

# Responding to counter allegations at Marac

Best practice guidance for professionals in Scotland

February 2025



Joining the dots for an effective multi-agency response.



# Contents

[Click to proceed to the relevant page](#) 

- Introduction** ..... 1
  - Counter allegations at Marac ..... 1
- Background and overview** ..... 2
  - Development of this guidance ..... 2
  - Who is this guidance for? ..... 2
  - The Marac Process ..... 3
  - Why identify counter allegations? ..... 3
  - Why can resolving counter allegations feel challenging? ..... 3
- Domestic abuse and coercive control: what we know** ..... 5
  - Domestic Abuse: a gendered Issue ..... 5
  - Male Victims at Marac ..... 5
  - LGBT+ Victims at Marac ..... 5
  - Violent resistance ..... 6
  - Coercive control ..... 6
- Best practice guidance** ..... 7
  - Counter allegations within the Marac process ..... 8
  - Identification/ Risk Assessment ..... 9
  - Referral to Marac ..... 9
  - During the Marac Meeting ..... 12
- Recommendations for Marac Professionals** ..... 14
  - Marac Steering Groups ..... 14
  - Marac Chairs and representatives ..... 15
  - Specialist Domestic Abuse Services ..... 15
- Conclusion** ..... 16
- Further Reading** ..... 16
- About SafeLives** ..... 17

# Introduction

## Counter allegations at Marac

A counter allegation is where conflicting information is shared about who the victim<sup>1</sup> of domestic abuse is and who the perpetrator is at any stage in the Multi-Agency Risk Assessment (Marac) process. Managing these cases can be challenging for Marac professionals, particularly if only identified at the Marac meeting. If counter allegations are not identified and resolved, agencies may provide services to the perpetrator and inadvertently assist them to isolate and control the victim. As a consequence, the victim may not be able to access the services and support they need to become safe, because they have been identified as a “perpetrator”.

We use counter allegations as terminology throughout this guidance to define the two main elements of these cases:

1. A victim and/or perpetrator **alleging the other is the perpetrator**, whether simultaneously or as a subsequent allegation in response to they themselves being assessed as the perpetrator.
2. The identification/assessment or opinion of professionals **defines both parties as either both perpetrator and victim, or the victim is assessed as the perpetrator**, because they incorporate and overlay the same themes and issues for both parties, instead of making a clear distinction each time.

For clarity, the following terms are also used throughout this document.

**Primary victim** – Identified through the Marac process as the victim of domestic abuse but may have been named as the perpetrator at an earlier point in the Marac process.

**Primary perpetrator** – Identified at the Marac as the perpetrator of domestic abuse but may have been referred at an earlier point in the Marac process.

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<sup>1</sup> At SafeLives, if a person is currently living in danger, we refer to them as a victim of domestic abuse, but from the moment they start to receive support we refer to them as a survivor. We have used the terms victim and survivor interchangeably throughout this report; however, we recognise that different people prefer different terms at different points and respect that. We have consulted with people with lived experience of domestic abuse to check the appropriateness of our language.

## Background and overview

**Safer, Sooner** is a SafeLives multi-agency project (funded through [Delivering Equally Safe \(DES\)](#) which builds on the Marac Development Programme (MDP), supporting Scottish Maracs to embed the SafeLives evaluated model and improve practice to offer a more effective response to victims and their families who are risk from domestic abuse. We want to improve multi-agency capability, consistency, and capacity across Scotland, making it everyone's business to keep women and children safer, sooner by:



- Finding safe ways for victims to be an active part of the process
- Improving the understanding of domestic abuse across frontline, multi-agency practice
- Strengthening opportunities for coordination

**We want to embed a system that directs every victim of domestic abuse in Scotland, whatever their risk and whatever first step they take, to the right support to make them safer, sooner.**

### Development of this guidance

In recent years, Multi-Agency Leads within the Safer, Sooner team have experienced an increase in requests for support regarding how to respond effectively to counter allegations at Marac. Through the Scotland Marac Helpdesk, Safer, Sooner Network as well as the Marac Chairs Network and Marac Coordinators Forum, professionals in Scotland have highlighted a lack of knowledge, experience and confidence in dealing with counter allegations and the identification of the primary victim and perpetrator.

