House of Lords
House of Commons

Joint Committee on the Draft Domestic Abuse Bill

Oral evidence: Draft Domestic Abuse Bill, HC 2075

Tuesday 30 April 2019

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Watch the meeting

Members present: Mrs Maria Miller MP (Chair); Baroness Armstrong of Hill Top, Baroness Bertin, Lord Blair of Boughton QPM, Baroness Burt of Solihull, Lord Farmer, Lord Ponsonby of Shulbrede, Diana Johnson MP; Gillian Keegan MP; Alex Norris MP; Liz Saville Roberts MP; Helen Whately MP.

Questions 118-154

Witnesses

I: Lyndsey Dearlove, Head of UK SAYS NO MORE, Hestia Housing and Support, and Duncan Shrubsole, Director of Policy and Communications and Research, Lloyds Bank Foundation for England and Wales.

II: Ruth Bashall, CEO, Stay Safe East, Donna Covey CBE, Chief Executive, Against Violence and Abuse, Dr Jasna Magić, Domestic Abuse and Research & Policy Development, Galop, and Jo Todd, CEO, Respect.

Examination of Witnesses

Witnesses: **Lyndsey Dearlove,** Head of UK SAYS NO MORE, Hestia Housing and Support, and **Duncan Shrubsole,** Director of Policy and Communications and Research, Lloyds Bank Foundation for England and Wales, gave evidence.

Q118 **Chair:** Good morning. I will start by thanking you on behalf of the whole Committee for being here today. We are incredibly grateful to you for giving evidence to this scrutiny Committee. As members of the Gallery are taking their seats, I will just explain what we will be doing. We will be asking a series of questions, with different Members asking different questions, and we are so grateful to you for sharing your knowledge and expertise with us. So that people know who you are and where you come from, perhaps you could say your name and the organisation you represent, starting with Lyndsey.

Lyndsey Dearlove: I am Lyndsey Dearlove. I am from UK SAYS NO MORE, which is the national campaign on prevention of domestic abuse and sexual violence. It is delivered by Hestia, a London-based charity working with adults in crisis.

Duncan Shrubsole: I am Duncan Shrubsole, Director of Policy, Communications and Research for the Lloyds Bank Foundation for England and Wales. We are an independent charitable trust funded by Lloyds Banking Group. Domestic and sexual abuse particularly, but also more broadly VAWG, is one of our biggest areas of funding, to support frontline charities and influence policy.

Chair: We have a full room today, so let me just remind everybody that the Victorians were hopeless at acoustics and we need lots of projection so that we can hear everything that everyone is saying.

Q119 **Baroness Bertin:** I was going to ask, first of all, questions about the scope of the draft Bill. How effective do you think this domestic abuse Bill will be in tackling abuse, and what are your main concerns, if any, about the scope of the Bill?

Lyndsey Dearlove: We welcome the prospect of a domestic abuse Bill. We want to see an increased reflection of the needs of children within the Bill. In particular, within the definition of domestic abuse we would like to see children reflected as those experiencing abuse; they are not disconnected from it. Looking at some of the more practical realms of how we can support children, we want to ensure that children have access to the support that they need.

We know that children are represented more in our refuge services; yet they do not have a secured stream of funding. We also know that many children living in the community are supported by community-based services like IDVAs or floating support services. They are not able to access support either because the support services do not exist or because they are what we would term "hidden" and "lost" victims of domestic abuse.

Some of the protective things, or practical things, that we would like to see are protected status on the NHS waiting list, to ensure that children have timely access to the mental and

physical health services that they need. We also want to ensure that children have access to school places, in primary schools and secondary schools. We want to ensure that they are within a school within 20 working days, as in the looked-after children model. We also would like to see an increased focus on prevention.

In addition to that, we would like to see more of a community response to domestic abuse, enabling both those who work and live within the community to respond, as well as responsibility for employers.

Duncan Shrubsole: First, we have to welcome the domestic abuse Bill. It is a landmark opportunity to massively improve the response to domestic abuse. I think our concerns are in two areas. One is the need to strengthen some aspects of the Bill, particularly the role and powers of the commissioner, the statutory framework for the commissioning of services, the protections that it affords those of uncertain immigration status, and the links made with other areas, including preventing homelessness and tackling perpetrators.

The other massive challenge is ultimately that the strength of the Bill and its effectiveness will depend on the resources put behind it and alongside it. Things in the Bill, such as the commissioner, must be resourced to ensure that they can compel action, and services must be resourced, because the Bill itself may increase the numbers of people coming forward for help, and services are already overstretched. The Bill is a great opportunity, but if it is not accompanied by the right level and framework for giving out funding then there is a danger that it will not succeed and achieve what it should.

Q120 **Baroness Bertin:** We have heard a lot from previous witnesses about the gender definition of the Bill, and a recognition that obviously a disproportionate impact of domestic abuse is on women, but do you agree that that would lead to more targeted commissioning of support services?

Lyndsey Dearlove: We would like to see the definition of domestic abuse working for all victims of domestic abuse, but within the strategy guidance we refer to domestic abuse as disproportionately affecting women, and we acknowledge that it happens in a wider framework of violence against women and girls.

We would like to see a renewed focus on a national framework, similar, perhaps, to the national service framework for mental health that was set up in 1999. It would be a national structure for commissioning services to ensure that they meet everybody's needs in equal measure across the country. We know that from many victims' perspectives it is a bit of a postcode lottery when they seek the services and support that they need.

Duncan Shrubsole: We know that domestic abuse happens to people regardless of gender, sexuality and other characteristics, but you cannot overlook the gender dynamics of domestic abuse. It is more likely, and more harmful, for women to experience abuse from men. We think that that explicitly needs to be part of the Bill, because it drives behaviour in other areas. That will better enable specialist services for different groups. We fund services for male victims and other groups, but we know that they need to be tailored and specialist for those groups. You cannot create a generic service that caters for those groups adequately.

Q121 **Baroness Bertin:** Do you mean that, specifically for commissioning, that should be highlighted specifically in the legislation?

Duncan Shrubsole: If you start with a recognition that domestic abuse is a gendered experience for women in the Bill, that follows through to the other aspects that need to sit alongside it.

Q122 **Baroness Bertin:** Do you think it is widely understood, therefore, by those commissioning services that the public sector equality duty may best be met by the provision of targeted non gender-neutral services?

Lyndsey Dearlove: For me, when faced with this question, it is a moment to take a step back and actually look at what current services are being commissioned. What we know is that we do not have the right services for all the victims of domestic abuse, and that the ability to access those services is hindered in different areas of the country by different factors. One thing we have to look at is the fact that we need more services, and to achieve those services, Hestia in particular would refer back to the national service framework for mental health that was set out in 1999, which looked at ensuring that there were services for everybody that met the needs of individual groups of people.

Duncan Shrubsole: We fund some fantastic frontline services that are focused on supporting women. They face real challenges. Some have been told by their local authority that the equality duty means that they must open up and serve men. They recognise that there may be a need for a service for men in that area, but do not feel that it is necessarily for them to provide it. We think the duty is being misinterpreted and used to produce a generic non-gendered service. Different genders and other characteristics, such as ethnicity, LGBT and disability, need specific services tailored to their needs. Again, it is often starting from a misunderstanding of the equality duty.

Q123 **Baroness Bertin:** On the final question, which you did address, about how children should be explicitly recognised in the Bill, if you want to add anything more on that, please do.

Lyndsey Dearlove: For us, it is acknowledging the language, in many ways, of how we refer to child victims of domestic abuse. Often, we talk about them witnessing domestic abuse. Our campaigning has been about changing that so that people acknowledge and accept that children actually experience it. One thing we know is that if we start talking about witnessing we imply detachment, in which case, who is responsible for recovery and are children actually in need of recovery services? For us, one of the key things is breaking that cycle of abuse by ensuring that children have access to the specialist support that they need when they need it, and for as long as they need it as well. It could be in varying ways.

The other thing that I suppose is really important for us is that children who experience domestic abuse probably move on average between three and four times in the first year of fleeing. That could mean that they move school, so they have a disruption to their education. Education is so critical, not only for learning, but for creating your community, your sense of self and your friends. Frequent moves have an impact on children. Long periods of time outside school can have catastrophic effects on children. Getting children back into education in secondary school is equally if not more imperative than in primary school.

Duncan Shrubsole: I do not have anything to add on children.

Q124 **Chair:** Before we move on to the next set of questions, in the consultation that the Government did before publishing the draft Bill, there was a great deal of talk of the importance of supporting children and the effect on children, yet the Bill is almost silent on that. Are you not surprised?

Lyndsey Dearlove: Yes, I am. In a way, that is why we have fought so hard over the last year through the campaign to make sure that children are no longer hidden and that they sit at the centre of what we do. We know from recent research that children who experience domestic abuse are 50% more likely to go on to endure domestic abuse in their own intimate partner relationships, so unless we act now and provide the support that children need, what we are in effect doing is creating another cycle of domestic abuse.

