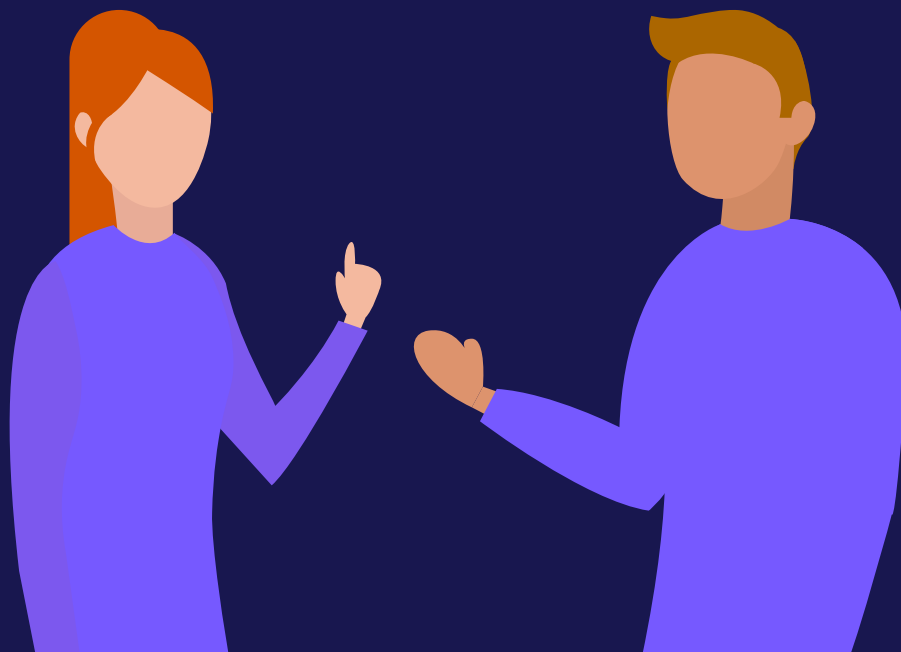


Responding to Counter- allegations at MARAC

Supporting the identification of and response to counter-allegations for MARACs in Scotland.



Contents



• About this Guidance	3
• What are Counter-allegations at MARAC?	4
Perpetrators manipulation of systems	6
• Why identify counter-allegations?	7
Why can resolving counter-allegations feel challenging?	9
• Domestic abuse and coercive control: what we know	10
Domestic Abuse: a gendered issue	11
Male victim-survivors at MARAC	11
LGBT+ victim-survivors at MARAC	12
Coercive Control	12
• How do we respond to counter-allegations at MARAC?	13
Resolving counter-allegations	15
Practice tools to support identification and assessment	16
Identification/Risk assessment	17
Referral to MARAC	18
Best practice before MARAC	20
During the MARAC meeting	21
Best practice during the MARAC meeting	22
• Correcting Misidentification and Restoring Appropriate Support	23
Rebuilding trust and support with the primary victim-survivor	24
Disengaging support from the primary perpetrator	25
• Recommendations for MARAC Professionals	26
MARAC steering group	27
MARAC Chairs and agency representatives	28
IDAA/Specialist domestic abuse services	28

About this Guidance

SafeLives is a UK-wide charity dedicated to ending domestic abuse. We developed this guidance to support MARAC professionals in identifying and responding to counter-allegations in the MARAC process.

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 victim-survivors and their families who are at 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 victim-survivors 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-survivor of domestic abuse in Scotland, whatever their risk and whatever first step they take, to the right support to make them safer, sooner.

Contact Us

Please contact Scotland@SafeLives.org.uk for further information or questions in relation to this guidance.

Visit the SafeLives website to find out more about our work, access a range of resources for professionals, and explore our training and support.



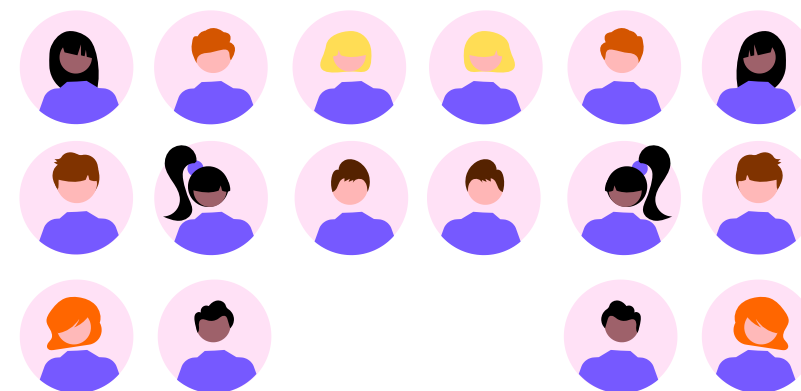
In recent years, Multi-Agency Leads within the Safer, Sooner team have experienced an increase in requests for support regarding how to respond effectively to counter allegations at MARAC. Through the Scotland MARAC Helpdesk, Safer, Sooner Network, national MARAC Networks - professionals in Scotland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

