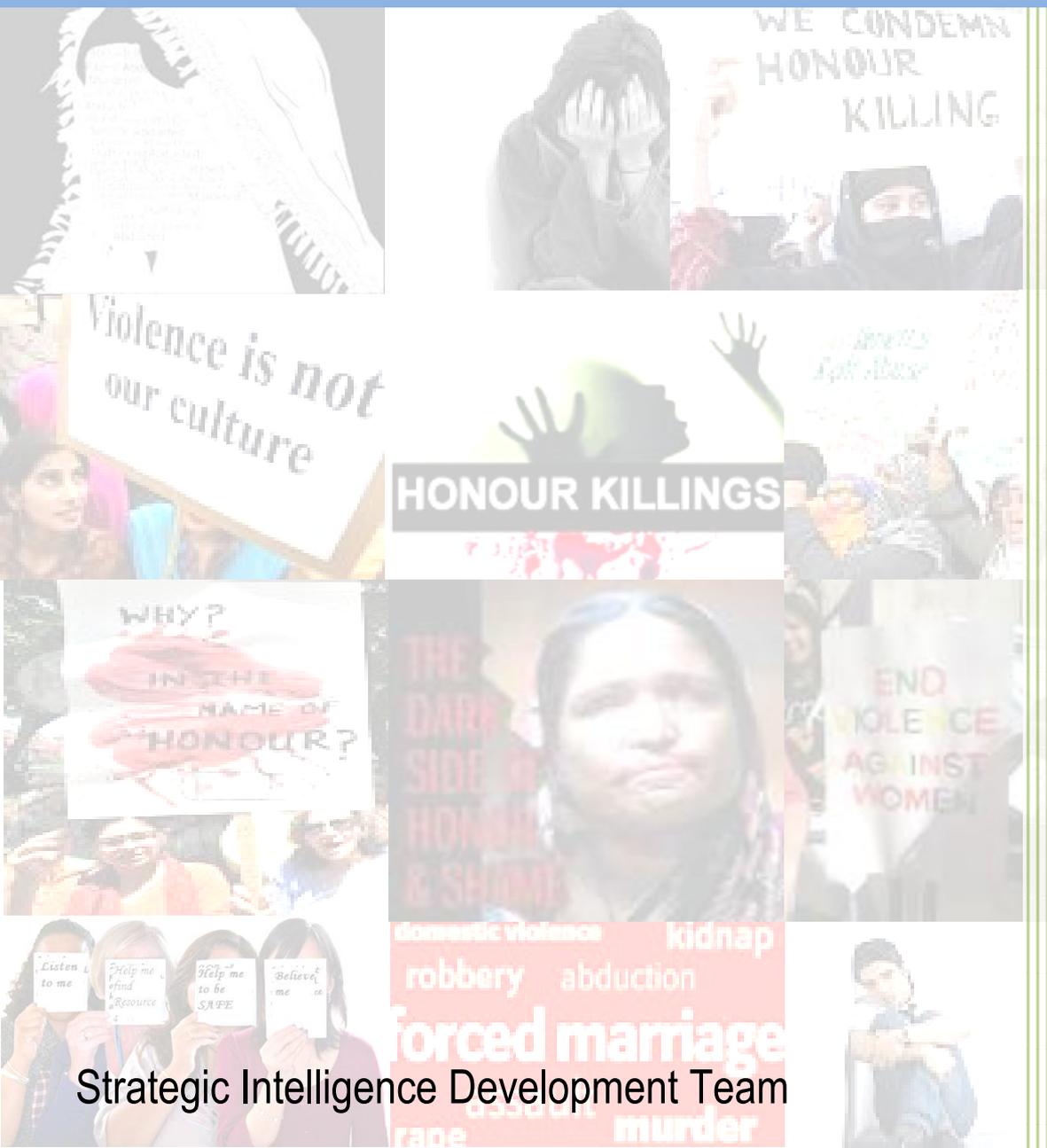


August 2015

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Honour Based Violence and Forced Marriage Problem Profile



Strategic Intelligence Development Team



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DOCUMENT CONTROL

Version	Date	Department & Author	Comments
1.0	17/04/2015	Force Intelligence Sylvia McNeish	Document Creation
2.0	06/11/2015	Force Intelligence Sylvia McNeish	Amendments made following consultation with Supt Whitaker

Definitions of Honour Based Violence and Forced Marriage

There is no specific offence for honour based violence (HBV). It is an umbrella term to encompass various offences covered by existing legislation. HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and / or honour. Honour forms part of a complex social structure which governs relationships between different families, genders and social units within a given society.

Forced Marriage (FM) is a marriage in which one or both spouses do not (or, in the case of some adults with learning difficulties, cannot) consent to the marriage and duress is involved, which can include physical, psychological, financial, sexual and emotional pressure. FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014, which came into force in June 2014.

Studies have shown that HBV and FM are not isolated practices but are part of a social system built on ideas of honour and culture, ethnic and religious connotations. FMs can therefore occur in any community governed by honour, pride and shame and will mostly be preceded with HBV.

Executive Summary

WMP have a protocol in place to restrict all incidents of HBV or FM on Crimes and Oasis. This is not routinely completed with intelligence on IMS and conflicts with the ACPO DA Policy (2008). As information cannot be easily accessed, the current practice compromises the safety of victims.

WMP have numerous IT systems that all contain specific information on HBV / FM but that work in isolation of one another. This impedes WMP ability of gain an understanding of the issues and extent of HBV and FM across the West Midlands in its entirety.