Q125 **Chair:** Why do you think that the Government have not picked up on that in the Bill? It has already been through consultation. What do you think we have failed to convince them on?

Lyndsey Dearlove: I think there has been a disconnect. We have consistently looked at domestic abuse, in terms of legislative impact and commissioning, as being about supporting the victim of domestic abuse and, in turn, supporting the children via the support to the victim. What we have acknowledged is that actually children need their own specific support that is tailored to their needs, and that unless we see the victim of abuse and the children as one solid party, we are not going to effect real social change on the issue.

Duncan Shrubsole: I agree that we have looked at domestic abuse too much through the lens of the victim and survivor, and not that of the children or the perpetrators. That involves looking at each of them separately, and sometimes as whole family units, and seeing the dynamics there. There is a real disconnect between how children's social services view domestic abuse and how others view it. It definitely needs more work, drawing from the expertise of children's charities and domestic abuse charities together.

Q126 **Diana Johnson:** I would like to ask some questions about the domestic abuse commissioner. Duncan, I think you already said that the commissioner will need to have sufficient resources to do the work that they will undertake. I wonder if you could say something more about that, and also about accountability and whether you think there is proper accountability in the Bill.

Duncan Shrubsole: It is important that the commissioner has the resources to deliver and the teeth to compel a change practice, starting by drawing on some of the lessons of the children's commissioner and the anti-slavery commissioner. Those commissioners started with good intentions, but they did not necessarily have what they needed from the start. The commissioner needs a team and the resources to investigate practice.

Crucially, there is a worry that the Government see the commissioner as having a focus on sharing best practice, rather than being more proactive in identifying where things are going wrong in local areas. One big problem we have at the moment is that commissioning is too fragmented, too piecemeal, and too much of a postcode lottery. It does not have to be the commissioner, but if central Government will not do it, the commissioner could be the person who investigates in certain areas, and makes recommendations for change. If local authorities

had a duty to respond to those recommendations, that would give it a stronger framework. Effectively, we need some sort of carrot and stick.

The commissioner should be able to refer to wider services to combat violence against women and girls, and have a remit to think about perpetrators and perpetrator provision. They therefore need that expertise and support around them. You may not get that in one commissioner—you probably won't—but they need support within the commissioner's office, so that people understand the things we talked about, such as children, perpetrators, and the commissioning of services. Ultimately, they must be able not just to issue reports but to issue direct reports that people have to respond to.

Q127 **Diana Johnson:** In the Bill it is envisaged that the commissioner will be in post two or three days a week. Do you think that is reasonable in light of what you would like to see the commissioner do?

Duncan Shrubsole: It seems challenging, given what I said about resources. Given the nature of the sector, if someone wanted to work flexibly for two or three days a week and had an effective team of deputies, that might be possible. The key is that the commissioner should not be a person; the commissioner should be an office with the capacity and resources to understand what is going on. People should be able to raise concerns with the commissioner, which would have the power to investigate those concerns. There are real challenges with the patchwork of services, and the commissioner must be able not just to encourage good areas to be better but to encourage bad areas to do better as well.

Lyndsey Dearlove: I agree with everything that has been said, and the only element to focus more on is accountability. For example, we have domestic homicide reviews and numerous recommendations are put forward in those. Similar recommendations are made in each DHR, and we need that to change. It would be great for the commissioner to be able to impose accountability on those who are not acting on those recommendations. From our perspective, we want the commissioner to be committed to prevention and early intervention in cases of domestic abuse. Within their office and role, they should be able to perpetuate the message that we all have a responsibility to end domestic abuse, and to consider the ways in which we can do that better.

Q128 **Gillian Keegan:** A question for you, Lyndsey. Several protective orders are already available for victims of domestic violence. How will the new ones—the domestic abuse protection notices and domestic abuse protection orders—fit with those that already exist? Will they provide significant additional protection for survivors?

Lyndsey Dearlove: Importantly, only a small percentage of victims of domestic abuse—about 15% according to our statistics—choose to call the police. Our experience of the protective orders that have already been trialled and piloted is that in some areas they work really well, but it all depends on the resources available to the police service that administers them, and on the training and understanding in that police force.

I had the opportunity to work closely with a number of community safety units, and the responses from individual police officers in those sessions were completely different. Some were highly supportive of these measures, but others had questions about them. If we are to roll out something like this, it must be unilateral and have enough substance and resource

behind it to make it work. We must also consider how weighty the paperwork and process is for what is envisioned. We are saying that for a short period we will offer protection to a victim of domestic abuse in their home, but we must ask what happens after that. These orders ask one party to remove themselves from the property, but we have an issue with housing. We are seeing more and more victims of domestic abuse going through court processes and being told to share their home with an abusive partner because there isn't space for them to move out.

We also know that if somebody chooses not to take the next step and apply for a non-molestation order, and if a prosecution is not sought, they could be judged by other professionals. We hear from victims of domestic abuse who have approached other professional bodies that say, "Well, is it domestic abuse? You have not applied for a non-molestation order." The last thing that would work for us would be to introduce this, and for it to become a reason. We would support anything that provides safety and support and gives a victim a safer route to support.

Q129 **Gillian Keegan:** Do you have anything to add, Duncan?

Duncan Shrubsole: No.

Q130 **Baroness Burt of Solihull:** I would like to get your views on the treatment of migrant women. Do you feel that the Bill is sufficient in its coverage? Will it ensure that migrant women are treated safely? We have all had an enormous number of emails from people supporting the idea that migrant women need more coverage and help in the Bill. Can you give any ideas about that, please?

Duncan Shrubsole: This is a very important issue for us because we fund a number of services that support migrant women. If our starting point is that we want to tackle domestic abuse, we have to do so irrespective of people's status. It is really important to understand—as you no doubt do—that immigration status is used a form of control by perpetrators. If women are further victimised by the immigration system when they seek help, that not only damages them further but means that fewer women come forward. That does not just hurt them but keeps the perpetrator on the streets and enables them to abuse others.

One of the services that we support is the Latin American Women's Rights Service, which directly through its services and through working with others is running the "Step Up Migrant Women" campaign.

Baroness Burt of Solihull: Sorry, did you say Latin American?

Duncan Shrubsole: Yes, the Latin American Women's Rights Service. It is very clear, from the experience of the women it supports, that there needs to be a firewall between their being able to report incidents of domestic abuse and that being shared with immigration enforcement authorities. It happens in other areas, so there must be ways to place a bar on the sharing of information.

Services also need to be backed up by some changes in other areas, such as the rules around no recourse to public funds for victims and survivors. We should open that up and extend the domestic violence and destitution concession to all migrant women, not just those on spousal visas. It is in all our interests in tackling domestic abuse—not just for those women—that

women are able to come forward and report, and be supported. Action can then be taken against the perpetrators.

Lyndsey Dearlove: I agree with everything that has been said. In particular, I want to mention the importance of having a route to economic independence, which is incredibly useful. We talk about the destitute domestic violence concession, but it is about what happens after that and what it means in the long term.

We have started to see a big piece of work with employers who have international employees working in the UK, and are unaware that they may be tied to their partner's visa or immigration status. Therefore, there is a fear of losing their husbands or their income. The issue needs far more attention, investigation and research.

Q131 **Lord Farmer:** Duncan, on the firewall, we all agree that we need a multi-agency response to domestic abuse—for migrant women, that is as important as anything—but it seems to me that the information given to a multi-agency response will leak somehow to immigration. The migrant woman will be concerned about that. How can we give her certainty that there is a firewall, and that she can go somewhere where she can have complete trust that it will not be used against her?

Duncan Shrubsole: Interestingly, the National Police Chiefs Council looked at some new guidance at the end of last year about how police officers should behave. It said that they shouldn't look at the police national computer solely to see whether someone has leave to remain in the UK when they are approached. They should be responding to the crime that is being reported to them. That is only guidance, which is why concern has been raised that there needs to be something stronger in the Bill.

There are Chinese walls, or firewalls—whatever phrase you want to use—in other areas, where information is not shared with another jurisdiction in order for them to take enforcement action. There is a difference between finding out information, and directly sharing information—saying, "You can therefore pick up this person." You are right that this challenge goes up and down socioeconomic classes. The experience people have is that when immigration status information has become known, immigration enforcement authorities have often responded very quickly to it—often more quickly than those investigating the domestic abuse—so this is born from people's difficult experience. News spreads fast; if someone makes a report and immigration turns up, their friend, colleague or family member will not report abuse, because they have heard about that happening. The specific details can be worked out, drawing from experience in other jurisdictions, but the principle of having that firewall is really important.

Lord Farmer: It is putting it in place that is our problem.

Q132 **Lord Ponsonby of Shulbrede:** Has any work been done on the position of migrant men? I talk as a family magistrate who sits in London. When we see fathers with question marks over their migrant status applying for child arrangement orders to see their children, it is very common for women to cite immigration status as a reason for the father applying to see their children. That is something I see very commonly. Has any work been done on the extent of that problem, or the impact it has on the awarding of child arrangements orders or anything like that?

