

## **Honour based violence as a global public health problem: a critical review of literature**

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Sadiq is trained as a social anthropologist, holds Masters in Public Health. He has have been working in public health and social science research since last ten years in the UK and abroad. He has been working on various topics including political economy of health and wellbeing and violence (mainly gender and honour based violence), media and culture. His methodological expertise are around leading qualitative ethnographic research and evaluation, systematic, narrative and integrated reviews and realist synthesis of evidence. Sadiq has developed and coordinating international research collaborations between Sheffield Hallam University and academic and non-academic institution in Pakistan and Indonesia.

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## **Structured Abstract:**

### **Purpose**

'Honour' Based Violence (HBV), a form of Gender Based Violence (GBV), has received increasing interest from media, human rights organisations, academics and public. A significant increase in the occurrence and reporting of HBV in many parts of the world and its detrimental impact on health and wellbeing of women, girls, communities and wider society; marks it a major public health concern. However, awareness and recognition of HBV in field of public health is low in many countries and there is little known about its nature, roots and distribution.

### **Aim**

The aim was to analyse existing literature to understand what is HBV; how it is understood, its nature and distribution.

### **Methods**

The literature was searched using the Scopus database and a series of search terms related to HBV, gender based violence and health and wellbeing.

### **Findings**

Definition of HBV and its forms is varied across cultures. There is a lack of consensus on how HBV can be identified over other forms of violence and no explicit theoretical perspectives have been sufficiently developed to deepen our understanding of HBV. Although findings from the review suggest that HBV forms and patterns may be regionally distinct, causes emanate from gender based and socio-economic inequalities.

### **Value of findings**

Findings from the review highlight the complexity of tackling HBV in a globalised world. Findings also provide insights on how public health model can be used to analyse causes and prevention of HBV. Further, a non-culturalised, unprejudiced and inclusive definition is required to flag-up and record HBV cases.

**Key words (max 12):** Honour-based violence, female genital mutilation, gender-based violence, public health, honour killing

### **Article Classification:**

Literature review

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## Background

'Honour' Based Violence (HBV), a form of Gender Based Violence (GBV), has received increasing interest from media, human rights organisations, academics, public and politicians. The majority of victims of HBV are women and girls, but it can also affect men and boys. A significant increase in the occurrence and reporting of HBV in many parts of the world and its detrimental impact on health and wellbeing of women, girls, communities and wider society; marks it as a major public health concern. However, recognition and awareness of this is low in many countries where, instead, it may be viewed as a criminal justice, domestic abuse or cultural issue (Lancet, 2013).

### *Scale of the problem*

The United Nations Population Fund (2000) estimates that at least 5,000 women and girls worldwide are murdered each year in the name of so-called 'honour'; which is the most extreme form of HBV. Women's organisations and advocates working in the field believe that this figure is underestimated, putting the number at least four times higher (Fisk, 2010). For instance, of the 5,000 internationally reported 'honour' killing cases, 2,000 are from India and Pakistan, according to international digital resource centre 'Honour' Based Violence Awareness Network. There are no national data on the scale of HBV in any country including the UK, because it is not a recorded crime category in its own right (Her Majesty's Inspectorate of Constabulary (HMIC), 2015). Therefore, the actual numbers of HBV cases are likely to be inaccurate. In part, this is due to difficulties experienced in obtaining data as HBV is often underreported. Reasons for this range from fear and unwillingness of victims to come forward (HMIC, 2015; Goldstein, 2002); inconsistency in recording HBV cases (Payton, 2014) and a lack of understanding among police forces on what HBV entails (HMIC, 2015; IKWRO, 2014). In addition, Hassan (1999) observes that HBV incidents are masked as suicide or accidents and the lack of government managed system of recording HBV incidents in a majority of countries contributes to underreporting.

