Honour Based Abuse: The response by professionals to vulnerable adult investigations

Abstract

Purpose:

The research examines responses by police and Adult Social Care to Honour Based Abuse (HBA) victims that have a diagnosed or perceived vulnerability; such as a physical disability or mental health issue. The purpose is to improve professional practice in ensuring vulnerable victims are safeguarded.

Design/methodology/approach:

Findings are drawn from 100 HBA investigations (2012-2014) derived from classified police electronic records and interviews with fifteen, predominantly specialist, public protection police officers in one UK force.

Findings:

HBA against vulnerable adults is an obscure crime area. In cases of diagnosed vulnerability (3%), police officers wrongly attributed 'free will' and choice to vulnerable adults that legally lacked the capacity to consent to marriage. Conversely, in 9% of cases where victims were depressed and/or self-harming, perpetrators exaggerated the poor mental health of victims in order to discredit them to law enforcement. Professionals illogically latched onto perpetrator explanations and in turn undermined and problematised the victims.

Research limitations/implications:

There is limited access to data on vulnerable adult abuse, making this an under researched area of crime.

Practical implications:

Failing to undertake risk assessments, or record whether the victim is legally vulnerable should lead to a review of police practice. An evaluation of joint working arrangements is necessary concerning which agency (police or Adult Social Care) should take primacy.

Social Implications:

Vulnerable adult victims were retained in risk predicaments alongside perpetrating family members.

What is original/value of paper

Police officers suggesting vulnerable adults can "consent" to marriage is a new concept, along with issues of goal displacement which illustrates avoidance behaviours by professionals and under protection by the state.

Keywords: Policing; honour based abuse; vulnerable adult abuse; disability; mental health; self-harming.

Introduction

This article focuses largely on vulnerable adult experiences of honour based abuse (HBA). It explores the treatment of victims by perpetrating relatives, and the interactions between perpetrators, victims and professionals (police and social services).

Extant research suggests that vulnerable mentally ill and/or disabled people are at particular risk of being forced into a marriage (Her Majesty's Inspectorate of Constabulary (HMIC), 2015; Home Office Forced Marriage Unit (FMU), 2016;Lakhani, 2008; Valios, 2008). The National UK figures for forced marriages of vulnerable adults in 2015 stood at 12% (141 cases) (Home Office FMU, 2016).

Under section 16 Youth Justice and Criminal Evidence Act (1999), those legally defined as 'vulnerable' are children under the age of 18 years, those with a mental disorder (defined under the Mental Health Act 1983), those with impaired social functioning (such as a learning difficulty) i.e. Asperger's syndrome; and those with a physical disability (for example blindness, diabetes or multiple sclerosis).

It must be stressed that legally, vulnerable victims lack the capacity to make decisions, such as getting married and consenting to sexual relations. Neither can such decisions be made by others on behalf of the victims (Mental Capacity Act codes of practice, 2013, p 17). Legislation currently imposes responsibilities on local authorities to make enquiries when vulnerable adults are at risk of being abused or neglected, in an effort to prevent harm before it occurs (Department of Health, 2016). The findings indicate that these safeguarding precepts fall short in practice.

Methodology

Findings are derived from a PhD study researching discretionary police practices when investigating HBA. The research design involved a dual phase methodology, whereby 100 incidents of HBA (2012-2014) reported to one police force were examined in detail. The police force itself was a large urban police force containing sizeable populations of South East Asians. The researcher sought access from the Chief Constable of that force. These cases constituted archived classified electronic police records. In each case the researcher examined a host of related electronic documentary records (i.e. initial incident report; the Domestic Abuse, Stalking and Honour-based (DASH) risk assessment; crime report; intelligence report; a Public Protection Investigation (PPI) log which documents the secondary investigation undertaken by professionals; other agency reports; police interview records; and final results etc.) in order to obtain a holistic, "richer picture" (Easterby-Smith *et al.,* 2008, p 72) of interactions between victims, perpetrators and professionals.

Fifteen semi structured interviews also took place (2016) with predominantly detective officers working within the public protection division. The qualifying criteria was that all officers required operational or strategic experience in HBA investigations. Fourteen of the officers had worked or were currently operational within public protection, only two of these were employed at strategic level. One uniformed officer from a neighbourhood unit took part in the study. Officers had a combined experience of 228 years policing service.

The mixed method design, focusing on case comparison, allowed the researcher to obtain a stronger more 'complete' and holistic understanding of the research problem (Bryman, 2012; Cresswell, 2014). Using both data sets confirmed and corroborated ideas via triangulation. Consequently, mixed methods are said to provide greater validity (Bryman, 2012; Miles and Huberman, 1994). Incident cases are identified by case number, and police interviews are delineated by letter.

