

# Are MARACs Effective for Harmful Practices Cases?

Report



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# 1. Acknowledgements

We would like to thank all individuals and agencies who were part of this research via surveys, interviews, focus groups and attending our world café. These include:

**Advance** 

**Ashiana** 

Asian Women's Resource Centre (AWRC)

BAWSO

**CGL** 

**DVIP** (Al Aman)

**FORWARD** 

Hearthstone

Hopscotch

Huda Jawad

**IMECE** 

**IKWRO** 

Kavitha Ramakrishnan VAWG and

Vulnerabilities Lead, Royal Borough of

Kingston upon Thames

**KMEWO** 

Jewish Women's Aid

Lara Iggulden - Domestic Abuse Operational

Lead, Lincolnshire Council

Latin American Women's Aid (LAWA)

**London Black Women's Project** 

London Borough of Havering Senior IDVA

**Liverpool Council Team Leader - Victims** 

and Vulnerable People

MARAC Co-ordinators in England and

Wales who responded to our survey

Refuge

Respond

Roshni

Solace Women's Aid

Southall Black Sisters

Savera UK

**Standing Together Against Domestic** 

**Abuse MARAC Team** 

Victim Support

We would also like to thank those who supported the project including:

Our funder Esmee Fairbairn

Our learning partners – Jess Taylor and Sumanta Roy

Marianne Dube-Lacroix – Standing Together
Against Domestic Abuse

Annabel Moores – London Borough of Hammersmith and Fulham

Abi Nkohla



# 2. Introduction

### 2.1 About the Coaction Hub Partnership

Coaction Hub is a partnership project between Asian Women's Resource Centre (AWRC) and Standing Together Against Domestic Abuse (STADA) which works to strengthen the Co-ordinated Community Response (CCR) (1) to improve responses to Black and minoritised (2) survivors of domestic abuse and harmful practices.

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The project aims to create an equitable partnership between a by and for agency and a mainstream or 'White led' agency working in the ending violence against women and girls (VAWG) sector (3). Each agency brings a range of expertise which complements the other – AWRC as a frontline agency with more than 40 years of experience working with Global Majority victim/ survivors of domestic abuse and harmful practices and STADA as a second-tier agency which pioneered the CCR in the UK.

The Coaction Hub examines aspects of the CCR such as risk assessment tools, Domestic Homicide Reviews (DHRs) and MARACs to explore whether these are effective tools for Black and minoritised victims and survivors of domestic abuse and harmful practices and considers alternative methods. Key to this work is collaboration with a range of agencies across the sector, including most importantly, ending VAWG Black and minoritised by and for agencies whose voices have been marginalised within the CCR.

One example of this is the Harmful Practices Strategic Partnership (HPSP), a pan London, by and for led group of statutory and non-statutory agencies and individuals which is co-ordinated by the Coaction Hub. The HPSP ensures that by and for expertise is centred in all aspects of the group, including the membership structure, decision making and policy recommendations. By doing so there is an acknowledgement of power imbalances inherent in the VAWG sector, and agreed aims to address these through anti racist practice and amplifying the voices of by and for organisations.

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AWRC represent their service users at MARAC across a number of London boroughs.



Their way of working holistically with women means they bring a wealth of knowledge to these spaces, advocating for Black and minoritised women, including those who have no recourse to public funds. Since 2021 they have been commissioned by the Royal Borough of Kingston upon Thames to provide expertise at a 'stand alone' MARAC which hears high risk harmful practices cases. The purpose of this role is to advise on cases, in the process upskilling other MARAC reps. This model will be discussed further in section 8.

STADA have been co-ordinating MARACs since 1999 when they pioneered the first multi-agency group to implement safety measures for victim/ survivors of domestic abuse in Hammersmith and Fulham. Since 2020 STADA have been collating data on harmful practices cases heard at MARAC in 3 local authorities, Hammersmith and Fulham, Westminster and Kensington and Chelsea. This is carried out as part of the wider work of the Harmful Practices Operational Group (HPOG), a group co-chaired by AWRC and findings have been addressed in papers by the University of Suffolk (4) and STADA (5). This paper benefits from the Coaction Hub partnership which brings the complimentary expertise of both agencies experience and understanding of MARACs.

### 2.2 Rationale

This paper was born out of an identification by the Coaction Hub that there were clear gaps in responses to survivors of harmful practices at MARACs both agencies have attended. This was compounded by the data work carried out within the HPOG which found that harmful practices were present in at least 5% of MARAC cases. It was clear that this number was likely to be higher, as in many cases there was a lack of identification and understanding by professionals. There were obvious gaps in the data, most strikingly the lack of knowledge, and in many cases curiosity, regarding perpetrators, particularly when these were family members. The data illustrated the complexity of these cases, with survivors often experiencing multiple forms of VAWG from multiple perpetrators, which brought into question whether the format of MARAC allows sufficient time to risk manage these cases effectively. This paper aims to build on these findings and to explore more widely whether MARAC is able to adapt to the complexity of these cases and is ultimately an effective forum for reducing risk for victim/ survivors of harmful practices. It also considers whether alternative models could improve current MARAC practice.

### 2.3 Aims of this paper

This paper is aimed at all those who are involved in the development, commissioning and coordination of MARACs in England and Wales. It explores the under examined but vital area of MARACs and their effectiveness for harmful practices cases, aiming to shed light on these cases, which are often 'invisible' in discourse around multi agency processes. The paper will examine current practice through research carried out with ending VAWG by and for organisations, as well as other stakeholders such as MARAC co-ordinators, VAWG leads, and VAWG practitioners. It will also highlight examples of good practice and make recommendations around the importance of ongoing learning and education for all those involved in MARACs to ensure that harmful practices are effectively understood and responded to throughout the MARAC process. The paper is accompanied by a toolkit, which will support local areas to improve practice in managing these cases at their MARACs.



# 3. Methodology & Methods

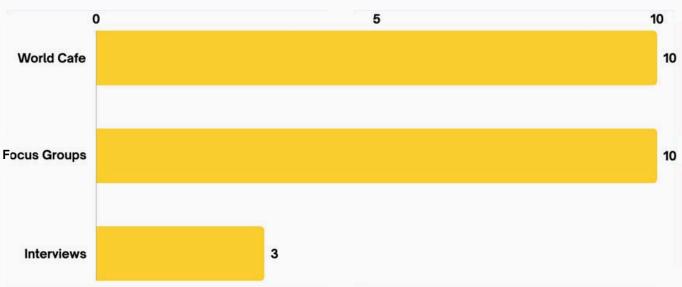
Overall in this research we heard from:

- 14 By and for agencies
- 6 VAWG agencies
- 3 DA workers based in local authorities
- 3 VAWG Leads based in local authorities
- 5 3rd sector workers with DA specialisms
- 1 Activist
- 50 MARAC co-ordinators

This research was carried out within an intersectional feminist (6), anti-racist framework, reflecting the values of the Coaction Hub. This included bringing an understanding of the structural racial inequalities which impact Black and minoritised survivors of VAWG and the specialist by and for agencies which support them. This approach understands that survivors of harmful practices may be experiencing multiple forms of structural inequality based on the intersecting identities they hold (race, sex, class, sexuality, gender, age etc) and simultaneously be experiencing multiple forms of VAWG. By and for agencies are foregrounded in this work, not just as experienced service providers to women, but in the wider socio-political context of their actively anti racist work in a white supremacist power structure. We used a participatory approach to actively address power imbalances, both between white led and by and for agencies and between researcher and participant.

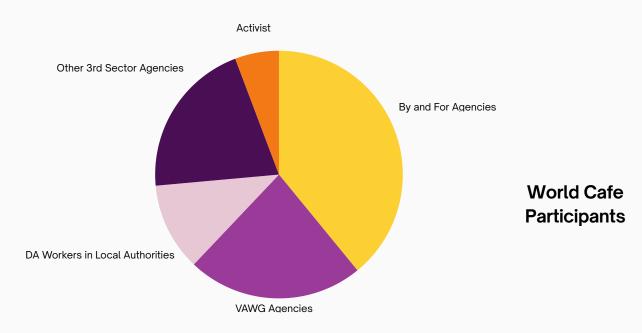
Space was created within the research to hear the voices of by and for agencies separately to other agencies in acknowledgement of the unequal power dynamics that exist between by and for and White led agencies. We held two focus groups specifically with by and for agencies, which were attended by a total of 10 participants from 9 different agencies. These agencies were all London based. We also carried out 1-1 interviews with 3 by and for agencies based outside London, including 1 in Wales.

### By and For Participants

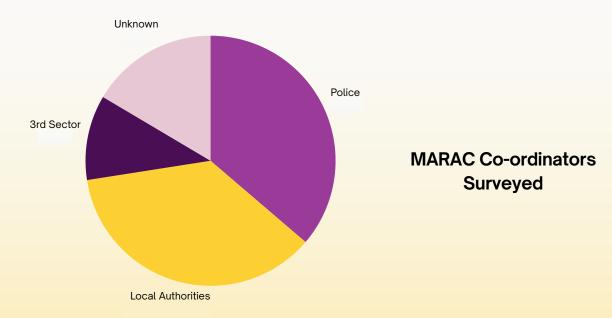




We held a world café event in London which was attended by 25 individuals from a range of agencies which work both locally and nationally. Attendees included by and for agencies, large and smaller mainstream VAWG agencies, individuals employed by local authorities, and generic third sector agencies who have a domestic abuse specialism. The majority of attendees either worked directly with victim / survivors of domestic abuse or line managed those who do this work. We used the world café methodology (7) as it resonated with our feminist values of participatory action research and sharing ideas through connection and collaboration. This served to reduce the power imbalance between researchers and attendees, as well as bring agencies together to generate discussion and ideas between participants.



To gather views from MARACs directly, surveys were sent to MARAC co-ordinators in England and Wales of which 50 responses were received. 49 of these were from MARACs in England and 1 from Wales. Of the MARAC co-ordinators who responded 38% were from the police, 34% from local authorities, and 12% from third sector organisations, with an additional 16% where this was left blank. We held a focus group for MARAC co-ordinators, attended by 4 participants. We also interviewed 3 VAWG leads based within local authorities who shared information on MARAC models within their areas.





Throughout this research, as part of our intersectional, feminist approach, we were conscious of the ethical issues involved in the work, and the need to create safe environments for participants to be able to discuss their experiences. All participants in surveys, focus groups and interviews were able to choose their preferred level and type of involvement, and this could be subject to change, for example one interviewee chose not to have her interview recorded and transcribed. World café attendees are not directly quoted, as research data emerged from group discussions at this event

# 4. Understanding Harmful Practices in the Context of VAWG

This report takes a feminist, anti-racist perspective on harmful practices. Although men and boys can be victim / survivors (8), women and girls are disproportionately affected by these forms of abuse (9). Harmful practices are part of the continuum of VAWG that have been dismissed as being linked to culture and religion, causing othering and leading to a failure to protect women and girls. Throughout this report we use harmful practices to mean a wide range of forms of abuse against women and girls, often occurring simultaneously or in conjunction with other forms of abuse such as domestic abuse, sexual abuse and modern slavery. Although 'honour' based abuse is used by some agencies, particularly government and statutory agencies, as a catch all term to include 'honour' based abuse (HBA), forced marriage (FM) and female genital mutilation (FGM) (10, 11).

We believe that this obscures a range of forms of abuse, including spiritual abuse, dowry abuse, caste-based abuse, virginity testing and others. We use the term harmful practices as a much broader definition to include a wider range of abuse. The Coaction Hub defines harmful practices as:



Forms of gender-based violence and domestic abuse where escalation of abuse and associated risks happen due to notions of power and control within intersectional contexts of oppression. In these cases, religion, culture, patriarchal codes of behaviour and perceived notions of honour are used by one or more perpetrators as an excuse for coercive control, threats and abuse.

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### 4.1 Perceptions of Harmful Practices

Popular narratives in the UK position harmful practices as uniquely 'barbaric', detached from a wider feminist understanding of VAWG. They are sensationalised, used to imply deviance and to stigmatise communities and faiths. By positioning them within the continuum of VAWG, we gain a greater insight into the commonalities of abuse towards women and girls across cultures. Harmful practices are forms of coercive control and domestic abuse requiring a nuanced understanding as to how perceived codes of honour are used to justify abuse and how these create specific barriers for victim/ survivors.

