

STRICTLY EMBARGOED UNTIL: THURSDAY 00:01 6 FEBRUARY 2014

# Postcode lottery: police recording of reported 'honour' based violence

Report on research undertaken by the Iranian and Kurdish Women's Rights Organisation (IKWRO) on police records of 'honour' based violence

January 2014

**IKWRO**  
IRANIAN AND KURDISH  
WOMEN'S RIGHTS ORGANISATION

## FOREWORD

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In undertaking the research for this report we, the Iranian and Kurdish women's rights Organisation (IKWRO), set out to ascertain the scale of reported 'honour' based violence (HBV) in the UK and to check that police forces are properly recording HBV cases.

Flagging (labelling) of HBV cases is essential to enable the safeguarding of victims and those at risk. It allows the scale of the reported problem to be understood, both locally and nationally, and helps prevent under-resourcing. Once an HBV case is properly flagged, it reduces the risk of other police officers failing to identify it as HBV, not acting appropriately and endangering the victim, for example by negotiating with their family or community. It is also crucial for risk profiling and risk management.

We submitted Freedom of Information Requests to every police force across England, Wales, Northern Ireland and Scotland. We were encouraged by the fact that we received a response from every police force. I would like to take this opportunity to thank each police force for their co-operation.

What became apparent from the responses, is that it is not possible to establish the full scale of reported HBV. This is because a significant proportion, 20% of police forces, failed to flag all HBV cases reported to them. This failure puts lives at risk.

In this report we have set out recommendations to help 'honour' based violence be tackled effectively. We hope that the government, the Association of Chief Police Officers, all police forces and Her Majesty's Inspectorate of Constabulary will commit to implementing these recommendations, to ensure the protection of those at risk of HBV.

I would like to thank Sara Browne, our Campaigns Officer for writing this report and to all staff at IKWRO who supported this project.



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## 1 BACKGROUND

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### 1.1 THE IRANIAN & KURDISH WOMEN'S RIGHTS ORGANISATION

The Iranian and Kurdish Women's Rights Organisation (IKWRO) is a registered charity which was founded in 2002 in response to extremely poor understanding of and inadequate responses to 'honour' based violence by the police and other front-line agencies.

IKWRO provides advice, advocacy, support, referral and counselling services to Kurdish, Farsi, Arabic, Turkish, Pashtu, Dari and English speaking women and girls living in the UK who are facing 'honour' based violence, forced marriage, child marriage, female genital mutilation and domestic abuse. We provide support and advice to frontline professionals. We deliver training to professionals and women and give presentations in schools and colleges as well as campaigning for better laws, policies and implementation.

## 1.2 DEFINITION OF 'HONOUR' BASED VIOLENCE

The Association of Chief Police Officers' (ACPO) definition of 'honour' based violence (HBV) is as follows;

***'Honour based violence' is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'.***

In their national 'Honour Based Violence Strategy' (herein referred to as HBV Strategy) which was implemented on 30 September 2008 and remains current, ACPO stated that the term 'honour' based violence is used *'to include Forced Marriage (FM) (so often the driver for or context in which HBV is committed) and Female Genital Mutilation (FGM).'*

In this research, we requested figures for reported 'honour' based violence, however we were concerned to find that there is inconsistency in what the UK's police forces include under this category. For example, some police forces, such as the Metropolitan Police, flag forced marriage cases separately from, rather than under the term 'honour' based violence. We also understand that some police forces do not include female genital mutilation under the category 'honour' based violence.

IKWRO believes that some of this inconsistency may flow from the definition (above) which is too vague to underpin concerted action. We therefore propose this fuller and more explanatory definition which will help people understand and identify 'honour' based violence more easily.

***'Honour' based violence is normally a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community.***

***It can take many forms including: 'honour' killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abduction.***

In addition to our concerns about inconsistency in how HBV cases are recorded, we are also concerned, that some police officers still do not have a proper understanding of HBV. This prevents them from properly investigating incidents and crimes, recording all pertinent information and acting appropriately

to protect victims. We believe that this fuller, more explanatory definition will help police understanding of HBV as will better, regular training and effective risk assessment and management tools.

### 1.3 THE ASSOCIATION OF CHIEF POLICE OFFICERS' POSITION ON THE FLAGGING (LABELLING) OF HONOUR BASED VIOLENCE CASES & WHY FLAGGING IS CRUCIAL

#### 1.3.1 Identifying the scale of HBV & ensuring resources meet needs

The first of the *'stated priorities for the police service'* in the HBV Strategy (2008) is;

***'to identify the scale of HBV in all police services across the UK.'***

ACPO therefore made it clear in the HBV Strategy 2008 that there is a need for every police force to flag (label) HBV cases and to understand the prevalence of HBV reporting.

