



Responding to Counter allegations: Guidance - A review of practice

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About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, nearly 11,000 professionals working on the frontline received our training. Over 65,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last three years, over 1,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that's just the start.

Together we can end domestic abuse. Forever. For everyone.

Introduction

One of the more common challenges for those coming into contact with domestic abuse is counter allegations, where both parties allege that the other is abusive. It can be easy to fall into the trap of believing this to be a common aspect of domestic abuse, i.e. there will be two perpetrators and two victims in one relationship.

As part of this, we will look at counter allegations within the context of Multi-Agency Risk Assessment Conferences (Marac). We will use counter allegations as terminology throughout the guidance to include the two main elements of the issue:

- A victim and perpetrator alleging each is the perpetrator and victim, whether simultaneously or as a subsequent allegation in response to being assessed as the perpetrator.
- The identification/assessment or opinions of professionals defines both parties as either both perpetrator and victim, or the victim is assessed as the perpetrator. This is because they incorporate and overlay the same themes and issues as opposed to making a clear distinction each time.

This guidance is to help support all multi-agency partners in feeling confident to identify and support these cases in order to protect families.

For the purposes of this guidance we will be using the following terms interchangeably:

- ‘Victim’ and ‘Survivor’.
- ‘Perpetrator’ and ‘person who harms/ those that harm’.
- Multi-agency partners are defined as all agencies which have come into contact with those that harm/ survivors/ and their children and families. This includes any agency where domestic abuse is not their core business. These agencies are not necessarily just the core agencies at Marac (Police/ Independent Domestic Violence Advisor (Idva)/ Health/ Mental health/ Adult Safeguarding/ Substance use/ Housing/ Probation/ Children Social Care).

The domestic abuse definition as implemented in the DA Act 2021 incorporates behaviour that may lead the victim to respond to the abuse in a non-passive way, and it also reminds us why the behaviour of a perpetrator can create a physical and physiological environment of entrapment leading to a victim retaliating, with the potential for services to misidentify.

Domestic abuse (DA Act 2021)

‘Abusive behaviour’ is defined in the Act as any of the following:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality or Individuals who share parental responsibility for a child. This can encompass but is not limited to the following types of abuse: physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse psychological, emotional or other abuse.”

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Domestic Abuse Act 2021 created a statutory definition of domestic abuse. The Act sets out the following:

- Restates in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- Places a duty on local authorities in England to provide accommodation-based support to victims of domestic abuse and their children in refuges and other safe accommodation.
- Provides for a statutory domestic abuse perpetrator strategy.
- Creates a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts.

Domestic abuse; a gendered issue

“Gender based violence is a function of gender inequality, and an abuse of male power and privilege...” Equally Safe

Domestic abuse is a form of Gender-Based violence, meaning victims, perpetrators, and the way abuse is carried out relates directly to wider power imbalances and inequalities in society. Namely that men have a disproportionate level of power and privilege and women and other gender identities do not experience equal levels of power, choice, rights, or representation.

This manifests in several ways in relation to domestic abuse. Men are more likely to be the perpetrators of domestic abuse and women more likely to be the victims. Male perpetrators are also more likely to perpetrate severe and repeated abuse than female perpetrators, with a more significant impact on their victim. Physical violence perpetrated by males is also more likely to be fatal¹. Male entitlement and notions of authority, ownership and dominance often underpin male perpetrators' coercive control justification and strategies. Many of these behaviours are 'hidden in plain sight' and often excused because male privilege is so normalised in society through the social conditioning we experience from a young age.



KEY POINT: While men may be victims of domestic abuse, a gendered analysis helps to make sense of the scale and impact of the problem; domestic abuse is a form of Violence Against Women and Girls (VAWG).

Who is this review of practice for?

This guidance document is for all professionals in a position to identify domestic abuse in their local authority and can include the following:

- Marac representatives including Chairs
- Marac governance groups
- Local domestic abuse partnership boards
- Local safeguarding boards
- Domestic abuse services
- All statutory and non-statutory services who have direct contact with victims/perpetrators and their families as core or non-core function.

It can also be used as a basis for training. It is also to ensure partners can support each other using their expertise for joint multi-agency working, thus if necessary to help each other identify the primary perpetrator.

What's been happening in practice? Setting the context

This guidance has been written in response to an escalation in concern relating to how agencies identify/assess or respond to counter allegations in domestic abuse relationships. Over the past few years, we have seen evidence from services, professionals and observations of practice across our **Public Health Approach** work. There is overarching evidence of an increase in a lack of experience, knowledge, awareness and confidence in working with counter allegations and the identification of the primary perpetrator. There will be a myriad of reasons for this increase in challenges around the issue, which may also include media and societal effects on a broad level. We have also been informed by many areas of an increase of dual perpetrators, and victims being referred into the Marac domain, and due to this, professionals expressing concern that risks are being missed and therefore safety plans lack effectiveness.

At Marac meetings, we regularly see cases where there is conflicting information about the victim of domestic abuse and the perpetrator. Managing these cases can be very challenging for Maracs, particularly if only identified at the meeting itself.

Why identify counter allegations?