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Victim/ survivors of harmful practices are entitled to the support and safeguarding responses from statutory and voluntary sectors that other victim/ survivors of domestic abuse receive, including in the case of high-risk cases, multi-agency support via MARAC. For a wider discussion on perceptions of harmful practices, see Annex 2.

## 4.2 The Importance of Focusing on Harmful Practices Cases at MARAC

Harmful practices are an under researched area of VAWG, and our knowledge of the prevalence within England and Wales is limited (12). Although all forms of VAWG are under identified, harmful practices are particularly 'hidden' (13), and they are omitted from datasets such as the Crime Survey for England and Wales (CSEW) (14). We know that these cases are under reported to the police (15), making it vital that all professionals have an understanding of and ability to identify these forms of abuse. In 2018 - 19 Karma Nirvana received 13,124 calls asking for advice about 'honour' based abuse and forced marriage (16). However, in this same period only 80 HBA flagged cases were referred to the CPS, of which 49 suspects were charged, in addition to four charges of forced marriage (17). A lack of understanding by statutory agencies of the risks associated with harmful practices has been highlighted by victim / survivors (18) and in DHRs (19). The police in particular have been identified as needing improvement, with a 2020 super-complaint by the Halo Project and the Tees Valley Inclusion Project finding that police failed to both identify and adequately safeguard victim/ survivors of sexual abuse who were at risk of 'honour' based abuse (20). In addition, a survey of 137 practitioners, mainly police, but including other statutory agencies, found that 54% felt ill equipped to deal with harmful practices cases. The majority were also unsure where to refer victim/ survivors for specialist support (21). This raises concerns around how agencies as a whole are responding to these victim/ survivors.

# 5. Findings Overview

Research findings cover 5 main areas, which encompass identifying concerns and gaps, as well as exploring alternative ways of working. A summary of findings can be found below.

Recommendations can be found at the end of each chapter and the full list can be found in Annex 4. Recommendations are aimed at all those involved in the development of MARACs including coordinators, VAWG leads, steering groups and commissioners. We would suggest that this are discussed in MARAC steering groups in order to explore how local MARACs improve their responses to these cases.

# Professionals Understanding of Harmful Practices in MARAC Settings

Our research found that the majority of professionals involved with MARACs had insufficient knowledge around the complexity of these cases



This had a variety of consequences including inadequate risk assessing, the 'screening out' of harmful practices cases, and the focusing on domestic abuse risks whilst sidelining specific risks related to issues of 'honour'. Statutory agencies were particularly singled out as requiring improved understanding of these forms of abuse. Structural issues were also highlighted, including the turnover and inconsistency of MARAC participants, and inadequacy of risk assessment tools. This raises concerning issues as to whether MARACs are able to effectively respond to victim/ survivors of harmful practices.

### The Value of By and For Agencies to MARAC and how this Impacts Harmful Practices Cases

By and for agencies bring a vast amount of expertise to MARAC, not just in terms of inputting on specific cases but supporting and advising other professionals round the table to better respond to cases of harmful practices. Their involvement can lead to improved relationships with other organisations, leading to better outcomes for victim/ survivors. However, by and for agencies are often underutilised in the MARAC model, with inconsistency of funding to enable them to be core agencies at MARAC, to be in referral pathways, or even to be present. This illustrates a missed opportunity given the expertise these agencies can provide to MARACs.

# Reconsidering the Structure of MARAC for Harmful Practices Cases

The complex nature of harmful practices cases means that in many areas the structure of MARAC provides insufficient time and expertise for these cases to be adequately risk managed. Our research uncovered a number of areas where different approaches are being taken to these cases, such as hearing them at a stand alone meeting, or as part of a separate space for complex cases. The commissioning of by and for agencies to attend these meetings can not only provide expertise on individual cases but upskill other reps.

### Harmful practices as a Referral Criteria for MARAC

There is currently an inconsistency of MARAC referral criteria across areas, with some localities including forms of harmful practices. Given the under identification of harmful practices cases, this could result in more cases being identified, but this must not replace training on these forms of abuse. Consideration should also be given to the legal basis for these referrals, ensuring that this results in only high-risk cases being referred.

### The Value of Collecting MARAC Data on Harmful Practices

Data on harmful practices is currently limited, both nationally and in local areas. Collecting and analysing MARAC data on harmful practices is an opportunity to gain insights into high-risk cases locally. This can be used to inform strategic decisions and commissioning and can also be collated into a national data set.



# 6. Professionals Understanding of Harmful Practices in MARAC Settings

### **Key Points:**

- MARAC co-ordinators, chairs and reps require a greater understanding of harmful practices cases
- In some areas referrals involving harmful practices are being rejected by MARACs
- MARACs often sideline the dynamics of harmful practices and focus solely on domestic abuse
- Many professionals from statutory and non-statutory agencies struggle to risk assess harmful practices cases.
- Standard risk assessment tools are inadequate for harmful practices cases

### 6.1 Introduction

This research is interested specifically in the understanding of harmful practices in a MARAC context, encompassing MARAC co-ordinators, chairs and reps, and therefore professionals across a wide range of statutory and non-statutory agencies.

The case study below illustrates a typical harmful practices case heard at MARAC, based on information from agencies who engaged in this research. Details, including names have been changed to protect confidentiality.

### **Harmful Practices Case Study**

Maria has been referred to MARAC by the police following an incident where her husband assaulted her in their home. Maria has not made a statement to the police and declined to complete a risk assessment. The police referred to MARAC under the category of potential escalation as this is the 4th time they have been called out to the address this year.

Maria was referred to an IDVA who shared in the meeting that she was assessed as medium risk using the DASH RIC. They provided safety planning and advice. Maria told the IDVA that she comes from a devout Christian family, and her faith is important to her. She disclosed that she is separated from her husband, but still living in the same house as she has nowhere to go. She has a new partner and has recently found out that she is pregnant by him.



Her husband is not aware of this, but she is worried what will happen once her pregnancy is more visible. She also disclosed that family are very unhappy that she has separated from her husband and are pressurising her to resume the relationship, including threatening her. It is unclear whether she was referring to her family, his family or both, and it is unknown where they currently reside. Maria hasn't answered her phone the last few times the IDVA has tried to contact her.

An action is set for the IDVA to further explore the risks from Maria's family and offer a referral to a specialist by and for organisation. However, they are unable to make contact with her again. The police case does not proceed due to insufficient evidence.

Several weeks later Maria attends a women's centre run by a local ending VAWG by and for organisation for advice on her housing situation. During the risk and needs assessment, she discloses that she is scared of her brother. He is close to their church leader, and she believes that they are turning the community against her. She also stated that her husband has been using texts from the Bible to shame her and prove to her that she is 'worthless'. In the past he has sexually assaulted her, telling her that it is her duty to have sex with him as she is his wife.

The agency have identified spiritual abuse and a risk of honour based abuse, and assessed her as high risk based on their professional judgement. They are very concerned that the risk from the husband, the brother and the wider community will escalate. The agency has advised her on her options and will be providing ongoing support. They have referred the case back to MARAC but have been informed that as nothing 'new' has happened the case would not be heard again.

### **Practice Points:**

- Professionals should consider a wide range of harmful practices when risk assessing
- Agencies should apply the 'one chance' rule and attempt to risk assess and safety plan as much as possible when engaged with a survivor of harmful practices
- The DASH RIC is unlikely to ascertain the extent of the risk in harmful practices cases, and additional questions are needed
- Agencies should attempt to find out who the perpetrators are prior to MARAC in order to inform risk management
- A repeat referral to MARAC does not require a new 'incident' and can be based on potential escalation of risk
- Information which indicates a potential escalation in risk requires a new risk reduction plan



### 6.2 Relevance to All MARACs

During this research professionals from some areas felt that the discussion of harmful practices cases was irrelevant to their work, as their local demographic was predominately made up of White British residents. We would urge these areas to explore this in more detail, considering the latest census data as well as understanding that a broad range of victim/ survivors are at risk from harmful practices. As part of this research we heard from areas with a large White British population about changing demographics due to local universities or asylum seeker placement. Both those on student visas and asylum seeker victim/ survivors are particularly vulnerable due to lack of status in the UK and may be less likely to engage with local statutory agencies. As harmful practices are very hidden forms of abuse, for the reasons highlighted in this research, cases may not be being picked up by local agencies, and this may be even more likely if there are few specialist agencies, or agencies have limited experience working with this client group.

### 6.3 MARAC Co-ordinators

The role of MARAC co-ordinator can vary extensively across areas. In some areas this is a dedicated role, but in others might be an add on to another role, for example within a local authority VAWG team. This role can be primarily an admin role, focussing on taking and distributing at risk lists and minutes, whilst in other areas this role may also encompass carrying out extensive training, inductions and briefings in their local area, as well as writing reports and taking a lead role in steering groups. In some areas the co-ordinators have a proactive role in the MARAC meeting, suggesting actions and guiding the chair.



### MARAC Co-ordinators' Knowledge of Harmful Practices

In our survey of MARAC Co-ordinators in England and Wales **only 56**% felt confident in their knowledge of harmful practices. Some fed back that they felt it was not their role to have expertise in harmful practices, and this may reflect the area they work in and/ or the type of role they take on within the MARAC.

**42% of co-ordinators** had not attended training on harmful practices, and of those who had, many advised that the training they had attended focussed on one or two specific forms of abuse, most commonly 'honour' based abuse or forced marriage. In our focus groups specialist by and for agencies raised concerns that MARAC co-ordinators did not always understand the complexity of risks around harmful practices and did not always respect their professional judgement when referring cases. As many of these agencies work across a range of local authorities, they were able to reflect that some areas were more willing to accept their referrals than others.

### **Screening of Harmful Practices Cases**

Concerningly, several specialist agencies raised the issue of MARAC 'pre meets' where referrals were screened out and consequently not heard at the MARAC meeting



Instances were raised of cases being rejected from MARAC, believed to be due to capacity issues rather than cases not meeting high risk criteria. Professionals were concerned that a lack of understanding of 'honour' based abuse by MARAC co-ordinators led to high-risk cases being rejected disproportionately. One professional working for a by and for agency told us:



We've made referrals based on 'honour' based violence . . . . and we see with some boroughs who constantly challenge us and you know it's the MARAC co-ordinator at the end of the day who's going to put it on the agenda if they decide that they will agree. Some boroughs, it would just be conflict and in the end we just can't get into that MARAC to be heard.



In some cases, referring agencies also reported that they were not subsequently being informed that their cases are not being heard at MARAC. This is extremely problematic if agencies are working on the assumption that their cases are being risk managed in a multi-agency forum. As one agency stated:



...some boroughs do you know like they scan clients, they do a pre meeting and they drop your client before the main meeting and they don't inform you. It happened to me twice and I did flag it as an 'honour' based case . . . you flag it as high risk



This also risks damaging the relationship between victim/ survivors and agencies who have discussed the referral and may have agreed to convey their views to the MARAC.

Given the views of both MARAC co-ordinators and specialist agencies it is clear that co-ordinators would benefit from training on harmful practices, ideally on a broad range of types of abuse. This training should also support co-ordinators to understand the specific barriers experienced by Black and minoritised victim/ survivors resulting from institutional and systemic racism. In order to gain the most benefit, training should be carried out by local specialist by and for agencies, which would also support co-ordinators to gain a greater understanding of these agencies' expertise.

Co-ordinators can also refer to the aide memoire in the accompanying toolkit to this research when preparing for MARAC.



### 6.4 MARAC Chairs

### Importance of Experienced MARAC Chairs

The role of MARAC chairs is to ensure that MARAC reps share information and create action plans that increase the safety of all high-risk victim/ survivors heard at MARAC and hold perpetrators to account. A good chair will have an in depth understanding of domestic abuse and other forms of VAWG including harmful practices.



They should work collaboratively with all relevant agencies. In many areas the police chair the MARAC, but VAWG Leads, Social Care managers and other relevant agencies may also take on this role, or an independent chair may be commissioned.

The role of the MARAC chair was identified by both MARAC co-ordinators and by and for agencies in our research as key to a good response to harmful practices cases. One by and for agency stated:



it depends on the chairperson, how educated the chairperson is and you know how well informed and also how willing they are to treat these issues very seriously and try to do iustice to the situation.

