

Written evidence submitted by Agenda (DAB0457)

About Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

Executive summary

This submission outlines the experiences of survivors of domestic abuse who go on to experience a range of complex needs, such as poor mental health, homelessness and using drugs and alcohol to cope. It highlights issues which remain unaddressed in the draft Domestic Abuse Bill, and makes recommendations to ensure the rights of this group of women are adequately protected. It notes that:

- The statutory definition must acknowledge the gendered nature of domestic abuse;
- The role and powers of the Domestic Abuse Commissioner must be strengthened, as well as the Commissioner's welcome thematic focus on complex needs;
- Public services must respond better to domestic abuse so that survivors can get the support they need at the earliest possible stage, including by training staff to routinely ask about experiences of abuse;
- We must see central investment in funding for specialist services for survivors facing domestic abuse and multiple disadvantage;
- We need to improve support for mothers facing domestic abuse and multiple disadvantage and their children;
- Multi-agency and multi-departmental co-operation and co-ordination in relation to domestic abuse must improve at a national and local level.

Introduction

1. Agenda welcomes the opportunity to respond to this call for evidence from the Joint Committee on the Domestic Abuse Bill (DA Bill). The DA Bill is a welcome opportunity to deliver lasting positive change for women and girls who experience extensive violence and abuse, and may go on to face multiple and overlapping disadvantages throughout their lives.
2. Agenda research reveals one in 20 women have experienced extensive physical and sexual violence as both a child and an adult: 1.2 million women in England alone.¹ These women have been abused in childhood, many have been raped as adults and suffered severe physical abuse from a partner including being choked, strangled or threatened with a weapon. For too many of these women, the legacy of domestic

¹ Agenda (2016), [Hidden Hurt](#)

and sexual abuse means they face a number of complex and overlapping problems. Many are deeply traumatised and experience complex mental health problems; they may turn to drugs or alcohol to cope with the trauma they have faced; some may experience homelessness as a result of domestic abuse, and in turn be exposed to further violence on the streets.

3. There is currently insufficient support available to this group of women. The challenges women face tend to be treated and responded to separately by mental health, substance use, criminal justice and housing or homelessness services. Services set up for women such as domestic and sexual abuse services often lack the capacity or appropriate skills to work with women with the highest level of need. Women experiencing multiple disadvantage are likely to come in to contact with a range of publicly funded services, from the health system to social services. These services often do not have the required skills or capacity to support them, and frequently fail to recognise the legacy of trauma.
4. Evidence suggests that what works for women who have experienced abuse and who face multiple disadvantage, is specialist, holistic, gender and trauma-informed support.² However, services which offer this - such as women's centres - are few and far between, struggle for funding and are currently under threat.
5. To support survivors of abuse to move beyond their experiences and thrive we must not only be concerned with those currently facing or fleeing domestic abuse, but understand the long-term legacy of trauma, which can lead to very complicated and challenging lifetime experiences which impact on both women and their children. The DA Bill could include further measures to address these issues.
6. To truly transform the response to abuse there must be substantial investment in specialist support, including a network of women's centres across the country, for women and girls with the most complex needs. It is imperative that staff in publicly funded services are properly equipped to recognise and respond to women's experiences of trauma and abuse, and that these settings are able to work in a gender and trauma-informed way.

Statutory definition of domestic abuse

7. Agenda supports calls across the violence against women and girls (VAWG) sector for the statutory definition to acknowledge the gendered nature of domestic abuse. The majority of survivors of domestic abuse are female, and the vast majority of perpetrators of domestic abuse are male. Research by Agenda shows that the more extensive the violence the more likely that it is experienced by women rather than men; 80% of people who have experienced extensive physical violence and coercive control by a partner are women.³ As the definition will guide policy, commissioning,

² Agenda and AVA (2018), [Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales](#).

³ Scott, S. & McManus, S. 2016. (DMSS research for Agenda) [Hidden Hurt: Violence, abuse and disadvantage in the lives of](#)

and practice, and should apply to both women and men, it is essential that it recognises the gendered nature of abuse.

8. In addition, the proposed statutory definition does not distinguish between intimate partner violence and other forms of abuse between other members of the same household. Intimate partner violence is the most common form of domestic abuse, and the contexts and impacts are different to other forms of abuse such as child to parent violence, which should be recognised in the definition.