### *Understanding of HBV*

Considerable progress has been made towards understanding the nature of violence against women and girls (VAWG) in general. However, little is known about HBV beyond its popular 'cultural explanation', for example, that it is allowed by a religion or highly patriarchal culture (Ali and Gavino, 2008). These cultural explanations for a HBV thus attribute accountability to a fixed and narrow-minded culture but not to a wider context, institutions or policies (Volpp, 2000). Further the reductionist approach of the cultural interpretations: sensationalises the issue; excludes underlying wider economic, political and social factors; stereotypes certain communities and cultures and implicitly tags them as morally inferior (Gill, 2006). Additionally, this understating of HBV only in cultural terms does not provide sufficient insight to develop interventions to address the problem.

There have been some attempts to define HBV (see Abu-Odeh, 2000; Faqir, 2001) but the definitions are highly problematic (Welchman and Hossain, 2005). There has been no consensus as to what exactly is meant by 'honour', to whom it attaches, and how this is linked to the act of violence. Furthermore, using the term 'honour' in before violence or crime may infer that the violence or crimes are in some sense honourable (Dustin and Phillips,

2008). (For this reason, the term is put in 'scare quotes' throughout this paper to alert the reader to its ambiguity.)

In a view to raise awareness and recognition of HBV in public health research, policy and practice field; **in order to prevent the violence committed in the name of so-called 'honour'**; it would be useful for public health institutions, professionals, and practitioners to know how it is defined; its nature, roots and distribution. Hence, this review is conducted to understand what it is; how it is distinctive from other forms of violence against women, what different forms it can take and any other possible approaches to analyse and understand HBV.

## **Methods**

### *Theoretical framework*

A blend of i) critical anthropological and ii) public health approaches is used to conduct this analysis. Critical anthropological approaches emphasise the link between politics and economics and how micro and macro factors intersect and impact on one's health (Scheper-Hughes, 1994; Merrill 1995). Public health approaches take multidisciplinary approaches by looking at epidemiologic surveillance of the health of the populations and access to and evaluation of services (WHO, 2006). Stage one of a four stage Public Health Model (PHM) was applied in this analysis (Figure 1), which focuses on defining the problem. The first stage of the model was considered with a critical perspective from anthropology that challenges the existing interpretations and stimulates a broader understanding of structures that are already ingrained (Campbell, 2010). These approaches were deemed appropriate for this review as they help to understand what HBV is; what forms it take and how it is understood.

Figure 1: The Public Health Model - to be inserted about here

### *Literature search*

This study is an extensive but not exhaustive review of publications that address the concept of HBV and its various forms. Due to the heterogeneity of designs, participants and findings, a systematic review was considered inappropriate for the topic. The results yielded confirmed a critical review method (Grant and Booth, 2009) was appropriate. A search strategy was set-out to access the published journal papers from an electronic data base Scopus. Searching was undertaken by an information scientist, using terms related to HBV. The search terms used were theor\*, concepetual\*, violence against women, 'honour/honor' based violence, 'honour/honor' killing, 'honour/honor' crime, femicide, female genital cutting/mutilation, forced marriage, physical health, mental health, reproductive health, sexual health, public health and wellbeing. The inclusion and exclusion criteria was developed, which is as follows:

### *Inclusion criteria*

- Papers published in academic journals including conceptual, definition, opinion, debate papers, commentaries and editorials theorising HBV and its types including 'honour' killing, female genital cutting, forced marriage and other forms of violence with an underlying notion of 'honour'.

- Empirical papers containing sections on conceptualisation and definition of HBV and its types.
- Articles covering victims, survivors and perpetrators perspectives on HBV and its types
- Articles containing substantial reflection on HBV and its types
- Articles in English and Spanish (this reflects the authors have expertise in these two languages).

#### *Exclusion criteria*

- Papers that did not meet inclusion criteria above
- Books, monographs, reports and book reviews

Identified relevant abstracts were screened by all three authors and accepted or rejected based on the inclusion and exclusion criteria. Full papers were obtained for all included papers and information on conceptualisation, definition, terminology, geographical location and links with healthcare was extracted. Thematic analysis was conducted and findings were presented narratively.