In response, SafeLives brought Marac professionals in Scotland together to explore the issues surrounding counter allegations and possible solutions through a working group. As a result, this best practice guidance reflects the views of a range of Marac professionals and provides a consistent, safe and robust approach to address counter allegations throughout all stages of the Marac process.

### Who is this guidance for?

This guidance is for professionals involved in the Marac process in **Scotland**, and can include the following:

- Marac Chairs, Coordinators, and representatives
- Marac Steering Groups
- Local Violence Against Women and Girls Partnerships
- Domestic abuse services
- All statutory and services who have direct contact with domestic abuse victims and perpetrators.

It is intended to give best practice guidance for responding to cases involving counter allegations to ensure victims at risk of serious harm get the robust, tailored, local response they deserve.



Similar guidance exists for **England and Wales**, which can be accessed [here](#).

## The Marac Process

To support this guidance, **professionals should be familiar with the Marac process and the 10 Principles of an Effective Marac**. The principles underpin an effective Marac and support everyone involved to deliver it's aims<sup>2</sup>. At the core of each principle is the safety of the victim which needs to be considered at each stage in the process, this is especially important when counter allegations arise.

## Counter allegations

### Why identify counter allegations?

If the wrong party is supported by Marac this could have a serious detrimental impact for the primary victim, primary perpetrator, involved children and the Marac process itself.

Below are some of the potential outcomes of incorrectly identifying a victim as a perpetrator and vice versa, for the parties involved, and for the Marac process itself.

#### For the primary perpetrator, identified as the victim

- They might feel emboldened that their behaviour is acceptable
- They may receive support from services which is inappropriate for them and a waste of resource
- They could use 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

#### For any children involved

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

#### For the Marac process and agencies involved

- Supporting the wrong party may mean valuable resources are wasted
- By supporting the wrong party, Marac fails to achieve it aims, undermining the process
- Supporting the wrong party through the Marac process could create service generated risks, increasing the risk and impact to all parties
- By supporting the wrong party information shared at Marac may not be relevant, necessary, and proportionate based on current risks
- If the wrong party is supported through the Marac process this could have implications for safe and legal information sharing

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<sup>2</sup> See [SafeLives Marac Scotland Overview](#) for more information on the 10 Principles of an Effective Marac and the aims of Marac.

## Why can resolving counter allegations feel challenging?

Counter allegations can feel challenging for numerous reasons; a perceived complexity of such cases being a key theme. Services and professionals should be aware of:

- **Perpetrators presenting as a victim:** they may 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, particularly 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:** 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 away from a perpetrator who injures themselves in pursuit.
- **Understanding domestic abuse in lesbian, gay, bisexual and trans plus (LGBT+) relationships:** particularly where there are counter allegations. Provision for victims from these communities can be limited, and some 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 from specialist services.

By responding effectively to, and resolving, counter allegations at Marac, Marac professionals can help mitigate some of the risks and impacts outlined above. **If responded to effectively, the Marac process can act as a counterweight to other (e.g. criminal justice) processes where the victim may be labelled a perpetrator.** This is important to minimise service-generated risks, holding perpetrators accountable for their abusive behaviours and ensuring they are not able to use the Marac process to further abuse the victim or any children involved.

# Domestic abuse and coercive control: what we know

## 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. This means that victims, perpetrators, and the way abuse is carried out relates directly to wider power imbalances and inequalities in society, related to gender. Namely, men having disproportionate power and privilege whereas women and those of 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 fatal<sup>3</sup>. 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 normalised in society through the social conditioning we experience from an early age.

Police Scotland recorded 61,934 incidents of abuse in 2022-23. Where gender information was recorded, four-in-five incidents (81%) had a female victim and male

## Male Victims at Marac

Acknowledging the gendered nature of abuse should never mean that men cannot be seen, and supported, as victims of domestic. This guidance should not create a barrier for (genuine) male victims to access support from Marac but rather to ensure that (primary male) perpetrators are not being referred as a victim in error.

It is important to recognise that male victims of domestic abuse may face additional barriers to accessing support, and in turn receiving a coordinated response to risk from their local Marac. SafeLives recommends that 5 - 10% of all Marac referrals should be for male victims of domestic abuse<sup>4</sup>. Data from Scottish Maracs highlights that male victims are continually below the recommended referral levels<sup>5</sup>. Progress has been made in recent years, and work continues across Scotland to ensure all male victims at high risk of domestic abuse can access vital support from their local Marac.