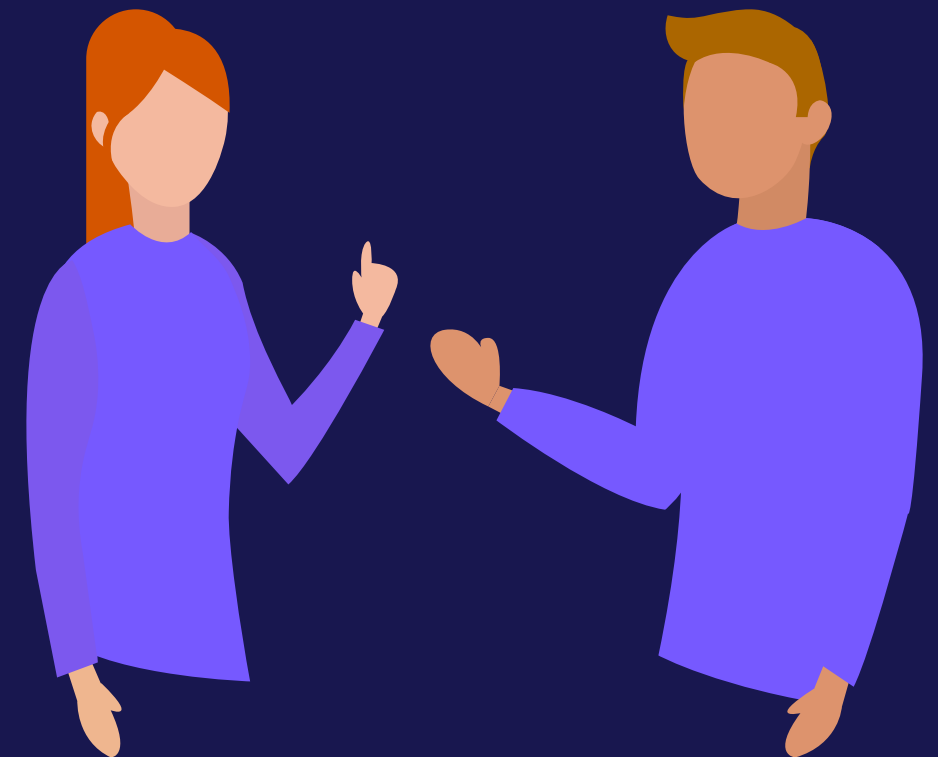
This guidance is for professionals involved in the MARAC process in Scotland, and can include the following:

- MARAC Chairs, Coordinators, and Representatives.
- MARAC Steering Groups.
- Local Violence Against Women and Girls Partnerships.
- Domestic abuse services.
- All statutory and service providers who have direct contact with domestic abuse victim-survivors and perpetrators.

It is intended to give best practice guidance for responding to cases involving counter-allegations to support that victim-survivors at risk of serious harm or homicide get the robust, tailored, local response they deserve.



What are Counter-allegations at MARAC?



A counter-allegation is where conflicting information is shared about who the victim-survivor 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 when identified during the MARAC meeting.

If counter-allegations are not identified and resolved, agencies may provide services to the perpetrator, inadvertently assisting them in isolating and controlling the victim-survivor.

As a consequence, the victim-survivor may not be able to access the services and support they need to become safe, because they have been identified wrongly as a “perpetrator”.

By responding effectively to and resolving counter-allegations at MARAC, professionals can help mitigate some of the risks and impacts outlined in this guidance. If responded to effectively, the MARAC process can act as a counterweight to other processes (e.g. criminal justice) and the victim-survivor may be labelled a perpetrator. This is important to minimise service-generated risks, holding perpetrators accountable for their abusive behaviours and preventing them from attempting to use the MARAC process as a form of abuse against the victim-survivor or any children involved.



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

1. A victim-survivor and/or perpetrator alleging the other is the perpetrator, whether simultaneously or as a subsequent allegation in response to their being assessed as the perpetrator.
2. The identification/assessment or opinion of professionals defines both parties as either both perpetrator and victim-survivor, or the victim-survivor 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-survivor

Identified through the MARAC process as the victim-survivor 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.

Perpetrators manipulation of systems

Some perpetrators may engage in behaviours commonly referred to as DARVO.

DARVO is an acronym describing a pattern of responses sometimes used by perpetrators when they are confronted about harmful or abusive behaviour. These tactics can contribute to confusion, victim-blaming, and the misidentification of the primary victim-survivor and perpetrator.