This chimes with previous research by Acheampong (2018) which found MARACs to have "great potential, but only when consistent. One participant described MARACs as having the potential of being effective, but only in the presence of a successful chair" (22).

In the main, the agencies we spoke to attended MARACs where the meeting was chaired by the police, and some of them identified very good collaborative working with the chair. However, some areas highlighted issues including:

- A high turnover of chairs, leading to a lack of consistency and a frustration at having to 'retrain' the chair each time.
- Chairs with limited knowledge of the MARAC in general, for example not understanding the role of some services, or even not knowing who the IDVAs or local by and for agency are.
- Chairs who don't understand the complexity of harmful practices cases meaning these cases were rushed, leading to inadequate risk assessing

Concerns were also raised about a lack of understanding of the cultural context of victim/ survivors and perpetrators, or in some cases racism against and stereotyping of particular communities by chairs. An example was given of an untrue assumption made about a perpetrator's drug use based on his ethnicity. This is concerning given that the chair should set the tone for the MARAC meeting. One professional from a by and for agency felt that this might be tied to the fact that there is a lack of racial diversity in MARAC chairs:



I think partially is that what we see in many MARAC meetings, is that the chairs are not really from different backgrounds and you know, I can think of few where we can see people from different backgrounds.



It is essential for all MARAC chairs to receive thorough inductions into the MARAC process, as well as specialist training in harmful practices. This training should also support chairs to understand the specific barriers experienced by Black and minoritised victim/ survivors resulting from institutional and systemic racism. As with MARAC co-ordinators, it would be advisable for this training to be facilitated by specialist by and for agencies who hold expertise in these areas.

### 6.5 MARAC Reps

MARAC reps represent a wide variety of agencies at MARAC. For a detailed explanation of the MARAC rep role, see Annex 3.

### **Consistency of MARAC Reps**

As with MARAC chairs, it was identified that in some areas there is a lack of consistency of MARAC reps, with reps changing regularly, impacting on expertise within the MARAC. One by and for agency stated:



it's a hit and miss between agencies in terms of understanding. And I think it's also a hit or miss between who the MARAC reps are at that particular meeting. Sometimes some agencies will have several different people attending MARAC on their behalf and it could be someone different every month and you can clearly see the difference in their understandings or even how they are presenting a case.

### MARAC Reps Understanding of Harmful Practices

In our survey of MARAC co-ordinators, only 36% thought that MARAC reps had a good understanding of harmful practices and 88% thought that MARAC reps in their area could benefit from harmful practices training. It was identified that some agencies had a better understanding than others, with IDVAs and by and for agencies in particular singled out for good practice. Particular incidences of good practice were also highlighted, such as having a harmful practices expert present at meetings to upskill reps and advise on cases as well as good partnership working and collaboration.

Concern was expressed that limited understanding from some agencies could lead to:

- Victim / survivors being inadequately risk assessed and safeguarded both prior to the meeting and in terms of actions set at the meeting
- Delays in or poor responses from services
- Inadequate support
- Missed opportunities to safeguard victim/ survivors



Several MARAC co-ordinators gave examples of poor practice, including not understanding the need to restrict cases notes, a lack of understanding of the difference between an arranged and a forced marriage, and the police wrongly assuming that there was a risk of 'honour' based abuse, raising the question whether this was based on stereotyping the victim / survivor's ethnicity. These issues around bias and assumptions reflect previous research, for example HMICFRS' findings around police over flagging of HBA cases based on victim/ survivors with South Asian surnames (23).

Although 50% of MARAC co-ordinators surveyed felt that cases which involve harmful practices have been adequately identified and risk assessed prior to coming to MARAC, given that a high number of co-ordinators also told us that they did not feel confident in their knowledge of these cases, it is unclear whether this number is a true reflection of how cases are actually dealt with. Given the structural inequalities and barriers faced by these victim/ survivors, as well as high levels of underreporting, it seems highly likely that cases are not always been identified and risk assessed fully.

In our focus groups, by and for agencies identified a number of concerns regarding agency's knowledge of harmful practices in the MARAC context. In particular that agencies had limited understanding of the fact that these cases may present very differently to high-risk domestic abuse cases. For example, high-risk 'honour' based abuse or forced marriage cases may not have a known history of physical violence or score as high risk on the DASH RIC. These cases are likely to have high levels of coercive control (24), which can be more difficult for professionals to identify. An increased use of professional judgement and understanding of the dynamics of harmful practices is needed in these cases, but not all professionals will have these skills and knowledge. Examples were given of MARAC referrals being sent to 'generic' (25) agencies who then appeared not to take these cases seriously, for example not returning calls or working collaboratively.

### Statutory Agencies Understanding of Harmful Practices

A number of specialist by and for agencies expressed particular concern about statutory agencies understanding of harmful practices, specifically naming police, children's social services and adult social care.

### **Adult Social Care**

Adult social care was identified by one practitioner as not only having a lack of understanding of harmful practices cases, but also not attending specialist training which would upskill them:



Of all MARACs I've been attending in the different boroughs, adult social service representatives have the least understanding of the harmful practices. Since 2016, I am delivering the [free multiagency] training on harmful practices. I haven't seen any person from adult social services attend our trainings.



This is concerning given that adult social care are likely to come into contact with harmful practices cases, particularly those where there are vulnerable adults at risk, for example where the victim has a learning disability, or physical or mental health needs.

### Children's Social Care

Previous research by IMKAAN and the Centre for Women's Justice identified a number of issues Black and minoritised women face when dealing with children's social services, including social workers not understanding their cultural context, not understanding 'honour' based abuse, fear of racism from social workers, and fear of having children removed (26). These issues can lead to women not disclosing to any service, including police, for fear of children's services being informed, with the outcome that they do not receive vital support services.

In our research, several examples were given of professionals from children's social care not understanding risk in harmful practices cases, particularly where there were multiple perpetrators. Examples included a social worker 'outing' a lesbian survivor to her family:



Regarding the lesbian and bisexual women . . . . we had experience in the past with MARAC - social services outed them, so told the family or their parents their sexual orientation and of course then they lose trust on us



This is extremely concerning, given that sexuality can be a trigger to 'honour' based abuse, and that this also resulted in this survivor becoming more isolated.

### **Police**

Police welfare checks were brought up by several agencies who felt there was often a conflict between what the IDVA and harmful practices specialists felt would make a victim safer and what the police felt would hold a perpetrator to account. In some cases, it was stated that the police overrode specialist agencies advice, even when agreements were made within MARAC.

One practitioner from a by and for agency also highlighted issues with a particular police officer who attended MARAC and minimised risk. The officer questioned the motivations of survivors, particularly if they shared different information with different agencies, something which is very common due to fear, trust issues and trauma:



...it makes the kind of like the woman in a very bad position like she was telling a lie, she was telling, she was doing this because of the immigration, she was doing this because she . .. why she changed this story when she was doing the discussion with the woman's organization because she wasn't trusting you just like this. Or she wasn't ready to talk. Or she wasn't kind of like she was in shock at that time, she couldn't remember. This kind of stuff things affects the woman and then he will kind of like bring that the woman is telling lies all the time because she just wants to take the children from him. Or she wants to kind of like take the money or just get the house because of the otherwise why would a father do that such things?



This guoted practitioner also noted that only herself and the IDVA at the MARAC would challenge this police officer's victim blaming narratives, questioning why other agencies were not prepared to do this. This experience reflects previous research which found that perpetrators weaponise their partners immigration status by informing police that this is the cause of false allegations (27). Some of the research participants in this study felt that the police perceived perpetrators narratives as the truth, echoing the IMKAAN and CWJ report which explores police perceptions of 'victim credibility' (28).

### Sidelining of Harmful Practices at MARAC

Both co-ordinators and by and for agencies identified that the focus in MARAC meetings will often be on domestic abuse, with the harmful practices risk either unidentified or sidelined. One practitioner working for a by and for agency noted that even when there were harmful practices identified, the focus and response was often on the domestic abuse:



The thing with MARACs is they will only identify one perpetrator and there will never be if it's, if bail conditions have been put in place where the perpetrator is living . . . nobody really, you know, looks at the other perpetrators unless there's been an assault from that perpetrator . . . . It's more of the domestic abuse issue and that the focus is always more under domestic abuse



This reflects previous research by Hester et al (2015) which found that where survivors had informed police that their in-laws were perpetrators of serious abuse alongside their husband, only the husband was arrested (29).

### Agency Failure to Risk Assess Harmful Practices Cases

MARAC co-ordinators raised a number of potential issues relating to risk and the ability of agencies to risk assess these cases:



I don't believe many of the referrers have an understanding of harmful practices and may not risk assess appropriately.







There is an ongoing lack of understanding of the implications, especially with potentially risky family members being seen as a positive factor until the MARAC discussion tells us otherwise.







There appears to be a reliance on the MARAC (ie Chair and Coordinator) to identify what risks are linked to harmful practices rather than using their initiative to take action before the MARAC.



In addition, one MARAC Co-ordinator raised the concern as to whether high risk harmful practices cases are being identified and coming to MARAC:



... I do worry that certain professionals wouldn't recognise a harmful practice case as high risk and may miss making that referral to MARAC completely.

Lis Bates' (2017) research identified that 'honour' based abuse cases perpetrated by a partner or ex-partner were assessed by practitioners as higher risk than familial abuse cases (30). However, she also found that familial cases were more likely to be referred to MARAC despite not being identified as high risk using a risk assessment. This may be as a result of the DASH RIC not being targeted at familial abuse, or possibly as a result of familial cases being more associated as with 'honour' based abuse.

### **Inadequacy of Risk Assessment Tools**

A number of by and for agencies in our research identified that the DASH RIC is not an adequate tool for many survivors, including those who have experienced, or are at risk of, harmful practices.



I don't think the DASH works at all for anyone. . . . . I think it needs to be completely overhauled you know, re looked at. Whether it's particular client groups, whether it's for age, you know, so if I just think about you know elderly clients that's not suitable for child to parent violence. It's not suitable for religious specific cultural needs, it's not suitable for coercive control.







It doesn't capture any harmful practices.

By and for agencies we spoke to had their own methods of risk assessment, involving additional written questions or alternative risk assessments, but more widely using their experience and knowledge of harmful practices to come to a more holistic understanding of risk and need. Examples of specific topics explored included:

- Asking about a range of harmful practices
- Spiritual abuse and the weaponization of faith
- Family dynamics
- Migration patterns (if relevant)
- Whether migration was forced and whether the victim/ survivor lost power in the process
- Forms of 'punishment' for example the perpetrator refusing to have sex



Several by and for agencies raised that although some professionals may understand the basics of harmful practices, they can miss the nuances of these cases, particularly within the MARAC model which was set up as a tool for domestic abuse. Particularly highlighted was the complexity of multiple perpetrators, risks to other family members such as siblings, risk of escalation, and the need to think 'outside the box' in these cases:



66 I'm not sure that the risks are understood because they're not tangible risks because often there's threats of 'honour' based violence, there's threats of forced marriage and so whilst we understand the imminent risk, I'm not sure that's necessarily understood. If you read between the lines of the work that we do, we know that risk is imminent





It doesn't get acknowledged sometimes unless the threat is direct. Indirect threats from perpetrators, multiple perpetrators, they don't really get identified. They get missed quite a lot.





We know because with family, you know, sometimes the victim be reluctant to kind of, you know, give information. She won't always tell you that. You know it's these family members, but it's just something that you got to identify and you know if she's at risk of forced marriage and you've got to kind of identify others simply if there's other siblings as well and you know because it will kind of, 'honour' based abuse kind of gets passed on in the families.



This raises the question as to whether in the context of inadequate risk assessing and risk assessment tools the correct cases are coming to MARAC.

### **Suggested Improvements for MARAC reps**

In common with MARAC co-ordinators, and previous research recommendations (31), by and for agencies we spoke to felt that MARAC reps could benefit from training on harmful practices. Agencies identified that there can be a high turnover of MARAC reps so this would need to be an ongoing programme, delivered by by and fors who are experts in the field. This training should also support reps to understand the specific barriers experienced by Black and minoritised victim/ survivors resulting from institutional and systemic racism. Reps can also be given the reps guide from the accompanying toolkit to this research.