Duncan Shrubsole: I am afraid I am not an expert. I am not aware of any.

Lyndsey Dearlove: I think there are probably better people to answer that question. In our experience, victims of domestic abuse want to keep themselves safe, and they will use all possible options to do so. I am sorry I cannot answer that one any further, but we could put forward in written evidence some other organisations that may be better placed to answer.

Duncan Shrubsole: More broadly, there are real challenges around how child contact arrangements are used. We know about the proposal not to allow cross-questioning in court. Child contact arrangements can be used to try to further victimise individuals.

Q133 **Baroness Armstrong of Hill Top:** We have dealt with the priority status of children; Lyndsey has already talked about that. What ideas do you have for prevention and early intervention measures that should be in the Bill?

Lyndsey Dearlove: We are happy to see that we will have PSHE education in some schools, but that is not enough; we need it in all schools, in a way that meets the key stage of education for each young person and child. It is really important for us that the message of healthy relationships and consent extends beyond the classroom into the wider community. We have a great opportunity, with the number of different sports clubs and after-school activities that young people attend, for that message to be perpetuated, and that could lead to real, effective change.

The other area for early intervention is enabling the people closest to victims of domestic abuse to respond. That means working within community organisations to empower those who are most likely to hear to refer, using, for example, our Bright Sky app, which accesses the national network of IDVA services.

We are also looking at working with employers through our Everyone's Business programme, and in addition—I know this is a wider statement and perhaps bigger than the Bill—we are looking at expanding the duty of care within health and safety to include domestic abuse. Employers have fantastic opportunities to offer early intervention, whether through their policies and procedures or through enacting paid leave or providing loans. It could be as simple as ensuring awareness, having advice on noticeboards, and building this into the company's structure.

For example, about 250 employees nationally are part of the EIDA network. They come together to say "no more" to domestic abuse. There are some excellent examples of large employers, such as EY, effectively using their networks and channels to communicate a prevention and awareness message.

Duncan Shrubsole: Prevention happens at three levels: first, in wider population interventions and education; secondly, in helping those at the early stages of abuse, when they realise that something is happening, to get out; thirdly, in preventing it from reoccurring. On the second level, people's ability to get the right help and advice when they first seek help is still very variable. We fund some work with champions in local areas to try to inform public sector workers, so that they all know how to provide the right advice and support. There are challenges with universal credit and the wider benefits and housing systems. People who may want to separate their family unit early are not able to do so.

We also agree that there are roles for employers. We are independent of Lloyds Banking Group, but we have been feeding into work that it is doing to look at how it supports its 70,000 employees and makes them better aware of the avenues and support that can be there if they are experiencing domestic abuse, or have a family member is who. Lastly, to prevent domestic abuse better, we need to tackle it better at the source. That means tackling the full range of perpetrators, from those causing the highest harm to those who are in the early stages of their abuse journey, for want of a better phrase. If they have help early, they may not abuse in the longer term.

Q134 **Liz Saville Roberts:** I have spent a number of days in Swansea prison recently, where I was told that there may well be a shift in attitude in the prison population, particularly in south-east England prisons, where domestic abuse was becoming less acceptable among the prison population. It was felt that in Swansea it would be very useful to have some sort of provision across the board for every man who went into the prison. Has any work been done—or would it be worth doing any—to look at the prison population, and address domestic abuse among potential perpetrators?

Lyndsey Dearlove: I think so. Jo Todd will want to talk about the work she is doing with perpetrators. There are different types of programmes. The risk for us who provide support to victims of domestic abuse is that those programmes may not be well thought through; they need to be accredited, and the victims must be thought about in that process.

Duncan Shrubsole: I agree with that. There has been some history of the prison probation service doing things on the cheap with perpetrators. That is a challenge. A bad programme is worse than no programme.

Q135 **Lord Farmer:** Duncan, you do the Drive programme, which seems to be with the higher-risk, high-harm perpetrators. Could you give us some of the results you have? In Hull, they did the Strength to Change programme, which was social marketing, with adverts about men who hit their wives, which seemed to have an effect. Do you think social marketing should be used more?

Duncan Shrubsole: There are lots of different types and groups of perpetrators, and you need to give the right response at the right time. Some of that can be done through group work, and some can be done through early intervention. It should all be accredited. We fund a range of perpetrator responses; we say they should all be Respect-accredited to ensure that provision is safe. We think that is important across the board, whether it has statutory funding or voluntary funding, as we do.

In terms of Drive, we have been the largest philanthropic funder working with SafeLives, Respect Social Finance and a number of commissioners in England and south Wales. That set out to support high-harm victims—those whose cases are heard at MARAC. It does so by having a case manager work directly with them, linked to a wider, multi-agency response that includes the police and other services. That has been evaluated by the University of Bristol, which shows that there has been a reduction in physical abuse by two thirds, sexual abuse by three quarters, and controlling behaviour, harassment and stalking by over half.

The case managers support and challenge the perpetrator, to both disrupt their behaviour and remove barriers. For example, if they have said, “Well, I have to keep going back to my

partner because that's where my accommodation is," we can say, "No, we will house you somewhere else," which takes that excuse away. If they say, "I have mental health issues," we can say, "No, we will get you help," which takes that excuse away.

The other crucial bit is that no perpetrator work is a substitute for victims' services. They have to be funded in parallel and work alongside each other. If they work alongside, it is much more effective, because both sides are being supported. What we have found from Drive is that the response that both get can be better, because they can do some informal sharing. The person working with a perpetrator can see when he is having a very bad day; he may have actually said that he might do something. You can make sure that the IDVA supporting the victim is aware of that. Crucially, you are also supporting the perpetrator when they move areas or try to contact social services to get child contact. You can then understand what the perpetrator is doing and share that information to better keep people safe.

We certainly think that it suggests a way forward. We need funding and national infrastructure to make that happen, and leadership. Infrastructure around standards and quality is crucial to ensure that we do not roll out something half-baked.

Chair: Before we move on, Diana has a supplementary.

Q136 **Diana Johnson:** Lord Farmer mentioned the Strength to Change project, which was based in Hull. It was funded—this was a while ago—through the primary care trust, so the NHS was funding that. You just spoke about the need for proper funding for those perpetrator programmes. I wonder whether you felt that there was more that the NHS could do, in terms of acknowledging that the costs to the NHS of domestic abuse are huge, and that if the NHS puts some money in, that might help with its budget issues.

Duncan Shrubsole: The Home Office has recently published new research showing the £66 billion cost of domestic abuse, of which £19 billion comes through the public purse. Health is a key issue. Health is certainly picking up the pieces, but could do a much better job with both victims and perpetrators. Victims will often turn up at A&E or in other circumstances, and there is a fantastic opportunity there for disclosure and work that hospital-based IDVAs and others have done. That is a great point of contact. Worse, if that point of contact is not used, that is a real opportunity missed, so they can certainly do more. A GP may also have a conversation with a perpetrator who reveals something in that trusted environment, which can be a gateway to their being referred for support as perpetrators.

Generally, health at national level and clinical commissioning groups putting a priority on tackling domestic abuse is key, but the problem at the moment is that there is quite a patchwork when this is left to individual CCGs. That goes back to the role that the commissioner can play in helping to leverage up practice across the piece.

Q137 **Helen Whately:** You and others have mentioned pressure on resources, and the potential growth in demand for support services that the Bill might trigger. Would you like to see a statutory requirement in the Bill for accommodation support services to be provided for survivors of domestic abuse?

Lyndsey Dearlove: We have to start off by recognising that having a safe and stable place to live really enables recovery. It especially enables young children to integrate in their schools and their network. We support Crisis' calls around the changes to priority; we do think that there should be a statutory obligation. In many ways, we would like changes so that victims of domestic abuse are viewed as having a priority need due to the fact that they are experiencing or have experienced domestic abuse, and do not need a secondary vulnerability to access housing.

There is also something about looking at the process for moving on. There is a housing crisis, particularly in London; many families come into a refuge in London before being moved far away, where they have to renegotiate and re-integrate into a new community, which hinders things. There should definitely be an obligation, which should include those with insecure immigration statuses.

If someone has no or limited recourse to public funds, or is in employment and therefore is not accessing housing benefit to pay, the ability to move on is significantly hindered by the cost of renting. For an average two or three-bedroom family home, you would have to pay six-weeks' rent and another six-weeks' deposit, plus an admin fee. Most people arriving at a women's refuge or who flee from domestic abuse would probably have an overdraft on their bank account, if not nothing in their pocket. That is a huge amount of money to try to save to move forward, and what schemes are available?

Duncan Shrubsole: On funding generally, as an independent funder, like many charitable foundations, we used to fund typically alongside the state, providing additional funding for innovation or new services. Increasingly, people are coming to us to try to prop up their core service, because funding has been cut or reduced, or because the state is withdrawing. We cannot fill the gap, and we can see the real pressures that charities are under.

