



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# **Social Justice and Social Security Committee**

**Thursday 3 March 2022**

**Session 6**



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**Thursday 3 March 2022**

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**SOCIAL JUSTICE AND SOCIAL SECURITY COMMITTEE**

**9<sup>th</sup> Meeting 2022, Session 6**

**CONVENER**

\*Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP)

**DEPUTY CONVENER**

Natalie Don (Renfrewshire North and West) (SNP)

**COMMITTEE MEMBERS**

\*Jeremy Balfour (Lothian) (Con)

\*Miles Briggs (Lothian) (Con)

\*Foyso Choudhury (Lothian) (Lab)

\*Pam Duncan-Glancy (Glasgow) (Lab)

\*Marie McNair (Clydebank and Milngavie) (SNP)

\*Emma Roddick (Highlands and Islands) (SNP)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Mariam Ahmed (Amina Muslim Women's Resource Centre)

Stephanie Callaghan (Uddingston and Bellshill) (SNP) (Committee Substitute)

Alison Davis (Sahelyia)

Eilidh Dickson (Engender)

Tumay Forster (Shakti Women's Aid)

Carolyn Fox McKay (Girlguiding Scotland)

Dr Marsha Scott (Scottish Women's Aid)

Davy Thompson (White Ribbon Scotland)

Laura Tomson (Zero Tolerance)

**CLERK TO THE COMMITTEE**

Claire Menzies

**LOCATION**

The Mary Fairfax Somerville Room (CR2)



**Scottish Parliament**  
**Social Justice and Social**  
**Security Committee**

*Thursday 3 March 2022*

*[The Convener opened the meeting at 09:00]*

**Decision on Taking Business in**  
**Private**

**The Convener (Elena Whitham):** Good morning, and welcome to the ninth meeting in 2022 of the Social Justice and Social Security Committee. This morning, we will be talking about domestic abuse and violence against women and girls. As a former front-line women's aid worker, that is an area close to my heart, and I know that what we will hear today will be very difficult but very necessary for us in our roles. Yesterday, the committee met informally with the Lord Advocate and the national procurator fiscal for domestic abuse, which provided valuable background for this morning's meeting.

Apologies have been received from Natalie Don, and we welcome our colleague Stephanie Callaghan, who is attending as her substitute.

Our first item of business is a decision on whether to take item 3 in private. Do members agree to take item 3 in private?

**Members indicated agreement.**

**Domestic Violence and Violence**  
**Against Women and Girls**

09:01

**The Convener:** I welcome our first panel of witnesses, who are all joining us remotely, as are my colleagues Foysol Choudhury and Marie McNair. I welcome Dr Marsha Scott, chief executive officer of Scottish Women's Aid; Eilidh Dickson, policy and parliamentary manager at Engender; Davy Thompson, campaign director of White Ribbon Scotland; and Laura Tomson, co-director of Zero Tolerance.

There are a few housekeeping things to note before we get started. For those who are participating remotely, if you want to contribute, please type R in the chat box. I will keep my eye on that. Colleagues, please direct your questions to a particular panel member to get us started. We have only a short time this morning of about an hour for this first panel, and then we have a second panel. I therefore ask panel members to add new and salient points if something has been gone over. Please make sure that we get as much information from you as possible, but that it is new information. Please submit in writing after the meeting anything that you think that we need to hear, and I am sure that we will have some follow-up questions.

We have a number of themes to explore. The first theme is about background and context, our second theme is about prevention work and our third theme is about front-line support and funding. To kick us off, I will hand over to my colleague Pam Duncan-Glancy, who will come in on theme 1.

**Pam Duncan-Glancy (Glasgow) (Lab):** Good morning to the panel members, and thank you for the written submissions that you have sent in. I also put on record my thanks for the work that you have done in all the years that you have been doing it, but in particular for your work during the pandemic. It has been a particularly hard time, especially for women and for your organisations, so I thank you for that.

First, I am keen to talk about the impact of the pandemic. Zero Tolerance's written submission highlights that

"the failure to address equality and human rights in the terms of reference for the Covid Inquiry indicates that we have some way to go in the mainstreaming of equality and human rights."

I ask Laura Tomson, Eilidh Dickson and Marsha Scott to tell us a bit about the effects of the pandemic on women, particularly in relation to domestic abuse? Are the fears about the effect of lockdown on violence against women and girls

being realised? What can we do to improve the work of the inquiry in that regard?

**Laura Tomson (Zero Tolerance):** Zero Tolerance does not provide a service, so I will let Marsha Scott speak about the direct impact of the pandemic on women, but we know that it has increased their experiences of violence. For us, the fact that the Covid inquiry does not incorporate gender equality throughout and that the issue is not specified is very similar to the situation at the beginning of the pandemic, when women were an afterthought. Women had to be affected by domestic violence at high levels before different conditions were put in place for them.

As I said in my written submission, we focus on prevention and, for us, it is about a holistic approach. I am sure that Engender can speak to the fact that we need gender equality to be mainstreamed throughout all Government policy. The issue needs to be at the forefront of people's minds when policy is put together.

I am sorry, but could you remind me what your other questions were?

**Pam Duncan-Glancy:** I asked about the realisation of the fears, at the early stages of the pandemic and throughout it, that lockdown would have a significant impact on violence against women and the violence that they experience.

**Laura Tomson:** As I said, it would be more appropriate for those who provide services to answer that but, from a prevention perspective, our worry is that the knock-on effects of the pandemic will exacerbate gender inequality in the long term. Significant thought and investment will be required to lessen the impact and ensure that we do not see massive backsliding on equality from here on in. Again, that is why the issue should run through the Covid inquiry.

**Eilidh Dickson (Engender):** Thank you for inviting Engender to be part of this discussion. I imagine that we will hear a lot over the next couple of hours of the maxim from the "Equally Safe" strategy that violence against women is a cause and a consequence of women's inequality. Engender works across the full spectrum of Scottish public policy to make visible the impacts of misogyny and sexism on women's lives and the way in which that impacts our access to safety, resources, rights and decision making.

Throughout the pandemic, exactly as Laura Tomson mentioned, we have seen the failure of the mainstreaming obligations that the Scottish Government, like all public bodies, is required to pursue under the Equality Act 2010. In most instances, with some exceptions that I will come on to, we have seen a complete deprioritisation of mainstreaming, which is the process of thinking about how women and men will experience a

policy differently and how policy and practice can be targeted, addressed or focused to realise the needs of different groups.

We saw welcome increased funding for violence against women services, but the further upstream issues were completely disregarded in all the decision making surrounding the pandemic. For example, when schools were shut, we saw a huge increase in domestic work and childcare, and care for adults and older people was offset from the state back to the household, and largely it was women who picked that up. Women told us, and we saw through the data but also in our Covid women programme, that it was women who were picking up that work, and not men. Men were doing more housework and childcare than they had ever done before, but it was still women who were picking up most of it, and that was at the expense of their access to the paid labour market.

The pandemic has had a huge impact, as Laura Tomson mentioned. UN Women has warned that, globally, we could see a rollback in women's equality by 25 years. Scotland will be no exception to that unless significant remedial measures are taken and mainstreaming is prioritised.

That is why it is so disappointing that the terms of reference for the Covid inquiry make no reference to equality or the needs of minoritised and marginalised communities in Scotland. The Human Rights Act 1998 and the European convention on human rights are mentioned, which is welcome, but they are to be taken into account only as far

"as the chair deems appropriate and necessary".

As you may know, there is a right to equality and non-discrimination under article 14 of the ECHR, but that has to be taken in conjunction with one of the other rights in the convention, which are largely focused on civil and political rights. There is a huge risk and a huge gap. That omission is completely contrary to the Scottish Government's stated ambitions of progressing human rights protection and equality in Scotland.

It is deeply concerning that, although the Scottish Government went through such a widespread consultation process on the needs and focus for the inquiry, we have ended up with terms of reference that make no reference to women, minoritised communities, social care or violence against women, given all the issues that were significantly disproportionately experienced by women. I will leave that there, although I could say plenty more on the omission in the terms of reference.

I will leave it to Marsha Scott to talk about the fears about the impacts of lockdown on services, but it is worth acknowledging the fears that we all outlined at the start of the pandemic. Engender

wrote a briefing on, I think, 23 March 2020 that outlined our concerns about the pandemic, based on experiences from similar outbreaks such as the Ebola and Zika viruses in the past couple of decades. Every single concern that we outlined in that paper has to an extent—some greater than others—been seen throughout the past couple of years. Sadly, access to violence against women services has not been an outlier in that regard.

We know that women have been trapped at home and had limited opportunities to access the services from which they might otherwise seek support. There have been pipeline issues with women getting access to refuge accommodation and then getting access to other forms of accommodation down the line, which is obviously creating a backlog. There have been issues with getting workers in services key person status. That has all been exacerbated by the impact of the increased requirement to work at home. Access to service workers who had children at home was predicated on key worker status. If somebody's partner did not have key worker status, they were sometimes not given access to childcare. If someone's partner refused to do the childcare or said that they could not do it, that led to real issues in maintaining a sustainable service.

I will leave it there. As I said, I could say plenty more, but that covers the majority of our concerns.

**Dr Marsha Scott (Scottish Women's Aid):** I will try hard just to speak to the things that have not been spoken to, but I will start by agreeing with what the other panel members have said.

On domestic abuse specifically, there was a welcome focus in the media on domestic abuse, especially during the second lockdown but also during the first lockdown. I have to say a big thank you to officials in the equality unit and to ministers who were involved for the extraordinarily unusual but rapid and flexible response in getting emergency funding for our network. I have never been so happily surprised in my life. Unfortunately, there is not much evidence that the changes in operation that we saw during the lockdowns have contributed to diminishing of bureaucracy and speeding up decision making on services at the front line. I will talk more about that later.