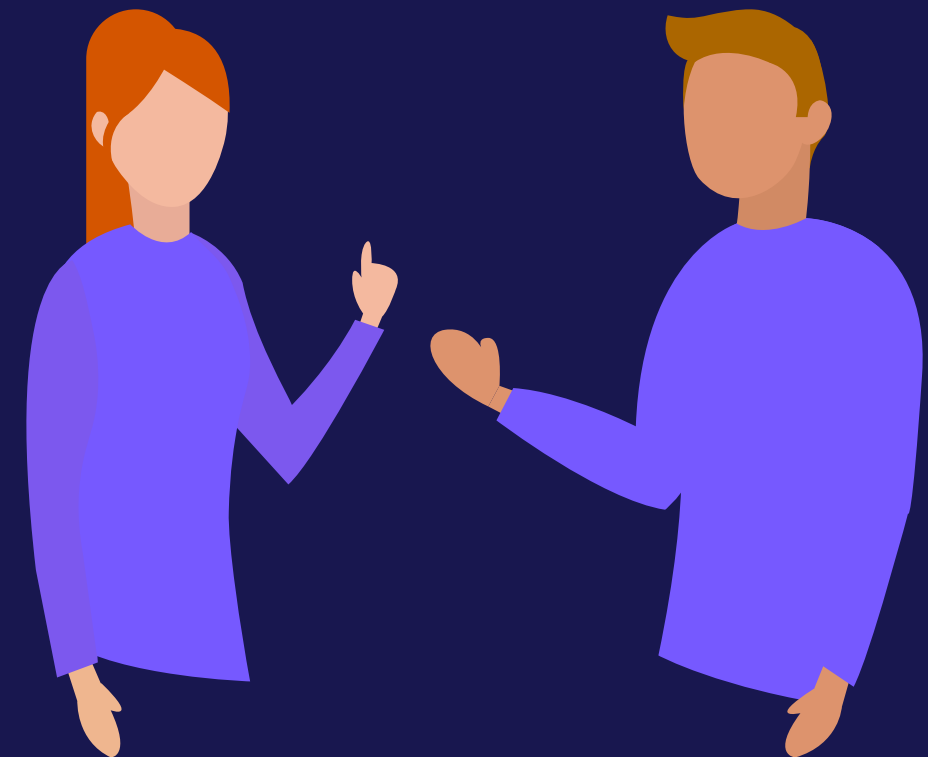
Deny – the perpetrator denies the behaviour occurred, minimises the abuse, or attempts to undermine the seriousness of the harm caused. For example: “It never happened”, “You’re exaggerating”, or “It wasn’t that bad.”

Attack – the perpetrator attacks the credibility, character, motives, or mental health of the person raising concerns. This may include blaming the victim-survivor, portraying them as unstable or abusive, or attempting to discredit professionals involved.

Reverse Victim and Offender – the perpetrator positions themselves as the victim and portrays the actual victim-survivor, or the professionals challenging the behaviour, as the offender. This reversal can create confusion, self-doubt, and professional uncertainty, and may destabilise investigations, risk assessments, safeguarding responses, and multi-agency decision-making.

In counter-allegation cases, DARVO tactics may contribute to the misidentification of the primary victim-survivor and perpetrator, particularly where professionals focus on isolated incidents rather than patterns of coercive control, fear, harm, and power imbalance.

Why identify counter-allegations?



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

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

For the primary perpetrator, identified as the victim-victim-survivor

- They might feel emboldened that their behaviour is acceptable.
- They may receive support from services that are inappropriate for them and a waste of resources.
- They could use the MARAC process and their victim-survivor status to further control and abuse the primary victim-survivor.
- They could be at risk of harm from the primary victim-survivor 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 its 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, the 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.

MARAC professionals and agencies must be confident and supported to identify domestic abuse and coercive control, and those who are at high-risk of serious harm, including 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 can provide both the victim-survivor 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-survivor 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+ victim-survivors, and victim-survivors with additional needs such as substance use 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-survivor. MARAC professionals should seek support from colleagues if there is any doubt about 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 victim-survivors safer sooner.

Why can resolving counter-allegations feel challenging?

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

Perpetrators presenting as a victim-survivor

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.

Understanding domestic abuse in lesbian, gay, bisexual and trans plus (LGBT+) relationships

Particularly where there are counter-allegations. Provision for victim-survivors 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 victim-survivors from diverse communities with specific needs, it is important to seek appropriate guidance from specialist services.

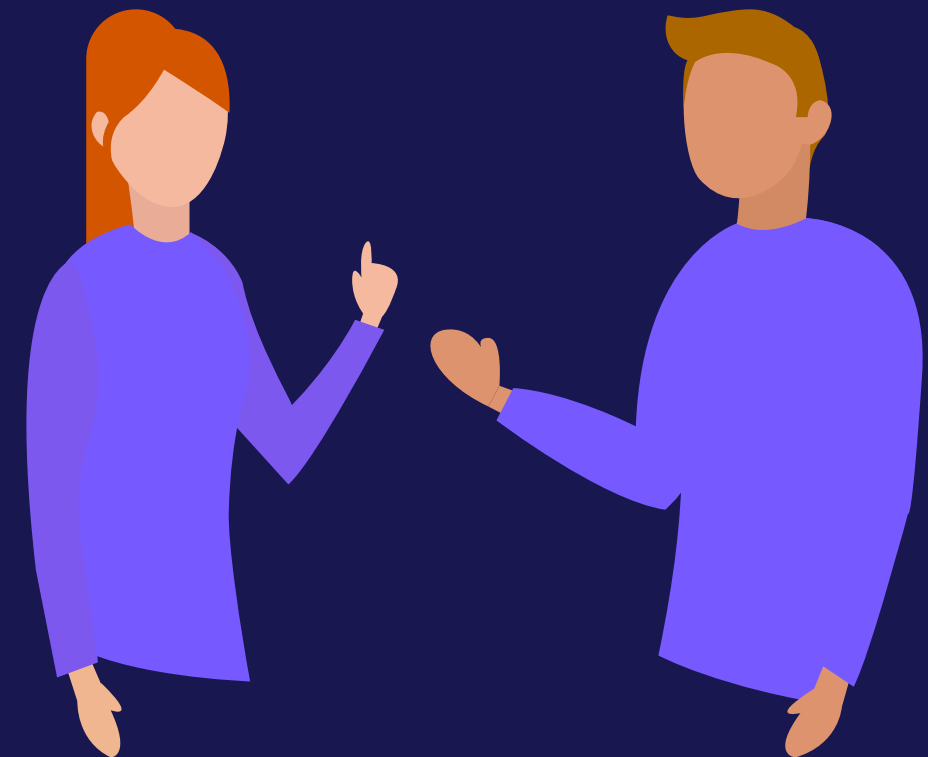
A victim-survivor using defensive or retaliatory violence