Provided every police force accurately flags every reported HBV case, each police force can easily identify the scale of reported HBV. This would also mean that ACPO would be in a position to obtain national figures for reported HBV and analyse the issue.

So what happens when a police force fails to flag HBV cases? To ascertain how many HBV cases have been reported to them, they have to manually check each file. Unfortunately, it appears that this is unlikely to happen, since it is prohibitively resource and time intensive. This prevents not only the local police force, but also ACPO from having the data that they need to be able to assess the prevalence of reported HBV.

ACPO states in their HBV Strategy 2008 that;

***'identifying the scale of the problem is essential if services are to be underpinned by an evidence base; are to be tailored to the needs of the communities being served; are to be sensitive and appropriate and are to be developed in line with identified and/or emerging trends and patterns. By identifying the scale of honour based violence, police services will be able to allocate resources appropriately, target interventions, deploy more effectively.'***

ACPO also state in their HBV Strategy 2008 that;

***'regular reports (every six months) will be required by the ACPO and Home Office Working Groups so that a more complete view of the scale of HBV is available.'***

It follows that without this data, these objectives cannot be achieved.

With the introduction of local commissioning, through Police Crime Commissioners (PCC's), it is now even more essential for every UK police force to accurately flag all reported HBV cases as this will help avoid under-resourcing where there is need. When assessing these figures PCC's must factor in underreporting;

a problem in all domestic abuse cases and in particular with HBV. Furthermore PCC's should appreciate that the figures may not reflect the true scale of reported HBV, as some police officers could fail to identify HBV, particularly if not all police officers are fully trained on the issue. All police officers, at every level, need effective, regular training to ensure that they understand, can identify and appropriately handle HBV cases.

### 1.3.2 Reducing risk of police officers failing to identify HBV cases & responding inappropriately

It is essential that all police officers handling an HBV case, including 999 and 101 telephone responders, understand from the outset that it is an HBV case. To ensure that anyone at risk is protected, and not further endangered, knowledge about HBV needs to be applied. There are important 'dos and don'ts' which must be followed.

*Some examples of what the police must do:*

Recognise that any family member or community member of the person/ people at risk may be a perpetrator.

Recognise that there may be many perpetrators, including people not known to the victim (such as bounty hunters and contract killers). This means the victim may be at risk even if far away from their family.

*Some examples of what the police must **not** do:*

They must never inform the family or community about their involvement, or interview a victim in front of any family or community member, or attempt to mediate as doing so would put the person/ people who are at risk in greater danger.

If a police officer flags an HBV case, this reduces the risk of all other police officers, who may be involved at that stage, or a later time, failing to identify it as HBV. Therefore the risk of the police acting inappropriately and failing to protect the victim or endangering them further is reduced.

Sadly, there have been a number of cases which the police have failed to identify as HBV, where they have not acted appropriately to protect the victim, and have put the victim in greater danger.

One example is the case of Banaz Mahmood. She was murdered in an 'Honour' Killing in 2006. Before her murder she reported HBV to the police five times. On the last of these occasions, on New Years Eve 2005, her father made her drink alcohol and then attempted to murder her. She managed to escape and the policewoman handling her case that night failed to understand the context, disbelieved Banaz and took the view that she was just a girl who had drunk too much. The police informed Banaz's father that she had raised a complaint and the police went to Banaz's family home to interview her in front of them. A few weeks later, in London



on 24 January 2006, Banaz was raped and murdered in by her family and her body was later found buried in a suitcase in Birmingham.

Flagging is essential to prevent multiple police failure to identify HBV and trigger the appropriate approach.

With HBV cases, there is a real likelihood that the case could be encountered by a number of different police officers, at different times and in different places.

It is probable that police officers could encounter an HBV case over a long time span. This is because the risk to those in danger never disappears, until the perpetrators are satisfied that they have regained their 'honour', by erasing the person/ people that they believe have brought shame to the family and community.

It is likely that police officers in different areas may encounter an HBV case because people at risk often move to try find safety, however there are likely to be a high number of potential perpetrators, who could be spread across the UK and abroad.

In a case that IKWRO was involved with, our client and her children had to be moved to 8 different refuges because she and her children were being pursued by her family and members of the community. Perpetrators went to refuges and shops in different areas with pictures of her to try to find her.

The greater the numbers of officers that are involved in a case, the more likely it is that one or more of them will fail to identify it as HBV, and as a result will not act appropriately to protect the victim, which could put them in greater danger.

