and held against ones will. HBV is illegal and a violation of human rights. Abuse of these forms are largely underreported due to victims being too scared, shocked or tied by family or community loyalties to speak out. Victims fear that ‘criminalising’ their families and/or their faith group may result in social isolation. It must be stressed that HBV does not always include aggression by an intimate partner but can be perpetrated by any family member. Evidence from research and analysis in

the Metropolitan Police Service (MPS) shows that most often wives are the victims of honour based murder at the hands of their husbands, and daughters at the hands of their fathers (Richards & Dhothar, 2007). Recent statistics released by the MPS (2013) demonstrate the seriousness of HBV and its increasing prevalence in modern society. In developing the DASH risk checklist (2009), Richards highlighted the need to increase police and practitioner understanding of HBV in order to manage risk.

As a result of the emerging research for HBV, two specific questions were incorporated into the DASH risk checklist in order to identify risk in this area. Questions were developed in collaboration with Jasvinder Sanghera, founder of Karma Nirvana (KN; a UK based charity that supports victims and survivors of Forced Marriage and Honour Based Abuse). Sanghera has spent years researching the phenomenon of HBV and explains that although there is no 'honour' in these types of crimes, the motivation is honour based. She further stresses the importance of utilising ones professional judgement in these cases and being mindful of family dynamics (Sanghera, 2014). In 2008 she established the Honour Network Helpline and has received approximately 30,000 calls in the UK alone (December 2008 – November 2013). The statistics below taken from Karma Nirvana (2013) outline the calls made to the helpline for the period of January to November 2013:

- **6519** calls from victims, averaging **550** calls per month
- **12,847 outgoing calls** to assist victims of forced marriages and honour based violence
- **Top 5 calling areas:** London, Birmingham, Stoke on Trent, Leeds and Manchester
- **3170 calls from women, 182 calls from men & 83 calls from couples** who faced issues of Honour Based Violence and Forced Marriages
- **351 calls** from victims aged 17 and under
- **636 calls** victims aged 18 to 24
- **279 calls** involved victims with a learning difficulty or disability

Based on the information above, the two HBV specific questions included in the main body of the DASH risk checklist (2009) are:

- *Does (... ..) try to control everything you do and/or are they excessively jealous?*
(Practitioners are required to focus on family dynamics and the possibility of the victim being 'policed at home' as well as having their conduct observed/monitored).

- *Is there any other person who has threatened you or who you are afraid of?*

The DASH then goes onto identify ten risk factors of HBV that were identified by Richards and Dhothar (2007) in their analysis of 56 murders within the MPS between 1996 and 2006. Sanghera (2007) corroborated these risk factors through her own clinical observation and anecdotal evidence of clinical cases referred to her organisation. These cases included low level incidents as well as near misses. The risk factors that transpired from these cases included: truanting; self harm; house arrest or ‘policed at home’; fear of being forced into an engagement or marriage; pressure to go abroad; isolation; a pre-marital relationship or extra marital affairs; attempts to separate or divorce (child contact issues); threats that they will never see the children again; and threats to hurt/kill.

Whilst her field experience (clinical judgement) is valued within the formation of these questions, the lack of empirical testing (actuarial methods) in deriving the risk factors of HBV is a significant limitation. Furthermore, in the DASH risk checklist, the 10 risk factors that Sanghera provides are only explored when victims meet the threshold associated with the two questions located in the main body of the checklist. No empirical tests have been conducted to warrant the hierarchal ordering of these factors. However, since her involvement in the development of the DASH, Sanghera has introduced the new ‘Karma Nirvana: Specialist forced marriage and honour based abuse risk assessment’ (Sanghera, 2013) which at the present time is only being used by police forces in South Wales. This document is not available to the public and is currently in the process of testing (over a 12 month period) and the findings will be published following data collection and analyses (A. Manota, personal communication, February 9, 2015).

Issues specific to Honour Based Violence

In cases of HBV, the practitioner administering the DASH risk checklist needs to establish which relatives orchestrate the abuse (Payton, 2014). As stated in the research, the male relatives of the victim are usually the perpetrators; however, the females are also known to play a ‘special’ role in aiding the abuse. This role consists of psychologically and emotionally abusing the victim to conform to the cultural norms within their society (Gill, 2006). Examples may include reinforcing the notion of ‘shame’ and dishonour to the family if they disagree to a marriage or run away from home. Unfortunately those who are ‘aiding’ the

abuse currently go undetected due to the structure of the DASH risk checklist which directly addresses the primary perpetrator. Professionals need to remain alert to the presentation of *all* family members whilst conducting the assessment and consider certain details as ‘masking’ in order to protect the family’s honour. “Younger relatives may be selected, to avoid senior family members being arrested and due to the perception that younger offenders may receive a more lenient penalty” (Safe Lives, 2015, p. 10). Therefore, practitioners should consider the family dynamic as part of the model and seek to collate information from other sources (e.g., social service or police files). In considering these issues, Richards, Letchford and Stratton (2004) acknowledge the wider perpetrator population and subsequently advise professionals administering the DASH to assess the following factors in relation to the nature of the risk, and actions they may take as part of a safety plan:

- The ongoing relationship or connection between the perpetrator(s) and victim may enhance vulnerability to future abuse and act as a barrier to help-seeking option.
- Other siblings being subject of similar issues.
- Strong extended family network.
- Family may seek to locate and pressurise victim.
- Family may seek to remove/abduct victim, including taking the victim abroad.
- Threat to new partner/ex-partner.
- The perpetrator(s) history of abusing others in a domestic context or of other violent behaviour.

(Richards, Letchford, & Stratton, 2008, p. 145)

Distinguishing between HBV and Domestic Abuse in the DASH risk checklist

It has been argued that the DASH risk checklist (2009) does not appreciate the distinct features that are present within HBV (Dickson, 2014). Victims of Domestic Abuse (DA) have been defined as “adults who are or have been intimate partners or family members” (Department of Health, 2005, p. 10). However, HBV is distinguished from other forms of violence in that it is often committed with some degree of approval and/or collusion from family (including aunts, uncles, cousins) and/or community members (CPS, 2013b). Therefore, extending the definition of DA to victims of HBV is problematic as this would exclude a huge proportion of the HBV victim population for whom violence is committed by multiple family members and members of the community. In addition, DA definitions focus

on victims over the age of 16, however, it has been noted that victims of HBV are often children (Gill, 2006). It is suggested that merging HBV under the banner of DA for the purposes of risk assessment may lead to a failure to identify risk in this area.

There has been little evaluation in terms of the accuracy of the checklist. Risk factors for Domestic Abuse, Stalking and Harassment were identified on the basis of their presence in the 56 cases of murder in London (as mentioned above) and have never been compared (in terms of presence) to a wider selection of domestic abuse cases that did not involve serious or lethal violence (control group). The specific risk factors of HBV are presented on the basis of Sanghera's clinical observation in an HBV case referral organisation. This fundamental lack of empirical rigour and testing raises questions about the validity and reliability of the tool.

As mentioned above, the DASH risk checklist contains two questions (out of the total twenty-seven questions) considered to be specific to HBV. Some questions contained in the checklist lack relevance in the case of HBV, for example, question nineteen focuses on the mistreatment of animals, which literature fails to associate with HBV. In accordance with traditional DA definitions the majority of the questions assume a single, controlling perpetrator which is not accurate in cases of HBV where the extended family and wider community may also be implicated. Unlike the DASH, the PATRIARCH (patriarchal violence with honour as a motive; Kropp, Belfrage, & Hart, 2005) checklist used in Sweden was developed to focus solely on risk factors for HBV. The original version was launched in 2005 using a structured professional judgment approach to assessing risk in HBV (Belfrage et al., 2012). The PATRIARCH was developed based on literature of risk factors specific to HBV as well as the expertise of professionals working within the field of psychiatry. With the inclusion of fifteen risk factors for HBV, the PATRIARCH checklist could be argued to provide the assessor with a more comprehensive overview of the potential risk of HBV than the DASH checklist. However, no empirical tests have been conducted to derive the predictive validity of the PATRIARCH in estimating the likelihood of risk of HBV. However, in a study of 56 HBV cases in Stockholm, a significant correlation was observed between the number of risk factors and vulnerability factors (proven to be significant in all contexts of targeted violence) in the PATRIARCH, and the level of risk assessed by the police (Belfrage et al., 2012). Prior to this, in 2009, the Swedish National Council for Crime Prevention analysed 117 cases of HBV with multiple perpetrators, and found that law enforcement agencies conducted a more in-depth investigation when they administered the

PATRIARCH. Hence its validity as a structured professional judgement tool, or aide memoire, has been demonstrated.

Limitations in administering the DASH risk checklist

In order to measure the level of risk, the DASH checklist requires the victim to provide answers relating to their current experience of DA following the initial response to an incident by the Police. Information is heavily dependent on the victim's self-report and the results are largely determined by this data. Difficulties exist in relying solely on self-report data, such as victim reluctance to report information due to a fear of retaliation by the perpetrator.