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-survivor and manage risk to all parties appropriately.

Perpetrators using coercive and controlling behaviour

Victim-survivors 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.

Domestic abuse and coercive control: what we know



Domestic abuse: a gendered issue

Domestic abuse is a form of gender-based violence. This means that victim-survivors, perpetrators, and the way abuse is carried out relate directly to wider power imbalances and inequalities in society, related to gender. Namely, men have disproportionate power and privilege, whereas women and those of other gender identities do not experience equal levels of power, choice, rights, or representation.

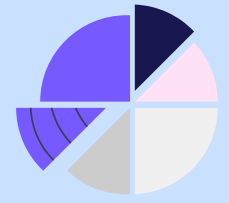
This manifests in several ways in relation to domestic abuse. Men are more likely to be the perpetrators of domestic abuse, and women are more likely to be the victim-survivors. Male perpetrators are also more likely to perpetrate severe and repeated abuse than female perpetrators, with a more significant impact on their victim-survivors. Physical violence perpetrated by males is also more likely to be fatal. 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.

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](#)



Gender based violence is a function of gender inequality and an abuse of male power and privilege...

Equally Safe



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-survivor and a male accused.

Male victim-survivors at MARAC

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

It is important to recognise that male victim-survivors 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 victim-survivors of domestic abuse. Data from Scottish MARACs highlights that male victim-survivors are continually below the recommended referral levels. Progress has been made in recent years, and work continues across Scotland to ensure all male victim-survivors at high-risk of domestic abuse can access vital support from their local MARAC.

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](#).

LGBT+ Victim-survivors 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. 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.

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+ victim-survivors of domestic abuse. Data from Scottish MARACs continually shows that LGBT+ referrals are below expected rates. This might be due to factors such as a lack of recognition of the importance of capturing this information and how a victim-survivor'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) victim-survivors and that MARACs need to make stronger links to specialist services.

The primary victim-survivor/perpetrator relationship may be less obvious in LGBT+ relationships, as they do not reflect the 'public story' of domestic abuse. 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-survivor and primary perpetrator.

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

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

[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

LGBT+ Power and Control Wheel

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, intimidation or other abuse that is used to harm, punish, or frighten the victim-survivor.

To reduce cases involving counter-allegations being referred to MARAC, all MARAC professionals and those making referrals to MARAC need to be confident in identifying coercive control and domestic abuse. The Domestic Abuse (Scotland) Act 2018 enables behaviours that constitute coercive control to be included in a new Section 1 Domestic Abuse offence. Professionals need 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-survivor 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?"

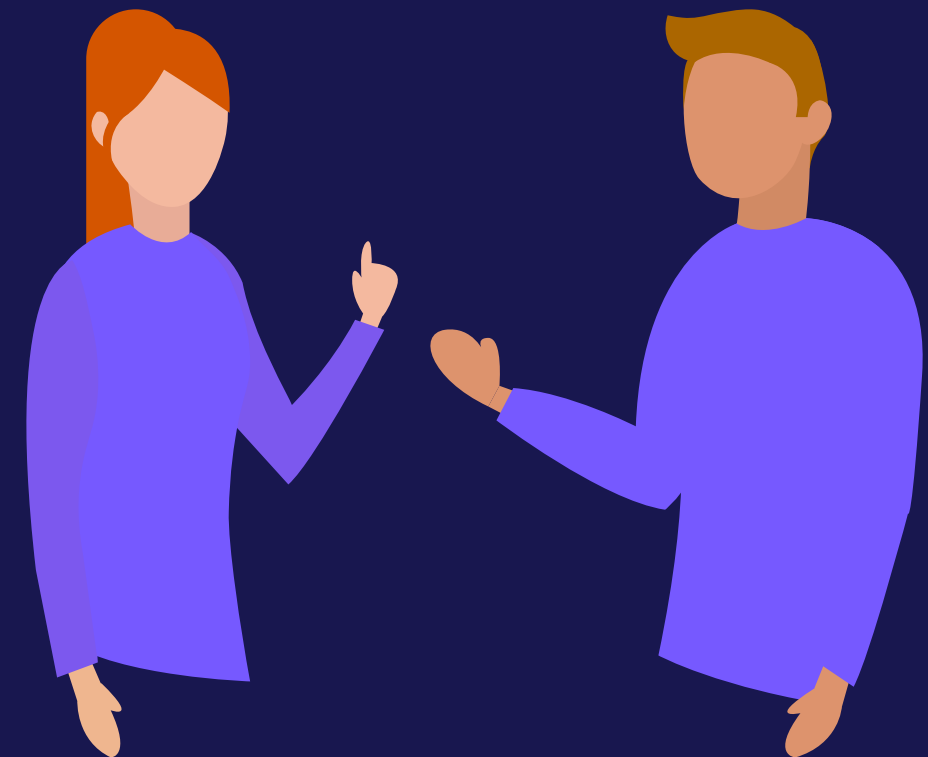
"Tell me what's the first thing you think about when you wake up in the morning?"