On what we were worried about in Covid and lockdown, as you all know, Covid did not cause domestic abuse but it gave abusers additional tools for controlling and abusing children and women in a variety of settings. We do not have enough time for me to describe all of them, but it reduced women's access to services and it reduced the ability of services to access women and children. Part of the difficulty with the crisis funding approach is that, to a degree, many services were already unstable and insecure because of the existing funding situation for

structures and systems in Scotland. The fast infusion of cash that had to be spent quickly was welcome, but I think that it contributed to destabilising the system even further.

I have to underscore the importance of the review of funding for front-line services for domestic abuse and sexual assault and other services, which is finally moving forward. That has been in the equally safe delivery plan for four or five years now. I welcome that, but we have to get some momentum behind it because, by the time that we fix that issue, we may have lost significant parts of our network because of problems at the local level with local authority key funding and competitive tendering.

During Covid, we saw very good practice from some local authorities such as East Ayrshire and a number of others. Those authorities extended contracts and worked with local services to figure out how to rehouse women when refuges were full in a blink and no rehousing was happening through the housing and homelessness service.

09:15

I wish that I could say that that was the pattern over most of the country, but it was not. We had issues with other local authorities. One in particular, North Lanarkshire Council, chose to put services out for tender in the middle of a global pandemic. It gave the funding for three services to a United Kingdom-based national organisation that is not a specialist. We have a dysfunctional system and a big problem at that level, and we absolutely know how to fix that. It is not rocket science, but there needs to be political will to do it.

As Eilidh Dickson referred to, women's inequality is a cause of crimes of violence against women. That has been Scottish policy for 20 years. We have cross-party consensus on addressing violence against women and a wonderful and hard-fought-for dynamic in the Parliament. That is not accidental, but it is unusual in the UK Parliaments and more widely. However, we do not seem to have any contamination from that cross-party consensus on violence against women services and policy into the other areas of policy that would make a significant difference, as Eilidh Dickson and our other colleagues in the women's sector have mentioned.

We have the national strategy for economic transformation, in which the changes that need to be made to our economy to deliver less poverty for women and children are invisible or completely missing. A whole variety of other policy mechanisms, such as the Covid recovery policy, clearly show no evidence that women and children living with domestic abuse are of concern to

anybody outside those involved in justice and equalities.

We know that Covid made already vulnerable services more unstable. We also know that women who were already experiencing difficulties with abusive partners had their access to income reduced. Women's ability to remove their partners is still a difficulty, because the regulations under the Domestic Abuse (Protection) (Scotland) Act 2021 have not been implemented. We still have huge housing and homelessness problems for women and children living with domestic abuse. All that was exacerbated by Covid, because of the freezing of the housing system.

Finally, on court delays, we have more than 40,000 cases in the backlog for summary courts. As I imagine the Lord Advocate mentioned to members yesterday, we are already seeing increased victim and witness attrition from domestic abuse cases because, realistically, they are looking at years before their cases come to court. The failure to carry out an equality impact assessment on responses to Covid still boggles my mind. An official said to me, "I'm not going to apologise for not doing an equality impact assessment, because we're in a crisis here," as if equality is just for Christmas.

I have touched on the major points. Issues around people with no recourse to public funds demonstrated how, in Scotland, in a public health crisis, we could find a way to support women and children living with domestic abuse and who had no recourse to public funds in a much more humane and human rights-based way. However, we are quickly returning to the original racist and difficult situation in which a whole segment of society are second-class citizens and cannot access the human rights that they are owed under our international obligations.

I will leave it there. I have got lots more for you, but I will wait for the other questions.

**The Convener:** Thank you. Pam Duncan-Glancy has another question, and we have other questions to come—still on theme 1—from Jeremy Balfour, Foysol Choudhury and Emma Roddick. It is difficult, because we all want to hear what you have to say and you all want to get everything out, but it would be helpful if you could keep your answers succinct.

**Pam Duncan-Glancy:** Thank you for that information, Dr Scott. It is grim, but I appreciate you sharing it with us.

This question is possibly for Eilidh Dickson. You note that the way in which social security is designed is often one of the reasons for women's inequality persisting. What do we need to look out for in relation to devolved benefits in Scotland? More specifically, is there anything that we need to

do differently so that we do not replicate the existing problems?

**Eilidh Dickson:** I will try to answer as quickly as possible. My first point is about the delivery of the commitment to implement separate payments of universal credit. Universal credit is a household payment that, in theory, is designed to mirror the world of work for social security applicants, but that is not true. There is no workplace that would pay the household salary to one partner. There is a significant difference between people paying their income into a joint bank account and the state mandating that one person is the recipient of social security.

We know that universal credit and the household payment is a significant concern for women. As Marsha Scott said, Covid does not create domestic abuse or financial abuse, but it facilitates that and makes it much more difficult for women to leave. If a woman is currently on universal credit, she cannot make a new claim until after she has left her partner, and she will have a five-week wait. In addition, she will be subject to the benefit cap and the two-child limit, which, regardless of whether she was on social security before she left her partner or she went on it after she left her partner, places her in the precarious position of having to choose between remaining in the household with an abuser or facing destitution for herself and her children.

Quite frankly, that is contrary to all human rights and basic human dignity. It is abhorrent, especially the rape clause, which demands that women have to expose their trauma to be able to feed their children. The Scottish Government has made commitments on the single household payment and the Parliament has supported the implementation of a separate payments system, and that needs to be realised as soon as possible.

We are also working with the Child Poverty Action Group and Scottish Women's Aid to look at how social security could better support women who are in that difficult period between leaving an abusive partner and receiving their first universal credit instalment. We know that the five-week wait is significantly disadvantaging those women. In addition, if they take an advance, it puts them into further debt, which skims money off future universal credit payments. We are looking at the tools that we have in Scotland to support women at that difficult and dangerous time.

We know that, in theory, the Scottish welfare fund creates opportunities to offer flexible and discretionary support to women, but from the data on how that fund has been used—that data is not collected on the basis of how many women say that they need access to the fund because of domestic abuse; it comes from looking at the number who receive a crisis payment because of



family breakdown or relationship breakdown, which is one of the options—we are looking at tiny numbers.

It is very difficult to say how well that is working. Qualitative evidence from Scottish Women's Aid and the Child Poverty Action Group shows that women who access the Scottish welfare fund because they are experiencing domestic abuse or have left an abusive partner face barriers in having that taken seriously, because the money is distributed by fund managers in quite a discretionary way. It is up to the local authority how to deliver that. I am not sure how many of the fund managers have access to gender-competent training and domestic abuse training.

Those are the two critical points to make, but the main ask is for social security to start to collect the data, to use the data and to do the impact assessments that would allow us to not make the same mistakes. The decision to pay the Scottish child payment as a top-up to universal credit was taken on the basis that it was the quickest and easiest way to facilitate it, but it means that the person must be in receipt of universal credit. We know that women who face domestic abuse have difficulty accessing their universal credit payment within the household and when they leave.

That is another way in which women are encountering a barrier that could have been avoided if a different mechanism had been picked. We welcome and support the Scottish child payment—it is a really great thing—but I do not think that the impact assessment was there to make the decision that that was the best route forward, certainly for women. There are mitigations that we might have been able to put in place if the evidence determined that it was more important to do it as quickly as possible through the top-up powers, rather than by creating a new benefit, for example, which would have been more time consuming and would have required legislation.

I think that that is probably as much as I can squeeze in.

**The Convener:** Thank you very much. That was very powerful testimony, which has given us a strong steer. I think that Marsha Scott wants to come in briefly before I bring in Jeremy Balfour.

**Dr Scott:** [*Inaudible.*—about what we are calling a leaving fund. The Scottish Government's working group on improving housing outcomes for women and children who face domestic abuse has made a recommendation to the Government that such a fund be set up to deliver short-term recurring payments to women who leave an abusive partner and to bridge the gap between leaving and receiving universal credit, as Eilidh Dickson said. The Government accepted that

recommendation, but as with a number of other recommendations that we were pleased were accepted, there does not seem to be any momentum or delivery at the moment.

**Jeremy Balfour (Lothian) (Con):** Good morning. Thank you all very much for giving of your time. I have a couple of questions, which are for any of you, and anybody else who wants to can follow up.

Something that I found shocking in the submissions was the figure that 90 per cent of women with learning disabilities have been subject to sexual abuse or some other form of abuse, which is a horrendous figure. What can we do to strengthen the rights of women who are disabled who have been abused? Are we in any way able to give them extra support or to identify them more quickly? How do we tackle that issue?

Perhaps we could start with Eilidh Dickson. If you do not have any information, maybe you could pass the question on to one of your colleagues.

**Eilidh Dickson:** It is a difficult question to answer, primarily because the data that we rely on in Scotland for the experiences of disabled women and learning disabled women in relation to domestic abuse is quite out of date. It is quite a small study. We are looking mostly at international studies.

The first thing that we need to do is to collect better data so that we can understand the problems. In 2018, we published a report entitled "Our Bodies, Our Rights", which focused on disabled women's access to sexual and reproductive rights. It looked specifically at gender-based violence as one of its themes.