#### **Findings**

The search yielded 3162 publications without duplicates. The titles were screened and 2,784 documents were removed; the remaining 378 abstracts were reviewed by all authors. After reading the abstracts, 332 papers were excluded and the full text versions of the remaining 46 papers were accessed. The authors read a third of these papers each. Those found not to conceptualise or define any forms of violence committed in the name of 'honour' were excluded (n=21) leaving a total of 25 papers discussing HBV or its forms; these were included in the review. Details of the included papers are given in Additional File 1 and a flow chart of the search results in Fig II. The themes that emerged were definition of 'honour'; definition, characteristics and forms of HBV; conceptualisation of HBV; religion and regions associated with HBV and roots and prevention of HBV.

Figure 2: PRISMA chart of the search results - to be inserted about here

#### *Definition of honour*

The term 'honour' (also 'honor' in USA English) is of 12<sup>th</sup> century origin and the Oxford English Dictionary notes its various meanings such as high respect; great esteem; the quality of knowing and doing what is morally right. The Online Etymology Dictionary records that since the late 14<sup>th</sup> century term 'honour' has been used to denote "feminine purity, a woman's chastity" in many societies across the world. In the context of sexuality the term 'honour' is mainly associated to fidelity and preservation of 'honour', which primarily equates to maintenance of virginity (Amnesty International, 1999). As famous Egyptian scholar Saadawi (1980) puts it "the very fine membrane [hymen] called 'honour'". Similarly, the celebrated Moroccan sociologist Mernissi (1982) describes young women: "the virgin, with hymen intact sealing a vagina which no man has touched".

Eisner and Ghuneim (2013), state that female purity, chastity, and virginity are considered as valuable social commodities in many patriarchal societies around the world, which requires

control and protection. For instance, young women with an intact hymen (virgin) are considered as most treasured commodities by Mediterranean men (Mernissi, 1982). According to Vissandjee and colleagues (2014), to ensure control on female sexuality, virginity and behaviour the notion of 'honour' is used as a control mechanism. In order to put this control mechanism in practice, a socially constructed 'honour' based value system has been attached to female sexuality, chastity and behaviour, which signifies that women are upholders of family and/or community, clan or/and tribe 'honour' (Bhanbhro, *et al.*, 2013). It is therefore expected that women must maintain their chastity and purity which equates to male 'honour' by avoiding engaging in 'dishonourable' acts and behaviours as defined by society (Cetin, 2015).

The researchers working in the field link the discourse of 'honour' with collectivity, as they argue that the 'honour' is engrained in norms and values of a community and 'honour code' embody the entire community, clan or a tribe not an individual who is perceived to have violated the 'honour' (Payton, 2014; Salter, 2014; Erturk, 2009). Further, strong and decisive links between 'honour' and kinship and marital relations are demonstrated by Payton (2014), in her analysis of case files obtained from Arabic and Kurdish speaking clients of a London based women rights organisation. Due to the collective nature of 'honour' women and girls are required by a group, community, clan or tribe to maintain modesty and obedience and Payton and Erturk explain it is the job of men to apply control over women to enforce their compliance with regulations set by a community (Payton, 2014; Erturk, 2009). The conception of 'honour' varies widely between cultures and the values of 'honour' and their applications are not confined to any single culture or a community. By definition the term 'honour' has positive connotations; however it turns out to be a contentious concept when used in the context of violence.