"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 for the victim-survivor and identify patterns of controlling behaviour.



How do we respond to counter-allegations at MARAC?



Counter-allegations can come to light at different stages in the MARAC process, but may not always be obvious.

Professionals working within the MARAC process must make every effort to resolve counter-allegations by establishing at the earliest opportunity who the primary victim-survivor 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.

Cases involving counter-allegations can have a serious detrimental impact not only on the primary victim-survivor 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-survivor 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, regardless 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-survivor.

Counter-allegations can be identified at any point during the MARAC process, but here are some examples of when counter-allegations can be made at the different stages:

Identification/risk assessment

- Police attend an incident where both parties make allegations against each other.
 - One or both parties are assessed as being at high risk and referred to MARAC as a result.
-

Referral to MARAC

- A MARAC referral is received for a victim-survivor who has been physically assaulted. MARAC records show that the victim-survivor has been the perpetrator in multiple incidents with a previous partner.
 - Whilst preparing the agenda, the MARAC Coordinator establishes that the person referred to MARAC as a victim-survivor in this instance was the primary perpetrator when the same couple were previously referred within the last 12 months.
-

MARAC meeting

- During the information sharing stage at MARAC, conflicting information comes to light, which brings into question who the primary victim-survivor and perpetrator is, as there have been allegations of abuse on both sides.

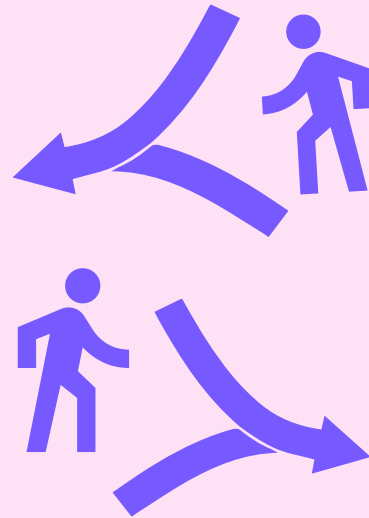
Resolving Counter-Allegations

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



Referral to MARAC

- All Marac referrals should be quality assured by an allocated MARAC agency representative, or someone with suitable seniority, to ensure it meets the MARAC threshold, before sending to the MARAC Coordinator.



Short 'Professionals Meeting'

- If there are still concerns regarding who the primary victim-survivor and perpetrator are, consider a short 'professionals meeting' to determine "who is doing what to whom" and ensure the right person is being referred to MARAC.
- Consult with IDAA or other specialist domestic abuse service (as part of the MARAC research, it may help to look at other incidents as clusters, not just the present/current incident).



Identification

- The professional that identified domestic abuse can identify the primary victim and assess the risk accordingly.
- If a professional is unsure how to respond following the identification of domestic abuse, they should seek support from the domestic abuse/MARAC agency representative within their own organisation and/or contact their local IDAA (or equivalent specialist domestic abuse service) for advice.



Risk Assessment

- To correctly identify the primary victim-survivor and perpetrator, the professional might use supplementary quality assurance tools, such as the Respect or Damian Carnell counter-allegation checklist.
- Following the correct identification of the primary victim-survivor and perpetrator, the DASH Risk Checklist should be carried out with the primary victim-survivor by the professional who identified the domestic abuse or an IDAA (or equivalent specialist domestic abuse service).

Before the MARAC Meeting

- If unsure, following a 'professionals meeting', refer into MARAC as two new or repeat cases, i.e., in case 1, person A is heard as the victim-survivor and person B the perpetrator; in case 2, person A is heard as the perpetrator and person B the victim-survivor. This should only be done with caution and on rare occasions, as discussing a potential perpetrator as a victim-survivor at MARAC could increase the risk to the primary victim-survivor.

During the MARAC Meeting

- Information sharing at the MARAC meeting can also help identify a pattern of behaviour and/or clusters of incidents which can help to resolve any remaining challenges with identification.

Practice tools to support identification and assessment

There are several checklist tools available to support professionals in identifying and responding to counter-allegations within the context of domestic abuse.

These include:

- the checklist tool contained within the Respect Toolkit for Work with Male Victims of Domestic Abuse
- the Damien Carnell counter-allegations checklist tool

SafeLives has extracted these checklist tools to support professionals responding to counter-allegations in Scotland. These resources can be accessed within the counter-allegations toolkit section of the Scottish resources area on the SafeLives website.

