

**Victim/survivor voices – a participatory research
project**

Report for

**Her Majesty's Inspectorate of Constabulary
Honour-based violence inspection**

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**Marianne Hester (Principal Investigator),
Geetanjali Gangoli, Aisha K. Gill & Natasha Mulvihill
(Principal Researchers)**

**Lis Bates, Andrea Matolcsi, Sarah-Jane Walker, Kurda Yar
(Researchers)**

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Introduction

A research team drawn from the Centre for Gender and Violence (CGVR) at the University of Bristol and from the University of Roehampton¹ were commissioned in April 2015 by Her Majesty's Inspectorate of Constabulary (HMIC) to identify and interview victims and survivors of honour-based violence (HBV) to support the thematic inspection by documenting their voices and experience. The researchers used the definition of HBV adopted by HMIC as a form of violence which draws legitimacy from the notion of 'honour'. HMIC asked that forced marriage (FM) and female genital mutilation (FGM) be included within the scope of the project, recognising their separate yet related status to HBV.

Summary of methods

The research team carried out semi-structured individual and group interviews with 50 victims and survivors of honour-based violence in locations across England during the period 1 June to mid-August 2015. Victims of HBV, FM or FGM can be 'difficult to reach' for a number of reasons.² Working in collaboration with specialist non-governmental organisations (NGOs) and major stakeholders afforded the research team both access and an assurance that our participants were being supported during and after the interview.

We contacted 32 NGOs and were able to organise participant interviews through nine of these organisations.³ We also identified a small number of (supported) participants through recommendation: this is an approach to building (or adding to) a sample of research participants known as 'snowball sampling' and is commonly used where potential participants are hard to reach.

Individuals were initially contacted by the NGO and provided with information about the aims and objectives of the project and an outline of the interview question schedule. Those who agreed to participate then signed a consent form, which

1 Dr Aisha K. Gill is at the University of Roehampton.

2 This includes how belief in the importance of 'honour' can appear to justify (even to the victim) the abuse perpetrated and/or tolerated by family members and the wider community. Victims of HBV are likely to have their movements strictly controlled: they may also be subject to insecure immigration status, financial control and language barriers. In this way, they may be less likely to come in to (un-monitored) contact with professionals such as teachers, GPs or social workers or to form relationships with friends or colleagues outside of the extended family or community.

3 The nine NGOs were: Asha Projects (<http://www.ashaprojects.org.uk/>); Ashiana Network (<http://ashiana.org.uk/>); Barton Hill Settlement (<http://www.bartonhillsettlement.org.uk/>); Daughters of Eve (<http://www.dofeve.org/>); IKWRO (Iranian and Kurdish Women's Rights Organisation) (<http://ikwro.org.uk/>); Next Link (<http://www.nextlinkhousing.co.uk/>); Panah (<http://www.homegroup.org.uk/careandsupport/stonhamservices/services/Pages/PanahResidentialFloatingSupportService.aspx>); Sharan Project (<http://www.sharan.org.uk/>); Southall Black Sisters (<http://www.southallblacksisters.org.uk/>)

included their right to withdraw from the research within seven days (which none exercised). The research project was granted ethical approval by the University of Bristol School for Policy Studies Ethics Committee.

As the research team had significant language capacity, including Urdu, Punjabi, Hindi, Kurdish and Farsi, the participants were interviewed either in their preferred language or through a safe interpreter. Project information and consent documents were translated as needed prior to the interview.

Participants were offered the choice, where possible, of an individual interview or group interview. Each group interview involved five participants.

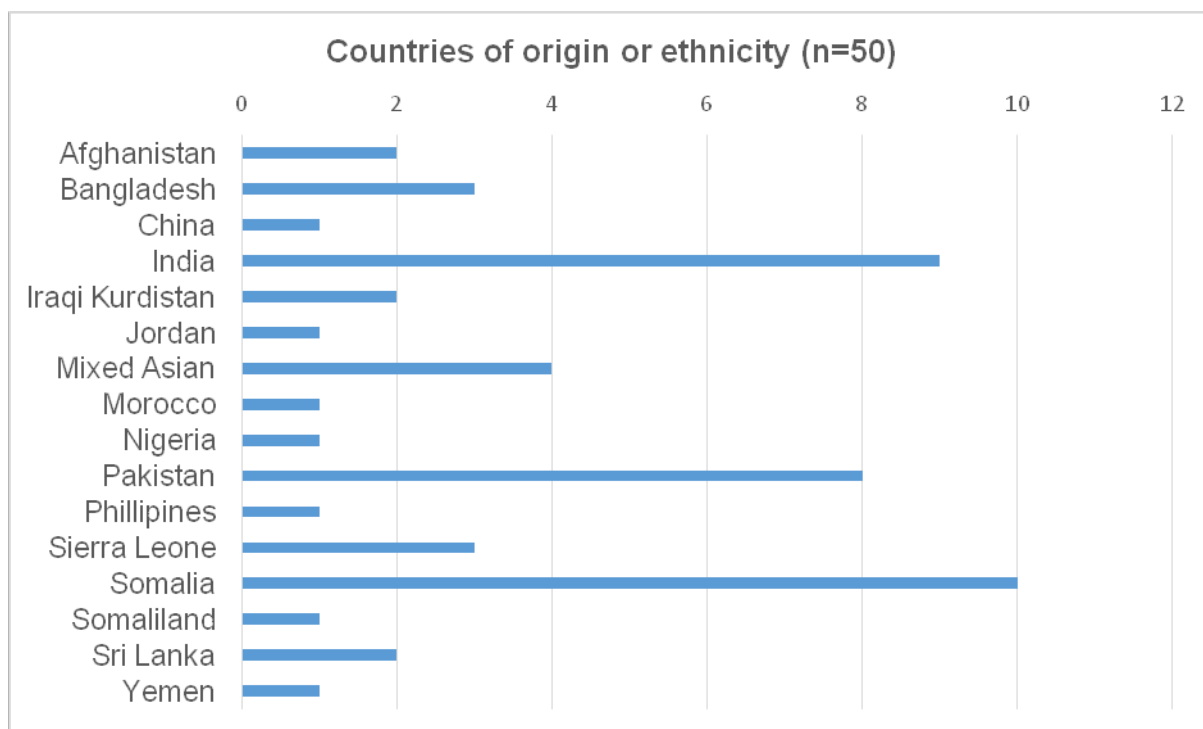
Project sample total (n=50)		
	Number of individual interviews	Number of group interviews (number of participants)
HBV and/or FM	31	1 (5)
FGM	4	2 (10)
TOTAL	35	3 (15)

The interview questions were organised around the themes identified for the main inspection report, namely Awareness and Understanding, Protection, Enforcement and Prevention. Participants were also given the opportunity to share details of their experience of HBV and any other issues that they felt relevant to police practice in this area.

The interviews were audio recorded, transcribed, carefully anonymised and coded under relevant thematic headings. This report presents a summary of the findings, including verbatim quotes from victims and survivors. Please note that the responses quoted are from spoken speech so not necessarily grammatically correct. This report also provides two anonymised case studies to make real the experience of living with HBV and reporting to the police. We offer our sincere thanks to all those who shared their stories with us.

Overview of sample characteristics

We interviewed a total of 50 victims and survivors of HBV, FM and FGM. All were women. We received no referrals of male victims, despite making extensive contact with relevant organisations. Our participants came from 15 different countries of origin and/or ethnicities and interviews were conducted in 9 different languages. Three participants self-identified as 'Mixed Asian' and we include one further participant in this category, whose ethnicity was not disclosed.



Note: Somaliland declared independence from the rest of Somalia in 1991: it self-identifies as a state and is recognised by the international community as an autonomous region of Somalia. Iraqi Kurdistan gained autonomous status within Iraq in 1970. We recognise nationality and ethnicity as defined by our research participants.

Over two thirds of the sample (n=36) had experienced either, or a combination of, forced marriage and honour-based violence. The honour-based violence included domestic abuse (physical, sexual, emotional, financial) and coercive control perpetrated by their husband, often in collaboration with the husband's family. As victims will demonstrate within this report, while HBV certainly has features in common with domestic abuse and gender-based violence broadly, it is also distinguished as a violence that draws directly on the rhetoric of 'honour' and 'shame' within the family and wider community. It involves the exercise of control to protect perceived cultural or religious beliefs or status. We refer to this group within the overall sample as the 'HBV/FM' cases. The majority of this group of participants had been in contact with the police within the last three years.

Around a third (n=14) of the sample had experienced FGM, all as children and all in their (or their parents') country of origin. We refer to this group within the overall sample as the 'FGM' cases. None of those experiencing FGM had reported to the police in the UK or elsewhere.

Where participants were willing to disclose, we noted the force area and/or location of the police station that they attended.

