

English summary

Honour from within

An exploratory research on measures that include the extended family in the fight against honour based violence

Author: Dr. Benedicta Deogratias, Maastricht University
Supervisor: Prof. Dr. Susan Rutten, Maastricht University

This research was commissioned by the Dutch Ministry of Health, Welfare and Sport at the request of the research commission of the programme 'Geweld Hoort Nergens Thuis.'

April 2020

Contents

| | |
|---|---|
| 1. Introduction..... | 3 |
| 2. Research questions and methodology..... | 3 |
| 3. Definition of extended family in this study | 4 |
| 4. Measures that include the extended family in Belgium, Germany and Sweden | 5 |
| 4.1. General legislative measures | 5 |
| 4.2. Interventions and measures for specific groups in society | 5 |
| 4.3. Overview schemes | 9 |

1. Introduction

Incidents of honour-based violence (HBV) have and continue to occur in many European countries and the responses thereto are unique to every country. Often HBV is considered in connection with domestic violence and although there are several overlaps, HBV is distinguishable by its characteristic traits. Among others, unlike domestic violence which often is perpetrated by persons within the nuclear family, HBV often involves multiple persons within the nuclear and extended family and may very well involve persons from the close community. Furthermore, while domestic violence is generally scorned upon by the affected family and by society at large, HBV may be condoned and is at times even encouraged within the family and in close social circles. It is precisely these kinds of core differences that require attention within all the decision-making processes and policies that address HBV.

Considering these peculiar influences that family and community members have on the prevalence of HBV, it is not unthinkable that measures to combat HBV should aim to consider and include these actors as well.

In light hereof, an exploratory research was commissioned by the Dutch Ministry of Health and Welfare in 2019. It was carried out by the University of Maastricht, the Netherlands. This research explores the extent to which the extended family is involved in addressing HBV in three European countries, these being: Belgium¹, Germany and Sweden. More specifically, the purpose of this study has been to generate an overview of the existing measures on HBV that concern or engage the extended family in these three countries. To this end, this research aims to contribute to the ongoing efforts to fight HBV in the Netherlands.

The following paragraphs provide a summary of the main findings of this research. The research questions and methodology are briefly summarized in paragraph 2. The concept of 'the extended family' as adopted in this study is provided in paragraph 3. Paragraph 4 offers a succinct overview of the answers to the research questions and the observed measures and interventions in Belgium, Germany and Sweden.

2. Research questions and methodology

The primary goal of this research was to gain insights into how the extended family is involved in addressing HBV in each of these three countries. For this reason, the following research question was adopted: *How and to what extent is the extended family included in the country's efforts to address HBV?*

This question has then been divided into four sub-questions, namely:

- How is 'the extended family' defined in each country?
- What measures are in place that concern or involve the extended family?
- How are these implemented in practice?
- What are the observed effects of these measures in practice?

¹ The majority of the measures described reflect the existing measures in Flanders. Although existing measures in Wallonia were also considered to the extent that this was possible.

In order to provide comprehensive insights on the existing measures, this study followed a top-down as well as a bottom-up approach in exploring the existing measures. A top-down approach here refers to exploring the laws and policy measures developed on national or regional levels that are implemented on both national and local levels. This approach was taken when studying the existing measures in Belgium and Sweden. The bottom-up approach refers to the initiatives and measures that have been taken and are being used at the local levels by projects and NGOs that actively address HBV. This approach has been adopted for exploring the existing measures in Germany and Sweden.

Lastly, the methodology of this study comprised of a combination of desktop and empirical research. For the latter semi-structured interviews were conducted with relevant stakeholders across different sectors in all three countries. This included among others interviews with representatives of national institutions mandated to address HBV, police, prosecutors, experts, scholars, researchers, social workers and counsellors.

3. Definition of extended family in this study

In a sense, the 'family' is a social institution and is often considered as the basic unit of society. However, depending on the region and culture membership to 'the family' may be predicated on various factors, including but not limited to blood ties. Shared traditional, ancestral, ethnic and/or cultural ties may be used as parameters for denoting the 'family'. Thus, persons belonging to the 'family' may refer not only to siblings and parents but may also include persons of the same ethnic group or community. As a consequence, family structures vary greatly between countries, regions and communities which results in the prevalence of various family structures across the world.

