

Dr Olumide Adisa, Joana Ferreira, and Dr Reilly Willis

Context and Scope

The aim of this briefing was to consider and assess the anonymised data collated and provided by Standing Against Domestic Abuse (ST) on harmful practices (HP) heard at MARACs in London Boroughs for 2018-2021 and to also provide recommendations on research and practice gaps. The research has been supported by UKRI funding to support universities in undertaking research activity that supports evidence-based policy making. The review was carried out between March – July 2021 by Dr Olumide Adisa, Joana Ferreira, and Dr Reilly Willis at the University of Suffolk.

Harmful Practices against women and girls: the *hidden* ‘priority service victims’

Recently, specific forms of abuse classified in international human rights documents as ‘harmful practices’ have become an increasing concern in England and Wales. Although HP includes a broad range of forms of abuse (e.g., faith-based abuse, dowry abuse and virginity testing), three specific practices are commonly identified: female genital mutilation (FGM), honour-based violence (HBV), and forced marriage (FM). Victims of these forms of abuse were defined as ‘priority groups’ in the Code of Practice for Victims of Crime 2015, thus being recognised as entitled to a priority service including rapid needs assessment and enhanced support. Following this development, the National Police Chiefs’ Council (2015) published a revised strategy to address HBV, FGM and FM, which particularly emphasised the need to develop multi-agency responses to meet the needs of victims of these offences.¹ The NPCC updated their strategy in 2018.² Although multi-agency working can play a fundamental role in the identification and response to harmful practices, this is a largely under-researched area. The effectiveness of multi-agency strategies, such as Multi-Agency Risk Assessment Conferences (MARAC), has not been fully explored. The paucity of research is perhaps further challenged by the *hidden* nature of these offences, which remain mostly underreported. In fact, victims of these practices face multiple barriers in disclosing and seeking help for their abuse, including fear of retaliation, deportation, shame, family and children-related concerns, disbelief in the criminal justice system, among others.^{3,4}

An under-researched issue

Research on the use of MARACs for harmful practices is scarce, despite its wide use for high-risk domestic abuse cases across England and Wales. Available studies have focused broadly on domestic abuse, particularly violence between intimate partners, and the role of information sharing. These studies point to the invaluable role of MARACs in better supporting high-risk of domestic abuse victims.⁵ However, they often fail to include instances of harmful practices. Research focusing specifically on these offences is necessary, to ensure the nuances (or fundamental differences) of harmful practices are considered, as well as the additional harms and challenges it entails for its victims.^{6,7}

Nonetheless, some efforts have been made with regards to addressing this research ‘gap’. A recent evaluation report on the implementation of a harmful practices pilot in London has highlighted the importance of training for practitioners to motivate curiosity and thinking about these under-researched and often misunderstood forms of abuse, whilst highlighting many practitioners’ inability to successfully identify and respond to these practices prior to the pilot.^{8,9} There are inevitable limitations imposed by the lack of knowledge or specific strategies surrounding harmful practices, which can seemingly perpetuate practitioners’ difficulties in identifying and referring these cases, therefore limiting victims access to support. For example, the DASH form is the most widely used risk assessment instrument in determining referral to MARACs. However, the SafeLives FAQ notes explain that professional judgement is important in cases of harmful practice, specifically HBV, since *‘much of the checklist covers wider criminal behaviour which may be absent in cases of ‘honour’-based violence and thus they are unlikely to meet the actuarial threshold for referral’*.¹⁰ Earlier research conducted in Nottingham has also brought to light issues in recording harmful practices such as HBV at a local level, with these offences often not being recorded separately from other domestic abuse.¹¹

Recent Freedom of Information requests to the Metropolitan Police show some improvement in data collection,^{12,13,14} but national statistics remain highly aggregated.¹⁵

Although most research has focused on practitioners and their experiences of multi-agency working, the experiences and perceptions of victims of harmful practices have been seemingly overlooked. While research on domestic violence has explored the perceived benefits of MARACs¹⁶ (e.g., increased awareness of the broad context of victims' lives by multiple agencies; increased support received) and the limitations imposed by the lack of victims cooperation, data on victims' journeys toward support and justice through MARACs remains poorly studied.

What we did?

An anonymised dataset^a of 177 victims/survivors (V/S) of harmful practices referred to MARACs between 2018- 2021 in 3 London boroughs^b was included to examine victim characteristics and complexity of the cases.

Data analysis findings:

Victim characteristics:

- Sex: HP is a highly gendered phenomenon: 99% were women. However, it also raises the question of the provision of support for male victims of HP.
- Ethnicity: The most reported ethnicity was Middle Eastern (26%), followed by Black-African (16%), and then Asian- Bangladeshi (11%). It is worth noting that victims also reported ethnicity as White (6%), suggesting that HPs affects many ethnicities and is not just an issue of 'culture'.
- Sexuality: 82% reported being heterosexual and 3% were lesbian, and 1% were Bi-sexual, 1% reported as gay men. About 13 victims were reported as unknown.
- Disability: 9% were disabled.
- 14% of HP victims were pregnant.
- There were data gaps on immigration status but based on the data available: 18% were reported as No Recourse to Public Funds (NRPF). There were also significant data gaps on faith (65% were reported as unknown).
- The number of perpetrators ranged from 1 to 9, with an average of 2 perpetrators per HP case.