Recommendations:

9. **The proposed statutory domestic abuse definition must acknowledge the gendered nature of domestic abuse and the accurate understanding of all forms of domestic abuse.**
10. **The proposed statutory definition must accurately distinguish between, and not conflate, intimate partner abuse with other forms of family abuse.**

The role and power of the Domestic Abuse Commissioner

11. Agenda welcomes the introduction of a Commissioner to lead on tackling domestic abuse, although we recommended that this role have responsibilities related to all forms of VAWG. The Commissioner must have sufficient power, independence, and resource in order to fulfil their role.
12. It is welcome that the Commissioner will have a specific focus on the needs of victims and survivors from minority or marginalised groups, and will establish thematic leads for survivors who are BAME, LGBT, disabled or who have complex needs. This focus must be clearly set out within the terms of their role and responsibilities to ensure this translates into material improvements.
13. The Commissioner must have the scope and capacity to address the response to domestic abuse across all publicly funded services, from the health system to social services, with which we know survivors of domestic abuse are likely to come into contact.

Recommendations:

14. **The Domestic Violence Commissioner must have special responsibility for survivors facing multiple disadvantage. They should ensure appropriate evidence is gathered about the experiences and needs of this group of women, and that wider services they are likely to engage with are held accountable for meeting women's needs. This should be done in partnership with the Children's Commissioner and Victims' Commissioner. The role must work closely with the VAWDASV National Advisors in**

Wales to ensure joined up working, sharing of best practice and to avoid duplication.

15. Underlying all of the Commissioner's duties must be the power to effectively enforce a clear framework of national accountability and to assess the response to all forms of abuse from across the public sector.
16. The Commissioner must be fully independent of Government and must report to Parliament as well as to the UK Government. They must have robust accountability powers, supported by a budget that ensures the role is properly resourced. They should be well supported including by an advisory group, an audit and risk committee, a stakeholder group and sufficient specialist support to achieve their statutory aims.
17. The Commissioner must have a duty to collect and publish comprehensive data on the nature of, and response to, domestic abuse across all relevant sectors, public bodies and agencies. This data must allow for an intersectional analysis across equality characteristics, alongside service provision, access to services and outcomes on cases.
18. The Commissioner must be required to establish a VAWG sector scrutiny board, which the role must consult with in prior to major possible recommendations and reports being made to the UK Government. This must be supported by a lived experience advisory group, with a range of representation including survivors of colour, disabled survivors, LGBT survivors, and survivors facing multiple disadvantage.

What measures are necessary to enable the prevention of domestic abuse? Especially the role of healthcare services in early detection and intervention.

1. Women experiencing multiple disadvantage do not typically present at specialist domestic and sexual violence services, but instead are likely to come in to contact with a range of publicly funded services, from the health system to social services. These services often do not have the required skills or capacity to support them, and frequently fail to recognise the legacy of trauma. They can even make bad situations worse, with women not listened to, blamed or treated as a problem.
2. Routine enquiry, whereby trained practitioners routinely ask patients about experiences of violence and abuse, is key to recognising and responding to abuse and trauma. Yet evidence from AVA and Agenda's National Commission on Domestic and Sexual Abuse and Multiple Disadvantage suggests many public services are not asking women about abuse.⁴ Furthermore, though routine enquiry is recommended by NICE guidance for services such as mental health and maternity,⁵ research by

⁴ Agenda and AVA (2019), [Breaking Down the Barriers: findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

⁵ NICE (2016) NICE pathways: Domestic Violence and Abuse Overview

Agenda shows that the majority of mental health trusts who responded to an FOI did not even have a policy on routine enquiry.⁶

3. Agenda is concerned therefore that the Government's consultation response for the Domestic Abuse Bill suggests routine enquiry already takes place in maternity and mental health services, and makes no further commitments to ensuring this happens in practice or embedding this in other services. It is imperative that staff in publicly funded services are properly equipped to recognise and respond to women's experiences of trauma and abuse, and that these settings are able to work in a gender and trauma-informed way.
4. There are promising examples of national policy in this area: in Wales, the national Training Framework on violence against women, domestic abuse and sexual violence outlines the Welsh Government's requirements for training across the public service and specialist third sector. It includes training on implementing "Ask and Act", a principles based approach to targeted inquiry into experiences of abuse.