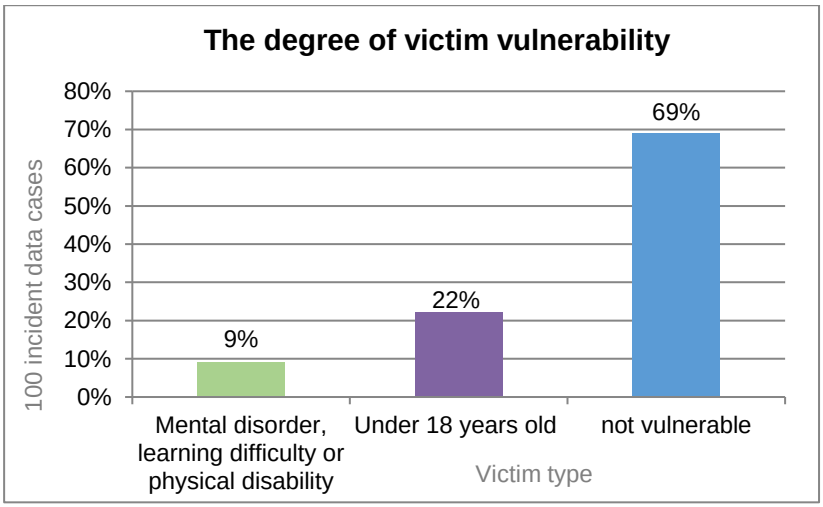
Findings

The findings indicated that HBA against vulnerable adults was a relatively obscure and specialist area of crime. As one specialist public protection officer stated:

> I've never dealt with any and I don't know of anybody in our office who has dealt with any (police officer p)

Only 9% of the incident sample (9/100) were categorised by the researcher as vulnerable due to a mental disorder, learning difficulty or physical disability. Of these, only 3% (3/100) had a recognised and long standing medical condition, which pre-existed separately from the long-term effects of HBA, such as a learning difficulty (case 12), mental and physical disability of blindness (case 46), and a combined mental disorder and learning difficulty (case 61).

Chart 1.1: The degree of victim vulnerability



The other 6%[i] of victims were identified as 'vulnerable' by the researcher because of the long-term mental trauma of HBA, which led victims to serious self-injury. These low numbers rationalise why half of the specialist officers interviewed (8/15) (53%)[ii] had no experience of investigating vulnerable victim cases. Despite evidence of some 'vulnerability' logged within the police records, only one victim (1/100) was formally categorised by the attendant officer as a 'vulnerable adult' (case 46). This either suggests that officers are poor at recognising vulnerability, or alternatively that officers recognise vulnerability but make a decision not to formally record it.

Exploitation of the vulnerable

The practice of marrying vulnerable victims appears to be effected to ensure that vulnerable offspring were cared for, due to their perceived limited options and because their parents were ageing. Furthermore, exploiting vulnerability provides visas for foreigners wanting to reside in the UK (Lakhani, 2008; Shaw, 2001). This was evident when a 19-year-old adult female on a hospital mental health ward showed staff photographs of a 'party' on her mobile phone, which was later established to be her wedding. The victim had been married without her understanding. Since that time her

husband had had two UK visa rejections, because she lacked capacity to be his surety. Police were proactive in ensuring that her and her siblings were subjects of forced marriage protection orders (FMPO). Although officers sought to annul the marriage, this could not be achieved until she was mentally well; and currently the victim attests she is "happy to be married". Due to the visa rejections, parents persevered, telling staff:

> We are going to take our daughter back to Pakistan so she can get pregnant by her husband so then he can get a visa because he's got a dependent (police officer j)

Rather than consider this a reciprocal arrangement, deception is employed by the family of the vulnerable adult, because the individual is perceived as being "damaged goods" (police officer h). This was apparent when a female was brought over from Pakistan and was unwittingly duped by the suitor's family into marrying a UK male with learning difficulties. It was only after the marriage and realising that her husband attended a special day care centre, that the female began to fathom that her husband had learning difficulties (case 30). Such a practice is evident in wider academic discourse and is termed a 'double' forced marriage (Shaw, 2001; Sanghera, as cited in Valios, 2008).

