Honour, it is cultural not religious: A single case study of a victim of honour based violence

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ABSTRACT

The following study was proposed due to the limited literature available on the issue of honour-based violence (HBV). There has been copious research generated on the topic of Domestic abuse but scarcely any specifically addressing the area of HBV despite it being identified as varying from generalised domestic abuse on numerous levels. The study also investigated the perspectives of women who had experienced honour-based violence to gain deeper insight.

A qualitative approach was utilised, to establish a significant account of a victim of honour based violence a single case study was conducted of a woman in her early twenties who had experienced honour based violence and other harmful practices related to this tradition. Five interviews were conducted over three weeks and the data was then transcribed and subjected to thematic decomposition analysis.

The objectives of this study were to generate more knowledge of this area, which is scarcely represented within the psychological literature, and to identify where in the community influences upon HBV are perceived to lie.

By using a qualitative method and thematic decomposition analysis the study gained access into this minority community and to develop understanding of the perceptions of a minority social group upon the sensitive and current issue of honour based violence.

Please see the glossary for further explanations of key words and other technical terms within the research in Appendix.
Declaration

I declare that no proportion of the work described in the following dissertation has been submitted in support of an application for a degree or qualification at this or any other educational institution of learning.
Introduction

Defining honour based violence

Violence against women within a community or culture which is defined by concepts of honour and shame can be viewed as being somewhat correlated to the regulation of sexuality (Hosseini, 2010; Idriss & Abbas, 2011). Within an honour based Society, the ideal of masculinity is underpinned by a notion of honour. Honour is fundamentally concerned with policing of female behaviour and sexuality, operating control and direction of women’s sexuality by the male members of the family (Welchman & Hossain, 2005). In relation to Honour based violence (HBV), violence being committed upon a member of a family or social group by other members of that family or community, based on the belief of the perpetrators that the victim has brought dishonour upon that group, women in such communities who, for example, engage in extramarital relationships are viewed to transgress the boundaries of what is socially accepted as appropriate sexual behaviour.

Violations of honour can occur through adultery, premarital relationships (whether sexual intercourse was included or not), or being raped etc. (Report of the Special Rapporteur, 1999). Violation of this honour is viewed as an insult to the male or family honour (Bates and Rassam, 1983; Lateef, 1992; Anderson, Seibert & Wagner, 1998; Schneider, 1971). Historically Campbell (1964) stated that it is through maintenance of honour that an individual gains a place within their community, which is still supported in more recent writings by Welchman and Hossain (2005).

HBV constitutes violence against women which accepts the fact that structures that perpetuate violence against women are socially constructed and that such violence is a product of a historical process and is not essential or time bound in its manifestations’ (Coomaraswamy, & Kois, 1999: 177). Although HBV is largely gendered, men may also fall victim to such crimes. In 1998, the Human Rights Commission of Pakistan analysed 97 male deaths in ‘honour killings’ (Amnesty International, 1999: 6). The majority of ‘honour killings’ however, do conform to the notion of femicide defined by Radford (1992: 3) as they incorporate a form of sexual violence and the ‘misogynous killing of women by men’. However, males are not the only perpetrators of HBV, female members of the family have also been found to be involved. Gill (2004) argues that female involvement in HBV is a by-product of the interlocking systems of gender roles within the South Asian family. Thus, women conform to patriarchal ideologies (Sangari, 1999); this reflects a feminist perspective, which is present in much of the literature on this topic.

The Special Rapporteur, in a report to the UN (1999), defines ‘crimes of honour’ as the killing of a female family member due to their defilation of the family’s honour. It can be viewed therefore why a great deal of HBV remains undetected as solely, the ‘killing’ of the woman is deemed to constitute an ‘honour crime’ and not any other discriminative act before this (Abu Odeh, 1996: 141). HBV can encompass a variety of acts of violence to the individual such as assault, imprisonment and removal of security. Therefore, if these practices are not outlined in the terminology of such
important reports as those to the UN it is unsurprising that many fail to recognise such criminal practices.

