

# Marac data – Key findings

## January 2021 - December 2021

### About the data

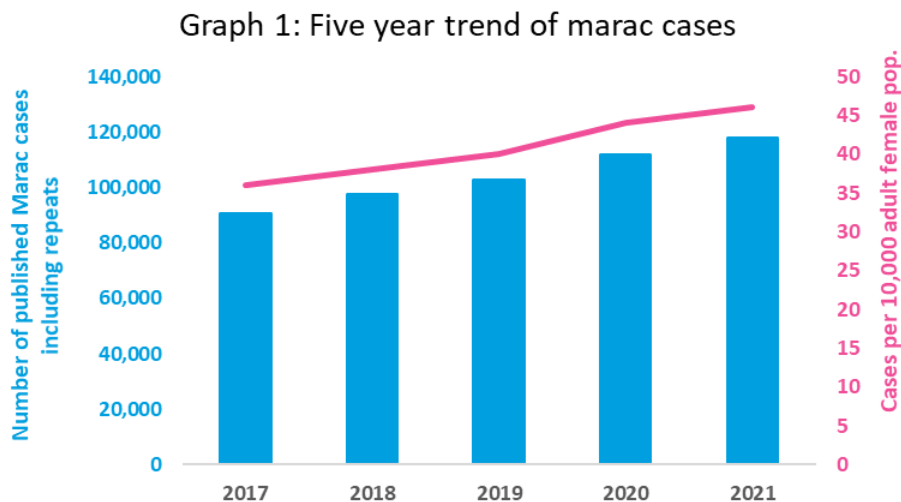
A Multi-Agency Risk Assessment Conference (Marac) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, adult social care, housing practitioners, Independent Domestic Violence Advisors (Idvas - Idaas in Scotland), probation and other specialists from the statutory and voluntary sectors. Data is collected from all Maracs in England, Wales and Northern Ireland, and most Maracs in Scotland. It is collected at meeting level which means we have information about the cohort of cases discussed at each meeting but not data on individual cases. The data presented here represents cases heard at 296<sup>1</sup> Maracs between 1<sup>st</sup> January 2021 and 31<sup>st</sup> December 2021. An annual summary of Marac data by Police Force Area in England and Wales is available on our [website](#).

The 12-month figures below are based on the published data at the time. Sometimes Maracs fail to send us their data for a quarter, in which case we use their last quarter's data as a proxy. If a Marac does not send us data for two quarters in a row, then they are removed from the dataset. Occasionally, Maracs make corrections to the data after it is published; these corrections are not represented in this dataset.

One of the ways in which we publish the data is as an annual number of cases per 10,000 adult (16+) women. We produce this figure by dividing the number of cases (including repeats) by the adult women population covered by the Marac, as based on the 2011 census, and multiplying that figure by 10,000. There are sometimes differences in which Maracs are included in the dataset each year, for instance a Marac may not be able to send us their data one quarter. Therefore, when looking at trends in cases, it is more accurate to use the 'Cases per 10,000' figure, instead of the number of cases, as it takes into account Maracs not included by removing their population figures from the calculation.

Please note that 'number of cases' includes repeats, therefore **cases do not represent the total number of individuals as a person may be referred into Marac more than once** and would be counted as more than one case.

### What trends are we seeing in Maracs across the UK?



<sup>1</sup> The number of Maracs held in Essex has gone from seven to four. Data from both old and new Maracs are included so the number of Essex Maracs is overrepresented in the total number of Maracs.

**The average number of cases is significantly above our expected rate:**

In the 12 months to December 2021, 296 Maracs discussed 117,831 cases (includes repeats), **which is a 5% increase from the same time period the previous year and a 30% increase compared to the same time period four years ago (2017)**. The total number of cases discussed per 10,000 adult women is 46, up from 44 a year ago and from 36 four years ago (28% increase). This is above the rate of cases SafeLives expect to see (40 cases per 10,000) based on our estimate of the prevalence of high risk domestic abuse. However, this figure is an average, with some Maracs seeing much lower and some much higher rates, meaning we need to understand more about variations in practice and recording to fully understand the implications of the higher than expected rate.