The tools may support professional consideration of who may be the primary victim-survivor and primary perpetrator in cases involving counter-allegations.

The checklist tools can be used flexibly within both single-agency and multi-agency settings. For example, they may support:

- individual professionals working directly with victim-survivors or perpetrators
- professional reflection before completing a DASH Risk Checklist
- consideration before submitting a MARAC referral
- discussions within a pre-MARAC professionals meeting.

Using these tools within a multi-agency context may support a more comprehensive understanding of risk by bringing together information, professional perspectives, and patterns of behaviour identified across different agencies.

Wherever possible, the aim should be to identify and respond to counter-allegations at the earliest appropriate opportunity, before the MARAC meeting itself.

These checklist tools are intended to support assessment, reflection, and professional discussion. They are not intended for use during the MARAC meeting itself.

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 victim-survivors identified as being at high-risk of serious harm or homicide are referred into their local 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-survivor/perpetrator

Prior to a DASH being completed, if there is a counter-allegation, or the potential for one, or the professional believes the “victim-survivor” is the primary perpetrator, there needs to be an assessment of who the primary victim-survivor/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-survivor. 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-survivor.

The person assessing risk should consider using tools specifically designed to identify perpetrator patterns of behaviour and who the primary victim-survivor and perpetrator are. The [Respect Toolkit](#) is a valuable resource to support safe, effective, and accountable practice when working with men.

Risk assessment

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

Referral to MARAC

There are four criteria that professionals can use to refer a victim-survivor at high-risk of serious harm or homicide 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.

Quality Assurance

SafeLives does not recommend that MARACs employ a screening 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.

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-survivor is at high-risk of serious harm or homicide because of domestic abuse.

Quality-assuring referrals is crucial for identifying potential counter-allegations, including cases where a perpetrator may present as a victim-survivor 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-survivor 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-survivor 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-survivor, and a subsequent MARAC referral for the primary victim-survivor should be considered. The allegation of abuse perpetrated by the primary victim-survivor against the primary perpetrator should be included in the assessment of risk, as the perpetrator's manipulation of systems to further control the victim-survivor may escalate the risk.

Pre-MARAC professionals meeting

There may be a small number of cases following a referral to MARAC and IDAA or equivalent specialist domestic abuse service, where there is still uncertainty regarding who the primary victim-survivor 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 should not be treated as a screening meeting.

Every MARAC and every case is unique so the meeting format can vary accordingly. This meeting should not be attended by a single agency alone. Instead, the meeting should involve all relevant agencies that 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 MARAC 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 that 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-survivor 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-survivor" is actually the primary perpetrator, a decision must be made regarding whether the primary victim-survivor is at high-risk and meets one of the four MARAC referral criteria and therefore must be referred into MARAC. If the primary victim-survivor is at high-risk, the multi-agency team will need to agree on action(s) regarding contact with the victim-survivor before the MARAC meeting. Best practice is for all victim-survivors 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, the identity of the primary victim-survivor 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-survivor and person B the perpetrator; in case 2, person A is heard as the perpetrator and person B the victim-survivor. This should be done with caution and only on rare occasions, as discussing a potential perpetrator as a victim-survivor at MARAC could inadvertently increase the risk to the primary victim-survivor.

Best practice before the MARAC meeting

The MARAC referrer seeks further advice from a domestic abuse/MARAC agency representative from within their own organisation, and/or contacts 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-survivor, complete a DASH Risk Checklist with them to assess the level of risk.

ALL MARAC referrals should be quality assured by the allocated MARAC agency representative, or someone with suitable seniority, to ensure the case meets the MARAC threshold, before referring into MARAC by 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 the integrity and accountability of the process.

Following a referral to MARAC and IDAA or equivalent specialist domestic abuse service, if there is still uncertainty about who the primary victim-survivor and perpetrator are, then before the MARAC meeting, the referring agency should seek a short 'professionals meeting' to determine who the primary perpetrator/victim-survivor is.

If unsure, following a professional's meeting, refer in as two new or repeat cases, i.e., in case 1, person A is heard as the victim-survivor and person B the perpetrator; in case 2, person A is heard as the perpetrator and person B the victim-survivor. This should only be done with caution, and on rare occasions, as discussing a potential perpetrator as a victim-survivor at MARAC could increase the risk to the primary victim-survivor.

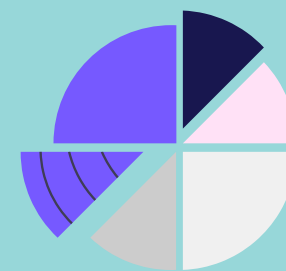
During the MARAC Meeting

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-survivor is at high-risk of serious harm or homicide because of domestic abuse.

What information should be shared at MARAC when there are counter-allegations?

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, assessing to identify the primary perpetrator and primary victim-survivor 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 callouts, 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.
- 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-survivor.



Across Scotland, only 1 out of 5 victim-survivors reports 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).