**Literature review**

Despite there being copious literature in relation to domestic abuse indicating women’s risk of becoming victim to violence (Who, 1997; Kulwicki, 2000; McCarry, 2007; Thiara & Gill, 2010), and investigations into perpetrator characteristics of such crimes (Saunders, 1993; Dutton, 1995; George et al, 2004), there is little research concerning the specific area of HBV (Kulwicki, 2002). It is therefore important that more research into the specific nature of HBV be conducted as it has been identified as differing from generalised domestic abuse and thus the research on domestic abuse cannot be applied to such cases. Sen (2003), argues that HBV differs from domestic violence as it 1) occurs within a framework of collective family structures and communities; 2) involves the restoration of a societal construction of honour as a value system through premeditated acts; 3) is founded upon men’s putative right to control women through their social and sexual choices.

The little research that does exist within this domain also takes a focus upon the legal and not a psychological perspective (Lindisfarne, 1993; Dobash, & Dobash, 1998; Joseph, 1999, Khan, 2007). Therefore, it is important to assess the specific factors influencing HBV. For example in the Arab Society, it is considered that women should remain mastura (hidden and low-profiled) which in itself implies the physical and psychological restrictions on women in this society, which when escalated could promote HBV (Tamari, 1973; Moghadam, 2003). Afterall risk perception, and thus the participation in crime and attributions of blame are laden in cultural values (Sparks, 2001).

It can be viewed that the practice of HBV is more prevalent within countries whose population is predominantly Muslim. Despite the Qur’an and the Hadith stating the penalty for the crime of zina (adultery or premarital sex) should be 100 lashings in public for unmarried women, many renowned Islamic leaders have publicly condemned HBV practices and claim that there is no religious basis (report of the Special Rapporteur, 2000). However, it must be noted that there are some who believe that there is support for such practices within the bodies of principles, which found Islamic law (Welchman, 2005). A parallel value system seems to exist as the protection of honour now takes priority over Islamic teachings (Kulwicki, 2002). This is thought to be true as femicide was abolished in the jahiliyyah (pre-Islamic period) but such practices still take place. Thus suggesting that societal structures form a parallel value system occasionally outranking that of the Islamic religion (Faqir, 2001), this supports the claim that honour is often integrated with social, economic or political motives (Araji, 2000).

**Women of honour based violence**

There has been little research concerning the experiences of women who have experienced HBV, this is a finding, which I consider to be troublesome as one may assume that if individuals who have actually experienced honour based violence...
have contributed little to the literature at present then the findings cannot portray an extensive and accurate view of HBV. One therefore has consider that there is a significant gap within the literature as the women who have experienced honour based violence are the only ones who can provide their view of the situation and perceptions about the phenomenon. One also has to question the research into HBV, which does not account for the perceptions of individuals in these situations as the findings generated may therefore have a biased academic viewpoint.

There has been research into the effects of domestic violence on its victims, which has provided an extensive literature about the related issues to these victims (Truckle, 2000). Such findings have had positive implications upon the criminal justice system for victims allowing for their perspectives to be taken into account (Crawford, 2000; Erez, 2000). As has been previously stated it has been found that there are profound differences between the crimes of domestic violence and HB. As such one can therefore assume that if there is a lack of literature with a focus on the victims of HBV therefore these individuals are not accounted for and important aspects of their perspective which have not been recognised could result in such individuals being marginalised especially in reference to the criminal justice system.

Despite this wealth of literature which has assessed domestic violence including the victim perception (Haaken, 2010), Meetoo and Mirza (2007) argue that ethnicised women who are the victims of HBV are encompassed in numerous discourses and so the domestic violence discourse is not relevant to such crimes as they are rendered invisible by the British multicultural discourse and the private/public divide which often characterises domestic violence discourse. However, due to the aftermath of 9/11, ethnicised women are now more visible to the westernised public, but are now included within a discourse of fear due to much Islamophobia often generated by media presentations of them vs. us (Korteweg & Yurdakul, 2009), focussing on barbaric traditions involved in the communities i.e. honour killings. This is why a victim’s perspective in HBV is needed to gain genuine insight into the causes and effects of HBV.