On accommodation, we would agree. We fund a lot of homelessness charities as well as domestic abuse charities. It is a real issue that women are having to prove their vulnerability in order to be assessed as being in priority need, often in environments that are quite difficult, such as open offices. They do not do so, and they do not get the accommodation they need to escape serious abuse. Often it is a key preventive thing to help women get alternative accommodation.

I would add to what Lyndsey said two other things to look at. In homelessness legislation, local connection restrictions are often used by local authorities to try to discourage people from moving into refuges or other accommodation in their area, when often you might need to move to a new area to set up again. We have to look at welfare reform as well. The level of housing benefit, and particularly local housing allowance, is a real challenge for people when it comes to being able to afford accommodation. The two-child limit and the benefit cap are affecting families particularly, as well as single-parent women. The framework of universal credit is a real challenge where there is a single household payment.

Q138 **Helen Whately:** So that is affecting their ability to afford accommodation, or even to afford to go to a refuge. Can we be clear about that?

Duncan Shrubsole: Local housing allowance and the benefit cap are affecting their ability to afford alternative accommodation, because of the cost of housing versus their—

Helen Whately: Okay, so it is separate.

Duncan Shrubsole: Yes, that is a separate point.

Q139 **Helen Whately:** Thank you. Finally, is there sufficient support for multi-agency responses to domestic abuse? If not, what more could be done to enable that?

Lyndsey Dearlove: With regard to children, we definitely need a cross-departmental, cross-Government strategy that really looks at the provision, and the prevention of domestic abuse in relation to them. We also need to think about what our current multi-agency systems are set up to do. We have multi-agency risk assessment conferences that see and work with those deemed highest risk from domestic abuse. Although these sessions are incredible and imperative to getting these families to a place of safety, unfortunately there is a huge section of the community who are experiencing domestic abuse who may not meet this threshold, and who are therefore unable to benefit from a multi-agency response to their situation. We would like to see a more needs-based approach to working with victims of domestic abuse, in addition to the risk-led approach we have now.

Duncan Shrubsole: It is really important that agencies join up, and it is also really important that they link up with the voluntary sector, the expertise that is there and their ability to understand, represent and advocate for victims and survivors. Drive has had lots of excellent multi-agency work, but it has been in partnership with the voluntary sector, too, not just statutory agencies.

The other thing we have not mentioned is recognising the needs of particular groups: black and minority ethnic, disabled and LGBT victims and survivors. That is where sometimes multi-agency responses can be a bit generic and risk-led—not listening to, understanding and responding to victims and survivors who are saying what they need and what will help them, or recognising the characteristics that might have been a cause or consequence of their abuse. It needs to be very much a partnership between the statutory and voluntary sector.

Chair: We have gone through all our questions. I cannot thank you enough for your answers. We have covered a lot of ground in a very short period, so thank you for that.

That brings our first panel to an end. I ask our first witnesses to leave and our second panel to join us.

Baroness Armstrong of Hill Top: I did not declare that I am a trustee of Lloyds Bank Foundation for England and Wales.

Chair: We will note that.

Examination of Witnesses

Witnesses: **Ruth Bashall**, CEO, Stay Safe East, **Donna Covey CBE**, Chief Executive, Against Violence and Abuse, **Dr Jasna Magić**, Domestic Abuse and Research & Policy Development, Galop, and **Jo Todd**, CEO, Respect, gave evidence.

Chair: I start in the same way—by thanking our panel for taking the time to be with us today and for all the preparation that I know goes into coming before a Committee such as this. Thank you for that. We have a number of questions that we want to cover off with you in this important session, so I will start by asking you to say your name and the organisation you represent, starting with Ruth.

Ruth Bashall: My name is Ruth Bashall. I am the CEO of Stay Safe East, a small east London-based organisation run by disabled people and, in the case of domestic violence, by disabled women. We work with disabled victims of not only domestic violence, but sexual violence, some institutional abuse, hate crime and so on. Can I just say that I am partially deaf and I do not have a palantypist, so my PA is taking notes and I will need a bit of time to catch up as we go along?

Q140 **Chair:** No problem at all.

Ruth Bashall: If you ask a question, she will have to write it down.

Q141 **Chair:** Okay. Please indicate if you need more time. That would be great.

Dr Magić: My name is Jasna Magić, and I work for Galop, an LGBT anti-violence charity based in London. We work across three areas: hate crimes, sexual violence and domestic abuse. My specialism is domestic abuse research and policy development.

Jo Todd: I am Jo Todd, the chief exec at Respect. We are a UK charity leading on perpetrators of domestic abuse—adults and young people—and male victims.

Donna Covey: I am Donna Covey, the chief executive of AVA, Against Violence and Abuse. We are a charity working on gender-based violence, which we do through our research, consultancy, training and policy work. We have particular expertise in multiple disadvantage and children and young people.

Chair: We will kick off the questioning; I am conscious that we have four witnesses here, so can I ask you to keep your contributions succinct? That would be very helpful.

Q142 **Lord Ponsonby of Shulbrede:** I am going to cover the opening three questions on the scope of the draft Bill. The first one is how effective is the Bill likely to be in tackling domestic abuse, and what are your main concerns about its scope?

Donna Covey: Like everyone else, we welcome the fact that there is a Bill. It has taken a long time to get to this stage. We would agree with most of what has been said so far today: the Bill is fine in terms of criminal justice, but it does not really look at any of the other issues that go beyond that. We would like to see a gender definition within the Bill, because we think that would allow messages to be got across to commissioners and service deliverers about the need for gender-specific services.

We would like to see a violence against women and girls Bill, not just a domestic abuse Bill; particularly, with regard to migrant and BME women, we are concerned that the Bill does not give proper recognition to issues such as honour-based violence and forced marriage. Those

are just some of the concerns we have with the scope of the Bill. Having said that, a lot will hang on what goes in the material that comes alongside the Bill as it progresses through Parliament.

Jo Todd: I also really welcome it. People have talked about it as a once-in-a-generation opportunity, and we want to ensure that we make the most of it. I do not have masses of concerns about what is in the legislative package; like Donna, I think it is a question of what comes alongside it. What resources will there be to make the implementation of this Bill transformative and radical in the way we think it needs to be?

There is a real focus on the criminal justice system, which is to be expected in legislation, but we hope that there is also a real focus on the provision of specialist services being at the centre of what is needed, particularly when we talk about the domestic abuse commissioner and that role working alongside specialist services, to think about the needs of everyone in the family—the perpetrator, the victim and the children.

I have a few queries about scope. On resourcing, we will always talk about funding. We are the voluntary sector, so that's our job, to put up our hand about funding. The Government's own research that estimated the £66 billion cost of domestic abuse was really useful and important—a quite groundbreaking moment.

You cannot solve a £66 billion problem with piecemeal funding. There has to be strategic leadership, with funding attached to drill down not just into criminal justice, but into the other Departments and how they will approach domestic abuse. So we have seen pots of money—like the £8 million pot for children, £500,000 for migrant women or £500,000 for male victims—and it is all welcome, but it does not scratch the surface. There needs to be some thought.

If this problem is constantly draining money out of the public purse, how can we reverse it and have a proactive approach? Rather than just reacting and having a drip, drip, drip of spending across every Department, sometimes without even knowing that we are spending on domestic abuse, how can we turn that around and take control? That is incredibly important.

I am here, obviously, to talk about perpetrators and what is needed with them, but I really want to emphasise that this is not an either/or: it is not either we think about victims, or we focus on perpetrators. This is about an integrated approach. I also wanted to flag up Wales, because we partner with Welsh Women's Aid, which has concerns about how this legislative programme fits with the devolved VAWDASV—violence against women, domestic abuse and sexual violence—legislation. If you are not already taking evidence from them—

Liz Saville Roberts: We are.

Jo Todd: You are, great. That is something to make sure of, because Wales has taken a different approach, which is a violence against women approach—how those two things fit together will be quite complicated in Wales.

Dr Magić: Like everyone else, we warmly welcome the Bill and the explicit regard given to LGBT survivors. We are really happy to see increasing visibility and representation; it is something that we were really missing in previous policy statements.

On two points about the scope flagged by previous speakers, around criminal justice reform, we appreciate that it is needed. However, relatively low numbers of LGBT cases are recorded within the criminal justice system, and many LGBT survivors will never come into contact with the police or courts. One thing that is also important is that, currently, the criminal justice system does not even have sufficient mechanisms to record LGBT domestic abuse. The only police force to have a specialist code, D66, is Greater Manchester. We are not aware of any other police force that could monitor LGBT experiences of domestic abuse, at least not in the published monitoring.

Another note to add about the scope is the sustainable funding for specialist bi and queer services. Even though there are proposals of increased funding, we still think that this point should be strengthened. The specialist LGBT sector has developed innovative solutions and played an essential part in addressing LGBT domestic abuse. Despite this, specialist provision is inconsistent, patchy and often lacking in sustainability due to funding or short-term commissioning, at both local and national levels.