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-survivor and perpetrator. This should include consideration of how and what feedback is provided following the MARAC.
- Agree on actions that ensure safe access to services 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 meetings' to manage the risk management plan outside of the MARAC.
- Actions to address the primary perpetrator's behaviour through managing, disrupting, diverting and/or prosecuting the perpetrator.

Best practice during the MARAC meeting

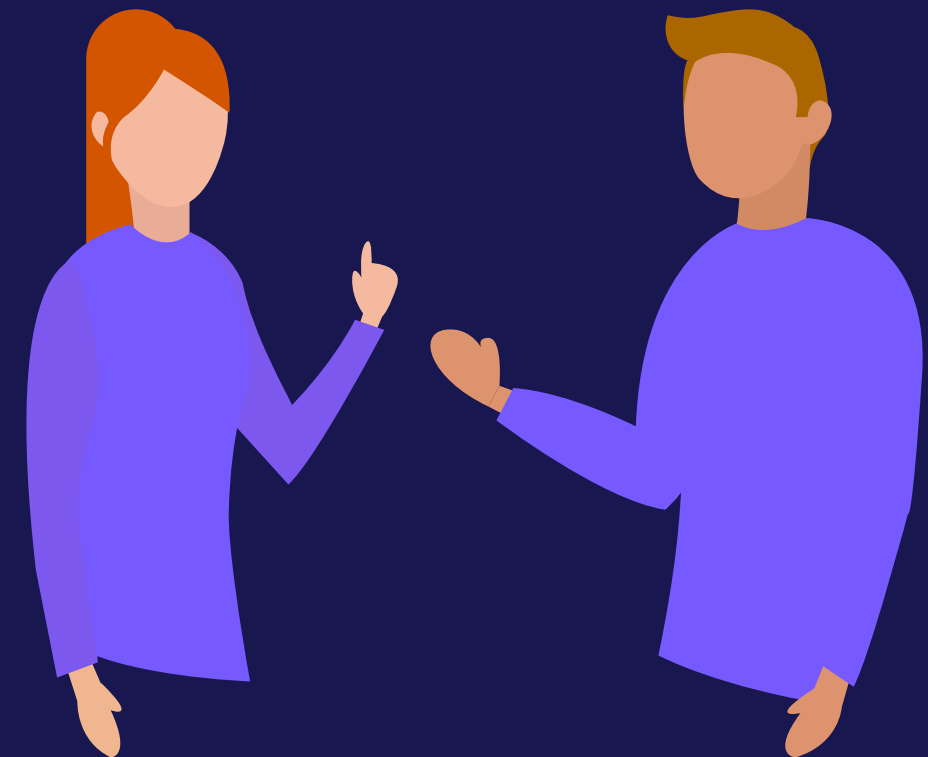
In cases involving counter-allegations, the referring agency needs to make it clear why (and how) the person being referred into MARAC has been identified as the primary victim-survivor in this case and not vice versa.

In cases where a counter-allegation arises, there should be a discussion about who the primary perpetrator and victim-survivor 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-survivor and person B the perpetrator; in case 2, person A is heard as the perpetrator and person B the victim-survivor, and then a decision on who is who is made.

In cases where minimising or using victim-survivor-blaming language, for example, “both as bad as each other” - this should be respectfully challenged by the IDAA/specialist service, Chair or agency representative.

Correcting Misidentification and Restoring Appropriate Support



Rebuilding trust and support with the primary victim-survivor

In cases involving counter-allegations, there may be instances where the primary victim-survivor is initially misidentified as the perpetrator.

This can have a significant impact on the victim-survivor's safety, well-being, trust in professionals, and willingness to engage with services.

Misidentification may result in service-generated risks, including the victim-survivor not receiving appropriate support, the perpetrator being incorrectly treated as the "victim-survivor", or systems and processes inadvertently reinforcing the perpetrator's abuse and control.

Once the primary victim-survivor has been correctly identified, professionals must take appropriate steps to rectify the misidentification and ensure the victim-survivor receives an appropriate, trauma-informed, and victim-centred response.

The stage at which the misidentification is identified will shape what actions agencies may need to take next, including reviewing risk assessments, support arrangements, referrals, and safety planning.

Rebuilding trust following misidentification may take time. MARAC professionals and agencies should recognise the potential harm caused when victim-survivors are incorrectly identified as perpetrators and seek to minimise further service-generated risk through transparent communication, appropriate support, and consistent trauma-informed practice.



Acknowledge and respond to the impact of misidentification on the victim-survivor.



Take steps to rectify inaccurate records, referrals, or professional assumptions where appropriate and safe to do so.



Reassess risk through the correct lens of coercive control, fear, harm, and power imbalance.



Ensure the primary victim-survivor is offered appropriate support, including referral to MARAC and/or specialist domestic abuse services where threshold and risk criteria are met.



Consider whether previous professional responses or agency involvement may have increased risk or reinforced the perpetrator's abuse.



Communicate clearly, honestly, and transparently with the victim-survivor where safe and appropriate.



Recognise that victim-survivors who have been misidentified may understandably feel fearful, distrustful, blamed, or reluctant to engage with professionals and services.