Looking specifically at the structure of the DASH, the questions are repetitive which may 'lead' the victims to respond in a certain way. The use of closed questions eliciting "yes", "no", or "don't know" responses may result in the victim feeling devalued and the experience being impersonal, subsequently affecting the manner in which information is disclosed. Over or under reporting is concerning in this regard especially when such an assessment is utilised within forensic populations and results can affect safety procedures as well as decisions made within the judicial process. Fear plays a big part especially for younger victims of HBV. They may view the assessment process as 'persecuting' their parents or an avenue to being removed from their care (CPS, 2013b). Some victims may make their own seemingly irrational decisions not to use the safety strategies offered by criminal justice or other agencies. Additionally, victims may feel responsible for future victimisation, particularly if insufficient responsibility is placed on the perpetrator, or in the case of questions regarding harm reduction, focusing on their behaviour rather than the perpetrators (Gill, 2009). This can often result in risk assessment measures being perceived as victim-blaming in turn potentially labelling victims in practitioners' minds as either "deserving" or "non-deserving" (Radford & Gill, 2006). Particular care needs to be exercised in the design, as well as the operation, of risk management systems in order for such limitations not to occur, as this will leave many victims unprotected and unlikely to ask for further help.

The DASH risk checklist works on the premise that the victim will provide an honest account of their DV experience immediately or soon after the event, allowing an MDT to exert safety procedures. The questions asked are of a very personal nature and many untrained and unspecialised policing teams may feel uncomfortable asking them especially if it is the first

time attending to a victim of this type of crime leading to difficulties in gathering information (Macvean & Ridley, 2007). In addition victims seeking help from practitioners may not have the opportunity to disclose information without an audience (i.e., family members); therefore, it is essential that this issue be taken into account and addressed in order to allow a victim to disclose valuable information (HM Government, 2009). One positive aspect of the DASH is that additional information can be sought from case files and other agencies to supplement victim statements. Furthermore, it is suggested that the need to complete the checklist on the day of the incident may be distressing for the victim. It may therefore be beneficial for the assessment to be completed at two separate intervals so professionals have some indication of the support that they will require in regards to safeguarding and protection. Lastly, as identified during development of the PATRIARCH checklist used in Sweden (Belfrage et al., 2012), the level of risk of harm can increase following the perpetrator being made aware a report has been filed against them. Unlike the DASH, the PATRIARCH contains a two-phased summary of risk, which has improved the ability of professionals to identify risk levels. In addition, the PATRIARCH includes the option for including “other considerations” regarding HBV factors. For this reason the PATRIARCH is not viewed as an actuarial risk instrument, with scores, cut-offs, and norms. Although the DASH uses an actuarial method and enforces cut-off scores to determine risk level, the “other relevant information” box allows the freedom of structured professional judgement.

Due to the lack of HBV specific questions contained in the DASH, it is suggested that accuracy could be increased if the DASH were administered by practitioners who have an in-depth knowledge of HBV who are therefore better able to pick up on common cues related to this specific type of crime (Payton, 2014). Furthermore, they are also better able to recognise if primary offenders are misleading or obstructing assessment procedures. At present, there are no professional standards in terms of minimal qualifications of those conducting the assessment and it is not currently mandatory for DASH assessors to have an in-depth knowledge of HBV. Where practitioners administering the DASH risk checklist lack awareness of HBV issues, inaccuracies may occur in assessing the severity of risk of HBV; therefore training specific to HBV should be provided to those administering the DASH risk checklist.

As mentioned, the DASH risk checklist involves the use of cut-off scores to determine risk level. Richards (2009) states that cut off scores are based on research; however, this research

is unavailable to the public (Dixon & Robb, 2015; Kelly et al., 2013; Thornton, 2011; Wheller & Wire, 2014) and so practitioners are required to contact the author to determine the validity and reliability of the scoring system. If a minimum cut off score is to be set, it is important that cut off points are based on the findings of robust, peer reviewed empirical research. A non-validated scoring system could lead to inaccuracies of estimated likelihood of risk of harm, which could have life threatening implications for future victims. Both false positives and false negatives may lead to negative consequences. Inaccuracies in scoring can also lead to difficulties in securing a conviction if the accused is to re-offend (Roehl & Guertin, 2000).

Conclusion

The DASH risk checklist is currently the only assessment readily available in the UK to help frontline practitioners identify high risk cases of Domestic Abuse, Stalking, Harassment and Honour Based Violence. The incorporation of specific risk factors for HBV into the DASH risk checklist provides recognition of HBV as a problem in society and highlights the need to take action to increase the safety of victims. The DASH risk checklist can be seen to provide a common framework that can be used amongst many professionals involved in cases of HBV and can provide information to service providers to decrease level of risk to the victim. The measure can be used by a range of professionals and is important in informing decision making regarding interventions to increase the safety of victims (Robinson, 2004). Additionally, the DASH risk checklist helps to ensure that services are allocated to those who need them most and that these services are tailored to the individual needs and situation of the offender and victim. It is proposed that the DASH risk checklist allows for a more accurate method of assessing danger than relying solely on professional judgement (Richards, 2009).

It is however important to note that the checklist is based largely on a narrative review of the literature and to date, findings of empirical tests of the tool are not available to the public (Dixon & Robb, 2015; Kelly et al., 2013; Thornton, 2011; Wheller & Wire, 2014). In order to assess the effectiveness of the DASH it is essential that the tool is empirically tested and the results disseminated in peer reviewed journals, thus meeting the minimum requirements of all assessment tools that predict harm (Belfrage et al., 2012). In addition, it is suggested that like the PATRIARCH, the DASH risk checklist should not be used in an actuarial manner; practitioners should not base decisions solely on cut-off scores but should use scores to help

inform their SPJ in order to judge risk factors and predictors for current cases of HBV (Roberts, Campbell & Lloyd, 2013).

Due to the potential consequences of inaccuracies in assessing risk in HBV, it is argued that any measure used should be subject to rigorous empirical research to test its efficacy and determine cut off scores used for the prioritising of cases. As mentioned, risk factors for HBV differ in various ways from those for Domestic Abuse (Dickson, 2014; Kropp et al., 2005). As such, it is suggested that a risk assessment tool specific to HBV be empirically developed (Dickson, 2014). Despite the current lack of an evidence for the DASH risk checklist with reference to HBV it has shown some positive results in terms of a screening tool for the MARAC. However, due to the obvious need to increase victim safety it should be a priority to obtain reliability and validity evaluations of the DASH, to provide practitioners with training on HBV specific issues and to develop an HBV specific measure (Dickson, 2014).

CHAPTER FIVE

General Discussion

General Discussion

Over the past decade, Honour Based Violence (HBV) has captured the attention of the British media and has become a widespread public concern (Gill, 2009). Examining what drives crimes of honour has been a neglected area of research, despite the rising number of reported HBV cases in the UK (IKWRO, 2014). The underlying beliefs and attitudes that underpin crimes of honour have resulted in many vulnerable members of society being placed at risk. Victims, usually young women, are likely to suffer immense psychological consequences, both in the immediate and long term period (Brandon & Hafez, 2008). Often these women are trapped in harmful situations with no means of escape for fear of reflected shame and loss of honour; restricting them from accessing professional services (Gilbert, Gilbert, & Sanghera, 2004).

This thesis set out to advance academic understanding of the cultural context of HBV in Asian and Middle Eastern communities. This was achieved through three pieces of research; a systematic literature review, a research study, and a critique of a psychometric measure. This thesis arguably provides a much needed investigation into HBV given that in the UK, 6% of young South Asian men recently surveyed justified so called ‘honour’ killings (ComRes, 2012).

Summary of chapter two (Systematic literature review)

The systematic literature review aimed to explore South Asian and Middle Eastern male attitudes towards HBV across the globe and identify the themes that are most prevalent in supporting/motivating this crime. Perpetrators of HBV are predominantly male (ACPO, 2010), therefore the review focused on the attitudes and experiences of males. The review aimed to identify themes of attitudes towards HBV which are associated with acts of HBV.

Following a systematic search of suitable electronic databases (using keywords to identify attitudes, experiences, and beliefs of HBV) only five articles were considered relevant for review. Due to the paucity of research in the area it was not possible to identify key themes that had consistently been shown to contribute to acts of HBV. However, the review did highlight the presence of a range of potentially supporting/motivating factors that were prevalent in the cultural context of HBV such as; male dominance and patriarchy; female

chastity; religion and culture; socialization; and education. In addition, the review also highlighted a disparity between male and female attitudes and experiences of HBV, whereby males were more likely to hold attitudes supportive of HBV than females.

Summary of chapter three (Research project)

The lack of literature in the area of attitudes towards HBV found in chapter two highlighted the need for further research to investigate attitudes underlying acts of HBV. The research project reported in chapter three aimed to address this current lack of knowledge of male attitudes, experiences and beliefs regarding ‘honour’ and HBV, and to identify potential motivating factors for acts of HBV in a sample of British-born South Asian males. Analyses of a focus group revealed themes that were found to be linked to HBV. Four predominant themes emerged: 1) *Gendered accountability in honour*; 2) *The ‘honour code’ – factors that drive HBV*; 3) *The role of the community and cultural rules*; and 4) *Fixing ‘honour’*. The role of the community and cultural rules were central discussion points in the focus group; responses from participants highlighted the power of cultural norms and the importance to participants of being viewed as honourable within their social group. There was also a misplaced sense of ‘honour’ from participants who reinforced gender roles and believed that the female member of the family carried the respect of the household. This finding may offer some explanation as to the high suicide rate (approximately three times the national average) amongst South Asian women in Britain (UNISON, 2014). It is hypothesised that the pressure placed on women to conform to the ‘honour code’ and to remain ‘honourable’ in society can become overwhelming resulting in such actions (Doğan, 2013; Dyer, 2015).