Other harmful practices to women within communities with a strong belief in honour, such as female genital mutilation (FGM) and forced marriages (see appendix 1 for definitions), have gained the attention of investigation in recent years. However, these issues often become emerged within a political or cultural bias and the discourses of culture within this area of literature often misinterpret the minority cultures as a monolithic entity. As such, investigations into the abuse of women within ethnic minority cultures can become laden with cultural stereotypes (Dustin & Phillips, 2008). It is therefore important to assess such issues from the perspective of a member of the community in order to acquire an unbiased account of the practices, as is the intention of the present study.

When assessing the literature relating to FGM and forced marriage it can also be viewed that despite these issues being recognised as occurring within communities that also commit HBV there has not been adequate research to investigate the relationship between these practices and HBV (Creighton & Gill, 2010). This could be considered an area, which requires further assessment, especially within the UK
as there is minimal research of this within the UK (Henrion, 2003). I think that it is essential that the victims of HBV are provided with the opportunity to express their own beliefs and perceptions of the issues relating to HBV and that research is conducted exploring the voices of their experiences. The research discussed therefore intends to assess the phenomenon of HBV with specific reference to the views of women of these crimes.

Methodology

In order to assess the issues relating to HBV in an adequate depth a single case study design was implemented to fully explore the arising issues of the harmful traditions practices on women within an honour society. For the purpose of this study N=1 female aged 21. The interviews were intended to last for approximately one hour, however due to varying pace of conversation some were under this one hour and others exceeded the assigned time, as it was pertinent not to stop the participant whilst feelings were being expressed and explored. Five interviews were conducted lasting for a total of 303 minutes.

Qualitative Approach

The research was conducted in a qualitative manner as this allows the surrounding and latent issues to be addressed. The data has been collected through the method of interviews as this permits the exploration of such a sensitive and complex issue whereby quantitative methods may not allow such detailed insight into the participant’s perceptions of HBV (Banister et al, 1994). Semi-structured interviews were used as the area of HBV has little research and so I could not predict participant’s answers to allow a fully-structured interview to be prepared, I must therefore be able to improvise to unexpected responses (Wengraf, 2001).

This method allowed the researcher to be guided by the prepared interview schedules (see appendix 2) but not be restricted by it (Lyons and Coyle, 2007) allowing more detailed analysis of arising issues that were previously unknown. By addressing such perspectives this method allows validation of the unrepresented views of individuals within this community, creating more knowledge and awareness of the issue of HBV (Mischler, 1986).

The case study

It was decided that a single case study would be the most beneficial form of investigation as themes initially derived from the first transcripts opened up unexpected issues, which as the researcher I wished to address in greater depth. Due to the inductive nature of this research, a single case approach allowed the interviews to be highly explorative, thus allowing the complexity of the issues to be studied intensively (Benbasat et al. 1987). Bonoma (1985), states that single case studies are useful in both the generation of a hypothesis and testing of the hypothesis, appropriate to the nature of this study as theory was to be derived from the information gained. Therefore, I decided that a single case study was the appropriate means of gaining sufficient information as the current investigation was
still in the process of deducting a theory and so this approach would allow for the phenomena to the explored (Yin, 1984). This approach also allows the research to optimise the understanding of the issues raised as opposed to generalising findings across a wider dataset (Denzin & Lincoln, 2005).

I also argue that this approach is particularly relevant to the nature of this study because, within the field of forensic psychology there is also a wealth of literature supporting the use of case studies for the investigation of crimes, which have a relatively low prevalence within the population. For example, there have been plentiful investigations into crimes such as serial sex offenders and serial killers using the single case study design (Cubbagea & Smith, 2009; Hollander, 2011; Wilson, Tolputt, Howe & Kemp, 2010). This suggests that the idea of using a single case study to gain greater insight into crimes with relatively low occurrence has wider academic credibility.

**Ethical considerations**

Ethical considerations were taken into account during all processes of this research following the British Psychological Societies code of ethics and conduct (2009). The participant was given enough information prior to their participation allowing them to give informed consent. This was achieved through a briefing (Appendix 3A) prior to the interview and participant’s shall then be asked to sign a research contract (Appendix 3B) stating the obligations of the researcher and their responsibilities as a participant. After the interview, there was a debriefing process (Appendix 3C) about the full nature of the research to avoid deception. Prior to the interview, the participant was made aware of their right to withdraw at any point during and after the interview (up until the submission of the research). The Application for Ethics Approval Form (Appendix 4A) and Ethics Check Form (Appendix 4B) have both been completed and approved for this research.