For example, having done some quick research, LGBT specialist services exist in five cities across England and Wales; everywhere else, survivors will be referred to the generic domestic abuse service. Currently, there are no LGBT-specific refuge services in England, and only two refuges provide specialist support to LGBT survivors. Furthermore, there are no specific National Offender Management Service-accredited or other programmes for people who perpetrate abuse in same-sex relationships, and only five services in England and Wales provide LGBT-specialist independent domestic violence advisory support.

We believe that there is some room for improvement in that area. As the speakers before me have said, some funding would be really welcome, and some additional capacity-building support.

Ruth Bashall: We are at the bottom line of being included in services around domestic abuse and violence against women generally. The Bill needs to address the barriers, the discrimination, the lack of belief, the marginalisation and everything else you could possibly think of, that are faced by disabled victims.

That is the first thing. That is everything from basic things around access to courts to not being believed because you have a mental health issue, not having access to an intermediary—and even when you get one, we still don't understand what's going on in court, for example, if we're talking about the court service—to IDVA services and refuges turning disabled women away because we are a health and safety risk, because they don't have the access.

But that is only a very small part of it. The real issue is about a complete lack of the knowledge and understanding, and in some cases the willingness, to take on disabled victims. There is a belief, as well, that family members and partners are benign saints who care for us and couldn't possibly be abusers. It is widespread throughout society, so we are looking at something where we are really on the baseline.

I am here from Stay Safe East. Ashley, who is sitting behind me, is from Disabled Survivors Unite. There is one other organisation in England and Wales, which is called DeafHope, which works with specifically deaf survivors, and that is it in terms of the sector run by

disabled women. We are all struggling; Disabled Survivors Unite doesn't get any funding. There are a few specialist services run by non-disabled women, but the basic thing of having disabled women—and in some cases, men and non-binary people—supporting disabled victims is absolutely key to everything we do. That is the first thing.

In terms of funding—I was going to go on to funding later, but I might as well now—we are the first organisation to be funded through the Home Office disabled victims fund. That £250,000 is just, just touching the surface, and we could not have applied for it—we could not have done it—without the support of Victim Support, because the criteria for that fund actually excluded us, given our size, our national remit and so on. We are talking about £250,000 for between 16% and 20% of the population, depending on how you look at the statistics; probably 12 million people. I think we need to get real about this and actually look at the true extent of abuse against disabled people. That is the first thing.

The other thing is that the definition of domestic abuse does not cover the reality of disabled people's lives, and particularly disabled women's lives. There is a much higher rate, for example—it is gender-based violence, and we have to be absolutely clear about that, but it is also family-based violence, and it is also paid or unpaid carer-based violence. You may have a definition of domestic abuse around other partners or family members, and the issues about intimate relationships. Many of us have emotionally intimate relationships with the people who, in very large inverted commas, "care" for us, and the experience of abuse by those people is exactly the same as domestic abuse: the coercive control, the violence, the financial abuse and so on. The legislation needs to recognise that.

We have been campaigning for this, but we are a very small voice, and we are very grateful to some of the organisations here that have supported us around that; Imkaan, in particular, has been extremely helpful. We are at the stage that probably—I remember Southall Black Sisters in the '70s and '80s. We are there; that is where we are. We are 40 years back, so the Bill needs to reflect the reality and actually address those barriers.

Q143 **Chair:** Can I just ask a question on that? The legislation is clear that it should support disabled victims; I mean, there is a public sector equality duty and there are all sorts of laws in place. What is it that isn't cutting through for disabled domestic abuse survivors? What is it that's not working?

Ruth Bashall: The first thing is that abuse against disabled victims is not identified. For example—just a very obvious example—controlling behaviour of someone who has learning disabilities may not be recognised as such, because somebody is acting for their own good. In fact, one of the things I wanted to mention was that section 8 of the Serious Crime Act 2015 actually has a get-out clause for abusers who can claim that they genuinely believed that they were acting in the best interests of a victim. Now, to my knowledge, this has not been used in prosecutions as a defence by the alleged perpetrator, but I have absolutely no doubt that that is influencing CPS decisions.

What you have is, in a piece of legislation dating from 2015, a clause that indirectly discriminates against disabled victims because of the issues about somebody being considered to have capacity. We were not consulted about that clause, which we objected to, and we were not able to have any influence whatever.

You have got discriminatory legislation, you have got a lack of belief that violence and abuse happens to disabled people, and there is a belief that everybody is acting in our best interests. That is the first thing. People often see us as objects of charity, so there is an issue with the idea that could be nasty to you. There is the same problem around hate crime.

Q144 **Lord Ponsonby of Shulbrede:** What I am actually going to do is to ask the second question, as you are going into it anyway.

Ruth Bashall: Can I just add the same point made earlier by Dr Jasna Magić about the recording of disabled victims? It is as poor for disabled victims as it is for LGBT victims.

Q145 **Lord Ponsonby of Shulbrede:** We have heard from witnesses that a gendered definition of domestic abuse would lead to more targeted commissioning of support services. Would you agree? Would you make any other changes to the definition in the Bill to meet the needs of your user groups?

Ruth Bashall: "Carers", gendered approach, absolutely. As disabled women, we are not even seen as women. That has a whole number of ramifications throughout society. In the context of abuse, it is important that we recognise the gendered aspects of that. Disabled women face much more discrimination and exclusion, among other things. I will not go into detail, as it will be in our detailed submission. A gendered approach is critical in terms of the quality of services, the peer support and all of those things. That applies to disabled men as well.

Dr Magić: We do object to the gendered approach. However accurately it reflects the experience of our clients, we believe that the definition should clearly apply to all genders, and that all victims and survivors will see themselves as being equal and visible under the law. In addition, we also agree that the definition of domestic abuse should be expanded to include all forms of violence against women and girls, including honour-based violence and forced marriage. That is also the experience of our clients.

Furthermore, we recommend that the definition be amended to accurately distinguish between intimate partner abuse and other forms of abuse perpetrated by family members. These should not be conflated. Most of our clients report intimate partner abuse, and 70% of our young people aged 16 to 25 report abuse by a family member. In a number of cases where we have supported an LGBT young person, services and professionals have failed to recognise it as domestic abuse, as will the client themselves. They will come to us to report hate crime or to report an abuse, but they would not call it domestic abuse. It would be great to see a change in the narrative in this area.

Jo Todd: It is always a tricky one. Should we have a gendered approach or not? When you have a gender-neutral approach or a gendered approach, who does it advantage or disadvantage? Often, men and women end up being pitted against each other somehow, and a gendered approach is seen as meaning that you are pro-women and that you forget about men. That is not the intention or reality of a gendered approach. We really support a gendered approach. We do not think that you can think about domestic abuse without understanding what gender means within the context of relationships. A gendered approach means that you think about the needs of everyone, but you think about it in a tailored way.

We run the Home Office-funded helpline for male victims and have been doing that for 12 years. When we compare the help-seeking patterns—what they say they need when they call

up—we see that it is different to when women ring the line for women. Men tend not to need crisis refuge provision. Some do, but they tend not to. The barriers for men accessing service tend to be a little bit different. I do not want to get into jargon with terms such as "social constructs of masculinity and femininity", but actually the way we experience the world as men or women and the pressures on us—"boys don't cry", "man up", "put up with it" and "fight back", for example—are toxic masculine concepts, and everyone walks around with them.

Women have the same set of constructs. All of that is really important for the individual who is trying to navigate their relationship and the service provision that they need. We need to have statutory and voluntary services provided by people who understand that and can do a needs assessment that focuses on who is doing what to whom in the relationship. Who is in fear? Who is being injured? Who is being harmed emotionally? What are the impacts of the abuse on that person and everyone else in the family? If you can do those kinds of complex assessments, you can start targeting your provision. If that is victims, you would be thinking about recovery work, crisis work, advocacy and the different things they might need. For perpetrators, you would be thinking about whether they are suitable for behaviour change programmes. Do they need an enhanced criminal justice response? Do they need disruption activities? There is a needs approach to this that will help, but you cannot ignore gender.

Q146 **Lord Ponsonby of Shulbrede:** Can I ask you that question, Donna, and also a third question at the same time? Should the impact on children be explicitly recognised?

Donna Covey: Just on the gender definition, maybe I could focus on the service part of the question. Obviously, I agree with what everybody else has said about a gender definition. Our particular concern is about women who experience multiple disadvantage—substance use and homelessness—most of whom will have experienced domestic abuse as well. Something like 60% of women who use mental health services experience domestic abuse at some point in their history. For those women it is absolutely essential that services are gender-informed and gender-sensitive. We did a report—I can send it through to the Committee—a couple of years ago with the Gender Alliance entitled "Mapping the maze," which looked at how much gender-specific service provision there was in the areas studied. Out of 173 local areas in England and Wales, only 19 had women-specific support that could address issues of substance use, criminal justice, mental ill health and homelessness. We know that with things like substance use, mixed group work just does not work. Women who have experienced domestic abuse will not go; if they do go, they leave. Male behaviour in these groups can be very predatory—there is plenty of evidence of this.