These areas included:

London	South East	East Midlands
Acton	Colchester	Lincolnshire
Croydon	Ilford	Northampton
Ealing	Maidstone	North East
Edmonton Green	Reading	Durham
Harrow	Slough	Newcastle
Holborn	Southampton	North Shields
London Gatwick	South West	North
Southall	Bristol	Leeds
Stoke Newington	West Midlands	North West
Tower Hamlets	West Bromwich	Lake District
		Lancashire
		Greater Manchester

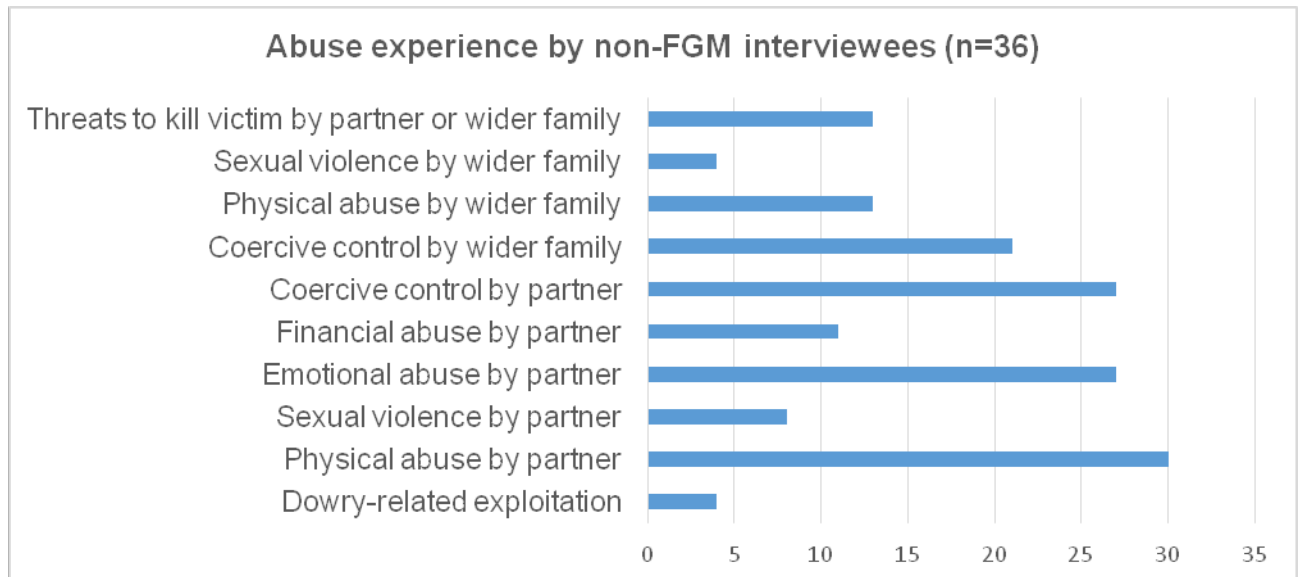
Of the 36 HBV/FM cases, 2 participants had never reported and a further 7 participants fell in to the category of both 'reporter' and 'non-reporter'. This occurred, for example, where they described their experience of longstanding abuse and why they did not report, before circumstances led them to contact with the police, often through the intervention of a third party/NGO. This category also applied where their experience of the police was poor in the past and so they continued to endure abuse without reporting it further.

As requested by HMIC, we sought to build a sample with approximately 80 percent 'reporters' and 20 percent 'non-reporters', however what emerged was a split of around 70/30. This was principally because all the FGM cases in the sample were non-reporters.

Analysis of participant accounts suggests that of 34 reporters, 20 were happy with the initial police response; but only 9 were happy with their reporting experience overall. Thirty-three participants (out of 42 who responded to this question) would recommend someone in a similar position to contact the police.

Experience that led to contact with the police or NGO

Thirty-six participants within our sample experienced HBV/FM perpetrated by their husband and wider family or within their community.



‘Coercive control’ included monitoring social activity, removal of phone and internet access, house arrest, removing passport, withholding visa documents and attempts to shame the victim using the internet, email and social media.

‘Emotional abuse’ included manipulation and blackmail relating to children or to the victim’s insecure immigration status. ‘Financial abuse’ included withholding or taking money from the victim and preventing them from taking employment. ‘Wider family’ included the husband’s parents and siblings and other relatives through marriage (three victims within this category also described abuse from members of their ethnic or religious community).

Victims also experienced coercive control (though less often physical and sexual abuse) by members of their own family. Dowry-related exploitation occurred, for example, where the in-laws made exorbitant demands (in terms of money and/or gifts) on the bride’s family and thereby increased the pressure on victims to stay within the marriage to maintain the family’s ‘honour’.

Common to these experiences was the complicity, minimisation and even participation in HBV– including physical and sexual violence – by the husband’s family, members of whom often lived in the same house as the couple. A prevalent pattern within this group was that the woman had come from overseas to live with her UK-based and/or UK-born husband.

Two of the 36 participants who had suffered HBV/FM had attempted self-harm, including suicide, and 11 told us they were taking medication for anxiety or depression.

The experiences of this group raise important questions about the definition of 'honour'-based violence.

For example:

- When asked to self-identify whether they were subject to a forced or to an arranged marriage, participants tended to assert that the union was arranged. Some did acknowledge however that, culturally, it was not actually possible to refuse. We recorded their self-identification rather than impose a judgement. This means that where we identify 'forced marriage' within the profiling that follows each victim quote, its prevalence within the sample is likely underestimated. In five out of sixteen cases where the circumstances of the marriage were discussed within the interview, participants identified as having experienced FM, including attempted FM. Notably, five participants revealed that it was their husband (the perpetrator of abuse) who claimed to have been forced into the marriage. In these cases, the perpetrator frequently attributed their abusive behaviour to that context of coercion.
- While many of the participants' accounts may have presented as domestic abuse experienced by black and minority ethnic (BME) women, it was the clear invocation of 'honour' that shaped the context of the abuse, layering additional constraints and harms for the victim. Some victims expressed concern that the police did not appreciate the nature and burden of 'honour', indeed that speaking to the authorities was itself considered a violation of community norms.

I tried to leave before, going to my family, going to the mosque, going to my friends but I was so controlled, he would just bring me back – and I didn't think I had any option but to stay and be a good Muslim, the dutiful wife and all of that. [...] You know my parents are just saying "You're mad". My own brothers are just saying that "You're mad". Take him back, drop the charges. And pray for him. You know, get yourself help – like I was the problem. (Reporter, HBV)⁴

Of the group who had experienced FGM:

- All were adult women who had been 'cut' in childhood in their family home countries (Sierra Leone, Somaliland, Somalia and Nigeria) between the ages of 5 and 14, and most before they came to live in the UK.

⁴ We include in brackets whether the participant was a 'Reporter', 'Non-Reporter' or 'Non-Reporter and Reporter'; and whether their experience was of 'honour'-based violence (HBV), forced marriage (FM) or female genital mutilation (FGM). We would flag here our earlier comments on the self-identification of 'forced marriage'.

- The ethical constraints of interviewing those under the age of 18 (and therefore increasing the likelihood of interviewing young women who had experienced FGM while resident in the UK, in the last 3 years), limited potential conversations about reporting to the police in this country. Nevertheless, the information that we did gather in this area offers some useful insights for policing.

Findings by theme

The findings here are presented in line with the themes provided by HMIC to structure the main inspection report. Direct quotes from victims and survivors are anonymised to protect their identity.

1A. Awareness and Understanding – ‘Initial contact with the police’ (those who reported to the police)

For those who reported to the police, we asked:

a. How was the decision to report made?

Some participants recounted that their family members (based in either the UK or the victim’s home country) had encouraged and/or helped them to contact the police. Others said that the decision to report was prompted by friends, work colleagues, GPs or NGOs. The use of an intermediary was mentioned as particularly important for those under effective house arrest and for whom all forms of communication were either monitored or removed. Indeed, these victims identified alternative reporting avenues – including online or app-based reporting – as critical.

Some victims coming from overseas said that they did not know how to contact the police or – and this included UK-born victims – did not see the police as the appropriate organisation to contact.

My brother sent me a text on ‘WhatsApp’ to ask the police to come and at that time I wasn’t even aware of the police number in England cos I was so new. (Reporter, HBV)

Interviewer: *Can I just ask, when you were frightened about being in the house and him coming to the house all the time, did you ever call the police to tell them what was happening?*

Participant: *No. No.*

Interviewer: *Why was that? Why didn’t you call the police?*

Participant: *I didn’t know if that was something that the police could help me with. (Non-Reporter and Reporter, HBV)*

Half of our reporters described contacting the police in a moment (or moments) of crisis,⁵ often after a lengthy period of violence and abuse. Such victims explained that they found it very difficult to articulate to the police what had happened. They described the ‘decision to report’ less as an active decision than as a defensive plea,

⁵ Defined here as calling the UK police during, or within hours of, an incident where victims are under imminent threat of physical harm, including attempts to kill.

an act of desperation. Some told how what may appear to be a reluctance by the victim to pursue the matter further or even a retraction, may also be a symptom of the unfolding trauma.