The critical learning for us was that everything was connected. Women who talked to us about their experiences of reproductive healthcare reported infantilising or presumptuous treatment from medical professionals and their education settings, which assumed that they were not sexually active or not interested in a relationship, that they would never be looking to enter into a romantic relationship with a partner or that they were in some way hypersexualised and their sexuality needed to be managed externally. It would often be their carer rather than them who was spoken to about access to sexual healthcare and rights, and they were often not given the same, or appropriate, information in sex education classes. The recommendations that we produced in that report are a useful starting point and demonstrate the interconnected nature of all the different themes.

09:30

Specifically on violence against women, the data is important, as is support for—I am trying to remember the name—the working group that is convened by People First and the Scottish Commission for People with Learning Disabilities in partnership with the Scottish Government, which is looking at gender-based violence and learning disability abuse. As part of that work, an action plan is being created that will bring in a lot of key stakeholders, including the Convention of Scottish Local Authorities and the national health service, which will look at how we can improve women's experiences and access to different forms of support, for example by working with health settings, implementing routine inquiry, working with Women's Aid centres to develop their experience and competence in training and awareness of accessible communications, and delivering appropriate services for disabled women and girls. I can follow up in writing on that with a summary of our report, if that would be helpful.

**Jeremy Balfour:** That would be very helpful—thank you.

This next question is for Marsha Scott or Laura Tomson. It is on an issue that we could spend the next three hours discussing, so it would be good if you could limit your answers. As the convener said at the start, yesterday we had a very helpful meeting with the Lord Advocate on the issues around the criminal justice system. Obviously, there are massive issues there, some of which Marsha Scott has raised.

I realise that this is very simplistic, but if you could make one change to the system to make it more accessible and more accountable, what would it be? I know that that is a hard question to answer. I will start with Laura Tomson and Marsha Scott. If others have views, perhaps they could write to us.

**Laura Tomson:** I will leave that one to Marsha Scott.

**Dr Scott:** One change that is within our gift—obviously, there are wider issues around reserved and devolved powers—that would make an absolutely massive difference quickly would be to ensure that women and children who live with domestic abuse and other forms of violence against women and girls had access to free gender-competent legal services. Other than funding and stability, that is the issue that our local services have consistently raised with us for the past 10 years. That is the single biggest gap in women and children's experiences. Children are completely invisible when a rights-based approach is taken to access to legal services in Scotland or when the issue is looked at through such a lens.

That is the basket that I would put my eggs in. On reflection, I might change my mind, but I think that we could design and implement such a system relatively quickly, if there was the political will.

**Jeremy Balfour:** Thank you. If there are any other comments that people would like to make or any other thoughts that they have, I ask them to put them in writing to us, because I am conscious that the clock is ticking.

**The Convener:** Thank you for your answers so far. We have got through only a couple of questions and we are nearly 35 minutes into the session. I ask people to keep in mind that we have only 25 minutes left. After Foysoil Choudhury, who joins us remotely, has asked his question, I will bring in Emma Roddick.

**Foysoil Choudhury (Lothian) (Lab):** Good morning. I have a very short question. I have heard black and minority ethnic people say that they feel uncomfortable going to a dedicated BME organisation because they feel that the community is so small and that word can get out. Socially and culturally, they feel very uncomfortable. What is your view on that? Marsha Scott said that more investment is needed, but should work be done on language, too? How can that effect be mitigated? Should people be referred to wider services rather than to a BME organisation?

**The Convener:** I will bring in Marsha Scott, and then I will bring in Davy Thompson to give us his perspective from working with BME men.

**Dr Scott:** It is a great question. It is not a case of either/or. Our system tends to deliver inappropriate binaries, but we need to redesign and completely transform our system so that it is based on need rather than historical practice. Just like everybody else, BME women and girls who experience violence need a set of choices about where and how they access services. As you well know, they are not a homogenous group.

We have specialist BME domestic abuse services in Glasgow and Edinburgh, for example, but the majority of BME women and children in our services are served in our other services. That is not necessarily because women have chosen a non-BME service; for whatever reason, that was their choice. In rural communities, there are significant issues for all women, including BME women, about being identified when they walk into a particular service.

First, we need to establish what BME women and children need, by asking them. However, as I said, it is not a case of either/or. We will come to the funding question later, but we need to create a system that is based on need rather than on history or the convenience of how things have been funded in the past.

We need lots of things. We need interpretation and gender competence but, most important, we need a system that understands our responsibilities and obligations under international law to understand equalities. We need to carry out robust and effective equality impact assessments before designing a policy or service—before doing anything—and we need to review the impact of those things on anybody with a protected characteristic.

**Davy Thompson (White Ribbon Scotland):** I will try to be quite brief. We very much take the attitude that everybody who is part of our society in Scotland has a part to play in ending violence against women in that society. Whenever we start off with projects in local communities, we encourage the projects to be as diverse as possible in their approaches.

In relation to successes involving BME communities, we are working with a group in Maryhill—I have forgotten its name—that helps asylum seekers to integrate into society. We will be working with its men's group. In the past, such projects have had spin-offs, with men creating their own videos to reach out to other men in order to address violence against women. One of the benefits is that the videos are produced within those organisations and can be reproduced in different languages for groups that we cannot reach directly in the same way.

We are trying to expand on that work this year. An organisation can earn White Ribbon status for its projects by involving men in addressing violence against women. We will be doing that work again with the Maryhill Integration Network. The new body of men will be trained in the same way as anybody else would be, and the men will be encouraged to come up with their own ideas about how they can reach out. It is very much about including people and trying to get them to reach out to others when they can do that better than we can.

**The Convener:** Our last question on this theme is from my colleague Emma Roddick, who is in the room. We will then move to theme 2 and questions from Marie McNair, who is participating remotely.

**Emma Roddick (Highlands and Islands) (SNP):** I was initially going to direct my question to Eilidh Dickson, but she has covered the issue already, so I will direct it to Marsha Scott and see whether Eilidh Dickson wants to come in afterwards.

I note from the statistics in our papers that, during the time period stated, disabled women were almost twice as likely to have experienced sexual assault compared with non-disabled women, and that, globally, 90 per cent of women with learning disabilities have been subjected to

sexual abuse. In previous evidence sessions, the committee has heard how much more likely it is that refugees and asylum seekers, particularly those with no recourse to public funds, will experience sexual assault and violence.

What is lacking in the support or the policy that is aimed at preventing or reducing the high levels of sexual assault experienced by women with intersecting characteristics?

**Dr Scott:** To be honest, I think that there is a huge gap in understanding of what intersectionality really means on the part of large swathes of Scottish Government officials and officials in local authorities and other parts of the public sector. We have a welcome discussion about intersectionality, but we do not have the understanding that will lead to a change in the experiences of, for example, black disabled women and BME disabled children. It is about understanding how those intersecting identities not only affect the experience of victims but enable abusers.

I am really sorry that I sound like a broken record, but it is critical that the Scottish Government and local authorities take mainstreaming seriously. At the moment, as I said, people seem to think that it is just for Christmas. Who is around the table? Have we made sure to include women with disabilities and BME women who understand the operations of gender and can help to improve the system? When those people are invisible in things such as the national economic policy, it is clear that the answer to that question is that we have not.

Sadly, there is no quick fix. At the moment, we treat disabled women as though they are a homogenous population. Instead, we should sit down and work through how our systems could work better so that they respond to the needs of all women in all of their identities. For me, we should start by ensuring that there is an accountability system for equality impact assessments. I know that this is probably a matter for a completely different meeting, but reform of the public sector equality duty is critical and has to be robust. Otherwise, disabled women and BME women will continue to be an add-on rather than at the heart of how we redesign our services.

**The Convener:** We have heard loud and clear the message about mainstreaming.

**Eilidh Dickson:** When we did our work on “Our Bodies, Our Rights”, we found that disabled people's needs were completely invisible in all relevant policy frameworks. There was a lack of research. Critically, in the equally safe strategy, for example, there were token references or a kind of awareness of the needs of minority and marginalised groups, but that awareness has not

necessarily fed into the implementation and the practice by the Scottish Government and other public bodies.

First, mainstreaming is needed, not just in the obvious settings but across the board, so that we do not treat disabled women as a homogenous group. We should not be saying that we need to pay attention to that group's needs without actually understanding what the needs are, and we will not understand those needs if we do not have the data or the implementation and follow-up analysis to make the changes that are needed.

As I said, I am very happy to send a copy of the report and the recommendations to the committee for interest.

09:45

**The Convener:** I call Marie McNair, who joins us remotely, to ask questions on theme 2, which we have already touched on quite a bit. I will then bring in my colleague, Stephanie Callaghan, who is in the committee room, and Jeremy Balfour.

**Marie McNair (Clydebank and Milngavie) (SNP):** Good morning, panel, and thank you for your very helpful contributions so far.

My question is for Laura Tomson of Zero Tolerance Scotland. In relation to prevention, your written submission highlights the need to foster positive personal identities and challenge gender stereotypes and roles, which makes complete sense. Can you highlight any good examples of that approach and any evidence to support its effectiveness?

**Laura Tomson:** Although there is evidence of the effectiveness of prevention programmes that look at attitudes, it is limited, first, because prevention does not usually receive long-term funding, and changing hundreds of years' worth of sexist attitudes does not happen in one or even three years. We at Zero Tolerance Scotland have found it very difficult to evaluate effectively what we are doing. We know that what we are doing can change attitudes. Indeed, having done training with youth workers, the media and early years professionals, we have seen attitudes change. However, although that sort of thing is reasonably easy to measure, it is not that easy to measure what happens next, and there is no good evidence that shows that attitudinal change always leads to the behavioural change that we want to see. As we have said in our submission, with longer-term funding, we can carry out really effective evaluation in which we track people's attitudinal change in behaviour over time rather than over, say, one training session.

