

STANDING TOGETHER

against domestic abuse

Harmful Practices Cases at Westminster,
Hammersmith and Fulham and Kensington and
Chelsea MARACs: What Does the Data Tell Us?

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Introduction

In January 2020 the boroughs of Westminster, Hammersmith and Fulham, and Kensington and Chelsea funded a data co-ordinator to collect and analyse data on harmful practices in their boroughs. This was carried out as part of the local Harmful Practices Operational Group (HPOG), a group of statutory and non-statutory agencies working together to ensure that the response to harmful practices in these boroughs is co-ordinated, safe and effective. The aim of the data collection was to try to better understand the prevalence of harmful practices in the boroughs, identify who was accessing services (and who was not) and where the gaps were. The group also wanted to understand who was working with victim/ survivors of harmful practices and recognise what this work entailed.

The HPOG defines harmful practices as forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. Harmful practices include, but are not limited to:

- Forced or early marriage
- Female genital mutilation
- So called “honour” based abuse
- Faith based abuse/ spiritual abuse
- Female infanticide
- Breast Ironing
- Acid attacks
- Bride price and Dowry-related violence
- Virginity Testing and Hymenoplasty
- Forced Pregnancy
- Forced Abortion

Harmful Practices – An Under Researched Area

Our knowledge on the prevalence of harmful practices in the UK is limited!ⁱ There are a number of datasets on various forms of harmful practices including the NHS FGM dataset,ⁱⁱ Forced Marriage Unit statisticsⁱⁱⁱ, Karma Nirvana National Helpline data^{iv} and Home Office statistics on HBA offences recorded by the police.^v There have also been estimates on the prevalence of specific forms of harmful practices through research including forced marriage,^{vi} FGM^{vii} and so called ‘honour’ killings^{viii}. However, all forms of harmful practices are likely to be underreported,^{ix} and in addition there have been some concerns regarding the over estimation of FGM statistics.^x There is also complication over what constitutes different forms of harmful practice, with definitions varying. For example, some definitions of ‘honour’ based abuse include forced marriage and FGM^{xi} whilst other research explore these separately.

In 2017 as part of their series of Spotlight Reports on hidden victims, SafeLives produced Your Choice: ‘honour’ based violence, forced marriage and domestic abuse. One of the recommendations from this report was:

All those supporting victims (including domestic abuse services, Maracs, Police, family courts and the Crown Prosecution Service) should collect and analyse data on the HBV [‘Honour’ Based Violence] cases they engage with, and use this analysis to identify potential gaps... Data should be used to contribute to reflective practice across the organisation^{xii}.

However, despite this many services, including MARACs, (Multi Agency Risk Assessment Conferences) do not routinely record this data and when they do this is not always utilised in order to identify and address gaps in services. This context makes it very difficult to attempt to estimate the numbers of harmful practices cases in a local area. This also means that commissioners may struggle to understand the need in their local areas for specialist services.

Data Collection

In collaboration with the HPOG, the data co-ordinator decided to collect two forms of data, local agency data and MARAC data. The aim was for agencies data to give a broad understanding of victim/ survivors across services, and for MARAC data to show who is being identified as high risk and what multi agency responses they were receiving.

This paper will focus solely on MARAC data, for several reasons. Firstly, we were aware that MARAC was a rich, easily accessible source of data. Once we had received permission from the local authorities involved, the MARAC data was straightforward, albeit time consuming, to collate. We were able to access historical MARAC minutes, going back to 2018, as well as continue to collect data going forward. We were aware that this was an under researched area^{xiii} and could contribute to the understanding of the efficacy of MARACs as well as harmful practices. We were also able to collaborate with the University of Suffolk who produced a briefing paper outlining the first three years of this data^{xiv}. This paper endeavours not to reproduce the information from that briefing.

In contrast accessing agency data was more complicated. Many of the members of the HPOG are small by and for agencies with limited resources and funding to be able to supply this data. The beginning of the project coincided with the early stages of the COVID 19 pandemic when frontline agencies were extremely stretched in terms of capacity. Many domestic abuse service providers found that their ability to provide services was impacted by COVID 19, including increased caseloads^{xv xvi}. There have also been some inconsistencies in the collection of data linked to staff turnover within participating agencies. Whilst there have been some useful initial findings for the group in the agency data, as a dataset it was less reliable than the MARAC data. The HPOG continues to collect agency data, as well as MARAC data, and as the dataset builds we may return to this in a future paper. The data set encompasses four years of MARAC meetings across three boroughs.