In light hereof, the concept 'the extended family' that has been adopted in this study is broad and inclusive. It extends beyond the nuclear family and is to be understood as also including far-removed relatives, *inter alia*, uncles, aunts, grandparents, nieces, cousins, in-law families and other relatives that reside abroad. Furthermore, persons within the same ethnic group or from the same community who are involved in the perpetuation of HBV are included within this concept. It is not uncommon that community members are involved in a situation of HBV where they, for example, participate in policing the victim.

Adopting a broad and inclusive understanding of 'the extended family' enables to acknowledge and take into consideration the diversity of family structures that exist in society. Furthermore, for migrant families, migration to a country with a vastly different culture can influence the family structure. The remaining family members may have lesser influences on the family in the host country. Similarly, members of the same ethnic or cultural group that are in the host country, may attain a greater role or influence in the migrated families (e.g. religious leaders, community leaders etc.). Therefore, a broad understanding of the extended family allows taking into consideration the consequences a migration context can have on the family structure of families that have migrated to countries with vastly different cultures. To this end, the concept of 'the extended family' as adopted in this research ensures that all the persons that are likely to be involved in HBV remain in the crosshairs.

4. Measures that include the extended family in Belgium, Germany and Sweden
With regards to the first sub-question the concept 'extended family' is not used explicitly in all three countries. However, other concepts are used such as 'clan', 'milieu de vie', 'släkt', 'moral cops' and 'große Familie'.

Whilst different concepts are adopted in all three countries, at their core these concepts are very similar. Firstly, all the concepts implicitly acknowledge the fact that the protection of the family honour, if need be with violence, can be an essential interest not only for the nuclear family but also for the extended family, members of the community and persons belonging to the same ethnicity. Secondly, these concepts have in common that they refer to persons, both family and non-family members, who actively or passively contribute to the prevailing social power dynamics and the cultural attitudes that are rooted in HBV. Thirdly, these concepts refer to persons who, be it directly or indirectly, are involved in incidents of HBV. This includes members of the nuclear family as well as (far-removed) relatives including relatives residing abroad and the family-in-law. Furthermore, the above-concepts include persons from the same ethnic or cultural group who are or may be involved in incidents of HBV.

With regards to the second, third and fourth sub-questions, all three countries have various measures in place, which are summarized in the following paragraphs.

4.1. General legislative measures

Although the members of the extended family or affected community are not specifically the target audience, the following in measures may nevertheless be directly applicable to members of the extended family and community. Both Belgium and Sweden criminalize certain forms of HBV(e.g. female genital mutilation (FGM) and forced marriage) so that all perpetrators are liable to persecution. Falling in the same category are the existing provisions that prescribe aggravating conditions, for example where the perpetrator and the victim are related, that can also be applied to cases of HBV. The Belgian Criminal Code contains such provisions.² Furthermore, besides criminalizing certain forms of HBV, Swedish authorities have also put legislation in place which guarantees compensation for children who have witnessed domestic violence, including HBV.³

4.2. Interventions and measures for specific groups in society

There are also measures that are directed towards or that involve specific groups within society, such as refugees, migrant- groups, women youth etc. Members of the extended family often fall within one or more of the targeted audience. Measures that are geared towards specific groups within society can be subdivided into two categories. The first category of measures consists primarily of interventions that serve the purpose of detecting HBV. Risk-assessment instruments have been adopted in Belgium and Sweden alike (e.g. check-lists, risk-assessment tools, manuals). These are used by social workers, doctors, officials of the civil registry, teachers, professionals, police and the Public Prosecutor's Office.⁴ Involvement of the extended family and community is

² B. Deogratias, *De eer gekeerd - Een verkennend onderzoek naar de rol van de extended family bij de aanpak van eerge relateerd geweld in verschillende Europese landen*, Maastricht University 2020, p. 38. In particular the articles 405bis, 405ter, 409 and 410 of the Belgian Criminal Code are relevant.

³ B. Deogratias 2020, pp. 64-65. In practice compensation claims on the basis hereof remain scarce and are not easily realized.

⁴ B. Deogratias 2020, pp. 44-45, 59-62.

largely achieved in a passive manner. Members of the family and community are primarily taken into consideration for the purpose of investigating a situation and assessing the risks and likelihood of HBV being committed. For example, certain dynamics within the family or behaviours by family members⁵ may be considered as indicators of increased risks of HBV being committed. Similarly, family trees and sociograms may be drawn up by the police, the public prosecutor or social workers in order to attain further insights into the family dynamics and persons who may be involved in an incident of HBV.