609 HBV / FM incidents have been recorded by WMP on Crimes during the last two years. This is likely to be a significant underestimation as HBV and FM are often viewed as hidden crimes and there are many hidden elements, which are not all recorded by the Police.

HBV / FM victims are typically Muslim women aged between 18 and 24 and of Pakistan ethnicity and origin. Nonetheless, analysis highlights HBV / FM is not confined to particular religions, castes, ethnicities or cultures and is now occurring within communities that have not previously been associated with the practices.

There is pressure on HBV / FM victims to remain loyal to their heritage and even when they do their partners must be of the families choosing. If relationships are discovered freedom can be limited to the point of imprisonment or victims can be assaulted, kidnapped or forced into marriage. Perpetrators are typically Asian

men aged between 37 and 47. It is generally the father of the victim who will usually play a lead role in inflicting punishment depending on the severity of the perceived offence.

For as long as there is migration to the UK there will continue to be HBV and FM. New migrant communities living within the West Midlands now are likely to be at the centre of HBV and FM when they have children and are caught between their cultural traditions and a 'western' lifestyle.

HBV and FM Reporting & Recording Procedures

HBV AND FM PROCEDURES AND PROCESSES WITHIN THE WEST MIDLANDS

OASIS, CRIMES 5, IMS, GREEN ROOMS / CLIO AND THREATS TO LIFE

Recorded Crimes and Non-Crimes relating to HBV and FM are restricted in order to safeguard victims¹, as unrestricted records could impede investigations or facilitate in the commission of serious crimes². As a result paper based records are started, which are stored locally in PPU within locked cabinets. Only the PPU safeguarding teams have access to these sensitive papers, which are not accessible outside of working hours.

The ACPO Domestic Abuse (DA) policy (2008) states IT systems should be developed so they can record, store, flag, link, analyse, share and present information both in statistical and case file format and perform these functions in an effective and timely manner. As HBV and FM information cannot be easily accessed, this conflicts with the current practice and compromises the safety of victims.

Although restrictions are placed on Crimes and Oasis, no restrictions are placed on IMS and information is retrievable and viewable on 164 submissions³. In addition, it was not known by all duty Inspectors that all investigation logs were not recorded on Crimes, affecting WMP's ability to carry out well-informed investigations.

For example, on [REDACTED] concerns were raised for a HBV victim who had returned to her home address. As a DCI's authority is needed to view a restricted crimes record, this resulted in a delay of over an hour and half before the record was viewed. In this time, the victim's family were able to continue exerting influence over her but the case papers were never accessed through PPU to view the most up to date investigations.

WMP have numerous IT systems that all contain specific information on HBV / FM but all systems work in isolation of one another. For example, WMP received 213 incoming kidnap and extortion calls. 102 resulted in Green Room Operations, of which only five can be identified as HBV due to the way information from Green Rooms is recorded on Clio⁴. These incidents are not interlinked to the 375 incidents recorded on the 'threats to

¹ Crimes 5 does not accommodate restricted recording of information & does not provide restricted access for reading or editing records.

² <http://library.college.police.uk/docs/APPref/ACPO-GPMS-Guide-2007.pdf>

³ 112 HBV and 52 FM intelligence submissions between 1st January 2015 and 10/08/2015.

⁴ this figure is based on SIOs providing results by email including the offence it relates to (i.e. kidnap or blackmail) and not the offence type (i.e. HBV or FM)

Honour Based Violence and Forced Marriage Crime Context

NATIONAL AND WMP CRIME PERFORMANCE

Between January 2013 and April 2015, 609 HBV and FM crimes (249) and non-crime incidents (360) were recorded by WMP⁷. In addition, there were 140 Oasis incidents recorded with a HBV or FM qualifier. Of these, 47 incidents have been Crimed⁸.

Seasonality highlights HBV offences peak in February, March, June, October and December. Similarly, FMs peak in March, June and October to December. Literature suggests summer holidays are the peak times for young people to be taken overseas for FMs. Although **WMP seasonality does not increase during summer holidays**⁹, FMs are reported throughout the year as soon as it is known a FM is likely to occur.

FORCED MARRIAGE UNIT¹⁰



Forced Marriage Unit

In 2014, WMP recorded 261 HBV and FM crimes and non-crime incidents¹¹. During the same date periods, the Forced Marriage Unit (FMU) dealt with 1267 cases of FM within the UK. 11.9 per cent of cases were recorded in the West Midlands (151), which is ranked second highest region for cases dealt with by FMU. These figures are disproportionate to number of FMs recorded by WMP during the same date periods (-40 per cent).

██████████

In 2014, 410 calls were received from geographical locations within the West Midlands by ██████████ and 126 calls have been received in 2015 so far. ██████████ is only able to geo-locate 58 per cent of their calls, it is therefore likely that the total number of calls received within the West Midlands is far greater than previously estimated and disproportionate to the number of incidents recorded by WMP during the same date periods.

⁷ 408 HBV, 138 FM and 65 FM and HBV

⁸ 29 Non-crime incidents, 14 crimes and 2 restricted

⁹ Including an examination of only victims of school age- peaks do not coincide with increases from third party referrals

¹⁰ FMU is a joint Foreign and Commonwealth Office and Home Office unit. The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases.