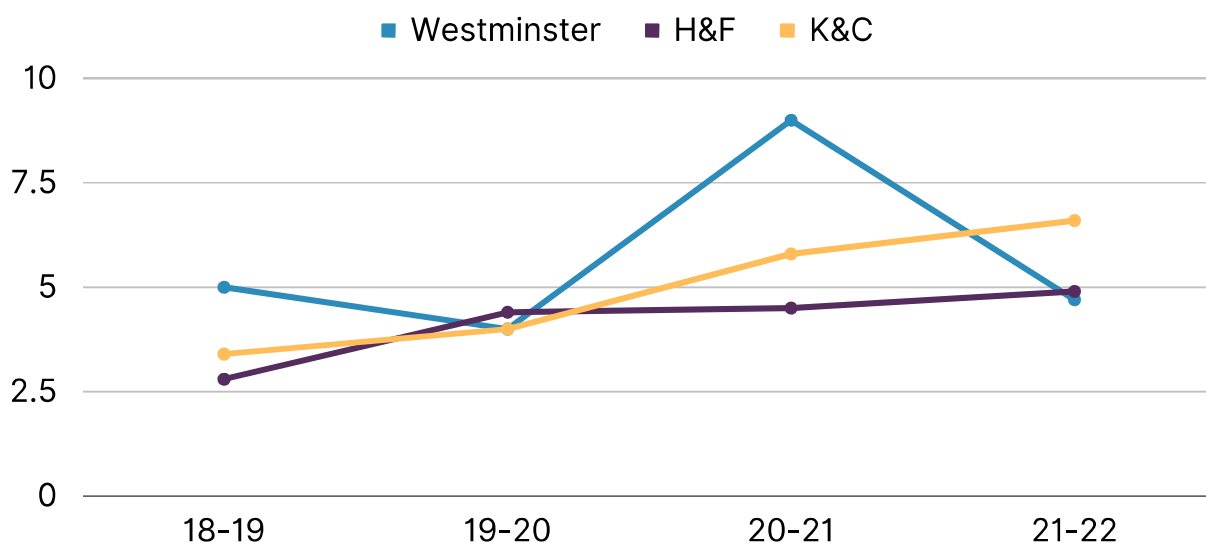
The data was extracted from MARAC minutes by the data co-ordinator via a series of keyword searches. In order to get a more accurate picture of the types of abuse occurring, we separated them out into distinct categories, as opposed to categorising them under the heading of 'honour' based abuse. Cases were included whether the abuse was historic or current, and whether abuse had occurred or was a risk. This was to give a more rounded picture of what victims and survivors may have experienced or were experiencing, but also because the HPOG felt strongly that it was important to focus on the needs of survivors as well as the risks. Although searches were consistent and extensive, it is possible that cases could be missed as a result of MARAC agencies not directly naming harmful practices in their research and discussions.

What the Data Tells Us

Referral Numbers

245 harmful practices cases have been heard at MARAC across Kensington and Chelsea, Hammersmith and Fulham and Westminster between April 2018 and March 2022. This is 5% of all MARAC cases. In 2018 - 19 harmful practices cases made up 3.7% of all MARAC cases in the three boroughs, rising to 5.4% in 2021-22.

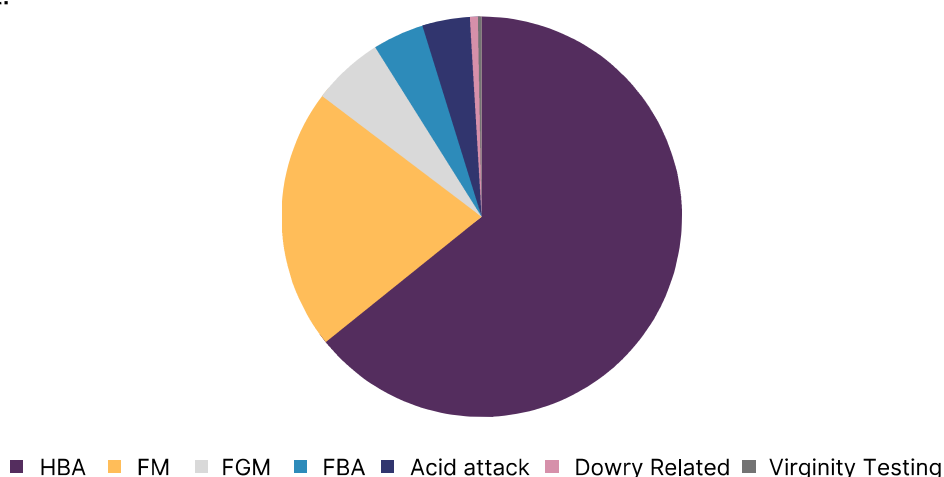
Harmful Practices Cases as a % of all MARAC cases



The number of cases as a percentage has risen steadily in Kensington and Chelsea and Hammersmith and Fulham whereas Westminster saw a spike in referrals in 2020-21. The number of cases referred more than doubled between 2018 – 19 and 2020 – 21, before dipping slightly in 2021-22. Reasons for this could include the funding of the P&ACT project towards the end of 2019 which brought more specialist funded workers into the boroughs, the training that these agencies provided, and awareness raising by the HPOG, such as a harmful practices conference in late 2019. The spike in referrals in Westminster could relate to the COVID-19 pandemic, which would correlate with findings from Karma Nirvana that victim/ survivors of harmful practices experienced increased levels of abuse whilst in lockdown with perpetrators^{xvii}. However, this does not explain why this referral increase only occurred in one of the three boroughs.

Forms of Harmful Practice Identified

Harmful practices cases identified at the three MARACs were dominated by ‘honour’ based abuse (82%) and to a lesser extent forced marriage (27%). There were also very small numbers of lesser-known harmful practices such as dowry abuse (0.8%) and virginity testing (0.4%). FGM numbers are fairly low (6%) which reflects the fact that MARAC is a high-risk forum for adult victim/ survivors of domestic abuse. Cases of FGM include both adult survivors who were subjected to FGM as children and daughters of victim/ survivors who are at risk of FGM. We are aware that referring agencies would not necessarily know if a woman has been subject to FGM as a child as this is not part of widespread risk assessing. This is more likely to be known by agencies such as health, for example if a woman was working with the FGM clinic, or by and for agencies who tend to be more likely to ask about FGM routinely as part of their needs assessment.