However, of deeper concern is the lack of effective intervention by professionals, with vulnerable adults sometimes being left in the care of perpetrators. To illustrate, a 14-year-old had severe learning difficulties and physical disabilities, and was deemed by her family as poor marriage material and "damaged goods" (police officer h). Her parents facilitated her sexual abuse to an older male living with them and she became pregnant. Such was her disability that the police were unable to interview her. Although an abortion was arranged by the authorities, she was not removed from the family home by any agency, despite her having no capacity to consent to the abuse due to her age *and* her disability. The mysterious male was "spirited" away by the family, who, in turn, denied their involvement in facilitating the pregnancy, both factors scuppering any potential police investigation (police officer h). In a different case, one Sikh girl was violently attacked with a ceremonial sword for becoming pregnant to her Muslim boyfriend and was left permanently disabled by the attack. Yet post incident, the social services left the victim in the care of perpetrating family members because it could not be established who inflicted the injuries (police officer h).

Freewill and 'choice' ascribed to vulnerable victims

Some cases illustrated how professionals downplayed or entirely denied victim vulnerability, suggesting that victims had the capacity and freewill to stop a forced marriage of their own volition. This approach was effected by officers avoiding investigation or omitting information from documents, in several cases abrogating responsibility to the specialist public protection department. In all three cases of HBA vulnerable adult (case 12, 46 and 61) officers recorded minimal information, with no officer completing a DASH risk assessment; which was concerning given that lack of capacity to consent under the Youth Justice and Criminal Evidence Act (YJCEA) 1999 (special measures procedures) legislation constitutes grounds for enhanced safeguarding. None of the victims were formally video interviewed, or statemented, to obtain an account. In two of the cases, vulnerable adults were forced into marriages abroad (case 12 and 46), with professionals forewarned of the marriages in both cases prior to the ceremonies taking place. In one case, a father reported to the police that his wife was sending their daughter with learning difficulties abroad to be married. The attendant officer suggested the victim consented to the treatment meted out by relatives and abrogated the case, via e-mail, to a Public Protection Investigation Unit (PPIU) sergeant, suggesting the victim was in:

> Good spirits. There was no evidence of coercion and she could walk away from this if she wanted to. Regardless if her father suspects the future husband to be a drug dealer, she is an adult and able to make her own decisions (case 12)

Unfortunately, that supervisor was on leave for two days. Consequently, the victim was taken to Pakistan and forced to marry, with no action taken and no safeguarding or rescue (case 12).

What was notable, within the 'freewill' argument, was the way professionals overlooked protestations by the victim and unquestioningly accepted explanations proffered by perpetrating relatives. For instance, a mentally disabled and blind victim, had, according to the victims' sister, threatened to harm herself unless she was permitted to marry her first cousin (case 46). This explanation, was accepted and consequently neither police or Adult Social Care, took action to rescue the vulnerable victim from Pakistan[iii]. The social worker updated the police who consequently documented the 'result' on their records:

> (Victim) made threats to harm herself if she was not allowed to marry her first cousin. Victim is expected back in UK by end of June, however there are concerns that she could be pregnant by then. We are still unsure about her level of capacity to consent to marriage. A FMPO may be difficult to obtain[iv] due to the marriage already taken place and unable to prove capacity at the time. However, if (victim) states in any way that she was coerced or pressured unduly (which does not appear to be the case at present), then we should apply for an FMPO immediately. We are still working on hearsay and we do not want to alienate the family or appear heavy handed at all. If (victim) does not return to UK by end of June- we need to arrange a meeting ..//.. It is worth noting that the victim at this stage seems to have persuaded her parents to allow her to marry, which would actually be the polar opposite to a forced marriage. Hopefully this will become clear at the end of the month (case 46)

There are many points gleaned from this extract. Firstly, the lack of investigation was evident. Under HBA force policy, specialist officers are obligated to make enquiries with the High Commission and Forced Marriage Unit to precipitate a rescue. Yet in this case, front line police officers left responsibility for the incident to Adult Social Care to manage and did not flag the case to specialist officers. Neither did officers obtain details of the suitor she was forced to marry. The fact that the spouse could seek residency to come to the UK was also not considered[v]. As argued by Roberts *et al*, (2014) police must take primacy in such situations, but instead they played a grey, almost invisible role. Secondly, the case showed how professionals latched onto the sisters account as bona fide, which lay at polar extremes with the victims' testimony. On her return to the UK, the newly married victim was "distressed, angry and hostile" at the "control" and "bullying" she was subjected to by family members, and consequently she:

> "Stopped taking her own medication"..//.. [and was]..//. "refusing treatment and all medical appointments" (case 46)

Professionals accepted that the victim, by choice, "stopped taking her medication" (case 46), without considering whether this could be her way of 'protesting' to the marriage, as explored by Rasool and Payton (2014) concerning self-harming and suicidal victims. Alternatively, the family may have denied the victim medication, in order to make her more compliant; evident in a US study, in which caregivers coercively used medication both to sedate and to withhold from vulnerable adults with disabilities, as a form of controlling punishment (Erwin, 2000). Denying medical services is specifically alluded to in the new UK offence of controlling or coercive behaviour (Serious Crime Act, 2015).