By and for agencies' involvement: Between 2018-2020, the involvement of by and for agencies in supporting V/S referred to MARACs was quite low and flat. However, in 2020-2021, the number of cases increased by 175% from previous years. ST are of the view that the P&ACT project led by Asian Women's Resource Centre in 2017-2019 may have contributed to this improvement.

Police involvement in harmful practices cases: police involvement remains low with cases where harmful practices are involved. 45% of the cases did not involve the police, although some contact might exist with regards to co-occurrent offences (e.g., domestic abuse). This requires further investigation to understand why this is the case and the implications for multi-agency risk management and justice for victims, which ultimately can be useful for risk assessment and safety planning by practitioners supporting women.

Complexity: While all HP cases are complex, there is still much that we do not know about the complexity that makes it differ from domestic abuse. Available evidence suggests that so-called 'honour' abuse can further be compounded by certain factors such as language barriers, pregnancy, childcare responsibilities, number of perpetrators involved, immigration status, and type of abuse. Based on these factors, researchers devised a simple measure to help

^a A data sharing agreement was put in place between Standing Together and the University of Suffolk.

^b Standing Together received consent from these boroughs to share the anonymised dataset with the research team at the University of Suffolk.

characterise the case complexity score (CCS)^c for HPs to explore more fully the associations of certain variables with the complexity score. This is only a crude measure (and not a scale), but it is helpful to think about HPs as a distinct form of VAWG.

Table 1 shows the *statistically significant* Pearson Chi-square^d associations of the selected V/S variable and CCS.

Table 1: Pearson Chi-square associations of V/S variable and CCS

Variable	Categories	Statistical results
Age of victim (grouped as ranges)	18-21 22-24 25-34 35-44 45-54 55-64 65+ Under 18	76.942**
Immigration status	British citizen Spousal visa Other (please specify in comments) ILR Asylum seeker EU-pre settled status Student Overstayer Refugee	92.080**
Victims' children	Number of children	162.762***
Language barrier	Yes/No	35.493***
Average number of perpetrators	Derived estimate based on number of perpetrators	19.768**
Type of HBA	Based on Lis Bates' classification (Type 1: intimate partner abuse; Type 2: family abuse; Type 3: intimate partner abuse and family abuse)	168.702***
*Significant at p < .05. **Significant at p < .01. ***Significant at p < .001.		

^c CCS: The score ranges from 1 to 7, with 1 being the minimum, and 7 being the highest. Mean score is 2.8 ± 1.2. The score comprises of six indicators: NRPF (Yes/No), if > Avg no of perps (2 perps), the 3 Types HBA classification devised by Lis Bates (see Bates, 2021), Language barrier reported (Yes/No); Pregnancy (Yes/No), No of Children.

^d Pearson's chi-squared test is a statistical test used to evaluate whether or not there is a relationship between two categorical variables. For example, you can use the chi-squared statistic to show the relationship between immigration status (e.g., coded as British, spousal visa, etc.) and the complexity score.

Where to go from here?

Further research is necessary on the effectiveness of multi-agency working for responding to cases of harmful practice. Considering the common underreporting of harmful practice experiences (which might compromise an evaluation of harm reduction through reported instances post-MARACs) as demonstrated by the data provided, it is important to include service user perspectives and feedback on the impact of multi-agency working for victims, their safety, and well-being. Service user research is a critical part of the monitoring and evaluation cycle, giving voice to those who need it most.

RECOMMENDATION 1: CRIMINAL JUSTICE

- Data from victims of these offences whose cases have been referred to MARACs can be used to explore victims' interaction and satisfaction with multi-agency conferencing, their perceptions of justice and whether (and how) it is achieved (through the intervention of both statutory and non-statutory agencies), and the perceived impact on victims' lives. The data provided reveals interesting issues concerning police involvement (e.g., police being informed of these instances), which raise questions regarding the role of criminal justice agencies in addressing these issues and, once again, facilitating access to justice. Recent Freedom of Information requests underscore the persistently low conviction rates of honour-based violence, forced marriage, and FGM in the London area, with just 5% of HBV crimes leading to a charge in 2018, and, of the 87 cases of forced marriage and 14 cases of FGM, not one charge.¹⁷ Harrar's work in this area provides important insight as well into the complexities in law enforcement and HBV, highlighting the importance of victim voices and community involvement in improving criminal justice responses.¹⁸ Issues of procedural justice (particularly regarding waiting times) can prove useful in further exploring these situations.