Promising evidence has emerged from a variety of programmes. You are probably aware of the

Scottish Government's own report on what works from a couple of years ago, which showed that, for example, programmes in schools have shown promise or can be moderately effective. There is very little longitudinal data, though, and that report recommends that more of that data be gathered on primary prevention. We would love to see that happen but, as I have said, that sort of work is very difficult to do in a short funding cycle. As an example, we work with the media in Scotland to try to change some of the harmful reporting on violence against women that blames women for the violence that happens to them. Going from that sort of change to changing the general population's attitude is very difficult. It is really interesting and useful but, at the moment, given the short-term nature of funding, that longitudinal work will not happen.

My second point is that a lot of reasonably well-evaluated work is based in schools, where it is centred around young people. Although that is good and although we need to work in schools and with young people, it becomes a cycle in which, because we have only that evidence, more and more work is done with those children and young people. They are a captured population, so it is easier to evaluate work with them in schools. That work is essential, but we need to broaden it out and put the investment into evaluating other forms of work. After all, we cannot put all the responsibility on children and young people to change attitudes to violence against women in Scotland, and it is really important to look at other areas of society where attitudes are perpetuated.

At the moment, Zero Tolerance Scotland is focusing on attitudes, but I would also highlight all the work on structural change that is happening and emphasise that lots of important work is being done to move us towards equality and to put power into the hands of women. Again, however, it is very difficult to evaluate the impact of that work on violence against women.

I am sorry if that does not answer your question directly, but my strong feeling is that we just need more investment in evaluating what we are doing so that we know what to do in the future.

**The Convener:** I see that Marsha Scott would like to comment briefly.

**Dr Scott:** I just want to support what Laura Tomson said. The work in schools is absolutely needed, but if we think that that is primary prevention, we are not listening to our policy and our causal story. If, as is said, violence against women and girls in Scotland is a cause and consequence of women's inequality, primary prevention will involve reducing the pay gap, ensuring that children's poverty is eliminated by eliminating single mothers' poverty and ensuring that half of the people in every elected assembly

are women. Those are the nettles that we need to grasp. We can talk to 16-year-olds until the cows come home about how they should not be abusive and the stereotypical attitudes that they hold, but until they walk out of that classroom into a community where women are perceived and treated by the system as equals, they will continue to hold those attitudes that reflect their own lives.

The Scottish social attitudes survey has a violence against women module that has demonstrated that those who hold really traditional gender stereotypical attitudes have a higher tolerance for violence against women and girls. We have to intervene in those attitudes, but if, as Laura Tomson has said, we want behaviour change, we need to realise that the evidence base for turning attitude change into behaviour change is dodgy at best. What we really need to do is to change Scotland so that those attitudes cannot flourish.

**Laura Tomson:** I agree with Marsha Scott that gender equality work is essential, but I would also point out that, at the same time, countries that score highly on gender equality indices still have high levels of violence against women. From my perspective—and I do not think I am disagreeing with Marsha Scott here—you have to do that structural work. Those young people have to be able to walk out into the world and get treated equally. That said, attitudes do not always catch up quickly. What you often find is that, when something gets changed quickly and women are handed power, there is often a backlash from men who feel that their privileges are being taken away.

I view these things as complementary. We have to do the attitudinal work. We certainly cannot rely on it to change things on its own, but it has to go alongside structural work.

**The Convener:** Do you want to come back in, Marie, or have all your questions been answered?

**Marie McNair:** I had a question for Davy Thompson about schemes with men, but he seems to have covered that already. In the interests of time, convener, I will leave it there.

**The Convener:** I call Stephanie Callaghan, who has a couple of questions on prevention.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I want to ask about early years provision. Laura Tomson has said that quite a bit of information is being collected on young people, because they are a captive audience, and I am quite interested in hearing about what we are doing with the youngest children in nursery and early years education. There is, for example, the National Society for the Prevention of Cruelty to Children's pants rule, which is all about privacy, consent and speaking up at a really young age

and making it clear that both girls and boys are core to prevention in that respect.

What kind of work is going on around early years with regard to helping children speak up and challenge language through, for example, role play and practice? Are we, for example, treating gender-based violence as being unacceptable in the same way that racism is, but going back a few steps to address the language that underlies it in the early years?

I am not quite sure exactly who to direct that question to—I am happy for anyone to come in on it.

**The Convener:** Eilidh, could you or Laura Tomson answer that?

**Eilidh Dickson:** I think that Laura Tomson would be better placed to speak about that. We do not work with children and young people.

**Laura Tomson:** We have been working with nurseries and other childcare settings for a few years now, but our focus is not on the children themselves but on their settings and the professionals who work with them. Although we agree that working directly with children and young people is important, we know that what really influences their values is the context in which they are raised. As a result, we have been working with nurseries and professionals working with children on how they can make the nursery and childcare environment more gender equal. For us, that work has been about ensuring that stereotypes—for example, that boys are outside being rough and girls are inside doing crafts—are not perpetuated but disrupted and challenged.

Childcare workers have been very receptive to and quite excited by that work. One very small piece of work that we did in nurseries focused on separating the books with equal numbers of male and female characters from those with no female characters at all. The workers found that quite shocking and, I think, quite enlightening, because these are the kinds of stereotypes that surround us but which people do not always notice. They are just part of the background and just the way things are. It is just one detail, but I do not think that most people realise just how few female characters are portrayed in children's stories.

We have been doing that work for a while, and we have produced resources and done some bits of training and policy work around it. However, we need to see all that embedded, not just in the early years but in secondary environments and youth work. We are a very small organisation, and, like a lot of other organisations that are trying to deliver this work, we really need the Scottish Government to commit to embedding this and ensuring that anyone who works with children and young people has an understanding of gender inequality, how to

promote equality and how to challenge violence before they even start working with children and young people.

However, it is an uphill battle. It is something that we are working on at the moment and I do not think that it will be easy. On the face of it, it should not be that challenging, particularly when we have all this evidence of the violence that is happening to girls in schools, but the fact is that we allow teachers to start working with young people without their having any basis to challenge that sort of thing or any real understanding of gender equality. That is something we would like to work towards, but as I have said, we do not think that it will be easy and, indeed, think that it will be an uphill battle.

I realise that I am going a little bit off the topic of children and young people. I should also say that we are supporting a gender-friendly nurseries scheme to carry out some research into its work with nurseries, and we should have more of that evaluation data soon.

**The Convener:** Thank you very much for that. I can see that Davy Thompson wants to come in, too.

**Davy Thompson:** I agree with everything Laura Tomson has said. Obviously, our main aim in White Ribbon Scotland is to reach out to men, but part of that is to make them aware of not only the need to involve the early years in avoiding stereotyping but the fact that this sort of thing goes throughout school. The idea is to make them more aware of the role that they can play in encouraging children in some of the ideas that they have been given through early years education and particularly school education and not to discourage them. If they can open up their thinking just enough to understand that such an approach can have benefits, it will open up the door for them to make a difference.

I therefore think it important for work to be done with the early years and in schools. We have been very supportive of gender-friendly nurseries, but it is also important that parents, too, learn about these things, their effects and why they should be encouraging them.

**Stephanie Callaghan:** That is really helpful, and it leads me to my next question, which is also for you. Do you do any explicit work around neurodiversity? There has been a huge increase in autism. In schools, 30 per cent of children have additional support needs—obviously, that is a wider section. Often, with autism, you find that the subtleties of sex and relationship education do not get through, so you need to be extremely explicit and direct, which can be an issue for boys with autism in terms of their understanding. Has anything specific been done to tackle that? Has

anything been done to determine whether the current approach is effective, and whether there is a bit of a gap there that we should be looking at?

10:00

**Davy Thompson:** It is quite possible that could be seen as a gap. We are a small organisation and we have not concentrated on that particular aspect, but what we try to do is be open to all types of communities coming in to discuss projects that we could support. Hopefully, that opens up the door for everybody to get the general idea of avoiding gender stereotyping and the idea of equality and what men and boys can be doing to make a difference. That can then be applied by the people who have the specialisms to address them.

**The Convener:** Laura Tomson would like to come in on that point.

**Laura Tomson:** Very briefly, I do not know of any work that is being done specifically with non-neurotypical people. I want to point out that, as others have already said, there are lots of groups of people who are impacted by violence against women that there has not been any specific work with or we have very limited information about. One of our strategic objectives at the moment is to focus on what we are calling neglected and emerging forms of violence against women, by which we mean new expressions of violence but also violence against those groups of women who have not necessarily been well served by prevention work, because we are focusing on prevention. We will be doing some work this year with disabled women and, likely, with trans women, but I agree that there are lots of other groups of women and men who could probably benefit from specific work.

**The Convener:** We will move on to our final theme, which we have heard a lot already this morning: front-line services and funding. We can run over time a little bit, and Miles Briggs will kick off our questions.

**Miles Briggs (Lothian) (Con):** In the interests of time, I will try to merge my questions into one. I know that we have seen some progress, such as the incorporation of the Domestic Abuse (Protection) (Scotland) Act 2021 into the updated Scottish social housing charter. Some of the submissions to the committee specifically pointed towards the need for funding around different prevention models. From your experience—and perhaps from your knowledge of what is happening globally—what different models do you think that Scotland should be looking at and the committee should be aware of? I will start with Dr Marsha Scott, and if anyone else wants to come in, they can put an R in the chat box.

**Dr Scott:** Do you mean different models for funding?

**Miles Briggs:** Funding and beyond that. For example, one of the things that I have specifically been looking at is the family court model in Australia. I know that is more within the criminal justice side of what we might look at, but I just wondered what we should be looking at on this topic in terms of experiences and learning from around the world.