¹¹ 171 HBV incidents, 62 FM incidents and 28 incidents with both the HBV and FM Special Interest Markers

LEVELS OF UNDER-REPORTING

Although the prevalence of reported HBV / FM cases is estimated to be over 11,744 between 2010 and 2014¹², this estimate does not include a potentially large number of victims who have not come of the attention of any agencies or professionals¹³. Data available from ██████████ and FMU in 2014 suggest there were 561 approaches to these two external bodies alone for advice or support in the West Midlands. This suggests the real figure should be far higher than 261 incidents records by WMP during the same date periods¹⁴.

Levels of under-reporting can be attributed to victims not knowing where to get help and a lack of help and support, they do not want to criminalise their families and fear repercussions. Previous victims have experienced police and social workers who present similar or if not the same views of their families they are fleeing. This leads to victims specifically asking for officers who are not Asian¹⁵. Therefore, despite recent improvements it has been suggested police forces continue to inadequately identify, record, and report 'honour' based crimes¹⁶.

HIDDEN CRIMES

There is national consensus there are many hidden elements of HBV and FM such as suicide, self-harm and missing people, which are not all are recorded by the police.

SUICIDE AND SELF-HARM

There are many barriers in victims disclosing abuse resulting from losing one's honour¹⁷. This can leave victims suffering from HBV including physical violence, sexual violence and psychological abuse, which can take many forms including forced suicide¹⁸, murder concealed as suicide and continual abuse from perpetrators can lead to self-harm or suicide.

FM has been identified as a major factor in suicide attempts of Asian and Black women when compared to suicide rates of white women. Women experiencing violence who have post-traumatic stress symptoms are up to 15 times more likely to attempt suicide than women in the general population¹⁹. National statistics show that South Asian females under the age of 24 are two to three times more likely to commit suicide than their Caucasian counterparts²⁰.

Victims of HBV and FM across the West Midlands have self-harmed or attempted suicide prior to incidents being reported. However, reliable estimates cannot be projected for all those that have committed or attempted suicide

¹² <http://www.bbc.co.uk/news/uk-33424644>

¹³ <http://researchbriefings.files.parliament.uk/documents/SN01003/SN01003.pdf>

¹⁴ Duplicates cannot be identified as only figures provided
██████████

¹⁶ <http://www.womensviewsonnews.org/2015/02/remembering-honour-killings-in-the-uk/>

¹⁷ http://www.eachcounselling.org.uk/downloads/DV_toolkit.pdf

¹⁸ Intentional self-harm and undetermined intent (6 victims identified through investigations logs)

¹⁹ http://www.eachcounselling.org.uk/downloads/DV_toolkit.pdf

²⁰ <http://www.haloproject.org.uk/honour-based-violence-W21page-3->

and/or self-harmed as a result of HBV or FM. Although there is a considerable intelligence gap, the wide range of national data available of ethnicity ratios for suicide rates highlights the noteworthy importance to WMP²¹.

Intelligence Gap: Lack of available information on ethnicity of suicide victims, attempted suicide and self-harm victims as a result of HBV or forced marriage.

MISSING PEOPLE

Research has identified that some individuals may go missing to escape HBV or FM, or they might be abducted, trafficked or removed from home or education. During the past 12 months there have been three people recorded on Compact with 'HBV' or 'Forced Marriage' specified within the warning markers field. However, at least four per cent (22) of HBV and FM victims have fled home addresses and / or have been found as part of HBV or FM investigations. This indicates this is not a true reflection of the number of people currently missing as a result of HBV or FM across the West Midlands.

ISSUES LIKELY TO CAUSE INCREASES IN REPORTING

There may be many reasons which are likely to cause increases in reporting across the West Midlands including demographic changes and the influences of the media.

POPULATION

Population changes within the West Midlands have resulted in a 7 per cent increase to 2.7 million in 2011, which is consistent with national increases across England and Wales²². There are notable increases in populations of ethnic minority groups between 2001 and 2011²³, which has grown faster than the national average and this rise is expected to continue²⁴. The changing characteristics of the population within the West Midlands are likely to result in increases of 'honour based' communities and the potential for increases in reports of HBV / FM incidents and hidden crimes.

²¹ Information on ethnicity of suicide victims are not routinely collected through death registration and inquest processes creating difficulty in obtaining reliable and accurate data and improving the evidence based within the West Midlands.

²² Census 2001 and 2011- Mixed and multiple ethnicities population have increased by 75%, similarly Asian and Asian British populations have increased by 51%, black populations have increased by 72% and other ethnic groups have increased by 103%.

²³ Census 2001 and 2011

²⁴ <http://www.ons.gov.uk/ons/rel/peeg/population-estimates-by-ethnic-group--experimental-/comparison-of-mid-2010-population-estimates-by-ethnic-group-against-the-2011-census/index.html>

MEDIA

According to the Henry Jackson Society there have been 29 honour killings or attempt killings reported in the media that have taken place in the UK within the last five years, although this figure is suggested to be much higher. High profile HBV murders including Heshu Yones, Shafila Ahmed and Banaz Mahmod are argued to have caused increases in reporting nationally²⁵.

Heightened media attention may cause cases of violence against women in South Asian communities to be classified as 'honour crimes' due to the misinterpretation of the term 'HBV'. For example, the BBC Panorama programme on HBV grouped cases of HBV, DA and Honour Killing together, which resulted in the police and other agencies classifying all types of abuse against South Asian women as HBV²⁶.