Our concern is not just about looking at domestic abuse services, because for this group of women domestic abuse is often not the presenting issue. It is what underlies their problem—it is why they drink and why they are depressed—but it is not what they present with. You need to have services across the board that can actually get under that.

Moving on to children, we believe—like everybody else who has spoken to the Committee—that it is essential that the Bill recognises that children do not just witness domestic abuse but they experience it and are affected by it. The wording of the Bill still does not recognise them as direct victims. If I may, I will raise another issue around children now, because we might run out of time later. We are part of the joint children's sector domestic abuse response, so much of what we would say is covered in that. We have a particular concern about finding

solutions to deal with the effect of domestic abuse on children that, where possible, fall short of permanent child removal. When we talk to women who have experienced domestic abuse but have also had their children removed, they tell us that the child removal is the thing that makes it most difficult for them to recover. You might say that that is fine if the children are going to a safe home, but most of them end up in care. Quite often they are not young children. They are children whose behaviour can be problematic because of what they have experienced. They go from a home where, with the right support—temporary removal, or support for parenting like we see in Germany and Scandinavia—those families could have stayed together, which would have been in both the child's and the mother's interests.

Linked to that is a need for much more opportunity for early intervention by universal services, so that women can go for help in the community without having to identify as a victim of domestic abuse. Particularly in small towns where everyone knows everybody, it gets really complicated. We also need to see proper stepdown arrangements when statutory safeguarding ends, because quite often the mother is left trying to cope, the child is left unsupported and everyone thinks it is okay because the box has been ticked. As well as looking at all the issues that the children's sector has raised about children in the Bill, which we support, we would like to see both the Bill and the supporting material look at some of those areas, so that we look at the mother and the child and at how you can support both of them in the long term to recover properly and have a proper future.

Q147 **Lord Ponsonby of Shulbrede:** I am conscious of time. Do you want to say anything about children?

Jo Todd: I will be very quick on this. When you say "children", do you mean young people as well?

Lord Ponsonby of Shulbrede: I do.

Jo Todd: We need to think of both groups. There is research that shows that young people will not access services that are marketed at children—they see themselves as grown up.

We need to think about young people and what their needs are. They may have particular recovery needs, but quite a good proportion of them are also exhibiting problematic behaviours themselves. It is really important that that be understood in the context of the victimisation that they have experienced and the risk that they pose, and that we have services that can help with both aspects and treat young people as individuals.

There is not much out there for young people at the moment. It is really quite shocking. I think that if the general public understood quite how little there is for children and young people who need to recover from domestic abuse, there would be a public outcry. We all tend to think that they have easy access to counselling and recovery work, but it is just not there, and it needs to be.

Dr Magić: This is a very important point for young LGBT people and for our clients, especially because we know that children and young people can become aware of their sexuality and gender identity at a very early age. Where their disclosure leads to loss of family support, rejection or abuse, for example, it is often not interpreted as domestic abuse, but it can lead LGBT youth to engage in behaviours that put their health at risk. It can trigger depression and other mental health problems, and in the worst cases, as we know, it can result

in homelessness or even suicide. This is a very particular point for us, and we definitely hope that it will help professionals to recognise domestic abuse when it happens to young LGBT people.

Ruth Bashall: To reinforce what Donna said, probably around 40% of the disabled mothers we work with have either all or none of their children living with them, and the support that they have received as survivors of domestic violence has been very poor. They cannot win either way, because if they take action against the perpetrator, they are told that they are not a fit mother because they are disabled. As a result, they do not report, so they remain at risk, and their kids are then taken away anyhow because there has been domestic abuse.

The other issue is that the very limited services for young people are very rarely inclusive of young disabled people. They have different means of communication and different ways of doing things, or simply problems with physical access. There are quite considerable issues with how those services are developed in an inclusive way. They rarely recognise the disability impact. Disabled children may have a mother who is also disabled and may simply see it as a negative factor. It needs to be looked at in a lot of detail, but if the Bill or its appendices can at least set some basic criteria for it, it would be very helpful.

Q148 **Baroness Burt of Solihull:** May I ask about something you said at the beginning, Donna? Did you say that you want a violence against women and girls Bill as well?

Donna Covey: No. We believe that the remit of the Domestic Abuse Bill and the Domestic Abuse Commissioner should cover violence against women and girls, because you cannot untangle DA completely from other forms of violence against women and girls; for example, 45% of rapes happen in marriage or in an intimate relationship. We do not want another Bill; we would like to have a really good, solid VAWG Bill in the first place.

Q149 **Baroness Armstrong of Hill Top:** The Commissioner is an important part of the Bill. What are your views on what the Commissioner should and could be doing? Have you any proposals for changes to the powers and the proposed role of the Commissioner in the Bill?

Donna Covey: Obviously we welcome having a Commissioner. As I said, we would rather they were a violence against women and girls commissioner, because women's experiences are not siloed and neither are the services that they access.

We would also like the Commissioner to have some remit over the services that women who are experiencing DV present to, such as mental health services and homelessness services, as I described earlier.

There is a reference to some specific duties relating to the most marginalised. We would like to see those really firmed up.

We would like to see more independence of reporting arrangements. In particular, we would like to look at whether the reporting should be to a Select Committee as well as to the Home Secretary. I know that other witnesses have expressed some concerns around the extent to which, as drafted, the legislation allows the Home Secretary to sign off on the strategy and sign off on documents, which may make something appear not to be independent even if it is.

Finally, we have a concern because we think the voice of survivors has to be at the heart of everything to do with this Bill. At the moment the drafts relating to the commissioner talk about an advisory board up here and a survivors' group. We say that it is important that survivors sit at the heart of it. We do not want to see a two-tier system whereby the advisory board, with the great and the good, and chief execs of voluntary sector organisations like us, is here and the survivors' group is over there. The voice of survivors should be in there, but also the voice of children, so we have a commission that ultimately may be accountable in law to the Home Secretary, but morally should be accountable to survivors and survivors' children.

Jo Todd: I agree with that. We welcome this; I think it really has the potential for great impact and realising that potential again. This Committee has a real opportunity to make sure that this is right.

When Kevin Hyland left the role of anti-slavery commissioner, his criticism was that there was too much Home Office interference and it tied his hands. There is a danger of that happening with this role. There is now the opportunity to write in the powers to make sure that that does not happen. Accountability is the most crucial part of it.

Then, there is the accountability that the domestic abuse commissioner can hold others to, which for me is one of the most exciting parts of that role. At the moment we have guidance for things; we need structures of accountability and inspectorates that really inspect. When we have seen it work—we have seen HMICFRS really scrutinise and delve into police performance on domestic abuse—it has transformed practice. There is real scope for using those kinds of powers to change things. We do not want this to be a wasted opportunity, specifically around perpetrators.

Respect has a set of standards and a system of accreditation that is supported by the Government and the Home Office. The Home Office wrote the foreword for it. It is in its third iteration. That was true under the previous Labour Government, the coalition and the current Government. They are sector-supported standards as well. We know what we are doing. We would like those standards to be embedded in commissioning frameworks. We would like to make sure that you cannot actually commission rubbish, such as weekend courses that put men and women in the same perpetrator group. There are things that are such bad practice that they would make the hair of anyone in this room stand on end.

We know what works. There is something about the domestic abuse commissioner working with the voluntary sector, which has these standards, to give them teeth. I think that the prison programmes were mentioned earlier. We have more accountability in the voluntary sector for what happens with our accredited programmes than there is in the current probation service and the Prison Service. They accredit a programme and then it is left to the CRCs or the prison to run it as they wish. It is only picked up if there is a thematic domestic abuse inspection that will scrutinise how it is being delivered. We scrutinise the delivery as well as the programme that is being used. It is absolutely crucial that there is synchronicity across the system or coherence across the different areas where perpetrator programmes are being run, so that they are all delivered to that high standard. The Domestic Abuse Commissioner is key.

Dr Magić: Just to clarify, are we answering questions 4 and 5 together? Yes. Just to echo sentiments around the importance of this role, for us it is one of the most important aspects of this Bill. With regard to question 4, I echo comments made by previous speakers about the resources invested in this role. We feel that the current budget is insufficient to drive the planned step-up in ambition that is required from our public actors in this Bill. We also share concerns about the proposed part-time nature of the role and believe it is unlikely to be sufficient to deal with the scope of this crime and the number of people it affects.

We have four specific recommendations on the proposed powers of the commissioner, echoing LGBT experience. The first recommendation is that the role of the commissioner specifically incorporates the following: an effective commissioning approach to specialist services, including measures on how to commission LGBT specialist services; secondly, clear guidance for advocacy, refuge and housing providers, to ensure that LGBT survivors are able to access appropriate safe support—as I mentioned earlier, there is a lack of refuge provision for all LGBT survivors, but especially for gay, bi and trans men. It should also incorporate an effective commissioning approach to criminal justice-accredited programmes, as well as voluntary community-based programmes for offenders—there are currently none for LGBT offenders—and duties to collect and publish data on the different types of domestic abuse recognised by the statutory definition, disaggregrated by the type of relationship between perpetrator and victim, including by sexuality and gender identity of both victims and perpetrators, which is currently missing from national monitors. Those are our four recommendations as to the powers.