## LGBT+ Victims at Marac

There is a consensus that domestic abuse is a disproportionate problem in LGBT+ relationships. Research estimates that 25% of lesbian, gay, and bisexual people will experience domestic abuse in their lives, the same as heterosexual non-transgender women<sup>6</sup>. 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 lives<sup>7</sup>.

<sup>3</sup> For further explanation see Hester, M. (2009) *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, Bristol: University of Bristol in association with the Northern Rock Foundation

<sup>4</sup> N.B. this is reflective of the prevalence of domestic abuse in Scotland, with women being more likely to experience domestic abuse than men, and in line with the gendered analysis of domestic abuse included within Equally Safe.

<sup>5</sup> Contact [Scotland@SafeLives.org.uk](mailto:Scotland@SafeLives.org.uk) for up-to-date Scottish Marac data.

<sup>6</sup> 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*

<sup>7</sup> Roch et al. (2010) *Out of Sight Out of Mind, Transgender People's Experience of Domestic Abuse*. LGBT Youth Scotland & the Scottish Transgender Alliance.

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 abuse<sup>8</sup>. Data from Scottish Maracs continually shows that LGBT+ referrals are below expected rates<sup>9</sup>. This might be due to factors such as a lack of recognition in the importance of capturing this information and how a victim's diversity might impact on risk. Findings from our engagements with small and/or specialist services highlighted that across Scotland there is a lack of available dedicated services for LGBT+ (and in particular male) victims and that Maracs need to make stronger links to specialist services.

The primary victim/perpetrator relationship may be less obvious in LGBT+ relationships, as they do not reflect the 'public story' of domestic abuse<sup>10</sup>. Due to the absence of male and female gender dynamics, professionals may be more likely to 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 perpetrator



See **The SafeLives Practice Briefing: Engaging and working with LGBT+ clients, Small and Specialist Report, LGBT Youth Scotland and LGBT+ Power and Control Wheel** for further information and support.

### Violent resistance

Victims engage in certain behaviours throughout abusive relationships to show they are not passive and/or helpless. The availability of resistance strategies will depend on the perpetrator's level of control. One of the strategies to resist an abusive partner is by physically retaliating. Victims who engage in physical resistance challenge the notion of passivity; victims may respond to a perpetrator's violent behaviour in a retaliatory way. Importantly, however, their motivations to engage in violent resistance are different than those of perpetrators who engage in violence to *control* the primary victim.

Motivation to use violent resistance could be; safety planning (getting to a safe place as quick as possible during or after violence), survival (trying to stay alive) or dignity (*I won't be treated like this*). Professionals need to respond to each case individually and look at the whole picture of risk, considering the history of the relationship and analyse where the power and control in the relationship lies. **Professionals need to consider "who is doing what to who and with what effect?" as this will help identify the primary victim and perpetrator in the case in question.**



See **Johnson's Typology of Domestic Violence** for further information.

### Coercive control

**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

<sup>8</sup> 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.

<sup>9</sup> Based on Marac data submitted to SafeLives between October 2022- September 2023

<sup>10</sup> 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



To reduce cases involving counter allegations being referred to Marac, all Marac professionals and those making referrals to Marac need to be confident identifying coercive control and domestic abuse. The Domestic Abuse (Scotland) Act 2018<sup>11</sup> enables behaviours that constitute coercive control to be included in a new Section 1 Domestic Abuse offence. It is important for professionals to consider how they will discover coercive and controlling behaviour. Simply asking “what has happened or what has he/she/they done?” may not allow the victim to identify events where they were made to do something because they “feared the consequences” of not doing so. It is important to ask lifestyle questions such as “What is life like for you?”, “Tell me what’s the first thing you think about when you wake up in the morning?” or “Tell me about what you do in this relationship that you would not normally choose to do, but are too scared not to?”. These kinds of questions will help illustrate what the day-to-day life is like or the victim and identify patterns of controlling behaviour.