Geographic Profile

HBV AND FM OFFENCES ACROSS THE WEST MIDLANDS

LPU	Total Offences	%	Asian Population	Rate 10,000
Birmingham East	169	27.8	142,945	11.8
Birmingham North	19	3.1	16,498	11.5
Birmingham South	25	4.1	33,006	7.6
Birmingham West	109	17.9	93,180	11.7
Coventry	55	9	51,598	10.7
Dudley	50	8.2	18,941	26.4
Sandwell	67	11	59,260	11.3
Solihull	9	1.5	13,561	6.6
Walsall	57	9.4	41,026	13.9
Wolverhampton	49	8	44,956	10.9
Grand Total	609	100	514,980	-

HBV and FM incidents are concentrated around the Birmingham Local Authority area (52.8 per cent - 322). In 2014, Birmingham Local Authority (69 per cent) received the greatest percentage of calls to the Honour Network and has received 49.2 per cent in 2015 so far. Birmingham has also been ranked second highest city across the UK in 2013 and 2014 for geographical calls to ██████████²⁷.

Figure 2: Geographic Locations of HBV and FM incidents

When examining FM crimes and non-crimes separately from HBV crimes and non-crimes, it is the same neighbourhoods and LPUs which are highlighted as the highest volume. Dudley LPU has a disproportionate number of HBV and FM offences compared to the size of the Asian population within this area (18,941 Asian populations at a rate of 26.4 per 10,000 Asian populations).

²⁵ <http://www.bbc.co.uk/news/uk-england-merseyside-19016484>

²⁶ <https://www.opendemocracy.net/5050/pragna-patel/use-and-abuse-of-honour-based-violence-in-uk>

²⁷ Outer London and Inner London Ranked 1st



Areas of concentrated recorded HBV and FM incidents across the West Midlands

There are six main concentrated areas of recorded HBV / FM incidents across the West Midlands; Birmingham East, Birmingham West and Central and Walsall, Wolverhampton, Coventry and Dudley LPUs.

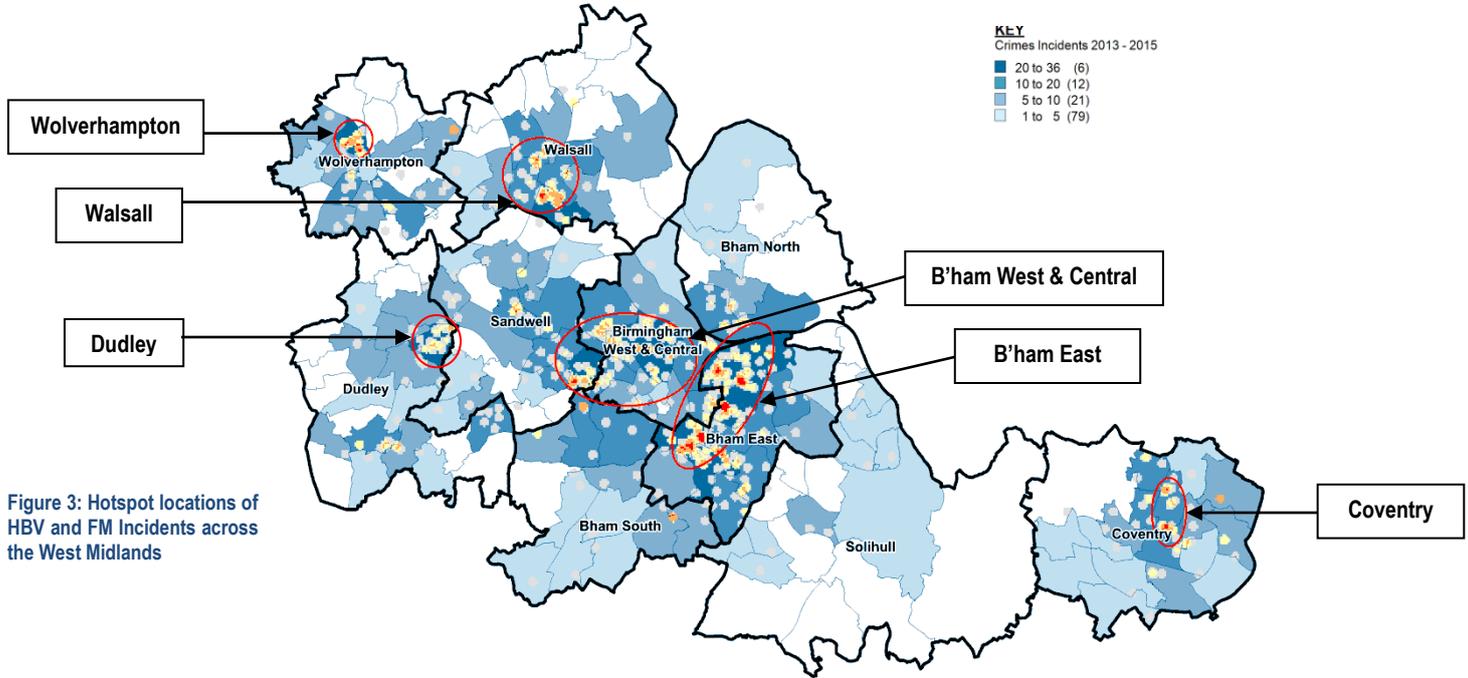


Figure 3: Hotspot locations of HBV and FM incidents across the West Midlands

LPUs	Rationale
Bham East	111 HBV / FM incidents in the neighbourhoods of Washwood Heath, Bordesley Green, Sparkbrook, containing 48.1% Pakistan population.
Birmingham West & Central	99 HBV / FM incidents in the neighbourhoods of Lozells and East Handsworth, Aston, Soho and Victoria, Winson Green and the Soho Road. This area contains a 14.8% Indian and 16.5 Pakistan populations.
Walsall	42 HBV / FM incidents surrounding the Palfrey neighbourhoods, containing a 21.6 Pakistan and 10.3% Indian populations.
Wolverhampton	17 HBV / FM incidents surrounding the St. Peters neighbourhoods, containing a 14.6% Indian and 12.2% Pakistan populations.
Coventry	17 HBV / FM incidents in the Foleshill and St. Michaels neighbourhoods, containing a 16.4% Indian and 15.2% Pakistan populations.
Dudley	22 HBV / FM incidents within the St. Thomas neighbourhood. This area contains 19.6% Pakistan population.