Therefore every single police force must identify and flag all HBV cases and information about cases must be able to easily be safely shared between all police forces.

### 1.3.3 Risk profiling

Flagging HBV cases is important for effective risk profiling. In HBV cases there is a significant likelihood that other family members could already have experienced HBV. This is key intelligence which can help the police to safeguard all family members at risk. If all cases of HBV are flagged, this assists the police with their risk assessment and risk management.

In the case of Banaz Mahmood, her sister Bekhal was already under police protection, because their brother had tried to kill her in what a clear 'honour' based violence case. If the police had flagged Bekhal's case as being HBV, they would have

had a record of the Mahmud's being a family that took 'honour' very seriously, and when Banaz reported, it would have been noted that the Mahmud's were perpetrators of 'honour' based violence and her reporting is likely to have been taken more seriously.

#### 1.3.4 Importance of flagging all HBV cases; incidents as well as crimes

Significantly, ACPO's definition of 'Honour' based violence, which is set out at 1.2 of this report above, includes not only crimes but also incidents. Importantly ACPO recommends;

***'that each force puts in place the mechanism to record the number of HBV incidents reported.'***

It is vital that as well as recording and flagging every HBV crime, that every reported HBV incident is also recorded and flagged.

HBV cases can escalate very quickly, from what someone without a proper understanding of HBV might interpret as a trivial incident, to extreme violence and 'honour' killing. To protect people at risk of HBV, all reported incidents must be taken seriously, investigated thoroughly and acted upon appropriately and sensitively. Furthermore the case must be fully recorded and flagged as HBV, so that all police officers involved from the start, and at any later stage, know to apply the appropriate approach.

We know from our work with women and girls at risk that eight years on from the murder of Banaz Mahmud, there are still cases where the police are failing to identify risk and are not taking steps to protect the person/ people reporting to them.

Recently a woman came to IKWRO who had just been turned away from a police station. The police had asked her if she had any bruises and she told them that she did not. They asked her if there was a history of violence against her and she told them there was not. They asked her if she was being forced into a marriage and she told them that no she was not. She explained to them that her family believed that she had brought them dishonor because she had fallen in love with a man who they had not chosen and she was scared that they would harm her. The police did not take a statement from her. They told her that no crime was committed and told her to go home. IKWRO undertook a risk assessment the same day and we found her to be at high risk of HBV. We accompanied her to the same police station and they then accepted that she was at high risk.

To ensure this does not happen, every police officer needs to be properly trained to understand and identify HBV and every HBV case must be flagged, to reduce the risk of their colleagues failing to identify the case and acting inappropriately.

Recording incidents, as well as crimes, gives a more accurate picture of reported HBV prevalence. Reported incidents must be flagged by every police force, so that they can easily understand the true scale of reported HBV locally. This is imperative if they are to respond to the issue effectively. It is also essential so that Police Crime Commissioners have accurate data to help ensure that the issue is not under-resourced.

Furthermore, unless each police force flags all reported HBV incidents, as well reported crimes, which would enable ACPO to easily identify the national scale of reported HBV, ACPO cannot effectively address the issue.

### 1.3.5 Need to flag HBV cases throughout the criminal justice process

But flagging HBV cases when they are reported and investigated is not enough. It is vital that every HBV case is flagged and remains flagged at every stage, including when a charge is pressed, and if it results in a conviction. This is essential, so that the case can be properly understood and dealt with appropriately by all who handle it.

Flagging at every stage is also crucial so that all police forces and ACPO can gather data on the scale of HBV at the different stages of the criminal justice system. This information is vital to enable effective planning to address HBV.

### 1.3.6 Importance of consistency

In their HBV Strategy, ACPO state that;

***'the ambition is to achieve consistency in terms of identifying an honour based violence incident, recording such incidents and the collation and analysis of this data.'***

This is vital so that HBV cases are not missed and so that accurate information can be obtained both locally by individual police forces and nationally by ACPO about the scale of HBV.

## 2. METHODOLOGY

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In August 2013, IKWRO submitted requests under the Freedom of Information Act 2000 to every police force in; England, Wales and Northern Ireland (in total 44 forces). Each police force was asked the following:

For the full year of 2012, please can you confirm;

1. How many incidents of 'honour' based violence your police force recorded?
2. How many of these incidents led to criminal charges being pressed?
3. How many of the charges referred to in question 2 resulted in convictions?

For the full year of 2012 there were eight regional police forces in Scotland, which on 1 April 2013 were amalgamated into one force; Police Scotland.