Ruth Bashall: Just to add, the power to investigate inequalities in the system—we have been left out. I agree with what everybody else has said.

Q150 **Gillian Keegan:** We will come on to police and justice now, for those that do report to the police. In your opinion, do the measures in the Bill provide sufficient protection for survivors of domestic abuse in family court proceedings?

Ruth Bashall: No. I mentioned before, on courts, that it is not only the process of obtaining a non-molestation order. There is a whole issue around the fact that getting legal aid, or occupation order, is difficult or impossible for most of our clients to do on their own. There are barriers to our clients, which my staff face, in actually going to court and getting there. For instance, on the issue of a budget for cabs to court, at our local court there is nowhere to park. In terms of being able to give evidence by video, they have one video recording device for the entire court. There is a lack of understanding.

The Bill needs to address matters of discrimination, and resources. The reorganisation of the court system has had a considerable impact on all victims; it has had a particular impact on disabled victims. We are spending an absolute fortune on simply getting people to court, if they are willing to do it. Obviously, that is not the only remedy, and for most victims it is not the remedy that they choose; but, where they do, without support most of them just drop out and don't turn up—so they waste court time, and so on.

The issue around perpetrators not representing themselves is something that somebody else will no doubt talk about; but, again, we have sat there and held the hand of somebody who is sitting in the same room as somebody who has abused them in more ways than you can think of. It is an incredibly abusive experience. The family court judges are dealing with that much

better; the issue is magistrates. We need to address the discrimination within the family courts.

Another thing is that we have taken clients to court to try to get a non-molestation order and they have not actually clicked that it is the same court where they were in court three weeks ago, where the judge was talking about removing their children. At that point, they are out of the door like a flash. We need to think of better ways to do this.

On the issue about perpetrators representing themselves in proceedings, our experience is that our clients are not actually getting to that stage, because their children are being removed. The perpetrator is given contact, but the disabled mother, who has done nothing wrong, is not. She may have neglected her children because of what was happening, but in fact he is getting contact, and in some cases he is getting the children. It is all linked in with the stuff about kids, as well.

Dr Magić: I will not add much to what was said by the previous speakers. To ban direct cross-examination and guarantee access to special measures would be the two most important things for us.

Jo Todd: No, is the short answer. We need a court system where there is coherence between the different courts. We have got close to that in the past with the specialist domestic violence courts—they came and went, and there are very few left—and there are also other models around the world.

Specifically, our current problem is that orders from one court can undermine or contradict orders from another court. There could be a non-molestation order on one hand, meaning that a perpetrator cannot go near the family home, but they might also have a contact order and are allowed to see their kids. It is confusing, contradictory and unsafe.

There are specific things around funding. Legal aid cuts have created the problem of direct cross-examination. That was not something that existed in a big way—there was always the odd example—but it is now pretty regular for perpetrators not to have the resources to fund a solicitor, meaning that they do it themselves. Direct cross-examination is in the legislation for criminal courts but not family courts, and that must be looked at. There are also special measures.

> There is a broader issue about understanding domestic abuse, because in the family courts there is still too much emphasis and understanding of that being about physical risk and harm, and not about coercive control. That is despite the fact that we have had coercive control legislation for a few years now. The harm done by coercive control to children and non-abusing parents is just as great as physical harm, but it is invisible. It is almost as if someone is lucky enough to get a bruise. That is something tangible that they can show to people who can then understand and make sense of it, and provide an appropriate response. If someone does not have that physical evidence, the impact of harm, particularly on children, is not understood properly.
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> In the past few months, various people have come to me from different types of organisation, including a couple of commissioners, because they are concerned about

the concept of parental conflict overtaking the concept of domestic abuse. There is the idea that somehow lots of fighting families need a parental conflict solution, rather than a domestic abuse solution. I do not think enough research has been done into where that parental conflict model has come from and what it means, but funding is being put into it and I encourage the Committee to explore that further. I will be exploring it further as I do not yet know enough about it. It is a confusing and difficult concept.

Donna Covey: First, may I follow on from Jo and say that we have been quite concerned recently about some of the DWP stuff on parental conflict? I am not an expert, but it appears to describe things that I would call domestic abuse, and then says, "That only applies if it is below the level of domestic abuse". If you have a bit more time, you should look at that issue, because quite a lot of public money is going into it.

I agree with what everybody else has said. Our recent report, "Breaking Down the Barriers", refers to research done by other people that shows that where there are children in the family as well as substance use—that is quite common—the family drug and alcohol courts have a better record on things like reducing substance use, women getting help, and family reunification, than ordinary care proceedings. That is something the Committee might like to consider further, and we can send forward some references.

Q151 **Gillian Keegan:** Looking at effective ways of managing perpetrators, do you have any concerns about the proposed domestic abuse protection orders or notices, and is there a risk that if not properly managed, perpetrator interventions could expose survivors to further abuse? Do you have any suggestions about additional legislative measures that could help to reduce that risk?

Donna Covey: I think we would defer to Respect on perpetrator matters, and we would encourage everybody else to do that as well.

Jo Todd: Thank you, Donna—that is nice. Again, there is the potential for doing good and the potential for doing harm, and the detail is important. If what is ordered as part of a protection order is good enough and working to good standards, it has got the potential to change things. I would say that the focus at the moment seems to be on alcohol programmes and short perpetrator programmes. I wouldn't necessarily think that that is where I would put my resource. I would put my resource into perpetrator management.

Duncan earlier talked about the Drive project, intensive case management and really drilling down into it. If you have got someone who has had the DAPO order they must have committed a level of domestic abuse. You really want to think about who they are doing it to, who is at risk, what are the harms. Are they someone who is ready, willing and able to change? In which case, the behaviour change programme is the right response. Are they someone who is very resistant to change or has lots of barriers in the way of their being able to engage with that change process? In which case, try to remove some of the barriers, which is what the Drive project really works on. Also think about the disrupt activities you can do.

If you are working between agencies in this multi-agency approach, you can look at housing options. Sometimes that might be housing him, because the alternative is not just kicking him

out with the various different bits of legislation: kick him out and then do nothing. It is actually about housing him somewhere away from the family home that gives her a bit of protection.

It is about using GPS tagging systems. Could I just say this in brackets? The polygraph testing in the Bill is a missed opportunity to put money into tagging. If you are going to play with technology, I am really keen that we look at technology as a way of stopping perpetrators from being abusive. I think tagging is where I would hang my hat rather than polygraph testing.

Obviously, there is accreditation. I am going to keep on coming back to it. If DAPOs do include orders to attend programmes, they need to be of high quality and they need to be accredited.

Q152 **Gillian Keegan:** Okay. Anything else to add?

Ruth Bashall: Timescales for DAPOs. To give an example: if you are a disabled woman who has depended on the perpetrator for a care package, support and so on, it takes a lot more than a month to get that support in place, unless we have some kind of provision in social care legislation that says that somebody who is a victim of domestic violence should have an emergency care package within two weeks. Currently, that is just not happening.

Q153 **Alex Norris:** A theme in our discussions so far has been anxiety around women with uncertain migration status. Do you think the Bill could do more to support them?

Donna Covey: Yes, I think we all do. Like many people we are members of the Step Up Migrant Women campaign and support that. Before I worked in this sector, I worked in the refugee sector and I would say, first, the resolutions do not just apply within the Bill.

The hostile environment and the public statements that go around it are like a gift to perpetrators. I have met women who have settled status in this country and have a right to be here but their perpetrators say to them, "You don't have the right to be here and if you report me for beating you up, you'll be deported." She doesn't know that; she doesn't have her passport or papers. We need to understand that women are more likely to believe that when they are told it, if that is what they are seeing when they turn on the television and in their streets.

I think it does go beyond the legislation. In terms of legislation, we would support all the things that have been said around women being victims first and migrants second, and having firewalls and all of those things. I do hope that later on the Committee will take some direct evidence from groups working with migrant women because they have some incredibly powerful stories.

Jo Todd: All I would add is a human rights framework. The Istanbul convention is particularly useful for this and that is what we should use, rather than necessarily just a criminal justice focus.

Dr Magić: I have two comments specific to LGBT survivors wit migrant status. I agree with all the recommendations made previously and by Duncan as well. Research suggests that sometimes when interviews are conducted with LGBT people claiming asylum there might

be inappropriate questions or asks for excessive and unreasonable evidence in order to prove an individual's sexual orientation. That is problematic because, in a sense, that is one of the hardest things to do. How do you prove your sexual orientation? What do you do on the spot? We know that time is limited, resources are limited and everyone is stretched. We know that once you are detained you have access to hardly any resources whatsoever, and the half an hour that you have with your barrister or attorney is not enough to really give your entire story. Plus you are traumatised, so what are you going to do?