## Best practice guidance

Counter allegations can come to light at different stages in the Marac process<sup>12</sup> but may not always be obvious. **It is essential that professionals working within the Marac process make every effort to resolve counter allegations by establishing at the earliest opportunity who the primary victim and primary perpetrator are.**

Counter allegations may be made at the same point in time during a relationship for example, when Police attend an incident and each party claims the other has been abusive, or during different points in time during the relationship.

Below are examples of counter allegations cases at different stages within the Marac process<sup>13</sup>.

<p><b>Identification/risk assessment</b></p>	<ul style="list-style-type: none"> <li>• <b>Police attend an incident where both parties make allegations against each other.</b></li> <li>• <b>One or both parties are assessed as being at high risk and referred to Marac as a result</b></li> </ul>
<p><b>Referral to Marac</b></p>	<ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul>
<p><b>Referral to Marac</b></p>	<ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul>
<p><b>Marac meeting</b></p>	<ul style="list-style-type: none"> <li>• <b>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</b></li> </ul>

<sup>11</sup> Information on the legislation can be accessed at [legislation.gov.uk](https://legislation.gov.uk).

<sup>12</sup> See **SafeLives Marac Scotland Overview** for more information on the Marac process.

<sup>13</sup> This is not an exhaustive list and as noted, counter allegations can be identified at any point during the Marac process

Cases involving counter allegations can have a serious 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 agencies involved in Marac may not be able to manage or reduce risk effectively.**

Counter allegation cases can, on occasion, sit hand in hand with victim blaming language and attitudes, whether through unconscious or conscious bias i.e. language and terminology can feed a ‘they’re both as bad as each other’ mentality. This is particularly prevalent when people who have additional needs experience stigma from professionals and society, such as substance use, homelessness, and/or mental health. **It is critical that in all domestic abuse relationships, irrelevant of the need and other challenges people face, Marac professionals understand that it will always be unlikely that two people are both perpetrator and victim.**

### Counter allegations within the Marac process

At each stage of the Marac process there are opportunities to resolve counter allegations and ensure the right person is being supported throughout. See below for an overview of the pathway.



## Identification/ Risk Assessment

An effective multi-agency response relies on domestic abuse being seen as **'everyone's business.'** **Referral pathways need to be embedded locally to ensure victims are referred to Marac and an Idaa (or specialist domestic abuse service) at the earliest opportunity.** If a professional is unsure how to respond following the identification of domestic abuse, they should seek support from the domestic abuse/Marac representative within their organisation and/or contact their local Idaa (or specialist domestic abuse service) for advice.

## Assessment of primary victim/perpetrator

Prior to a Dash being completed, if there is a counter allegation, or the potential for one, or the professional believes the "victim" is the perpetrator, there needs to be an assessment of who the primary victim/perpetrator are. **Carrying out the Dash with a suspected perpetrator could create service generated risks and provide further means for the perpetrator to use services to control the primary victim.** An integral part of the process 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 or professional judgment criteria for Marac, we need to look at the bigger picture. For example, is the alleged perpetrator displaying a one-off violent resistance or retaliation and as such, is actually the primary victim.

The person assessing risk should consider using tools specifically designed to identify perpetrator patterns of behaviour and who the primary victim and perpetrator is. **The Respect Toolkit** is a valuable resource to ensure safe, effective, and accountable practice when working with men.

## Risk assessment

Following the correct identification of the primary victim and perpetrator, the **Dash Risk Checklist (Dash) should be carried out with the primary victim** by the professional who identifies the primary victim or an Idaa (or specialist domestic abuse service).



More information on completing the Dash Risk Checklist can be found [here](#).

## Referral to Marac

There are four criteria<sup>14</sup> which professionals can use to refer a victim at high risk of serious harm or murder to Marac. It is important that anyone who meets the referral criteria is referred to Marac, and that one criterion is cited to evidence legal authority to share information<sup>15</sup>.

## Quality Assurance

**SafeLives does not recommend that Maracs employ a screening<sup>16</sup> process to determine which cases are taken forward to the Marac meeting.** It undermines the common understanding of risk, and, crucially, may mean that decisions are taken before a full picture of risk for the whole family has been established. This can lead to a less robust process which does not support informed decision making.