**Confidentiality**

Participant was assured of their anonymity but confidentiality cannot be guaranteed due to the data being used for research purposes. Confidentiality is also an issue during transcription as it must be determined if inclusion of certain information could compromise the identity of the interviewee (Morse, 1994). Substitutions of words or phrases were used to help maintain contextual information (McLellan, MacQueen, & Neidig, 2003). Due to the sensitive nature of this topic pseudonyms were used to protect her identity and locations were changed to ensure she could not be located for her own safety. All the interviews were also kept on a password-protected computer to ensure that nobody could gain access to the data.

**Procedure and materials**

All interviews were recorded using a Dictaphone to aid transcription; the interviews were transcribed using computer software. During transcription, initial analysis began, as memories are triggered from the interview during this process (Wengraf, 2001). The guidelines for transcribing developed by Mergenthaler and Stinson
(1992) were followed during the transcription process in order to maintain a valid and accurate transcript (see appendix 6 for transcripts). To allow thorough analysis a simplified Jefferson transcription system was applied (see Atkinson, & Heritage, 1984) (Appendix 5). This was chosen as it provides a very detailed transcript at the micro level not only the macro level allowing analysis to address more latent content as Poland and Pederson (1998), argued that what is not said such as silences and pauses are just as important as the word content.

Thematic analysis

Thematic analysis was conducted on the data, as this method is theoretically flexible for analysing qualitative data (Holloway & Todres, 2003; Braun and Clarke 2006). This is appropriate for the inductive nature of this research as the theory is yet unknown and shall be derived from the data sourced and so a theoretically flexible approach aids this. Although there are many variances of thematic analysis, I shall be specifically utilising thematic decomposition analysis (Ussher & Mooney-Somers, 2000). This form of analysis will permit themes within the data to be identified as well as analysing the social meaning of language used by the participant. This is important as the research intends to assess roles of social influence and so social meaning within language is key to assessing this issue. Therefore, this analytic approach allows the assessment of both the individual's experiences and perceptions of HBV as well as the social discourse surrounding HBV, which will create greater depth in the understanding of this issue.

Themes were identified in this research in an inductive manner (Frith & Gleeson, 2004) as they were linked to the data itself (Patton, 1990). A theme can be determined as something, which captures an important aspect of the research question and has a level of prevalence across the data set (Braun and Clarke, 2006). Boyatzis (1998) describes themes as being patterns found within the data, which at a minimal level describes and organises the possible observations and at a maximum level interprets the phenomenon.

Analysis

Thematic decomposition analysis was conducted on the interviews and numerous themes were found across the data set. The list of preliminary themes was too extraneous and so these were condensed and grouped into key themes. This was decided on which themes appeared to display a minimal or maximum level of interpretation (Boyatzis , 1998) after identifying the data which related to the emergent themes (Aronson, 1994), as themes were either retained or dismissed from the analysis depending on the support from the data. For the purpose of word count, this has been further condensed and only three themes are discussed in depth, these themes have been selected as they offer new information to the area of HBV (for the initial extended analysis see appendix 7). The table below lists the key themes, including those which are not able to be discussed in the following analysis.
Table 1: Core themes derived from the data

<table>
<thead>
<tr>
<th>Main themes</th>
<th>Sub- themes</th>
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<tbody>
<tr>
<td>Culture and Religion</td>
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<tr>
<td>A</td>
<td>Undermining of women</td>
</tr>
<tr>
<td>B</td>
<td>Safeguarding culture</td>
</tr>
<tr>
<td>C</td>
<td>Its culture not religion</td>
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<tr>
<td>Honour and Violence</td>
<td></td>
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<tr>
<td>A</td>
<td>Reasons and causes</td>
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<tr>
<td>B</td>
<td>Forms of HBV</td>
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<td>C</td>
<td>Roles of the genders</td>
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<td>The psychological</td>
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<td>A</td>
<td>Fear</td>
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<td>B</td>
<td>The consequences of HBV</td>
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<td>Family and community interaction</td>
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<td>A</td>
<td>The family and community as one</td>
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<td>B</td>
<td>Community judgement</td>
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<td>C</td>
<td>The community and self-identity</td>
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<td>After the fact</td>
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<tr>
<td>A</td>
<td>Concerns for the future</td>
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<td>B</td>
<td>Fighting HBV</td>
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See appendix 8 for a diagram of this model
Theme One: Culture and Religion