#### *Definition of HBV*

It is necessary to have an explanatory and inclusive definition of HBV to identify incidents and understand the wider context in which they occur. Whilst there is no consensus on a definition of HBV, the papers included in this review have a widely used definition of HBV as violence (physical, social, psychological) or incident, which has or may have been committed against an individual who has brought shame to the family and/or community through a dishonoured act or behaviour (Eisner and Ghuneim, 2013; Dorjee *et al.*, 2013; Cooney, 2014). The given definition is too ambiguous to apply concentrated efforts to flag-up HBV cases and prevent them. In a recent Her Majesty's Inspectorate of Constabulary (HMIC) report (2015) HBV is defined as "a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values and social norms in the name of 'honour'". A London based women rights organisation Iranian and Kurdish Women's Rights Organisation IKRWO (2014) offers the more comprehensive definition: "honour based violence is normally a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim (s) have done something to bring shame to the family or the community". Although this captures many aspects of HBV, this definition excludes men and boys. Further, definitions of HBV used in the papers are given in table 2 alongside details of the papers included in this review (see additional file 1). There are a range of 'dishonourable' acts and behaviours such as: premarital sex, adultery, pregnancy out of wedlock, homosexuality and incest (Cetin, 2015; Bhanbhro, 2015; Payton, 2015; Sabbe *et al.*, 2013).

In addition, marrying without consent from parents (Sabbe *et al.*, 2013; Gill and Mitra-Kahn, 2012) and marrying outside the community (Bhanbhro *et al.*, 2013) may also be considered dishonourable acts.

### *Characteristics of HBV*

'Honour' based violence is perceived as different in many ways from other forms of GBV or ordinary domestic violence. Following distinct characteristics of HBV are given in the literature:

- Usually occurs to preserve perceived social, cultural or religious traditions or norms (HMIC, 2015).
- Receives normative support from the respective communities or groups (Eisner and Ghuneim, 2013; Erturk, 2009).
- More often deliberate, committed collectively and condoned by the community (Payton, 2014; Salter, 2014; Erturk, 2009; Sen, 2005).
- Involves multiple perpetrators (HMIC, 2015; Salter, 2014).
- Mainly committed by male members of the family, however, women are also involved tacitly or actively (HMIC, 2015; Eisner and Ghuneim, 2013).
- It is primarily committed against women and girls and its one-directional male-on-female. However, in some cases men and boys are victims but female-on-male incidents are rare (Idriss, 2011; Payton, 2011).

### *Forms of HBV*

'Honour' based violence does not always include physical violence but it can take many forms including: domestic abuse; violence or death threats; sexual and psychological abuse; acid attacks; forced marriage; forced suicide; forced abortion; female genital mutilation (FGM); assault; blackmail, marring, disfigurement of organs, and being held against someone's will (HMIC, 2015; IKWRO, 2014; Nesheiwat, 2005). Killing of women and girls under the pretext of 'honour' is an extreme form of HBV (Bhanbhro *et al.*, 2013). Similar to other forms of HBV, FGM is linked with the notion of family 'honour' and the control of behaviour, especially the sexual behaviour of women and girls. Additionally, the practice has common characteristics with other forms of HBV. For instance, FGM may have support, as there will be few communities where total acceptance exists, and acceptance will be on different levels; it is planned; committed against girls and underlying reason is to preserve chastity of women as to save family 'honour'. Moreover, in Western context, FGM like other forms of HBV such as 'honour' killing, is considered problems of the 'other', not problems for society in general (Reimers, 2007). These are the reasons FGM can be considered as a form of HBV.

### *Conceptualisation of HBV*

The literature included in this review conceptualises HBV as a crime (Dickson, 2014); as a form of GBV (Vissandjée *et al.*, 2014; Carey and Torres, 2010; Chantler, 2012); as a tool of male domination (Romero, 2014); as cultural tradition (Vissandjée *et al.*, 2014; Rouzi, 2013; Martinelli and Olle-Goig, 2012; Cetin, 2015; Sabbe *et al.*, 2013; Rew, 2011); manifestation of patriarchal oppression (Vissandjée *et al.*, 2014; Eisner and Ghuneim, 2013; Romero, 2014); as a violation of human rights (Sabbe *et al.*, 2013; Wilson, 2013; Rouzi, 2013; Koppelman,



2009); as a non-legal punishment (Cooney, 2014), as a mechanism to control women's sexual purity and behaviour (Rew, 2011; Anuforo *et al.*, 2004; Romero, 2014; Sedem and Ferrer-Wreder, 2015; Wilson, 2013); as a health problem (Wilson, 2013); as a moral benefit and obligation (Abdelshahid and Campbell, 2015); and as a moral dilemma (Dorjee *et al.*, 2013).