Recommendations:

5. **There must be a statutory obligation on public authorities to ensure that staff make trained and adequate enquiries of current and historic domestic and sexual violence for all women accessing services. Public authorities must have the resources to respond appropriately to disclosures including having clear referral pathways that understand and reflect women's diverse needs, alongside recording of this data to measure the true scale of the problem. Public authorities must also be required to collate data about their enquiries and responses which can be made available.**

What measures are required to ensure there is a sustainable, long-term and secure funding model for specialist domestic abuse services, including refuges?

6. Agenda welcomes the allocation of £20m to accompany the Domestic Abuse Bill, and were particularly pleased to see £2m allocated to female offenders, who we know have particularly complex needs and extensive histories of domestic and sexual abuse.
7. We are concerned, however, that the funding allocated to this Bill is insufficient to ensure either the longevity of existing services for women facing multiple disadvantage, or appropriate levels of investment to develop further provision to meet need. This includes support for groups of women particularly poorly served such as BAMER (Black, Asian, Minority Ethnic and Refugee), LGBT (Lesbian, Gay, Bisexual and Trans) women or those living with disability. As the Government has estimated, the social and economic cost for victims of domestic abuse England and

⁶ Agenda (2016), [Women's needs in mental health services: a response to an FOI](#)

Wales is approximately £66 billion in one year alone; the funding allocated alongside the Bill is insufficient to tackle a problem of this scale.⁷

8. There is good evidence that what works for women facing multiple disadvantage is holistic gender and trauma-informed support.⁸ However, services which offer this, such as women's centres, are few and far between, struggle for funding and many are currently under threat. Mapping the Maze, a report by Agenda and AVA, found there is patchy provision for women facing substance misuse, homelessness, mental ill health and offending, with a woman's ability to access gender-specific support being dependent on the area she lives in, and many areas appearing to offer no support at all for women facing multiple disadvantage.⁹
9. In particular, a shift from local grants to large scale, competitive commissioning¹⁰, has created a number of challenges for service providers, in particular smaller specialist organisations which may not have the capacity to apply for larger grants.
10. Short-term contracts and funding arrangements also pose challenges for small specialist services, which are unlikely to have the capacity to continually apply for new funding streams, and can be left facing financial instability and an inability to plan for the long term. These funding arrangements may also cause difficulties sustaining a properly supported and trained workforce, increased staff turnover, as well as problems setting up and delivering projects due to insecurity and staff having to direct time and effort away from delivering services towards raising funds instead.¹¹

Recommendations:

11. **There must be properly funded and commissioned services for women facing multiple disadvantage in both rural and urban areas across England and Wales. These should be modelled around the outcomes that make a difference to women's lives, and address gaps for women facing multiple disadvantage, in particular mental health, substance use, domestic abuse and those that respond effectively to the impact of trauma. Specialist expertise, including that provided by the specialist women's voluntary sector, must be prioritised in commissioning processes.**

Does the draft Bill offer adequate protection for children in families where there is domestic abuse?

12. We welcome commitments to support child survivors of Domestic Abuse, as well as the funding specifically allocated to this group. Agenda, among other women's and children's charities, is concerned by a lack of meaningful measures to support young

⁷ Home Office (2019) The economic and social costs of domestic abuse. Research Report 107

⁸ Agenda and AVA (2017), [Mapping the Maze: a review of the literature](#)

⁹ Agenda and AVA (2017), [Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales](#)

¹⁰ Local Government Association (2019), Councils face almost £8 billion funding black hole by 2025.

¹¹ Agenda and AVA (2019), [Breaking Down the Barriers: findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

people affected by abuse, as well as insufficient funding allocated to provide a sustainable future for vital projects working with children.

