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The logo for Trust for London, featuring a white wavy line graphic above the text "Trust for London" and "Tackling poverty and inequality".

# Islands in the stream:

An evaluation of four London independent domestic violence advocacy schemes

## Executive summary

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# Introduction

## Independent Domestic Violence Advocacy schemes

IDVAs work with high risk victim-survivors of domestic violence to assess risk and develop safety plans. In multi-agency networks, IDVAs independently advocate for victim-survivors' rights and entitlements from local agencies.

## Co-ordinated Community Response (CCR)

The CCR draws together local agencies to work in partnership on domestic violence, expanded in some areas to all forms of violence against women.

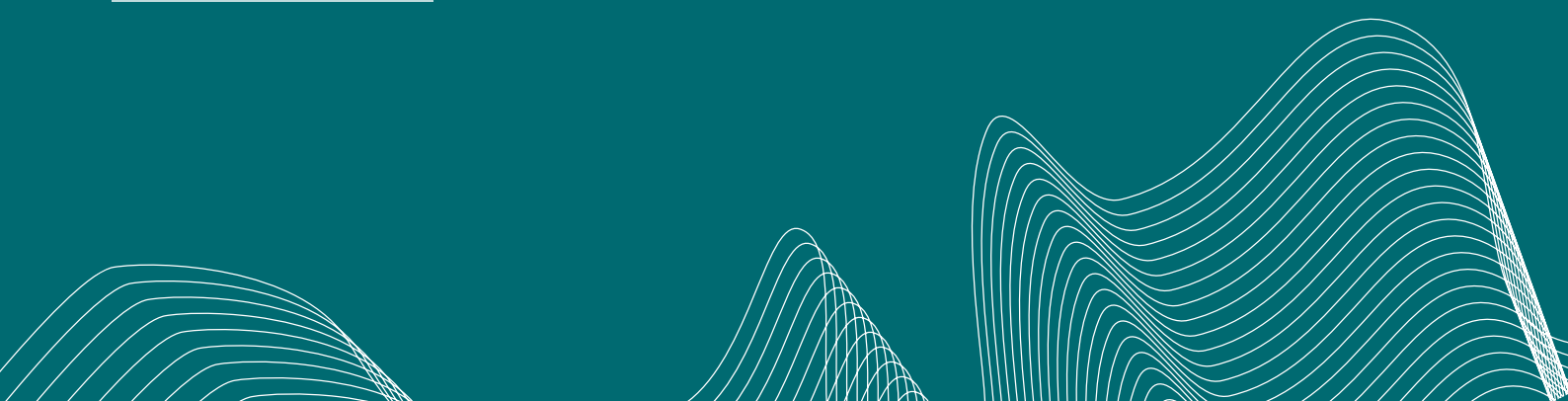
This report presents findings from an evaluation of four Independent Domestic Violence Advocacy (IDVA) schemes in London, each based in a different setting: a police station; hospital A&E department; a community based domestic violence project; and a women-only violence against women (VAW) organisation. The evaluation was commissioned by Trust for London (formerly named City Parochial Foundation) and the Henry Smith Charity to run alongside their joint special initiative on IDVAs, under which grants totalling £900,000 over three years (increased to £1.6 million with statutory funding) were made to the four schemes with the aim of strengthening the impact of this recent innovation in service provision. The schemes were initially funded from 2007 to 2010, and the data collection took place over a two year period from 2007–2009. The number of cases across the four schemes totalled 748.

The specific aims of the evaluation were to:

- assess the outcomes and impact of the work;
- assess the merits of each IDVA model and suggest improvements as appropriate;
- contribute to an evidence-base on IDVAs;
- identify the lessons learnt from the implementation of these projects;
- identify best practice for wider dissemination.

The core focus of the schemes was domestic violence (DV) and the evaluation locates the schemes in their national and local contexts, specifically focusing on Multi-Agency Risk Assessment Conferences (MARACs) and the local Co-ordinated Community Response (CCR), both of which are central to the Westminster government Domestic Violence Delivery Plan. In doing so, this evaluation addresses a gap identified in the current knowledge base: the impact of local contexts and the specific settings in which advocacy schemes are located<sup>[1]</sup>.

For notes, please see inside back cover.



# Key findings

## Service users

- The vast majority of service users were female, and almost all perpetrators male, confirming the gender disproportionality in those accessing services and seeking help with respect to DV.
- All schemes demonstrated success in enhancing safety: levels of repeat referral and further incidents of violence recorded by IDVAs were very low. The ten per cent of service users (n=73) that gave feedback as part of this evaluation reported both feeling and being safer, with two-thirds stating there had been no further violence since contact with the scheme.
- Key risk indicators including fear and jealous/controlling behaviour featured in over two thirds of cases, with sexual violence, strangulation, conflict over child contact and isolation present in a third. Although variations in risk assessment tools meant some schemes were not tracking key risk indicators systematically.
- The particularities of London were reflected in case loads, with high proportions of service users from Black and minority ethnic (BME) communities, including significant numbers of women with no recourse to public funds.

‘All schemes demonstrated success in enhancing safety: levels of repeat referral and further incidents of violence recorded by IDVAs were very low.’