Conflicting information might come to light either because both parties have reported domestic abuse incidents in the past, or the alleged perpetrator has made counter allegations during the most recent incident. If counter allegations are not identified and resolved, agencies may be providing services to the perpetrator and inadvertently helping them isolate and control the victim. The victim may not get access to the services they need because they are labelled 'the perpetrator'. Without resolving counter

¹ See (Hester, 2009) for further explanation

allegations, our understanding of the risks to both parties and children is incomplete and the Marac and agencies involved may not be able to manage or reduce risk effectively.

Why can resolving counter allegations feel challenging?

Services and professionals should be aware of:

- **Perpetrators presenting as a victim:** maybe because they see themselves as the aggrieved party if they have experienced specific incidents, or because they are seeking to control and isolate their (ex-)partner by using the response of agencies (in particular within the criminal justice system) to further abuse. Individual agencies alone may not have all the information about the relationship, either party's history of abusive behaviour or current risk, and therefore be unable to identify this behaviour.
- **A victim using defensive or retaliatory violence** (see below): While these may be subject to sanctions, including prosecution, the context of any violence or abuse must be understood to identify a primary aggressor or victim and manage risk to all parties appropriately.
- **Perpetrators using coercive and controlling behaviour:** Victims of this type of abuse may have been coerced, knowingly or unknowingly, into taking part in behaviours that make them believe they are to blame for the abuse and/or that it is mutual. For example, being forced to help the perpetrator self-harm or running from a perpetrator who falls when in pursuit.
- **Providing the best support to lesbian, gay, bisexual and trans (LGBT+) victims:** particularly where there are counter allegations. Provision for victims from these communities can be limited, and generic services can find counter allegations challenging because of a lack of knowledge, experience or confidence. In these cases, or others involving victims from diverse communities with specific needs, it is important to seek appropriate guidance.

Why is this leading to an increase in cases?

There will be a myriad of reasons for this, and although this has always provided a challenge, we know from feedback and our observations that this is on the increase. Along with a lack of awareness and training around domestic abuse and identification, volume in Maracs has also risen and with this the positive awareness that all sections of society experience domestic abuse, such as male victims. In addition, the increase in identification of LGBT+ cases where dual identification can be prevalent. Those parties with substance use needs and or mental health needs can also be identified as using power and control. It is also important to acknowledge other changes in the safeguarding field around children and young people, and the importance of ensuring appropriate risk assessment to differentiate between domestic abuse and parental alienation and parental conflict.

Typologies of domestic abuse relationships

As we know, domestic abuse is a gendered crime. Women in abusive relationships display extreme strength and resilience, however, the stereotypical image associated with abused women is one of passivity, where women experience psychological dysfunction as the violence escalates. Previous research has identified the ways in which women in abusive relationships attempt to establish autonomy and seek help. Yet, the narrative most often associated with intimate partner violence is one of passivity. Victims who resist the abuse and seek out help from agencies, may face hurdles accessing services, as they do not present as a "typical victim." The intimate partner violence story should be retold from the perspective of the woman who talks and/or demonstrates strength and resistance in a situation labelled intimate partner violence.

Resistance strategies typology of domestic abuse

There are four typologies for domestic abuse; intimate terrorism, situational couple violence, mutual violence and resistance violence. Intimate terrorism remains the most common form of domestic abuse which professionals will witness and work with. It is the latter two typologies in the list which we are most concerned with when discussing counter allegations.

Resistance violence

It is this typology which creates the basis for misidentification of the primary perpetrator and counter allegation, misconstrued as mutual violence below. Women engage in certain behaviours throughout abusive relationships to show they are not passive and/or helpless. While some of these behaviours may seem obvious, the identification and availability of resistance strategies will depend on the abuser's level of control. One of the personal strategies to resist an abusive partner is hitting back. However, hitting back can be very dangerous because it is an overt form of resistance. Moreover, the abusive male may be able to physically overpower the woman when she physically resists. Nevertheless, some women still engage in physical resistance, which challenges the notion of passivity in intimate partner violence victims. Johnson identified three main typologies.

Victims will not always be passive, they may respond to a perpetrator's violent behaviour in a retaliatory way. However, resistance violence from victims has very different motivations than violence from perpetrators. These can be safety planning (getting to safest place just after violence), survival (trying to stay alive) or dignity (I won't be treated like this).

Be very careful not to judge situations as six of one and half a dozen of the other. It is greatly important to always hold the following question in mind; 'who is doing what to whom and with what effect'?

Also, consider the risk here; domestic abuse safety planning will often involve a discussion with a client that considers the risk of fighting back as this can cause an escalation in violence from a primary aggressor. Workers will need to consider not only the risk to the perpetrator of resistance violence but a potentially enhanced risk to the victim.

Mutual violence

This is where abusive behaviours and violence are used by both parties equally. Johnson highlights that this is rare and few domestic abuse specialists have witnessed it. It is more likely that a case will involve a primary aggressor and primary victim.

If professionals do ever come across a family like this, it is unlikely that domestic abuse services will work with either party.