He hit me three times that day and then say "I'm gonna sort you out in a minute". Then I'm really, really scared, he took my keys from my bag, and he locked front door, he turned the hoover on and my husband he shouting and abused me like he hit me very badly then he go downstairs again and I call one of my friends and I said, "I am not safe, please help me". Then she said "Come out, I'm just out, I am outside coming to your house in two minutes". Then I just ran outside and I ring the police station. (Reporter, HBV)

I called the police when my mother in law tried to strangle me when we had a fight and I got really scared. (Reporter, HBV)

Interviewer: *So when you were sitting in the [police] car, did you tell him [the police officer], did you feel comfortable enough to tell him that you were really, really frightened?*

Participant: *No, I was very, very frightened. I was only able to speak two or three words, then I started crying. (Reporter, HBV)*

My problem is, with that time, because I just stopped thinking at that time. It was not my conscious decision to call the police it was because somebody advised me and I was, when I was in the police van I was like I'm safe, I'm alive and that was enough for me so I didn't have enough time to talk about my experience. (Reporter, HBV)

Some victims recalled feeling exceptionally vulnerable when they reported the abuse to the police. They explained how an extended period of enforced helplessness and dependency, where their freedom had been severely constrained by their partner and/or extended family, meant that they needed extra support and reassurance from officers.

Where I came from, I used to stay at home all the time with my husband and children. It took me a long time to get used to doing things for myself. (Reporter, HBV)

This victim (with three young children) reported for the first time to hospital staff, and was simply given directions to the police station.

You have to understand that for [many] years, I was so controlled about where I was allowed to go, I didn't know the streets. (Reporter, HBV)

Finally, while victims talked about the police response and presence as welcome because it provided a brief period of respite, many women said they felt unable to pursue the matter further, for fear of ‘dishonouring’ the family.

Interviewer: *Did the police arrest your husband or mother-in-law?*

Participant: *No, I told them I didn’t want to charge them.* (Reporter, HBV)

The police came, I went to the neighbour. I said to the police, arrest him [her husband]. My brother-in-law came and said, don’t arrest him, it is our family matter and we will be dishonoured. I was foolish. I said okay. (Reporter, HBV)

This victim felt unable to press charges, because the perpetrator was her fiancé, selected by her parents in her home country. She managed to postpone the marriage but her UK visa was sponsored by her father who made threats to kill if she jeopardised the marriage. She told researchers that she felt she could not stop the abuse until she had independent immigration status.

I’ve had instances where he has slapped me, things like that...so, it’s hard because, if they take any action against him, there is literally a loop which is going to be back home, because he obviously will tell people that this is what’s happening. Once again, it’s my life which is going to be at risk, so I cannot do anything. I’m so tied down, I literally have to live day by day – it’s quite hard at that point. (Reporter, HBV and FM)

b. What was the police response to your report?

In the vast majority of cases, interviewees said that the police arrived quickly at the scene to an emergency call being made. A key issue raised by participants was the impact a police visit to the house may have on the victim: this is important in understanding the context, motives and implications of reporting.

First, they explained that a visit by the police is seen as bringing ‘trouble’ to the family in a very public way, potentially invoking shame within the community, which will have consequences for the victim. Indeed, one participant suggested that if the police come in a non-emergency situation – for example, where they have been tipped off by a neighbour or family member – that they should have a cover story to protect the victim, while they ascertain the facts.

Second, if the police attempted to interview the victim in the house or in front of the perpetrators, this put her at significant risk of harm. Third, if the police were unable to see the victim or decided that no further action was needed and left the premises, they could again put the victim at significant risk of harm. Finally, if the victim did

leave with the police, participants felt that this was likely to be a decision which the woman made knowing that 'there was no going back'.

So this was the biggest thing that could have happened, so they [the police] didn't understand the dynamics of our culture...how Pakistani family... and if the police shows up that's not normal, and what they would do to me once they leave.
(Reporter, HBV)

[interpreter speaking] *They [the police] asked if she was ok, she said no.*
[interpreting] *So if she didn't go with the police to the station, her husband would have been even worse to her... [interpreting] She was really worried that, if her family had found out that she'd contacted the police, the violence would have got worse.*
(Reporter, HBV)

The response of front desk staff to those reporting at the police station was also crucial. This victim had a poor initial experience, which was redeemed by the officer taking the statement.

But the woman at the desk she was just like, "So are you going to make a complaint?" She was so flippant and just didn't want to listen to what I was saying. I was standing there, and she was like, "Well what do you want me to do? Do you want to make a statement?" And I said, "Well I just need help. I don't know where to go, I don't know what to do". Because for 13 years I have been controlled by this man [interviewee becomes upset] and I knew I had to get away. [...] So I said "Yeah, I'll make a statement". And then I met another police officer and I have to say he was amazing. He said, "I know this won't be the first time he has hit you, you don't have to say anything you don't want to". He was really understanding. He said, "I want to know the basics and how I can help you". And I felt like 'at last', you know?
(Reporter, HBV)

Another victim who had been attacked by her husband was brought with her young son to the police station at 10pm. She was injured and her clothing was torn. She was left in a police waiting area for 14 hours. During that time she received one offer of a hot drink on arrival and no offer of food for her or her son. A doctor visited at 4am to give medical attention, including stitches, and she was spoken to briefly at the 6am officer handover. She was finally questioned after midday on the day following the attack.

c. How did you feel about how the police responded?

A number of participants expressed their relief at the quick response – in many cases, within 'minutes' – of the police and the supportive manner of the responding officers. As will be evidenced further in this report, the role of the police in quickly

providing safety – even ‘rescue’ – from physical harm is for victims of HBV a key and prized function.

Interviewer: *When your son called, did the police come promptly?*

Participant: *Whenever we have called them they have come very quickly, in a blink of an eye. [...]*

Interviewer: *How do you assess the police response?*

Participant: *They were very helpful to me, spoke nicely to me and the children. Took my husband away from the home. (Reporter, HBV)*

For many of the victims reporting HBV, it was felt important to have access to a female officer.

Participant: *Yeah, then she gave me another lady's number cos I felt really good with the ladies so, I mean female police officers, so I said I don't like dealing with the male police, I would like to have a lady. (Reporter, HBV)*

Every time I see a male officer, straightaway it strikes me that my husband said I'm not allowed to talk to men. (Reporter, HBV)

The ethnic identity of a responding officer was also a consideration in the context of reporting HBV: ethnic matching could have both positive and negative impacts. For example, in the following case, this victim described how she was made to feel uncomfortable – even at risk – by an officer who highlighted their supposed common identity and community ties:

So the [other force] policeman came to [victim's new address, unaccompanied] and he was Asian as well [...]. He did the full risk assessment and then right at the end, what really shocked me is, he was Asian, and he's from [location], he goes: "Oh, you do understand that in [location]" ...he goes, "because one to one I'm just telling you that in [location], all Asian families they know each other, and they know what's going on... so for you, when you left, you realise that it's a bit of a... your honour's basically gone. You do realise that it's gone because everyone else knows, and ..." he [says], "I know what it's like because I'm Asian as well, because they're your family, that's your mum at the end of the day. So if you feel like...it's good if you do ever talk to them again [...]" Of course, then I was like, he's Asian, he's from [location], forget it, I'm not going to, I wouldn't say anything after that so I didn't tell him anything. (Reporter, HBV)

However in another case, the similar ethnic background of the police officer and the victim meant that the officer provided additional insight into her situation:

Yes, it was [force HBV specialist]. So, with her ethnicity that was a big fear, and to be honest I was really scared now to trust anyone who was from a similar ethnicity, because it's really hard... I know people think, why would you think that way? But I've experienced it loads of times and you really cannot trust anyone from a similar ethnicity. So that was a really big fear, I was quite scared to meet her. I met her, and basically that's how the whole thing started, and she has been a tremendous help in my case. (Reporter, HBV and FM)

While as mentioned, the immediate response was highly valued by victims, a sense of uncertainty from responding officers on what to do next was echoed in a number of experiences. For example, this victim relates a visit at 10pm by a lone male police officer who responded to a report to the police that she had made online, where she had included her name though not her address.

Participant: *When [the police officer] entered the house, my mother-in-law was sitting in front of me, and my husband, he was upstairs. I basically said there was no way I could talk with them in the home. [The police officer] was not aware that they were listening to what's going on...so I said, "I can't talk to you here – they're just standing outside", he [the police officer] was just not aware of what was happening.*
Interviewer: *Was it one police officer or two?*
Participant: *There was only one. [...]...I thought he was very helpful... but once he took me out, he was not sure what to do with me. So he basically contacted someone on the phone, he was in touch with somebody and they told him to bring me to the police station.* (Reporter, HBV)

d. Was language support offered?