It is the responsibility of the referring agency to ensure the case meets one of the Marac referral criteria, and **the allocated Marac representative, or someone with appropriate seniority, within the referring agency, should ensure only those cases that meet the criteria for referral to Marac before they are passed onto the Marac Coordinator.** Doing so will ensure only appropriate referrals, clearly evidenced as 'high risk,' progress to the Marac meeting itself.

<sup>14</sup> A more detailed explanation of each criteria is provided within the [SafeLives Scottish Marac Overview](#).

<sup>15</sup> See the [SafeLives Information Sharing and GDPR and Data Protection Act 2018 Scotland Toolkit](#) for more information.

<sup>16</sup> **Screening** is any process which prevents Marac referrals from being heard at the Marac meeting. Most commonly this is a group of people who decide based on information available to them, ahead of a Marac meeting, preventing some referrals from progressing to a Marac meeting. Local practice varies. Screening is not part of the evaluated model and repeatedly flagged by SafeLives as being unsafe.

This is particularly important where a referral has been made on professional judgement or escalation as the referring agency must be able to evidence that the assessment of risk was undertaken by someone with the relevant knowledge and experience of domestic abuse, its dynamics, and how it is being displayed/seen in the context of the relationship. Furthermore, at the Marac meeting **the representative from the referring agency must be able to fully communicate the concerns and the factors which contributed to the assessment that the victim is at high risk** of serious harm or murder as a result of domestic abuse.

### Perpetrators' Manipulation of Systems

Quality-assuring referrals is crucial for identifying potential counter-allegations, including cases where a perpetrator may present as a victim to manipulate systems and further their control. For example, if an agency has five historical incidents on record and the most recent incident suggests a reversal of victim and perpetrator roles, it is essential to conduct a thorough assessment. This assessment should consider the pattern of abuse to determine the actual primary victim and perpetrator, and assess whether the reports are credible or constitute a counter-allegation.

If the case is found to be a counter allegation where the perpetrator is trying to manipulate the system, then **this should be assessed within the context of risk to the primary victim and a subsequent Marac referral for the primary victim should be considered.** The allegation of abuse perpetrated by the primary victim against the primary perpetrator should be included in the assessment of risk, as the perpetrator's manipulation of systems to further control the victim, which may escalate the risk.

### Best practice before Marac meeting

- ✓ Seek further advice from domestic abuse/Marac representative from within their organisation, and/or contact their local Idaa or specialist domestic abuse service, if unsure how to respond to the identification of abuse.
- ✓ Following the identification of the primary victim, complete a Dash Risk Checklist to assess risk level.
- ✓ ALL Marac referrals should be quality assured by allocated Marac representative, or someone with suitable seniority, to ensure it meets the Marac threshold, before sending to the Marac Coordinator.
- ✓ ALL referrals which meet the Marac threshold should be referred to and heard at Marac. Screening out cases, at any stage of the process, whether due to the Marac's capacity or another reason is **not** advised as it impacts on the integrity and accountability of the process.
- ✓ Following a referral to Marac and Idaa or specialist domestic abuse service, if there is still uncertainty about who the primary victim and perpetrator are, then prior to the Marac meeting the referring agency should seek a short professionals meeting to determine who the primary perpetrator/victim are.
- ✓ If unsure, following a professionals meeting, refer in as two new or repeat cases i.e., in case 1, person A is heard as the victim and person B the perpetrator; in case 2 person A is heard as the perpetrator and person B the victim. **This should only be done with caution and on rare occasions as discussion a potential perpetrator as a victim at Marac could increase the risk to the primary victim.**

### Pre-Marac professionals meeting

There may be a small number of cases following a referral to Marac and Idaa or specialist domestic abuse service, where there is still uncertainty regarding who the primary victim and perpetrator are. To resolve this ahead of the Marac meeting, we suggest holding a short professionals meeting. **This meeting should only review counter allegations cases and not should not be treated as a screening meeting.**

Every Marac and every case is unique, so the format of the meeting will vary accordingly. **This meeting should not be attended by a single agency alone. Instead the meeting should involve all relevant agencies who hold critical information about the risks.** At a minimum, we would advise that representatives from the Police, Idaa and/or other specialist domestic abuse service, the referring agency and Chair attend. In Marac areas with a high volume of referrals, it may be beneficial to build in a short pre-Marac professionals meeting into their operational structure. For other areas who have lower referral rates, meetings can be organised on an ad hoc basis.