The second category of measures concerns measures whereby the extended family and community are involved in a far more active manner. These measures may have different goals and approaches. For these reasons these have been grouped in four subcategories: preventive measures, measures for supporting of victims and families, rehabilitation programmes for HBV offenders and mediation.

a. Preventive measures

Preventive measures include among others educative and awareness-raising campaigns that target specific groups (e.g. women, refugees, migrant-groups, youth etc.) and that aim to inform and generate awareness about HBV and other related topics (such as FGM, forced marriage and asylum applications) as well as other non-related topics (such as integration, language, general education). Large scale educative and awareness-raising initiatives are adopted by State authorities, like the Swedish Migration Agency in Sweden and the Belgian Institute for Equality of Women and (IVGM), as well as by NGO's like Groep voor de afschaffing van vrouwelijke genitale verminking (GAMS) in Belgium. When it comes to assessing the impact and effectiveness of large-scale educative and awareness-raising campaigns, hardly any firm conclusions can be drawn. However, there have been several individual accounts whereby a positive impact was observed among participants who had received formation or information on HBV and other related topics.

There are also preventive measures that target smaller and more specific groups like parents with a migrant background, fathers, mothers, girls, boys and pupils. These types of measures are often organized on local levels by local NGOs and have often a more small-scale set-up. Besides informing and raising awareness, the observed measures also often aim to engage and activate their target audience to fight against HBV. Fostering a change in the mentality and behaviour of the target audience are among the aims that are pursued by such initiatives. These initiatives can focus directly on addressing HBV, like the Heroes projects in Germany⁶ and Sweden⁷ which engage boys and young men in the fight against HBV.⁸ They can also focus on more and broader topics like Aufbruch Neukölln e.V. in Germany which engages mothers and fathers.⁹ When it comes to the effectiveness of these initiatives, respondents were generally positive about the perceived

⁵ For example constant surveillance of a person by her or his family members, family members putting pressure on a victim to withdraw their accusations, persons within the family expressing support for violent behavior of other family members etc.

⁶ *Heroes*. For this study interviews were held with a representative of the *Heroes* project that is based in Neukölln, Berlin and is carried out by the association Strohalm e.V..

⁷ *Shanazi Hjältar & Hjältinnor* and *Sharaf Hjältar*. For this study interviews were held with representatives of the *Sharaf Hjältar* project that is located in Gothenburg and is carried out by the NGO Elektra.

⁸ B. Deogratias 2020, pp. 67-70, 74-78.

⁹ B. Deogratias 2020, pp. 70-72.

positive impact these have on their target audience and within their audience's families and their communities. In particular, several respondents reported cases and personal experiences wherein participants have played a key role in changing the attitudes and views on 'honour' and HBV of their peers and families.

Finally, preventive measures to combat FGM and forced marriage in specific situations are another category of preventive measures that have been observed. The 'declaration on honour' (*verklaring op eer*)¹⁰ document that is used in Belgium by GAMS and the Public Prosecutor's Office is an example hereof. To avoid that children are taken abroad and are exposed to HBV, parents can be requested to sign a 'declaration on honour', which often is complemented by a medical assessment of the child. The primary goal of this declaration is to sensitize parents and to establish trust between the parents and GAMS or the public prosecutors. Due to its declaratory nature the 'declaration on honour' has no legal implications. Nevertheless, respondents consider it to be an effective measure which contributes to increasing the awareness of parents. Additionally, besides the 'declaration on honour' document, public prosecutors in Belgium have other means to prevent FGM and forced marriages from taking place abroad. When there is no trust between the parents and the public prosecutor or when parents refuse to sign the 'declaration of honour', the prosecutor may, for instance, confiscate the travel documents of a minor child or may prevent the parents from taking the child abroad.

b. Support of victims and families

There are various approaches to support victims and their families in Belgium and Sweden. The first method involves holistic and multidisciplinary measures to combat violence within the family such as the 'chain-approach' (*ketenaanpak*) of the Family Justice Centres and CO3 Cliënt Centrale Organisaties in Belgium.¹¹ Multiple actors from different sectors (*inter alia*, police, prosecutors, social workers) work together to address the violence that occurs within a family. The 'chain-approach' aims to resolve violence within the family and to prevent future reoccurrences. Successful realisation hereof demands that the focus is placed on addressing the violence as well as on any other issues (e.g. identity or financial crisis, unemployment, drug abuse etc.), that contribute to the violence within the family. Furthermore, besides supporting the victims a 'chain-approach' may involve working with other family members that have a role in the occurring violence within the family. Therefore, the victims as well as other relevant family are also involved in the process of resolving the occurring violence within the family.