There will be situations where professionals may encounter domestically abusive situations in which the identification of a primary aggressor is not straight forward and motivations of power and control do not seem so prevalent. Physical violence may be used primarily as tactics in response to conflict, and violence may be a response to situations and events. This is unlikely to be confined to the home and therefore anti-social behaviour is highly evident. Rather than a need to gain control over a specific person, the violence may be about controlling the specific situation that has arisen. However, there will most likely always be a primary aggressor and a person who is someone more likely to be hurt by the abuse. When considering identification, risk assessment and intervention, professionals need to consider what the intention behind the violence is. It is important that professionals with core business or Marac representatives and other agencies are familiar with the dynamics of domestic abuse. Again, hold onto the question "who is doing what to whom and with what effect"? Keeping safety as our focus can avoid us getting caught up in 'sides' which is especially important with agencies/ practitioners working with the family.

It is also essential to highlight, as previously noted, that violent resistance does not always sit with professional and societal views of a 'typical' victim, especially if this is compounded by issues such as substance or alcohol use, homelessness, mental health, or being a mother. It is this behaviour that when misidentified can create hostility from services. It reminds us that 'nice' victims are preferable for us to engage with. It can also cause the opinion and victim blaming judgements we see and hear too frequently.

Marac is not just a meeting: it is a process. The Marac process starts at the point where a victim is identified at high risk of domestic abuse and continues until after the meeting when actions are implemented. The **10 Principles of an Effective Marac** underpin the Marac model and support professionals involved to deliver the aims of Marac. Counter allegations can come to light at different stages in the Marac process. In some cases, the presence of counter allegations will be obvious while in other cases it will be less so. Counter allegations may occur at the same point in time during a

relationship or at different points in time during the relationship.



KEY POINT: Counter allegations can come to light at different stages in the Marac process.

Below are some simple examples of what counter allegation cases may look like in the Marac process.

Stage in Marac Process	Situation
Identification/risk assessment	<p>Police attend an incident where both parties make allegations against each other.</p> <p>One or both parties are assessed as at high risk and referred to Marac as a result.</p>
Referral to Marac	<p>A Marac referral is received for a victim who has been physically assaulted. Marac records show that the victim has been the perpetrator in multiple incidents with a previous partner.</p>
Referral to Marac	<p>Whilst preparing the agenda, the Marac Coordinator establishes that the person referred to Marac as a victim in this instance, was the primary perpetrator when the same couple were previously referred within the last 12 months.</p>
Marac meeting	<p>During the information sharing stage at Marac, conflicting information comes to light which brings into question who the primary victim and perpetrator is as there have been allegations of abuse on both sides.</p>

Cases involving counter allegations can have a detrimental impact not only for the primary victim and their family but has wider implications for the Marac process itself. Without resolving counter allegations, our understanding of the risks to both parties and children is not complete and the Marac and agencies involved may not be able to manage or reduce risk effectively.

It is also important to note that counter allegation cases can, on occasion, sit hand in hand with judgmental language and attitude towards people in domestic abuse relationships, whether through unconscious or conscious bias. Language and terminology used can focus on the 'both as bad as each other' opinion. This is particularly prevalent when cohorts of people who have additional needs experience stigma from professionals and society, such as complex needs or/and substance use, homelessness, mental health. However, it is paramount that in all domestic abuse relationships, irrelevant of the need and other challenges people face, we need to understand and remember that it will always be unlikely that two people are both perpetrator and victim. For us to fully ascertain correct identification, we must shift our beliefs that it is common and to ensure our terminology reflects respect and humanity; the fact that it will always be rare must be a starting point for this. Understanding the root cause of the domestic abuse in a relationship is vital for confident assessment, as it not only enables us to support the appropriate party, but also increases our empathy and compassion. Understanding the root cause of the domestic abuse in a relationship is vital for identifying the primary victim. It is essential that professionals working within the Marac process make every effort to resolve counter allegations within the Marac process by establishing at the earliest opportunity who the primary victim and primary perpetrator are.



PRACTICE POINT: To manage and reduce risk effectively, the primary victim and primary perpetrator need to be identified at the earliest opportunity in the first stage of identification and assessment, to mitigate any harmful impact caused by counter allegations.

Impact of counter allegations

Conflicting information might come to light either because both parties have reported domestic abuse incidents in the past, or the alleged perpetrator has made counter allegations during the most recent incident. Without resolving counter allegations, our understanding of the risks to both parties and children is not complete and the Marac and agencies involved may not be able to manage or reduce risk effectively. If the wrong party is supported by Marac, this could have a detrimental impact for the primary victim, primary perpetrator, involved children and the Marac process itself.

Impact for the primary victim, being identified as the perpetrator:

- They are unable to access services and as a result are less likely to trust services in the future
- Their risk might increase further due to isolation from services
- They might lose care of their children
- They might be at increased risk of victimisation from the primary perpetrator
- They might suffer psychological impact from not being believed

Impact for the primary perpetrator identified as the victim:

- They might feel emboldened that their behaviour is acceptable
- They will receive support from services which would be inappropriate
- They could use being supported by the Marac process, and their victim status to further control and abuse the primary victim
- They could be at risk of harm from the primary victim acting in self defence

Impact for involved children:

- The children could be put at further risk of domestic abuse by the primary perpetrator
- The children might mistrust services as they have failed to keep them safe
- Child protection strategies are unlikely to work

Impact on the Marac process and involved agencies:

- By supporting the wrong party, valuable resources are wasted
- By supporting the wrong party, Marac fails to achieve it aims which undermines the process
- Supporting the wrong party through the Marac process could create service generated risks
- By supporting the wrong party, information shared at Marac may not be relevant, necessary and proportionate and based on current risks
- If counter allegations are not resolved and the wrong party is supported through the Marac process, this could have implications for safe and legal information sharing.