The need for language support was evident in a number of the research interviews. In general, participants said that the police were providing language support, whether by phone or in person at the station.

Victims did not relate any incidents where they felt that an interpreter or translator provided by police may have threatened their safety or anonymity within the community.

However, of 12 participants who reported the need for language support, three were not offered an interpreter or translator at any stage of their contact with the police. This interviewee described too how support may be needed at the initial on-the-scene response, to ensure the right policing decisions are made.

Interviewer: *Was there an interpreter or was there only English police?*
Participant: *At the station there was an interpreter.*
Interviewer: *When they came to your house?*

Participant: *No. [...]*

Interviewer: *Your husband, mother-in-law – did they arrest them?*

Participant: *I made a mistake for the main reason, I didn't get [the wider family members] arrested I didn't understand... I didn't understand what happened, I didn't have the energy when I had my husband arrested it happened through nodding the policeman indicated do you want him arrested [and] I said yes by nodding my head I couldn't understand at that time. (Reporter, HBV)*

We heard from interviewees that language capability can also be part of a broader control strategy. More than one woman married to a UK-born husband spoke of their partner mocking their English, further denting their confidence in expressing themselves to the police and others.

e. *What outcome did you hope for?*

The interviews did not offer any neat answers for this question: rather the aspirations for victims at the point of reporting were often unclear beyond immediate safety needs. The desire for other outcomes tended to emerge and change over time, depending on what happened in the period after that initial report.

1B. Awareness and Understanding – ‘Initial contact with the police’ (Non-Reporters)

For those who did not report to the police, we asked:

a. *What were the reasons you did not approach the police?*

First, some victims spoke of fear or blackmail which prevented them from reporting to the police. This was compounded by maintaining family ‘honour’, by close family ties, poor language skills and simply not knowing whom to go to. Indeed, a small number of the participants who came from overseas either did not know how to contact the police or did not know that such matters were within the remit of the police.

Interviewer: *So during the marriage, you were saying there was no contact to the police during the abuse?*

Participant: *No, I was scared first. Second, he was my cousin. When I was thinking of the things the problems were getting much deeper. Third, I am brought up in a place, and [having been a university lecturer in home country], I have not experienced such a thing before. The problems were new for me and I didn't know what to do. (Non-Reporter and Reporter, HBV)*

Other victims explained that they had reported incidents to the police in the past but due to a poor experience, decided not to do this again. This is particularly harmful for victims as violence commonly escalates after their contact with the police, as this participant demonstrates.

Interviewer: *What happened next?*

Participant: *I went back to live with him.*

Interviewer: *Because you were homeless ...*

Participant: *Yeah, I went back to him and the same issues started again...the child was growing... and the situation became worse. Yeah, I think it was one year after that in [date] he started hitting me again in front of my child... my child was in my arms... it was 6 in the morning and I was breastfeeding when he hit me. And the child was frightened. I didn't call the police again. He punched me and I had a swollen mouth that's why I decided to leave him. [...] I [was] advised to contact [NGO]. Then I knew there are supporting places... (Non-Reporter and Reporter, HBV)*

We identified six cases within the research interviews, where the perpetrator(s) claimed victim status to the police (and a further three where the perpetrator reported, or threatened to report, the victim as a bad mother to social services). For example, perpetrators reported research participants to the police for harassment (n=4); as a missing person (n=1); or as the perpetrator of domestic abuse (n=1).

This last example in particular can be seen as a mechanism of coercive control: the perpetrator out-manoeuvred the victim by contacting the police first and casting doubt on any subsequent reports she wished to make.

My husband was doing this to the police...saying, "I am receiving unknown calls, harassing calls" [from the wife, the victim]. The police were communicating that to me. And why? Didn't they know that abusers do that? And then again that, my family, or I, am threatening their family. I mean [...] this is something that the police should know, that this is how abusers, this is what they are doing, our abusers, and everybody, if you ask here, this is the same thing. (Reporter, HBV)

Victims also felt unable to report because of a cultural norm which says that 'family' problems should be resolved within the family, or at least within the community. In the case of the woman reported by her husband for domestic abuse, she recalls repeatedly expressing 'no comment' to officers under questioning. While she may have presented herself to officers in questioning as recalcitrant and uncooperative, she explained that she was holding back significant information about his abuse: partly for fear of the consequences for her of disclosure, partly to protect her children, and partly because she felt bound by a community 'honour' code that construes reporting to the police as a betrayal of the marriage.

Finally, the FGM group were non-reporters largely because the incident happened many years ago in childhood and in another country.

Interviewer: *Was the police involved? Did anybody contact the police?*
Participants: *Which police? In Somalia or here in the UK? No, because we already have done it. [...] Everybody knew and was doing it in Somalia. So no contact to the police.* (Non-Reporters, FGM)

Participants with experience of FGM expressed mixed feelings about reporting to the police new cases that they were aware of: some feared retribution from the wider community and some were concerned that it would represent an interference in private family life.

Yes, but we cannot report to the police because I don't want to interfere with other people's lives. If I see someone is doing FGM, I don't want to interfere with other people. That's not fair. [...] If someone does FGM and I report to the police that family will come to me and I get into trouble. (Non-Reporter, FGM)

All however agreed that FGM is a cultural practice and not a religious requirement and they claimed to reject FGM for their own daughters.

b. Would you report in future, in what circumstances?

Emerging from the interviews are two factors that can influence the decision to report to the police: confidence and evidence. To have the confidence to stand up to the perpetrator(s) in turn requires an awareness that what is happening is 'wrong' and not part of normal relationship(s), an assurance that they will be believed by the police, and that it is possible to stop what is happening. For women who had been controlled for a long period, they reported feeling like no other existence was possible: the perpetrator appeared all-powerful. They described how this power was reinforced by beliefs about family 'honour' and shame.

Women also felt that reporting was not possible without 'evidence': the issue of evidence is a recurring theme throughout the interviews. Women may have experienced years of physical, emotional and sexual abuse and coercive control: but they said that they were concerned they did not have evidence that would be acceptable to the police, such as 'photos', 'scars' or 'witnesses' who would testify. Having such evidence for the first time, gave them the confidence to report.

Interviewer: *Is that something that you feel you can do now?*
Participant: *Yes. Yes, because at some point [...] we were always going for counselling from the pastor but when we get there, because he's [the husband] somebody that is intelligent, he's more eloquent than me and when we get there I*

was always the one that can't talk. So when those things were happening, I had to start recording and that's what really helped me. So I had some voice recording of him and he'll be shouting, saying things. So that was what my solicitor was able to extract and when she listened to it and some text messages, she would send me like three pages of text messages insulting me and everything, what he's going to do to me, things like that. (Non-Reporter and Reporter, HBV)

Others felt emboldened by having survived the experience and with some months (or years) distance, they felt confident they would report future incidents or advise others to do so.

Participant: To be circumcised, yes. It's a pride for [her family in Sierra Leone]. Even I am having a lot of problems with most of my family, because I did not take my children. They say that I've been brainwashed, "This is our culture". Some even accusing me that the England Government have paid me. They will go to my Facebook, inbox me, all kind of abuse I am getting and you cannot believe it now. [...] I told [my friends in the UK], "I don't care, if I saw you took your children to Sierra Leone to do, that I will prosecute".

Interviewer: Would you, if you knew that was happening would you call the police?

Participant: Definitely I will. Definitely. (Non-Reporter, FGM)

c. How could people be encouraged to report?

Of the non-reporters, the FGM group responded to this question most directly. Separately interviewed participants demonstrated a notably united opinion that reporting could only be facilitated by working within and through the community, in a relationship of trust, preferably alongside 'community sponsors'. Specific examples of sponsors were not given although one group of participants suggested that imams had an important role in educating young men about FGM.

Yeah, we need to start with the young men. [...] We should work with the mosque more because the men are there – telling them how forbidden it is, how dangerous for the children. (Non-Reporter, FGM)

Education for young men and older women was identified as particularly important, as participants felt they were instrumental in the continued practice of FGM.

Clarifying the nature and consequences of FGM, the legal position in the UK, and how to report to police were highlighted as key areas by interviewees. One group described how this information was already being delivered effectively through a local NGO.