Attendees at our world café research also highlighted some of the areas they would like to see included in training including:

- A focus on different forms of harmful practices
- The role of family and community in 'honour' based abuse
- The importance of working in a trauma informed way
- An understanding of neurodiversity in the context of harmful practices



Attendees also made recommendations around MARAC attendees including:

- Attendance from a more diverse range of agencies including community groups
- More accountability for those who do attend
- Statutory and non-statutory agencies to be on a more equal footing



### Recommendation: All MARAC Co-ordinators, Chairs and Reps Should Receive Training on Harmful Practices

This should be a rolling programme of training, due to the turnover of staff, particularly of chairs and reps. Ideally this would be training specifically for MARAC practitioners but there could also be an expectation that new reps attend local training on harmful practices. MARAC co-ordinators and chairs could consider this being part of an annual 'refresher' training for MARAC practitioners. Training should be carried out by harmful practices experts such as by and for agencies who work in this area. With the recent move to virtual training consideration can be given to this being carried out digitally if there are no appropriate local agencies.

# Recommendation: All MARAC Co-ordinators, Chairs and Reps to receive training and development in anti-racism

This should be a well-resourced programme of development supporting MARAC participants to gain a greater understanding of the institutionally racist structures Black and minoritised victim/ survivors are forced to negotiate, how this impacts on their safety and access to support and justice and how this can be addressed within MARAC. This should include support for MARACs to assess their current structures and implement changes to improve anti racist practice.

# Recommendation: All New Reps to be Given Reps Guide (see toolkit)

All new reps should be given information on harmful practices and how this relates to MARAC. This should be at induction stage and complement other induction documents.

# Recommendation: MARAC Co-ordinators and Chairs to refer to Aide Memoire (see toolkit)

It is recommended that when preparing for MARAC co-ordinators and chairs use the aide memoire to consider ways to manage these cases and possible actions. This can be complemented with local protocols around harmful practices.



# Recommendation: MARACs to review their membership and consider any gaps

This might include by and for agencies, community groups, local colleges and universities.

# 7. The Value of By and For Agencies to MARAC and how this Impacts Harmful Practices Cases

### Key points

- By and for agencies can offer extensive expertise to MARACs but are not supported to do so
- Funding by and fors to work with high-risk cases and including them in MARAC referral pathways can reduce the likelihood of disengagement from survivors
- By and fors receiving fair renumeration to become core agencies can support the MARAC and upskill reps
- By and for agencies and their service users can benefit from improved professional relationships formed at MARAC

### 7.1 By and For Agency Context

In this research we were particularly interested in the role of by and for agencies in MARAC, given that these agencies work extensively with cases involving harmful practices. To understand their role in MARAC we need to consider the work they do and the landscape in which they are working. By and for agencies are underfunded (32, 33) and overlooked in both commissioning and policy (34).

The barriers to by and fors accessing adequate funding has been well documented (35, 36), and recent research by the Domestic Abuse Commissioner (DAC) found that by and for organisations were more likely to receive smaller amounts of funding from commissioners than organisations that were not by and for (37). This is despite decades of extensive research and evidence from specialist organisations such as IMKAAN (38) and findings such as from the P&ACT project (39) illustrating the value of by and for agencies in supporting women from Black and minoritised backgrounds.



The DAC office found that 67% of Black and minoritised survivors of domestic abuse wanted to be able to access specialist by and for services but only half of those who wished to were able to do so (40). The same report found that a higher proportion of those who did access by and for support reported feeling safer (78% compared to 48% who accessed other services) and felt more in control of their lives (76% v's 55%).

We also know from specialist services that many of their service users would not access other, more generic forms of support. By and for agencies provide services such as women's centres which allow them to identify a range of types of abuse, often not identified by mainstream services, and in some cases women who may themselves not recognise that they are being abused. These agencies have developed a model of consistently providing holistic, needs led support to women experiencing a range of forms of, often overlapping, abuse, not just from a perpetrator or multiple perpetrators but including abuse perpetrated by the state (41). By and for agencies have a unique understanding of the intersecting forms of disadvantage survivors are experiencing, relating to their sex and race, but also in many instances their faith, caste, disability, age and sexuality. They work with many women who are dealing with complex issues such as immigration issues, language barriers and multiple barriers to accessing support, not least navigating systemically racist structures.

One of the areas of expertise of many of these by and for agencies is working with victim/ survivors experiencing harmful practices. Some agencies, such as those who are part of the P&ACT project in London, or agencies like Savera UK in Liverpool and Roshni in Birmingham receive specific funding for targeted work on harmful practices, whilst for others it is part of their everyday work despite not receiving dedicated funding. The importance of this work cannot be overstated. As already noted, forms of abuse such as 'honour' based abuse are under reported and result in very few criminal convictions (42, 43, 44) and statutory agencies often feel unconfident to work with and unable to identify harmful practices cases (45). The role of by and for agencies is therefore crucial to improving safety for victim/survivors of harmful practices.

### 7.2 The Value of By and For Agencies to MARAC

Steel, Blakeborough and Nicholas (2011) found that for a MARAC to be effective, agencies need to not just represent their cases, but share their professional expertise more widely (46). However, for by and for agencies this needs to be balanced against capacity, which as we have already explored is limited due to chronic underfunding, lack of equity with other VAWG agencies, and structural racial inequality.

Research by STADA and the University of Suffolk found that when by and for agencies were present at MARACs 'their input enriched discussions and action planning'. When it came specifically to cases involving harmful practices, they found that responses to these cases varied, in part due to whether a by and for was present (47). Several MARAC co-ordinators in our research acknowledged the expertise and advantages of having by and for agencies present at MARAC, not just to advocate for individual cases, but to advise and guide other organisations on harmful practices. Given the funding inequalities experienced by by and for agencies, commissioners need to consider how these agencies can be renumerated for this expertise, which is crucial to the success of the MARAC.



It was clear from our focus groups with by and for agencies that their holistic model of working means they brings a vast range of knowledge to the MARAC, advocate for their clients and influence other reps. For example, several agencies spoke about their methods of assessing risk and need, and how this would go beyond the use of tools such as the SafeLives DASH RIC:



We cannot do just the DASH as everyone said. It's going to be [scored] way lower than it actually is for the women.



One professional compared this to statutory agencies who might approach a case from a particular standpoint, missing the totality of the women's experience:



For example, when the police make the referral they mainly focus on the last incident that happened. And then when the social services are involved they mainly made their referrals about the effect on the children . . . . but they don't know the background of the history, the abuse they don't know how this kind of like a relationship has an effect on women or why this incident happened even.



Many of agencies referenced the need to explain why the women they worked with behaved in ways that statutory services did not understand, for example a Jewish woman withdrawing from the criminal justice system if promised a Get (48):



So that's the value I think, the added value of us, a specialist service when we're able to go out to all professionals to help them understand what that means, what that is and the need in some cases for women to actually withdraw in order for them to get their Get.



Due to the intersectional nature of their work, by and for agencies have a greater understanding of victim/survivor's experiences of abuse which are often misunderstood by other agencies at MARAC. Examples given included why older women from some communities might be more hesitant to report to the police and barriers for Latin American trans women:



With regards to say, women from the South Asian Bangladeshi community. . . .elderly parents have added burdens to keep their family's dignity intact, so they are burdened with this responsibility not to talk about abuse from their children, grown up children, because it brings shame to the family.



We understand that the barriers that trans women face, and not speaking English, are higher so there is that, I don't want to say victim blaming, because I don't think it's intentional, but it is on the side of why this woman didn't seek help with the police straight away and we feel it more with the trans women community.



The role of by and for agencies also often includes supporting professionals to refer harmful practices cases to MARAC:



But sometimes we have to tell professionals - 'you need to refer this to MARAC'. So it's always advising the professionals - 'this is safeguards that you need to do', and it's not something that they've thought of themselves.

This institutional advocacy is an additional task for these agencies, who already have limited capacity and further illustrates the need for equitable funding.

It is also important to note the difference between agencies receiving some training on harmful practices, and the level of expertise by and for agencies hold. Whilst this report recommends training on harmful practices for all agencies involved in MARACs, this is no substitute for the expertise of specialist agencies, who understand the cultural context and nuanced experience of the victim/ survivors they work with. One professional pointed out the added complexity of these cases:



When you're in a MARAC meeting and we are discussing a mainstream victim of domestic violence, things are straight forward, kind of this is what has happened. This is this, injuries and who the perpetrator is this and in most cases I find for the many mainstream cases the perpetrator is a single perpetrator. When it comes for BME clients there is the multiple perpetrators. So in those cases sometimes things are being missed out when if there is no representative who can kind of elaborate on the situation or maybe giving the knowledge about what will happen. Where is she coming from?



### 7.3 The Relationship between By and For Agencies and **MARACs**

### **Benefits of Multi Agency Working**

Effectively managed MARACs can be a good example of a successful CCR. Reviews of MARAC have shown that only by working in a multi-agency way can knowledge gaps be closed and risk management plans be created effectively (49, 50). Previous research has also found that MARAC can support agencies to build professional networks, which in turn improves responses to survivors more generally (51, 52). Given the unique role of by and for agencies, their contribution to the multi-agency working of MARAC specifically, and the CCR more generally is crucial.

A number of by and for agencies we spoke to discussed the benefits of multi-agency working via MARACs to both their agencies and the survivors they worked with. In particular agencies highlighted that:



- Information from MARAC supported their risk assessments
- Improved relationships enabled them to better liaise and advocate for survivors, even those not referred to MARAC
- Using MARAC as a tool enabled them to get better outcomes for some survivors
- It was a useful forum to request actions and hold agencies accountable

### By and for agencies told us:



I do think MARAC has been helpful in creating interagency relationships. And so I know we've managed, we've been able to build up relationships with like the police and which means that if we're not getting responses from OIC's, we can let her know and she will step in and provide what we need. And even if it's not a MARAC case, she'll sometimes escalate it because the officer has just dismissed issues. So from that respect, MARAC has been helpful because it helps agencies get their work done, even if it's not in MARAC case and also . . . it holds agencies responsible.







So when I referred [the survivor] again and I went to the MARAC meeting and already social services closed the case and they didn't do anything. But when I presented the case in MARAC meeting, they straight away they said 'Ohh we will. We will do that'. They did everything after that. They put her in safe accommodation, they helped her with a non-molestation order, everything has been done. Before that nobody was listening to her, nobody was considering her situation, that she was under the risk of 'honour' based violence. So, our representation in MARAC is very, very important because we are putting that in on the table.

### Involvement with MARACs

In our survey of MARAC co-ordinators, 78% told us they felt confident in knowing the local specialist agencies for harmful practices cases and stated that specialist by and for agencies were part of their referral pathway. Just over half (54%) stated that by and for agencies attended their MARAC meetings. However, it was unclear whether all co-ordinators fully understood the distinction between by and for and other agencies. When asked for examples of by and for agencies some of those given were mainstream VAWG services, which brings into question the statistics above. This also suggests that victim/ survivors may not be receiving specialist support in these areas.

In some areas by and for agencies are not part of the MARAC referral pathway but there is an expectation that IDVAs will refer to them prior to MARAC, or this would be dealt with by way of MARAC actions. This method of working is problematic as it increases the likelihood of survivors being 'passed between services' which often results in them having to retell their experiences and may lead to disengagement. In addition, STADA's research in 3 London boroughs found that when these referrals are set as actions the lead agency may no longer be engaged with the survivor, leading to a missed opportunity to offer specialist support (53).



These ways of working indicate that by and for agencies are not considered valued services who are a key part of the co-ordinated community response and treated and funded accordingly. This is concerning, given the findings of the DAC office report, discussed above, as well as the wealth of research from organisations like IMKAAN, which illustrate the value of these services.