**Dr Scott:** It is quite tough to be brief about this but I will do my best. I have been doing quite a lot of work in Australia because they are very interested in our gold-standard legislation and criminalisation of coercive control. I do not have time to talk too much about this—or you do not have time for me to do so—but they are seeing the same issues in their family courts and are discussing whether adversarial models of justice are delivering justice. Those are really big questions also for us in Scotland.

The family law issues would take up a whole session, so I will be happy to write to you about them.

On funding, since the task for reviewing funding for front-line services in Scotland was put in the equally safe delivery plan—which, as I explained, was four or five years ago now—we have been taking a look at the global picture. We know how dysfunctional our current system is. We can spend a lot of time documenting the problem but we are actually pretty clear about what the problem is. What is the solution? I will say that there are lots of different ways of funding services across the world. However, none of them is something that we can point to and say, “This would work for us” or “This will deliver system change”.

We are arguing for Scotland to develop a needs-led, human-rights based approach to funding services—again, the first in the world, I think, from what we can see—that is about defining need and defining a minimum level of service for our front-line services that is framed in a human rights approach, and then funding that in whatever way makes sense, whether it is through primary legislation or whatever.

At the moment, our system is a conglomeration of historical accident and funding, as if someone has said, “We will spend £100 million on violence against women. How do you think we should spend it?” We do not think that that is the right question. The question is: what is the need for spending on violence against women and girls, how do we identify that and how do we deliver it? That is a longer-term project than can happen in the next few months, but if that is not the direction of travel, we will continue to patch a dysfunctional, harmful system for decades.

**Miles Briggs:** I totally realise that I have just put on the table a huge topic, so I would appreciate it if you could write to the committee with any further information.

**The Convener:** That would be fantastic. If anybody from the panel wants to write on any of the issues raised this morning, that would be helpful.

Pam Duncan-Glancy, do you want to come in with questions on this theme?

**Pam Duncan-Glancy:** Yes. I will be brief as I know that we are quite short of time.

Glasgow Women’s Aid spoke to me about problems about the ability of people with no recourse to public funds to access support. Dr Scott, what could we do to address that? Specifically, do you think that women’s aid organisations would be able to use the “it satisfies immediate need for protection of wellbeing” case, which is being used in relation to the Scottish welfare fund during the pandemic, to get funding for a refuge place for someone does not have access to housing benefit that would otherwise be used to pay for it?

**Dr Scott:** The difficulty is, where is the risk in the system? I mentioned before that, in the public health emergency, we saw local authorities housing women and children who they were not able to house before, or women being housed by Women’s Aid but being paid for from other sources—that said, our refuge accommodation was full in the blink of an eye.

We in the cross-party group on violence against women and girls have been talking about the issue of no recourse to public funds for a decade and have been seeking a workaround to address the fact that the UK Government has put in what we consider essentially a racist policy. There are difficulties with having a workaround—we have a workaround for the bedroom tax, if you recall, and that is where the welfare fund came from. Can we not find a workaround for this? What we essentially will be saying is that there are some ways of unpicking parts of the problem. For example, if we had a leaving fund, could we make sure that that was set up in a way that made it accessible to women with no recourse to universal credit? Are there other mechanisms?

I will be honest with you and say that I do not see an easy answer on this. Part of that is because I know from a previous minister that the Home Office is poised to challenge in court any possible violation of the Scotland Act in relation to the issue of no recourse to public funds, and I also know that existing programmes that are coming out of the UK Government on the issue of no recourse to public funds are small and time-limited

and are not human rights-based. Sorry, that was a long answer.

**The Convener:** Thanks, Marsha. When my Women's Aid group in North Ayrshire had an issue with two women with no recourse to public funds, we decided to take them into refuge, but we had no income for nearly a year in that situation. That is not a sustainable situation for Women's Aid groups across the country.

**Dr Scott:** Women's Aid groups across the country do that when they can, but increasingly they cannot.

**The Convener:** No, absolutely not.

Emma Roddick has a final question for this panel. We have run over time, but I think that it was important that we did so, and that we heard that last bit of information as well.

**Emma Roddick:** This question is for Marsha Scott. I am interested in the approach of front-line services to advising survivors on access to justice. My personal experience is that, often, organisations have to give the advice that people need to be careful about coming forward because of how common further traumatic experience is. The alternative seems to be feeling as though you are using survivors as battering rams against barriers in justice. Where does the balance need to be in terms of funding one-to-one support services and funding projects that are aimed at prevention or evidence gathering for policy changes? What needs to change in order for specialist services to feel more confident when their service users want to take the legal route?

**Dr Scott:** Do you mean the legal route in terms of disclosure in criminal justice or civil justice, or the legal route in terms of influencing policy by sharing their stories?

**Emma Roddick:** I mean in terms of initially coming forward and reporting.

**Dr Scott:** The difficulty is that the system blames women for not disclosing, and they know that. It is slowly getting better but not fast enough and not in enough places. What women experience often when they disclose, and women with dependent children are even more at risk, is that the system says, "Why did you not just leave?" They do not see all of the constraints around women because they do not understand how gender operates in our families and our communities, which means that "just leaving" is complicated by issues such as the fact that the woman might be destitute if she leaves. She and her children will certainly be in increased danger of being abused and murdered. She might have to make herself and her children homeless. There are a million reasons not to report. Our system is now much better at responding, but it still blames

her. If she has children, it also blames her for not protecting her children from the abuser and for not controlling his behaviour in some way.

How do we manage that situation? In terms of legal services, as I said before, we need women to be able to access legal advice and services when they need them and where they need them. We are testing a model for that whereby we are hosting two solicitors in Edinburgh Women's Aid to create a bit of a one-stop-shop. The women are being supported with one-to-one support and, at the same time, being offered legal advice and services. We think of that as an early intervention. It reduces harm; it reduces court burden; it produces lawyers who are competent on domestic abuse; it supports children in ways that we have never done so before; and it will save money. However, we need the vested interests in our legal system to not be the loudest voices in the room when we talk about a different model.

**The Convener:** I see that Foysoyl Choudhury has put his question in the chat. If anybody can have a look at that and answer him that would be fantastic.

One thing that we did ask about specifically but which was mentioned several times is the equally safe strategy. I would be interested in people submitting some answers to the question about what we have achieved in the last five years with that strategy. Where have we not hit the mark and what needs to change with this refresh that we are going through? We have heard a lot of things about the strategy today, but it would be helpful if you could write to us specifically on that question.

Marsha Scott, were you putting your hand up to speak or were you just saying you will do that?

**Dr Scott:** Both. I am happy to speak to it but I am also happy just to write, because I know that we are out of time.

As to the question in the chat, I know that the coming panel will have Mariam Ahmed, who is on our board, from Amina Muslim Women's Resource Centre, and a staff member from Shakti Women's Aid, who can talk about the intersect of trauma and language and other BME-related services.

**The Convener:** That is fantastic. We will make sure that we pick that question up with the next panel.

Thank you all for your time and for your evidence this morning. We will suspend briefly for five minutes to give everybody a comfort break and to swap over panels.

10:14

*Meeting suspended.*



10:20

*On resuming—*

**The Convener:** We continue to take evidence on domestic abuse and violence against women and girls. The format of this session will be the same as that for the previous panel. I ask members to direct their questions to a specific witness. If witnesses are going to come in on a point, they should add new information. Please remember that we can take additional evidence from you in writing afterwards if you feel that there is something that needs to be covered.

I welcome our new panel. I know that we are having some technical difficulties with Alison Davis, who is chief executive officer of Saheliya—I hope that I said that right. We will keep an eye on that and see whether she is able to join us. Carolyn Fox McKay is head of operations at Girlguiding Scotland; Mariam Ahmed is chief executive officer at Amina Muslim Women's Resource Centre; and Tumay Forster is outreach service team leader at Shakti Women's Aid.

I hope that you all had a chance to listen to the previous evidence session and that you have an idea of the issues that we have already been highlighting. Obviously, we are keen to hear your perspectives on them.

This morning, we are looking at three themes: the background and context of the whole situation around violence against women and girls; prevention; and front-line services and funding. I will bring in my colleague Pam Duncan-Glancy to start on the first theme.

**Pam Duncan-Glancy:** Good morning to the panel, and thank you for the submissions that you sent us in advance of the meeting, which have been really helpful. I put on record again my support and thanks for the work that your organisations have done not just in this year, which has been particularly difficult, but in all the years that you have been working with the people whom you work with.

My first question is about the context of the pandemic. Zero Tolerance said in the submission that it sent to us that the

“failure to address equality and human rights in the terms of reference for the Covid Inquiry indicates that we have some way to go in the mainstreaming of equality and human rights.”

Will you talk a bit about whether enough information is available on the effects of the pandemic on domestic abuse and violence against women and, in particular, against black and minority ethnic women and disabled women? Are you seeing some of the fears that have been expressed about the effect that lockdown could have on violence against women and girls being

realised? What can we do to encourage the Covid inquiry to look at that as well?

If possible, could Mariam Ahmed and Tumay Forster answer those questions, please?

**Mariam Ahmed (Amina Muslim Women's Resource Centre):** Unfortunately, we do not have even a national picture in Scotland of the experiences of BME, marginalised and minoritised women when it comes to domestic abuse, so we are starting off in a situation that is not ideal. We have absolutely no analysis, including national analysis, by the Scottish Government of what the experiences of BME and minoritised women of domestic abuse, gender-based violence, forced marriage, honour-based abuse and female genital mutilation are. We do not have a lived experience picture, so we have been looking to try to do a national survey.