Demographics

Sex and Sexuality: Victim/ survivors of, and those at risk of, harmful practices were overwhelmingly female in the data (96%). There were only 10 cases of men at risk of or experiencing harmful practices heard at MARAC in the four years. Research shows that whilst the majority of victims are female, generally ‘honour’ based abuse and forced marriage seem to have a slightly higher proportion of male victims than domestic abuse^{xviii}. Forced Marriage Unit (FMU) figures show that about 20% of calls to their helpline concern risk to men^{xix}. One of the questions raised by this data was whether male victims of harmful practices are being sufficiently identified by agencies. Overall male victims make up approximately 9.5% of referrals across the three MARACs, but within harmful practices cases this is only 4% of cases. It is unclear whether this is because male victims of harmful practices are not deemed sufficiently at high risk to be referred to MARAC, or whether they are not being identified in the three boroughs.

Of the 10 cases of male victim/ survivors, 90% of these men were identified as LGBT+

Of the 10 cases of male victim/ survivors, 90% were identified as LGBT+. This is in contrast to MARAC harmful practices cases overall, of which only 5% were LGBT+. All male victims were at risk of ‘honour’ based abuse, although some were at risk of more than one form of harmful practice, including forced marriage and spiritual abuse. Of the 9 LGBT+ men, in all cases the harmful practices were related to their sexuality. In addition to the 9 male cases, there were also 7 women who were either lesbian or bisexual, and similarly, all these victim/ survivors were at risk of ‘honour’ based abuse, linked to their sexuality. In three cases these women were also at risk of forced marriage, and in two cases also at risk of spiritual abuse. 13 of the 16 victim/ survivors who were identified as LGBT+ were working with a specialist LGBT+ by and for agency.

Age: The largest age range in the MARAC data was 25- 34 years (38% of cases) followed by 22- 24 (17%). There were very few cases above the age of 55 (3%) or under 18 (5%). There was some variation between boroughs, with Hammersmith and Fulham having a high percentage of victim/ survivors in the 35 – 44 age range (20%) compared to Kensington and Chelsea (12.5%) and Westminster (14%). These figures are in contrast to previous research which indicated that young people (25 and under) are most at risk of ‘honour’ based abuse^{xx}. This could be explained by the fact that the dataset includes some cases where the abuse is historical and therefore does not accurately reflect the age of the victim at the time the abuse occurred. Further consideration could be given to separating out historical and current risk cases to get a more accurate picture of the age of victims.

Disability: 11% of victim/ survivors were identified as having a disability. However, this could be higher as there were a further 31% for whom this was not stated on referral forms. This is lower than 2021 Census data which found that 17.7% of the population of England and 15.7% of London have a disability^{xxi}. Although research has shown that disabled women are twice as likely to be victim/ survivors of domestic abuse, knowledge on whether these rates are similar for victim/ survivors of harmful practices is limited. A recent study exploring 160 harmful practices cases supported by Savera found that 9.7% had a learning or physical disability^{xxii}. In order to explore this further in our MARAC cases we would need to see more consistent recording of this data.

Ethnicity: The highest percentage of victim/ survivors were from a Middle Eastern background (25%) followed by Black African (15%) then Asian Pakistani (10%). Victim/ survivors were identified from more than 16 different ethnicities, as well as 10% which were unknown. 2.9% of victim/ survivors

Victim/ survivors were identified from more than 16 different ethnicities

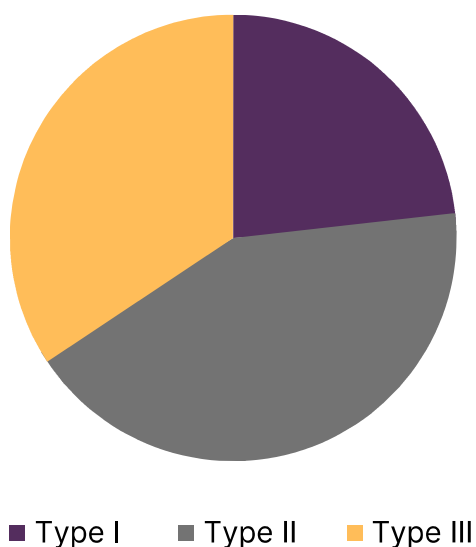
were White British. In five MARAC cases the victim/ survivor was a Gypsy or Irish Traveller, although referring agencies hadn't always explicitly identified this in their ethnicity recording, suggesting a possible lack of understanding that these are ethnic groups. This data indicates that harmful practices affect victim/ survivors from a broad range of ethnic backgrounds. We were unable to explore the ethnicity of the perpetrators of these harmful practices, as this is not data which is collected by the MARACs.

What Do We Know About the Perpetrators?