Summary of chapter four (Critique of a psychometric measure)

The aim of chapter four was to critically evaluate a psychometric measure currently used to assess risk in HBV. The chosen measure was the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH; Richards, 2009) risk checklist. Based on literature in the area of HBV, the critique suggests that the DASH risk checklist (2009) fails to appreciate the distinct features that are present within this phenomenon. Previous research highlights the presence of risk factors specific to HBV; as such there is an evident need for an HBV specific risk assessment (Gill, 2009). However, the DASH risk checklist (2009) has been found to provide a common language that can be used amongst many professionals involved in cases of Honour Based Violence and can provide useful information to service providers. The critique highlights the need for the tool to be empirically tested and for the results to be

widely disseminated in peer reviewed journals, meeting the minimum requirements of all risk assessment tools that predict harm.

Limitations and suggestions for further research

The use of a focus group for the research project reported in chapter three could be subject to some criticism. While there are strengths of using a focus group it could be argued that being asked about personal attitudes, experiences and beliefs, regarding a sensitive and potentially controversial topic, may have led to participants censoring their responses. Participant responses may have been impacted by investigator effects. That is participants may have responded to questions based on unintentional cues from the researcher. However, the use of IPA methodology that encourages open responses has been shown to engage participants and not lead their responses (Smith, Flowers, & Larkin, 2009). Furthermore, the group dynamic may have impacted upon participant responses, for example some participants may have altered their responses to be in accordance with the views of other group members. However, in this research project, the use of vignettes to facilitate discussion within the focus group may have assisted in promoting discussion of the sensitive issue as opposed to attempting to elicit personal experiences directly from the young men. This method has proved effective in previous research (Dixon & Larkin, 2014). It is essential in a focus group setting for group dynamics to be appropriately managed to “permit participants to express their opinions and to prevent them from being silenced by other group members or pressured to conform to a consensus position” (Palmer et al., 2010, p. 117). Lastly, one key limitation with the use of focus groups is that the findings are not representative of the wider population and therefore cannot be generalised.

However, the use of focus groups in a psychological study can be seen to be beneficial in terms of providing participants with a platform on which to give an in-depth account of their views and experiences on a subject matter that is important to them. As suggested by Palmer et al. (2010), the focus group setting “appeared to allow group members to co-constitute narratives and multiperspective accounts that would probably not have emerged in single interviews” (p. 117). The multiple perspectives expressed within a focus group is thought to create possibilities for discovery of views, and bring to light subconscious thoughts and feelings about an experience which may not surface until the participant is required to react to “the stimulus of other people’s sense-making efforts” (Tomkins & Eatough, p. 248). In addition, focus groups also have the potential to reveal differences in views and opinions

between individual participants which may be of further interest (Stewart, Shamdasani, & Rook, 2007). Further to this, within a focus group setting, the researcher is able to pose questions and use probes in order to obtain more authentic and in-depth responses which would not be possible through alternative methods of data collection, such as questionnaires.

In future research, it may be beneficial to gather views regarding HBV through one to one interviews with participants to control for the potential impact of other group members. It may also be of value to conduct the research into attitudes towards HBV using sample groups of females and non-British born samples as comparative groups. Such research may offer support for the current study and reveal additional themes which are apparent in the cultural context of HBV. It is suggested that additional research is necessary in order to develop effective interventions for perpetrators of HBV, and to instigate prevention measures to reduce the likelihood of acts of HBV in future generations.

Implications for practice

The Public Health Approach to violence prevention

The primary focus of public health centres on the safety and wellbeing of all individuals. The public health knowledge base receives input from a diverse set of practitioners from settings such as education, social services, social policy and justice (Dahlberg & Krug, 2002). The collaborative work of these agencies has assisted in addressing the problem of violence through the implementation of the four step Public Health Approach (Department of Health, 2012). Through the identification of risk factors (i.e., factors that increase the likelihood of offences occurring) and protective factors (i.e., factors that decrease the likelihood of offending) allows practitioners to understand the reasons that underly offending. Research is therefore key in assisting the development of evidence-based prevention programmes. In addition, programmes must be evaluated to assess how effective they are in targeting factors associated with violence and ultimately reducing offending. Lastly, the findings of research and programme evaluations must be widely disseminated (e.g., through training events and conferences) to ensure practitioners within multi-disciplinary settings are provided with an evidence base on which to make decisions.

It is suggested that the Public Health Approach could be used to guide work in the area of HBV in order to assist in developing preventative measures. The three categories of

prevention (i.e., primary, secondary and tertiary) could help safeguard individuals currently at risk, as well as intervening with those who may pose a risk to others in the future.

Primary prevention involves preventative efforts with the target population to protect individuals from experiencing harm. In the context of HBV, addressing the issue through media campaigns like those facilitated by Iranian and Kurdish Women's Rights Organisation (IKWRO) may alert people to the issue in the first instance. Following this, educational provisions within the local communities may be of benefit in terms of raising awareness and addressing attitudes supportive of HBV. For example, intervening with youth in the community through collaborations with youth services may be effective in addressing pro HBV attitudes as members of the local community are likely to interact and share experiences and views (as discovered in the survey by ComRes, 2012). In facilitating discussions at community venues, young people may be more likely to make disclosures and accept other view points than if they were in the presence of authority figures. Intervening in local communities to raise awareness of the issue of HBV and address pro HBV views may be an effective preventative technique provided it is placed appropriately. For example, it may be beneficial to ensure that individuals who are highly regarded in the community be present at community gatherings where discussions addressing HBV take place in order to increase the likelihood that the views of the community as a whole will change (Brandon & Hafez, 2008).

Secondary prevention is enforced following an incident in which an individual or individuals are deemed to be high risk of harm. The aim of secondary prevention is to reduce the risk of re-offending and prevent future victimisation in their earliest stages. In the context of HBV, it is essential for ongoing research to take place in order to identify the risk and vulnerability factors for HBV. Risk assessment is a form of secondary prevention in terms of assessment of HBV. The critique of the DASH (see Chapter 4) establishes the need for a risk assessment tool for HBV to be developed in order to increase the accuracy of predictions of risk based on the measure. It is further suggested that the measure be subjected to rigorous evaluation and that findings be published in order to establish the reliability and validity of the tool. In addition, as for other psychometric measures, mandatory training for practitioners performing assessments is essential. As mentioned, despite the current usefulness of the DASH in helping to identify individuals at risk of harm, there is a clear need for a risk assessment tool specific to HBV which should be made widely available to practitioners in order to improve victim safety (Gill, 2009).

Tertiary prevention refers to the management of a particular on-going situation. In the context of HBV this could involve addressing cultural issues which support HBV as well as the rehabilitation of perpetrators. From the current research study, gendered accountability in honour was a perceived requirement throughout the generations where men and women had contrasting responsibilities. Female members of the household were held accountable for fulfilling the 'honour code' whilst male members were responsible for restricting the undesirable behaviours of females in their family. In such circumstances, defending their own honour may result in the instruction of HBV. In order to develop a range of preventative interventions for HBV it is first necessary to consider the issue within its cultural context. While respect must be paid to certain cultural practices, tertiary intervention must target those who maintain engrained beliefs which support the practice of HBV.

It is suggested that practitioners working in the field of HBV are made aware of risk factors for HBV to utilise this knowledge in order to assist individuals at risk of harm. In addition, practitioners would benefit from a knowledge of attitudes underpinning acts of HBV (as outlined in this thesis) in order to develop preventative measures.

Conclusion

Collectively, the literature review, research project and critique presented in this thesis help to advance the knowledge base in the area of HBV. It is suggested that certain attitudes are linked to acts of HBV (as reported in Chapter 3); such knowledge of pro HBV attitudes is key to the development of preventative interventions which aim to change such attitudes. In addition, the critique of the DASH checklist highlights the view that there are risk factors specific to HBV and that there is therefore a need for a risk assessment tool specific to HBV. The research reported above highlights the need for professionals to have an in-depth knowledge of the issues surrounding HBV in order to intervene to reduce risk. There is an evident need to address HBV specific risk factors and additional issues in existence in HBV such as the determination of community members to conceal these crimes. It is suggested that, in order to reduce the cases of HBV for future generations, preventative interventions are made within communities to educate individuals on the topic and to challenge the attitudes associated with the practice of HBV.

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APPENDICES

Appendix A: Search terms

Database	Search Terms
PsycINFO	(hono* adj2 (violence or kill*)).ti,ab. UK Britain England Scotland Wales Attitudes (hono* adj4 (violence or kill*)).ti,ab. Experiences Beliefs Views
MedLine	(hono* adj2 (violence or kill*)).ti,ab. UK Britain England Scotland Wales Attitudes/ (hono* adj4 (violence or kill*)).ti,ab. Experiences Beliefs Views
Web of Science	hono* NEAR/2 violence or kill*.ti,ab Attitudes hono* NEAR/4 violence or kill*.ti,ab. Experiences Beliefs Views
ASSIA	hono* NEAR/2 violence or kill*.ti,ab All Fields hono* NEAR/4 violence or kill*.ti,ab. All Fields Attitudes Experiences Beliefs Views
Birmingham University Library Catalogue	hono* violence hono* killing
Wolverhampton University Library Catalogue	hono* (violence or kill*)All Fields Attitudes Experiences Beliefs Views

Appendix B: Search strategy results

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
PsycINFO <i>1-19</i>	1. (hono* adj2 (violence or kill*)).ti,ab. 2. UK 3. Britain 4. England 5. Scotland 6. Wales 7. 1 and 2 and 3 and 4 and 5 and 6	0	1987 – January 2014	19	14 January 2014
	8. exp attitudes/ 9. 1 and 8	8			
	10. (hono* adj4 (violence or kill*)).ti,ab. 11. 8 and 10	11			
	12. Experiences 13. 1 and 12 14. 10 and 12 15. Beliefs 16. 1 and 15 17. 10 and 15 18. Views 19. 1 and 18 20. 10 and 18	0			