During the pandemic, Amina has seen a threefold increase in calls about women in crisis—I am sure that the same applies to Shakti Women's Aid. To support that, we all have our data, but we are all working in silos. Other BME specialist organisations have their data and we have our data, but there is no national picture. There was no national picture of the experiences of BME women before Covid, and there is no national picture after Covid.

Research on that is really needed, and I have wanted to do it for a while. We need that research in Scotland to say, “These are the experiences of BME women when it comes to domestic abuse and gender-based violence, and this is how many women have experienced that.” Unfortunately, in writing funding applications, we usually rely on English data and statistics, because England is doing better than we are in gathering data for national pictures.

I hope that that answers your question.

**Pam Duncan-Glancy:** It does. That is really helpful. Thank you.

**Tumay Forster (Shakti Women's Aid):** Unfortunately, I will mirror the same concerns. What we witness in Shakti Women's Aid is that national statistics from Scotland about BME service users and BME-specific abuse are pretty much non-existent. We often find ourselves having to report our own data to statutory organisations. They will often come and ask us but, as members will appreciate, we are a small organisation. We try to do as much as we can, but the statistics that we have are quite limited. They will be the tip of the iceberg.

The statistics in general are very limited, and the statistics relating to Covid are pretty much non-existent for us. We have some statistics from the Covid period on domestic abuse, honour-based

abuse and forced marriage cases that show whether the numbers have reduced or increased. We try to share that data with statutory organisations so that people can predict and understand what might happen in respect of forced marriages, for example.

Forced marriage cases have gone down during the Covid pandemic. That is not because that problem has been resolved; rather, it is because international flights have been cancelled and foreign travel has not been possible, as members know. We have therefore seen a decrease of around 44 per cent in forced marriages within that period. When we say that, a lot of people reply, "If that number has gone down, that is quite encouraging." We say, "Actually, no, because the statistics will tell you that, as soon as those flights are enabled, you can expect a good increase of at least 44 per cent, if not more."

If such statistics are missing from what we know, we lose a very valuable opportunity to prevent those things from happening. If we do not have that very valuable data at hand, we cannot even start to talk about prevention. We cannot prevent something if we have no idea what it is. Obviously, statistics are very valuable for us and, as I have said, we find ourselves having to use a lot of English data, unfortunately. That is because there is nothing in Scotland.

I will quickly touch on the impact of Covid on services during the restrictions and the lockdown. We have witnessed that BME service users have been quite shy about approaching statutory organisations—members will be aware of that. Maybe that is the result of previous experiences. They have quite often found their concerns being minimised and not believed. It takes a lot of courage for BME women to come forward and seek help from statutory organisations. Unfortunately, during the Covid pandemic, some services were simply not there or were quite restricted. Women plucked up their courage, tried to access services and could not do so. Unfortunately, confidence in the statutory services has therefore gone during the Covid pandemic, and we need to build up that confidence ourselves.

Obviously, we try to reflect that observation in all our training sessions and all our meetings with statutory groups. We need to build confidence again among BME users towards the statutory services and make them understand that the services are there to help them. However, all the progress that was made during lockdown has, unfortunately, gone back quite a few steps. We all need to work together on that as a partnership to build the confidence of BME service users towards the statutory organisations.

Third party groups are still working really hard. Mental health and counselling services are a good example in that regard. Mental health and counselling services were non-existent for domestic abuse survivors and BME service users and, as a third party organisation, we found ourselves trying to bridge that gap. Obviously, we are not qualified to do such work, as we provide domestic abuse practical support, so we rely on NHS mental health assessments, support services and counselling. However, during the lockdown and the restrictions, that work was, unfortunately, severely impacted.

**The Convener:** Next, I will bring in Jeremy Balfour, who is in the room. Foysol Choudhury, who is remote, will be after him.

10:30

**Jeremy Balfour:** Good morning to the panel, and thank you for coming to the meeting. I would like to ask a question about the criminal justice system and your experiences with the ladies or women whom you have dealt with, and maybe then ask a quick follow-up question. What needs to change to make the criminal justice system more accessible and accountable? What would make a difference to you?

**Mariam Ahmed:** The criminal justice system in general is inaccessible for women. Pre-Covid, a lot of women sat in court all day. Obviously, people are not allowed to bring their children to court, and childcare was not built in. In general, women who experienced or went through the criminal justice system felt increasingly frustrated by the delays in the court system and court hearings. There is also the issue of childcare for single parents. None of that is built into the court system. If you have sat in Glasgow sheriff court for the whole day, you will know that that is absolutely demoralising. At the end of the day, a person who has tried to arrange childcare that day may be told that their case will be delayed.

As Marsha Scott has previously said, there are currently quite a lot of backlogs in cases. That does not help women at all to have confidence in the criminal justice system. A lot of women have felt that reporting their case was simply not worth it because of the way that women are treated through the criminal justice system. We need to have better responses in that respect.

To consider women and BME women specifically, there is a lot of underreporting within our communities. We find that a lot of women come to specialist services. They might leave the perpetrator, but the reporting of the domestic abuse to the police is still quite low. That was pre-pandemic; the situation has probably got worse after the pandemic. Women who report have long

delays in the court system, and that makes a lot of women think that the whole process is not worth it. However, we want women to know that they can have confidence in the criminal justice system.

In our criminal justice system, intimate partners are recognised within the definition of domestic abuse, but we still do not recognise extended family abuse in that definition. If we consider BME women, we see that 50 per cent of BME victims who have experienced abuse are more likely to experience abuse from multiple perpetrators. We are not looking at women, mothers-in-law or fathers-in-law, whether they have all been part of the abuse, and criminalising them, too, in our criminal justice system. That is simply due to our definition of domestic abuse. There is an issue there.

On the statistics in general and whether the pandemic has impacted on BME women, we know that around 156 cases of honour-based abuse were recorded in 2019 and that only 118 were recorded in 2021. That is a significant drop. I would say that, pre-pandemic, we were underestimating the figures.

There is still a lot to be done. There is a lot to be done for women in general in criminal justice but, for BME women in particular, there needs to be focused attention on the criminal justice system having a better response to women and on how we can have confidence that BME women are reporting cases and having a better experience.

**Jeremy Balfour:** This is a hard question, so it may not be an either/or and may be both. For the women who you are dealing with going through the judicial system, is it the conviction that is the most important thing or is it the sentence that the person gets afterwards, or are both equally as important? When you are dealing with people, are they saying, "If he is found guilty, I hope he will get X," or, "I just want that person to be found guilty" or are they saying both?

**Mariam Ahmed:** Being found guilty is an absolute validation for women; it is somebody recognising what their experiences are. In Amina, we have supported a lot of women through the criminal justice system; sometimes it has taken about two years for them to see justice and then the perpetrator has only been given 30 hours of community service in a charity shop. That can at times feel quite demoralising, as they can think, "I have just gone through the system for two years, all for him to be now working in a charity shop for 30 hours." Therefore the sentencing is a consideration, but it goes hand in hand with the conviction, and it is down to each individual case. For some women, in cases where men are put in jail, which is quite rare, safety is an aspect—"Okay, we know that he is behind bars, so I can feel a bit safer and can rebuild my life"—but I think

that both the conviction and the sentencing go hand in hand.

**The Convener:** Foysoyl Choudhury joins us remotely.

**Foysoyl Choudhury:** Amina has touched on this and I will be directing this question to Amina. I have heard examples of people in BME communities being reluctant to visit specialist services for that community due to the community being so close that it will inevitably get out one way or another and there may be repercussions for them socially. How can that effect be mitigated? Is there an argument for wider services being more prepared to deal with cases for BME communities? Mariam, you have touched on that already. You said that it could come back on victims, and you might want to touch on that as well and say how what is done about that could be stronger.

**Mariam Ahmed:** I will touch on a lot of the casework that I know about. I used to be a domestic abuse caseworker, so I was right in there, and I know that many women would say, "I do not want to go to Mariam. Who is Mariam? Do I know her family?"—there was a reluctance there. I believe in always giving women the choice. The fact that we are a BME specialist service does not mean that that is where they go.

However, that said, a lot of women who come to BME specialist services feel that we recognise their needs a lot more. We understand the barriers that they are facing and they do not have to explain as much about what they are going through because we get it. When it comes to honour-based abuse, forced marriage and no recourse to public funds, I would argue that we are a bit better set up to deal with those things. A woman who has multiple barriers is a typical case for us, but another organisation may have had only one or two cases like that. For us it could be nearly all our case load.

It always comes down to two things: funding, and BME services assuring women that we have the same high standards of confidentiality. You are absolutely right that, within our community, women should be worried. We all know each other and it can be quite off-putting. That is why at Amina we have a separate number and a separate room and we make sure that women do not need to come to our main office. We give women that space that they can feel comfortable in without feeling judged. Confidentiality is also a big thing in our community. If we know that somebody is saying, "Who's Mariam? Do I know her family?", it is about giving them confidence that confidentiality is key. I would still emphasise that BME specialist services are needed to help support women and be the voice for BME women in their experiences.

**Tumay Forster:** I understand the worries about the whole concept of people or service users from smaller communities feeling uncomfortable because the support worker is from the same community. However, as we just said, the concept of informed choice comes into play here. You give the service user a choice between a BME-specific service or mainstream, general women's aid, for example.

If we are touching on this subject, we can also question the use of interpreters which, for me, falls into the same category. Why do we insist on organisations using official, independent, unbiased interpreters? It is the same for me and for everyone who works in a BME organisation: we work in an independent, official, unbiased capacity. The first moment they step into the organisation, service users are assured that the whole organisation is independent and that whatever they discuss is going to remain in that confidential, safe space.