Prioritise trauma-informed, victim-centred, and culturally responsive engagement.



Ensure actions taken by agencies do not further stigmatise or criminalise the primary victim-survivor.

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-survivor” from services either partially or fully through the MARAC process.

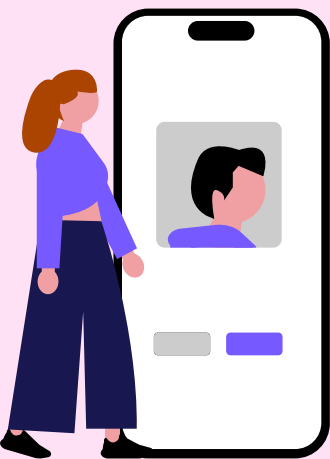
When a “victim-survivor” is identified as the primary perpetrator, they mustn’t receive further support or victim-survivor status via the MARAC process.

The stage at which the primary perpetrator is identified will shape what services can do to disengage from the perpetrator.

Hold the perpetrator to account

While a key aim of MARAC is to improve the safety of the victim-survivor and children, this can only be achieved if the behaviour of the perpetrator is addressed effectively.

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. By agreeing on effective actions, MARACs can better address and mitigate the risks posed by the perpetrator, ultimately contributing to improved safety for victim-survivors and their families.



For services that continue working with the perpetrator as part of their core business, the [Respect Phonenumber](#) provides support to frontline workers who are supporting domestic abuse perpetrators.



SafeLives [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).



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.

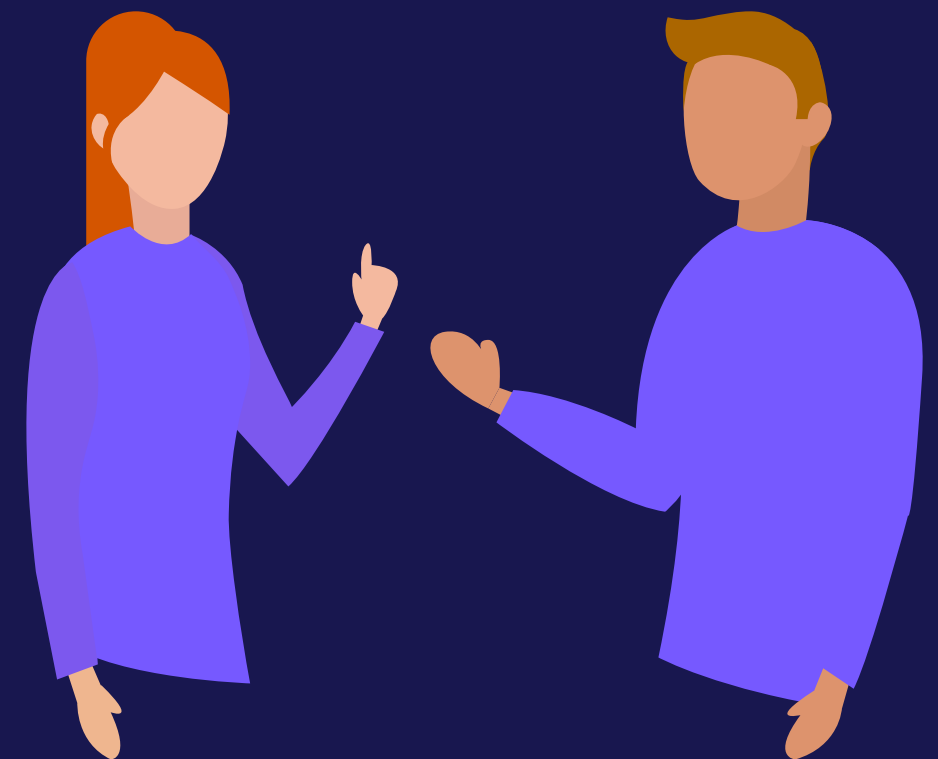


Prioritise Safety: Consider the safety of agency staff and determine safe methods of engagement with the primary perpetrator. Where relevant, the MARAC action plan should cover specific actions to ensure the safety of professional responsible for disengaging with the perpetrator.



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).

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 victim-survivors involved in counter-allegation (e.g., victim-survivors whose experiences may be shaped by discrimination, inequality, or barriers linked to protected characteristics), as this may help make the case locally for increased specialist provision.

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.

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.

The MARAC Steering Group should consistently review and increase its links to specialist services to ensure victim-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.

Ensure policies to address counter-allegations at MARAC do not create further barriers to accessing support for male victim-survivors and those who may face additional barriers to support or unequal outcomes.

MARAC Chairs and Agency 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.

Ensure information sharing and action planning do not lead to service-generated risks – could actions or subsequent agency involvement create new, or exacerbate existing risks?

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) on victim-survivor 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 do not lead to service-generated risks – could actions or subsequent agency involvement create new, or exacerbate existing risks?

IDAA/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-survivor(s).

Support the MARAC by stating their concerns and taking 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 victim-survivors identified whom they cannot support (often male or LGBT+ victim-survivors), as this may help make the case locally for additional provision, particularly for a specialist male or LGBT+ IDAA.