The first theme was depicted to have a considerable prevalence across the data set. Throughout the interviews, intermittent issues relating to culture and honour were discussed often entwined within one another. It became clear during the analysis that the latent perceptions of women within the culture and the religious rigidity within the culture discussed was often the cause for the acts of honour-based violence.

B) Safeguarding culture

This specifically relates to communities that have immigrated to England and displays the rigid historical traditions within the participant’s culture and how members of the community enforce strict rules with severe consequences of HBV in order to protect the culture they knew when they first came to England in fear of losing it.

‘in UK people are really holding onto what they know and they think that if I hold onto this it’s my identity and no one can take that away from me so I have to go through forced marriage and force my children through forced marriage coz if I don’t then I I’m not the person that first arrived in UK’ (Int2, L381-384).

‘they’re scared of losing their culture of losing their identity and if they lose their identity coz they’re not from UK where are they from who are they’ (Int2, L392-393).

HBV can be seen to be a result of the community trying to protect their culture as the participant would experience violence as a result of not respecting the traditions of this community.

‘the more somebody wants to be er(.) well(.) western the (. ) more likely(.) it’s going to happen to them erm (. ) because they the family or the community feel like they are rejecting who they really are(.) and that could maybe in the long run become a harm to the community maybe they think that(.) their culture will end forever and they won’t be how they are’ (Int1, L182-186).

C) It is culture not religion

One of the main issues Anita wished to express was that HBV was founded on cultural beliefs and not religion. This was important, as she believed that the western perception that HBV and forced marriage occur due to religion is detrimental to helping victims, as it promotes a belief that western society is judging Muslims and will not perceive the victim any different to the perpetrator.

For the purpose of word count interviews and line numbers have been coded. Interview has been abbreviated to Int, followed by the number of the interview the extract can be found in and line has been shortened to L, followed by the line numbers of the quote.

Example: Int3, L5-6        Interview 3, lines 5-6
'that when people talk about forced marriage they instantly think that Muslims do it(.) and that aggravates me because it's not really about religion it's just about people still holding onto old ideas and it also(.) I think aggravates Muslims because even those who do do it even though they are Muslim they do do it they then use that as an excuse as saying see they are against our religion and so they use that as against their mentality to young children and say see if they're against us we don’t really belong in this society’ (Int1, L297-303).

‘they think that oh if they’re if if people really think that it's about Islam then erm they don’t really they why would they want to help me or why would they want to do anything for me if I need help(.) and so they they’re left feeling even more isolated than they already [are]’ (Int1, L305-308).

This displays a severe impact the western lack of knowledge concerning HBV has due to the perpetrators manipulation of the segregation of the societies and western ignorance to entrap the victims.

**Theme Three: The Psychological**

Psychological issues were established to be a major concern, both the psychological manipulation used by the perpetrators and the long lasting profound consequences the participant experienced mentally.

**A) Fear**

It was established that the participant experienced excessive fear, which has had a profound impact upon her life both during the experiences and after leaving the situation. Whilst living at home the participant described how the fear of being caught doing things she should not resulted in her ostracising herself from her community.

‘I never had any Somali friends because er because they tended to be in agreement with my families values and I felt that they would either betray me’ (Int2, L189-192).

This fear has continued with her throughout her new start in life, as she expressed profound feelings of fear and anxiety after she had left the.