RECOMMENDATION 2: UNDERSTANDING COMPLEXITY IN HP CASES

- These data shed light on the issue of complexity beyond the number of multiple perpetrators and abuse by family members other than intimate partners. While most research has focused on instances of abuse by one intimate partner, there is a need to explore the potential differences arising as a result of different relationships between victim and perpetrator. While the work of Lis Bates could be quite informative here – Based on empirical work, she proposes a typology of HBA based on the relationship between the victim and the perpetrator: Type 1 (partner abuse), Type 2 (family abuse) and Type 3 (partner plus family abuse), there are likely to be other factors which further compound the issues when considering harmful practices. Understanding the nature of complexity in HP cases can help improve more targeted or sensitive service provision.¹⁹ Although, as mentioned above, the CCS is only a crude measure, it holds the potential to be further developed into a validated scale.

RECOMMENDATION 3: ROBUST FOLLOW-UP DATA

- The anonymised dataset would be improved with tracking of outcomes to better understand the long-term impact of MARACs.
- As it now stands, the data provides point-in-time recording without more detailed follow-up, including understanding services users who engage multiple times. Having a clearer picture of victims who experience HBV more than once is important to service provision.
- It is also critical to the monitoring and evaluation cycle to collect and explore more robust data on long-term impact and outcomes for service users. While possibly challenging to collect, it is worth the effort even if it is not possible to follow up with all service users.

RECOMMENDATION 4: INTERSECTIONALITY AND MULTIPLE VULNERABILITIES

- The anonymised dataset evidences the value of intersectionality in exploring experiences of abuse. The data reveals that victims of harmful practices possibly face other 'sources of vulnerability' (or multiple disadvantage), for instance, as a result of being exposed to other domestic abuse, or due to their ethnic background. The paradigm of intersectionality, proposed by critical race theorist Crenshaw,²⁰ implies the recognition that women's experiences of violence are shaped by multiple and intersecting dimensions of their

identities and social systems, such as gender^e, race, ethnicity, class, culture, sexual orientation, and immigration status. Their location within these multiple social structures shapes their experiences of abuse and adds to their inequality, oppression, and vulnerability.

- 91% of cases also cited some form of domestic violence, with 42% being referred from a VAWG agency. This is a complex issue – while some advocate for HBV to be considered as separate from domestic violence^{21,22}, others argue that considering these crimes outside of the spectrum of VAWG and labelling them as ‘cultural’ can lead to harmful racial stereotyping.²³ Only by learning more about victim perspective can light be shed on these complex intersectionalities of violence.
- It may also be that victims themselves do not identify as victims of domestic abuse or violence against women, but instead self-identify as a distinct group based on honour-based violence. This self-identification may have a significant impact on points of access given the high number of referrals from VAWG agencies.
- There is also scope for widening access points, for example through maternity services, noting that 14% of cases involve a pregnancy, although this was not statistically significant.

RECOMMENDATION 5: A PARTICIPATORY RESEARCH APPROACH

- A qualitative approach to research is deemed appropriate in facilitating an understanding of multiple sources of oppression and vulnerability. Particularly, in-depth interviewing can be powerful in exploring the nuances of women’s lived experiences and highlighting hidden forms of vulnerability.²⁴ An intersectionality approach can shape multiple stages of a research study, including the design of research questions, data collection instruments, and analysis. At its core is the recognition that women’s experiences are not placed within an isolated category (e.g., gender), but in various interlocking systems.
- Overall, an intersectionality approach can be valuable in an exploration of individuals’ experiences of MARACs after harmful practice victimisation. Data collected through semi-structured interviews with victims can be complemented and compared to officially recorded data, as well as interviews with practitioners. This can potentially highlight the gaps in service provision and MARAC practice.
- A participatory based approach may also be useful, building on the work done by Hester et. al. for Her Majesty’s Inspectorate of Constabulary: Honour-based violence inspection which was carried out in 2015.²⁵ In particular, the study recruited participants through recommendations (snowball sampling) from other participants, a useful approach where potential participants are ‘harder to reach’.
- Participatory ethnographic evaluation and research (‘PEER’) have also successfully been used to understand FGM in the London Boroughs.²⁶ PEER is based on peer-to-peer interviewing which allows sensitive issues to be discussed in greater depth. Participants from within target communities are trained as interviewers, and then interview other participants themselves. The PEER method also asks all questions about ‘third persons’, i.e. ‘what do people in your community think about....?’ Or ‘what do other people say about...’ It is particularly well suited to learning more about so-called ‘honour-based abuse’.

^e The term gender has been originally used by Crenshaw (1991).

Contact:

Dr Olumide Adisa (Corresponding author)

Senior Research Fellow/ Head of Centre for Abuse Research (CARE)/

Domestic Abuse Research Network (DARNet) Lead

Email: o.adisa@uos.ac.uk

Joana Ferreira

Research Assistant, Centre for Abuse Research

Email: J.Ferreira3@UOS.AC.UK

Dr Reilly Willis

Lecturer in Law

Email: R.Willis5@UOS.AC.UK

Disclaimer: While every effort has been made to ensure that the information contained in this briefing is accurate and up-to-date, the authors cannot accept legal responsibility or liability for any actions taken by readers as a result of any errors or omissions.

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