Whilst harmful practices statistics in general are limited nationally and locally, MARAC is an easily accessible source of data. That said, information regarding perpetrators is not always available at MARACs, as their roles specifically are not always explored in depth by support agencies, who often put their focus on the survivors. In addition, harmful practices cases can be complicated by having multiple perpetrators, who may take on different roles, often described as 'primary' and 'secondary' perpetrators. It is important to keep in mind that in cases with multiple perpetrators, the secondary ones can be more difficult to identify^{xxiii}.

Of the 245 MARAC cases in the dataset, we removed cases of FGM due to the complexity of accessing information on abuse that had often occurred in the victim/ survivor's childhood, as well as the ones where we had no information whatsoever on the perpetrators. This left us with 226 cases. To understand more about who perpetrated harmful practices in the MARAC cases, we used a typology developed by Lis Bates (2017)^{xxiv}. The typology is based on the relationship between the victim/survivor and the perpetrator, the number of perpetrators, the profile characteristics of the individuals involved, and the nature of the abuse. The three types are: Type I (partner abuse): this type represents the abuse from a single perpetrator only who is a partner or ex-partner. These cases may present as similar to domestic abuse cases, but will include aspects such as the (ex) partner using 'honour' as a form of coercive control. Type II (familial abuse): this refers to abuse from one or more family members, which can be either their family or in-laws or both. This is likely to involve using perceived notions of 'honour' to enforce or attempt to enforce expected behaviour of the victim/survivor. It is more likely than the other types to involve forced marriage. Type III (partner plus family abuse): refers to the abuse from a partner or ex partner and family members, usually the perpetrator's family, but can be the victim/ survivors or both families.

Victim/ survivors relationship to perpetrators

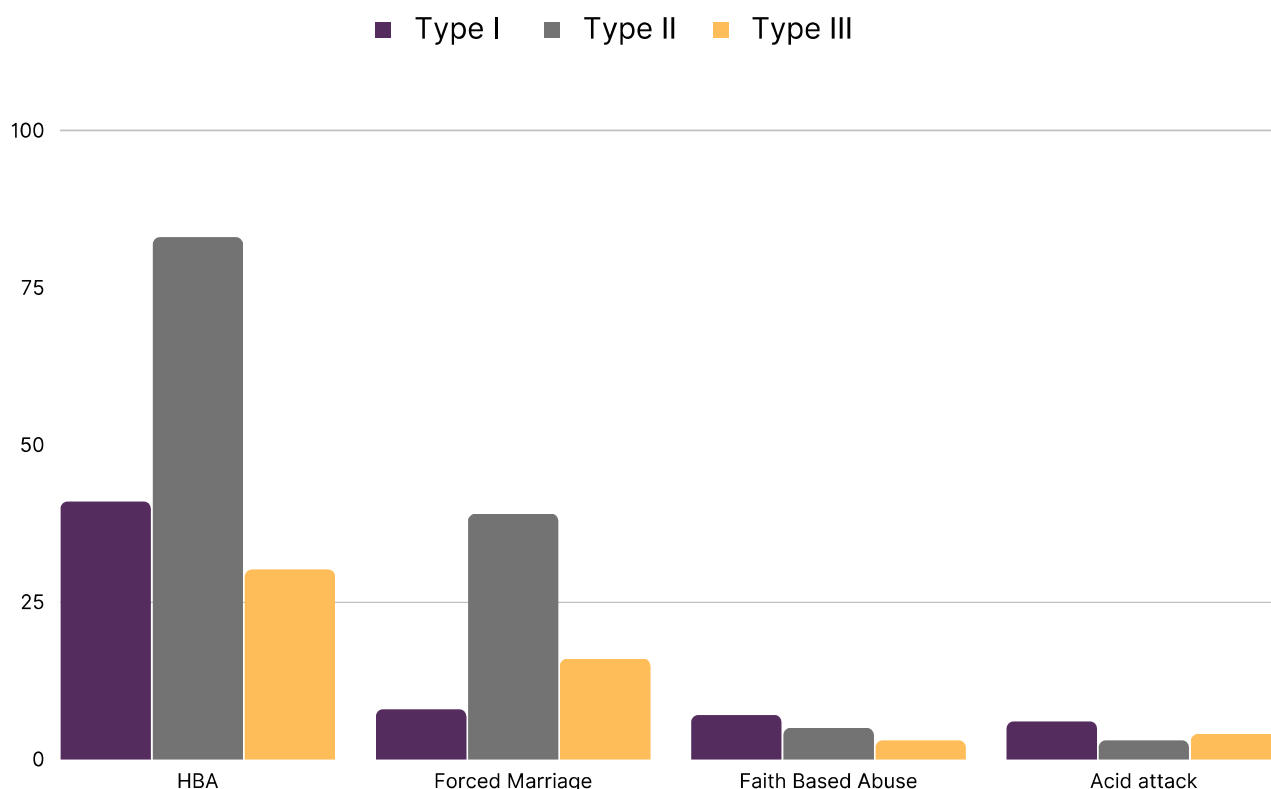


Type I (partner abuse): In 53 cases the abuse was committed by a partner or ex-partner. In 72% of these this was the current partner.

Type II (family abuse): In 96 cases the abuse was committed by the victim/survivors' parents, siblings, children, extended family members or the whole family. In 12.5% of these cases forced marriage was the sole form of harmful practice identified

Type III (partner & family abuse): In 77 cases the perpetrators involved the partner or ex-partner plus his family and in some cases the victim/survivor's own family members.