The above hotspots are located within neighbourhoods where Asian populations are the majority or are comparable to the majority populations. [REDACTED] and [REDACTED] neighbourhoods have a majority Asian population but are the only neighbourhoods across the Force to only experience negligible HBV and FM offences.

These hotspots areas do not correlate to the Hindu and Sikh populations across the West Midlands. There is a concentration of Hindu and Sikh populations situated within the [REDACTED] neighbourhood and a Hindu population within [REDACTED] neighbourhood, both of which have experienced negligible HBV and FM incidents in comparison to the rest of the force area.



COUNTRIES INVOLVED IN FORCED MARRIAGE

WMP has handled FM cases involving at least 12 countries²⁸. Over 61 per cent of FMs involved Asian countries including Pakistan (48.3%), India (7.2%) and Bangladesh (5.6%)²⁹.

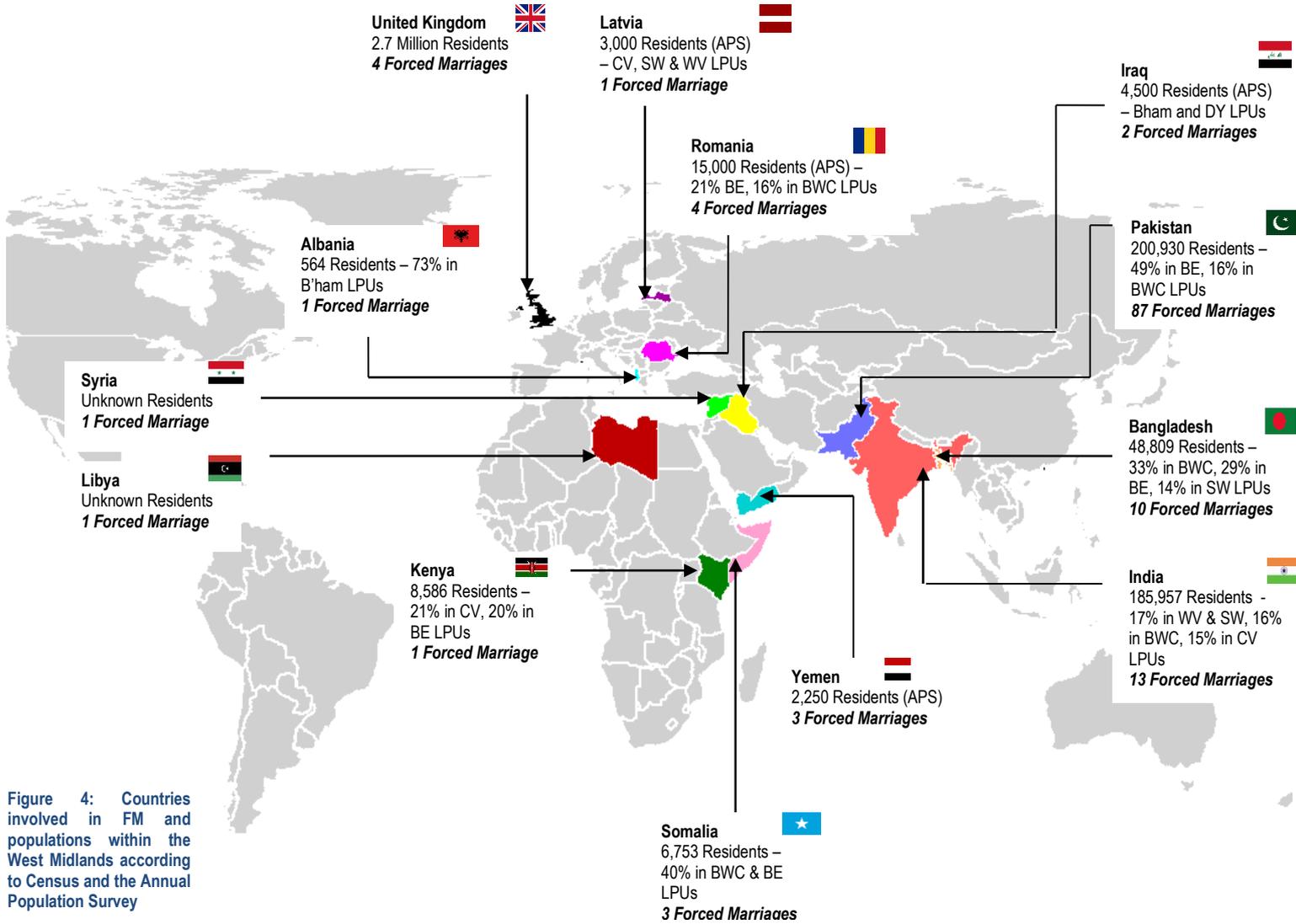


Figure 4: Countries involved in FM and populations within the West Midlands according to Census and the Annual Population Survey

In 2014, nationally the FMU handled cases involving over 88 countries: It can be inferred that there is an underrepresentation of Afghanistan, Turkey and Sri Lanka populations³⁰ involved in FM across the West Midlands.