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
MedLine <i>19-40</i>	1. (hono* adj2 (violence or kill*)).ti,ab. 2. UK 3. Britain 4. England 5. Scotland 6. Wales 7. 1 and 2 and 3 and 4 and 5 and 6	0	1946 – January 2014	21	14 January 2014
	8. exp attitudes/ 9. 1 and 8	20			
	10. (hono* adj4 (violence or kill*)).ti,ab. 11. 8 and 10	1			
	12. Experiences 13. 1 and 12 14. 10 and 12 15. Beliefs 16. 1 and 15 17. 10 and 15 18. Views 19. 1 and 18 20. 10 and 18	0			

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
Web of Science <i>40-50</i>	1. hono* NEAR/2 violence or kill*.ti,ab AND Attitudes	3	1898 – January 2014	10	14 January 2014
	2. hono* NEAR/4 violence or kill*.ti,ab. AND Attitudes	3			
	3. hono* NEAR/2 violence or kill*.ti,ab AND Experiences	1			
	4. hono* NEAR/4 violence or kill*.ti,ab. AND Experiences	1			
	5. hono* NEAR/2 violence or kill*.ti,ab AND Beliefs	0			
	6. hono* NEAR/4 violence or kill*.ti,ab. AND Beliefs	2			
	7. hono* NEAR/2 violence or kill*.ti,ab AND Views	0			
	8. hono* NEAR/4 violence or kill*.ti,ab. AND Views	0			

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
ASSIA 50	1. hono* NEAR/2 violence or kill*.ti,ab AND Attitudes	0	All dates	0	14 January 2014
	2. hono* NEAR/4 violence or kill*.ti,ab. AND Attitudes	0			
	3. hono* NEAR/2 violence or kill*.ti,ab AND Experiences	0			
	4. hono* NEAR/4 violence or kill*.ti,ab. AND Experiences	0			
	5. hono* NEAR/2 violence or kill*.ti,ab AND Beliefs	0			
	6. hono* NEAR/4 violence or kill*.ti,ab. AND Beliefs	0			
	7. hono* NEAR/2 violence or kill*.ti,ab AND Views	0			
	8. hono* NEAR/4 violence or kill*.ti,ab. AND Views	0			

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
Birmingham University 50	1. hono* violence 2. hono* killing	0	All dates	0	14 January 2014

Database	Search Strategy	Number of Hits	Period	Total Number of Hits	Date Accessed
Wolverhampton University 50-52	1. hono* (violence or kill*)All Fields AND Attitudes	2	All dates	2	14 January 2014
	2. hono* (violence or kill*)All Fields AND Experiences	0			
	3. hono* (violence or kill*)All Fields AND Beliefs	0			
	4. hono* (violence or kill*)All Fields AND Views	0			

Appendix C: Expert contact

Expert Contact	Position	Contact Details	Number of Papers Gathered	Date Accessed
Dr Roxanne Khan	Lecturer in the School of Psychology, University of Central Lancashire	rkhan2@uclan.ac.uk	3	Various
Dr Aisha Gill	Lecturer in the School of Psychology, University of Roehampton	a.gill@roehampton.ac.uk	4	Various
Dianna Nammi	Director of the Iranian and Kurdish Women's Rights Organisation	admin.ikwro@gmail.com	1	Various
Jasvinder Sanghera	Director of Karma Nirvana	Karma Nirvana PO BOX 148 Leeds LS13 9DB	1	Various

Appendix D: Inclusion/Exclusion criteria

Author : Date : Title :	Inclusion Criteria	Criterion met?	Comment
	Population Does the population consist of males, age 18 years and above of Asian or Middle Eastern ethnicity?	Yes Unclear No	
	Intervention Has one or more of the following tools been employed to assess attitudes, experiences or beliefs: Interviews, Surveys, Questionnaires, Focus Groups, Vignettes?	Yes Unclear No	
	Comparator If the study looks at a comparative group does the population consist of females, age 18 years and above of Asian or Middle Eastern ethnicity and does the study also investigate attitudes, experiences and beliefs in relation to HBV?	Yes Unclear No	
	Outcomes Have attitudes, experiences or beliefs towards HBV been measured from a male perspective, residing in any country?	Yes Unclear No	
	Can themes be derived from the results?	Yes Unclear No	
	Study Design? Is the design one of the following: Cross-Sectional (Qualitative or Quantitative) Longitudinal(Qualitative or Quantitative) Content Analysis Self-Report Descriptive	Yes Unclear No	

If all questions answered yes, include study.

Appendix E: Quality appraisal checklist – Qualitative cross sectional

Study Overview Y – Yes (1point) N – No (0 points) U – Unsure (No Score)	<i>Main Reviewer</i>	
	<i>ID No.</i>	
	<i>Brief Reference</i>	
	<i>Purpose</i>	
	<i>Study Type</i>	
	<i>Methods Used</i>	
	<i>Evaluative Summary</i>	

	Questions	Y	N	U	Comments
Initial Screening					
1	Is the research question clearly presented?				
2	Does the study have a clearly focused aim?				
3	Is the study addressing factors associated with Honour Based Violence?				
Study Design					
4	Is a qualitative cross sectional study an appropriate way of answering the question?				
5	Has the study addressed the question being asked?				
Sampling and Selection Bias					
6	Is the sample representative?				
7	Is the sampling strategy appropriate to address the research aims?				
8	Were participants randomly selected?				
9	Is the sample size justified?				
10	Is the information on demographic or background factors of participants sufficient?				
11	Did any participants choose not to take part in the study? Why?				
12	Have the authors identified important confounding factors?				
Ethics					
13	Have ethical issues been taken into consideration (e.g. consent, confidentiality, opportunity to withdraw, opportunity to retain data, participants debriefed, anonymity and distress to participants)?				
Data Collection					
14	Is it clear how the data was collected?				
15	Is the form of data clear (e.g. tape recordings, field notes etc)?				
16	Are the methods chosen justified?				
17	Has the researcher clearly explained the methods (e.g. for an interview method is there an indication of how the interviews were conducted)?				
18	Do the researchers describe the procedures for keeping data organised and retrievable (Recording of data described e.g., audio tape, written notes, transcriptions checked for accuracy, use of a software program described, field notes and memos kept and included in data analysis)?				
Attrition Bias					
19	Was there a loss of participants or dropout?				

Data Analysis					
20	Is there an in depth description of the analysis process?				
21	If thematic analysis was used, was it clear how the categories or themes derived from the data?				
22	Is sufficient data presented to support the findings?				
23	Is contradictory data taken into consideration?				
24	Do the findings directly address the research question?				
25	Has the researcher examined their own role, potential bias and influence during analysis and selection of data critically?				
26	Have the limitations of the study and their impact on the findings been taken into account?				
27	Can the study be replicated (Processes/Paper/Audit trail, Coding systems and Interpretation Processes clearly described)?				
Findings					
28	Are the findings clear?				
29	Are the participants representative of the UK?				
30	Has the researcher discussed the credibility of the findings (more than one analyst)?				
31	Are the findings discussed in relation to the original research question?				
32	Is there a discussion about limitations?				
33	Can results be applied to individuals regardless of culture and size?				
34	Has the researcher discussed the contribution the study makes to existing knowledge or understanding?				
35	Does it increase the confidence with which existing knowledge is regarded?				
36	What are the implications for policy and practice – how is it ‘fit for purpose’?				
37	Can the results be applied to the UK population?				
38	Can the results be applied to other populations?				

Appendix F: Quality appraisal checklist – Quantitative cross sectional

Study Overview Y – Yes (1point) N – No (0 points) U – Unsure (No Score)	<i>Main Reviewer</i>	
	<i>ID No.</i>	
	<i>Brief Reference</i>	
	<i>Purpose</i>	
	<i>Study Type</i>	
	<i>Methods Used</i>	
	<i>Evaluative Summary</i>	

	Questions	Y	N	U	Comments
Initial Screening					
1	Is the research question clearly presented?				
2	Does the study have a clearly focused aim?				
3	Is the study addressing factors associated with Honour Based Violence?				
Study Design					
4	Is a quantitative cross sectional study an appropriate way of answering the question?				
5	Has the study addressed the question being asked?				
Sampling and Selection Bias					
6	Is the sample representative?				
7	Is the sampling strategy appropriate to address the research aims?				
8	Were participants randomly selected?				
9	Is the sample size justified?				
10	Is the information on demographic or background factors of participants sufficient?				
11	Did any participants choose not to take part in the study? Why?				
12	Have the authors identified important confounding factors?				
Measurement and Detection Bias					
13	Has Honour Based Violence been clearly defined and measured?				
14	Were the measurements for outcome objective?				
15	Was the outcome measure validated?				
16	Is it clear how the data was collected, e.g. questionnaire?				
17	Was the assessment instrument(s) for outcome (questionnaire/survey) standardised?				
Ethics					
18	Have ethical issues been taken into consideration (e.g. consent, confidentiality, opportunity to withdraw, opportunity to retain data, participants debriefed, anonymity and distress to participants)?				
Data Collection					
19	Is it clear how the data was collected?				
20	Are the methods chosen justified?				
21	Has the researcher clearly explained the methods (e.g. for an interview method is there an indication of how the interviews were conducted)?				