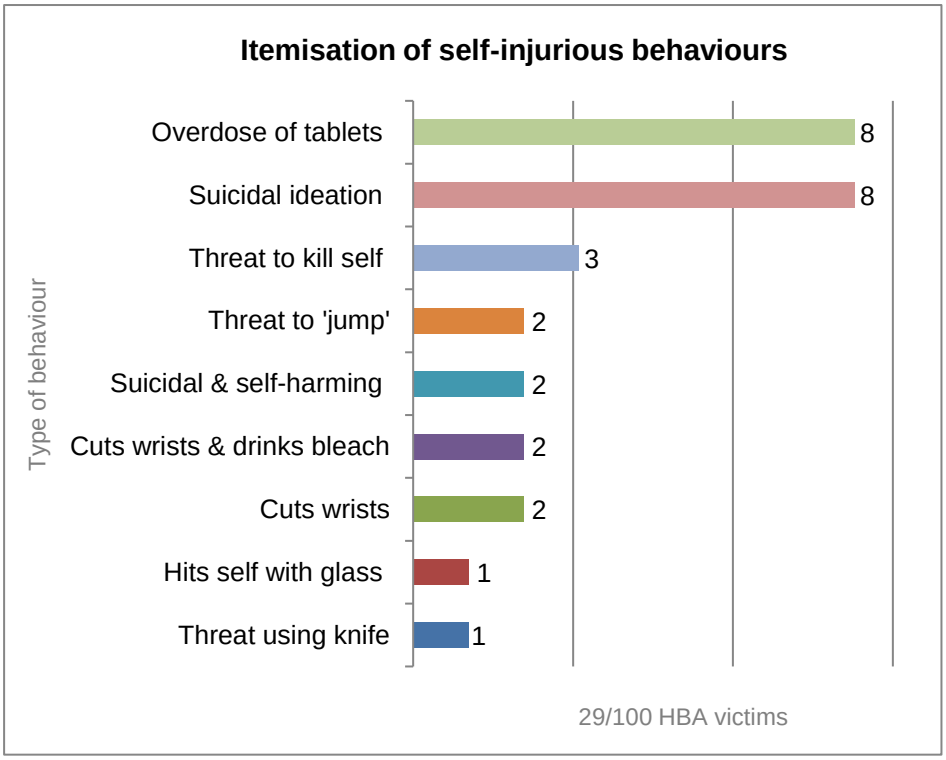
Thirdly, the extract reflects inertia by public bodies, in which the only actionable item was to have a “meeting” had the victim not returned by June. The extract illustrates how the classified record appears to perform a function (Prior, 2011) and is purely “recipient designed” (Atkinson and Coffey, 2011, p 89); acting as a discursive device to persuade the audience (management) that no action is required. Fourthly, although there was scant evidence of reverse racism / race anxiety in the incident data findings (4/100), use of the term “heavy handed”, implied that professionals feared that accusations of racism may be levelled, were they to allege that the vulnerable victim was coerced into marriage. Such race anxiety by practitioners results in a failure to proactively tackle the abuse (Burman *et al*., 2004; Siddiqui, 2003). In effect, it dilutes the professional response to the abuse, in which victims remain under-protected.

It is significant to note that the ‘freewill’ theme was similarly apparent within child cases and non-vulnerable adults. For example, a victim had become pregnant with her love choice boyfriend, and there were three separate incidents reporting threats to kill involving the same victim. In the final report, the daughter under “house arrest” by family members, had allegedly had a “miscarriage” at a private clinic (case 65 and 67, one case outside the sample). According to police reports, the victim “made her own decisions to go back into the house” and return to perpetrating family members of her “own freewill” (case 65 and 67 linked). By officers asserting that the victim made her “own choices” (case 67), it appears to absolve officers from criticism, should anything subsequently 'happen' to the victim. The notion that victims “consent” and make their own choices, appears to place onus for a course of action squarely on victims, thereby *negating* the need for police action. It also functions as a means of self-preservation, should anything subsequently ’happen’ to victims and officers be held accountable. Yet in the case of vulnerable victims, the freewill argument cannot be applied to vulnerable victims who legally lack the capacity to consent. Principle 4 of the Mental Capacity Act legally obliges authorities to make decisions which are in the best interests of the individuals that lack capacity (Mental Capacity Act codes of practice, 2013, p 65), rather than following the victims alleged “wishes”**.** The contention is that to admit victim vulnerability would inevitably make inaction by the authorities untenable, which, it is argued, is precisely why professionals denied victim vulnerability. Given that this freewill argument was evident across all victim types (vulnerable victims, adults *and* children) suggests this is a patterned discretionary police practice.