Referral pathways

Identification/ risk assessment

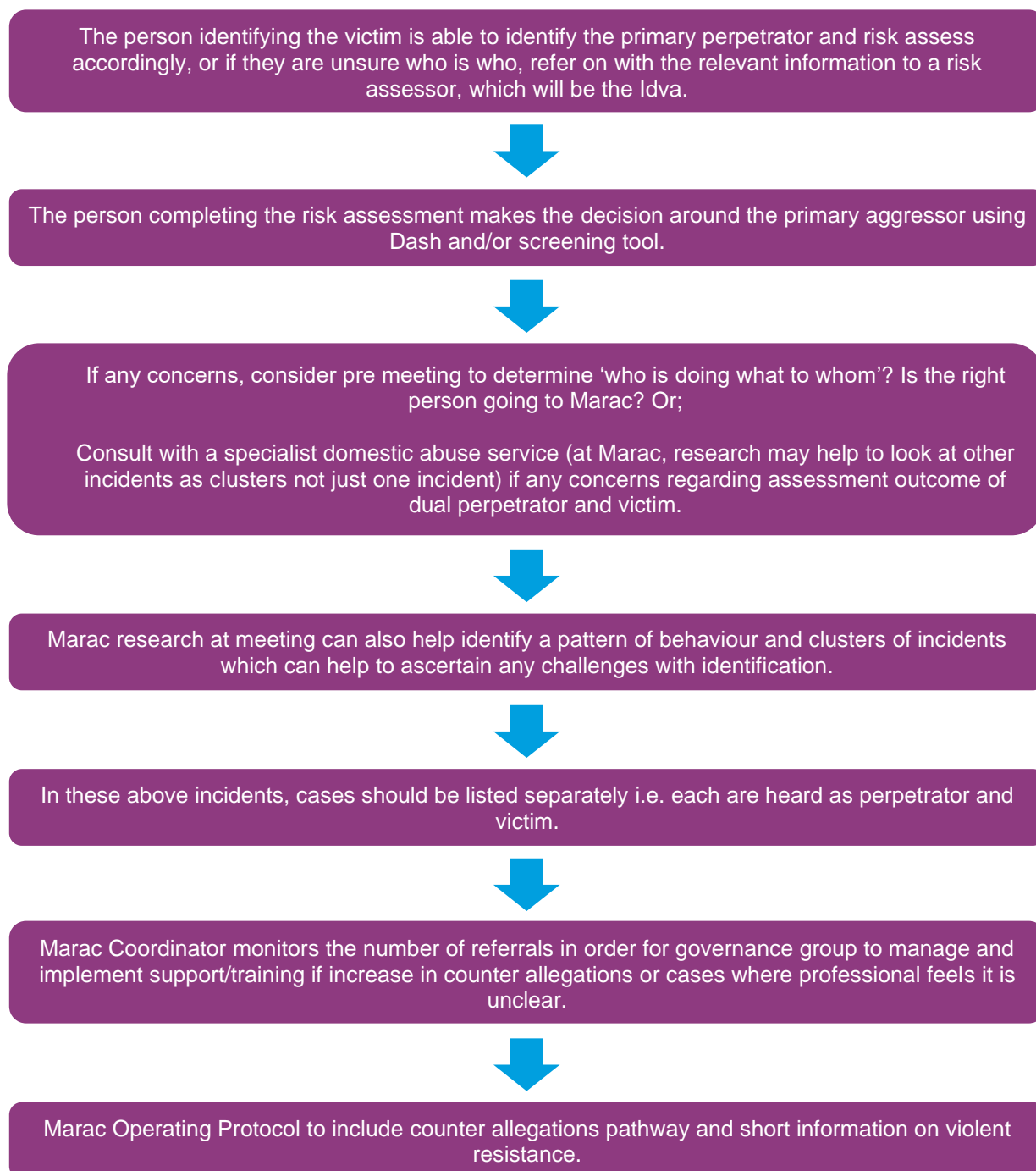
It is the responsibility of domestic abuse partnership boards to ensure all agencies within a local authority/ area are identifying all cohorts of domestic abuse relationships and feel confident to do so. If two people have been identified as both victim and perpetrator, the professional must be confident in understanding that more than likely, one of these is the primary victim. At this juncture in the pathway, this individual will be risk assessed by the person who identifies them or referred on to a risk assessor. If there are any concerns as to who the primary perpetrator is, or the identifying professional would like support, then this information must be included in the referral. At this initial point either in identification or risk assessment, a **Respect screening tool** can be used.