### Inconsistent Role of By and For Agencies In MARAC

Focus groups and interviews with by and for agencies illustrated inconsistency in the relationship between themselves and MARACs – both between agencies and across boroughs. Agencies told us:

- There was inconsistency as to whether they were in referral pathways
- By and for agencies in referral pathways were referred more complex cases, such as survivors with No Recourse to Public Funds (NRPF)
- Some were involved with MARACs but weren't funded to work with high risk clients
- There was inconsistency as to whether agencies were core, non-core or guest agencies at MARAC (54)
- The majority of agencies were not core agencies
- Due to their geographical remit, some London based by and for agencies referred to many MARACs, stretching their capacity
- Due to capacity issues agencies were not always able to attend for their cases, making the MARAC less effective
- Agencies were not always told when a victim/survivor they were working with was being heard at MARAC, making the MARAC less effective

There was also concern that they could miss cases which would be appropriate for them to support by not attending the whole meeting:



Sometimes there are cases where I feel we should have attended that discussion for but I just found myself missing them and some of them might be suitable for us, but they, nobody would mention 'can you send it to this person or that person?' So people would just hang onto their cases and sometimes when even they in the discussion they would recommend sending clients to us, it doesn't, it doesn't work. It doesn't get to us.



Whilst many of the by and for agencies we spoke to generally felt that it would be positive to be able to become a core agency, there were clear issues as to whether they would have capacity to do so, given the context in which they are working, and the time and capacity issues they were already experiencing due to underfunding and inequalities. By and for agencies also raised discrepancies as to how their referrals to MARAC were managed. For those agencies who are only funded to work with low to medium risk cases there is an expectation that an IDVA should take over the support work very quickly after a referral is made to MARAC.



However, in some instances these by and for agencies were continuing to hold these cases despite not receiving funding to do so:



Sometimes when you have a high-risk case and there is no clear pathway to where to send and who is picking up the case and in some boroughs the IDVAs are not contacting the clients and they come back to us and ask us or 'I haven't been contacted by anybody' and because they are high risk cases and we still are not dealing with high risk cases we have not that capacity yet. So we need to link them and sometimes we have that problem.

This illustrates the need for these agencies to be fully and equitably funded to take on high risk cases and have sufficient capacity to represent them at MARAC. This would also mean that victim/ survivors would not be expected to change support service, often from a specialist to mainstream service because they have been assessed as being at high risk of serious harm. This would also limit the 'ping ponging' between services that occurs when victim/ survivors' risk levels fluctuate over time. This is particularly important for Black and minoritised survivors, who research has shown are more likely to engage with a by and for service than a mainstream domestic abuse service (55).

Our focus group with MARAC co-ordinators echoed these inconsistencies, ranging from them including by and for agencies in their referral pathway, inviting them as guest agencies, or not inviting them at all but signposting to them in the meeting. The issue of signposting was also picked up by previous research by STADA and University of Suffolk, commissioned by MOPAC, which found that some London MARACs couldn't show that they had any participation from by and for agencies. They also highlighted that these differences are largely due to discrepancies in local commissioning and resourcing (56). This highlights a concerning gap within the MARAC.



### **Attitudes towards By and For Organisations**

Many of the by and for agencies we spoke to felt that they were respected and able to get their voice heard within the MARAC process. One agency told us:



We present our cases or if it is not our case, it's just on the MARAC list and it comes up, they always ask to say 'we need help. How can we deal with this case?' We are always treated with respect to say we are experts in this field.

Interestingly this agency had a long-standing relationship with the MARAC, as well as sufficient capacity to attend the full MARAC meeting. Positive examples from other agencies included the MARAC consulting with the by and for agency if the risks weren't properly understood, and requests for actions being agreed routinely. However, this appeared to be area specific, with some MARACs being singled out as particularly supportive. These relationships were often long standing and built up over a period of time. As one by and for agency stated:





I think we are seen as experts and our voices are heard which is quite good and so you know they'll often refer back to us if they want some further advice or clarification and they're not quite sure what's going on in the case . . . . So I do feel that MARAC is quite supportive.



However, in other areas the picture was more complicated. One professional spoke about a general perception of her agency being unprofessional because they were a non-statutory agency, and another of the difficulties of building up the relationship with the MARAC following new funding which enabled her to attend meetings:



66 I'll feel invisible sometimes if I'm honest with you, I do feel invisible sometimes. And that's obviously down to us not being [core] representatives at the moment and I think that's down to our service being quite new. Because although I've been attending MARACs, I'll still get asked who I am and where I'm from.



Sometimes there appeared to be a lack of understanding of the work of by and for organisations, and some felt they were not always treated as experts. As discussed in the previous chapter, there were instances of agencies having referrals rejected from MARACs, despite these being made on their professional judgement. There were also several examples given of the by and fors expertise being ignored within the meeting, in one case where a Forced Marriage Protection Order was pursued against the advice of the by and for agency:



That one case where the police had actually forced the forced marriage protection order quite recently on the survivor, she didn't want it. She was quite young . . . .and the survivor absolutely didn't understand why this is happening. Our service took ages to engage the survivor. It completely broke down that [relationship] with her.



The worker went onto to advise that the application collapsed because the survivor was an adult and did not want this order, so it should not have been pursued.

The MARAC co-ordinators we spoke to also had varying opinions as to whether by and for agencies were respected at MARAC. In one borough of London it was felt that they are generally identified as experts in the room, and would not have any problem requesting actions. As with the feedback from by and for agencies, this MARAC co-ordinator also highlighted longstanding relationships. However, in another London borough it was suggested that the MARAC failed to recognised expertise:



But I think many members of the panel unfortunately including the chair, when it comes to those really important case discussions, for example with harmful practices, they are not treated as the experts in the room and hence if there are any suggestions for actions they feel a little bit mundane or just a bit like oversight of not realizing there are somebody in this forum who understands harmful practices, understands perhaps 'honour' based abuse, and they're suggesting things like, oh, could you explore this referral? But it's like they know what they're doing already.



The co-ordinator from a third London borough felt that the MARAC would respect the expertise of by and for agencies but that they were rarely invited to attend. This is surprising given both the ethnic diversity of London, and that many by and for agencies are commissioned to work pan London.

It is acknowledged that more work needs to be done to engage agencies who reflect the population of the local areas where the MARAC takes place (57, 58, 59). Research carried out by the University of Suffolk and STADA in London found that whilst there were some examples of good collaborative working between by and for agencies and other MARAC agencies, not all MARACs had by and for input, and when they did it was often as 'guest' agencies, only attending for cases they had referred (60).

One of the themes from our world café research event was that a broader range of agencies need to be included in MARAC, including community agencies. In order for this engagement to be effective, adequate funding and support is required for by and for organisations to realistically be able to engage with MARAC. The London review of MARAC, referenced above, recommended that local authorities need to have an 'ongoing dialogue' with by and for agencies to 'ensure effective participation and funding so that engagement is a collaborative endeavour' (61). Our research supports this recommendation.

# Recommendation: Commissioners to fund by and for agencies to be able to have the capacity to attend and meaningfully engage with MARAC

By and for agencies should be key agencies within MARACs not only to represent their own cases but to give specialist advice on harmful practices as well as domestic abuse. Given the chronic underfunding and marginalisation of these organisations, the majority are not able to be core agencies at MARAC, and therefore require funding to do so. This could be as part of a larger contract, or as an expert at the MARAC (see Section 8 for further discussion).

# Recommendation: Commissioners to fund by and for agencies to work with high-risk domestic abuse and harmful practices cases

Many by and for agencies are currently funded to work with survivors assessed as being at standard or medium risk, meaning that these survivors lose specialist support once they meet MARAC threshold. Research shows that the majority of Black and minoritised survivors prefer to receive support from a by and for agency, and this lack of funding creates a barrier for high-risk survivors to access appropriate support.

# Recommendation: MARACs to include by and for agencies in referral pathways

Including by and for agencies in MARAC pathways ensures that high-risk Black and minoritised survivors of domestic abuse and harmful practices have access to specialist support and are less likely to disengage in the process of being 'passed between services'.



# 8. Reconsidering the Structure of MARAC for Harmful Practices Cases

### **Key Points**

- The structure of MARACs fails to allow sufficient time to effectively risk manage the complexity of harmful practices cases
- The use of professionals meetings as an alternative is inconsistent and may ignore capacity and engagement issues
- Alternative models for harmful practices cases can allow more time, and increase expertise at meetings

Whilst it's clear that there have been a number of issues highlighted regarding the effectiveness of MARACs more generally (62, 63, 64, 65), in this research we are examining whether the MARAC format works specifically for harmful practices cases. Harmful practices cases tend to be particularly complex, with issues such as multiple perpetrators, multiple forms of VAWG being perpetrated, insecure immigration, and English language barriers identified (66). This brings into question the effectiveness of the MARAC format for these cases in particular. As one by and for agency told us:



You know, because with 'honour' based abuse and forced marriages, there's not one perpetrator, there's multiple perpetrators and you can't do that in in one MARAC where everything is heard. [You need] to, you know, have a MARAC about multiple perpetrators that needs more time and it needs more intervention.

### **Time Restrictions and Harmful Practices**

The standard time limit for many MARACs is approximately ten minutes per case (67, 68) although some co-ordinators informed us that there was a degree of flexibility:



we typically advise 10 minutes per case discussion, which we know is never enough for a MARAC case, but especially I think when it comes to harmful practices, it's definitely not enough because there is so much complexity to these cases. So often we are spending kind of 20 to 25 minutes on a case discussion.



This seems to vary between areas, with some agencies highlighting that the amount of time and attention given to a case can depend on the chair, with some rushing through cases. It is also questionable how long can be spent on a case in the context of a full day meeting, and anecdotally cases later in the day may be given less attention than those heard at the beginning.

Whilst some MARACs set actions for professionals' meetings as a way to address time limits, it is not uncommon for there to be limited agency involvement in these cases, particularly if there are no dependent children. In addition, as previously discussed, many by and for agencies, whose presence is crucial at these meetings, struggle with capacity issues, making attendance difficult.

In our survey only **54% of MARAC** co-ordinators felt that the standard MARAC format allowed sufficient time to discuss harmful practices cases. 16% of co-ordinators noted that professionals' meetings were used to further discussions, although they were divided as to whether this was an illustration of there being sufficient time or not enough. Information from focus groups indicated that the frequency and length of MARAC meetings varies across areas, with meetings being held anything from daily to monthly, suggesting that the notion of a standardised MARAC as a whole may be outdated and need reviewing.

### 8.1 Alternative Models for Hearing Harmful Practices Cases

In our survey 24% of MARAC co-ordinators informed us that they had specific ways of working for harmful practices cases. These included:

- Grouping cases together to facilitate the attendance of specialist agencies
- Hearing them within closed MARACs where information is highly restricted
   Hearing them in an emergency MARAC where the victim/ survivor is deemed at
- immediate risk of harm
- If a repeat case, hearing them at a 'complex case' meeting or MARAC Plus where more senior members of staff provide input
- Hearing them as part of a 'stand alone' MARAC for harmful practices cases

### **Highlighted Advantages of Alternative Models**

Both MARAC co-ordinators and by and for practitioners highlighted the advantages of alternative models for harmful practices cases.

### **Expertise**

Some areas told us that their alternative meetings included the expertise of a by and for agency who attended these meetings to provide advice on harmful practices cases.



This appeared to not only have the benefit of providing insight into the dynamics of harmful practices, but also of upskilling other attendees of the meeting. One VAWG Lead told us that this expertise resulted in agencies exploring risk factors they might not otherwise have considered:



I think having [by and for practitioner] in the room was really effective because [she] then got people to start thinking about the other siblings in the household. You know, other younger sisters and their risk of forced marriage. So, things that were not caught on the referral form, we didn't have that as a risk factor . . . that's something I think I'm hoping as we do more of, [reps] will be picking that up at an earlier stage.



A by and for practitioner who attended these meetings as a commissioned expert also noted the impact of her expertise on the other attendees:



I remember in my first few meetings I had to talk a lot. Like I was like, oh, have you considered [referring to] Migrant Help, like nobody in that room, for instance, would know what Migrant Help is or, you know, how to make those referrals. But I think by the 5th or 6th case, if there is anything that came up that could be referred to Migrant Help, they were already saying it themselves.



One area also informed us that they use an alternative chairing model, consisting of a number of chairs, including one from a local by and for agency, taking turns chairing depending on the case. Once of the reasons for this was issues of distrust in the police by victim/ survivors, and this model meant they could choose an alternative chair. This model gives the option for power to be shifted towards agencies with high levels of expertise, such as by and for agencies, to make decisions based on this knowledge.