That's why we need the community raising awareness. [...] Not just the professional sitting in a big room talking about FGM. We need to take it outside, to the community

areas, like parks, we talk about it. Some people don't know it is illegal in this country. Because they don't know what is FGM. [We need to explain] it to them the way they are calling it, in their own language, or in their own country. When you educate one woman properly in the community with strong awareness, then that woman will educate ten or fifteen in that same community. (Non-Reporter, FGM)

Because when you talk about FGM people don't know what FGM is. [and] Let's raise more awareness for the boys as well. Because for me, my children, my boys they know exactly, and they say "No way!" [laughs]. (Non-Reporter, FGM)

In seeming contradiction, there was a notable strand of opinion within both group interviews with victims of FGM that the community understood the harms of FGM and that it no longer happened among UK-based Somali communities. FGM was associated with 'back home', with some arguing that even here it has been in decline. This may increasingly be the case: it may also be an attempt to defend the community to a non-Somali interviewer:

Interviewer: *Was there any case where the police helped in an FGM case?*
Participants: *No, because most Somalis have stopped doing it now. (Non-Reporters, FGM)*

Both group interviews with victims of FGM revealed negative experiences with the police. The first was a case where one family had made a false allegation to the police of FGM within another family, as part of an ongoing feud. Participants felt that the police had taken the report at face value and had searched the family's property without first establishing the 'facts'. In the second group, two participants related experiences of police or social workers coming to the house, either to remove young girls temporarily to 'check them' after a holiday to Somalia, or to question the children about FGM. Again, our research participants said that – although they understood the reasons – they felt the approach was disrespectful and possibly unlawful.

Finally, it is worth noting that within the HBV/FM cases, frequently the abuse was common knowledge within the family: indeed, family members were often complicit or perpetrated abuse or encouraged the victim to stay in the relationship. Within the FGM cases, it was suggested by interviewees that this is a very private affair between the child and the parents. Participants said it would be very hard to speak to the police, unless they knew 'for sure' that FGM had taken or would take place, in case for example it meant the children were removed from the family. So overlaying the cultural code of protecting the family and community, was this extra level of secrecy. They recognised that this combination may make it particularly difficult to facilitate reporting of FGM.

You know, I'm not sure if you agree with me or not, but it's hard to know if they have done it or if they were going to do it [Murmur of agreement within the group]. Even my sister, I wouldn't know what she was going to do. We are a very close family but we don't talk about those kinds of subjects. Am I right? It's hard to know... until, when they come back, and you overhear them with the children... [...] You know, in Somalia, a long time ago they used to know that this person is going to have the FGM – they used to have a celebration... but now, we can't... (Non-Reporters, FGM)

Some of the participants who had experienced FGM questioned its separate treatment in law and practice, arguing that it should be considered child abuse. They felt it fuelled a preoccupation with 'culture' and 'certain communities', which distracted from the central task of protecting all children from all types of harm. This participant who was cut in Sierra Leone aged 14 believed that the terminology was a barrier to reporting.

And it was at that point that I heard this language about 'FGM'. And as soon as I read it, I felt like a knife had gone in to my heart, to be honest. Because I think up until that point, I was living with my body quite freely, maybe naively. Until I heard that term. And that's when that intrusion of what happened to me became very raw. [...] I was reading this information and thinking so I am a freak, and my parents are the worst people ever, and my culture is disgusting, you know? And I felt that this doesn't ring true to me: I don't feel that my parents or my culture are bad but what I do feel is that my human rights have been taken away from me. My body was altered without my consent. [...] So those were the times when I felt like I was the 'mutilated' lady. I think that is why the campaign has been stuck for 30 years. It won't change till the terminology changes. All power to survivors, but I don't know why they want to align themselves to those labels. [...] I would help someone to report because it is against the law. [But I would term it] 'genital alteration' – to alter another person's body without their consent. (Non-Reporter, FGM)

2. Protection – 'Assessment and Help' and 'Trusted Professionals'

a. Did police talk about risks to you and family?

There was some good evidence from the research interviews of police officers thinking about the provision of safe accommodation for victims and providing reassurance. In other cases, victims described how their reluctance to press charges or to move to safe accommodation – due often to family pressure to safeguard honour – meant that they continued to be at risk. The reliance on the victim to take the lead and to provide evidence is a recurrent theme in the interviews. None of our interviewees were aware that it was possible for the police and CPS to bring the perpetrator to court, without the victim's cooperation.

Interviewer: *So did they talk to you about the risk of going back to your husband?*

Participant: *[...] The police told me there is no guarantee if he kills you.*

Interviewer: *So you came back to your flat.*

Interviewer: *Yes but police told me it is up to you. You go home, there is no guarantee if he hits you again or he doesn't because we had a lot of cases like you and after one month the woman is killed. (Reporter, HBV)*

As identified above, some victims called the police in a crisis situation, because they wanted immediate physical protection. Once the police arrived, some withheld information for fear of the perpetrator and/or fear of involving the police further and 'dishonouring' their family. This meant that the risk assessment did not accurately capture the threats that the victim may have faced.

Participant: *Yeah, they asked me what happened and did he hit me or not. They asked me do I have any friends around to go there. Things like this, yeah. And they asked me to go back and stay there.*

Interviewer: *So, did you tell them that you can't go back?*

Participant: *Yeah, I said I don't wanna go back.*

Interviewer: *Ok, did you feel that they actually, they understood the risk you were under?*

Participant: *No, no, because I myself did not explain enough for them that he punched me and pushed me down the stairs; I just said we had got some arguments; therefore, they didn't take it so seriously and they said go back upstairs. (Reporter, HBV)*

One participant showed interviewers a document suggesting that the views of the family (the perpetrators) were used as a basis for the assessment of risk. Given the prevalence of familial collusion in HBV, this approach is problematic.

Interviewer: *No action was taken against them at all? By the police?*

Participant: *No, no, no [...] Because my in-laws were constantly saying, "We are sending her back to India". [...] And the police said, "Oh if she's going back to India there is no risk then" [...] That was in the report I read. That the no risk has been assessed, that [name] is here in the country on the basis of spouse visa which was issued to her because of her husband. And so she's now, if she's not living with them she has to go back to India and her husband is giving her a paid ticket. (Reporter, HBV)*

Other victims who were keen to move to safe accommodation expressed concern that the police did not fully appreciate the additional vulnerabilities presented by intra-familial marriage and by suspects being released on bail. The connectedness of families could also mean staying temporarily with a relative was difficult.

And I said to [the police officer], I said, and now they are free again. Now like my husband, ex, he have a bad anger, he can do whatever he want now. Because he know my whole family is here in England [...] She said, "We can't do anything - if they did [try to do anything], you can dial 999 and your family can [too]". (Reporter, HBV)

My uncle and auntie [said] "You come home with us". But they were frightened that we are all related. [...] So they were scared that neighbours would see the police come and go and talk. So after three days the police took me away. (Reporter, HBV)

b. What action was taken to keep you safe?

Some victims reported positive and cooperative experiences where the police tried to find suitable accommodation and provided interim security measures. One victim received exceptional care and proactive policing when the police met her at the airport each time she returned from her home country. In addition, a force HBV specialist noted that on one trip the victim's flight had been diverted to India and got in contact to find out if she needed help. The officer's hunch was correct: the victim had been subject to attempted forced marriage.

Others were moved to temporary and potentially insecure accommodation, while a refuge place was sought. The lack of provision over Friday to Sunday was identified as problematic by a number of interviewees.

Participant: So after three days the police took me away.

Interviewer: Where did they take you? [...] Did they take you to a refuge?

Participant: No. Some woman took me to a hotel. There was a pub below and my room above.

Interviewer: How did you feel there?

Participant: Very bad. I was scared. I didn't go out for two days. They told me there is breakfast at 9 am but I couldn't go. I didn't eat for two days. Then [name of worker] from [NGO] came, she came to help me. She took me from the pub and roamed about with me for so many days to help me. (Reporter, HBV)

Interviewer: And so where did they take you?

Participant: To Butlins - it's a holiday resort or something. They took a room there, temporary accommodation. And I took some clothes and all the needs for my son and went there. (Reporter, HBV)

We heard some harrowing accounts too, including a woman and her two small children being left by police outside a hotel without food or money and without contact for three days. Another woman, who was pregnant, was taken by police to a hotel but she could only afford to stay the Friday night. The following morning she

travelled on a 24-hour bus for safety and was later taken in by strangers. The lack of accommodation and lack of police contact meant she was at considerable risk both from other potential abusers and from returning home to the perpetrator, which in desperation, she ultimately did.

Just as failing to ensure that the victim is safe significantly increased the risk to their physical safety, so too did simple administrative errors. This interviewee wanted to convey that it is critical that the contact details of victims are guarded with the utmost care by police and by the other services involved.

Participant: *Then what happened was that [...] I went to the police station to deposit the house keys of my old house. They asked for my address, and name. The police gave the keys to [the husband] and with that they gave him the address of my new house where I had shifted.*

Interviewer: *They gave him your address?*

Participant: *Yes, by mistake. I think if they had taken this matter seriously, they wouldn't have given him the address. [...] They came to me, to my new house and said, "You are not safe here, we will move you again". I said to them, "I am not moving again. You have created this mess, how many times can I keep running away from him? He is sitting there happily, I am running here and there with my children". (Reporter, HBV)*

This experience raised another issue. We heard from victims that the common pathway followed by police was to suggest that women (and their children) be moved to safety. While this has sound logic, it does mean that it is the women and children who are expected to move, with the concomitant emotional and practical impact (loss of belongings, moving school etc.) while the perpetrator stays in the family home. This issue was flagged particularly by women who were named on the mortgage or council flat, as this put them at risk of financial loss.