The risk assessor will complete the Domestic Abuse, Stalking and Honour-based Abuse Risk

Identification Checklist (Dash Ric) and the above knowledge and understanding should inform the Ric. When there is a counter allegation, or the potential for one with the assessor believing a victim to be a perpetrator or vice versa, an integral part of this assessment is to look at chronology; the clusters of incidents and behaviours; and not just the specific incident. This is similar to when we use the escalation criteria for Marac, we need to look at the bigger picture. Is the perpetrator displaying a one-off violent resistant episode or a pattern of retaliation and as such, is the actual victim? Therefore we need to look at who did what to whom and when, and always use this as a guiding mantra around counter allegations.

Stages of pathway

Marac



What can the Marac do?

- **Share information to help agencies:** particularly the Idva service or specialist services working with men to identify a primary victim and aggressor. Information shared at the Marac is likely to be

particularly effective if a counter allegation assessment or 'screening' has been completed before the meeting.

- **Identify risks:** the Marac should be able to make an informed judgment about potential risk to both parties.
- **Listen to experts in the room:** encourage them to take a lead role in providing advice. This is explored in more detail overleaf.

What kind of information can the Marac share?

- **If either party has a known history of domestic abuse**, including multiple police call outs or convictions. Or if other agencies e.g. children's services, have existing concerns about abusive behaviour.
- **Previous experience of abuse**, which has not been reported to the police.
- **Information identifying patterns of behaviour that suggest vulnerability or risk.** For example, drug and alcohol services may identify that one party is a drug user and their partner is their supplier, so the user may be more likely to be a victim.

What actions could the Marac take?

- **Ensure that actions taken by different agencies do not conflict.** For example, you wouldn't want two Idva services both pursuing civil orders for either party at the same time.
- **Agree actions that ensure safe access to services in order to minimise risk.** For example, if both parties are heroin users accessing the same service and receiving methadone script, an action might be to change appointment times or locations.
- **Action from further assessment should take place outside the meeting** and identify which services can undertake this.

What is the role of specialist domestic abuse services?

- Making an assessment of counter allegations, and providing an appropriate response to either party, is complex. The Marac may not be able to make a conclusive decision at the meeting.

To support the Marac, specialist domestic abuse services should:

- **State concerns and take a lead role in providing advice**, either in advance of the meeting so that any pre-Marac actions are appropriate (either by the service or other agencies) and during the meeting itself. Take actions from the meeting to complete a counter allegation assessment or 'screen' a victim to determine whether they are abusive or controlling.
- **Be clear about capacity.** In cases involving counter allegations, both parties may seek or be offered access to a specialist domestic abuse service, which can be difficult. For example, some Idva services may not have sufficient staff to work safely with both parties. If you have a lone Idva it would not be appropriate to work with both parties, or other services may not have training or be able to work with men.

What can other local agencies offer in these circumstances?

- Agencies should share a common understanding of domestic abuse and risk and be willing and able to share information about their respective service users in order to resolve the counter allegations, monitor risk and deliver effective safety plans. In practice, this raises a host of other issues. For example, how to disengage with a victim who is identified as a perpetrator or how to link into voluntary perpetrator programmes. See below to find out more information on where to access support around these issues. In the longer term, the Marac and the Idva service should collect data on counter allegations and those cases where there are victims identified whom they cannot support (often male victims), as this may help make the case locally for additional provision, particularly for a specialist male or LGBT+ Idva.

Marac

Governance

- Implement your governance structures.
 - The governance group responsible for the Marac should be a local strategic group. Decisions made about the Marac should be done so via this body. This is vital in terms of support and

accountability.

- Members of the governance group should take steps to communicate the following to the agencies involved in the Marac:
 - Updates on counter allegations and primary perpetrator identification and assessment
 - Training
- Ensure representatives have a basic understanding of typologies of domestic abuse.
- Ensure that the Marac Operating Protocol and Information Sharing Protocols are updated to include counter allegation process and pathway.
- Ensure that the relevant agencies are represented at the Marac by professionals who can make decisions on behalf of their organisation and understand the counter allegation process.

Prior to the meeting

- Identification and risk assessment using visible knowledge of primary perpetrator using the **SafeLives Dash Ric** and **Respect screening tool**. Forward to Idva service or Marac.
- Seek advice from Marac representative in agency if unsure as to the primary perpetrator. If not an agency representative, then seek advice from domestic abuse service.
- If unsure about it prior with Idva then seek a short professionals meeting to determine.
- This is from the point of identification, or along the journey the primary perpetrator makes a counter allegation.
- If unsure, refer in as two new or repeat cases.
- As per the Marac principles, research should be short, succinct, risk led and prepped prior to the meeting. Prior to the Coronavirus pandemic in Marac 2020 we were already observing an increase in representatives accessing research in the room whilst sharing the information. This lack of preparation lengthens the meeting and reduces robust engagement in the process. This is paramount with counter allegation cases to ensure wherever possible the challenge and information are prepped for prior to the meeting.
- There should be consistent attendance from the same Marac representatives at each Marac meeting. If this is not possible, then the representative or their agency should ensure that the Marac Coordinator is informed prior to the Marac as to who is attending the meeting in their place, ensuring that they are fully briefed on the purpose of the meeting and their role in it. This will help supporting agencies working with counter allegations.