Some MARAC co-ordinators we spoke to were interested in incorporating more expertise into their existing structures:



....it would be really beneficial I think even if you had somebody in kind of an advisory capacity to have somebody on the panel. So even if they're not working directly [with] one of victim/ survivors, they can at least offer advice and guidance about if there is a harmful practices case where - what can I do? I'm kind of, where can I refer and how they can receive the support?



However, co-ordinators appeared to be considering this due to a lack of available funding and concern around chair by in, as opposed to this being a better structure than a stand alone meeting. Therefore, this raises concerns as to whether this model would be effective.

### Increased focus on harmful practices in the local area

Some by and for agencies told us that any model which prioritised harmful practices was beneficial, particularly given the lack of focus on these in many areas. As one by and for told us:





It kind of makes those cases a priority because 'honour' based abuse and forced marriage is not being recognised.

It was also noticeable that some of the areas which had developed these models had a wider focus on harmful practices in general, including developing training, multi-agency protocols and steering groups.

### Time

Many of the agencies we spoke to highlighted the issue of there being insufficient time in a MARAC meeting to fully discuss harmful practices cases, and this was also a theme in our World Café research. The VAWG and Vulnerabilities Lead in Kingston told us that MARAC reps in her area had been concerned that these cases weren't being given enough time to explore the risks, which had initiated discussions about starting a standing alone meeting:



So, we thought why don't we try and do stand alone MARAC meetings for where there's identified 'honour' based violence and forced marriage, give it the full 30 minutes, 45 minutes. So we're looking at every aspect of risk and having a thorough action plan. So that that was the first step.

One of the reasons that this was felt to be successful is that it has decreased the use of professional's meetings, balancing out workload.

### **Confidentiality**

Some of the areas who heard harmful practices cases outside the main MARAC meeting highlighted that confidentiality played a key part in this decision:



It'll be a closed meeting and it will be before the main meeting happens, so we put it separately and then those actions will be put on there for those reps that can only access those actions as well to keep it closed down because we obviously want information to be really secure . . . We need to make sure it's only shared with those that needs to be shared with.

Key reasons given for the need for this level of confidentiality included particular concern regarding the risk and potential for escalation in 'honour' based abuse and forced marriage cases, and the risk from multiple perpetrators and wider community which increased the likelihood of someone accessing information via agencies. However, it was felt by one by and for agency that this needed to be balanced against the value of agencies being involved with discussions around harmful practices, even if the agency was not directly working on the case:





But surely having those discussions in an open, I mean, MARAC should be confidential anyway, so it shouldn't, I guess need a closed MARAC unless it was some, you know, unless there was a personal conflict there. And surely having those discussions at a normal MARAC can be a teaching tool for other agencies so that they are also picking up on those signs and be able to help women that come across. They come across better as well because if they've never been exposed to how they're supposed to spot the signs.

### 8.2 Alternative Models for Hearing Harmful Practices Cases

As part of this research we interviewed local authorities in two areas which have implemented alternative ways of hearing harmful practices cases.

### **Case Study 1: Kingston**

In November 2021 Kingston moved to a model of holding a 'stand alone' MARAC for 'honour' based abuse and forced marriage cases. This was part of wider work in the borough which included increased training on harmful practices, as well as a harmful practices sub group.

### **Components of the MARAC model include:**

- A separate meeting where only 'honour' based abuse and forced marriage cases are heard
- All agencies who can input on the case invited (not just those who are directly working on it as would be the case in an emergency MARAC)
- Increased time for each case discussion typically 30 minutes per case A specialist by and for service (AWRC) commissioned to provide advice on each
- case with the aim to improve safety for survivors heard at the meeting and upskill other reps more widely

### Kingston is currently in the process of reviewing this model, but initial findings include:

- 90% of attendees viewed this model as effective
- Of those who responded 100% felt that the process improved the immediate safety of victim/ survivors



- The most beneficial aspects of the model were identified as additional time for in depth discussion (73%) and dedicated space to focus on the specific strategies needed to address harmful practices cases (73%)
- Specialist by and for expertise was also identified by the majority of respondents as contributing to the effectiveness of the stand alone model

Kingston MARAC has also seen an increase in harmful practices cases being referred since they trialled this model, although it is difficult to ascertain the reasons for this, as upskilling has also occurred via a wider focus on training in the borough.

#### Case Study 2: Liverpool

Merseyside have a harmful practices steering group which oversees responses to harmful practices in the area. They have produced a Pan Merseyside Forced Marriage (FM) and Honour Based Abuse (HBA) Protocol which provides information on these forms of abuse, as well as detailing expected responses from a range of agencies, as well as MARAC: <u>Link</u>

Savera UK are a by and for agency based in Merseyside who specialise in harmful practices. They provide direct support to victim/survivors of harmful practices, as well as carrying out education in schools, community engagement and training for professionals: <u>Website</u>

Liverpool MARAC hold a separate 'closed MARAC' which sits every two weeks to hear cases that are deemed to require a higher degree of confidentiality such as those with victim/ survivors who work for MARAC agencies and harmful practices cases.

#### Components of the meeting include:

- Attendance by a smaller 'core group' of agencies
- Harmful practices cases referred to Savera UK for specialist support
- Savera UK are a key agency at the meeting, and can provide advice on cases as well as advocate for victim/ survivors
- If a case is identified as being a harmful practices case in the main meeting it would be moved to the closed MARAC





I actually really enjoy the way that Liverpool has been structured purely on the basis that it's so well, it is very well structured. It's very well chaired. I think when you have a good chair who knows what they're doing, and who has the knowledge of why we're in a closed MARAC specifically on the HBA side it makes things flow a lot easier.

- Savera UK

#### 8.3 Other considerations

Our World Café attendees identified a range of areas they would like to see improved in the model for harmful practices cases heard at MARAC. They identified that they would like to see:

- MARACs to become more survivor centred
- More holistic methods of supporting victim/ survivors, focussing on needs as well as risks
- Individualised case hearings, using the template of strategy meetings in
- child protection
- Involving more agencies who work with perpetrators
- A greater focus on holding perpetrator(s) to account
- More interventions and tracking of perpetrators

The current structure of MARAC does not allow sufficient time or in some cases, expertise in order to effectively reduce risk for victim/ survivors of harmful practices. However, our research indicates that alternative models of hearing harmful practices cases are successful in addressing flaws in the MARAC model for these cases. For MARACs to be effective a willingness to change, commitment, and renumeration to by and for agencies for their expertise are required. For more information on alternative models, see our MARAC and Harmful Practices toolkit.



#### Recommendation: MARACs to consider whether adequate time and expertise is available for harmful practices cases, taking into account the complexity of these cases

We would recommend that in doing this MARACs consider issues such as how long discussions take for these cases, the use of professional's meetings to create extra time, the number of perpetrators and potential victims in these cases and whether experts are present for these cases. By and for agencies, and other agencies who present harmful practices cases should be consulted in this process.



## Recommendation: MARACs to consider alternative models of hearing harmful practices cases, including 'stand alone' meetings and expanding the chair role to include professionals from organisations such as by and for agencies.

Having reviewed the effectiveness of current processes for harmful practices cases, all MARACs should consider alternative models of hearing these cases, including engaging and renumerating by and for agencies to provide expertise and allowing more time for each case. Consideration should be given to expanding the chair role to include professionals with different areas of expertise, including by and for agencies.

## 9. Harmful Practices as a Referral Criteria for MARAC

#### **Key Points**

- Some MARACs include forms of harmful practices as a referral criteria
- MARACs need to make sure that there is a legal basis to support this
- This may support the identification of cases, but should not replace training
- Areas which use professional judgement for these cases need to provide adequate training to professionals to support this

#### 9.1 Current MARAC Referral Criteria

SafeLives recommend MARACs use the following referral criteria: professional judgement, visible high risk (using the DASH RIC), potential escalation (based on number of police call outs) and repeats (where there has been any further abuse or risk of escalation within 12 months after a case was heard) (69). Since these initial criteria was developed, many areas have adapted this guidance, both in terms of thresholds, but in some cases by adding additional referral categories. Research by STADA and the University of Suffolk found that additional criteria was being used in some London boroughs including forced marriage, 'honour' based abuse and female genital mutilation as well as other criteria not related to harmful practices.



#### 9.2 Harmful Practices as a Referral Criteria

In our survey 42% of MARAC co-ordinators told us that they had one or more type of harmful practice as a referral criteria for their MARAC. For example, one co-ordinator stated:



Yes, all HBA and FM cases are considered high and referred to MARAC.



All co-ordinators who commented on the type of harmful practice used stated that this was either 'honour' based abuse or 'honour' based abuse and forced marriage. It's unclear whether 'honour' based abuse in this instance also refers to other types of harmful practices. All areas that carried out this practice felt that it resulted in appropriate (ie high risk) referrals. One co-ordinator stated that even suspected cases would be heard:



Suspected honour based violence or forced marriage: automatic referral.



One by and for practitioner also advised that this is something they have observed in the multiple MARACs their agencies attend:



Yeah, as far as I know, every case involve [ing] the forced marriage or honour based violence, they are discussed in MARAC. Even if it is a thought, for example, when it comes for young girls. Ohh, they might be in school and then they just mentioned to say . . . there has been a discussion in the house about forced marriage and they feel uncomfortable and maybe the family's planning to say maybe in two years time . . . this is what is gonna happen. Those cases mainly they come to MARAC.



This raises a number of questions as to why 'honour' based abuse and harmful practices would need to be a separate criteria for MARAC, whether all cases (including suspected cases) should be referred, and how this fits with the legal basis for information sharing at MARAC. As previously discussed, all forms of harmful practices are under identified and many agencies are unclear how to manage these cases. In addition, the DASH RIC is not an adequate tool for assessing harmful practices cases, indicating that these cases are less likely to be referred under the visible high-risk category. Given the lack of police involvement with many of these cases, they may also be less likely to have a history of police reports which would identify a pattern of abuse. By creating a separate category this could increase the visibility of these cases, and support agencies to make referrals which they may not otherwise feel confident to do.

Some MARAC co-ordinators informed us that they felt a separate category was unnecessary as they would expect these cases to be referred under the professional judgement criteria. However, given our previous findings around levels of identification and understanding of harmful practices, as well as the structural inequalities and barriers to victim/ survivors' disclosure, it is highly likely that many cases are not being referred.

In some areas there is an expectation that all 'honour' based abuse and forced marriage cases are referred using the existing criteria. In order to support professionals, we would advise that where the additional category is not used other mechanisms are put in place, for example highlighting the use of the professional judgement category for harmful practices cases in inductions, in briefings and on referral forms.



We would also like to see harmful practices training available in all areas, led by expert by and for agencies, in order to increase professionals understanding of these forms of abuse, funded by statutory agencies.

#### 9.3 The Legal Context for Information Sharing

The discussion regarding the referral of all harmful practices cases needs to be set within the legal context of information sharing. Individuals' information is shared at MARAC on the basis that the victim/ survivor is at high risk of serious harm or homicide. In the majority of cases the victim/ survivor will be aware of the MARAC, although may not always have consented to information sharing. Perpetrator's should never be made aware of MARAC and therefore will always be discussed without consent.

Legislation such as the Data Protection Act (2018), Human Rights Act (1998) Crime and Disorder Act (1998) and in cases where the victim/ survivor or perpetrator has children the Children Act (1989 & 2004) allow for information sharing in high-risk domestic abuse cases. This means that cases of 'honour' based abuse and forced marriage need to be assessed as high risk in order to have a legal basis to be referred to MARAC. Routinely referring all 'honour' based abuse cases to MARAC therefore requires a decision that the victim/ survivors in these cases, even in some cases where the abuse is merely suspected, are always at high risk of serious harm or homicide.

#### 9.3 Harmful Practices Cases as High-Risk Cases

SafeLives 2017 insights data found that more victim/ survivors of 'honour' based abuse were at high risk of serious harm or homicide, (68%) than other domestic abuse victims (55%) (70). By and for agencies also told us that the risk in these cases is more unpredictable, meaning that these victim/ survivors may be at higher risk, but also potentially less likely to be identified as high risk. Several professionals from by and for agencies felt that all cases should be referred to MARAC due to the nature of the risk:



I think with honour-based violence or forced marriage; I would say they should all meet MARAC threshold because we don't know how soon it will escalate. We don't know what will happen.