The key risk 'age', depression & self-injurious behaviour

The key spike of self-injuring HBA victims were aged 18-22 years in this sample, with the average age of victims established at 22.6 years. This research correlates entirely with Chesler's worldwide study of 230 honour killings (2010) and also Chesler and Bloom's findings (2012) regarding the highest risk age, which averages at 22.5 years[vi]. These risk periods dovetail with the depression and self–injury findings, in which 74% (29/39) of those victims suffering depression, were aged 24 years or under, including children (10/39), with severe cases of self-injury aged between 18 and 24 years (6/9). Findings showed 29% (29/100) of victims self-injured, had suicidal ideation and/or attempted suicide, of which overdosing was the most prominent method. Three of the eight overdose victims were children (case 26, 45 and 93). Of this subset, 62% (18/29) originated from Pakistan, 14% (4/29) from Bangladesh, followed by India (10%) (3/29), Kurdistan (7%) (2/29) and Libya (7%) (2/29). Only one of the self-harming victims was male. Of the 29 cases, 27.5% (8/29) were children. One child attempted to jump from a first-floor window because her father discovered she owned a mobile phone (case 62).

Chart 1.2: Itemisation of self-injurious behaviours



Poor mental health appeared to be a consequence of HBA, related to the pressure of forced marriage, rather than indicative of victims having a pre-existing mental health condition. For example, three women threatened to kill themselves based on a refusal to succumb to forced marriage (case 11, 81, 27); one male victim threatened to throw himself from a bridge when, after a forced marriage, the family discovered he was in a long-term relationship with a white girlfriend (case 77). Two victims took overdoses as 'stalling' mechanisms to prevent a forced marriage, with one stating that she had "to try and make herself poorly to stop the wedding" (case 56, also 35). A third overdose victim had already been forced to marry and took the overdose fearing "they may make her go back there" (Pakistan) (case 28). Immediately following the death of her mother abroad, one victim was told by her brother that she would be 'married off' and this caused her to drink bleach. Since that time, she had been cutting her wrists and arms (case 37).

One young victim had slashed her wrists twice the previous month in front of her stepmother, due to a wedding being planned, and was derided for being "too westernised" (case 34). Another victim experienced chronic depression and panic attacks and had been placed in an unhappy arranged marriage ten-years earlier, which she had just fled from (case 2). Extant research also supports the contention that self-injury is a consequence of HBA and forced marriage amongst young Asian women, rather than symptomatic of problematic victims (Rasool and Payton, 2014; Shahid and Hyder, 2008; Siddiqui and Patel, 2003). Young Asian women, aged between 15-34 years, are two to three times more likely than white counterparts in the general populous to commit or attempt suicide (Ahmed, 2007; Rasool and Payton, 2014; Siddiqui, 2003). As the pressure to marry and conform to parental expectation intensifies, the risks to victim's increases, impacting on self-injury and suicide rates. Such acts appeared to be a means of protest or coping strategies for victims (Rasool and Payton, 2014).

Of the 39 cases of depression (39/100), 26% were children (10/39). A further 26% (10/39) were aged 25-33 years. Almost half the sample subset suffering depression (48%) (19/39) were aged between 18-24 years, which was delineated as key risk 'age' for HBA victims. Victims symptoms ranged from chronic depression and panic attacks to feeling "very depressed" "low" and "isolated" from friends.

Even though victims were labelled as unstable within the electronic police record, due to perpetrator influence, none were formally categorised as 'vulnerable' within the

incident report or crime by attendant officers. Some could suggest that had officers been convinced of genuine vulnerability, this would have been recorded. Although, as noted in the physical disabilities section, there were numerous omissions in data recording and therefore this pattern of non-recording is entirely consistent.