Attrition Bias				
22	Was there a loss of participants or dropout?			
Outcome Bias				
23	Was the outcome measured in a way that was correct?			
24	Were the measures used valid and reliable for the population defined?			
25	Are the results presented well and is the main result explicit?			
26	Has the researcher examined their own role, potential bias and influence during analysis and selection of data critically?			
27	Have the limitations of the study and their impact on the findings been taken into account?			
28	Can the study be replicated?			
Data Analysis				
29	Is there an in depth description of the analysis process?			
30	Was the statistical analysis used correct?			
31	Are the results significant?			
32	Are the results unbiased?			
33	Are the methods and design used reliable for the study?			
34	Is there a discussion about limitations?			
35	Is there sufficient enough data presented to support the findings?			
36	Do the findings directly address the research question?			
Findings				
37	Are the findings clear?			
38	Are the participants representative of UK ?			
39	Has the researcher discussed the credibility of the findings (more than one analyst)?			
40	Are the findings discussed in relation to the original research question?			
41	Is there a discussion about limitations?			
42	Can results be applied to individuals regardless of culture and size?			
43	Has the researcher discussed the contribution the study makes to existing knowledge or understanding?			
44	Does it increase the confidence with which existing knowledge is regarded?			
45	What are the implications for policy and practice – how is it ‘fit for purpose’?			
46	Can the results be applied to the UK population?			
47	Can the results be applied to other populations?			

Appendix G: Characteristics of included studies

		1
Author(s) Year Country Title	Araji & Carlson (2001) <i>Jordan</i> Family Violence Including Crimes of Honour in Jordan	
Study Design	Cross-Sectional	
Research Question/ Hypotheses (specifically focusing on Honour Based Violence)	Investigate University students' perceptions of the seriousness of family violence in Jordan, including crimes of honour and, within constraints, identify demographic and attitudinal factors associated with these perceptions. 1. Students will perceive all types of family violence (emotional, physical and crimes of honour) as serious problems 2. In comparison to male students, female students will perceive family violence as a more serious problem 3. Students who live in urban areas will perceive family violence as a more serious problem than those who reside in rural areas 4. Students, particularly males, whose attitudes support traditional family roles will perceive family violence as a less serious problem than those who hold egalitarian attitudes	
Sample Size Ethnic and Religious Group	Part 1 605 Middle Eastern (Muslim)	Part 2 176 (Marital Status: Single only participants)
Comparison Group Sample Size Ethnic and Religious Group	Female Students in Part 2 only 166 Middle Eastern (Muslim)	(Marital Status: Single only participants)
Sampling Method	Stratified Random	
Assessment Tool	Survey (validated)	
Results	Part 1 Crimes of Honour: <ul style="list-style-type: none"> 63% (n=382) of the students viewed crimes of honour as very much of a problem in Jordan. 17% saw it as somewhat of a problem 12% did not see it as much of a problem 13% of men (n=43) compared to 11% of women (n=33) indicated personal exposure to crimes of honour Part 2 Determined factors that influence students' perceptions of the pervasiveness of family violence.	
Themes associated with HBV	Male Dominance Patriarchy Female Chastity Social Class Religion and Culture	
Data Analysis	Descriptive Statistics ANOVA Multiple Classification Analysis	

		2
Author(s) Year Country Title	Adana Arslantas, Ergin, Bicer, Kiransal, & Sahin, (2011) <i>Turkey</i> Views of male university students about social gender roles; an example from east of Turkey	
Study Design	Cross-Sectional	
Research Question/ Hypotheses (specifically focusing on Honour Based Violence)	Determine the views of male nursing students on social gender roles at work, social life, marriage and family life.	
Sample Size Ethnic and Religious Group	Male 116 Middle Eastern (Muslim)	
Comparison Group	None	
Sampling Method	Opportunity	
Assessment Tool	Questionnaire	
Results	<p>44.8% Approved honour killing</p> <p>When asked for some of the reasons for their approval of honour killing:</p> <ul style="list-style-type: none"> • 11.2% said they would blame themselves very much if they would not kill; 6.0% said they would be alienated within the society; 4.3% said this was ordered by religion • Students who approved of honour killing were also found to support violence towards women. • Students who witnessed violence at some stage of their lives supported violence towards women <p>Following the study it was considered that the students should be educated about the definition of violence and situations involving violence, and directed to consultant services.</p>	
Themes associated with HBV	Socialization Male Dominance Patriarchy Religion and Culture Education	
Data Analysis	<p>Mean, SD and Percentages used in the evaluation of descriptive statistics</p> <p>In the analytical evaluation, Chi-square Test and Fisher's exact test were used for the comparison of non-parametric data.</p>	

		3
Author(s) Year Country Title	Can & Edirne (2011) <i>Turkey</i> Beliefs and attitudes of final-year nursing students on honour crimes: A cross-sectional study	
Study Design	Cross-sectional	
Research Question/ Hypotheses (specifically focusing on Honour Based Violence)	Evaluate perceptions of nursing students about honour crimes and examine their beliefs about enquiring information from victims of honour crimes. 1. Nursing students are aware of honour crimes and related factors 2. Male and female nursing students differ in that nurses should be involved in the detection of honour crimes	
Sample Size Ethnic and Religious Group	Male Students 51 Middle Eastern Muslim	
Comparison Group Sample Size Ethnic and Religious Group	Female Students 174 Middle Eastern Muslim	
Sampling Method	Stratified Random	
Assessment Tool	Survey (Pilot tested with 12 students. Responses were dichotomised and displayed positive results)	
Results	<p>Male Views (n=51): 94% had heard of honour crimes 28% stated that honour rules would apply in their family 16% felt devoted to honour rules 51% had witnessed honour crimes 8% would justify honour crimes</p> <p>Motivations for honour crimes (male views, n=51): 73% Chastity 57% Religion 51% Low level education 12% Economy 31% Male dominated society 35% Tradition 65% believed that asking for honour crimes is useful 51% believed that nurses should ask patients about honour crimes. Significantly higher number of female (64%) than male students (31%) believed that honour crimes were associated with a male-dominated society. Findings support the belief that gender has an influence on student's and nurses' perceptions, attitudes and tolerance of honour crimes.</p>	
Themes associated with HBV	Female Chastity Socialization Religion and Culture Male Dominance Patriarchy	
Data Analysis	Descriptive Statistics used Chi-Squared Test was used to analyse associations between categorical variables.	

		4
Author(s) Year Country Title	Shaikh, Shaikh, Kamal, & Masood (2010) <i>Pakistan</i> Attitudes about honour killing among men and women – perspective from Islamabad	
Study Design	Cross-Sectional	
Research Question/ Hypotheses (specifically focusing on Honour Based Violence)	Determine the opinions of men and women pertaining to killing in the name of and saving one's honour, utilising vignettes.	
Sample Size Ethnic and Religious Group	Male 307 Asian (Muslim)	
Comparison Group Sample Size Ethnic and Religious Group	Female 294 Asian (Muslim)	
Sampling Method	Convenience	
Assessment Tool	Interview Questionnaire Vignette Questionnaire and Vignette were checked for validity and approved by two psychologists and all authors.	
Results	Cumulatively, 343 (57.1%) respondents believed that the man in the vignette did the right thing by killing his wife. Male (n= 307): <ul style="list-style-type: none"> • 190 thought that the man did the right thing by killing his wife to save his honour • 182 thought the man should also have killed the man found with his wife • 103 thought instead of killing his wife the man should have asked for a divorce and to leave the home • 44 thought that the man should have forgiven his wife Female (n= 294): <ul style="list-style-type: none"> • 153 thought that the man did the right thing by killing his wife to save his honour • 159 thought the man should also have killed the man found with his wife • 117 thought instead of killing his wife the man should have asked for a divorce and to leave the home • 77 thought that the man should have forgiven his wife. 	
Themes associated with HBV	Male Dominance Patriarchy Female Chastity Education Religion and Culture	
Data Analysis	Statistical analysis was done using STATA 9. Vignette responses – male and female comparisons using Pearson Chi-square Test	

		5
Author(s) Year Country Title	Ali (2008) <i>Britain</i> Is the motivation of 'honour crime' cultural or religious?	
Study Design	Cross-Sectional	
Research Question/ Hypotheses (specifically focusing on Honour Based Violence)	Distinguish whether 'honour crimes' are encouraged by Islam or motivated by cultural beliefs and distinguish the boundaries between religion and culture and whether they interconnect or are dissimilar. The research will investigate the following questions: 1. The term 'honour crime' and the motivation behind it. 2. Cultural issues that emerge when looking at honour crimes 3. The Islamic perspective on honour crimes and the Shariah Law 4. The UK Legislation on Honour crimes 5. The Human Rights Act 1998 and the Universal Declaration of Human Rights and Honour Crime.	
Sample Size Ethnic and Religious Group	Male (3) and Females (5) 8 South Asian	
Comparison Group	None Compared Primary and Secondary data	
Sampling Method	Convenience	
Assessment Tool	Primary and Secondary data Interviews	
Results	All 8 respondents felt HBV was culturally motivated	
Themes associated with HBV	Education Social Status Religion and Culture Male Dominance Patriarchy	
Data Analysis	Grounded Theory	

Appendix H: Quality of the included studies

		1
Author(s) Year Country Title	Araji & Carlson (2001) Jordan Family Violence Including Crimes of Honour in Jordan	
Recruitment Procedure	Stratified Random Two Universities	
Characteristics of participants	MALE: Single and Middle Eastern (Muslim) sample used Part 1 Part 2 605 176 FEMALE: Single and Middle Eastern (Muslim) sample used (only in Part 2) 166	
Assessment Tool	Survey (validated)	
Exposure/Outcome Assessment & Validity	Self – Report	
Confounding Variables	<ul style="list-style-type: none">• Presence of administrator• Personal experience of HBV• Length of time at University• General demographics of University population i.e. if majority from same cultural background may share similar view.• Subject they are studying	
Strengths & Weaknesses	<u>Strengths</u> <ul style="list-style-type: none">• Survey validated• Sample – better coverage of one population than simple random sampling• Representative sample for ethnicity <u>Weakness</u> <ul style="list-style-type: none">• Limited generalisability – specific to one religion and marital status.• Although a total of 625 participants were used to determine the extent to which students view family violence as a social problem in Jordan, only 342 were included in the part of the study which focused on determining the factors that influence students’ perceptions of the pervasiveness of family violence.• Attrition rate not discussed.	
Themes associated with HBV	Male Dominance Patriarchy Female Chastity Social Class Religion and Culture	
Quality Score	72%	