I feel like the level of risk could escalate. I mean, you know, that level of risk with 'honour' based abuse can escalate because it can, it can turn into like getting killed over honour. So I think it's important that any 'honour' based abuse highlighted should be sent to MARAC, at least you know we could put that intervention in and safeguard the victim rather than things escalating. and then it warrants another MARAC [referral].



This issue of the escalation of 'honour' based abuse cases needs to be considered. In additional to the likelihood of faster escalation, cases can also appear to de-escalate, giving a false sense of security. Research by Monkton Smith et al (2022) has identified that perpetrators can give the appearance that there is a de-escalation whilst planning the murder of the victim (71).



However, other by and for agencies had a different approach, with some feeling that this needed to be considered on a case by case basis, taking into account whether the abuse was historical or what triggers to abuse might be evident. They also emphasised the importance of better risk assessing by professionals:



. . .we need to find, to kind of like ask the right question whether she's not safe. Whether she feels insecure, whether she feels threatened, whether there is a risk on her life or on her ability to or on her socializing to or isolation.





I think it's professional discretion because if its historical harmful practices, or 'honour' based abuse or its historical FGM that was picked up by a trafficking agency that is supporting an individual who had FGM done back in their home but there is no risk here in the UK, now there is no risk . . . But when we're talking about is this individual in potential risk? and I think it needs to be the potential because a lot of people are like what are the imminent risks? And they might not be at imminent risk, which is the criteria that a lot of like our social services use but are they at imminent risk? Are they at risk today? And that might not be the case, but with HBA, we know like I said, because it's so volatile, they could be at risk. It's understanding that potential, imminent risk.



One by and for agency also suggested that a blanket referral criteria can lead to 'box ticking' which failed to benefit the victim / survivor:



So I can say when I used to work in the [specialist] refuge, I used to be a support worker and [local authority] used to say that we had to refer every woman to MARAC. But our argument was, well once she's come to our refuge, the risk has been lowered and we'll be dealing with the forced marriage aspect of, you know, whether or not it's a forced marriage protection order, because none of our residents have ever wanted that. But doing like a tick box exercise. That's how it felt to me because I'm not sure other than being heard, what actions they could do if she's receiving that one to one support from us.



There was also concern that in some areas referring all cases would lead to an unmanageable volume of MARAC cases:



I think we would be referring a lot more of our women. And if that was the case because that's one of the areas we work in and but thankfully, none of the boroughs that we are working and have that requirement.





That's interesting because logistically we would just be inundated we would be at MARAC every single day.



There is a risk that using 'honour' based abuse and forced marriage as a criteria for MARAC creates a risk averse culture where individual's rights are breached in order to manage levels of discomfort around managing these cases.



Whilst harmful practices are both under identified and have the ability to escalate quickly, referring all cases to MARAC is not a replacement for training and awareness raising. Supporting professionals to have a better understanding and ability to respond to these cases would enable them to be adequately supported including reducing risk where possible. This needs to include discussions around the gaps in current risk assessment tools, and how professionals can develop their professional judgement.

In areas where these criteria are used, MARAC co-ordinators, chairs and steering groups need to ensure they have consciously agreed that all 'honour' based abuse and/ or forced marriage cases are high risk and justify why this is the case before using this blanket criteria. In areas where 'suspected' 'honour' based and forced marriage are used, areas should consider the implications of this, including what happens if these cases don't, in fact turn out to involve harmful practices. In areas where these criteria are in place, it would be useful to conduct a review of referrals received to establish whether all cases were, in fact high risk cases.



### Recommendation: Local areas to consider how they upskill professionals on harmful practices, including how to assess risk

We would recommend that any training is carried out by expert by and for agencies. Consideration could also be given to risk assessment tools used and how these can be developed to incorporate questions on harmful practices.

### Recommendation: In areas where harmful practices are not used as a referral criteria MARACs to highlight the use of professional judgement for these cases

This should include on referral forms and in briefings, inductions and trainings. MARAC reps should be encouraged to support staff from their agencies to understand where it is appropriate to use professional judgement criteria to refer harmful practices cases.

## Recommendation: In areas where harmful practices are used as a referral criteria, MARAC co-ordinators, chairs and steering groups to ensure that this does not result in referrals which breach GDPR

MARAC's should review the use of harmful practices criteria to ensure that this is resulting only in referrals for high risk cases.

# 10. The Value of Collecting MARAC Data on Harmful Practices

**Key Points** 



- Collecting MARAC data on harmful practices is crucial to understanding these high risk cases
- This data can be used to influence VAWG strategies and commissioning decisions
- MARAC data should be collected into a national dataset

Whilst there are currently some datasets which provide prevalence information, including the NHS FGM dataset (72), Forced Marriage Unit statistics (73), Karma Nirvana National Helpline data (74) and Home Office statistics on HBA offences recorded by the police (75), we have no large scale data collection to form a more coherent picture of these types of abuse. In addition, the recent Women and Equalities Committee report on 'honour' based abuse identified a range of issues with police recording including inconsistent flagging of cases (76). Whilst the Home Office produces an annual report on police data relating to harmful practices, they acknowledge that as many victim/ survivors do not report to the police, their data is likely to comprise a small proportion of the 'honour' based abuse occurring (77). There is an urgent need for harmful practices data to be collated and analysed in order to understand victim / survivors experiences, and evidence what support is needed for both victim/ survivors and perpetrators.

#### 10.1 Inconsistency of MARAC Data Collection on Harmful **Practices**

Whilst SafeLives recommends that all agencies supporting victim/survivors should record data on harmful practices, including MARACs, this is not currently part of their MARAC dataset (78). A national dataset of harmful practices cases heard at MARAC would provide much needed insight into these high-risk cases. In our survey of MARAC co-ordinators, 43%, told us that they kept some type of data on harmful practices. However, this did not always include a wide range of harmful practices, with some co-ordinators highlighting that this was kept only on HBA. Reasons given for recording this data included:

- Monitoring
- Reporting
- Research
- Identifying gaps and improving practice

However, some areas only keep the data required by SafeLives, with one co-ordinator telling us:



... we don't look at harmful practices statistics. So it's something again, I think it's not even like it really popped in my head to, kind of it was missing

In addition to MARAC data, collecting agency data would widen the dataset, and engaging local by and for agencies, who work most closely with these cases is crucial in this work.



However, it is vital to understand the barriers to these specialist agencies to be able to engage with data collection. As the previous co-ordinator at STADA who collected data from agencies as well as MARAC noted:



What we've found is that by and fors really want to engage in this work because they understand the importance of it. However, data collection requires capacity that they don't always have because they are so under resourced. What we would like to see is by and fors being renumerated fairly for the work they do, including capacity and resources to engage with this much needed data collection.

An effective co-ordinated community response to violence against women and girls includes an understanding of all forms of VAWG, including those which are less discussed. Collecting data in local areas can start to give an understanding of who is being affected by harmful practices, where the gaps are and crucially whether victim/ survivors are receiving adequate and appropriate support. This can be used to inform local VAWG strategies and commissioning decisions.

#### Data Collection Case Study: Westminster, Hammersmith and **Fulham and Kensington and Chelsea**

In January 2020 data collection on harmful practices cases commenced in 3 London boroughs encompassing data collated from MARAC and from local agencies. Data categories were agreed by the local harmful practices operational group, and the project officer analysed the previous 2 years of MARAC minutes, as well as collecting information going forward.

Using the data collected, information has been shared on areas including:

- · Prevalence of high-risk cases identified
- Demographics
- Perpetrator profile
- Gaps in data and how we could address these
- Professional areas of improvement needed e.g. lack of adequate risk assessing
- Highlighting the breadth of work of by and for agencies

Since 2020 this information has been shared in a number of spaces in order to create discussion and influence local strategy and policy. This has included:

- The local harmful practices group to inform the work of the group
- The local VAWG Board to highlight findings and influence strategy
- Local VAWG leads to influence strategy



- Local MARAC reps to improve practice
- Local MARAC co-ordinators to inform their work
- Local MARAC steering group
- Another London harmful practices group
- Health colleagues to highlight harmful practices

It has also been used to produce a paper on findings - available *here*.

## Recommendation: MARACs to collect harmful practices data as part of their MARAC data collection

For guidance on collecting data as well as a template spreadsheet, please see the MARAC and harmful practices toolkit.

## Recommendation: VAWG Leads/ VAWG Boards to use harmful practices MARAC data to inform local policy and approach to harmful practices cases

MARAC data should be shared with VAWG leads and local VAWG strategic boards to increase their understanding of the local picture. This should be used to inform the local VAWG strategy and commissioning. Consideration needs to be given to the fact that this data is likely to be incomplete due to the under identification of harmful practices by professionals, and the systemic barriers survivors face in disclosing abuse.

Recommendation: MARAC data to be part of wider data collection which foregrounds data from specialist by and for agencies as well as other statutory and non statutory organisations. Appropriate renumeration to be given to by and for agencies involved in this work.

All areas should consider how to collect local data on harmful practices to information local policy and approach to harmful practices, beyond MARAC data. By and for agencies will be key to this work as they are likely to be engaged with survivors unknown to other services.



### 11. Conclusion

The Coaction Hub is particularly concerned with exploring whether the co-ordinated community response works effectively for Black and minoritised survivors of domestic abuse and harmful practices. Whilst this research is just one aspect of this work, it has been clear that it reflects wider concerns around how structural race-based inequality plays out within the VAWG sector, and beyond. Many aspects of the CCR, including MARAC, are not designed for Black and minoritised women, survivors of harmful practices, and the specialist by and for services who support them. This paper calls for a change in culture and attitude, both within MARAC and more widely in the sector. For the co-ordinated community response to be effective for all victims and survivors, a substantial amount of work needs to be done to address this.

Whilst there is a case for MARAC in general to be reviewed, there is a particular question over whether as a process it works for harmful practices cases. It's clear from our research that there is a much that needs to be done to improve responses to harmful practices cases at MARAC, both in terms of risk management and appropriate responses to victim/ survivors and perpetrators. Previous research has highlighted that many agencies feel they are not equipped to respond to these cases, and our research illustrates that not all agencies involved with MARAC, including those chairing and co-ordinating, have a sufficient understanding of these forms of abuse to mitigate risk in the way MARAC was designed to do. Of particular concern is the practice of 'screening out' harmful practices cases, despite specialist agencies deeming these survivors as being at high risk. It is clear that there needs to be more focus on upskilling all those involved in MARACs to have a better understanding of these cases, and how their agencies, as well as the MARAC, should respond to victim/ survivors and perpetrators.

The value of by and for agency involvement in MARACs is clear. These agencies are not only domestic abuse experts, but can provide specialist knowledge on harmful practices, as well as the nuanced experiences of Black and minoritised survivors and perpetrators. By and for agencies must be integral to MARACs if we are going to have a co-ordinated community response that works for all survivors. Despite this, some MARACs continue to have no by and for agency presence, and in many areas these agencies do not have the capacity to become core agencies, or in some cases even represent the clients they work with. We would expect that an increased role in MARAC for by and for organisations would be appropriately resourced and would be mindful of the chronic under resourcing of these agencies. Funding for by and for agencies to have a greater role in MARACs also needs to be considered as part of the wider commissioning need to fairly fund these specialist agencies.

Our research also highlights a range of good practice, with by and for agencies singling out particular MARACs and agencies who they felt were more understanding of these cases or respected the expertise of specialist agencies. It was helpful to understand the measures some areas were taking to improve responses to these cases, for example through separate meetings or by valuing the expertise of specialist agencies. What was clear, however, was that these examples of good practice appear to be happening in silos, with other areas unaware that this good practice was occurring. This indicates a need for local MARACs to have better mechanisms to share good practice and learn from each other, possibly nationally as well as across local areas. The London MARAC Co-ordinator's Forum, co-ordinated by STADA could be a template for this type of forum.



We would urge all local areas to carry out a review of how their MARAC manages harmful practices cases, identifying areas for improvement. Ideally this should take place in conjunction with a broader strategy in the area to better understand the prevalence of these forms of abuse, as well as improve responses to these victim/ survivors and perpetrators more generally. This should include data collection and specialist training, delivered by by and for experts and covering a broad range of these forms of abuse. Commissioners should consider utilising virtual training where there is no appropriate service in the local area. Based on this review, and using evidence from the data, MARACs should consider whether other models, such as stand alone meetings would work for their locality. Whilst we are aware that local areas are stretched in terms of capacity, it is key that this work is viewed in the context of ensuring that the CCR works for all survivors of VAWG, as opposed to problematising victim/survivors of harmful practices.