I see that on a par with using an official, independent interpreter because—let us face it—if a woman cannot speak English, or her English is not that great, and she goes to, for example, Edinburgh Women's Aid, where her language is not going to be spoken, an interpreter will be called to make that communication happen. At that point, the same concerns are there for the woman again, "Is the interpreter from the same community as I am?" The concern is a general concern for such women. They find it difficult because trust—let us face it—is the issue for any domestic abuse victim. They find it difficult to trust anyone, anyway, so whether they trust a support worker from a BME organisation or whether they trust a BME interpreter, who is official and independent, again comes down to their choice.

**Foysoyl Choudhury:** My next question will also be for Mariam Ahmed and Tumay Forster. Is there sufficient funding in the system to allow for language-trained staff who are also trained in dealing with trauma? If not, what would it take for the situation to be improved?

**Mariam Ahmed:** There is just not enough funding. Staff being trauma informed is very important but, to be honest—and this is something that I have always said—when you are supporting women who are facing multiple barriers and disadvantages, it takes a lot longer to support them. Take for example somebody with no recourse to public funds who is also experiencing honour-based abuse and domestic abuse, and who does not have any language skills. There is a lot going on in that case—think about how resource intensive it will be to deal with that one woman. Organisations such as Amina and Shakti Women's Aid are supporting other organisations, but we are probably getting the same funding as

them, if not less. We are dealing with women who have more barriers to support and multiple disadvantages but we are getting less funding.

When it comes to having more staff, although Amina receives funding from the equally safe fund, in our direct casework, we have to find funding elsewhere to get caseworkers to cover the volume of domestic abuse calls that come through on our helpline. We have to pay for hotels and so on from our hardship fund.

We want our staff to be trauma informed, but we just do not have enough staff. It almost feels as if we are putting out fires. That is what we are doing. We are firefighting all the time, rather than doing prevention work. We are doing such work but, at the moment, the level of crisis is so high that we are not getting round to solving that issue.

**The Convener:** You have just given us a segue into our next theme, which is prevention. Emma, did you also want to comment on that last theme?

**Emma Roddick:** I will do them one after the other.

**The Convener:** On you go.

10:45

**Emma Roddick:** I will direct this first question to Mariam Ahmed. We heard a lot from the previous panel about intersectionality in relation to BAME women and disabled women being more at risk, and we know that parents and transgender males are more likely to experience sexual assault. How important is intersectionality as a consideration in addressing misogyny and sexual crimes? How closely linked are misogyny and other prejudices?

**Mariam Ahmed:** When it comes to misogyny within BME communities, I have always said that we are impacted completely differently. Even from when we are born, a lot of BME women in our communities will hear, "Oh, you have just had another girl? May God give you a boy next". We are already dealing with that level of misogyny in our community. We have very rigid gender roles and a real patriarchal society. I do not think that our experience of misogyny, including forced marriage and honour-based abuse, has been unpicked in Scotland. Boys are raised to do whatever they want, but women are seen as pure and as bearing the honour of the family. There are barriers to being women and we are limited to our peers at times.

I was born in Scotland and I have a family that empowers me. However, I know so many women, even my cousins and friends in my community, who still find those attitudes coming from people in the older generations, who say, "Oh, but if you work full time, can you support your children?" Misogyny is everywhere in our community, but it

has not been unpicked; it has not been researched.

This is going back to what I have been saying about data in general. There is just no data on our lived experiences of domestic abuse, misogyny and gender-based abuse. In answer to that, what we need is for women to speak up and say what their experiences are of misogyny, forced marriage and just being women. I hope that that answers your question just a little.

**Emma Roddick:** Yes, thank you so much, Mariam. That was great.

I will move on to prevention now, and this question is aimed at Carolyn Fox MacKay. I notice in the Girlguiding Scotland written response that

“37 per cent of girls aged 13-25 said that they knew another girl their age who had experienced rape or sexual assault.”

To me, that is already unacceptably high, but it still seems low given how large we know the issue to be. Whether knowingly or not, everyone probably knows someone who has experienced rape or sexual assault. Do you feel that lack of awareness of what constitutes sexual assault or what constitutes consent, as well as unwillingness to call rape and sexual assault what they, is suppressing that figure and playing a part in making the number seem smaller, particularly for those of a young age who are pressured to engage in sexual relationships? How important for prevention work is it to overcome that suppression?

**Carolyn Fox McKay (Girlguiding Scotland):** I agree with you. The figure seems artificially low. Girls are taught from a very young age that their concerns are not valid. We see and hear from our women that, when they raise concerns, they are very much minimised within their families, which invalidates their feeling of having experienced sexual harassment or knowing someone who has. We have to get to the bottom of those issues, a lot of which were touched on earlier by Zero Tolerance around teacher training, so that experiences of sexual harassment are validated and taken seriously at school. That flows into how we teach consent, the importance that we place on such teaching and at what age it starts. We have improved our teaching about consent in Scotland, but we still have a long way to go, so that we are talking not just about explicit sexual experiences but about consent from the start of a relationship.

We have also seen from our research that girls do not have a strong understanding of what constitutes a healthy relationship. One in 10 girls believe that it is acceptable for their partner to dictate who they can and cannot see. We are at that level of misunderstanding and, until we put some effort into changing that, it will play a part in

to whether we will see a change in the rates of domestic abuse in Scotland.

**The Convener:** Thank you for that, Emma and Carolyn. I will now bring Marie McNair in; she joins us remotely. She will be followed by Stephanie Callaghan, who is in the room.

**Marie McNair:** Thank you, convener, and good morning to the witnesses. I want to go back to Carolyn Fox McKay from Girlguiding Scotland.

In your submission, you emphasised the importance of education and childcare settings in prevention. I agree. Later today, I will mention that in the debate in the chamber marking international women's day; I will make that very point.

Can you highlight to the committee any best practice in education settings that you are aware of?

**Carolyn Fox McKay:** That is not something that we have data on. I would probably have to go back to my colleagues at Zero Tolerance for research on best practice. A lot of what we have about best practice is anecdotal and is very much about validating feelings at times of reporting. Unfortunately, I probably have a lot more data on the opposite—on terrible practice—than I do on best practice.

**Marie McNair:** That is no problem. I have a question for Mariam Ahmed. Your written submission argues that the key to prevention is community-based work, such as with peer groups and through awareness raising. How are you taking forward that approach and is there evidence that proves that it is effective?

**Mariam Ahmed:** We have just started what we are calling intergenerational workshops entitled “Mother, daughter, women”. They are looking at the relationships between mothers, daughters and mothers-in-law, and the relationships of women in general. The workshops are a first for Amina; we are doing them with Glasgow Women's Library. We are thinking about the role of women and the expectations of women in our community. When we see abuse, do we speak up? Do we judge women? Do we believe and validate their stories? We are trying, first of all, to capture women's stories and experiences. That relates to the fact that a lot of BME stories are just not being heard anywhere.

We are also trying to unpick rigid gender roles by asking whether they are right. We know that inequality leads to gender-based violence and domestic abuse.

It has been fascinating so far for us to hear about how women are responding to the intergenerational workshops. We are covering trauma, including the trauma of being a woman with all the roles that they are expected to play. If

there is not enough evidence about the experiences of BME women, there is not enough evidence for prevention; there is only what we know nationally.

We are also still working with men on being positive male role models. I think that the best that we can do is go around women's groups and workshops, unpicking and trying to capture their experiences and displaying them somewhere. I hope that that answers your question.

**Marie McNair:** Thank you; it does.

**The Convener:** That is great. Tumay wants to come in, so I will hand over to Tumay before I bring Stephanie Callaghan in.

**Tumay Forster:** You might already know that Shakti Women's Aid is active in providing training and preparing materials on prevention of violence against women and girls. As part of our equally safe work, we have partnered with Rape Crisis Scotland and have created videos and made them available to all schools on the Equally Safe at School platform. There are videos about BME-specific abuse, so that education professionals, as well as the students, can recognise the signs. We have also created booklets on preventing sexual violence and how to recognise healthy relationships. We hope that they will help in prevention.

We also try to use social media because, as a women's aid organisation, we are not in a position to go out to some of the community groups where there might be male perpetrators about whom we may or may not know. For many reasons, including safety, we are not able to take part in community groups, but providing training and materials are things that we can do in the hope of preventing violence.

As for getting data, we rely on the schools' guidance teachers to come back to us with numbers, but apart from that it is difficult. We can run our own women's groups, but they involve a small number of women. We come back to this question: how do we collect data and statistics to use in evidence? We need the help of statutory organisations.

**The Convener:** You remind me of my outreach-worker days, running women's lunch clubs and groups and going into schools to deliver training as a third-sector women's aid worker. It always felt as if the statutory organisations part of gathering data was missing. Thank you very much for drawing our attention to that.

I will bring Stephanie Callaghan to finish up on this theme. Then we will go to Miles Briggs to take us on to theme 3.

**Stephanie Callaghan:** I will direct my questions to Carolyn Fox McKay. First, I say well done to

Girlguiding Scotland, for doing the survey of 500 young women aged between seven and 21. It is very good to have that information. It certainly shines a light on harassment and violence in schools.

Will you share your thoughts about what stood out to you and your colleagues when you looked at the results of the survey? Could you also tell us a bit more about the negative factors that you mentioned earlier when Marie McNair asked the question about the positive work that is being done? What have you come up against?