In August 2013, under the Freedom of Information (Scotland) Act 2002, the following request was submitted to Police Scotland;

Separately, for each of the former regional police forces in Scotland, please can you confirm;

1. How many incidents of 'honour' based violence your police force recorded?
2. How many of these incidents led to criminal charges being pressed?
3. How many of the charges referred to in question 2 resulted in convictions?

## 3 FINDINGS

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### 3.1 SUMMARY OF FINDINGS

**More than one in five police forces in England, Wales, Northern Ireland and Scotland failed to flag and provide data for both HBV incidents and crimes reported in 2012.** It was therefore not possible to establish the scale of HBV reported in 2012.

Please refer to the infographic at Appendix 1.

It should be noted that police figures must always be treated with caution; the police may fail to identify and/ or record a case as 'honour' based violence. It must also be remembered that reported HBV does not represent the prevalence of HBV within the UK as many HBV cases are never reported to the police.

### 3.2 SOME POLICE FORCES FAILED ENTIRELY TO FLAG HBV CASES

These forces (see 3.2.1 below) failed to flag all HBV cases including; incidents, crimes, cases where a charge had been pressed and convictions.

They were unable to provide any of the information that was requested. They stated that in order to gather the requested data they would need to manually search through each case. They claimed exemption under the relevant Act; the Freedom of Information Act 2000 and the Freedom of Information (Scotland) Act 2002.

#### 3.2.1 England, Wales & Northern Ireland

**Derbyshire Constabulary** stated;

*'the Constabulary utilises a computerised crime recording system to log all reported crimes. Whilst the system has some search facilities it cannot search for 'honour' based violence crimes per se. Given that there is no central register for these crimes the only way to extract the data would be to open each crime and read notes to see whether or not it is relevant to this application.'*

Gloucestershire Constabulary stated;

*'unfortunately, there is no central register for the information you have requested. Due to there being no Home Office Crime Category for 'honour' based crimes, the reports would only be recorded on the Constabulary's system as an incident. Our incident recording system does not have a flag or marker for 'honour' based crime and therefore we would have to manually review all incidents for the year requested to see if they would fall under your request remit.'*

Staffordshire Police stated;

*'there is no specific system to easily retrieve the required data. There are thousands of incidents which would require a manual search of each crime to investigate whether it is 'honour' based violence'.*

### 3.2.2 Scotland

The response from Police Scotland regarding four of the former eight police forces, which existed prior to its formation on 1 April 2013; Dumfries and Galloway, Northern, Fife and Strathclyde, was that;

*'there was no way of extracting this information from the incident and crime recording systems without examining each individual record, which would be a considerably time consuming task given the number of crimes reported in each legacy force every year.'*

IKWRO is however encouraged by the following statement from Police Scotland;

*'the Lead officer for the ACPOS HBV working group identified that there was both under-reporting and a lack of identifying and recording of HBV incidents throughout the eight different forces. She identified this gap and as a result a national recording mechanism was agreed and put in place from 6 December 2012.'*

IKWRO intends to carry out further research to investigate whether, since the formation of Police Scotland on 1 April 2013, lessons learned from the earlier failures are being addressed in practice.

### 3.3 SOME POLICE FORCES FLAGGED ONLY CRIMES & NOT INCIDENTS

These forces stated that the data they provided was specifically for crimes, not incidents;

**Avon and Somerset Constabulary, Hampshire Constabulary, Police Service Northern Ireland, West Mercia Police and Surrey Police.** The later stated;

*'Results are extracted from a live Crime Information System (CIS) which is subject to change over time...only notifiable crimes are included (those which police are required to notify formally to the Home Office)'.*

### 3.4 SOME POLICE FORCES FAILED TO FLAG HBV CASES IN WHICH A CHARGE WAS PRESSED

These forces are **Bedfordshire Police, Cleveland Police and Lancashire Constabulary.**

### 3.5 OTHER FINDINGS

- 3.5.1 There is significant variation in how 'honour' based violence is interpreted; some forces include Forced Marriage and others do not. For example, the Metropolitan Police record Forced Marriage under a separate category.
- 3.5.2 Some forces claimed exemption to providing data on the basis that disclosure could impede investigations.

## 4. SUMMARY

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It is IKWRO's view that following some significant progress culminating in the publishing of ACPO's HBV strategy in 2008, that subsequently ACPO has neglected the issue of HBV. This is demonstrated by the fact that no HBV review or action plan has been published since the 2008 HBV Strategy, despite it clearly being stated in the strategy that it was due to be reviewed on 30 September 2010.

This neglect is further illustrated by the finding from this research that more than one in five UK police forces failed to flag all HBV incidents and crimes, despite it being clear in the ACPO HBV Strategy 2008 that this is essential.