Meetings

- It is essential that Marac representatives are prepared for the meeting having researched cases or familiarised themselves with the research prepped for them. In some Maracs we observed representatives reading information for the first time. This can cause confusion and lengthen the meeting. It is paramount that as a representative, professionals are aware of the research they are bringing. This is essential when facing the challenge of counter allegations.
- Chairing meetings can be challenging; we have **guidance for effective chairing** to support this and all representatives, not just the chair, should familiarise themselves with this document as it is everyone's responsibility to ensure the meeting runs smoothly and effectively. It may work better if the chair calls out the names of the people being asked to deliver their information in the order specified on the guidance. Again, if trying to ascertain counter allegations, this will work better.
- We would also advise that all representatives (including the governance group) familiarise themselves with the virtual Marac guidance to ensure the meeting is able to deal with challenging cases.
- In cases where there is a counter allegation, the referrer needs to make it clear why the victim is the victim in the referring information.
- In cases where a counter allegation arises, there should be discussion about who the primary perpetrator is.
- When two cases come in, these should be heard as separate cases and then a decision made.
- In cases where language used is deemed as 'both as bad as each other', this needs to be challenged by the Idva and Chair; and as Marac should be a team, all representatives should ideally be able to challenge one another in an open and respectful manner.
- Marac representatives are the single point of contact within their agencies and as such should be quality assuring referrals into the Marac in order to support an effective process. They need to be confident in domestic abuse awareness and risk assessment in order to support the correct identification of victim and perpetrator. If unsure then meeting with the assessor prior to the referral

is recommended.

Information sharing and action planning

- We would advise reviewing information sharing and action planning in line with the **10 principles of an effective Marac**. This is especially pertinent in relation to contacting the victim. During meetings that we have observed, there was an emphasis on information sharing and not action planning. We would recommend that the governance group review this to improve SMART action planning, and this will assist with challenges around counter allegation.
- We have received feedback that many core agencies feel attendance has increased due to virtual meetings. This is positive, however there are instances where agencies are still not attending despite the easy access of the virtual world. Governance structures need to address this. On too many occasions, information from absent representatives is still submitted, which although of initial benefit, can only provide one element of the process, and reduces the ability to have an effective action plan. This is partly because if other representatives give actions to the absent agencies, it reduces accountability as well as not being able to use their expertise. By default, the actions can also become generic as other agencies will not fully understand the detail the missing agency could offer; as opposed to the creative, robust, action planning process which should be implemented. This is essential with counter allegations where people may have information about vital incidents and behaviour that can and will contribute to the bigger picture when dealing with either counter allegations or challenges around correct identification.
- Actions relating to these types of cases or issues may be focused on ensuring:
 - the right perpetrator and victim have been identified prior to or during the meeting
 - that a risk assessment has been done for the person claiming counter allegation
 - joint visits to help determine this
 - a flag on systems that perpetrator may make a counter allegation
 - core agencies that may be working with each of them are not colluding with the perpetrator, and feel supported by specialist agencies
 - incidents are not looked at in isolation
 - effective interventions are put in for each person

LGBT+ victims at Marac

There is a consensus that domestic abuse is a sizeable problem in LGBT+ relationships². Research estimates that 25% of lesbian, gay, and bisexual people will experience domestic abuse in their lives, the same as heterosexual non-transgender women³. Whereas transgender people experience domestic abuse at higher levels, with research indicating that 80% of transgender people will experience some form of domestic abuse during their lives⁴.

Despite a high prevalence of domestic abuse in LGBT+ relationships, there is a lack of visibility, recognition and understanding of the experiences of LGBT+ domestic abuse victims. Research shows that LGBT+ individuals are disproportionately underrepresented both among those accessing specialist domestic abuse services and those referred to Marac. SafeLives recommends that 5-7% of all Marac referrals should be for LGBT+ victims of domestic abuse⁵.

In LGBT+ relationships, who the primary victim and primary perpetrator are may be less obvious, as they don't reflect the 'public story' of domestic abuse⁶. Domestic abuse is often assumed to be a problem of heterosexual relationships, and/or that it is primarily a problem of physical violence with the abuse perpetrated by the 'stronger' heterosexual man against the 'weaker' heterosexual woman. This

² When considering the prevalence of domestic violence and abuse in a population, the British Crime Survey - which is based on a randomised sample of an ostensibly heterosexual population - tells us that 1 in 4 women can expect to experience domestic violence, sexual violence or stalking in their lifetime. We cannot do a similar exercise with the population of LGBT people because it is not yet possible to construct a randomised sample (see Heaphy, Weeks, & Donovan, 1998).

³ 1 in 4 lesbian, gay and bisexual people will experience domestic abuse in their lives see Donovan et al. (2006) Comparing Domestic Abuse in Same Sex and Heterosexual Relationships

⁴ Roch et al. (2010) Out of Sight Out of Mind, Transgender People's Experience of Domestic Abuse. LGBT Youth Scotland & the Scottish Transgender Alliance.

⁵ We anticipate that the proportion of Lesbian, Gay, Bisexual or Transgender referrals should represent the estimated proportion of the population they represent, which is estimated to be around 5% - 7%. This figure is a UK government estimate prepared for the final regulatory impact assessment of the Civil Partnership Act (2004), which does not include transgender people, so the actual recommendation could be higher.