**The rate of repeat cases has remained similar to this time last year:**

We know that repeat incidents of domestic abuse are likely, so for an established Marac the expected percentage of repeat cases would be in the range of 28-40%. The UK-wide repeat rate is now 33% compared to 32% this time last year.

**The rate of police referrals remains steady:**

In the 12 months to December 2021, 67% of Marac referrals were made by the police, which remains similar to last year (66%). Expected figures are between 60-75%. A full breakdown of the changes in the last 12 months for all referral agencies can be found below in Table 3.








**There is an increase in the percentage of victims recorded as having a disability:**

The proportion of cases involving victims with a disability in the 12 months to December 2021 was 8.4%, compared to 7.2% in 2020. However, this remains lower than the estimated population of 19%, based on the Family Resources Survey 2018-19 which identifies that almost 1 in 5 of the working age population (16-64 years) is disabled. More information about the need to improve the response to disabled survivors of abuse can be found in our ‘Spotlight’ on disabled victims in 2016<sup>2</sup>.

**There has been a decrease in the percentage of cases where the victim is Black, Asian or racially minoritised:** The proportion of cases where the victim is Black, Asian or racially minoritised in the 12 months to December 2021 was 15.9%, compared to 16.1% in 2020. This remains lower than the national population rate of 18.1%.

**Table 1: Changes in the last 12 months: volume of cases**








Table 1 below shows changes in key indicators in the last 12 months, comparing the time periods January 2021 to December 2021 and January 2020 to December 2020. All percentage changes are displayed as a change in percentage points (pp).

	Number of Maracs	No. of Cases	No. of Repeats	No. of Children	Cases per 10,000	% Repeats	% Police Referrals
<b>January 21 to December 21</b>	296	117,831	39,129	146,892	46	33%	67%
<b>Change in last 12 months</b>							
	4	5,918	3,438	7,643	2	+1 pp	+1 pp
<b>Recommendation</b>	-	-	-	-	40	28-40%	60-75%















<sup>2</sup> <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

**Table 2: Changes in the last 12 months: 'hidden' victims or those with unmet need**

Table 2 below shows changes in key indicators in the last 12 months, comparing the time periods January 2021 to December 2021 and January 2020 to December 2020. All percentage changes are displayed as a change in percentage points (pp).

	% Black, Asian and racially minoritised people	% LGBT+	% Disability	% Males	Victims aged 16-17	% Victims aged 16-17	No. 17 or below perpetrating abuse
January 21 to December 21	15.9%	1.5%	8.4%	6.2%	1,390	1.2%	1,129
Change in last 12 months							
	-0.2pp	+0.2pp	+1.2pp	+0.4pp	53	0 pp	31
Recommendation	18.2%	2.5%-5.8%	19%	5-10%	-	-	-

**Table 3: Changes in the last 12 months: referral agencies**

Referral agency	January 2020 to December 2020	January 2021 to December 2021	Change in last 12 months	Direction of change
Police	65.5%	66.6%	+1.1pp	
Idva/Idaa	11.6%	11.8%	+0.2pp	
Children's Social Care	3.3%	3.1%	-0.2pp	
Primary Care	2.2%	2.0%	-0.2pp	
Secondary Care/ Acute trust	2.2%	2.3%	+0.1pp	
Education	0.1%	0.1%	0.0pp	
Housing	2.0%	1.8%	-0.2pp	
Mental Health	1.2%	1.2%	0.0pp	
Probation	2.1%	1.8%	-0.3pp	
Voluntary Sector	3.5%	3.0%	-0.5pp	
Substance abuse	0.5%	0.5%	0.0pp	
Adult Social Care	0.9%	0.8%	-0.1pp	
Mash	0.4%	0.5%	+0.1pp	
Other	4.5%	4.5%	0.0pp	



## Focus on: Health

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Every quarter, SafeLives collects data from Maracs across the UK. This data is published annually at Police Force level by the **Office for National Statistics**. Key national figures are also reported quarterly on the **SafeLives website**, and every quarter Maracs can access more detailed data for their own Marac, Police Force, region and Most Similar Force group.

To help spread the word about what information is available, each quarter we will be producing a short brief focusing on one area of the data we collect.

### Marac data Q4 2021: Focus on Health

**What we collect:** We collect data on the number and percentage of each referral pathway to Marac. If a victim is at high risk of being seriously harmed or killed, all agencies should consider whether it is proportionate and defensible to share information in order to better protect them. Early, positive interventions from professionals (including health) with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network.