Whatever I could I took with me [to a safe house], but then I had to come back anyway, because the place which I've got here in [name of location], it is under my name, not my husband's name, and it is a council property [...] And what happened, the rent on my property just built up, and there was no way I could leave that. (Reporter, HBV)

He [the police officer] said, you know, we can get you to a refuge or find you and the kids somewhere to go. And I just thought, well actually, my name is on that house. So is there any way that I can go back to that house? And looking back, I can see his [the police officer's] concern was whether it was safe for me to go back? And I said, "Well, if he's not there". So him [the police officer] being quick thinking, he said "We could arrest him now on the basic details of what he's done. And get him out. And then you can go back". So that's what we did. (Reporter, HBV)

The loss and retrieval of personal effects following the removal of the woman from the marital home was a recurrent theme in the interviews. The police generally advised women that it is a 'civil' matter. One victim recounted the experience of returning home to collect her personal belongings, accompanied by two police officers.

[A]nd my in laws, my husband was there [...] my mother in law, she was swearing at me. Even they [the police officers] don't understand, Punjabi, but they can understand English [...] and he [the husband] was totally swearing at me [in English], he was full confidence, and I was with police officer and I was helpless that time as well, even with police officers. [...] I was with them [the police officers] in the car after 15-20 minutes, I was shivering badly. (Reporter, HBV)

One interviewee spoke of receiving a personal alarm and another a 'Text Us' phone which made them feel significantly more secure. Some victims told us that they were recommended only to call '999' if they felt at risk, but were concerned that would not be possible if they were attacked.

Victims continued to feel afraid of the perpetrator, expressing concern that they would come for them 'someday'.

Interviewer: *Have the police been in touch with you?*

Participant: *No, but they said I should apply for legal aid. I have applied for asylum, because they [the husband's family] have already taken my baby, and if I go back, they can kill me. They have sent me a lot of voice mails. One is by brother-in-law. I recognise his voice.*

Interviewer: *What do the voice mails say?*

Participant: *They say: they (will) cut my head, cut my legs, cut my hands, chop me.*

Interviewer: *Do the police know about the messages?*

Participant: *I have saved them. I have told my key worker, my solicitor. They say, keep it safe.*

Interviewer: *Have your key workers told the police about the serious threats to your life?*

Participant: *I don't know. (Reporter, HBV)*

Interviewer: *Is your husband harassing you still?*

Participant: *Not at the moment but I am very scared of him. He will not leave me alone, he will do something if not today another time. (Reporter, HBV)*

While seven cases did involve a civil injunction or protection order (see Section 3 below), these measures were often time-limited. The father (and perpetrator) seeking

contact with children through the family courts was also an acute source of anxiety and risk for victims of HBV.

c. How was contact maintained after report?

The nature and timelines of contact following the initial report varied significantly for our research participants. In general, it appeared that if police were doing a proactive job on risk assessment, they were also likely to be maintaining adequate contact with the victim. Participants characterised a positive experience as having two-way contact as needed with a dedicated officer and a dedicated second officer who was also up to date with the case status.

Victims described poor experiences as characterised by no contact at all or no contact for long periods, by being directed simply to call 999 if needed, or by contact only being maintained through the perseverance of the victim.

We heard that the impact of having no contact from the police meant that some victims were prey to pressure to return to the family, putting them (and their children) at significant risk of harm.

It should be noted too that victims may be prevented from making contact, underlining the need for proactive police follow-up.

Interviewer: *Did they [the police] follow up with you?*

Participant: *No because he asked me to change my number, so the police can't call me.* (Reporter, HBV)

d. Did the police refer you to other agencies, and if so how and how useful was it?

In general, if referrals were made for our research participants, these were to NGOs, refuges and possibly social services. One victim who had an exceptionally good experience with the police throughout her case related that her dedicated officer referred her to a sexual violence service, a domestic abuse service and to Victim Support – even driving her to appointments (though we note professionals other than the police may be better placed to offer this level of support).

Another victim had a particularly good experience with a court adviser. Such pivotal figures featured in some of the interviews and underlined how victims can be supported to safety by the exceptional contribution of frontline professionals – including police officers. Women described meeting such individuals as good fortune, rather than the standard.

e. Did your case involve a force transfer? If so, was it clear to you why?

A small number of the cases involved force transfer and each had different and complex features. Broadly the transfer from one force to another occurred because the abuse happened in one location, but the woman reported from the location where she had since moved. Victims said that the transfer of their case to another force made reporting, seeking updates and understanding police decision-making extremely difficult.

They just gave me a crime reference number and referred me to [police force where victim lived before, over 250 miles away]. How can I do a report there? (Reporter, HBV)

f. What has been good about contact with NGO, what could improve?

The vast majority of victims who had come into contact with an NGO were very happy with the support that they had received. It should be acknowledged that the sample was largely built on NGO referrals.

[Name of NGO] sent me here and they helped me so much, so much. I would really like to thank them. I am here today because of them. From my visa, to my divorce, to the crime case, they helped me with everything. I know we have the police as well, but if there wasn't an organisation like this, where would we go? (Reporter, HBV and FM)

One participant highlighted that NGOs can help victims to understand the criminal justice process more clearly, which was of immense help when dealing with the police. This was echoed by participants who felt indeed that victims need to be armed with knowledge about criminal justice procedure and their rights before reporting their case to the police.

There was some criticism by a participant who felt the only option on offer was a refuge, when she wanted to remain in her own home. Another described being 'judged' by NGO workers, whom she believed did not really understand the dynamics of her situation.

And I know organisations like [name of NGO] probably do all the courses about Asian communities and so on – but do they actually really understand? (Reporter, HBV)

Under the heading, 'Protection – 'Assessment and Help' and 'Trusted Professionals', we also asked participants:

- 'How should HBV victims be treated by police?'
- 'Did the police understand your situation?'

Under the heading, 'Enforcement and Prevention' below, we asked:

- 'Did you feel the police listened to you?'

Given the similarity in response across these three questions and victims' recommendations to the police to improve their practice, we collated these answers under section three in this research report below:

- 'What was good about the reporting experience, what could improve?'

Victims' assessment of the understanding of police officers at first contact is addressed under 1c above:

- 'How did you feel about how the police responded?'

3. Enforcement and prevention – 'Identification and management of those who pose a risk to victims' and 'Closure'

a. Did you understand the criminal justice process and what support was provided for this?

While it could be said that across the interviews, victims were generally happy with the police emergency response, their experience of the days, weeks and months that followed was often less positive. This woman who had the most positive police experience overall within our sample related the excellent support she had received from the police in navigating the court process.

First of all I was scared to go to court cos I was like, you know, "What's going to happen in court?" and she [the dedicated officer] was like, "Don't be scared, I'm going to be with you". So when she said she's going to be with me, I felt really more confident [...] And she said, "I'm going to sit next to you. If there is anything, you can just talk to me or give me like, you know, sign language or anything like, you know. You need to stop then obviously. I'm next to you". And I was like okay. She [even takes me] to the court and picks me up and drops me. (Reporter, HBV)

A number of participants said that they had cases closed without understanding why or they were unaware of what stage (if any) their case was at. Others relied on their NGO caseworker to update them. One woman, a former solicitor in her home country, was confused as to how her husband could be cleared in court without her attending.

How did he plead not guilty without me? I am the victim. [...] He can't do it ex-parte. Anyone can do that. If I killed someone also I could say I am not guilty, but the other party? They have to listen to both sides otherwise they can't plead guilty or you know? (Reporter, HBV)

One victim told us that she had been to court but the perpetrator was found 'not guilty' which she said left her feeling more vulnerable. She did not appear to have been given any advice on other legal measures that could be applied to assure her and her children's safety.

b. Were legal measures put in place, and enforced?

While participants indicated that there were arrests in almost half of those cases which were reported to the police, we recorded three cases going to criminal court and two successful criminal convictions.

Criminal court cases (n=3)		
Participant	Successful conviction?	Outcome
Reporter, HBV	Yes	Significant prison tariff (more than 15 years) for rape and other offences.
Reporter, HBV	No	Details not clear but participant expressed her unhappiness that the police were not present in court to present her version of events.
Reporter, HBV	Yes	Received fine for domestic violence and a short prison sentence (less than one month) for breaking the terms of an injunction.

Seven participants described civil measures including 'injunctions', 'bans' or 'protection orders' being imposed against their partner. In at least two of these cases, these orders were secured through victims seeking their own legal representation. Other protection orders relating to FM or FGM were not mentioned or obtained by interviewees.