Who perpetrates what?



Familial perpetrators (type II) represent the group that committed the most harmful practices in MARAC cases. As shown in the graphic above, they are more likely to perpetrate ‘honour’ based abuse and in terms of a percentage their victims are more likely to be at risk of forced marriage than the two other types.

Sex of the perpetrators: Like other forms of VAWG, the perpetration of harmful practices is gendered, with women and girls disproportionately affected as victims, and our data does reflect this^{xxv xxvi xxvii}. However, female family members, in particular mothers and mothers-in-law, are quite frequently involved in carrying out or facilitating ‘honour’ based abuse of other female family members^{xxviii xxix}. In our data there was a total of 40 females who were involved in the abuse, with 38 of them in the type II category (familial abuse) including mothers, sisters, and aunts. In five cases, mothers were the sole perpetrators identified, whilst the others were in conjunction with male family members or partners. The sex of ‘primary’ and ‘secondary’ perpetrators in relation to ‘honour’ based abuse is complex. Studies such as Lis Bates’s work found that men were much more likely to be primary perpetrators and women secondary perpetrators. In the small number of cases where women were primary perpetrators, they were more likely to be so in type II cases^{xxx}. Research by Rachel Aplin has found that mothers can play a dominate role in ‘honour’ based abuse, although this may be for a complex range of reasons such as ‘sacrificing’ daughters to preserve their own safety and must be viewed in the context of patriarchy^{xxxi}. Furthermore, it is useful to establish what we mean by ‘primary’ and ‘secondary’ perpetration, and rather than view this as who perpetrates what, to consider who holds agency and power. Due to the limited information in the MARAC minutes, we were unable to establish in most cases whether women were ‘primary’ or ‘secondary’ perpetrators.

Multiple perpetrators: Harmful practices cases are much more likely than domestic abuse cases to feature multiple perpetrators^{xxxiii xxxiv}. This can bring a range of additional risks to victim/ survivors and barriers to accessing support. In addition, within our data collection time frame, the first COVID-19 lockdown triggered concerns for Black and minoritized survivors who might ordinarily seek support from community services^{xxxv}. Members of the HPOG particularly raised concern about women where multiple perpetrators meant that opportunities to contact and offer support were severely limited.

In the MARAC data, 66% of victim/survivors were at risk from multiple perpetrators. The highest number recorded was 9 and this case fits the type II category (familial abuse). It's also important to recognise that some victims of harmful practices are not at risk from multiple perpetrators (34% in the MARAC data). As harmful practices are commonly associated with multiple perpetrators, this may make these types of cases more difficult to identify.

In many cases, there were references to risk 'from family' or 'from the community', making it impossible to gauge information on the numbers of perpetrators. This has raised questions regarding the adequacy of risk assessment in harmful practices cases with particular concern around how risk can be assessed and mitigated when it is unclear who is causing it. One feature of many of these cases was that victims are often at risk of different forms of abuse from different perpetrators. Most commonly partners or ex-partners using the threat of, or actually triggering 'honour' based abuse from the victim's family as a form of coercive control within an abusive relationship. Often in these cases the partner or ex-partner would be well risk assessed regarding the domestic abuse, but information on the risk of harm from family members would be extremely vague.

One feature of many of these cases was that victims are often at risk of different forms of abuse from different perpetrators.

Categorizing the MARAC cases using Lis Bates' typology gives us a clearer picture of the relationship between the victim/survivors and the perpetrators. However, in our database, the information regarding the perpetrators' own characteristics is limited. This highlights the importance of accurate and thorough data gathering, as perpetrator characteristics can provide useful insight into the nature of the abuse and inform safeguarding efforts^{xxxvi}. In fact, having this information could help change or expand the narratives around multiple perpetrators and the importance of carrying out holistic assessment with victim/ survivors of domestic abuse, who could also be experiencing harmful practices. Knowing this, it would be valuable to explore whether the DASH Risk Identification Checklist (RIC) adequately considers the relationship between the perpetrator and the victim/ survivor, the number of perpetrators, and their characteristics. Regarding this Lis Bates (2017) found that type II cases were less likely to score as high risk on the DASH, and more likely to be referred to MARAC on professional judgement. This indicates that the DASH may not be the best tool for these cases and that training on harmful practices is essential if agencies are going to be able to appropriately apply professional judgement.

Complexity of cases

One of the areas the HPOG were keen to explore was factors around victim/ survivor's vulnerabilities and barriers to accessing services such as immigration issues, language barriers and experiencing multiple forms of abuse. However, these factors were not always easy to establish, either because they weren't required MARAC data categories or because agencies were not aware, particularly in the case of multiple perpetrators.

Language barriers: In the MARAC data 11% of victims were identified as having an English language barrier. However, as this is not a data category for MARAC, the number could be higher with an additional 21% of cases where this was unknown. Comparatively, previous research by

SafeLives found that a quarter of victim/ survivors of ‘honour’ based abuse required an interpreter^{xxxvii}. We also know that victim/ survivors who are supported by staff who speak the same language as them feel safer to disclose the abuse they are experiencing^{xxxviii}.