We definitely support the Step Up Migrant Women campaign and all the initiatives around safe reporting directly to the police and statutory services for migrant survivors. In addition, when we think about shaping legislation and safeguarding the rights of migrant survivors, one thing to keep in mind is also that LGBT survivors with uncertain immigration status may be faced with deportation to countries with hostile legislation. That is very specific to LGBT experience. Currently, in at least seven countries national law imposes the death penalty for consensual same-sex relationships. Furthermore, there are currently 70 countries that criminalise same-sex relations. So, effectively, if we send LGBT survivors back to their countries, we might effectively even be killing them. That is not an exaggeration.

Ruth Bashall: I will not go into detail but in terms of the human rights approach for disabled people trying to claim asylum or leave to remain the difficulties of obtaining evidence are enormous in terms of just getting assessments and so on. Women in particular may have come here through forced marriage, and have very little understanding, if any, of the systems here, and will not know the situation. Again, there is the business of people saying, "You'll get deported if you leave me," and so on. That is used as a power tool against victims.

There are some very complex issues around the rights of disabled victims in that context, where they may be returned to a country of origin where there are no services for disabled people, and they will go back to the abusive family who may have been the perpetrators of the forced marriage in the first place, or to a context where they will in fact be institutionalised and abused again. That whole wider context needs to be looked at.

The other thing is the issues around no recourse to public funds. On the positive side, we have had a couple of clients who have been very effectively supported by the mental health system and the local authority. Although living on £35 a week is no fun, and we are subsidising them, the fact that they have been allowed to have some support because they have severe mental health problems has been an absolute blessing, through community care legislation. That needs to be looked at and extended.

Q154 **Lord Farmer:** Last questions, then we are out of time. These are on measures that currently are not in the Bill but that you think should be in the Bill. There are three areas that we are highlighting in our questions. The first is on prevention of domestic abuse and early intervention: the perpetrator programmes—we heard of one in Hull earlier on—and Atal y Fro in Glamorgan, working with early couple conflicts, and situational violence that can remedy the situation. There is not an emphasis on that in the Bill. Should there be?

The second is on the statutory requirement to provide accommodation and support for survivors of domestic abuse. I think we have touched on that, actually. The last question is about the multi-agency response to domestic abuse, which is so

important. Do you think the Government's policies support that, and if not what should be done about it?

Donna Covey: I will do a quick on-the-bus response, because we are now running out of time. The thing that is not in the Bill—this would help with several of the things that you have mentioned—is that we would like to see a public duty on public services to ensure that all their staff are trained to inquire and respond to disclosure around domestic abuse, because if you do that, it means that you will pick women up much earlier. In the case of GPs, for example, when you look at domestic homicide reviews, quite often the GP is the person who comes closest to having the whole picture.

When I am not being chief exec of AVA, I am also the executive chair of IRIS. It is the social enterprise that runs the gold standard GP intervention. Where commissioning groups actually commission it, it provides training for GPs, reception staff and everyone in the practice, as well as an advocate educator, who can then support them in who is referred. Research on that programme has shown that it costs £6 per woman to actually implement, but saves £14 per woman, because it results in fewer GP visits, lower levels of depression and all sorts of things. There is no reason why you cannot have a proper framework for that sort of evidence-based stuff nationally. If that was across the different public services that are involved, at a stroke that would pick women up much earlier and pick up some perpetrators much earlier as well. It would start to help with early intervention as well as helping people to get support more quickly.

On housing, like everyone else, we support a whole-housing approach for people fleeing domestic violence that not only not deals with crisis housing, but includes move-on housing at a later stage. The thing that you might want to pick up later on in your deliberations is what happens to kinship carers when there is a domestic homicide. We have come across cases—the people who know about this are AAFDA, who work with the families—where the mother is murdered by the father, and the grandparents are in social housing and take on the kids and they cannot get a bigger house. It should not be beyond the wit of anyone to sort that out. I think it goes beyond the survivors of domestic abuse to looking at the broader family. Those are the two things I would say in response to those points.

Jo Todd: You asked about perpetrator programmes, and you said Hull and Atal y Fro, and both of those are working towards our accreditation. They are both within our stable. We need those programmes, and we need sustainable funding streams for perpetrator work. It needs to be seen as an important part of the domestic abuse solution, but we also need systems change for frontline service provision. We need every GP, every social worker and every health practitioner to understand domestic abuse and know how to respond to victims, perpetrators and children. At the moment, hardly any of those services have a model of work or procedures, policies, processes and systems written down for how they should deal with those people.

We could not get away with that in the voluntary sector. When we apply to government for funding, whether that is local or national, we have to say what our model of work is. We have to have our theory of change and how we do things. We have to have a clear understanding of what we do with the client group we have. It is shocking that is not there in the statutory services. That is almost key to everything. If we had a well-trained workforce across those services, things would look very different.

I just make a plea for culture change to be part of the landscape here, particularly in the non-legislative package, because there is so much that we can all do through the different powers we all have to change the thinking that people have about domestic abuse and to change their understanding, particularly around coercive control, which is a tricky concept to understand for a lot of people. When does it cross over from someone trying to control their partner—I cannot think that there is anyone in this room who has not at some point tried to control their partner to change their decision on something—to abuse? When does it become something where there is fear and the threat of harm if they do not comply with what it is you want? It is about developing the understanding of what we mean by domestic abuse and where they can get help—that culture change piece of work.

Dr Magić: I will answer the multi-agency response section. Specific to our experience, we noticed that generic statutory and voluntary services often lack established partnerships with LGBT communities and organisations, which results in a lack of quality referral pathways and a lack of knowledge around the availability and resources of support and the fact that organisations do not really know who to reach out to when they work to support LGBT clients. In some cases, that can amount to insufficient and inappropriate support given to that particular client. We recommend that the Government ensure that there is a focus on developing the pathways, recognising the contribution of LGBT communities and organisations in this process. The Government should also consider how to encourage local authority areas to work together at the regional level to develop specialist LGBT provision, which is something I suggested earlier.

I also wanted to make a point about MARAC, which I think has been made before. Nationally, the percentage of LGBT survivors referred to MARAC is worryingly low. A recent report by Safelives, published in September 2018, found that in the 12 months to the end of March 2018 only 1.2% of cases discussed at MARAC were noted to involve LGBT survivors. More than one quarter of MARACs, 26%, recorded no LGBT survivors at all during that period, so we have a bit of a problem regarding how we support LGBT survivors and what we recognise as experiences of domestic abuse when it comes to LGBT survivors. There is quite a huge problem in that area.

The recommendation was about effective training given to members of MARAC on how risk can be enacted and experienced in the relationships of LGBT people. We believe, in line with what Jo has said, that a much more nuanced response is needed—a cultural shift, basically, that also recognises that LGBT domestic abuse happens outside the set frameworks of what is recognised as men and women partner abuse so far.

Ruth Bashall: We have a saying within the disability movement, "Nothing about us without us." That is probably quite a good one to bear in mind in terms of all survivors. Talking about prevention, in most of the materials that are developed, the images that are conveyed, the reality of people's lives and everything else conveyed, are about non-disabled people. Disabled young people and disabled adults do not recognise themselves in that material. Very little of the stuff that is around, particularly for young people, is accessible. There are a few produced by charities, but that has very limited reach.

We would like to see a duty in the Bill on those developing materials, information or resources—I am talking particularly about the statutory services—to ensure that they are developed in partnership with disabled survivors and reflect the reality of disabled people and

the different forms of abuse that happen to us because we are disabled people and because of our impairment.

The other thing is about training professionals. The role of health professionals cannot be underestimated in terms of disabled survivors, given the poor responses that 99% of our clients have experienced within the health service—with a couple of glorious exceptions—in terms of identifying abuse. GPs have, for example, thought that the injury was due to the person's impairment because they fall over a lot. There is a big difference.

Just to mention housing, the threshold for vulnerability because of impairment is incredibly difficult to prove. We go through months with solicitors and everything else. That needs to be clarified and to be much lower. At the moment, it is whether you would be worse off on the streets, and proving "What if?" for someone who has never been on the streets is very difficult, particularly if they have a learning difficulty and, although they do not have a diagnosis of learning disability, they have an inability to keep themselves safe because they trust people too much, for example.

One single thing that would make an enormous amount of difference to our clients would be if every single health professional, at one point or another, saw them on their own and not with their carer, so they have a space to talk. We have developed those protocols with some local health professionals, and they work, so perhaps I will leave you with something positive at the end.

> **Chair:** On behalf of the whole Committee, thank you for bringing a whole new raft of different thoughts and ideas into our deliberations. We are really grateful. I apologise for not having chaired this more tightly, but I thought the contributions you were giving required us to take a bit more time. I apologise if that has left you late for meetings that are now happening into the afternoon. Thank you; I will draw this second panel to a close and ask members of the Gallery and the witnesses to leave. Thank you very much.