

IDVA Literature Review

Literature review of the effectiveness of IDVA services in England and Wales, especially in and around London.

Summary of overall thoughts:

Positives about IDVAs

- ✓ Positive reaction towards IDVA intervention from service users.
- ✓ Service users found that their independence, advice, information and emotional support most useful.
- ✓ IDVA intervention often resulted in a cessation, or at least a reduction, of abuse.
- ✓ Intensive support worked best in terms of increasing feelings of safety and a reduction of abuse.
- ✓ Prompt access to IDVAs meant service users were more willing to disclose the abuse, and in more detail.
- ✓ A positive characteristic of IDVAs is their independence, especially from CJS and local government.
- ✓ Fear is often cited as the reason why the victim pulls out of court proceedings. Specialist Domestic Violence Courts can help address this.
- ✓ IDVAs play an important role at MARACs in terms of providing detailed risk assessments and coordinating other services.

Negatives about IDVAs

- ☒ IDVAs are often over capacitated which means their time is stretched. In some cases this has resulted in IDVA services becoming a telephone based advocacy service.
- ☒ Uncertainty over the sustainability of funding - this makes it difficult when planning ongoing support for service users and makes staff uneasy.
- ☒ Lack of staffing and retention of staff.
- ☒ Some concern over the short term intervention of IDVAs - do they need to plan/intervene longer term?
- ☒ Majority of referrals come from police - this needs to be addressed through potential publicity and encouragement from other agencies.

England & Wales

Madoc-Jones, I. & Roscoe, K. (2011). Independent domestic violence advocates: perceptions of service users, *Diversity in Health and Care*, 8, 1, 9-17

This paper draws on the findings of a qualitative evaluation that examines user perceptions of the services provided by an Independent Domestic Violence Advocate (IDVA) to victims of domestic violence in one rural local authority area in the UK. Service users described being reluctant to report experiences of domestic violence but, having done so, finding the involvement of the IDVA invaluable in being able to provide them with the independent advice, information and emotional support that they would not otherwise have received.

Although in general they were positive about IDVAs, users could also identify problems due to the telephone-based nature of the advocacy that was offered and the duplication of services that sometimes occurred.

This paper argues that an IDVA provides an important service to victims of domestic violence, which is likely to be particularly valuable in rural locations. However, the terms of reference for the role need to be reviewed in order to maximise the contribution that IDVAs can make.

CAADA <http://www.caada.org.uk/>

A report published by CAADA (Co-ordinated Action Against Domestic Abuse) in 2010 shows that domestic abuse costs the tax payer an estimated £3.9bn per year and high risk domestic abuse makes up nearly £2.4bn of this.

The report estimates that every high-risk victim of domestic abuse currently costs the public sector £20,000 per annum and a conservative analysis shows that MARACs save on average at least £6100 per victim.

One third of high-risk cases are identified by an IDVA. Based on the data in Saving Lives, Saving Money the 28 cases referred to MARACs in 15 months by PATHway resulted in an estimated saving to the public sector of £170,800. The costs to the health service in employing a full time IDVA at St Mary's in the same time period has been £50,591.

Howarth, E.; Stimpson, L.; Barran, D. and Robinson, A. (2009) *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*. London: CAADA. www.henrysmithcharity.org.uk

Safety in Numbers is the first large scale, multi-site evaluation of IDVA services across England and Wales – following 2,500 women over 2 years.

Research Questions – The aim of the study was to look at the efficacy of the IDVA approach in enhancing safety of victims and children, rather than many previous studies which have focused on evaluating the process of service delivery.

Methodology – Conducted over 27 months, 7 IDVA services (London, Leeds, Wolverhampton, Cumbria, Devon, Cardiff and West Sussex). Over 2,500 women were contact after initial contact with an IDVA. Their process through the CJS was tracked and recorded and interviews with the women were conducted.

Findings -

1. IDVA's work with complex and high risk cases. Almost 70% of the women in the study had children, many of whom were of primary school age.
2. The IDVA service has a significant positive effect. 57% of all victims experienced a complete or near cessation in the abuse following 3 – 4 months contact from IDVA. Where the abuse did continue, 43% reported the abuse to be at a lower level. IDVA was effective in cases where there was several levels of abuse, multiple forms of abuse and escalating abuse. 79% of victims felt safer following IDVA intervention. Less than 1% felt less safe.
3. Victims are much safer when they receive intensive support. Those receiving intensive support & frequent contact from IDVA are much safer with 67% saying abuse had stopped. Without intensive support, only 44% said the abuse had ceased. Improved safety applied to both adults and their children.
4. Victims are much safer when multiple services are offered. IDVA's in the study tailor their support to meet clients need. There was a clear link between the number of services offered and the abuse ceasing (11+ services involved increased level of abuse cessation to nearly 80% compared to when only 1 service was offered, cessation of abuse sat at just above 30%). Multiagency working was facilitated by MARACs, and IDVAs needs to be an essential part of MARACs to put the safety of the victim at the centre of all agencies' work.