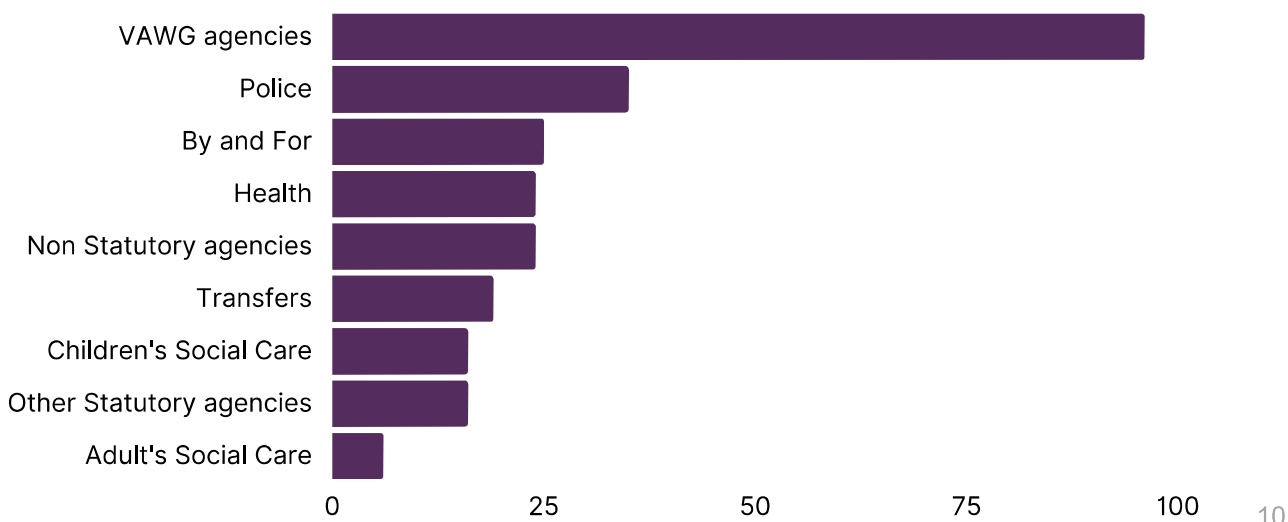
Immigration and Recourse to Public Funds: Similarly, the data in this area was incomplete. 19% of victim/ survivors had insecure immigration status but in an additional 64% of cases this was not known or not shared. 18% of victim/ survivors had no recourse to public funds but in 27% cases this was unclear. It is well documented that immigration status can be a barrier to help seeking, and for many immigrants there can be issues such as lack of access to interpreters, or lack of knowledge of their rights in the UK^{xxxix}. Perpetrators may also weaponise their status against them, using it as a tool to coercively control and prevent the victim/ survivor from leaving the relationship.

Multiple Forms of Violence Against Women and Girls (VAWG): The majority of victim/ survivors were at risk of different forms of VAWG, sometimes from different perpetrators. In 94% of cases victim/ survivors were at risk of or had experienced at least one form of harmful practice and another form of VAWG, primarily domestic abuse. This is to be expected given that MARAC is a forum for domestic abuse cases. In 24% of cases victim/ survivors were at risk of or had experienced two forms of harmful practice as well as another form of VAWG, and 2.4% at risk of or experienced three forms of harmful practice. These figures illustrate the complexity of abuse that victim/ survivors are often experiencing, which may increase risk and make it more difficult to flee the abuse. It also reminds us that categorising victims into types of VAWG can be unhelpful. This is particularly true for harmful practices which is often viewed as a cultural or religious issue rather than on the continuum of violence against women and girls^{xt.xi}.

Agency Involvement

As per SafeLives guidance, all three MARACs are attended by core agencies including police, health, IDVAs, probation, children’s and adult’s social services, housing, mental health and substance misuse^{xii}. They also have a range of non-core and guest agencies who are not expected to attend the full MARAC but will present and offer actions for the cases they are involved with. These include agencies such as housing associations, some health services and by and for agencies. These by and for services are independent specialist agencies staffed by the communities they serve, including disability, LGBT+ and global majority ending VAWG by and for organisations. Many global majority by and fors in particular are funded to provide specialist support to their client group around harmful practices. Any agency can make a referral to MARAC, although core agencies are usually more likely to do so.

Referrals to MARAC for harmful practices cases in the three boroughs were made by a range of agencies:



39% of MARAC cases featuring harmful practices were referred to MARAC by VAWG agencies. This is a higher proportion than general referrals to MARAC of which 25% were made by VAWG agencies in the same period. In addition, another 10% of cases were referred by by and for agencies. This suggests that victim/ survivors of harmful practices are more likely to seek support from specialist agencies, rather than through criminal justice routes. In 77% of cases the victim/ survivor was also working with, or been referred to, at least one other agency as well as the referring agency. However, this does mean that 23% of victim/ survivors of harmful practices were only receiving support from one agency, or in some instances no support at all, as in some cases referrals were being made without the victim engaging with the referral agency.

Overall victim/ survivors of harmful practices were most likely to be engaged with a VAWG service (67%) followed by Children’s Social Care (34%). They were least likely to be engaged with Adult Social Care (4%). Whilst more than a third of victim/ survivors had children’s social care involvement, they only referred 6% to the MARAC. This could point to either a need to be more proactive in making MARAC referrals, or a need for training to better identify high risk cases.