⁶ Donovan, C., & Hester, M. (2010). "I Hate the Word 'Victim'": An Exploration of Recognition of Domestic Violence in Same Sex Relationships. *Social Policy and Society*, 9(2), 279–289

'public story' of domestic abuse is challenged when we have two men or two women in a relationship and both are using abusive behaviours. Due to the absence of male and female gender dynamics, professionals often misidentify domestic abuse within same-sex relationships as bi-directional violence. As with heterosexual relationships, to mitigate risks from counter-allegations, every effort needs to be made to identify the primary victim and primary perpetrator⁷.

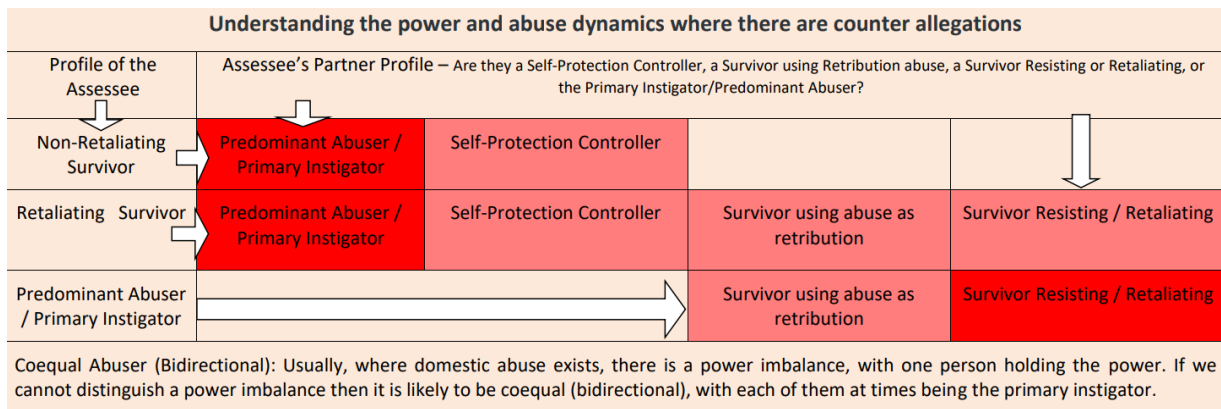
Actual victim/survivor	Perpetrator presenting as a victim
Minimises severity of incidents, provides details & chronology	Minimises events and is vague about details
Takes responsibility or excuses the action of the perpetrator	Blames partner for incident
Empathy for partner, including difficult circumstances or childhood experiences	Focus on their experience, little or no empathy for person using harm
Feels remorse for fighting back or defending themselves	Feels aggrieved
Can identify a very specific reason why they called	Less likely to identify specific incident, focuses on general grievances
Ashamed of victimisation	Assertively claims victim status
Fearful	Does not appear to be in immediate risk, nor fearful
Has tried to leave or reconcile	Claims not to understand why previous relationship ended
Feels sense of obligation to abusive partner	May emphasise the role as provider

Tools to aid assessment

Assessing counter allegations

When someone is referred as the domestic abuse perpetrator, the focus of the assessment conversation will likely be about that. However, some perpetrators choose to deny being the perpetrator and claim to be the victim (either a non-retaliator or a retaliator), or may go as far as to say that they are 'as bad as each other'. The chart below explains that in cases with evidence of both having used violence or being abusive in the relationship, where you identify that one is the primary instigator and predominant abuser, the other is likely to be using violence as a resistance or retaliation (highlighted in red), so should not be defined as a domestic abuse perpetrator. Their violence is not a pattern of abuse or for control. Also consider whether they are using domestic abuse as a form of retribution or self-protection from feared abuse.

⁷ See [The SafeLives Practice Briefing: Engaging and working with LGBT* clients](#), and [LGBT Domestic Abuse Scotland](#) for further information and support.



Domestic Abuse Counter Allegation Checklist – by Damian Carnell

However, it might be that the person referred to as the perpetrator is in fact not. If there is a point in the assessment that you feel there is good reason to believe this person to be the survivor resisting or retaliating, you can complete the **SafeLives Dash Ric** instead. It is therefore very helpful to be familiar with the counter allegations checklist, and to have attended training about counter allegations. (Dash Ric assessment is for use with survivors of domestic abuse).