Perpetrators ascribe a 'mental' label to victims

In 9% of incident cases (9/100)[vii] perpetrators exaggerated the poor mental health of victims. This undermined the competency, credibility and reliability of vulnerable victims. Such demonising was often inflicted by the wider collective and not solely the perpetrators:

> A male cousin, told police "he believes she doesn't really know what she is doing" that "she is not all there" and "may not tell officers the truth if other people are present" (case 14)

> A brother stated he had "no idea what (the victim) was going on about" and that she was in an "emotionally distressed state" (case 82)

> An 18-year-old victim was "not all there" and had been 'kidnapped' by her brother-in-law. Despite the family claiming she had a learning difficulty, none was evident. It was ascertained the victim willingly eloped with her brother-in-law lover (case 1)

> Parents tried to persuade the authorities the victim was "In a bad way with depression..//..was under the care of a psychiatrist and had threatened suicide but has not been known to self-harm" (case 2)

In the latter case, the mental health nurse confirmed to police that despite her depression, the victim had no pre-existing psychiatric disorder and did have the capacity to make decisions (case 2). The more astute officers recognised that perpetrator tried to influence officers:

> (Mother) was also saying that (victim) had mental health problems; but there was no sign of this whatsoever (case 86)

Furthermore, many perpetrators and supporters disguised the control exerted as acting in the victims 'best interests'. One father tried to influence authorities that he was overprotective with his 19-year-old daughter because she had the mental capacity of a 10 to 13-year-old and had an alleged physical incapacity to her right leg. The victim allegedly:

> Cannot think for herself and has been protected by him and his wife all of her life..//.. he worries about her crossing the road never mind running

> away from home ..//..He said (victim) cannot care for herself and she is very protected by the family, she needs to be (case 33)

Despite the family claiming the victim was vulnerable and the sisters discrediting her as a “nutcase”, research across all police systems (DASH risk assessment document, crime and intelligence reports etc.), revealed no formal diagnosis of any condition (case 33).

Mental health labels were also used to undermine the victims’ child safeguarding skills. Perpetrators suggested victims represented a physical danger to their children (case 23); that they were unable to financially support their children (case 40) or that mother were negligent and children should be immediately removed (case 92):

> Female has left the house on foot and hasn’t taken her mobile and any baby food and informant is worried for the welfare of these children. Husband claiming that (wife) has assaulted him tonight and that he says she is mentally unstable and claims she cannot cope with the children on her own (case 92)

To summarise, in stark contrast to the findings regarding vulnerable victims with defined learning and physical disabilities; in the case of depression and self-injury, perpetrators often *overstated* the poor mental health of victims during interactions with professionals. These findings align with the academic assertion that women were “deliberately labelled” by partners and extended family as mentally ill, both to exert control and delegitimise the woman’s claim to freedom when seeking help from agencies (Siddiqui and Patel, 2003, p 109).

Professionals align with perpetrators, problematise and medicalise victims

Two interrelated points are apparent. Firstly, the ease by which professionals, at face value, accepted the perpetrators assessment of victims. Secondly, the real or perceived vulnerability of the victim becomes the central ‘problem’ and focus for professionals. This served to deflect attention from criminal behaviours and medicalised, under-policed and under-protected victims. For instance, despite overdosing on three separate occasions and going missing from home, the attendant officer accepted the family’s assessment that the 16-year-old-victim was “attention seeking”:

> Honour based issues (are) causing a seemingly normal, very clever young lady to try and kill herself rather than stay at home with what appears at first to be a very happy, clean household. The other children at (address) all spoke freely to me and did not show the same unhappiness and reluctance to be there as (victim) did..//..the family were all spoken to and seem to be of the opinion she was attention seeking (case 45)

This extract not only problematises the victim, but shows how police officers in trying to predict HBA, erroneously, used traditional indicators of child abuse to negate neglect (a clean home, with other siblings not showing signs of abuse). In another case, rather than address the cause', which was an impending forced marriage, the authorities dealt with the 'effect' by sectioning a depressed gay male victim under the mental health act (police officer a). Similarly, a further case showed how the family, and even the estranged husband, portrayed the female victim as mentally ill, resulting in officers aligning with this perspective, even though all related police documentation showed that the victim possessed mental capacity:

> She may be suffering a breakdown, (that they needed to establish)..//..what her mental state is..//..she needs to be spoken to, to establish why she is making these allegations (case 82)

Implicit within the subtext was that the victim was mentally unstable and had fabricated the allegations. These extracts confirm extant research that police, social workers, and other professionals often collude with perpetrators in accepting their interpretation of a situation (HMIC, 2014; Siddiqui and Patel, 2003).