‘after I had left I still felt scared erm I always had like a feeling that someone was following me I felt so paranoid I used to check the doors several times in the night doors and windows if I heard a noise in the house and the house was quiet id instantly think it's someone out to get me’ (Int2, L357-360).
‘i still have nightmares again and erm (.) started looking at cars that drive slowy for my liking in case someone that I know because my cousin does have my address in "major city2"’(Int4, L88-90)

‘I'm more paranoid(.) er I I'm always worried someone will hurt me or my family (.). I feel tha that I can't trust anybody(.) so I i don't make friends(.) not because I don't want to(.) I'm just scared that they'll hurt me’(Int5, L2-4).

This portrays the extent of which fear had become a part of her life and the effect of HBV on a victim’s prolonged psychological state.

**B) The consequences of HBV**

This identifies the extreme psychological impact the abuse had on the participant and her concern for her sanity.

‘I started talking to myself like I was talking to myself out loud but I felt like I was talking to someone else at the same time and I noticed that that's not ....I think I became like what's the word(.) compulsive liar er it became so bad that I lied about things that I didn’t need to .....more I felt I needed to lie just to separate happened from home to what I was doing in college and so id lie things like id lie oh I've been on holiday id make up a whole completely different life to what I actually had’ (Int2, L142-154).

‘I got depressed for a really long time because I even thought my family weren’t the nicest people just I used to have people around me but now I was constantly alone and that affected me how I used to socialise with people’ (Int2, L329-331).

This really demonstrates the psychological consequences of experiencing HBV and their prolonged impact upon an individual.

**Theme Five: After the Fact**

This theme assesses issues relating to the participant’s life after leaving the situation and depicts how much her experiences affect her life now and visions for the future. Issues raised relating to this have also been used to apply these experiences to ways in which things could be improved for individuals in similar situations.

**A) The future**

This portrays the participant’s continued fight after she left her family home and efforts to rebuild a new life for herself. Within this sub-theme her change in perspective for her future can be witnessed, visualising things for herself she never considered before such as university.

For the purpose of word count interviews and line numbers have been coded. Interview has been abbreviated to Int, followed by the number of the interview the extract can be found in and line has been shortened to L, followed by the line numbers of the quote.

Example: Int3, L5-6       Interview 3, lines 5-6
However, it is also evident that she still has concerns for her future and contact with her family.

‘I had to drag myself to where I am now like mentally and physically I had help from my fiancé and *refuge* but it was a struggle and for most people I really think to go to university it’s like o another step in their life but for me a year ago university wouldn’t have even been an idea…. people think that oh we’ve helped you get away from the bad things you should be ok now ….but it’s not that easy erm you really have to want to you really have to want to survive to be able to survive’ (Int2, L362-370).

‘I haven’t participated in any community activities(.) so I don’t feel that I’m involved in the community’ (Int5, L94-95).

‘I think what if she ever gets in contact with them and she meets them and she thinks they’re wonderful and doesn’t understand what I went through with them or what if they said to her oh we’ve changed its been so many donkey years we’re different people now and what if she’s so convinced that she decides erm to stay with them for I don’t know for a vacation and what if forced marriage happens to her and I wasn’t there to protect her’ (Int2, L326-331).

The participant’s continued anxieties can therefore be viewed and it is clear that despite leaving and beginning a new life, her experiences still control certain aspects of her life.

B) Fighting HBV

The participant’s experiences whilst living with her family and her efforts to leave generated concerns during the analysis. It can be viewed that not only was her situation not recognised, but when attempting to leave she was also confronted with a lack of knowledge from the authorities, which could have placed her at serious risk.

‘I think people did know what was happening because even in secondary school(.) girls would come back and say I’m married(.) and I’m sure teachers heard but(.) I think they were too scared(.) political correctness’ (Int3, L371-374).

‘the police said that he couldn’t help me because it was a Friday night erm ooooo the the refuges were filled most probably filled up because it was late and erm(.) he doesn’t he doesn’t know how to deal with forced marriage and he said erm I’m sure you can talk to your family about it and they’ll understand’(Int1, L123-127).

‘the police that I contacted erm he didn’t know anything about forced marriage erm if he had better training he would probably be able to help

For the purpose of word count interviews and line numbers have been coded. Interview has been abbreviated to Int, followed by the number of the interview the extract can be found in and line has been shortened to L, followed by the line numbers of the quote.