		2
Author(s) Year Country Title	Adana Arslantas, Ergin, Bicer, Kiransal, & Sahin, (2011) <i>Turkey</i> Views of male university students about social gender roles; an example from east of Turkey	
Recruitment Procedure	Opportunity	
Characteristics of participants	MIDDLE EASTERN MUSLIM MALES <i>116</i> Nursing Course Excluded students that did not give consent from the study	
Assessment Tool	Questionnaire based on a literature review Part 1 – 10 questions relating to descriptive information Part 2 – 24 statements aiming to determine the views of the students about social gender roles.	
Exposure/Outcome Assessment & Validity	Self - Report	
Confounding Variables	<ul style="list-style-type: none"> • Presence of administrator • Personal Experience of HBV • Length of time at University • General demographics of University population i.e. if majority from same cultural background may share similar view. • Subject they are studying 	
Strengths & Weaknesses	<u>Strengths</u> <ul style="list-style-type: none"> • Ethical guidelines followed throughout • Students had to consent to take part • Students were fully informed of the nature of the study. • Sample representative <u>Weakness</u> <ul style="list-style-type: none"> • Attrition rate not discussed. • Specific sample of nurses. 	
Themes associated with HBV	Socialization Male Dominance Patriarchy Religion and Culture Education	
Quality Score	70%	

		3
Author(s) Year Country Title	Can & Edirne (2011) <i>Turkey</i> Beliefs and attitudes of final-year nursing students on honour crimes: A cross-sectional study	
Recruitment Procedure	Stratified Random Had to meet following criteria: 1. Be at least 21 years 2. Born or living in region for 15 years 3. Enrolled on final year nursing course 4. Agree verbally to partake Data collected from students in the classroom	
Characteristics of participants	MIDDLE EASTERN MUSLIM MALES AND FEMALES 225 Nursing Students, All born and raised in Turkey, Aged 20 to 25	
Assessment Tool	Survey Part 1 – 4 questions relating to demographic characteristics Part 2 – 18 items inquiring opinions about intimate relationships and knowledge e.g. I have heard about honour crimes I believe honour crimes are associated with chastity I believe that screening for honour crimes is useful	
Exposure/Outcome Assessment & Validity	Self – Report	
Confounding Variables	Administrators outside of the room whilst participants completed questionnaire	
Strengths & Weaknesses	<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Purpose of the study clearly explained • Survey pilot tested • Sample – better coverage of one population than simple random sampling • Sample representative <p><u>Weakness</u></p> <ul style="list-style-type: none"> • All participants born and raised in East Turkey, indicating similar socio-economic and religious background. • Results can only be generalised to this population • Attrition rate not discussed. • Specific sample of nurses. 	
Themes associated with HBV	Female Chastity Socialization Religion and Culture Male Dominance Patriarchy	
Quality Score	60%	

		4
Author(s) Year Country Title	Shaikh, Shaikh, Kamal, & Masood (2010) <i>Pakistan</i> Attitudes about honour killing among men and women – perspective from Islamabad	
Recruitment Procedure	Convenience Recruited in public places Two male and Two female graduate students trained in data collection individually approached participants	
Characteristics of participants	ASIAN (MUSLIM) MALES AND FEMALES <i>601</i> Aged 18 to 71	
Assessment Tool	Questionnaire Open ended and closed questions on demographics and opinions about honour killing based on a vignette. Vignette translated and described a scenario about honour killing i.e. ‘I want to ask your opinion about a man who one day returns home from work to find his wife with another man, a stranger, in his bed. To save his and his family’s honour he kills his wife’	
Exposure/Outcome Assessment & Validity	Self – Report	
Confounding Variables	Some participants may have actually experienced the scenario and dependant on the consequences, their responses may not be accurate.	
Strengths & Weaknesses	<u>Strengths</u> <ul style="list-style-type: none"> • Trained graduates collating information • Vignette approved prior to administration • Sample representative of ethnicity <u>Weakness</u> <ul style="list-style-type: none"> • Sample not representative of either the city in which it was conducted nor the various educational groups. 	
Themes associated with HBV	Male Dominance Patriarchy Female Chastity Education Religion and Culture	
Quality Score	74%	

		5
Author(s) Year Country Title	Ali (2008) <i>Britain</i> Is the motivation of 'honour crime' cultural or religious?	
Recruitment Procedure	Convenience Participants found on internet sites and victims support leaflets Initial contact made via telephone. Those participants that were available to take part were included in the study	
Characteristics of participants	SOUTH ASIAN MALES AND FEMALES <i>3 men</i> <i>5 women</i> All worked for organisations that deal with honour crimes and had knowledge of the subject	
Assessment Tool	Interview Questions	
Exposure/Outcome Assessment & Validity	Self – Report	
Confounding Variables	<ul style="list-style-type: none"> • Presence of interviewer • All participants highly knowledgeable on the subject and may bias when responding • Personal religious and cultural perspectives of the participants. 	
Strengths & Weaknesses	<u>Strengths</u> <ul style="list-style-type: none"> • Clear understanding of HBV. • Ethical guidelines followed. • Sample representative <u>Weakness</u> <ul style="list-style-type: none"> • Small Sample size so cant generalise • Participants were from organisations who dealt with HBV on daily basis so may have produced bias results. • Random sampling of general public would have allowed for a broader understanding of HBV • Convenience sampling method • Did not explicitly match up themes to gender of participant 	
Themes associated with HBV	Education Social Status Religion and Culture Male Dominance Patriarchy	
Quality Score	63%	

Appendix I: Data extraction sheet

General Information

<i>Author</i>	
<i>Article Title</i>	
<i>Source (e.g. Journal, Conference)</i>	
<i>Year/Volume/Pages/Country of Origin</i>	

Identification of the review

<i>Notes</i>	
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Study Characteristics

<i>Population</i>	
<i>Interventions</i>	
<i>Outcome</i>	
<i>Study Design</i>	

Verification of Study Eligibility

<i>Target Population</i>	
<i>Inclusion Criteria</i>	
<i>Exclusion Criteria</i>	

Are you 18+ years old and interested in taking part in a focus group discussing your beliefs of Honour Based Violence?

Everyone who completes the focus group will receive £5 cash in return for their participation

Who am I?

I am a researcher from the University of Birmingham and want to hear what you think about what goes on in the lives of young people.

What do I want to do and why?

I want to carry out a focus group at the youth service with young South Asian men who have experience of living in areas where Honour Based Violence is prevalent amongst their community. In this focus group, I will ask you about your opinions of honour and how it drives beliefs and violent behaviours.

What do you have to do?

- Read and discuss how acceptable you think different Honour Based Violence scenarios are
- Speak to me and other members of the group for about 1 hour
- Be as honest and open as possible
- Share your understanding, beliefs and opinions about Honour Based Violence
- You won't be asked to tell me anything about you – like who you are or where you live



If you're interested, here's what to do next

Speak to XXX at the youth service for further details
There is no pressure to take part – just find out what it is about!!!

INFORMATION ABOUT THE STUDY

Understanding the experience of Honour Based Violence in young South Asian men residing in the UK

- 1. Why is this study being done?** I am a researcher who is trying to understand the experience of Honour Based Violence with young South Asian men, who currently reside in the UK. Recent research has suggested that 1 in 18 young South Asian men, residing in the UK, believe there is justification for Honour Based Violence so I want to hear what you have to say about this. I also want to explore what goes on in the lives of young people and work towards understanding some of the reasons behind violent acts in the name of 'honour.'
- 2. Why am I being asked to take part?** Because you are aged 18+ and have experience and knowledge of living in areas where Honour Based Violence exists.
- 3. What will I be asked to do?** You will be asked to attend a discussion group with a researcher and 3-5 other people (who will be the same sex as you) to talk about your knowledge of Honour Based Violence within the South Asian community for approximately one hour. These people will be attending the same youth service as you so you may well know them. We will ask you to read various Honour Based Violence scenarios and discuss what you think about each one with the group. If you agree, the discussion group will be videoed and audio taped, this is only so that I can remember what was said and who said what. As I don't know you, it can be very difficult to tell who is saying different things if I only record voices so, I need the video as well. Recordings will be transcribed by myself and once I have transcribed the focus group, the tapes will be destroyed. No one will see the video except for myself and the University academic supervisor. You will not be asked to tell us any identifiable personal details, like your name and address – the study is anonymous. You will be asked to sign a consent form before you take part in the focus group and I will make a note of your name and 'fake name' to locate your information if you decide you want us to remove your responses at a later date.
- 4. What are the benefits of taking part?** People usually enjoy talking about their experiences and often find telling their story a positive and helpful experience. You will also be helping to promote positive experiences for future generations by helping us learn about your experiences. You will receive £5 in total if you choose to complete the focus group.
- 5. Do I have to take part?** You do not have to take part. If you choose not to, this will not affect your ability to attend the youth service in any way. If you do decide to take part you can pull out of the study at any time, even during the focus group. If you start the focus group and then decide to stop part way through, you can, and, if you want us to, we will ensure that any information you have provided will not be used in the study. If you get home and decide you do not want us to use your data for any reason you can simply contact XXX up to 1 month after completing the focus group and let him know – he will tell us and we will exclude your contributions from the study.