In some instances, the disability itself is used by professionals as a tool to discredit and doubt the reliability of the victims' testimony, thereby justify no further professional action. This was evident when a victim was so traumatised by her husband's abuse that, like any other victim of serious crime, she was "a bit haphazard in jumping from topic to topic." The officers write up stated she was:

> Struggling to provide a coherent account and was erratic in the information provided. She was clearly upset and also defensive about certain situations. (Victim) openly admitted she was very tired as she had not slept properly for 3-4 weeks and was struggling remembering things due to her medication (case 2)

The victim was traumatised, possibly bordering on PTSD, yet the officer appeared to exploit her use of medication by suggesting her account was unreliable, evident in the repeated word "struggling." Moreover, the police officer 'write up' reflected signs of a

rationale being constructed to justify no further action. In this case, the police permitted the perpetrating husband to retain custody of the children; which was a poor decision given that he threatened to “kill her and kill himself” if she tried to abandon the arranged marriage. Having reported the incident, the victim waited patiently for his arrest and for her to undertake a police video interview. Fourteen days later there was no crime report, video interview or arrest. Worry over the children, combined with the perpetrator refusals to leave the family home, led the victim to return back home to the abuse. The victim complained to high ranking officers that the police were “very slow to take any actions or make any progress”. She expressed her feelings as being let down as a “tax payer” and by “the system” (case 2). In a further illustration of this, one adult victim reported having been raped by her uncle in Pakistan and raped by her brother in the UK. Although officers investigated the cases, the alleged impairment of the victim, rather than the necessity to prosecute perpetrators, became the overriding focus by professionals. The victims perceived vulnerabilities, “which had not been defined” (police officer o), were used as rationale to drop the prosecution case, rather than used as grounds to investigate and provide an enhanced service. This was also apparent in the case of the blind and mentally ill victim who had been sent abroad for marriage (case 46). On her return, the victim expressed feeling “cheated or tricked” by family members into a forced marriage. Yet Adult Social Care used the condition of the victim as a means to doubt her account, negating the control and bullying she experienced as a figment of her own "delusional beliefs" (case 46). Aligning with perpetrators and discrediting those suffering from poor mental health was evident in Cockram’s research where a husband told officers “she’s crazy-look at the medication she takes, and they [police] left” (2003, p 25; see also HMIC, 2015).

This construction of the victim as a central problem to be ‘resolved’, was also evident in a case involving victims with profound learning difficulties. An officer recounted how a female complained that her family were trying to force her into a marriage. She had a “secret boyfriend” and was adamant she “didn’t want to live their way”. The victim divulged that several of her female relatives were profoundly disabled and were being financially exploited by relatives. She attested to the police officer that they are:

> All going to get married off to their cousins. None of them are going to object (police officer d)

Yet the informant was reluctant to formally complain. The officer described the frustrating situation in which Adult Social Care were simply “waiting” for a disclosure from vulnerable victims, who neither had the capacity to consent, nor the capacity to

divulge the abuse. The officer stated that services had no opportunity to move victims to safety on the basis “you had the perpetrator on your shoulder” (police officer d). The case was ultimately ‘left’ with Adult Social Care, who instead of addressing the matter in partnership with police, merely identified some health matters that the victims had, which ended up being “the bigger portion of that enquiry” (police officer d). The forced marriage concerns remained unaddressed and the health matters took primacy. Indeed, like many other cases, the extract illustrates not only how professionals were transfixed in inertia, but victims were left in the ‘care’ of perpetrators.

Goal displacement

All these cases illustrate how, rather than address the causal factor of honour abuse, professional attention deflected towards the problematising of victims, focusing their gaze on the alleged or real ‘impairment.’ Work conducted by Manning (1978), Lipsky (2010 [1980]), Knott and Miller (1989) assist in theorising why this occurs. Rather than consider this an issue of poor or absent training, they highlight the way professionals within some organisations work, alluding to a bureaucratic dysfunction termed “goal displacement.” This involves professionals that “lose track of their goals and engage in ritualistic behaviour substituting means for ends..//..their objective is forgotten” (Manning,1978, p 21). Practitioners, certainly within this sample, appear to focus on problems that are easier to resolve, such as having a meeting, managing a teenager’s perceived problematic behaviour or a victim ‘impairment’, ‘waiting’ for a disclosure, dealing with ancillary health issues, rather than dealing with the allegation of HBA. It is argued that professionals retreated behind the process of rules and regulations as an “avoidance strategy” (Knott and Miller, 1987, p 110), which allowed them to disengage from the victims’ needs.