**Carolyn Fox McKay:** Of course; thank you for the question. First, what stood out to us was girls telling us how little they are learning about sexual harassment and consent. That has come through in all the surveys that we have undertaken and it has been consistent; 84 per cent of girls said that they learn nothing about sexual harassment or abuse at school.

The other area that we found striking was about girls feeling safe—or unsafe, as it happens—outwith school, in the street and online. We know online activity is an area that impacts girls in many ways, and that it particularly impacts their mental health. Those are the two key areas in which girls tell us that they feel unsafe, and which stood out for us and were consistent across our data.

On practice, it is not great. We have seen that recently in the news and it is reflected in what girls tell us. When girls talk about instances of feeling unsafe at school, they are not being listened to and the bad behaviour is dismissed as “just bullying” or, “Boys will be boys; why don't you wear something different tomorrow and it might not happen.” We have heard that repeatedly from the young women with whom we work.

Therefore, we are not getting a true picture of sexual harassment in schools because girls and young women feel that their experiences are not being taken seriously. That is what I was trying to get at earlier. Until we are able to educate our teachers and other school staff about what constitutes sexual harassment and what they should look out for when pupils come to them, we will not get a clear picture of the extent of it.

**Stephanie Callaghan:** Certainly, that feeling that their experiences are being invalidated and that they are not being believed or respected comes through. The quote from one of your young people, a 16-year-old, about how normal and accepted sexual harassment is in schools should be quite shocking and devastating.

Moving on from that, I know you have called upon the Scottish Government to ensure that all schools have a legal duty to prevent and tackle sexual harassment. Could you tell us more about

why you think that is so important and what difference it could make?

11:00

**Carolyn Fox McKay:** Of course. At the moment, when we are asking schools to report incidents of sexual harassment, there is a worry—we have heard this from headteachers—that they will be the next front-page story. We have heard that if there were a different way to report it and they could tick a different box when they are reporting it, that would be better. We need to put a bit of pressure on our education establishments to report the true picture in schools so that we can do something about it. It would validate the experiences of our girls and young women if the Scottish Government was willing to take it seriously—that it could show that it wants to know about their experiences, and that those experiences will not just be more instances of things being hidden under the umbrella of bullying.

Could you remind me of the second part of your question?

**Stephanie Callaghan:** That is fine, you have covered it. Thank you very much, indeed. That was very helpful.

**The Convener:** It would be remiss of me not to bring my colleague Jeremy Balfour back in before we move on to Miles Briggs.

**Jeremy Balfour:** I want to follow up a question with Carolyn Fox McKay. As males, we have to hold our hands up and say, “This is our issue; it is not a women’s issue.” As a father of two girls who are girl guides, I find what is happening in schools and in other settings to young girls growing up very disturbing.

I talked to colleagues around the table before the meeting and found that experiences of education and teaching on sexual harassment seem to be different depending on where you are in Scotland. Would you like to see a more uniform approach across the 32 local authorities, so that girls in Ayrshire, Inverness or Edinburgh get the same type of information and empowerment? Is that best done through schools, or are there other ways to do it?

**Carolyn Fox McKay:** Thank you for the question. I absolutely agree that we need all young people in Scotland to receive the same level of relationship education. It should not matter what school or type of school they go to; they should receive the same good standard of education that covers the same topics. Otherwise, we will continue to see pockets of good practice and larger pockets of bad practice.

Schools should provide universal access to education, but there are other organisations—

those in youth work, in particular—that are well placed to have discussions with young people about the same issues. Girlguiding, the Scouts and other uniformed youth organisations are very well placed to do that, along with the rest of the youth work sector.

**Jeremy Balfour:** At what stage should that happen—should it happen in primary schools or even earlier? Should it happen more than once? Should it happen every year in school? Is it one of those things that should be built into the curriculum, so that some teaching and guidance is given every year, and not just to girls but to boys, too?

**Carolyn Fox McKay:** Absolutely. Boys and girls are often separated in school for parts of the relationship curriculum. I think that we need to begin relationship education as early as possible. Even from nursery age, we can teach about having ownership of your own body and what consent means. It is a good suggestion.

**The Convener:** That was a very good question, and it was evidence that we needed to hear.

I now hand over to Miles Briggs.

**Miles Briggs:** I thank the witnesses for joining us this morning. I want to look across the two themes that we have been talking about today.

What are the barriers to leaving an abusive relationship in Scotland? Are there cultural barriers that we have not looked at properly? Is there more that we need to consider? I know from my work in Edinburgh supporting constituents in a couple of cases that one barrier is whether they can take their pets when those animals are also being abused. What additional services need to be put in place?

My second question—I do not know whether the witnesses want to answer it at the same time—is about funding gaps in specialist services.

I will hand that to Carolyn Fox McKay first. If anyone else wants to come in, please do.

**Carolyn Fox McKay:** I am not sure that we are the right organisation to start with—sorry. Perhaps I could pass over to one of the other witnesses.

**Mariam Ahmed:** Miles Briggs mentioned pets. As a BME woman who has worked in BME specialist services for more than 15 years, I wish that I could say that pets are a barrier for the women we support, but the barrier for them has been having no recourse to public funds. I cannot even get a human being housed, let alone their pets, which just goes to show the level of the gap in our services.

We hear other projects saying that pets are a barrier, but our project sees that the barrier is women having the wrong stamp on their passport.

Dealing with those who have no recourse to public funds has been the issue for us.

Marsha Scott touched on this point earlier. We have still not figured it out—well, we have figured it out: during the pandemic, women were automatically housed, which goes to show that it could have happened before. However, the story that maybe people are not telling you is about the conditions in the hotels that women were automatically housed in during the pandemic. A hotel sounds quite nice, but in reality, there were no cooking facilities, they were given no clothes and there was no food—there was no hot food for over a year. Conditions were horrific. A lot of the hotels had toilets that they had to share with strangers. For women who had experienced domestic abuse, rape and sexual abuse, sharing a toilet at night time with strangers was a horrible, horrific experience.

When it comes to additional services—I will always say this—BME services are extremely stretched. We are firefighting. Our women face so many barriers—multiple barriers—and we try to support them, but with the same amount of funding as other services get. We are not given any additional help or funding. We cannot even look at mental health properly because we are too busy looking at immigration matters and just trying to get women housed. The trauma and mental health work almost becomes a low priority because we are just trying to meet basic needs. Supporting BME women is resource and time intensive, and the work is not backed up by funding. I hope that that answers your question.

**The Convener:** I know that Tumay Forster wants to come in on that as well.

**Tumay Forster:** I do not know where to start on barriers for BME women. Language is still a big barrier, and we still lack independent, official, authorised, unbiased interpreters. Although some interpreter agencies exist, not all languages are represented and sometimes you get interpreters who are not officially trained, which can increase the risk to the women, rather than helping them. Language remains one of the biggest barriers to this day.

For those with no recourse to public funds, no recourse means no safety. We know that, and it is a huge barrier. A lot of women would much rather stay with the perpetrator than leave, because leaving is unsafe and means the unknown for themselves and for their children. That is a huge barrier, too, but I will not talk about it now because we have already mentioned it.

Another huge barrier is that support services do not understand BME issues. That is a big problem for us. Statistics suggest that a BME woman usually visits about 17 agencies before she finds a

service that understands her needs. That is a huge number. No one has the time to go to 17 agencies. That is a further risk and causes further problems.

Another huge barrier is the lack of BME-targeted assessments for statutory services. I will give the example of NHS mental health assessments. In the NHS just now, there is no BME-specific mental health assessment. If the mental health assessment does not exist, how can we identify the issues? We talk about women who have come recently. We have seen an influx of women from eastern Europe. I will give another example. Due to a lack of early years education, a lot of Roma Travellers suffer from cognitive dysfunction. That is a fact that is well known to all statutory and third sector organisations, but we cannot assess those women because the NHS has no BME-specific mental health assessment tool.

Unfortunately, suitable accommodation for BME women does not exist, which is a huge hindrance. The women will not risk poverty or extreme hardship for themselves and their children, because there is no suitable accommodation.

Social workers and even the police in domestic abuse investigation units use the same risk assessments that cannot assess the role of honour-based abuse, forced marriage and other BME-specific risks accurately. If you cannot assess a risk, you cannot create a proper safety plan. Again, that is just increasing the risk.

The last barrier that I am going to mention is structural unconscious bias towards BME women. Unfortunately, that still exists and women are very much aware of it. A lot of women report to us that they feel that racial profiling whenever they approach a statutory organisation. They feel that their concerns are minimised and that they are not believed. In a way, it is almost as if the very safeguarding processes that we need to help those women are harming their mental health. Women feel that unconscious bias. We all have to deal with that, in partnership with both statutory and third sector organisations. I hope that that that answered your question.

**Miles Briggs:** It certainly did; it was very helpful and there was a lot of information in there. Could you provide the committee separately with information about access, or lack of access, to interpreters? I know that Glasgow City Council has more than 100 interpreters for various languages, but the picture will be different in other parts of the country. If you could provide any information about that, it would be very helpful. Thank you.

**The Convener:** That brings us to the end of our questions. I hope that you and your organisations will be able to assist the committee again when we look at outputs from the strategic funding review of



national and local services that is to be undertaken over the year and which will look at where root-and-branch reform is needed. The funding of front-line services and all the other issues that have been raised this morning are very important.

Thank you so much for your contributions this morning. Again, please follow up in writing on anything that you think that we need to know, and, specifically, on Miles Briggs's point about interpreters.

That concludes the public part of the meeting. At next week's meeting we will hear from the UK Minister for Disabled People, Health and Work, Chloe Smith MP.

11:14

*Meeting continued in private until 11:33.*



This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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