- 6. What do I do if I want to take part?** If you want to take part you need to let XXX know. He will then let you know what day and time to come to the service for the discussion group with the researcher. On that day you will be given another copy of the information sheet and a consent form to sign saying you are happy to take part in the research.
- 7. What is the consent form?** Signing a consent form means you fully understand what it is you are agreeing to. This includes understanding what is likely to happen to you during the course of the study. If you do not understand what the study is about then you should not sign the form until you have asked questions and clarified areas of concern.
- 8. Will what I say be kept confidential?** Yes it will. The researcher will be the only person who knows who you are as they will be facilitating the focus group. If you do disclose any identifiable information by accident (like names of family members or friends, locations of various incidents) in the discussion group it will be removed from the study records. The only time when someone will need to know who you are is if you disclose specific details about any criminal offences that you have been involved in (that you have not been previously convicted of), or intend to carry out, such as names of offenders and dates on which offences have taken place. If you do this the researcher will have to inform youth service staff who may have to inform the authorities. There is no need for you to disclose any information like this to the researcher. All tapes and transcripts of the interview will be kept in a locked cabinet in the psychology department at Birmingham University until they are destroyed.
- 9. What are the possible disadvantages or risks of taking part?** Sometimes talking about Honour Based Violence experiences, whether it be your own or a friends, brings up sensitive issues and the researcher will make every effort to put you at ease during the focus group. You do not have to disclose personally distressing information in the focus group. However, if the discussion does bring up issues for you, you can stop and leave at any time. If you are upset after the group, the researcher will give you a list of numbers you can call. That list of numbers is also printed at the end of this sheet, in case you would like to utilise any of these services now.
- 10. What will happen if I disclose something illegal?** If you disclose something illegal during the interview, this will be discussed with the researcher afterwards and the appropriate authorities will be contacted. This will also include Police involvement.
- 11. What happens when the research stops?** When the study is finished a report will be provided to the youth service where this study took place and you will be told about this by the youth workers. You can freely view the report. Your name or personal details will never appear in the report.
- 12. Who is organising the research?** This study is organised by The University of Birmingham.

Thank you for your time

If you think you would like to take part in the research project, or learn more about it, please contact XXX (Youth Worker)

List of Services

Free services to contact for help/advice about issues to do with experiencing Honour Based Violence:

1. Men's Advice Line

The Men's Advice Line is a confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men - in heterosexual or same-sex relationships. It offers emotional support, practical advice and information on a wide range of services for further help and support.



08088 010327



http://www.mensadviceline.org.uk/mens_advice.php



Weekdays: 10 am – 1 pm and 2 pm – 5 pm

2. Respect Phonenumber

The Respect Phonenumber is a confidential helpline for people who are abusive and/or violent towards their partners. We offer information and advice to support them to stop their violence and change their abusive behaviours. The main focus of the Respect Phonenumber is to increase the safety of those experiencing domestic violence by engaging with the abusers and to reduce the risk.



08088 024040



<http://www.respectphonenumber.org.uk/phonenumber.php>



Weekdays: 10 am – 1 pm and 2 pm – 5 pm

3. Samaritans

Samaritans provides confidential emotional support, 24 hours a day.



08457 909090



www.samaritans.org.uk



24 hours

4. Victim Support

Victim support is there for people to talk about their experience of crime anonymously and in confidence. Supportline volunteers can give you emotional support and information over the phone and put you in touch with local offices and with other organisations that can help you.



08453 030900



<http://www.victimsupport.org.uk/>



Weekdays: 9am – 9pm, **Weekends:** 9am – 7pm, **Bank Holidays:** 9am – 5 pm

5. Karma Nirvana

Karma Nirvana is a project run for men and women who are struggling with issues around honour and forced marriage within their families and communities. Karma Nirvana is a registered Charity that supports victims and survivors of forced marriage and honour based abuse.



0800 5999 247



<http://www.karmanirvana.org.uk/>



24 hours

Appendix L: Participant consent form

Consent Form

Please feel free to ask any questions about taking part in the study. By signing the below form you are showing that you understand and agree to the following:

- I understand that I am being asked to participate in a research project being carried out by a researcher at the University of Birmingham.
- I have been informed in writing about the nature and purpose of the study, that the focus group will be video and audio recorded and I have had the opportunity to discuss this in person with the researcher.
- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw from the study at any time (including up to 1 month after completing the focus group) and ask for my data to be destroyed without explaining my decision and at no consequence to me or others.
- I understand that taking part in this study (or withdrawing from the study) will not affect my ability to attend the youth service in any way.
- I will not be asked to tell anybody my name or any other personal details about me. I will be asked to give a made up name – and state this above - in case I decide to remove my responses at a later date (up to 1 month after completing the focus group).
- If I disclose specific details about any criminal offences that have taken place, such as names of offenders and dates on which offences have taken place, the researcher will have to inform youth service staff who may have to report to the relevant authorities.
- I understand that if I disclose something illegal during the interview, this will be discussed with the researcher afterwards and the appropriate authorities will be contacted. This will also include Police involvement.
- If I complete the interview I will receive a £5 in cash,

By signing below, I understand that I am consenting to participate in this study conducted in association with the University of Birmingham.

Name:

Signed:

Date:

Witness Name

Witness Signature:

Date:

Appendix M: Participant focus group register

Focus Group Register

Date: _____

First Name	Surname	Chosen 'Fake Name'

Appendix N: Vignettes depicting cases of Honour Based Violence/Honour Killings

Vignette 1	<p>Alina was an 18 year old woman of Pakistani origin who was born and brought up in the UK. When Alina turned 17 her Dad wanted her to get married. During this time, Alina was preparing for her final exams and wanted to go to University to study Law. When she returned home one evening from school she noticed her suitcases in the hallway and when she asked what was going on, her Dad informed her that they were going Pakistan for a holiday. Alina knew something was not right and told her parents that she did not want to go. Her father became very angry and began beating Alina and told her that she was going to Pakistan to get married. He told her that she had been promised to his nephew and that she had to go. Upon learning this information, Alina ran away from the family home and went to stay with a friend. Her mother called her and begged her to return home and promised that everything would be ok. Alina felt guilty about leaving and trusting what her mother was saying returned back home. Everything seemed ok for the first two days of her returning. However, when she arrived home from school on the third day Alina felt as if something was wrong. She entered her living room and standing in front of her was her father, her uncle and two of her male cousins. Her cousins grabbed Alina by her hair and dragged her across the floor. They then proceeded to stab her until she was dead. Her father and uncle looked on. Her father had consulted other male members of the family following Alina's departure from the family home. He believed that she had brought shame on the family after refusing to get married in Pakistan and this was the way to restore the family's honour.</p>
Vignette 2	<p>Jaspreet, 23 was killed by her own father after she wanted to marry a man against her family's wishes. Jaspreet was a University graduate who worked full time as a Data Analyst. She was stabbed 12 times and had her throat slit by her father as her mother looked on. She met her boyfriend Inderjeet when he arrived from India and began working in her family's grocery shop. They kept their relationship secret as they knew that her family would not approve. When she felt the time was right, Jaspreet informed her parents of her wish to marry Inderjeet. Her parents disapproved straight away as he was of a lower caste to them. The following week Jaspreet was killed.</p>
Vignette 3	<p>Raj is a 17-year old girl of Indian origin who is currently living in a refuge. When she was 16 she was taken to India and forced to marry after her parents discovered that she had a boyfriend. She was told of the arranged marriage only two hours before the ceremony. She told her dad that she didn't want it but she couldn't do anything – there was no argument. During the ceremony her dad was standing behind her with one hand on shoulder and with his other hand he had a gun which was pointed at her back so that she did not say 'no'. To everyone else it looked natural – he was just standing there stroking her shoulder – but just before he had told her that he would shoot her if she didn't go through with it.</p>

Vignette 4

Baldev was a 20 year old male who belonged to a Sikh Jatt family. His girlfriend Marium also 20, was from a Muslim background. The couple met at University and formed a relationship which they both knew had to be kept a secret. However, members of Mariums local community informed her father that she had been seen with an unknown male on a number of occasions (this was identified later at Baldev). Upon acquiring this information her father became extremely annoyed and one day during the academic holidays, Marium contacted Baldev and frantically told him to pick her up from home. Baldev was very concerned following this phone call and quickly arrived at the house. The details of the events that occurred between the time of his arrival and his death are unknown. However, when police discovered his body later that day they found that he had been scalded with hot oil, hit with a variety of objects, and repeatedly stabbed in the back and chest, with the majority of the wounds sustained after his death. When questioned by police, Marium informed them that she had been placed under tremendous pressure by her father to invite Baldev to the family home and her own life was threatened. She did not know that her father planned to kill her boyfriend but heard him say that he needed the family's honour to be restored.

Vignette 5

Sajeda, 21-years of age was killed by her Pakistani cousin Omar, on her wedding day. Omar was angry that she had refused to marry his cousin and because he thought that the wider family was dishonoured by her choice of husband (a divorced father with a child from his previous marriage).