Overall, this evaluation suggests that this is a very promising development which is making real inroads in managing risk and promoting victim safety and the role is congruent with developing a multi-agency response to domestic violence.

This research benefits from providing a stronger evidence base, focusing on the key outcomes of safety and well-being; as well as signposting to effective interventions. However, it must be noted that whilst there has been a reduction in incidents of violence, individuals were only tracked for a relatively short time scale (4 months or fewer). In order to see the full effect of IDVAs, longer term follow up is required to ensure that these positive outcomes can be maintained over time.

Granville, G. & Bridge, S. (2010). PATHway Project: An Independent Domestic Violence Advisory service at St Mary's Maternity Hospital, Manchester: Independent Evaluation: Final Report

In April 2009, a two year pilot project funded by NHS Manchester 'Improving Health in Manchester' scheme, was set up at St Mary's maternity hospital. The project secured the services of a trained full time IDVAs located in the antenatal department of the hospital. The rationale was that 30% of domestic abuse begins in pregnancy and existing abuse escalates in pregnancy. The referrals from health professionals to the main IDVA service, based in the City Council, were low compared to other services.

Research Questions - The aim of the evaluation was to concentrate on the effectiveness of an IDVA service in the particular setting of a midwifery unit. The evaluation was to inform future commissioning decisions on the contribution of the NHS to the domestic abuse multi agency approach in Manchester

Methodology - A combination of quantitative and qualitative data collection methods were used including monitoring data that had been collected by the IDVA, client questionnaires, stakeholder interviews and carrying out focus groups with NHS staff. Sixteen interviews were conducted with women who were victims of domestic abuse and had used the PATHway service (a specialist domestic abuse service for women at high risk of domestic abuse who attend St Mary's Maternity Hospital). A reflective diary was also completed by the IDVA on a weekly basis.

Findings

In 15 months of the project (April 2009 to June 2010), the IDVA has received 196 referrals and seen 160 women. This compares with 40 referrals from all health professionals to the community IDVA team in the 12 months prior to PATHway (April 2008 to 2009).

The safety of women and their children who have been referred to the IDVA service improved. In the client questionnaire, 116 women out of a total of 126 said they felt safer.

Nearly all the women who completed the questionnaire (121/126) said they felt believed and less alone once they had met the IDVA. The women felt supported by a knowledgeable practitioner who understood the issues and gave them information that enabled them to look for solutions.

Having prompt access to a DV service soon after disclosure, meant women were more willing to access other DV services directly themselves.

Robinson A (2009) *Independent Domestic Abuse Advisors: a process evaluation*. Cardiff University and funded by the Home Office

Research Questions - The overall aim of the work is to assess how IDVA services have been implemented in various settings and the perceived impact they have had. Assessing their contribution towards the CCR (Coordinated Community Response) model was also part of this research

Methodology - This is a qualitative study drawing information from interviews and visits in four case study sites that provide an IDVA service. The fieldwork for this research took place over a 6-month period (Oct 2007-Mar 2008). In total, 87 Interviews were conducted with: Staff in domestic violence projects, including IDVAs (21); Practitioners in referral/partner agencies: police, prosecutors, solicitors, court officials, those working in health or housing agencies (35); Victims/survivors of domestic violence: women accessing the sites for support and assistance (31).

Findings -

A defining characteristic of the IDVA was its independence and differentiation from other agencies. Especially important was their perceived independence from the criminal justice system and local government.

It was often noted that IDVAs were more successful at obtaining 'full disclosure', in that victims were willing to provide a more comprehensive account of the abuse, including sharing sensitive details (e.g., sexual abuse). This could be due to myriad reasons, such as the IDVAs' specialist training and experience, discussing experiences in a less-traumatic environment, etc.

The role of an IDVA is linked to short-term crisis intervention with high risk victims meaning that safety planning was an essential piece of work that informed all other practices.

The role of an IDVA was not felt to be duplicated by any other position or agency, who welcomed the advice provided by IDVAs; however, victims were clear that they had been supported to make their own choices.

An independent domestic violence project was viewed as the ideal location for IDVAs to carry out their day-to-day work, as statutory settings could compromise their (perceived or actual) independence; however, several sites had reached arrangements whereby IDVAs worked part-time in statutory settings (e.g., police, courts, health, and housing). The key benefit of co-location (more effective partnership work) needs to be managed alongside the key benefit of IDVAs (providing independent advice and support).

Wilkinson, K. & Davidson, J. (2008). They've been my lifeline. An evaluation of South Yorkshire's Specialist Domestic Violence Court initiative: the Independent Domestic Violence Advocacy Service. Project Report. Sheffield Hallam University, Sheffield.