Example: Int3, L5-6 Interview 3, lines 5-6
me better erm(.) the doctors that I came into contact with when I gave birth to my daughter if they erm(.) if they knew what they were facing with erm perhaps if they had support in place for anyone who had had erm FGM done to them’ (Int2, L230-234).

These examples portray the danger the participant could have been in if she had allowed the police to persuade her to return home after running away under the assumption that the individuals committing these crimes would ‘understand’. Another frightening issue however is the danger the participant’s daughter could have been in, when giving birth the doctors identified she herself had undergone FGM however no preventative measures were taken to ensure her daughters safety. After the second interview had terminated the participant mentioned how no questions were asked about the participant’s current situation and as far as the medical staff were aware she still could have been living at home, thus placing her own daughter at risk of also having FGM done to her.

The participant’s experiences of the authorities lack of knowledge preventing her from receiving the help she needed has allowed her to consider methods that could be taken to achieve a better standard of assistance for other people in this situation.

‘create groups or youth clubs for girls for Muslim girls…..and then have staff that are trained in forced marriage awareness and honour based violence and FGM and eventually if a girls does actually need help you’d be able to identify her ‘(Int2, L203-210).

‘educating erm everyone…..because erm western erm the way western people see honour based violence is something big has to happen like(.) she (.) a girl had a boyfriend and she got killed(.) it’s the minor things that happen the psychological things that could happen that you can’t see it but er the damage is there and anything and everything can cause honour based violence’ (Int2, L216-222).

It is therefore evident that there are many measures that could be taken to increase awareness of HBV and to protect victims of such crimes and the participant’s reflection upon the authorities’ failure to provide an adequate service for her expresses the extent to which these measures need to be taken.
Discussion

This section reviews the findings of the investigation to reflect upon the aims of the study and consider any further research. The concepts drawn from the key themes shall be discussed to assess their meaning to the context of the study.

The findings depict a varying source of causes for the acts of violence the participant experienced, however, it can be viewed that there are some consistent underlying causes that were in action in all the circumstances. This mainly concerns issues of culture and maintaining a cultural identity through the safeguarding of their traditions. This key theme, which was evident across all the discussions, is an important finding to the debate of religious influence in acts of HBV. As previously discussed the literature is somewhat unclear about whether or not the Islamic religion is a predominant cause of HBV, especially in relation to the Islamic laws concerning women (Welchman, 2005). The analysis of this investigation therefore has much to contribute to this debate, as the participant believes that despite Islam undermining women, it is the safeguarding of cultural traditions, which leads to harmful practices of forced marriage, FGM and HBV against women in her culture.

Another substantial issue raised was the profound psychological issues experienced by the participant both during her time living in the situation at home and for a considerable time after leaving. This was an important finding as the previous literature, does not take a particularly psychological focus when addressing the issue of HBV, it instead concentrates on the legal and political issues relating to this crime (Joseph, 1999, Khan, 2007). This also allowed the researcher to introduce possible actions that could be taken to help women in the same situation. The participant reflected upon her experiences and considered several key actions that should be taken to help women experiencing HBV; a youth group for only Muslim girls ran by Muslim women who are trained in HBV, FGM and forced marriage awareness. This would allow girls to gain more access to society, as the participant often found herself isolated. This is a substantial contribution, as when assessing the literature it does not appear that there are any active groups such as this (Brandon, & Hafez, 2008; Husseini, 2011).

Another suggestion the participant made was that all organisations that may come into contact with possible victims such as the police or doctors should receive mandatory training to raise their awareness of any harmful practices an individual may be at risk from. This was raised after discussing failure by the police to help her leave her situation and the doctor to recognise that her daughter may have also been at risk of FGM if she was still living at home which he did not ask. Therefore, the current study poses many practical applications, which would improve the quality of life for others in similar situations to the participant.
Another important finding during this investigation was the close link between the participant’s experiences with HBV and forced marriage. Although forced marriage and FGM were noted in the introduction due to their relationship to HBV as harmful practices to women, they were not discussed at depth, as these were not issues expected to be raised during the interviews. However, the Participant had experienced both practices demonstrating the need for further research into the relationship between HBV, forced marriage and FGM (Hague, & Sardinha, 2010). I also consider this finding in the present research to be beneficial to the area as it provides contradictions to the literature. I have noted that the literature has mentioned that there is no evidence of forced marriage within the Somali community (Brandon, & Hafez, 2008). The present study provides substantial evidence that not only does this practice occur within a Somali community, but according to the participant’s perceptions, it occurs on a relatively wide scale. I consider this a weighty finding in providing new information, increasing knowledge of forced marriage and its occurrence in a community otherwise not considered.