As with Marac meetings, confidentiality policies must be strictly adhered to. During the meeting, all available information should be reviewed to assess the full context of the situation. The multi-agency team should focus on the chronology of events and any patterns of incidents or behaviours, rather than isolating individual incidents. Similar to the early stages of the referral pathway, the meeting should focus on answering the question of "who did what to whom and when." **The primary aim of the meeting is to establish who the primary victim and perpetrator are.** Risk management will be addressed within the MARAC meeting itself.

During the meeting, careful consideration must be given to what actions are agreed at the meeting. If after reviewing all the available information, it is determined that the referred "victim" is actually the primary perpetrator, **a decision must be made regarding whether the primary victim is high risk and meets one of the four criteria to be referred to Marac.** If the primary victim is high risk, the multi-agency team will need to agree action(s) regarding contact with the victim prior to the Marac meeting. Best practice is for *all* victims who meet the Marac threshold to be referred to Marac, and an Idaa or specialist domestic abuse service. However, this will need to be reviewed on a case-by-case basis, weighing up best practice with the potential to increase risk. Any decisions made during the meeting should be appropriately recorded.

If, after the professionals' meeting, who the primary victim and perpetrator remains unclear, then professionals may consider referring the case as two new or repeat cases i.e., in case 1, person A is heard as the victim and person B the perpetrator; in case 2 person A is heard as the perpetrator and person B the victim. **This should be done with caution and only on rare occasions, as discussing a potential perpetrator as a victim at Marac could inadvertently increase the risk to the primary victim.**

## During the Marac Meeting

The purpose of the Marac meeting is to share information to assess risk and jointly construct an action plan to address risk in cases where the victim is at high risk of serious harm.

## What information should be shared at Marac where there are counter allegations at Marac?

In some instances, counter allegations may only come to light when the agenda is circulated or even during the Marac meeting itself. In these circumstances making an assessment to identify the primary perpetrator and primary victim(s) is complex. To establish a full picture of risk, information shared by all agencies should focus on:

- Whether either party has a known history of domestic abuse including any police call outs, ongoing court involvement or past convictions. This could be with the current partner or previous partner(s).
- Previous experience of abuse, which has not been reported to the police.
- Whether any agencies have existing concerns about abusive behaviour; e.g. Children and Families Social Work in relation to any children.
- Previous experience or disclosure of domestic abuse including incidents which have not been reported to the police.<sup>17</sup>
- Any 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.
- Actions to mitigate risks to both parties if the Marac is unable to establish a primary victim and perpetrator. This should include consideration of how and what feedback is provided following the Marac.
- 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 a methadone prescription, an action might be to change appointment times or location, so they are not the same for both parties.
- Action from further assessment that should take place outside the meeting and identify which services can undertake this.
- Action to have regular professionals meeting to manage risk management plan outside of the Marac.
- Actions to address the primary perpetrator's behaviour through managing, disrupting, diverting and/or prosecuting the perpetrator.

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<sup>17</sup> Across Scotland, only 1 out of 5 victims report the most recent incident to the Police. According to the Scottish Crime and Justice Survey 2019/2020 only one in 10 (11%) had reported the most recent incident to the Police, and 16% said the Police came to know about the most recent incident in some way (including through third party reporting)

## Best practice during the Marac meeting

- In cases where involving counter allegations, the referring agency need to make it clear why (and how) the person being referred has been identified as the primary victim in this case and not vice versa
- In cases where a counter allegation arises, there should be discussion about who the primary perpetrator and victim is.
- On the rare occasion two cases come in, these should be heard as separate cases i.e., in case 1, person A is heard as the victim and person B the perpetrator; in case 2 person A is heard as the perpetrator and person B the victim, and then a decision made.
- In cases where minimising or victim-blaming language used, for example 'both as bad as each other,' this should be challenged by the Idaa/specialist service and Chair; and all representatives should be able to challenge one another in a pro-social manner.

## Disengaging support from the primary perpetrator

In cases where counter allegations are involved, there may be instances where a perpetrator initially receives support as the "victim" from services either part or fully through the Marac process. When a "victim" is identified as the primary perpetrator it is essential that they do not receive further support or victim status via the Marac process. The stage at which primary perpetrator is identified will shape what services need to disengage from the perpetrator.