²⁸ Countries include those identified through Crimes and Investigation logs where it specifies a victim is or has been taken to or where a threat has been made to take a victim to a specific country.

²⁹ 49 FM incidents (27.2%) have no countries affiliated to them.

³⁰ Afghanistan Populations mainly situated on Birmingham LPU & Sri Lankan & Turkish populations mainly situated on Coventry LPU.



Victim Profile

Presented within the victim profile is analysis on gender, age, ethnicity, religion and origin of recorded HBV and FM victims. This will highlight HBV and FM victims across the West Midlands are likely to be Muslim women aged between 18 and 24 years of age and of Pakistan ethnicity and origin.

CHARACTERISTICS OF HBV AND FM VICTIMS

Gender

94 per cent (189) of FMs recorded by WMP involve females and 6.4 per cent (13) involve males³¹. This is disproportionate to the gender ratios of cases handled by FMU (21 per cent male victims³²), suggesting a lack of identified male victims of FM.

Age

FM and HBV victims' range from unborn to 58 years of age, peaking between 18 and 24 years. The ages of callers to ██████████ peaks between 25 to 34 years. This suggests WMP has incomparable engagement of HBV victims until the age of 24 years or WMP is failing to engage with HBV victims from 24 years of age.

Ethnicity

85.2 per cent (519) of HBV and FM victims recorded by WMP are Asian³³. National and international research focuses on South Asian women as the victims of HBV and FM incidents, but there is evidence suggesting HBV and FMs are now occurring in communities that have not previously been associated with the concept of honour³⁴. The form of honour varies widely between different cultures within ethnicities but the movement towards a greater understanding is impeded by inadequate data collection of WMP.

Where ethnicity has been recorded by ██████████ these figures do highlight **a lack of identified HBV and FM victims from 'other', black and mixed ethnicities.**

Country of Origin

When examining country of origin of HBV and FM victims³⁵, 73 per cent are Pakistan, Muslim, Bangladesh, Sikh and Hindu, followed by Eastern European (15%) and ██████████. Recorded incidents from Eastern European, Western European, Hispanic and Italian populations have increased from late 2014 and are

³¹ 2013 – 93.9 per cent female and 4.8 per cent male. 2014 – 93.3 per cent female and 5.5 per cent male.

³² Dec to Jan 2014

³³ 2.1% White Skinned European, 8 per cent of victims ethnicities are either unknown or are not recorded

³⁴ <http://www.theguardian.com/uk/2011/dec/03/honour-crimes-uk-rising>

³⁵ Geo-Spatial Team – information provided on a confidence score ranging from 2 to 10

continuing to rise through 2015, while all other categories have remained stable. 44 specific countries have been identified ranging from [REDACTED] to [REDACTED] and [REDACTED].

If WMP have a clear understanding of the communities resident within the West Midlands who are subject to FM or are part of honour based communities they will have a clear understanding of the specific FM / HBV issues affecting each community.

For example, [REDACTED] victims are predominantly involved in HBV resulting from disapproval of relationships due to caste and disapproval from the community (36.3%). Whereas [REDACTED] victims are predominantly involved in Domestic Abuse (DA) incidents which relate to FM (30%) and HBV due to controlling behaviour (30%).

Religion

78 per cent (475) of HBV / FM incidents have no religion recorded or the religion is unknown. When examining religions from origins of HBV and FM victims³⁶, the communities deemed to be most at risk are those with links to South Asia, which predominantly follow Islam, Hinduism or Sikhism.

Perpetrator Profile

Presented within the perpetrator profile is analysis on gender, age, ethnicity, religion and origin of recorded HBV and FM perpetrators. This will highlight HBV and FM perpetrators are likely to be Asian men aged between 37 and 47 years of age. The father of the victim usually plays a lead role in inflicting punishment and depending on the severity of the perceived 'offence' it will determine whether the other members of family will be involved.

CHARACTERISTICS OF HBV AND FM OFFENDERS / SUSPECTS

There are 559 offenders / suspects recorded against 401 HBV and FM incidents on Crimes. 73.3 (410) per cent of HBV and FM perpetrators are male and 23.6 (132) per cent are female. Ages range from 14 to 77 years, peaking between the ages of 37 to 47 years. 82.4 per cent (461) of offenders are Asian and 82.1 per cent have no religion recorded on crimes.

HBV and FM are cultural issues, learnt at an early age by the family and wider community. Perpetrators perceive they have the right to punish and victims deserve to be punished. Victims' lives are sometimes seen as less valuable than the honour of the family. An interview with a second generation Indian who was born and educated within the UK highlights the extreme behaviours of perpetrators in order to protect their family's honour.

³⁶ Geo-Spatial Team – information provided on a confidence score ranging from 2 to 10

“.....if you dishonour the family, steps have to be taken to protect the family honour. Once honour gets out there it gets stamped on your forehead and you have to live with it for the rest of your life.....families who do not protect their honour are weak.....some people will have to pay a price, you have to send a message that they can't do this, back home people would be dead, here you have to be calculated.....you can't do something like this on your own, wolves hunt in packs, and if one hunts we all have to hunt, simple as that. You have to be quite brave and once you cross that line you are not coming back.....”³⁷

Despite the extreme behaviours of some HBV and FM perpetrators and the genuine risk posed to victims, 47.1 per cent (33) of victims who expressed what actions they would like WMP to take³⁸ ‘did not want the police informed’, ‘did not want anyone arrested’, ‘did not want WMP to investigate crimes’ or later ‘retracted statements’. In addition, 22.9 (16) per cent of HBV and FM victims reported incidents in order to gain assistance in leaving the family home or with rehousing. This highlights that incidents are often only reported to WMP as a last resort for victims or when incidents are perceived at ‘crisis’ point and intervention is needed.