The papers included in this review have studied HBV in two major frameworks, one being cultural relativism and the other universal feminism. In the cultural relativism paradigm the issue of HBV is understood in its historical, social and cultural contexts (Shell-Duncan, 2001). This approach provides a particularised interpretation that explains any type of violence committed in the name of honour as anchored in the cultural value system of diverse community groups and the association between HBV and any religion as yet to be established (Kurkiala, 2003). This interpretation focuses on non-generalisation of the action. The feminist paradigm considers that violence committed under pretext of 'honour' is one of the manifestations of patriarchy that oppresses women worldwide, nevertheless its culturalised interpretation disguises the structural forms of violence affecting women around the world (Abu-Lughod, 2002). This approach provides a universalised interpretation but partially agrees with the former approach in believing that the association of HBV with any religions needs to be established. There is no consistency behind associating HBV with one religion or another and no reason to associate religiosity with HBV. The premise is that HBV exists as a form of the male domination that represses women in general. This interpretation focuses on generalisation of the act and is less rooted in the historical and cultural, as with cultural relativism.

Both approaches to the understanding of HBV have strengths and weaknesses. For instance, the cultural explanation has stigmatised certain communities and groups and provided space to political correctness. The feminist paradigm overlooks other contextual factors such as ethnicity, race, class, kinship, marriage and poverty, which may contribute in shaping and maintaining HBV. Above all, both approaches do not provide sufficiently practical insights to address the issue of HBV. Therefore, a public health model to prevent violence is suggested in this paper, which contains four steps: a) defining the problem for proper recording of incidents; b) identifying the risk and protective factors; c) developing and piloting preventive strategies; and d) rolling-out preventive strategies widely (WHO, 2006).

#### *Religion, regions and HBV - similarities and differences*

Generally, media and literature associates HBV in general and 'honour' killings in particular with Islam. For instance, Feldner (2000), Chesler and Bloom (2012), explicitly calls 'honour' killing a Muslim phenomenon. Additionally, Korteweg and Yurdakul (2009) analysed the newspaper coverage on 'honour' killings in Netherlands and Germany and found that the issue is routinely represented as being rooted in Islam. A recent, HMIC (2015) report on HBV, also suggest that the violence committed in the name of 'honour' is to protect perceived religious beliefs. Nevertheless, there is little or no evidence to prove this link; any association with religion, in particular Islam, and HBV is yet to be established (Welchman and Hossain, 2005). Regarding, constant association of HBV and Islam the scholars, for instance, Rouzi, 2013; Abu-Lughod, 2011; Muhammad and colleagues (2012), argue that HBV or any of its forms including FGM are not mentioned in the Quran and not condoned in Islamic law or by religious authorities. Morris, (2012), conducted a qualitative study to identify community influences upon HBV and demonstrated that regardless of Islam

undermining women, the harmful practices such as HBV, FGM and forced marriage are not sanctioned by Islam. However, some Islamic scholars and researchers link act of 'honour' killing with Islam and they tried to justify this crime with some general sayings of Prophet Muhammad (Muhammad, *et al.*, 2012). On other hand, reported incidents of HBV indicate that it is prevalent in Muslim majority regions such as Middle East and South Asia but this does not infer that HBV exist only in Muslims. For instance, 'honour' killings are also reported among Hindus, Sikhs and Christians (Chesler and Bloom 2012, Shafak, 2012); FGM is practiced by Christians, Jews and animists (Abusharaf, 2006; Shell-Duncan and Hernlund, 2000) and forced marriages are also practiced by Hindus and Sikhs (Gill and Mitra-Kahn, 2012). Thus HBV occurs in many different cultures, not only those dominated by Islam. There are similarities such as patriarchal cultures, gender and economic inequalities, strong social boundaries of accepted sexual practices etc.

