

Do frontline practitioners recognise the signs of honour-based abuse?

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Long read: Research into recognition of abusive behaviour on the premise of protecting a person's honour

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Introduction

In 2014, I was working as an investigator for the Public Protection Department when I was approached by my inspector about completing a project on honour-based abuse (HBA). As a force at that point, we had no policy or procedure on it and fairly little knowledge on the front line.

I began researching the subject and became fascinated by the complexity of it, and by how these brutal and violent crimes were being committed with little intervention from statutory agencies. I quickly became the force lead and, in line with the changing way that we were viewing domestic abuse, we began calling it HBA rather than violence.

As I progressed through my career, I continued my passion for the subject. I remained a tactical advisor for live cases and I continued to participate in the regional HBA panel. Huge strides have been made since I first started looking into HBA in 2014. With forced marriage (FM), female genital mutilation (FGM) and honour killings still occurring frequently across the UK, though, I remain motivated to bring about further change.

The term HBA is used to describe the coercive, manipulative or violent behaviour towards a victim on the premise of perceived honour. FM is a criminal offence and is defined as 'a marriage conducted without the valid consent of one or both parties and where duress is a factor' (CPS, 2020). FGM is also a criminal offence and is defined in statute as 'a term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons' (CPS, 2020).

Statutory agencies have a duty of care to protect the population from risk of harm. However, with continued emerging threats requiring focus, frontline practitioners can become overwhelmed with trying to be subject matter experts (SMEs) in every field.

While HBA, FM and FGM differ greatly in definition, they are intrinsically linked by the motivation being in the name of so-called honour. The term HBA is therefore often confused or used as the collective name for all three subjects.

Literature review

Offences linked to HBA can cross many different crime types, including harassment, rape and murder, as well as many others. Due to this, these crimes are often not correctly recorded as having an HBA qualifier, which makes obtaining an accurate picture of the issue difficult (Mulvihill and others, 2018).

CPS statistics document 80 HBA-related cases referred to them for charging decisions for 2018-2019, with 49 suspects charged. This figure is disproportionately low when compared to the 13,124 calls received by HBA-based charity Karma Nirvana requesting advice for the same period. Deep-dive audits of police records also show inconsistency in cases being recognised.

The Home Office created the Forced Marriage Unit jointly with the Foreign and Commonwealth Office in 2005. FM was made a standalone criminal offence in the UK in 2014, with legislation that not only covers forcing (physically or coercively) individuals to marry against their will in the UK, but also covers taking an individual overseas for this purpose, as well as facilitating the marriage of someone who lacks mental capacity.

FM within the UK is a crime that predominately affects Indian women, although it is not limited to people of this heritage and also takes place in other groups, including among Gypsies and Irish Travellers (Gill and Harvey, 2016).

In 2019, 1,355 cases were referred to the Forced Marriage Unit for advice. Of these cases, 64% were reported by professionals, 18% were reported by victims, and 18% were reported by friends and family or anonymously. The low proportion of cases referred by victims reinforces the important role that professionals play.

FGM is not only a form of child abuse, but also has significant health implications, including long-term trauma affecting mental health, urinary tract infections and childbirth (NHS, 2020). The 2003 FGM legislation prohibits not only the physical act itself but also assisting a female to mutilate her own genitals, assisting a non-UK national overseas to mutilate the genitalia and failing to protect a child from FGM.

Data collected by the NHS for April 2018 to March 2019 documents that there were 6,415 females who attended a healthcare setting with signs of FGM. Despite the number of reports, the first conviction for FGM took place in February 2019, in which a female had committed FGM on her three-year old daughter (Ontiveros, 2019).

Crimes committed in the name of so-called honour differ from other offences because they generally involve collusion, support and facilitation by extended family or communities (Xavier, Petherick and Sinnamon, 2017). This makes it incredibly difficult for a victim to speak out and places a natural burden on professionals to spot the indicating factors.

Aplin (2017) found a common trend in frontline practitioners attempting to put the onus on someone else, finding that professionals regularly documented that a victim had 'capacity' and therefore 'freewill to make their own decisions', and thus pushed the burden of safety back onto the victim. This notion not only relies on the premise that individuals who are subject to long-term abuse are able to think rationally about risk, which goes against the basis of coercive control, but also apportions blame to an individual for the consequences of perpetrator behaviour (Long, Harper and Harvey, 2017).

Siddiqui and Patel (2003) argued that practitioners often feel nervous about challenging perpetrators about HBA concerns because of fear that they will be accused of racism. The repetitive scrutiny from the media causes racial anxiety in professionals and little is said in support of their actions, especially if their intuition does not result in their concerns being founded (Siddiqui and Patel, 2003).

Claims that there are unresolved mental health issues and that allegations form part of a wider custody battle over children are common, with professionals becoming distracted and failing to focus on the initial report (NSPCC, 2021). This is particularly apparent in crimes involving HBA, due to the support that a perpetrator may receive from the wider community. By focusing on a victim's

perceived vulnerabilities, as opposed to defaulting to the notion that victims should be believed, practitioners from the multi-agencies therefore inadvertently collude with perpetrators (HMICFRS, 2015).

Further issues that present themselves with practitioners responding to allegations of abuse is the inability to recognise female perpetrators. An HMICFRS review in 2015 found that women were regularly complicit in carrying out abuse, with siblings facilitating the reporting of 'breaches' to them.

The abuse carried out by women is often emotional, with manipulation and coercion achieved through threats to kill themselves and fabricated illness. Physical abuse is generally perpetrated by males, but women collude to facilitate this by locking their daughters within the home. In contrast, mother-in-laws are most likely to perpetrate domestic servitude and verbal degradation (Bates, 2018).