Below are some Do's to consider:

### Do

- ✓ **Treat Each Case Individually:** Avoid applying a blanket approach to disengagement. Tailor the disengagement strategic to the specifics of the case.
- ✓ **Develop a Disengagement Strategy:** Prepare in advance a clear plan for disengagement. Be prepared to seek advice when necessary.
- ✓ **Communicate Transparently:** Engage with the perpetrator in a clear, open, honest, and transparent manner.
- ✓ **Prioritise Safety:** Consider the safety of agency staff and determine safe methods of engagement with the primary perpetrator. Where relevant, the Marac action plan should cover specific actions to ensure the safety of professional responsible for disengaging with the perpetrator.
- ✓ **Refer to Appropriate Services:** Depending on the perpetrator's circumstances it may be useful to refer and/or signpost the them to other services for other needs i.e., referral to addictions services, Citizen's Advice Scotland for financial advice (if the perpetrator is a risk to agency staff, then referrals and signposting to in-person services should not be considered).

For services that continue working with the perpetrator as part of their core business, the **Respect Phoneline** provides support to frontline workers who are supporting domestic abuse perpetrators.

## Hold the perpetrator to account

While a key aim of Marac is to improve safety of the victim and children, this can only be achieved if the behaviour of the perpetrator is addressed effectively. Our **Marac in Scotland** project highlighted that addressing the behaviour of the perpetrator is the aim that Scottish Maracs feel is achieved least<sup>18</sup> and an area they would like to improve upon.

Once the primary perpetrator is correctly identified, Maracs have the opportunity to implement creative actions aimed at managing, disrupting, diverting and/or prosecuting the perpetrator<sup>19</sup>. By agreeing effective actions, Maracs can better address and mitigate the risks posed by the perpetrator, ultimately contributing to improved safety for victims and their families.

## Recommendations for Marac Professionals

### Marac Steering Groups

Marac Steering Groups have overall responsibility for the effective operation and accountability of the Marac process. While this guidance has been developed with professionals from core Marac agencies across Scotland as an effective way to address counter allegations, it is the responsibility of Steering Groups to ensure best practice is implemented locally. To ensure their Marac is responding effectively to counter allegations, Steering Groups should:

- Incorporate counter allegations guidance into local Marac Operating and Information Sharing Protocols to ensure universal understanding of the issue and a consistent approach which is aligned with other Scottish Maracs.
- Collect and analyse local data to gain a better understanding of how and why counter allegations are coming to Marac and develop policies to address inappropriate referrals.
- Collect and analyse local data to gain a better understanding of access, or lack of access, to specialist support for specific groups of victims involved in counter allegation (e.g., victims with protected characteristics), as this may help make the case locally for increased specialist provision.
- The Marac Steering Group should consistently review and increase their Marac's links to specialist services to ensure victims and survivors get the right support at the earliest opportunity. Where specialist local services are not available, there should be clear processes in place for representatives to access information/support from national specialist services and established referral pathways into small and/or specialist services.
- Document the Marac referral process including criteria and the role of quality assurance in local Marac protocols to ensure all referrals meet the legal basis for sharing information at Marac<sup>20</sup>.
- Acknowledge a gendered analysis of domestic abuse in local protocols and that perpetrators' attempts to manipulate systems, and the professionals within them, may present as counter allegations.

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<sup>18</sup> Under half (46%) of all respondents said that they achieve addressing perpetrator behaviour most of the time with some (9%) responding that they rarely do (Based on data collected between May and October 2023).

<sup>19</sup> Our **Addressing the abusive behaviour of perpetrators** guidance gives examples of actions Maracs may take to address the behaviour of the perpetrator (this guidance was written for professionals based in England and Wales).

<sup>20</sup> See the **SafeLives Information Sharing and GDPR and Data Protection Act 2018 Scotland Toolkit** for more information.



- Ensure policies to address counter allegations at Marac do not create further barriers to accessing support for male victims and those with protected characteristics.