Conclusions

To conclude, albeit this is an obscure and specialist area of crime, HBA is perpetrated against vulnerable adults, with forced marriage as the ‘resolution’ in many situations. Particularly in cases of mental health, perpetrators amplified the poor mental health of victims during interactions with professionals. Perpetrators packaged control as a necessity, that victims needed protecting from themselves and lacked the capacity to make coherent decisions, thereby justifying the controls in place. In 9% of incidents analysed, relatives stigmatised victims as mentally unstable, presenting victims as “not all there” (case 14 and 1) or a “nutcase” (case 33). Yet in all these cases there was no

evidence of any diagnosed condition, with victims having the capacity to make decisions. Such victims simply manifested the long-term effects of honour-based abuse. It seems that such ploys were designed to deflect blame and informally resolve the allegation, with perpetrators using the authorities to ensure fleeing victims were returned to the 'protective' home. The perpetrators aim was to undermine the competency, credibility and reliability of victims and thereby avoid outside interference by the authorities.

Navigating vulnerability is a highly complex arena for public bodies. Victims that genuinely suffer poor mental health or have learning difficulties, provide credence to family members, to suggest that those potentially controlling actions are justifiable, necessary and effected in the 'best interests' of vulnerable victims. Furthermore, if a complaint is made, professionals often have to seek consent from such perpetrating family members[viii] in order to have vulnerable people examined or formally interviewed. As prior social work studies have established, disabled children were often overlooked by professionals, with parents becoming the "proxies for the voice of the child" (Oliver, 2010:16). However, not all families exploit vulnerability. Practitioners must recognise the distinction between those family members who genuinely protect and those who control, yet establishing this with certainty is difficult. However, surely this must be strived for if we are to protect vulnerable adults from long term abuse.

The mental health label, whether genuine or contrived, served to disadvantage and stigmatise victims. Professionals sometimes paradoxically cultivated the mental ill labels advanced by perpetrators, undermining victims as unreliable, irrational, unhinged and in need of protection from perpetrating relatives; as opposed to enhancing safeguarding provision *because* of the perceived impairment. Perpetrator explanations, however illogical, were often not challenged by professionals. Aligning with perpetrators and victim blaming was evident in 22% (17/78) of the adult cases within the incident data findings. Victims were portrayed as *precipitating* problems due to their own poor mental health and this was evident in vulnerable adult, child and non-vulnerable adult cases, suggesting this is a discretionary police practice. There appears sparse academic literature exploring the concept of professionals using a manufactured vulnerability as a means of discrediting victims in order to expedite enquiries. However, a government report suggests that officers often justified 'no-crime' decisions on the basis of "mental health or similar issues of vulnerability" to avoid having undetected offences on the system (House of Commons PASC, 2014, p 15).

In 3% of cases where victims had a diagnosed physical and mental vulnerability, professionals either withheld information from documentary records; such as the non-recording of victim vulnerability and missing data in DASH risk assessments, or completely denied victim vulnerability, suggesting victims had capacity and freewill to "consent" to marriages. Such devices were used to justify inaction by professionals. As noted by Lipsky, "withholding information depresses service demand" (2010 [1980], p 91). It is argued that in deciding a course of action, professionals sometimes took the path of least resistance by 'accepting' perpetrator explanations-because it fitted their self-interested preferences to do so. In achieving this the practice of 'goal displacement' was used, which deflected the focus onto the alleged or real impairment of the problematised victim. Outcomes, resulted in under protection by the state, with professionals (police and social care) being unresponsive to the needs (Knott and Miller,1987) of vulnerable, traumatised, depressed and suicidal victims. Some vulnerable victims were retained in the direct 'care' of perpetrators. The implications of this are that if perpetrator discourses are so readily advanced by professionals, this raises concerns not only about safeguarding practices, but it adversely impacts on crime recording, prosecutions, and notions of deterrence. This article highlights that further research in the underexplored arena of vulnerable adult abuse in a HBA context is certainly necessary.

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Endnotes

[i] Cases 2, 28, 34, 35, 37 and 56.
[ii] Police officers b, c, f, g, m, i, p and n.
[iii] It was the Foreign and Commonwealth office that contacted police to alert them, and at the time the victim was still in the UK, thus a forced marriage could have been avoided.
[iv] Authorities failed to consider that a FMPO could have led to the victim being swiftly returned to the UK.
[v] Officer should have contacted the Forced Marriage Unit to ascertain whether there had been a spouse visa application (HM Government, 2010:23).
[vi] In 2012, Chesler and Blooms' average age of Honour killing victim was 22 years, in 2010 Chesler's average age of honour killing victim was 23 years.
[vii] Cases 1, 2, 9, 14, 33, 78, 82, 86 and 92.
[viii] As is currently the case with child victims of HBA.