Notably, the *ketenaanpak* method does not necessarily focus on addressing HBV specifically but instead focuses on addressing all kinds of complex issues within the family that contribute to unsafety and violence within the family. As a consequence, it was hard to assess the effectiveness of the *ketenaanpak* method for addressing HBV specifically. Nonetheless, this method has two advantages. Firstly, it allows to take into consideration other problems that may be interwoven with the 'honour' motive, such as financial motives and personal issues. Secondly, the established partnership between all relevant authorities allows to divide their tasks clearly and to align the support they provide to the victims and their families. This not only contributes

¹⁰ B. Deogratias 2020, pp. 42-43.

¹¹B. Deogratias 2020, pp. 40-42. For this study an interview was held with the Justitiehuis in Antwerp.

to creating a clear oversight of each respective case of HBV but also enables that the appropriate support systems can be engaged timely.

Another interesting intervention concerns the ‘5 steps method’ that was specifically developed in Sweden in 2009¹² to address HBV and that involves the victims and their families. This method was developed in Sweden and focuses, firstly on ensuring the safety of the victims and secondly on bringing about behavioural transformation within the family.¹³ Two qualified counsellors are enlisted to counsel and work closely with victims of HBV and (a part of) their families for a long period of time. Between 2009 and 2011 a pilot project was conducted with 19 cases. In more than 60% of these cases, the envisaged goals were realized. However, despite the positive outcomes from the pilot project, this method has for unclear reasons not been implemented widely in Sweden.

Alternatively, support may also be realized by counselling and supporting victims of HBV to amend the contact and relationship with several family members. This approach is adopted by the Centrum Algemeen Welzijn in Belgium (CAW)¹⁴ and by the NGO Papatya e.V. in Germany¹⁵ and is primarily used by shelter houses. The establishment and maintenance of such relationships are considered as an essential step to secure the safety and stability of the victims in the long term. Additionally, besides amending positive contacts this approach also aims to encourage and facilitate the independence and self-reliance of victims.

Where possible and appropriate counsellors assist victims to regain positive contacts with (a part of) their family. In order to achieve this, social workers first encourage the victims to identify persons in their network who can support them and with whom they have or can establish a positive relationship. Hereafter the victims are encouraged to activate the persons they have identified as their ally.

c. Support to offenders of HBV

The third subcategory of observed interventions concerns rehabilitation programmes for offenders of HBV. Prevention of recidivism is the primary goal of this category. Currently, there exist no specific programmes for HBV offenders in Belgium, although respondents have confirmed that it is possible to offer counselling to perpetrators of HBV via programmes that are offered to offenders of sexual or domestic violence.¹⁶ The rehabilitation programme is designed and offered on a case by case basis. Specialised services, like the CAW, also offer programmes on for example aggression regulation. However, little specific indications could be provided relating to the number of participants to such programmes or their effectiveness. With regards to Sweden, the Swedish Prison and Probation Service started a pilot- project in 2019 for assessing rehabilitation programmes¹⁷ that have been developed specifically for HBV offenders. Although promising, it is

¹² Commissioned by the County Administrative Board of Western Sweden in 2007 and drafted in 2009.

¹³ B. Deogratias 2020, pp. 40-42.

¹⁴ B. Deogratias 2020, pp. 45-46. . For this study an interview was held with the CAW- Mechelen.

¹⁵ B. Deogratias 2020, pp. 72-74.

¹⁶ B. Deogratias 2020, pp. 43-45.

¹⁷ B. Deogratias 2020, pp. 62-64.

still too early to make any statements relating to the effectiveness of these rehabilitation programmes in re-educating HBV offenders.

d. Mediation

The fourth and final subcategory is mediation whereby persons from within the community are involved in the resolution and prevention of specific cases of HBV. This is a practice that has been observed in Belgium, where several respondents have confirmed the involvement of qualified cultural mediators. Within the NGO GAMS, cultural mediators are first screened and educated by GAMS.¹⁸ These mediators facilitate the communication and understanding between GAMS and the different communities that the organization works with. GAMS’s mediators not only mediate within a specific case of HBV but are also involved in the awareness-raising and educational activities of GAMS on FGM.