## 5. RECOMMENDATIONS

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The following recommendations are made on the basis of IKWRO's findings from this research, as well as IKWRO's expertise on HBV. Our expertise comes from over 11 years of campaigning on this issue and providing front-line services to women and girls at risk of HBV.

1. **Adopt fuller more explanatory definition:** The government, police and all statutory and voluntary organisations should adopt this fuller more explanatory definition;

***'Honour' based violence is normally a collective and planned crime or incident, mainly perpetrated against women and girls by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community.***

***It can take many forms including: 'honour' killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional***



***abuse, surveillance, harassment, forced abortion and abduction.***

2. **An inspection of current police handling of HBV:** Her Majesty's Inspectorate of Constabulary (HMIC) should carry out an inspection into the handling of HBV by UK police forces and ACPO. This should include an examination of training provided on HBV for all levels of police officer, including telephone responders (101 and 999) and the response to, recording, analysis and monitoring of HBV.
3. **Greater Transparency:** ACPO and Police Scotland should operate with much greater transparency with regards to HBV strategy.
4. **Greater partnership working to keep women and girls safe:** ACPO should work much more closely with, and meet regularly with HBV stakeholders, including charity organisations with expertise in HBV, such as IKWRO, to ensure shared learning and progress in tackling HBV.
5. **Police recording and flagging of HBV should be made a statutory requirement.**
6. **Every police force should flag HBV at every stage:** ACPO must ensure that every police force in England, Wales and Northern Ireland has a system in place to flag all cases of reported 'honour' based violence, including both incidents and crimes, as well as cases in which a charge is pressed. ACPO should set and publicise a date by which all police forces must demonstrate that this system is operational. If any police force fails to comply, ACPO should publicise their failure and take all steps in their power to ensure timely compliance.
7. **Scotland:** Police Scotland must ensure that it learns from the mistakes of the former Scottish police forces, highlighted by the former Association of Chief Police Officer's Scotland and that it flags all cases of reported 'honour' based violence, including both incidents and crimes, as well as cases in which a charge is pressed.
8. **Regular reporting essential:** In line with ACPO's HBV Strategy 2008; ACPO should collect '**regular reports (every six months)**' on HBV from each police force. ACPO should carefully analyse this data and produce reports on their findings, which they should publish. ACPO should learn from their findings and demonstrate this in subsequent reports. Police Scotland should do the same.
9. **Training for police officers:** ACPO and Police Scotland must ensure that every police officer, including telephone responders (101 and 999), is sufficiently and regularly trained to ensure that they properly understand and can identify HBV cases. ACPO and Police Scotland should publicise details about training on HBV for all levels of police officers.

10. **Home Office Crime Category for HBV** should be set up and implemented by all police forces.
11. **National recording system of all non-crimes incidents:** should be put in place and implemented by all police forces.
12. **ACPO HBV network needed:** ACPO should set up a network of named HBV leads for each police force. For the larger police forces such, as the Metropolitan Police, each borough/ area should also have a named HBV lead. Police Scotland should do the same. The contact details of these named leads should be made publically available so that they are easily accessible to all police, agencies, charities and individuals who may need to contact them. Should the individual leave their post, they should immediately be replaced and the contact list should be updated.
13. **Clearer responsibilities:** Each named HBV lead, referred to at Recommendation 12, should keep an updated list of, and be familiar with, every HBV case reported within their area. They should be in a position to easily be able to safely share information about each HBV case, as appropriate.
14. **Ensure effective implementation in each police force:** The HBV leads network, referred to at Recommendation 12, should have responsibility for ensuring that regular, effective HBV training is implemented at all levels within their area and that all reported HBV incidents, crimes and cases in which charges are pressed, are flagged and reported to ACPO in accordance with Recommendations 6 and 8.
15. **Access to help on the ground:** We understand from discussions with police that currently when a police officer is called out to a domestic abuse incident, they should take a booklet with them which includes a D.A.S.H. risk assessment which they must apply. We recommend that the standard risk assessment must include questions to ascertain whether the person or people at the scene are at risk of HBV. The risk assessment must always be carried out in full and there should be penalties for police officers who fail to do this. The booklet should include the referral details of support organisations with specialist knowledge of HBV, such as IKWRO, as well as the definition at recommendation 1 and the key do's and don'ts for HBV cases.
16. Child protection policy for all front-line agencies must ensure that HBV is thoroughly addressed including requiring regular, effective training of all staff.

## Police recording of 'Honour' Based Violence (HBV) 2012