Legal measures applied, against partner in all cases		Legal measures discussed or applied for, against partner in all cases	
"Injunction" (as described by participant)	4	Injunction discussed but not sought	2
Non-molestation order	1	Injunction applied for but not granted	1
DVPO	2		
TOTAL	7		3

So they [the NGO] took me to the solicitor that same day, we went to court to take a protection order because my husband was always coming to that house. And my daughter was beginning to get frightened because, when we come home, things were moved and she would say, "Oh mummy, who did this? Who did that?" So even myself, if I want to sleep in the night, I would push the chairs and everything on the door so that in case somebody opens I would wake up. I was getting frightened.
(Non-Reporter and Reporter, HBV)

For participants who discussed the use of an injunction within the interview, the lack of enforcement of and/or the time limit of protection orders were problematic. Two victims acknowledged that they had CPS files open and were trying to find the strength to pursue the charges in court: others had given up pursuing criminal charges because of the multiple practical and emotional demands they were facing.

Finally, it is worth noting that cases brought in the family courts for 'no contact' between the children and the abusive father appeared for victims to be particularly important, especially when for most, attempts to seek justice through the criminal system were unsuccessful. Victims described a 'No contact' judgement as a way of removing the perpetrator from their lives and helping to keep them safe.

Participant: *When the divorce was going through he [the husband] went to the school once and picked the children up. I went to a solicitor, and he told me to go to the court. The judge asked the children, CAFCAS was very good at the time, they spent a lot of time with the children, were convinced that the children really don't want to see the father. So the court order was that he can't see the children.*

Interviewer: *How was his relationship with the children?*

Participant: *When we were together, he used to abuse the children, he used to beat them, threaten them. They used to see what was happening to me. They told the judge, we are happy now with our mother.*

Participant: *Did the police help with the custody case?*

Interviewer: *No, they weren't asked to come.* (Reporter, HBV)

c. Were outcomes explained and after care offered?

This question was in part answered within 3a and 2d above. In the most positive case of police contact within the sample, the victim received exceptional after care, maintaining occasional contact with her dedicated officers. In addition, a senior officer marked the close of her court case by meeting her personally.

One victim had a particularly poor experience, where the outcome of a case was communicated by text message.

Interviewer: *How did that make you feel?*

Participant: *I don't know. The statement said he [the police officer] tried to contact me but couldn't and then he sent a text. That's maybe because I tried to call several charity places and my phone line was engaged? Anyway he only sent a text [...] So I feel that now that I am the one who faced this problem and I am the victim, it's very unfair and unjust if you do this like this.* (Reporter, HBV)

An important consideration was the handling of media coverage. One victim who had an excellent experience of reporting to the police was perturbed by coverage in local and national media following her court case, which included details that she felt compromised her anonymity. Her understanding from the police prior to publication was that her identity would be protected: her dedicated officers acknowledged that they did not seek, or were necessarily able, to influence what was published following a court case and this was an area for future learning.

d. Were you given any information about your rights as a victim?

Few participants answered this question directly. Of those that did, one agreed, four disagreed and two further interviewees agreed with the statement, interpreting their 'rights' as the police accepting that they did not want to press charges.

e. What was good about the reporting experience, what could improve?

The interviews revealed some very positive experiences of supportive, empathetic and observant police officers. The most common positive impact which resulted from calling the police for participants was the immediate (and for some, longer term) securing of their physical safety. We summarise here the findings from victims on improving police practice and specific issues of concern that they raised. These findings echo the evidence and discussion presented above.

i. Findings for Awareness and Understanding – ‘Initial contact with the police’

- Where making a house call or responding to an emergency request, our participants wanted officers to be mindful that victims may be withholding the full picture of abuse. This may be due to fear of retribution or of ‘dishonouring’ the family, or they may be struggling to articulate at the scene what has happened, given the unfolding trauma. We noted that for some participants, it was the first report (and for a few, the only report to police) after a significant period of abuse and therefore an important opportunity for police to intervene and disrupt the violence.
- Victims also highlighted the impact of family pressure on their decision-making when, for example, they are asked by police whether to arrest the perpetrator(s) or whether they want to accompany officers to safe accommodation.
- Two victims described their discomfort at being interviewed with family (including perpetrators) in the house and a number appreciated the presence of a female officer.
- Victims appreciated too the support of a safe translator, which was provided generally on arrival at the station. We identified above cases where language support may also be needed to establish the facts at the scene. Our victims had both negative and positive experiences of officers from the same ethnic background.
- Victims stressed that in the context of HBV, there are often multiple perpetrators. We heard cases for example where the victim identified the mother-in-law and/or father-in-law as co-perpetrators of serious physical abuse, but they were not arrested along with their son.
- Developing this further, victims wanted responding and investigative officers to be sensitive to the dynamics of HBV. This included how coercive control can be exercised by both the partner as perpetrator, but also the extended family (and possibly community networks). In this case for example, the police seemed preoccupied with whether the victim was physically locked in the house; she illustrates how victims are kept in place by fear.

Then first I declared that my husband kept me a prisoner, or as his slave and I couldn't do anything. Then they asked if he locked the door and kept the key and put you in house and I said, "No, but he said that you are not allowed to go out, stay home". Then I reluctant to go because I know him he gets very aggressive and violent. Yeah. But they only wanted to know if he locked the door and take the key, that's all. I got the key but I was reluctant to go out and I know what will happen if I go out. (Reporter, HBV)

- Similarly, participants wanted officers to be alert to perpetrators claiming victim status as part of their controlling behaviour.

Participant: *But then later on he [the husband] started using the police as well against me.*

Interviewer: *How did he do that?*

Participant: *He and his sisters, they put my pictures on lesbian website, and they made a complaint [to the police]. And there was a policeman who tried to track me down and said, "They've filed a complaint that you've done that". Probably they were just trying to [find] my location and what I am doing. (Reporter, HBV)*

- Victims of HBV may also find themselves subject to criminal sanction. We spoke to one victim who was blackmailed by a family acquaintance into handing over goods at the shop where she worked. He threatened to reveal to her father that she was in a relationship in the UK. She was arrested but did not disclose to police the identity of the thief, for fear that he would contact her family. She took full blame and was discharged from court with a conditional caution. She has since received support from an HBV specialist within the police force who writes a testimonial, as needed, explaining the circumstances of the caution. She expressed relief that the HBV specialist understood how 'honour' can exert a psychological grip over the victim, but frustration too that she now lived with the stigma of a conviction.

I think that is one of the place where I really felt let down in the support, because I wish that there was something out there to help, because I've had this blackmail done, and I'm sure that other people might be...could have been blackmailed, because if someone finds out, it's very easy for someone to blackmail you, you're in fear and you really cannot judge at that point, and you really lose the ability to think what is it that you could do. [...] It really affects your life, you have to live with this, because I've never had anything ever, I'm not that kind of person who would do things like that. And it's really hard to make someone understand, especially your future employers, who don't know you. (Reporter, HBV and FM)

ii. Findings for Protection – 'Assessment and Help' and 'Trusted Professionals'

- Analysis of participant accounts suggested that of 34 reporters, 20 were happy with the initial police response; but only 9 were happy with their reporting experience overall. It appears from the data that a victim's assessment of their experience of the police is strongly influenced by what happens in the coming days and weeks, rather than the initial response alone.
- While victims appreciated the immediate securing of physical safety that police offered, they felt that their ongoing and longer term safety was taken less seriously. There was a sense among some participants that the role of the police was to move women to safe accommodation and then withdraw.

Interviewer: *Do you feel the police helped you?*

Participant: *Not much. The court advisor helped me. I have heard since coming to the refuge that the police takes responsibility and drops women off at the refuge.*

(Reporter, HBV)

Interviewer: *And when you were in the police station did they ask any further questions or in terms of telling you what would happen next?*

Participant: *No they did not. All they were concerned was my safety and I was safe and the police said "We've done our job", so that's it.* (Reporter, HBV)

- After reporting to the police, victims of HBV reported feeling in a heightened state of vulnerability through both the fear of, and the genuine risk of, serious harm. This was particularly acute in situations of intra-familial marriage. A number of victims found the experience of being housed in temporary accommodation, such as hotels and bed and breakfasts, problematic. At least two were concerned how they were going to pay for their stay and more described feeling isolated and at risk. Even when moved on to more permanent accommodation, some remained under effective house arrest, fearing to venture outside.

No I was still scared, I couldn't even just go outside my brother's house. I had to be accompanied by my brother and sister-in-law to be able to go out. My confidence was very, very low at that time. If anybody talked to me I was starting to cry.

(Reporter, HBV)

- Where victims experienced proactive contact by police during their stay in temporary accommodation and beyond, their wellbeing and confidence were significantly enhanced. This victim, for example, outlined a history of repeated calls to the police and, in her view, a slow and unsatisfactory response. She then finds a sudden change in their approach:

Participant: *Yeah they just turned up! And just looking at me and, "Are you okay?"*

Interviewer: *Just to make sure you were okay?*

Participant: *Yeah just to make sure I am fine. And at this time I'm very happy [laughs] – yeah, it's very good. They say, "If something happen, you call the police again", and I say "Okay".* (Non-Reporter and Reporter. HBV)

- Good experiences were characterised by timely, personal updates on the progress of the case in the days and weeks following and, where appropriate, additional security measures such as a Text Us phone.
- Finally, victims appreciated a dedicated officer who knew the case – therefore avoiding the victim repeating her story – and a second officer who was similarly well-briefed.