In contrast to the majority of DA cases where it is typically a male abusing a female, in cases of HBV and FM across the West Midlands perpetrators can be one or several members of immediate or extended family. In HBV and FM cases there is sometimes psychological abuse which can be committed by one or more family members and physical abuse which can be committed by other family members. For instance, where it can be identified:

- 32.8 per cent (200) of HBV and FM incidents involved a single offender. 86 per cent of incidents involving lone offenders have been committed by fathers, brothers, husbands and mothers, which predominantly relate to HBV – threats and controlling ‘westernised’ behaviour.
- 11.1 per cent (68) of HBV and FM incidents involved two offenders. 41 per cent of these incidents involved mothers and fathers, which predominantly related to the disapproval of relationships and FM.
- 2.4 per cent (15) of HBV and FM incidents involve three offenders. 31 per cent of these incidents involve the parents and a brother. Incidents involving three offenders predominantly relate to the disapproval of relationships and where the level of violence enforced is severe including kidnapping and imprisonment.
- 0.6 per cent (4) of HBV and FM incidents involves four or more offenders. This is either parents and grandparents or parents and siblings and extended family that intervene in marital breakdowns, FM and disapproval of relationships due to the perceived shame brought to the whole family.

³⁷ <http://www.bbc.co.uk/programmes/b060lxlt> : 26/07/2015

³⁸ 11.49 (70) of victims expressed what action they would like WMP to take

Although this analysis does provide an insight into the relationships of perpetrators to victims, in 45 per cent of incidents the relationship of the perpetrator was not known. Where the relationship is known the predominant family members involved are typically fathers (17%), mothers (10.3%), brothers (9.6%), husbands (7.5%) and uncles (2.7%), which highlights perpetrators are typically male relations.

Literature suggests that 'the man is always defined as the head of the family and it is usually his duty to protect a woman's honour'. Punishment of victims who have lost their honour usually involves 'several members of the family who get together, consult and plan what is to be done in order to regain their honour in the wider community'³⁹. Across the West Midlands the heads of the families who are making decisions cannot be established.

Literature suggests that once honour is lost families can hire bounty hunters and contract killings. There have been two incidents where threats have been made to hire a 'hit man' or take out a contract killing⁴⁰. However, it is not possible to establish prevalence levels.

Detailed analysis on lone perpetrators in contrast to multiple perpetrators was not possible due to the limited information available to establish changes in perpetrator characteristics. This information would assist WMP establishing which characteristics may have stronger cultural ties and may be responsible for inflicting more severe violence in order to ensure preventative measures are in place.

Motives of Recorded HBV and FM Incidents

Over 50 per cent of all reported HBV and FM incidents are attributed to disapproval of relationships (27.8%), marital breakdowns (10.5%), domestic abuse (6.1%), culture (4.6%) and FM concerns (4.3%) (Appendix A).

FORCED MARRIAGE MOTIVES

The FM Special Interest Marker is used inconsistently, resulting in 195 FM incidents⁴¹. The intended spouse can be identified in 17.9 per cent (35) of FMs, which is usually a Cousin of the victim (80 per cent). As literature suggests FM within the West Midlands can occur as a result of several key motives (Appendix A). However, there is no clear evidence which suggests the prevalence. FM strategic profiles obtained from the Metropolitan Police do not gain an understanding of the motives of FM. Therefore no comparisons can be made against WMP figures to establish if this is representative for each category.

³⁹ Honour Based Violence: Experiences and Counter Strategies :

<https://books.google.co.uk/books?id=eOquCQAAQBAJ&pg=PA48&lpg=PA48&dq=honour+based+violence,+decisions+made+by+head+of+the+family&source=bl&ots=WGeLLoRG3o&sig=S4mY4sL0dfnjsUWMzjGU8DXghdc&hl=en&sa=X&ved=0CB8Q6AEwATgKahUKewj2wrSou5HHAhXoodsKHb-7DbA#v=onepage&q=honour%20based%20violence%2C%20decisions%20made%20by%20head%20of%20the%20family&f=false>

⁴¹ Forced marriage marker correctly applied to 145 incidents – FM marker incorrectly applied to 56 incidents, 50 HBV incidents considered to relate to FM. Total of 195 incidents considered to relate to FM.

When analysing FM there was general difficulty in obtaining a motive. This was due to a lack of clear evidence written within crime report MOs or investigation logs and a general focus on the HBV aspect of the incident. Although the motive or reasoning may be explicitly detailed within the paperwork for each incident, this impedes WMPs ability of gaining an understanding of the factual motives of FM⁴².

Whilst it is acknowledged that the motive of FM is not always clearly understood by the victim, if this information is obtained WMP would be able to establish a baseline for each category to enable analysis of any future increases or decreases. This would also assist in ascertaining what preventative strategies have impacts on relevant categories and WMP could utilise this understanding for a strategic response to FM.