While it is recognised by many that women can perpetrate abuse due to coercion, there are a variety of other factors that motivate females to do this (Glick and others, 2016). Aplin (2019) found that case reports submitted by police officers often referred to mothers as secondary victims, even where there was no evidence to suggest this. This demonstrates that unconscious bias exists in professionals from the first interaction and there is a presumption that mothers are unable to be wilful perpetrators.

Methodology

This study involved a thematic review of academic research and an online survey of statutory agencies throughout the South West of England. In all, 137 multi-agency partners responded to the survey, which was distributed through five local police forces and the Safeguarding Children's Boards.

Trying to obtain an individual's knowledge on emotive subjects can result in practitioners becoming defensive and therefore being subconsciously untruthful in their answers, due to perceived failure. It was essential for the purposes of accuracy, analysis and facilitating positive change that individuals are aware that the focus of study is systematic learning and not proportion of blame. For this reason, survey responses were anonymous.

The results were analysed to gauge a level of understanding of HBA, FM and FGM, as well as whether this was linked to confidence levels of dealing with these subjects.

The survey questions asked individuals to identify which agency they worked for, in order for themes to be drawn out to establish if certain agencies could demonstrate best practice. However, there remained a clear emphasis on anonymity, to enable individuals to be open about their knowledge levels. Age, gender and sexuality were not asked because they were not deemed relevant characteristics for the purposes of this research. The only eligibility criteria was that participants worked for a statutory agency in the South West region.

Findings

The questionnaire was primarily answered by respondents from police forces (77%, 105 participants), with the remaining from local safeguarding children's boards, health, education, probation, social services, and the fire and rescue service. Over half identified themselves as frontline practitioners. As all of the policing roles had a direct impact on frontline decision making, 77% of participants were considered to be frontline practitioners for the purpose of this research.

Over half (53%) of those who took part had been employed by their organisation for more than 10 years, with 14% being in service for between 5 and 10 years, and a quarter being in service for between 1 and 5 years. Only 7% of participants were still in a probationary period, which negates the argument that limited knowledge and awareness was due to individuals being early in their post and therefore yet to receive planned training.

The results found that 72% of respondents had received training on HBA, FM and/or FGM. However, 54% stated that they did not feel adequately equipped to deal with it. There was no evidence to suggest some agencies were more confident than others in dealing with these issues. This suggests that organisations recognise the importance of training in these areas but the facilitation of learning may not achieve its objective. The type of training received was not scrutinised. Participants were asked to score their confidence levels on a scale of 1 to 5, with 5 being extremely confident. Individuals felt more confident recognising HBA compared to FM and FGM, but the average scores were only 2.5, 2 and 1 respectively.

When participants were asked to list the agencies that could support with HBA cases, the responses were mixed. Just two individuals who had received training could list a number of support agencies. This level of understanding was a common theme. Only seven respondents could name more than two support agencies, which suggests that the service a victim will receive may be inconsistent.

In all, 44% (60) of respondents stated that their agency had a nominated individual who could be contacted for advice. However, 33 of those stated that they didn't know how to contact them. This is a recurrent theme across agencies. No single agency showed either outstanding knowledge or specific areas for concern, which may be exacerbated by the lack of confidence that frontline practitioners have in identifying cases of HBA. Cases can only be referred to SMEs once they have been identified by frontline practitioners. If practitioners are unable to identify cases, the concept of using an additional layer of expertise may be redundant.

Over half of participants did not know what a Forced Marriage Protection Order (FMPO) or a FGM Protection Order was, even though both should be immediate safeguarding considerations. Further to this, 56% of respondents believed these are criminal orders (rather than civil) and were therefore working to a higher burden of proof, while 71% of respondents confirmed that they did not know who was able to apply for these orders.

In all, 85% of participants stated that their response would not change if the victim was under or over 18 years of age. Section 47 of the Children's Act 1989 dictates that the local authority takes primacy in child protection investigations. It is therefore the responsibility of the local authority to apply for FMPOs on under 18s, whereas this obligation falls to the police for adults (HM Government, 2014). This indicates that professionals do not know what their role is in these circumstances.

Responses about cases that breached international boundaries commonly involved referring to a supervisor. This is not an incorrect course of action, but it is only productive if the first-line supervisor has the subject knowledge to respond effectively. This is unlikely, given the natural career progression that takes place in statutory agencies, where the frontline practitioners of today are the frontline supervisors of tomorrow.

Only six respondents stated that they would seek advice from the Forced Marriage Unit or Interpol. No respondents mentioned ports warnings, passport enquiries, force guidance or other investigative opportunities, indicating a lack of exploratory mindset amongst frontline practitioners in these instances.

Conclusion

The survey findings indicate that frontline practitioners may not be fully equipped to deal with cases of HBA in the South West. Collective thematic review suggests reliance on e-learning packages alone may have limitations for upskilling practitioners. The effectiveness of training techniques in the South West region was not examined by this research.

Further research could explore the impact of using other training techniques on FLP understanding, such as using interactions with survivors. Having specialist SMEs to provide tactical advice was deemed as positive. However, with seemingly poor pathways for frontline practitioners to know who these individuals are, as well as academic research showing that there are weak mechanisms for replacing SMEs when they move on (Seba and Rowley, 2010), this concept is flawed.

Recommendations

1. Organisations should ensure that there are robust pathways for succession planning for SMEs.
2. Executive leaders should be vocal in the support of frontline practitioners who act in accordance with the National Decision Model, even if their referrals result in their concerns being unfounded.
3. Organisations should consider whether frontline practitioners need to be trained on individual strands of vulnerability or whether they could be trained on crosscutting indicators of abuse to highlight those at risk, with a triage function performed by multi-agency safeguarding hub for allocation to SMEs.

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