## 12. Annexes

#### **Annex 1: Glossary**

#### **CCR - Co-ordinated Community Response**

The CCR is an approach to domestic abuse and other forms of VAWG which involves bringing communities together to improve the safety of survivors and hold abusers to account. Often the CCR is used to mean statutory and non-statutory agencies working together, but a successful CCR needs to involve a wide range of communities and individuals. To be effective the CCR needs to work to improve the safety of all victim/ survivors, including those from marginalised and minoritised communities. More information can be found here.

#### **DA - Domestic Abuse**

The statutory definition of domestic abuse can be found here.

DASH RIC – Domestic Abuse, Stalking and 'Honour' Based Violence Risk Indicator Checklist A copy of the DASH RIC can be found here.

#### **DHR - Domestic Homicide Review**

It is a statutory requirement for local areas to carry out a Domestic Homicide Review following a domestic homicide or a suicide where there was known to be a domestic abuse history.

By and For Agencies – organisations which are run by the community they service
In this report we are specifically referring to Ending VAWG By and For Services run by and for
Black and minoritised women. IMKAAN's definition of by and for agencies can be found here.

#### **FGM – Female Genital Mutilation**

Defined by the World Health Organisation as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." More information on FGM can be found on FORWARD's website <a href="here">here</a>

#### FM - Forced Marriage

A forced marriage is where one or both people do not (or in the case of those who lack capacity, cannot) consent to a marriage as they are pressurised, or abuse is used, to force them to do so. More information including the law on forced marriage can be found here.



#### HBA - 'Honour' Based Abuse

Abuse which is committed because there is a misguided notion around 'honour' and 'dishonourable' behaviour in a relationship, family and/or community. It often occurs in response to individuals trying to break away from constraining 'norms' of behaviour that their family or community are imposing. We use quotation marks around the term 'honour' to indicate that whilst honour is used as a justification for abuse, there can never be honour in abusive behaviour. More information on HBA can be found on IKWRO's website <u>here</u>.

#### **HPs - Harmful Practices**

The Coaction Hub defines harmful practices as: forms of gender-based violence and domestic abuse where escalation of abuse and associated risks happen due to notions of power and control within intersectional contexts of oppression. In these cases, religion, culture, patriarchal codes of behaviour and perceived notions of honour are used by one or more perpetrators as an excuse for coercive control, threats and abuse.

#### **IDVA - Independent Domestic Violence Advisor**

Trained advisors who support victim/ survivors experiencing high risk domestic abuse.

#### MARAC – Multi Agency Risk Assessment Conference

A multi-agency forum for high-risk domestic abuse cases, bringing agencies together to information share and action plan with the aim of reducing risk. More information can be found here.

#### **Racism**

Racism in this paper is defined as discrimination and prejudice based on race or ethnicity, rooted in an unequal distribution of power. It includes systemic, institutional and structural racism which are used to uphold White supremacy. For more information about racism in the VAWG sector, and how this can be countered, please see the VAWG sector anti racism charter: <a href="https://example.com/here/beta/fig-16/2">here</a>.

#### VAWG – Violence Against Women and Girls

#### White led Agencies

Organisations in the VAWG sector who are not specialist by and for agencies for Black and minoritised women. White led Organisations receive significantly more funding than by and for agencies.

## Annex 2: Further Discussion on Harmful Practices

#### Harmful Practices as Forms of VAWG

The World Health Organisation (WHO) estimates that more than a quarter of women have been subject to physical or sexual abuse by a partner within their lifetime (79). It is estimated that worldwide approximately 81,100 women and girls were murdered in 2021, with over half (56%) killed by a partner or family member, although this is likely to be an underestimate of the true figures (80).



It is in this context of worldwide patriarchal feminicide and abuse that harmful practices and 'honour' killings occur.

Popular narratives in the UK position harmful practices as uniquely 'barbaric' forms of abuse which happen solely in certain communities (81), but notions of 'honour', 'shame' and 'stigma' exist in all communities, where they are used as justification for abuse against women.

In a number of European countries, 'honour' was enshrined in law as a defence of murder until relatively recently. For example, the use of 'provocation' as a mitigating defence in criminal law was used in Britain until 2008 (82) and the 'cause of honour' was only fully repealed from Italy's penal code in 1981 (83). Whilst the law may have changed, notions of 'dishonour' persist in these cultures. However, as Bindle (2022) argues, whilst many White British men have used 'provocation' or 'jealousy' as mitigation after killing partners, amounting to a variation on 'dishonour', this is perceived less seriously than murders labelled as 'honour' killings (84).

When murders of women and girls take place within minoritised communities there tends to be a focus on the race and religion of victims and perpetrators as opposed to the issue of femicide (85). 'Honour' based abuse and other harmful practices have been used in racist and Islamophobic narratives to both 'other' and imply 'deviance' (86). One example of this is the way in which FGM legislation has led to 'over policing' by statutory services of some communities. As FORWARD found in their study in Bristol (2021): "the safeguarding policies enacted since 2014 may have inadvertently done a great deal of harm to families, communities and the young girls themselves" (87).

This type of stigmatisation can in turn lead to all abuse in some communities being assumed to be related to 'honour' (88), and ignores the way in which abuse is used systemically to control and restrict women's bodies and behaviour in all cultures (89). Thus, 'honour' killings are sensationalised (90) and exoticized (91) in our media and mainstream narratives.

#### Harmful Practices as Forms of VAWG

This focus on 'honour' killings within discussions around harmful practices, whilst important, risks obscuring the experiences of abuse being perpetrated against victim/ survivors on a daily basis. An alternative way of understanding harmful practices is within the context of coercive control. As with domestic abuse and other forms of violence against women and girls, coercive control underpins harmful practices. The work of Evan Stark and others on coercive control has widely altered perceptions of domestic abuse as 'incident based' (92, 93), but this appears not have filtered down to our understanding of 'honour' based abuse and other harmful practices.

The application of Monckton Smith's homicide timeline to 'honour' killings illustrates that whilst the context of the abuse may vary (i.e., there may be multiple perpetrators, family members may be the perpetrators) coercive control is likely to be present in these high-risk cases (94). Narratives around harmful practices tend to focus on, at the extreme end, honour killings, but also 'incidents', usually of physical or sexual abuse.



This obscures the fact that for some victim/ survivors, forms of 'honour' based abuse may be occurring continually, with victim/ survivors being policed as to what they are able to wear, who they can see, and where they can go. For many victim/ survivors, coercive control can be present from a young age with clear codes of expected behaviour being conveyed (95). This can make it extremely difficult for both victim/ survivors and agencies to identify, and this ongoing policing of victim/ survivor's behaviour often goes undetected.

Research by Hester et al (2015) found that around three quarters of victim/ survivors of HBA/ FM had experienced coercive control from a partner, and nearly 60% from the wider family. In the familial context, victim/ survivors were more likely to experience coercive control than physical or sexual abuse. This included actions such as "monitoring social activity, removal of phone and internet access, house arrest, removing passport, withholding visa documents and attempts to shame the victim using the internet, email and social media" (96).

Understanding this context of coercive control helps us to move away from an incident-based model of 'honour' based abuse, and better understand victim/ survivors experiences.

Whilst notions of 'honour' exists across cultures, in order to understand women's intersecting experiences of abuse, we need to discern how abuse can be perpetrated and manifested in different communities. Whilst the term 'honour' is contested (97), the use of this label can shine a light on the way in which victim/ survivors can be isolated by these concepts, and in fear of punishment if they challenge perceived norms (98).

#### Harmful Practices as Forms of Domestic Abuse

Harmful practices are forms of domestic abuse and gender-based violence, requiring nuanced responses which understand the complexity of these cases. Victim/ survivors are entitled to the support and safeguarding responses from the statutory and voluntary sector that other victim/ survivors of domestic abuse receive, including in the case of high-risk cases, multi-agency support via MARAC. However, this does not always happen, for example research with police in Hertfordshire in 2017 found that some 'honour' based abuse cases were not flagged as domestic abuse: "This discrepancy is significant because it meant that only a proportion of recorded HBV/A cases were routinely referred to local multi-agency risk assessment conferences (MARACs); a vital first move towards early intervention may, therefore, have been missed" (99).

In order to achieve this parity, agencies, particularly statutory agencies, need to understand harmful practices as forms of abuse on the continuum of violence against women and girls which need a nuanced understanding as to perceived codes honour used to justify abuse and how these create specific barriers for victim/ survivors.

### **Annex 3: MARAC Roles**

**MARAC Co-ordinators** 



The role of MARAC co-ordinator can vary extensively across areas. In some areas this is a dedicated role, but in others might be an add on to another role, for example within a local authority VAWG team. This role can be primarily an admin role, focussing on taking and distributing at risk lists and minutes, whilst in others this role may also encompass carrying out extensive training, inductions and briefings in their local area, as well as writing reports and taking a lead role in steering groups. In some areas the co-ordinators have a proactive role in the MARAC meeting, suggesting actions and guiding the chair.

#### **MARAC Chairs**

The role of MARAC chairs is to ensure that MARAC reps share information and create action plans that increase the safety of all high-risk victim/ survivors heard at MARAC and hold perpetrators to account. A good chair will have an in depth understanding of domestic abuse and other forms of VAWG including harmful practices. They should work collaboratively with all relevant agencies. In many areas the police chair the MARAC, but VAWG Leads, Social Care managers and other relevant agencies may also take on this role, or an independent chair may be commissioned.

#### **MARAC Reps**

MARAC reps come from a wide range of statutory and non-statutory agencies. MARAC's usually separate agencies into core agencies (i.e. those that attend every meeting and research every case) such as police, IDVA services, housing, children's services, probation, primary health, mental health, substance misuse services and adult safeguarding and non-core agencies (who would attend solely for known cases) which might include agencies such as youth offending services, child and adolescent mental health services (CAMHS), registered social landlords and specialist services (100). If an agency is not signed up to the MARAC protocol, but either refers or can input on a case as a one off, they would be considered a guest agency.

### **Annex 4: Recommendations**

#### Recommendations

It's clear from our findings that MARACs have a long way to go to ensure that they are effective for harmful practices cases. The following recommendations are aimed at all those involved in the development of MARACs including co-ordinators, VAWG leads, steering groups and commissioners. We would suggest that this are discussed in MARAC steering groups in order to explore how local MARACs improve their responses to these cases.



Recommendation 1: All MARAC co-ordinators, chairs and reps should receive training on harmful practices

Recommendation 2: All MARAC Co-ordinators, Chairs and Reps to receive training and development in anti-racism

Recommendation 3: All new reps to be given reps guide (see toolkit)

Recommendation 4: MARAC co-ordinators and chairs to refer to Aide Memoire (see toolkit)

Recommendation 5: MARACs to review their membership and consider any gaps

Recommendation 6: Commissioners to fund by and fors to be able to have capacity to attend and meaningfully engage with MARAC

Recommendation 7: Commissioners to fund by and fors to work with high risk domestic abuse and harmful practices cases

Recommendation 8: MARACs to include by and for agencies in referral pathways

Recommendation 9: MARACs to consider whether adequate time and expertise is available for harmful practices cases, taking into account the complexity of these cases

Recommendation 10: MARAC's to consider alternative models of hearing harmful practices cases, including 'stand alone' meetings and expanding the chair role to include professionals from organisations such as by and for agencies

Recommendation 11: Local areas to consider how they upskill professionals on harmful practices, including how to assess risk

Recommendation 12: In areas where harmful practices are not used as a referral criteria, MARACs to highlight the use of professional judgement for these cases

Recommendation 13: In areas where harmful practices are used as a referral criteria, MARAC coordinators, chairs and steering groups to ensure that this does not result in referrals which breach GDPR

Recommendation 14: MARACs to collect harmful practices data as part of their MARAC data collection

Recommendation 15: VAWG Leads/ VAWG Boards to use harmful practices MARAC data to inform local policy and approach to harmful practices cases

Recommendation 16: MARAC data to be part of wider data collection which foregrounds data from specialist by and for agencies as well as other statutory and non statutory organisations. Appropriate renumeration to be given to by and for agencies involved in this work

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