HONOUR BASED VIOLENCE MOTIVES

The HBV Special Interest Marker is used inconsistently, resulting in 414 HBV incidents. 70 per cent of incidents are attributed to disapproval of relationships, marital breakdowns, domestic abuse and culture (Appendix A). As FM literature suggests HBV can occur as a result of several key motives but there is no clear evidence which suggest the prevalence to assess whether WMP are under or over representative within any category.

HBV is not confined to a particular religion, caste, ethnicity or culture. There is pressure on victims to remain loyal to their heritage and even then partners must be of the family's choosing. For instance, 15.5 per cent (25) of HBV resulting from disapproval of relationships are attributed to 'family disapproval', 'not of families choosing' or 'families do not agree with relationships prior to marriage'.

When the concept of 'honour' is disobeyed the victims suffer the consequences. In 11.8 per cent of incidents the consequences include placing restrictions on victims when relationships are discovered. Mobile phones and internet enabled devices are removed from victims and freedom can be limited to the point of imprisonment. Threats, assaults and even kidnapping are performed by the families in order to escape the perceived shame.

The concept of honour is seen by some as a means of power and control, whilst for others honour is about reputation and respect and the need to maintain the culture of the family. Shame and dishonour can be brought to any family by leaving a marriage as families do not want their children to be seen as a divorcee as it results in a perceived lack of respect from the community.

HBV can be described as a 'wicked problem' as it is a social and cultural problem that is difficult or impossible to solve⁴³. For as long as there is continued migration to the UK there will continue to be multiple cultures living in the West Midlands and relationships that transgress cultures / ethnicities etc, which is likely to increase as the ethnic population within the West Midlands becomes more diverse. This will result in some families finding conflict with the cultural traditions of their heritage and therefore it can be expected that HBV will continue.

⁴² 67.6 per cent of FMs detailed how incidents happened (i.e. family pressure / family making arrangements, threats of FM) whereas only 32.4 per cent detailed why incidents happened (i.e. disability, immigration, age, photos, land ownership & disapproval of relationships)

⁴³ https://www.wickedproblems.com/1_wicked_problems.php

The theory of cultural homogenisation⁴⁴ would suggest after a number of generations have settled in the UK, integration between communities will mean HBV will be less prevalent in these communities. However, new migrant communities entering the UK now are likely to be at centre of HBV and FM in the future when they have children and are caught between their cultural traditions and a western lifestyle.

The remedy for WMP, led by partner agencies, should be focussed on overcoming the perceived shame brought to families through the elders of the communities in order to prevent and deter HBV and FM from occurring. WMP needs to monitor new migrant communities who believe in the concept of honour who may inflict HBV on future generations of their families and rehabilitate those who are already inflicting HBV.

⁴⁴ <https://books.google.co.uk/books?id=9IOtZgbaQyIC&pg=PA35&hl=en#v=onepage&q&f=false>

Appendix A

Reasons for Reporting A Forced Marriage Incident		Total	%
Forced Marriage	Family Arranging / Family Pressure	38	19.5
	Forced Marriage Concerns (Third Party) / FMPO / Safeguarding	26	13.3
	Unknown Reason & Other	21	10.8
	Victim has or is being taken aboard for Forced Marriage	17	8.7
	Forced Marriage due to 'Disability'	15	7.7
	Following investigation False and Malicious reports of FM	9	4.6
	Forced Marriage due to Immigration	9	4.6
	Threats to commit a FM	9	4.6
	Fled / Returned to address after a threat of FM	9	4.6
	Forced Marriage due to the 'Age' of the victim	5	2.6
	Arranged Marriage but victim now does not want to proceed	4	2.1
	Forced marriage due to inappropriate photos	3	1.5
	Control used to Force a Marriage	3	1.5
	Forced Marriage to retain land ownership	1	0.5
Disapproval of Relationship followed by the treat of a Forced Marriage	Disapproval of relationship due to Religion, Culture and Caste	14	7.2
	Disapproval of relationship due to unknown reason	8	4.1
	Disapproval of relationship -the family do not agree / not arranged by family or is not of the families choosing	4	2.1
Grand Total		195	100

Reasons for Reporting HBV Incident	Total	%
Disapproval of Relationship	161	38.9
Marital Breakdown	64	15.5
Domestic Abuse	37	8.9
Culture	28	6.8
Flee or Return to home addresses	23	5.6
Control	17	4.1
HBV Unknown or Restricted	13	3.1
Pregnancy	13	3.1
Threats / Harassment	13	3.1
Inappropriate Photos	10	2.4
Safeguarding	5	1.2
Kidnap / Held against will / Assault	4	1.0
Religion	4	1.0
Sexual Assault	4	1.0
LGBT	4	1.0
Concerns	4	1.0
False and Malicious	3	0.7
Disability	2	0.5
Financial	2	0.5
Immigration	2	0.5
FGM	1	0.2
Grand Total	414	100

Disapprove of A Relationship or Marriage	Total	%
Caste	25	15.5
Religion	22	13.7
Ethnicity	22	13.7
Culture	3	1.9
Age	2	1.2
Family Disapprove / Not Chosen or Arranged by Family / Family do not allow Relationships	25	15.5
Unknown Reasons	24	14.9
Control / Assault / kidnapped / Threats / Family Pressure	19	11.8
Extra Marital Relationships	7	4.3
Fled / Returned to home address	3	1.9
Pregnancy Related Issues	2	1.2
Partner Already Divorced	2	1.2
False & Malicious	2	1.2
Immigration – deportation issues	2	1.2
Parents want victim to Focus on School	1	0.6
Grand Total	161	100