13. The current children's social care system frequently places too great a responsibility on mothers to protect their children from abusers. The current scarcity of resources for families requiring specialist support services in the community compared against the significant increase of children being taken into care, is a grave area of concern.¹²
14. For survivors facing multiple disadvantage, fear of losing children can be a huge barrier to seeking support or reporting experiences of abuse, and the removal of children as a result of domestic abuse can be a major barrier to making a meaningful recovery.¹³ Keeping children safe is essential, but more must be done to reduce the long-term harm to both mother and child from permanent separation.
15. We know that joined up approaches to the needs of children can be particularly positive, for example the use of multi-disciplinary teams in local areas, drawing on the skills of substance use, mental health and domestic abuse practitioners, to work alongside children & adult social workers, as referenced in the Family Rights Group's Care Crisis Review (June 2018).¹⁴
16. The recent joint inspectorate report on the multi-agency response to children living with domestic abuse found that a focus on immediate crisis can lead statutory agencies to consider children and people at immediate risk, which can mean insufficient attention being given to the perpetrator, and a focus on the victim as the only solution. In the worst cases this involved placing unreasonable responsibility on women to protect their children from abusers, including through the use of written agreements which require victims to sign contracts with terms around their contact with the perpetrator.
17. Many of Agenda's member organisations frequently hear from survivors about how family courts are used and manipulated by perpetrators of domestic abuse as an avenue to further control, coerce and abuse their victims. Despite domestic abuse cases accounting for a high volume of welfare concerns in the family courts, a significant body of research has shown that child contact arrangements leave survivors feeling re-victimised and re-traumatised, lead to unsuitable and unsafe contact for children, and perpetrators able to exploit a 'contact at all costs' culture of the family courts¹⁵.

Recommendations:

- 18. The provision of gender-informed step-down support must be provided for mothers and children when they move on from statutory safeguarding**
- 19. Long-term support must be offered to mothers when children have been removed in to care.**

¹² House of Commons Library (2018), [Findings of the Care Crisis Review](#)

¹³ Agenda and AVA (2019), [Breaking Down the Barriers: findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

¹⁴ Family Rights Group (2018), [Care Crisis Review](#),

¹⁵ Dr Ravi Thiara and Dr Christine Harrison Centre, Safe Not Sorry: Supporting the Campaign for Safer Child Contact: Study of Safety and Wellbeing, University of Warwick 2016

20. An end to the use of written agreements in their current form.

21. The Bill should prohibit unsupervised contact for a parent who is on bail for domestic abuse related offences, or where there are ongoing criminal proceedings for domestic abuse.

The need for non-legislative measures to support the proposed legislation, in particular the provision of adequate training for all relevant agencies, and the capacity to ensure multi-agency and multi-departmental co-operation and co-ordination.

22. Central government is structured in such a way that woman's multiple disadvantage is inevitably dealt with in departmental silos. This leads to a lack of coherence in policy and practice for women facing multiple disadvantage and abuse at all levels.

23. At the local level, national silos are reflected in local policy making and service provision, meaning local agencies that survivors of abuse come in to contact with are often not able to respond to women's needs holistically. The challenges women face tend to be treated and responded to separately by mental health, substance use, criminal justice and housing or homelessness services. Experiencing such a range of complex issues can make navigating this siloed system of support extremely difficult, and a lack of join-up between services means many women fall through the cracks, unable to get the help they need.

Recommendations:

24. To ensure that women facing the most extensive abuse and multiple disadvantage are considered in all national policy making, a Secretary of State for Women and Equalities must be appointed. Their brief must include responsibility for driving cross-departmental approaches to improving the national response in England and Wales to women experiencing and living with the legacy of domestic and sexual violence, abuse and multiple disadvantage.

25. A central cross-government funding pot should be developed to invest in service redesign and incentivise local bodies to collaborate to break down silos and build better infrastructure to meet the needs of women facing multiple disadvantage in the long-term. This must prioritise funding for specialist organisations with a track record of gender and trauma-informed delivery to survivors facing multiple disadvantage.

26. A duty on local bodies to collaborate with and through the local authority to coordinate responses to domestic abuse. In particular, multi-disciplinary teams should be in place in all areas that draw on the skills of substance misuse, mental health and domestic abuse practitioners to work alongside children and adult social workers.

27. Gender and trauma-informed training should be required for staff across all publically funded services, to be accompanied by appropriate trauma-informed support and pathways into care.

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