Role of Specialist Agencies

The data on the complexity of harmful practices cases illustrates the importance of specialist agencies providing support to these victim/ survivors. A number of HPOG members are ‘by and for’ agencies who provide specialist culturally and language specific support. One of the re-occurring discussions in the group is around the complexity and time-consuming nature of the work they do with victim/ survivors, who often have no recourse to public funds, or require increased advocacy due to language and cultural barriers. They have also spoken about providing space to build trust through their projects, with women often disclosing abuse a period of time after they initially engage with an aspect of the service. Our agency data showed that these specialist agencies were carrying out a wide range of support to service users – far beyond that which might be provided within the ‘IDVA model’.

*By and for
involvement
increased*

175%

*between 2018-19
and 2020-21*

In her London based research, one of Acheampong’s recommendations to improve MARACs was to “*Ensure that representation in MARAC meetings is afforded to organisations that can offer support, encouragement and reflect the unique characteristics of the survivor*”^{xliii}.

In analysing the MARAC data it is clear that the three MARACs have improved in this area with by and for agency involvement in cases increasing by 175% between 2018-19 and 2020-21. This is possibly due to increased funding for specialist agencies, for example via the P&ACT project. Across the four years, 10% of harmful practices cases were referred by by and for agencies, and it is of note that none of these cases were also referred by any other agency. This illustrates the value of by and for agencies in working with these high-risk cases that other

agencies often are either unaware of, or unaware of their level of risk. Across the four years by and for agencies have worked with 27% of harmful practices cases.

In the three boroughs several by and for agencies are part of the MARAC referral pathway, but not all cases involving harmful practices would necessarily be referred onto these specialists. In some instances where by and for agencies have not been involved in a case, actions were set at the MARAC to offer referrals. However, these actions have not always been carried out, for example if the IDVA or referral agency is no longer engaging with them.

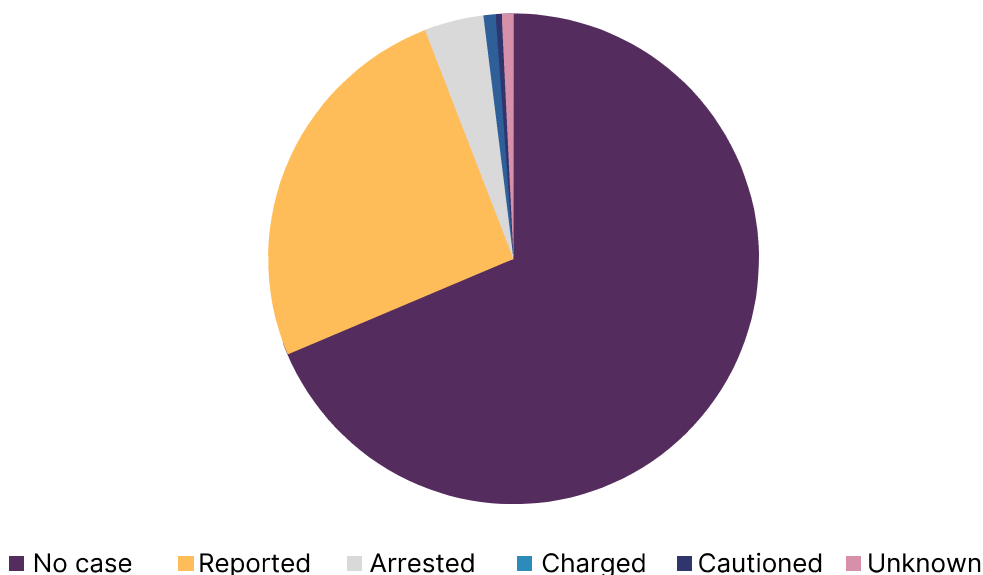
It is worth noting that in the majority of cases by and for agencies are either non-core or guest agencies at the MARACs. This means that they either receive the list of cases to be discussed prior to the meeting to check if they are known (non-core) or just attend for their case. In all three boroughs the MARAC Co-ordinators have a policy of hearing 'guest' cases at the beginning of the meeting, and if possible, grouping together the cases of a non-core agency, thus minimising the time these agencies need to attend the meeting. If there are cases involving harmful practices which do not have by and for agency involvement, it is likely these agencies will not be present to give advice. In some cases we saw that the harmful practices were not known by the referring agency prior to the MARAC and this was only disclosed in the meeting. It is clear from discussions with by and for agencies that many of them do not currently have capacity to become core agencies. This is something which commissioners could give consideration to when funding these services, as input from these specialists at MARAC could improve risk management in these cases.

Police Involvement

Harmful practices cases were less likely to be referred to MARAC by police than MARAC cases overall (13% v's 20%). This suggests that these cases are less likely to come to the police's attention than domestic abuse cases. It was clear from the MARAC minutes that police were often aware of a domestic abuse incident, but not aware of the harmful practices risk, and in some cases they were aware of the harmful practice(s) but there was no police case. There were wide ranging reasons for this, including the risk being historic, or out of jurisdiction. In some cases victim/ survivors were reluctant to disclose due to threats to family members, fears of escalation, or in some cases fear of homicide. In many cases police offered alternative options such as a panic alarm, special schemes on their address, information on civil orders or the 'HBV toolkit'.