Professional Reflection and Summary of the Risk Assessment Questionnaire – For use where there are counter allegations		
Survivor/Perpetrator Power Dynamic Profile Checklist		
Name of Assessee:		Date:
Common Survivor Characteristics	Usual Perpetrator Characteristics	Comments
Fearful of partner / Fear of abuse	Does not express or show fear of partner or fear of abuse	
Questions their own understanding about why the abuse is happening	Presents as confident, in the right, assertive,	
Has attempted to leave / end the relationship	Their partner recently left, is trying to leave, or ended the relationship	
Has tried to repair the relationship under pressure from partner	Stalking and harassment to stop partner leaving or to return	
Feels empathy for partner's current problems or past experiences	Little or no empathy with partner, focussed on their own needs	
Accepts your line of questioning despite feeling uneasy about them	Openly objects to your questions about your line of enquiry	
Minimises the severity of their partner's abuse	Assertively blames partner, minimises their own behaviour	
Feels ashamed, embarrassed of the abuse, and of being a victim	Assertively claims victim status / finds no self-fault	
Feels remorse for having retaliated, feels obligation to defend partner	Feels aggrieved and in the right, uses gendered negativity	
Finds excuses for partner's abuse, takes responsibility for the problems	Blames partner and presents them as an unstable or unreasonable	
Worries about how it is effecting the children, or if it might affect them	No consideration of children's experiences or feelings	
Isolated from friends but partner has busy social and carefree life	Has good friendship network/social life, does what they want	
Their partner controls decisions, movements and choices	No restriction on choices, movements and decisions	
Friendship network appears protective or concerned	Assertively feels people are against them, out to get them	
You sense by what they say that they are sexually exploited/controlled	Matter of fact and assertive about being sexually abused by partner.	
Bullied by partner on gender/sexual identity issues e.g. fear of 'outing'	Uses sexually degrading and discriminatory language	
Totals	Totals	Checklist Conclusion:

Summary of the Risk Assessment Questionnaire – For use where there are counter allegations (Cross-Referencing Assessment tool adapted from Respect's Domestic Abuse Disclosure Matrix).

When there are counter allegations, and the domestic abuse is being presented as being perpetrated by both, or when both are claiming the other is the abuser, we study the information we have and observe behaviour and beliefs to help with our assessment decisions.

What the assessee says is happening within the relationship	What do you understand from the assessment information and your observations?	
	The assessee is being controlled and coerced by their partner or ex-partner, who is the one using abuse and having beliefs of dominance	The assessee is controlling and coercive over their partner or ex-partner due to their own beliefs and behaviour – intimidation, dominance, abuse
The assessee is using or has used abuse (physical or non-physical) against their partner (ex-partner)	1. The assessee is experiencing domestic abuse but using violence as a form of self-defence, resistance or retaliation	2. The assessee is the perpetrator of domestic abuse, creating risk to safety of others, whose partner does not retaliate with abuse
The assessee is experiencing or has experienced domestic abuse (Non-physical or Physical)	3. The assessee is experiencing domestic abuse, and not retaliating, and not domineering or controlling	4. The assessee is the perpetrator of domestic abuse whose partner uses violence to resist, retaliate or as a self-defence

Which of the four assessment types would you define the assessee from the assessment information and your observations?

Survivor/Perpetrator Power Dynamic Profile Checklist totals:

The number of common survivor characteristics = The number of usual perpetrator characteristics =

(This exercise of scoring is not about needing to have all of one or the other characteristics, but having more of one than the other can help us establish the power dynamic within the relationship and who is the primary perpetrator when both are claim to be the victim.)

Who is the predominant/primary abuser? Who speaks with authority and dominance?	
Who holds more control over the other? Who uses a pattern of controlling behaviour?	
Whose abuse does not follow a pattern nor come from the intent to control the other?	
Who uses abuse as a resistance or retaliation rather than to assert power and control?	

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Conclusion

It is essential that in a bid to ensure we identify victims of domestic abuse, professionals and multi-agency partner agencies are confident and feel supported in this process. By combining elements of practice focusing on risk assessment, clear referral pathways and joint protocols, with an awareness of the dynamics of domestic abuse, we are able to provide the victim and person who harms with the right support/ input and/or disruption tactics. More importantly, it allows us to keep families and their children safe whilst holding the person who harms to account. We must all strive to avoid victim blaming whether it is done overtly and consciously or as the result of systems and cultures in agencies, or a lack of awareness of the dynamics of domestic abuse. This is important for all cohorts of families experiencing this abuse, but particularly pertinent for those more likely to have assumptions made such as LGBT+, those with additional needs, substance use problems, homelessness etc. which can increase the likelihood of misidentification around dual victims and those that harm, or counter allegations. We need to look at what elements of their needs may be masking our identification of the primary victim. If there is any doubt of the dynamic in a relationship, it is always paramount that we are able to seek support from our colleagues and ensure that our multi-agency approach enables all the relevant information of a case to be established accurately, to keep victims safer sooner.

Further guidance and resources

- In **England**, contact the **Freephone 24h National Domestic Abuse Helpline**, run by Refuge: 0808 2000 247 or visit www.nationaldahelpline.org.uk
- In **Scotland**, contact the **24 hour Domestic Abuse and Forced Marriage Helpline**: 0800027 1234
- In **Northern Ireland**, contact the **24 hour Domestic & Sexual Violence Helpline**: 0808 8021414
- In **Wales**, contact the **24 hour Life Fear Free Helpline**: 0808 80 10 800
- **National LGBT+ Domestic Abuse Helpline**: 0800 999 5428
- **Men's Advice Line**: 0808 801 0327
- **Respect helpline** (for anyone worried about their own behaviour): 0808 802 4040

SafeLives are offering virtual support through our [Community Platform](#). Please join to access free webinars, blogs and to network with 1,000s of other professionals across the UK.

You can email us at info@safelives.org.uk where will be checking and responding to queries.