4.3 Overview schemes

The following two tables provide an overview of the various measures that were observed in Belgium, Germany and Sweden. Table 1 provides an overview of the measures that were observed per country. Table 2 provides an overview of the observed measures which concern or include the extended family and community. The aims of these measures, as well as statements made about their perceived effectiveness by the respondents, are summarized in this table.

Table 1: Observed measures per country

| Measures | | Countries | | |
|--|---------------------------|---|---|--|
| | Type of measures | Belgium | Germany | Sweden |
| No explicit involvement of the extended family | Legislation | Criminalization FGM and forced marriage | Not researched | Criminalization FGM and forced marriage Criminal injuries Compensation Act |
| Extended family and community are involved passively | Situation analysis tools | Manuals on forced marriage and HBV | Not researched | Manuals on forced marriage and HBV |
| | Risk assessment tools | Risk taxation instrument | | Risk-assessment tool PATRIARCH |
| Extended family and community are involved actively | Local preventive measures | Not researched | School and youth educational programmes of Heroes | School and youth educational programmes of Sharaf Hjältar |
| | | | Educational activities of Aufbruch Nuëkolln E.v. | School and youth educational programmes of |

¹⁸ B. Deogratias 2019, pp. 34-35.

| | | | | |
|-------------------------------------|---------------------------------------|--|---|---|
| | | | | Shanazi Hjältar & Hjältinnor |
| | Formation and awareness-raising | Educational and awareness-raising initiatives of GAMS | Not researched | Educational and awareness-raising initiatives of the Swedish Migration Agency |
| | | Educational and awareness-raising initiatives of IVGM | | Educational and awareness-raising initiatives of Länsstyrelsen Östergötland Expert-team |
| | | Educational and awareness-raising initiatives of Fedasil | | |
| | Prevention of FGM and forced marriage | Verklaring of eer Public prosecutor competences | Not researched | Not researched |
| | Support for victims and families | CO3 Ketenaanpak | Papatya victim support | 5 steps method support for victims and families |
| | | FJC Ketenaanpak | | |
| | | CAW victim support | | |
| Offenders rehabilitation programmes | Unspecified rehabilitation programmes | Not researched | Prison and Probation Services programmes: PATRIARCH, RVP & Pedrov | |
| Mediation | GAMS's cultural mediators | Not researched | | |

Table 2 Measures that involved the extended family and the community

| Measures that involve the extended family and the community | | | | | |
|---|---------------------------------------|--|--|--|--|
| Level of involvement | Nature of the measures | Specific measures/instrument | Target audience | Main goals | Perceived effectiveness |
| Passive | Situation analysis & risk-assessment | Manuals, checklists, and risk-assessment tools | Professionals, teachers, doctors, police, Public Prosecutor's Office, social workers and civil servants. | Prevention of HBV. Assess the risks. Bring into view all the involved persons. | Useful and structurally used in practice. |
| Active | Prevention | Educational and awareness-raising campaigns | Migrants, refugees, newcomers, women and youth, | Informing and sensitizing the target audience | |
| | | Educational programmes of local initiatives | Boys, men, girls, youth, pupils and parents. | Sensitizing, engaging and activating the target audience. Transformation of mentality and behaviour. | Positive |
| | | Declaration on honour | Parents | Preventing FGM and forced marriage. Sensitizing the parents. | Positive |
| | Support of victims and their families | Ketenaanpak | Families with complex familial issues. | Address all issues that contribute to the violence within the family. | A multidisciplinary and holistic way to address complex issues |
| | | 5 steps method | Victims of HBV and their families. | Secure safety of victims. Family transformation. | Positive |
| | | Victim support | Victims of HBV and their families | Secure safety of victims. Encourage independence | |

| | | | | | |
|--|----------------|--|-----------------------------------|--|----------|
| | | | | and self-reliance. | |
| | Rehabilitation | Specialised or customised rehabilitation programmes for offenders of HBV. Rehabilitation programmes for offenders of sexual or domestic violence | Offenders of HBV | Prevent recidivism | |
| | Mediation | Qualified cultural mediators | Persons from affected communities | Facilitate contact and exchange of information with families and victims | Positive |