This study outlines areas, which are in need of further research to create a fuller explanation of HBV and relating practices, especially in relation to the psychological state of the victims.

**Critique of the present study and further research**

One critique of the current study is the limitations on presenting the findings. Due to a word limit being in place, I note that not all of the extensive analysis was discussed in adequate depth. The investigation produced some meaningful and substantial findings, some of which present new considerations to the area of HBV. I therefore think that it would be beneficial to produce a further piece of work by which the entire data set could be treated with the satisfactory analysis to provide an extensive review of the participant’s perceptions. This would also enable the analysis to be carried out at a more latent level as initially desired but an imposed word count prevented this from satisfactorily being conducted.

Also in terms of the literature discussed in the introduction to this study as this was an inductive investigation, despite it creating an understanding of the topic and outlining areas in the literature, which were somewhat underdeveloped. It did not directly relate to the present investigation, as such, there has been a lack of theory for the interpretation of the analysis to rely upon.

The use of a single case study in this investigation allowed for a deeper analysis of the issues raised and to return to areas of interest in the proceeding investigations. As this investigation was somewhat initially blind, this was useful to gain the rich detail needed (Denzin & Lincoln, 2005). However, these findings can only be applied to the participant and not generalised to all cases of HBV. Therefore, for future research it would be beneficial if this study were repeated with multiple participants who have also experienced HBV to assess whether these findings can be
applied universally to HBV. It would also be beneficial to include participants of varying ethnicities in a future study to assess whether differing issues related to HBV are found within different cultures, as HBV occur within many cultures (Gill, Begikhani, Hague, 2012; Gill, 2009).

Concluding reflexivity

I conclude this dissertation by presenting a reflexive account regarding this research and its impact upon my understanding of HBV. Most notably this research has raised my awareness of the lack of knowledge within the society I live in about HBV and its impact upon victims' lives throughout their future. In particular I was shocked that organisations with a responsibility to protect failed to do so, however I must note that the participant's positive outlook influenced the way I perceived her situation as she had survived and rebuilt a life she now enjoys.

A fundamental part of conducting qualitative research is epoché, due to this as the researcher I was forced to put aside my own preconceived notions of HBV in order to prevent being biased when interpreting the participant's perceptions. I found having to be constantly aware of what were my own opinions and what were that of the participants a valuable lesson as I feel that I have developed greater empathy in seeing things from another perspective.

During the investigation I experienced a variety of emotions when processing the participant's life experiences, I found myself shocked and truly overwhelmed by the actions of her family and considering that there are possibly many others in the UK experiencing the same things. Due to the participant's openness, I also found myself overwhelmed by the vast amount of data during the analysis and often struggled when considering which statements were essential in supporting the study, as there was a wealth of relative information I wanted to include. When processing the participant's life it also made myself put my own life into perspective when reflecting on the true traumas some people face without even complaining, this left me with an appreciation of my childhood after being forced to compare my upbringing to that of the participant's.

I must also note that I found this experience somewhat rewarding as the steering group which I am involved in wish to use the data collected to support their group for funding and raise awareness. One week after the interviews had ended, the participant also emailed me thanking me for listening to her, as she felt that this process had helped her to reflect on issues that she had not realised were still affecting her life. Completing this study has therefore filled me with a sense of fulfilment as I feel I may have on some level helped against this horrible crime, whether it is just by listening to the participant herself.

I hope that this research may spark a debate about the lack of help available for victims of HBV and raise greater awareness about this scarcely known area of crime. I especially feel that gaining the insight
from a woman who has experienced HBV has added essential information that was needed in this area.

References


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