This report is the result of an evaluation conducted by the Hallam Centre for Community Justice, at Sheffield Hallam University, of the four South Yorkshire IDVA Services in Sheffield, Doncaster, Rotherham and Barnsley.

Research Questions: Attempting to map the IDVA service procedures and delivery models; assess the impact of IDVAs on service users experience; has the establishment of the IDVA initiatives led to more effective partnerships regarding care and end-to-end support for victims?; which agencies are IDVAs referring service users on to?; why do DV victims withdraw from court proceedings?

Methodology - A qualitative approach was adopted to investigate perceptions of the IDVAs from service users and staff from the Specialist Domestic Violence Court initiatives. Representatives from referral organisations, the CPS and the Police were also involved in focus groups. Service user views were gathered during semi-structured interviews, both face to face and telephone interviews. Quantitative data was provided by South Yorkshire Magistrates Court, detailing yearly data concerning domestic violence cases and year end data from each of the four IDVA services was provided.

The four IDVAs involved in the study are:

Sheffield

- Hosted by Sheffield DV forum
- Between 2007 - 2008 = 82 referrals, 63 engagements with the service, mostly white, British females
- High number of referrals from Police.

Rotherham

- Hosted by Rotherham's Woman's Refuge
- Between 2007 - 2008 = 227 referrals, 126 engagements, mostly white, British service users

Doncaster

- Hosted by Community Safety Team within local council
- Between 2007 - 2008 = 497 referrals, 275 engagements, mostly white, British service users
- Work with high risk males and females.

Barnsley

- Hosted by Victim's Support
- Between 2007 - 2008 = 357 referrals, 106 engagements
- Accepts both male and female victims.

Findings -

The key findings from the evaluation of the South Yorkshire IDVAS are identified as follows:

Between April 2007 and March 2008 the four IDVA Services received more than 1,000 high risk referrals of which 570 engaged with their services (57%).

Service users report that the service was invaluable in terms of both practical and emotional support, particularly when facing court processes.

IDVAs service users also report that the support they receive enhances their feelings of safety.

Uncertainty about sustainable funding for these essential services created unease for staff, when successful engagement in safety planning with service users.

The majority of referrals to the IDVA Services in South Yorkshire are made by South Yorkshire Police and primarily their Public Protection Units. Between April 2007 and March 2008, 80% or 926 of high risk referrals received by IDVA Services in South Yorkshire originated from the Police.

IDVAs had a significant impact on the way in which organizations in the statutory sector operate. For example, Police became more aware of taking DV more seriously. This was often found to be because the individual IDVAs have experience of working in statutory sector.

Fear was cited as the most prominent reason why DV victims withdrew from court proceedings. To overcome this, victims saw a positive step would be to have the Specialist Domestic Violence Courts Fast Track system, but many remained skeptical about the process.

London Based IDVA Services

Coy, M. & Kelly, L. (2011). Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes.

<http://www.henrysmithcharity.org.uk/documents/IslandsintheStreammainreport2011.pdf>

An evaluation of four IDVAs in London within four different settings: a police station, hospital A&E, community DV project and violence against women organisation.

Research Questions: The specific aim of the evaluation was to assess the impact of the work and merits of each IDVA model:

Methodology: A multi-methodological approach included prospective case tracking (n = 748), two rounds of interviews with IDVAs / managers (n=27) & MARAC attendees (n = 44), observational work, expert interviews with informants (n = 4), interviews & questionnaires with service users (n = 73), and cost analysis of service provision (IDVA salary + costs / number of service users).

Findings:

Service Users: All IDVA schemes were successful in demonstrating enhanced safety levels, low levels of repeat referrals and further incidents of abuse were very low.

IDVAs worked towards ‘empowerment through knowledge’: providing information and options to women to encourage evidence-based decisions.

MARACs: There is an overall concern regarding the functionality of MARACs as IDVAs have often coordinated necessary responses to risk before MARAC referrals are completed, thus making them redundant. Only ¼ of cases were referred to MARAC despite being of high risk.

Funding/Recruitment: Difficulties arose regarding delays in recruitment of IDVAs and then the retention of staff, resulting in a reduction of caseload capacity, and pressures on managers to undertake casework. Recruitment is particularly difficult within specific communities. Retention of staff was strongly influenced by delays in decision-making about funding and continuation of IDVA schemes.

IDVA Approach: Concern over the short-term crisis intervention which lies at the heart of IDVA scheme, as it was insufficient for those women most diminished by DV. On occasions, some cases were kept open by IDVAs longer than recommended time frame – an exhibition of the tension between the IDVA model, advocacy in practice and diversity of service users. For IDVA services to work effectively, there cannot be a ‘one size fits all’ model, but rather a flexible approach that’s based around the individual needs and risk factors.