Recognising that HBV and its all forms, whilst a global phenomenon has local roots and therefore cannot be lumped together into a catch-all category, this review rejects homogenisation in favour of regional definitions and analysis. It is suggested that understanding local practices, context and causes is the first step toward developing precision tools capable of changing harmful beliefs and behaviours—and thereby increasing the efficacy of public health interventions.

#### *Roots of HBV and how it might be prevented*

The papers in this review have, in all, identified several contributory factors to how and why HBV occurs. A major factor identified is culture and broken down to beliefs, identity and social exclusion within the community and outside the community. These factors affect the different aspects of how important 'honour' is within the community, for example, family members of a politically and economically marginalised community may highly value their 'honour' within the community. On the other hand, where a practice such as FGM is widespread in a whole culture or country, women may choose the suffering brought on by the procedure and its complications over the suffering resulting from social exclusion, loss of identity and not being allowed to marry or have children (Anuforo *et al.*, 2004; Berg and Denison, 2013; Chantler, 2012; Martinelli and Olle-Goig 2012; Sedem and Ferrer-Wreder, 2015). However, it is necessary to be mindful while analysing and understating violence in general and violence against women in particular in cultural terms; as some of the scholars suggest that cultural understating and representation of violence conceals more pressing and central structures of violence affecting women and political processes that shape it; in those parts of world where usually culture is blamed (Abu-Lughod, 2011; Shah, 2007).

Moreover, the roots of HBV cannot therefore be attributed to being a member of a particular ethnic group or religion. The dynamics and interaction of the socio-economic, historical and cultural factors need to be better understood to identify who is at risk, when and why. Understanding and acknowledging these roots, despite being complex and challenging, is critical to understanding how HBV may be most effectively prevented and reduced. Multiple implications of HBV for health and wellbeing were identified by authors in the review. These are listed in Box 2.

Box 1: Health Impacts of HBV identified in the Literature - needs to be inserted here

## **Discussion**

This review demonstrates that HBV has traditionally been identified as a cultural problem. It is often considered an issue of some ethnic groups. However, a significant increase in the occurrence of HBV in many parts of the world and its detrimental impact on the health and wellbeing of women, girls, communities and wider society makes it a major public health concern. Further, the existing 'cultural, religious and patriarchal (Feminist)' explanations of HBV, might create hurdles to tackle this problem by making it a hypersensitive issue, stigmatising and stereotyping certain cultures, religions and regions and in Western countries mainly black and ethnic minority groups. These explanations polarise people into 'us and them', 'civilised and uncivilised', 'tolerant and intolerant', 'backward and developed', and hence undermine the real issue of violence against women and girls, which has become a global phenomenon. These culturalised explanations with arbitrary dichotomies do not provide any real solutions and may aggravate and sustain the problem. Hence, a more inclusive and unprejudiced definition and understanding is needed in order to tackle HBV issue more pragmatically without controversy and burden of unnecessary sympathy of some cultural groups.

The data gathered to date do not provide an accurate picture of the global prevalence of HBV. In addition, most HBV studies regard their findings as homogeneous and fail to disaggregate information on such key variables as national origin, ethnicity, religion, and historical influences. Criticism of HBV, moreover, generally comes from developed countries' human rights and feminist organisations, which condemn cultural relativism and stress the need to protect victims of HBV and define and enforce universal standards for human rights (Abu-Lughod, 2002).