### Marac Chairs and representatives

- Agencies should have in-depth knowledge and understanding of domestic abuse, including coercive control, violent resistance, counter allegations, and the Marac process.
- Responding to counter allegations effectively requires a skilled and experienced Chair. It is important that the **Chair amplifies the voices of specialist agencies to establish a full picture of risk**, summarises the risks to all parties identified through information sharing, and enables effective action planning by encouraging contributions from all agencies.
- Chairs are also a key link to the Steering Group and should escalate any concerns regarding the implications of counter allegations (and any inappropriate referrals presenting as counter allegations) have on victim safety and the overall accountability and integrity of the Marac process.
- Representatives and Chairs must action plan effectively to mitigate **all risks to all parties** identified through multi-agency information sharing.
- Ensure information sharing and action planning does not lead to service generated risks – could actions or subsequent agency involvement create new, or exacerbate existing risks?
- Chairs and representatives need to familiarise themselves with the following best practice guidance: **Effective Chairing of a Marac**.

### Specialist Domestic Abuse Services

- Use their specialist knowledge of the dynamics and manifestations of domestic abuse to help to identify the primary perpetrator and consider the risk to the primary victim(s).
- Support the Marac, by stating their concerns and take a lead role in providing advice, in advance of the meeting so that any pre-Marac actions are appropriate and during the meeting itself.
- The Idaa and/or specialist domestic abuse service should collect data on counter allegations and those cases where there are victims identified whom they cannot support (often male or LGBT+ victims), as this may help make the case locally for additional provision, particularly for a specialist male or LGBT+ Idaa.

## Conclusion

It is essential that Marac professionals and agencies are confident and supported to identify domestic abuse and coercive control, and those who are at high risk of serious harm, including because of counter allegations. By combining elements of practice focusing on risk assessment, clear referral pathways and an awareness of the dynamics of domestic abuse and coercive control, Maracs are able to provide both the victim and perpetrator with the right response. More importantly it allows us to keep families and their children safe whilst holding the perpetrator to account.

Maracs should strive to avoid victim blaming, whether this is done overtly and consciously or because of systems and cultures in agencies and a lack of awareness of the dynamics of domestic abuse. This is pertinent for all cohorts of families experiencing abuse, but in particular for those who are more likely to be subject to harmful assumptions, such as LGBT+ victims, and victims with additional needs such as substance misuse problems and homelessness which can increase the likelihood of misidentification in cases involving counter allegations.

We also need to look at what elements of perpetrators' needs may be masking our identification of the primary victim. Marac professionals should seek support from colleagues if there is any doubt of the dynamic in a relationship to ensure that multi agency responses enable all the relevant information in a case to be established accurately, to help us make victims **safer, sooner**.

## Further Reading

### Joint domestic abuse protocol

This protocol outlines the procedures and practices that will be followed by Police Scotland and COPFS in the investigation, reporting and prosecution of allegations involving domestic abuse.

### Johnsons Typology of Domestic Abuse

Michael Johnson, Emeritus Professor of Sociology, Penn State University – has done extensive research and has proposed that there are three major types of intimate partner violence (IPV) which differ dramatically from each other.

### 'Honour'- based abuse and forced marriage cases at Marac in Scotland guidance

This guidance will give anyone involved in the Marac process in Scotland an overview of the best practice guidance for responding to cases involving so called 'honour'-based violence or abuse, including where this involves potential threat of forced marriage to any of the parties involved, including any children.

### The Role of Small and/or Specialist Services in an effective Multi-Agency Response

This report highlights the findings from engagements with 15 small and/or specialist services. It highlights barriers to support marginalised victims face and makes recommendations to improve multi-agency response.

### Dyn project

The Dyn project identified a set of behaviours which were present in male perpetrators who were presenting as victims but were absent in 'genuine' victims.

### LGBT Youth Scotland – Voices Unheard

A group of LGBTQ+ young people focusing on domestic abuse and other forms of gender-based violence undertook an important peer consultation. The report shows that LGBTQ+ young people in Scotland experience high rates of domestic abuse and face multiple barriers to accessing support or reporting abuse to the police. It sets out key recommendations, developed in collaboration with LGBTQ+ young people.

## About SafeLives

We are SafeLives, a 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 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.

Our Scottish publication **Whole Lives** highlighted that every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact. Domestic abuse affects us all; it thrives on being hidden behind closed doors.

**We must make it everybody’s business**

### Contact

Please contact [scotland@safelives.org.uk](mailto:scotland@safelives.org.uk) for further information or questions in relation to this report.