Health referrals include:

- **Primary Care** – This includes referrals from Community-Based Health Services, for example, Midwives, Health Visitors, School Nurses, GPs, etc. Dentists, Ophthalmologists and Pharmacists are also part of Primary Care
- **Secondary Care / Acute Trust** – This includes all hospital-based services, for example, Accident and Emergency, Obstetrics, Elderly Medicine, Sexual Health (GUM) Clinics etc.
- **Mental Health** – This includes referrals from community- and hospital-based mental health services, and mental health charities.

SafeLives recommends that 14 'yes' answers on the Dash should result in a referral to Marac. However, completing the DASH is not a simple 'tick box' exercise and even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. More information on referrals can be found **on our website**.

#### What the data tells us:

- In the year January to December 2021, 5.5% of Marac referrals were health referrals (2.0% Primary Care, 2.3% Secondary Care / Acute Trust, and 1.2% Mental Health). This can be compared with referrals from the Police, which make up two thirds (66.6%) of all referrals, from Idva (Independent Domestic Violence Advisor) services (11.8%), and from Children's Social Care (3.8%).
- One in twelve Maracs (25) recorded no health referrals at all.

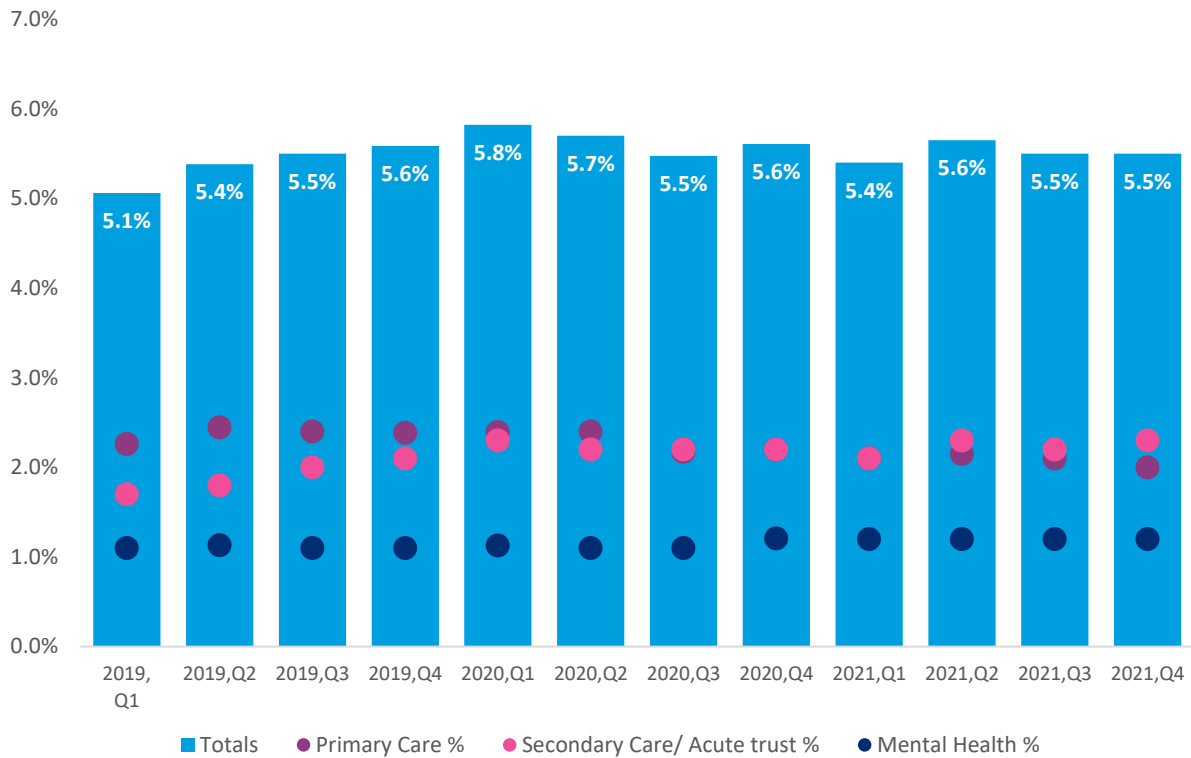
#### Trends in the data:

Nationally, the proportion of referrals from health settings has remained the same as the previous year (5.5%). The chart below shows the change over the past three years. In Q1 2020, the rate of health referrals was at its highest at 5.8%; however, since then, the rate has fluctuated each quarter. Looking at specific health referral pathways:

- Mental Health referrals fluctuate quarter to quarter, but show a slight increase over time (+0.1% since Q1 2019)

- Primary Care referrals fluctuate quarter to quarter, but have shown a steady decrease over time (-0.3% since Q1 2019)
- Secondary Care / Acute Trust referrals fluctuate quarter to quarter, but have shown a steady rise over time (+0.6% since Q1 2019)

### Proportion of referrals to a domestic abuse support service from a health care setting



**Interpreting the data:** We know from the Crime Survey for England and Wales that four out of five victims/survivors of domestic abuse do not tell the police<sup>3</sup> and that women may be more likely to disclose domestic abuse to a health care professional than to the police.<sup>4</sup> Accessing healthcare is a vital opportunity for identification and disclosure of abuse and access to support, so we would expect the proportion of health referrals to be higher than it currently is (5.5%).

Our work has identified a number of issues with the response to domestic abuse in health settings, including a lack of understanding and awareness of domestic abuse, insensitivity and victim blaming, a lack of professional curiosity, ineffective information-sharing and a lack of multi-agency working which can leave survivors feeling alone and overwhelmed.

A report on recording and sharing information practices in healthcare highlighted that: *Domestic homicide review analyses show that several DHRs have found inadequate referrals for safeguarding/MARACs. In some cases, no professional sought a safeguarding referral, or a safeguarding referral was made too late. For example, in one DHR, where the GP was aware that the victim was experiencing DVA, the victim presented with a rib fracture and asked for the police not to be involved. The GP respected her wishes but, as the DHR states, should have made a MARAC referral.*<sup>5</sup>

<sup>3</sup> <https://www.ons.gov.uk/releases/domesticabuseinenglandandwalesyearendingmarch2018>

<sup>4</sup> [http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14\\_en.pdf](http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf), p60

<sup>5</sup> Dheensa, S. (2020). Recording and sharing information about domestic violence/abuse in the health service: Research report and good practice recommendations for healthcare. Pathfinder consortium. p80

We recommend that all health commissioning takes a ‘whole-health approach’ to domestic abuse, ensuring local domestic abuse specialists are embedded in health settings, including hospital-based Idvas, Idvas co-located in Mental Health Trusts, and IRIS programmes rolled out across Primary Care Trusts. These interventions mean survivors of domestic abuse can access help and become safe sooner, and healthcare practitioners are empowered to enquire about and identify abuse, and signpost survivors on to the specialist support they need. As found in the Pathfinder project, “health services offer a referral route to those who are often less visible to domestic abuse services. Safe enquiry and clear referral pathways from health settings gives survivors the space and opportunity to disclose abuse and receive specialist support.”<sup>6</sup>

Further detail on the whole-health response can be found in our report [\*\*\*We only do bones here.\*\*\*](#)

Practice and commissioning guidance can be found in the [\*\*Pathfinder Toolkit\*\*](#).<sup>7</sup>

For more information on referrals, please see [\*\*our resources page for those referring to Marac\*\*](#) or view [\*\*our Marac Guidance for GPs\*\*](#).

Contact [\*\*Marac@SafeLives.org.uk\*\*](mailto:Marac@SafeLives.org.uk) if you are a Marac Chair or Coordinator and would like help accessing your data.

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<sup>6</sup> Pathfinder (2020), Pathfinder Key Findings Report. Available at: [https://safelives.org.uk/sites/default/files/resources/Pathfinder%20Key%20Findings%20Report\\_Final.pdf](https://safelives.org.uk/sites/default/files/resources/Pathfinder%20Key%20Findings%20Report_Final.pdf)

<sup>7</sup> Pathfinder (2020), Pathfinder Toolkit. Available at: [https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35f557271034cdc0b261f/1593007968965/Pathfinder+Toolkit\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35f557271034cdc0b261f/1593007968965/Pathfinder+Toolkit_Final.pdf)