The poisonous mix of religion and culture (Eltahawy, 2015) particularly in the context of Islam may be a cause of the confusion around HBV. For instance, harmful practices such as FGM and 'honour' killings are believed to prevail only in majority Muslim countries whereas these practices are reported in people of other faiths such as Christian and Jews. Additionally, some of the practices, such as FGM, are not practiced in other countries with Muslim or Muslim majority populations such as Pakistan and India; however, 'honour' killings are common in both countries in people of all faiths including Muslims, Hindus, Christian and Sikhs.

Rather than treating HBV as a problem of particular cultures and/or regions, finally it is argued that HBV should be considered as a global public health problem. In an ever increasing globalised world, people's lives have become intertwined across cultures; interdependence of countries equally has increased as states have become borderless; and mixing of cultures have become real through migration, technological advancement, and global emphasis on human rights. Movement of people has ushered in cultural diffusion and an ever increasing need for social integration and re-evaluation of national policies. When people migrate, they adopt and adapt new cultures, halting some practices that may not be accepted in their host country. Take for example, hidden cases of forced marriages, early marriages or FGM which continue to be reported among migrants who have lived in the developed countries for decades. When they are reported, they are no longer considered as ethnic minority issue issues but instead dealt with in the context of local institutional legal framework.

Research shows that all aspects of HBV, including FGM and child marriage, increase the likelihood of poor physical outcomes (such as chronic infections, painful sexual intercourse,

difficult childbirth, and low birth weight, (see Raj *et al.*, 2014). HBV is also associated with a range of mental health problems (low self-esteem, anxiety, depression, hopelessness, desperation (Dickson, 2014). Treating the victims of HBV is therefore far more time-consuming and costly than taking whatever steps are required to change attitudes within immigrant populations sufficiently to prevent it.

Violence prevention is a relative newcomer to the field of public health. Although such work had been attempted for decades, it was only in the early 2000's that programmes to prevent violence were given similar status to other fields in public health with the World Health Organisation's first World Health Report on Violence in 2002 (Krug *et al.*, 2002).

There are however additional challenges in preventing HBV compared to violence prevention in general because of the disparities in defining and identifying what counts or does not count as HBV. As discussed above there are multiple definitions of HBV across communities and local, national and international organisations. Added to different resources available for surveillance, statistics that do exist may be unsuitable for cross-country comparisons.

### *Limitations*

This review has limitations in that it included only English and Spanish language papers and those accessed through Scopus; it therefore may have excluded papers from other languages, countries and databases. Another major weakness in this review was a lack of papers specifically dedicated to HBV.

### **Conclusion**

This analysis has revealed that although HBV is a global phenomenon, it is more prevalent in the Middle East and South Asia. It is not only the product of particular cultures but larger societal circumstances such as religion, ethnicity, class, gender and other institutional arrangements. While, culturalisation of violence of any sort does not help in prevention, therefore other more pragmatic ways are required to analyse its nature, roots and distributions such as public health approach to violence prevention.

Further, tackling this global public health issue would require action on inequalities and social determinants of inequities as preventative action rather than only focusing on punitive action of perpetrators of HBV. Whilst this review is only a starting point in the complex, multi-ethnic, multi-disciplinary, local, national and international understanding of what HBV is and how it is understood, there is much scope for a larger study using more databases, languages, grey literature and community sources and debate.

Defining HBV in cultural, religious and/or patriarchal terms does not help because these interpretations put it into a timeless, ahistorical category; indeed such explanations and presentations prevent addressing of the problem of violence and the larger political processes that shape it. Further, these frameworks create hurdles to tackle this problem by making HBV a hypersensitive issue, stigmatising and stereotyping certain cultures in Western countries mainly black and ethnic minority groups. Hence, a more inclusive and unprejudiced definition and understanding is needed in order to tackle HBV issue more pragmatically. Moreover, primary research into understanding the wider social, cultural,

historical, political and economic context, recognition and awareness of HBV as a public health problem and proper documentation of HBV cases are required.

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