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Police Responses At The Time of MARAC



In 70% of harmful practices cases there was no police case, although in just over a third of these cases the police were aware of the harmful practice but had not pursued a case, often for the reasons previously discussed. In 24% of cases the harmful practice related crime had been

reported but at the time of the MARAC there had been no arrest, and in 5% of cases there had been either been an arrest, caution or a charge. It's important to note that in many of these cases there was police involvement in domestic abuse related incidents, unrelated to the harmful practice(s). However, this does raise the question as to whether these victim/ survivors are receiving justice for the abuse they are experiencing.

Additional Themes

Understanding of Harmful Practices Within The MARAC

In many cases agencies were aware of domestic abuse risks but not aware of the harmful practices. Although this was often the case for the police, as discussed above, this was also true in many cases for other agencies. In some cases there was reference to possible harmful practices related abuse, but this tended to be quite vague. The data showed that there was an additional 1% of MARAC cases which may involve harmful practices, but the information shared was insufficient to confirm this. There are a variety of possible reasons for this, including lack of knowledge to identify harmful practices, lack of curiosity, or assumptions that harmful practices might be present due to the victim/ survivor and perpetrator's ethnicity. When the abuse was unclear the MARAC often set actions for the IDVA or other lead agency to assess whether harmful practices were present, or to assess the extent of the abuse. However, in many cases the victim/ survivor had disengaged with services before this was able to take place. This is a stark reminder of the 'one chance' rule when contacting a victim/ survivor of these forms of abuse.

In some cases where harmful practices were identified, it was difficult to ascertain whether agencies had a clear understanding of the abuse, and this was often illustrated by the language used, for example using 'arranged marriage' when it was clear that a forced marriage was being referred to. In some cases the risks were under explored and it was difficult to ascertain the level of risk. Given the complexity of these cases risk assessing can be extremely complex, particularly when there are multiple perpetrators. In many of the cases where the perpetrators were family members they were not named, and in some cases, the risk was referred to as being 'from family' or 'the whole family'. Whilst some victim/ survivors may be reluctant to name family members, it is concerning in a MARAC environment that agencies are attempting to risk manage without being aware who the perpetrators are, where they live or how many there are.

Effectiveness of the MARAC format

Given the complexity of these cases, including many having multiple perpetrators, there is some question as to whether the MARAC format works for these cases. In the three boroughs we looked at MARAC case discussions would typically last approximately ten minutes, although some might be longer. MARACs often set actions in more complex cases for a professional's meeting to be held to explore risks further. However, in many of these cases there were limited number of agencies involved, meaning that professional meetings are less likely to be effective. We are aware that in some areas, such as Kingston and Liverpool, separate MARACs meetings are being held in order to hear these cases with increased time periods allocated, and with expert input to advise panels and upskill reps. It would be useful in future research to explore the effectiveness of these 'stand-alone' MARACs compared to the standard MARAC format.

Conclusion

The HPOG data collection project on MARAC and harmful practices has produced a rich and valuable source of data for the three boroughs, particularly in the context of limited harmful practices data nationally. Data has been shared via meetings and webinars with MARAC co-ordinators, reps and other local operational groups to raise awareness and influence practice. The data can be built on to further explore gaps, and to improve responses to victim/ survivors of harmful practices. This project can be used as a template for other local areas in order to understand the prevalence of harmful practices in their local areas and to begin to address the need for improved responses to victim/ survivors and their children and to hold perpetrators of these forms of abuse to account.

What is clear from the data is that these are often extremely complex cases which require understanding of the nuances of these forms of abuse, and the multiple barriers victim/ survivors face. Given that these victim/ survivors are most likely to engage with specialist support services, it's vital that these services have the time and capacity to be able to fully support them, which can include supporting with immigration issues, language barriers, multiple forms of VAWG and risk assessing multiple perpetrators. It was also clear from this project that not all agencies or professionals had an understanding of harmful practices and what these forms of abuse mean in terms of the victim/ survivors risks and needs. This identifies the need for training for all those involved in MARACs, whether this is via existing training, commissioning expert agencies to provide this training, or by incorporating this into pre-existing MARAC training, reps days or induction sessions.

Questions are also raised by this project as to whether the format of MARAC can adequately address the risks of complex cases which may involve multiple perpetrators and multiple forms of VAWG. Further consideration needs to be given to ways this can be addressed in order to ensure that these high-risk cases are being effectively risk managed. Further research is required to explore the experiences of survivors, and the specialist agencies who support them, in order to understand whether MARAC is effective in these cases.

Recommendations

- ⇒ **MARAC co-ordinators, chairs and reps to be routinely trained in harmful practices.**
- ⇒ **MARAC reps to be given information on harmful practices as part of their induction process.**
- ⇒ **Commissioners to incorporate specific funding for MARAC reps within specialist by and for agencies.**
- ⇒ **Agencies to consider their risk assessment policies and tools to ensure harmful practices cases are being adequately and holistically assessed.**
- ⇒ **All MARACs to keep data on harmful practices as part of their data collection in order to better understand responses to these cases in their area.**
- ⇒ **Further research is needed on harmful practices and MARAC including exploring the views of by and for agencies and survivors as to the effectiveness of MARAC.**

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