Publicity: Service users have recommended increased publicity of IDVAs to make others aware of the existence of the service. This raises concern regarding the potential increase in referrals and caseload management, but without a change, it means that current agencies become gate keepers to specialist support services.

Cost Analysis - On average, cost per case = £501. However, compared to costs to the public of DV, these costs, with the benefit of limited further violence, is seen as a worthwhile investment.

Summary of IDVA schemes

<p>Police Station – Barnet; Domestic Violence Support Services (DVSS) Caseload over 2 years - 238 Cost per case - £363.94</p>	<p>Newham Action Against Domestic Violence (NAADV); Specialist Community Organisation Caseload over 2 years – 127 Cost per case - £711.36</p>
<p>Location Benefits – enhanced law enforcement responses, access to police data and information to aid comprehensive risk assessments; building of strong relationships with officers and prosecutors; credibility from association with police; enhanced reputation at MARACs.</p> <p>Location Disadvantages - barrier to women, specifically if they distrust police or fear criminal proceedings</p>	<p>Caseload capacity reduced as IDVAs linked to Specialised DV courts which meant time was spent giving immediate advice and advocacy to victim-survivors. Not helped by inefficient court scheduling. Being based in specialist organisation meant that more low risk cases were picked up.</p> <p>Location Benefits - the specialist organisation meant a wealth of knowledge and experience of DV; pre-existing links to other agencies already working with NAADV.</p> <p>Location Disadvantages - would have helped to have been located (at least some of the time) in police stations in order to gather information, and receive referrals earlier.</p>
<p>Nia Project; Specialised Women’s Organisation, Hackney Caseload over 2 years – 201, (focusing on BME communities) Cost per case - £690.28</p>	<p>REACH / Victim Support; A&E St Thomas’ Hospital Caseload over 2 years – 182 Cost per case - £415.84</p>
<p>Increased number of self-referrals suggesting that the outreach approach was the best way to make the service accessible to women. It is essential to build links with communities to generate referrals.</p> <p>Location Benefits - organisational infrastructure good as based within pre-existing project; maintained confidentiality of women, especially those from smaller communities.</p>	<p>Those attending this service had experienced violence for a shorter period than at other schemes; but had suffered most serious recent assaults. IDVAs within A&E must be seen as early intervention.</p> <p>Location Benefits - Being in A&E allowed for routine enquiry re: DV, allowing access for those who would not normally seek help. Located in A&E benefitted from the Clinical Decision Unit which enabled short term admissions which allows for safety and time for planning next steps. Linked to medical service provides credibility</p>

Thiara, R. K. (2009). Providing Court Base Support: An evaluation of the Refuge Southwark Advocacy Project.

The Refuge Southwark Advocacy Project (RSAP) is funded by Southwark Council and provides a court based support for women going through the CJS, in particular where there is no IDVA available.

RSAP was implemented for 17 months and supported a total of 295 women. 65% were referred to the service, 35% were directly contacted by court advocates.

The women had experienced abuse, most notably emotional and physical abuse. Under half of the women supported by RSAP had children.

RSAP offered support and safety to the women and their children, following the cases through the various stages, keeping the women informed. Key services offered included: Kept informed; general telephone support; accompanied to court; risk assessment and safety plans; requesting special measures; pre-trial court visits; victim impact statements; criminal restraining orders; referrals to other agencies.

Police referred about 85% of cases to RSAP. This equates to 3 – 4 cases daily. Witness Care Units and Witness Service also referred violence cases.

RSAP played an invaluable role on MARAC meetings in terms of providing information about court dealings.

RSAP focus solely on the criminal court work and there remains a gap in services in terms of civil issues.

Methodology – evaluation conducted using a range of approaches included interviews, discussions, documentary sources and a literature review. Interviews and discussions were held with strategic and operational project staff and multiagency support. Project team meetings were also attended. In order to assess output (and impact), information from other agencies (Police, CPS) and specific project data was gathered. A detailed feedback survey was also completed by 38 women engaged in with RSAP.

Impact of RSAP

Institutional Change – Evident from the work of RSAP that institutional change is starting to happen, including professionals awareness raised; changes in court practice; police officers more likely to complete actions; changes in the way CPS work with DV cases; ensuring victims are provided with information about the outcome of a case; special measures granted; more victim impact statements; conversations between prosecutors and advocates about issues such as unconditional bail; other support agencies using RSAP as court resource.

Arrests & Prosecutions – There's been an increase in arrests for DV incidents and positive changes in the percentage of cases being prosecuted and successful outcomes. Southwark demonstrated a significant correlation between support given to victims by RSAP advocates and the number of cases going through court.

Feedback from Women – Positive comments made with the prominent aspect of RSAP focusing on being kept informed about the case. All women found the services offered helpful. 44% of women said they felt safer following contact with RSAP. Nearly two thirds of women were satisfied with the outcome of their case.