Vignette 6

Rukshinder (15) and her friend Sabina (15) used to have a half-day at school every week in the timetable. They did not tell their parents about this because they could use this time to do what they wanted. One day, during this time off, the girls decided to spend the afternoon in the park. One of Sabina's family members walked through the park and saw them sitting there on a bench. He went back and told her dad that he should go and get her because she had been talking to some boys in the park who were playing football. When her father walked through the park towards them, he had one hand threateningly in his jacket like he had a weapon. He went over to the girls and started dragging Sabina away by the hair. After that Rukshinder panicked and went to the school to tell the teachers what had happened. In order to get home she had to walk up the street however the street was sealed off by the police. Rukshinder did not know what was happening. She knew that Sabina's father was angry and that he would beat her but he had in fact gone one step further and killed her. He believed that she had brought dishonour on the family and that there was no way to restore the honour so she needed to be killed.

Appendix O: Interview schedule

1. Welcome and Introduction to the study

2. Expectations of participants

3. Questions

4. Introduce scenario 1

What do you think about this situation?

Are situations like this common in your community?

Have you heard of this kind of thing happening before?

How could things have been different?

What could the individual have done differently?

Is there any way of getting out of this situation?

What advice would you give to this person?/What would you say to this person?

How would you feel if this was happening to someone you knew?

Would it matter who the individual was to you (family/friend/acquaintance)

How do you think the person in the scenario was feeling?

What do you think about the way the men and women are portrayed in this situation?

5. Introduce scenario 2

(explore scenario using the same questioning format as scenario 1)

6. Introduce scenario 3

(explore scenario using the same questioning format as scenario 1)

7. Introduce scenario 4

(explore scenario using the same questioning format as scenario 1)

8. Introduce scenario 5

(explore scenario using the same questioning format as scenario 1)

9. Introduce scenario 6

(explore scenario using the same questioning format as scenario 1)

10. Explore any final thoughts

11. Thank participants and distribute 'Study Debrief' sheet and 'List of Services'.

Basic Demographic Questions

(Check they have signed the consent form)

(Check they have signed the interview register)

1. What is your age in years _____

2. Religion

- ☐ Hindu
- ☐ Sikh
- ☐ Muslim
- ☐ Christian
- ☐ Other

3. Ethnic Origin

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Mixed Asian
- ☐ Other Asian

4. Generational Status _____

5. Involvement with the Youth Service _____

6. If, for arguments sake, we define a Honour Based Violence as “the physical violence that is inflicted on an individual by perpetrators who believe the victim has brought dishonour upon the family or community by engaging in any conduct that is perceived as immoral or unacceptable by religious or social/cultural standards” - which of the following best describes you?

- ☐ I have been involved in an act of violence which is in line with the above definition
- ☐ I have been involved with a group who have carried out an act of violence in line with the above definition
- ☐ I have friends/family who are involved in violence in line with the above definition
- ☐ I have no links/experience of violence in line with the above definition

Study Debrief

I would like to take this opportunity to thank you for your participation in today's focus group; your views have been most valuable.

The main aim of the study is to explore the role of 'honour' in Honour Based Violence (HBV), in particular looking at the views and beliefs of young South Asian Men currently residing in the UK. Recent research has shown HBV happens frequently in the UK. I wanted to hear what you have to say about HBV and to explore what goes on in the lives of young people. This will help me work towards understanding some of the reasons behind violent acts in the name of 'honour.'

If you wish to withdraw consent for your contributions in the focus group, please do so within the next month by contacting XXX at the Youth Service or the researcher using the contact details below. If you have any queries, questions or concerns regarding the study, please contact the researcher on the below contact details.

Contact details:

Name: Natasha Sharma

Address: School of Psychology,
University of Birmingham,
Birmingham,
B15 2TT

Email: nxs199@bham.ac.uk

If you feel that you would benefit from further support, now this study has come to a close, please see the contact details provided overleaf.

Thank you once again

List of Services

Free services to contact for help/advice about issues to do with experiencing Honour Based Violence:

1. Men's Advice Line

The Men's Advice Line is a confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men - in heterosexual or same-sex relationships. It offers emotional support, practical advice and information on a wide range of services for further help and support.



08088 010327



http://www.mensadviceline.org.uk/mens_advice.php



Weekdays: 10 am – 1 pm and 2 pm – 5 pm

2. Respect Phonenumber

The Respect Phonenumber is a confidential helpline for people who are abusive and/or violent towards their partners. We offer information and advice to support them to stop their violence and change their abusive behaviours. The main focus of the Respect Phonenumber is to increase the safety of those experiencing domestic violence by engaging with the abusers and to reduce the risk.



08088 024040



<http://www.respectphonenumber.org.uk/phonenumber.php>



Weekdays: 10 am – 1 pm and 2 pm – 5 pm

3. Samaritans

Samaritans provides confidential emotional support, 24 hours a day.



08457 909090



www.samaritans.org.uk



24 hours

4. Victim Support

Victim support is there for people to talk about their experience of crime anonymously and in confidence. Supportline volunteers can give you emotional support and information over the phone and put you in touch with local offices and with other organisations that can help you.



08453 030900



<http://www.victimsupport.org.uk/>



Weekdays: 9am – 9pm, **Weekends:** 9am – 7pm, **Bank Holidays:** 9am – 5 pm

5. Karma Nirvana

Karma Nirvana is a project run for men and women who are struggling with issues around honour and forced marriage within their families and communities. Karma Nirvana is a registered Charity that supports victims and survivors of forced marriage and honour based abuse.



0800 5999 247



<http://www.karmanirvana.org.uk/>



24 hours

Appendix R: Transcription conventions (Silverman, 2000)

[Left bracket: indicate the point at which a current speaker's talk is overlapped by another's talk.
]	Right bracket: indicate where overlapping talk ends, or marks alignments within a continuing stream of overlapping talk.
=	Equals sign: at the end of the line and one at the beginning of the next sentence indicates no gap or pause in conversation between the two speakers.
(.2)	The number in brackets indicates elapsed time in silence in tenths of seconds.
(.)	A pause of less than 0.2 seconds.
.	Period (stop): falling or terminal intonation
,	Comma: level intonation
?	Question mark: rising intonation
↑	Rise in pitch
↓	Fall in pitch
becau-	A hyphen at the end of the word indicates an abrupt cut-off or self-interruption of the sound in progress indicated by the preceding letter(s) (the example here represents a self-interrupted 'because').
_____	Underlining: indicates stress via pitch or tone.
:	Colon(s): prolongation of the immediately preceding sound.
CAP	Capital letters: indicates especially loud sounds in relation to the other talk.
.hh	A row of h's prefixed by a dot: an inbreath.
hh	A row of h's without a dot: an outbreath.
(word)	Utterance or part of it in parentheses: uncertainty on the transcriber's part, but a likely possibility.
()	Empty parentheses: something is being said, but no hearing can be achieved.
(())	Double parentheses: transcriber's descriptions of events, rather than representations of them.
(<i>italics</i>)	Indicates participants' displayed emotion.

Appendix S: Table of themes at stage 2

Superordinate Theme	Subordinate Theme
JUSTIFICATIONS	Victim Blaming Lack of Empathy/Detachment Girls susceptible – “she is the respect” Unwritten rules Barriers Using physical prevention techniques Naivety/Refusing to believe Cultural Rules
MEDIA	Western society influence The impact of reporting of HBV in the media Programmes influence thoughts and behaviour
PATRIARCHY	Ownership and Possessions Cultural influences Them and Us/Ours and Theirs Preventing Temptation
MARRIAGE	Choice of partner Arranged Marriages Caste System Forced Marriage Choosing own Running away The Word – sealing the marriage Religion
THE ROLE OF THE COMMUNITY	Shame/ Saving face How you are viewed in the community Pressure Rumours and Gossip Turning a blind eye Repairing honour Misinterpretation of religion and culture
HELP AND SUPPORT	Who to contact Who you should not contact Consequences

THE ROLE OF THE FAMILY

Roles and Teaching

The role of a father

The role of a mother

Girls can vs. Girls can't

"one big cycle"

"the regular culture"

Gender Roles

Family are always involved in decisions

Backwards/Brainwashed

Keep it in the family

Living between cultures

Home is the danger zone

Appendix T: Table of themes at stage 3

Superordinate Theme	Subordinate Theme
JUSTIFICATIONS	Victim Blaming Cultural Rules Preventing Temptation
“THE REGULAR CULTURE” INTERGENERATIONAL TRANSMISSION	Gender Roles “Men are the kings of the household” “She is respect” Living between Cultures
THE ROLE OF THE COMMUNITY	Shame/ Saving face Rumours and Gossip Turning a blind eye Fixing ‘honour’ Repairing the damage
MARRIAGE	Caste System Religion The Word – sealing the marriage Forced Marriage Choice of partner Choosing own

Superordinate Theme	Subordinate Theme
GENDERED ACCOUNTABILITY IN HONOUR	“The Regular Culture” “Men are the kings of the household” “She is respect”
THE ‘HONOUR CODE’ FACTORS THAT DRIVE HBV	– Victim Blaming Turning a blind eye The Word Choosing own
THE ROLE OF THE COMMUNITY AND CULTURAL RULES	The concept of ‘shame’ and the affects of rumours and gossip The exacerbating effects of shame, rumours and gossip Living between cultures
FIXING ‘HONOUR’	Preventing Temptation Repairing the damage Forced Marriage

Appendix V: Ethical approval

RE: Application for Ethical Review ERN_12-1275



Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model

Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.

The DASH (2009) Risk Checklist was created by Laura Richards, BSc, MSc, FRSA on behalf of ACPO and in partnership with CAADA.



It has also been endorsed by:



PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

If you do have comments or suggestions please send them to:

Laura Richards, BSc, MSc, FRSA
Criminal Behavioural Psychologist

(E): laura@laurarichards.co.uk

(W): www.laurarichards.co.uk

(W): www.dashriskchecklist.co.uk

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