- Those participants who had been contacted by a force HBV specialist were particularly happy with the support they received.

The police are educated by people who have not been through what I have been through. They are educated by books. That's great but it's not good enough. Speak to people like me: you'll get a better understanding. You'll start to understand how they [the perpetrators of honour-based violence] work. Each culture, Indian, Pakistani or Arabic, has different rules and regulations. I can see it from the police point of view: it's a lot to get their head around. But they get mixed up, they are too scared of coming across as racist. They need a dedicated team, who really understand the different cultures. And they need to talk to victims and survivors. (Reporter, HBV).

iii. Findings for Enforcement and Prevention – ‘Identification and management of those who pose a risk to victims’ and ‘Closure’

- Many of the women that we spoke to called the police in a moment of crisis, to provide immediate safety. After being asked by the police if they wanted the perpetrator(s) arrested or charges brought, some felt reluctant to pursue the case further for a number of reasons, including fear, and protecting the family ‘honour’. A number of victims who were keen to press charges were later told (or in some cases, discovered second-hand: underlining again poor communication) that their cases were dropped due to lack of evidence.
- This issue of evidence was often compounded by the enforced isolation of HBV victims, so that for example, the testimony of friends or work colleagues were not available to corroborate. Family members were implicated in the abuse or were unwilling to testify or would actively provide false statements or alibis. However, some interviews revealed contact with other professionals (health workers, social workers and teachers) and potential witnesses which, victims felt, may have supported their account if pursued.

I reported to the police every time [on-going honour-based abuse perpetrated towards her by members of her community]. A different officer would turn up every time: there was no linking of the incidents. [...] I would name members of the community but they are networked through marriage, they would cover for each other. If 20 people give an alibi, the police are not going to believe the person reporting. I looked like a liar, like a complete fantasist, like I was wasting police time. (Reporter and Non-Reporter, HBV)

But that made me really upset. I'm suffering too much, even my colleagues know it, sometimes I'm crying, I'm depressed, I'm not good situation in my work. And [...]

everybody's seen my face sometimes I got bruises and I got problems when I'm walking cos my husband always hit me in my private part so [nobody can see], you know, so I got a problem when I'm walking and sit down because my work is heavy and I'm lifting the people because I'm so...everybody knows I'm suffering problems but I don't know why my case is closed down. (Reporter, HBV)

It was nursery, the teachers, cos this time I wasn't the one to call the police, I would just say all these little bits of things but it was the nursery, the teacher they say you need to call police. (Non-Reporter and Reporter, HBV)

- Victims identified the importance of photos of bruising and records of injuries being taken promptly by police and one participant expressed frustration that her historic GP records, documenting the effects of her abuse, were not called. Some victims discovered too that their decision not to contact the police previously meant that they did not have a 'reporting history', which could have strengthened their case.

Interviewer: Did they contact you after that? After they came [...], they took photographs of the bruises and everything that you had?

Participant: They did not take photo. (Reporter, HBV)

- More than one participant wryly observed that it appeared only murder or kidnap would suffice as 'evidence'.

So if so many girls come and tell you this stuff, can't you think for yourselves or listen that something is happening here in this country? When the girl been murdered, then you open a case – how does that help? You can't bring the girl back at that point can you? So you need to support them, but they don't support them. (Reporter, HBV and FM)

But they [her husband and in-laws] beat me and they are asking that [same] family for information – if I beat someone like my mother-in-law, my husband and father-in-law would they tell on each other? No. I said that there aren't any cameras in the house that there is a recording of what they did with me for you to see. [...] When they saw me [at the first police response], they saw what I looked like, it wasn't good what happened. They stopped me from dying. If I died they would not have proof: they would have declared suicide. (Reporter, HBV)

- In summary, participants felt that the police could be more proactive in investigating their cases. Otherwise, victims said, perpetrators of HBV continue to act with impunity.

It really isn't as bad [in victim's home country] as it is here [in the UK] with what happens to girls. At least there [in the victim's home country], people are afraid that these girls might speak and ruin their reputation so it's a question of honour. Here no one is scared because they know they can send the girls back home, and some of the girls do just that, because like me they probably don't know any better. They don't know they can get help, and I only found out after I tried to commit suicide. (Reporter, HBV and FM)

- Victims' accounts revealed that the withholding, theft or destruction of possessions (including passport, wedding jewellery and personal documents) were employed by perpetrators of HBV and their families, to exercise control. Rather than being told that this is a 'civil matter', victims wanted police support. This included recognising the trauma involved when a woman returns to the home where the abuse occurred, and where the perpetrator(s) still lives, to try and retrieve her belongings.
- We noted that insecure immigration status, unfamiliarity with the UK and the language barrier characterising many (though of course not all) victims of HBV were notable in strengthening the hand of perpetrators.
- One participant suggested proactive intervention by authorities to empower women with information when they first enter the UK at ports and airports.
- We heard evidence of women, often admitted to the UK on a spousal visa, being threatened to be 'sent back home'. A potential way out of the abuse to those unfamiliar with the cultural context, yet a woman would incur significant shame by returning home to her family, financial loss, and could expect social stigma as a divorcée.

So I told the police I don't want to go to a refuge. I want to go back to him [husband]. If I go back to [home country], something will happen to my father. You know how it is in [home country], if a girl is sent home it is a shameful thing, people talk. (Reporter, HBV)

My father's sister had an expense of fifty, sixty thousand pounds and it was such a pressure, because to spend that much money on someone else's girl, it is a very big thing for Indian, Punjabi people. (Reporter, HBV and FM)

Because when you're at the police...maybe they are trying to secure you, but it's not enough for the long term, and you just don't know, because the first thing they're going to ask you is if you want to go back home and they don't realise you're from a South Asian country, and is it better you die here than go back home. I mean, it's

going to be worse, so, this is the worst question they can even ask you. (Reporter, HBV)

- We identified 13 victims who had insecure immigration status, including having no recourse to public funds, which they felt made access to safe accommodation and support difficult. Some described enduring abuse for fear of being thrown out of the country and/or the threat of separation from children. Their status raised particular cross-border policing issues, where for example, they were receiving threats to kill from abroad. While one police force said there was nothing they could do in this situation: we identified examples within three other victims' accounts where police had agreed to monitor victims' movements in and out of the country. In one of these three cases, police had set up a port warning to monitor a family member making threats from abroad.
- We should note too that we interviewed a British citizen who was near-fatally attacked by a man in the name of 'honour' while she visited relatives in her family's country of origin. She received no consular assistance, or support from either UK police or the police in the country where the incident occurred. The precarious situation of women with insecure immigration status is summarised well by this participant:

What many people don't get is that, for me, because I'm not from this country, I really don't have that many rights, because the moment I'm taken out from this country, there is nothing, there is no one who can protect me. (Reporter, HBV and FM)

- We heard that the perpetrators of HBV may tell the police that the victim is making accusations because she is looking for a visa or right to remain. In some cases, our research participants felt this was indeed how they were perceived by the police. They wanted officers to recognise separately their pursuit of justice from their immigration status.
- Finally, it was hard to identify the nature of 'closure' within our participants' accounts. Despite general satisfaction with the initial police response, the majority of reporters were unhappy with their experience of the police overall and a small number had cases closed without understanding the reasons why. One victim, who described her experience of the police as 'fantastic', described being called to meet the commander and the team at the station after her successful court case. Her dedicated officers also met with her to discuss ongoing contact and after care.

f. Would you (not) advise someone else to report?

Of the 42 participants who responded to this question, 33 said they would recommend reporting to the police, the majority citing the value of securing the victim's immediate physical safety. Some were sceptical about the prospects for prosecution or for the capacity of police to follow up cases effectively. Others felt, as mentioned above, that it depended in part on which officer you were allocated. Still others would recommend that women go first to an NGO whom they believed offered practical, sympathetic support.

Where victims had particularly bad experiences, it is unsurprising that they did not have confidence that the police would help others. Looking across the data, we would suggest that poor understanding, poor communication and poor follow-up action, are what particularly colours these women's experiences of the police, rather than for example, no charges being brought against the perpetrator.

Findings in summary

- Participants wanted police to understand better the dynamics of 'honour', in particular how it exerts psychological and physical control over the victim, how the wider family and community may be implicated in the abuse, the multiple barriers to reporting, and the high level of risk facing victims who decide to approach the police.
- Most participants who reported HBV and FM to the police were happy with their initial response. However, most of the same group were not satisfied with their experience of the police overall.
- Significant work is needed within and alongside communities to encourage reporting of FGM.