## Domestic Violence and Advocacy

- Some statutory agencies displayed a concerning lack of understanding about the dynamics of domestic violence, women’s decision-making processes and the impact of coercive control<sup>[2]</sup>. IDVAs carried out essential work with victim-survivors to enable them to recognise and name violence, and with other agencies to enhance their grasp of the complexities of domestic violence.
- While institutional advocacy<sup>[3]</sup> was referred to by all IDVAs as an ongoing aspect of their work, it was given less emphasis than advocating for individual service users. Although necessary to challenge stereotypes of domestic violence and poor agency practice, institutional advocacy is fraught with tension for insecurely funded IDVA schemes.

## Locating IDVAs in the Co-ordinated Community Response

- Developing referral pathways, particularly cross referral protocols with statutory agencies, required energy and finely-tuned negotiation skills. Producing clearer remits for specialised support services in some boroughs was in itself a positive outcome. However, this was not universal, and some schemes continued to be intimidated and/or marginalised by more powerful statutory agencies, leading to confusion for potential referrers and ongoing territorial disputes. Local ‘turf wars’ are never in the interests of victim-survivors and detract from the core task of ensuring multiple entry routes into support that increase women and children’s safety.
- IDVAs, with their focus on high-risk, are only one part of a CCR, without the other components – especially the voluntary women’s sector – the diverse needs among victim-survivors cannot be adequately responded to, and changes in risk may not be picked up. Local ‘wraparound’ specialised domestic violence provision is essential, including safe shelter, since the effectiveness of IDVA schemes is dependent upon the availability of other specialised services to refer on to.
- Linked to this, the ability of IDVAs to deliver advocacy in practice, and secure rights and entitlements for victim-survivors, is constrained by slow, inadequate or simply unforthcoming responses from other agencies in the CCR – housing departments, police and Social Services departments were all identified by IDVAs as, at times, failing to deliver on their responsibilities.

‘Key risk indicators including fear and jealous/controlling behaviour featured in over two thirds of cases.’

### Multi-Agency Risk Assessment Conferences (MARACs)

- While the accountability that MARACs require of agencies was welcomed, serious concerns were raised about the functioning and contribution of the local MARACs, specifically: disregard for victim-survivors consent; patchy attendance; and limited knowledge about domestic violence. IDVAs made the most contribution to reducing risk, before and after meetings, and in fact only a quarter of scheme cases (28.1%, n=210) were referred to MARAC. This was not because cases were low risk, but that IDVAs had co-ordinated necessary responses already, making a MARAC referral redundant. The evaluation findings of the four schemes suggest that it is IDVA interventions, rather than MARACs, that have the most impact in enhancing women and children’s safety.

# Detailed findings

- The profile of service users – the vast majority of victim-survivors female and perpetrators male – underscores the need for a clear, yet subtle, gender analysis of domestic violence. For example, the two schemes that worked with male victim-survivors; rather than precluding a gender perspective, it was essential both to respond to male victims’ needs and to make finely crafted assessments as to whether male service users were victims or perpetrators. Similarly, an explicit gendered analysis led to one of the practices that is commended as promising – the recording of ongoing coercive control as ‘further incidents’. Only the two schemes that were grounded from the outset in such an approach did so, yet this is perhaps the single most predictive indicator of DV homicide<sup>[4]</sup>.
- A key indicator of success for the IDVA schemes was that service users became more confident in their knowledge of services and legal rights and in their dealings with the criminal justice system. This constitutes evidence of how advocacy in practice can equip women with awareness of their entitlements. We term this ‘empowerment through knowledge’: providing information and options in order that women can make evidence-based decisions. In practice this is far more than knowledge of material/practical options, since many victim-survivors have to move through recognising and naming violence, reframing perpetrators’ behaviour and understanding how abuse has narrowed their space for action before they can consider and act on these options. IDVAs became very skilled at moving women through these processes relatively swiftly: empowerment required expanding their space for action<sup>[5]</sup>.
- At the same time, there was a tension between empowerment to enhance safety and respecting women’s choices that might include a decision to stay in abusive relationships<sup>[6]</sup>. For IDVAs, working primarily with high risk victim-survivors rendered this dilemma particularly acute.
- Delays in recruitment and difficulties with retention were common, reducing caseload capacity and placing pressures on managers to undertake casework. The newness of the IDVA model means the pool of experienced and skilled candidates is currently small, particularly when seeking to recruit from specific communities, as at one of the schemes. Some staff had to wait months for a training place. Retention was also affected by delays in decision-making about funding, resulting in the loss of trained staff for some schemes.

- Both IDVAs and stakeholders voiced concerns about the short term crisis intervention at the heart of the IDVA model, since it was insufficient for those women most diminished by domestic violence. Some schemes kept cases open for longer than the recommended timeframe, a manifestation of the tension between the IDVA model, advocacy in practice and the diversity of service users. One size does not fit all, and to meet needs effectively there needs to be more margin for flexibility, especially when it is based on more nuanced and individualised understandings of risk.
- Service users recommended increased publicity to alert victim-survivors to the existence of IDVAs to act as an ‘invitation to tell’. Schemes were concerned that this would lead to an increase in referrals when they were already working at capacity<sup>[7]</sup>. However, not to develop access strategies limits women’s self-determination and means that agencies become gatekeepers into specialised support services. Moreover, documented unmet needs are surely evidence for extending provision.
- Collecting consistent outcome data across four newly established schemes was challenging given that each was developing their own monitoring systems, and made changes to the data they collected, including risk assessment measures, over the course of the evaluation. Some introduced risk assessment review as part of their developmental trajectory rather than having formal procedures from the outset. This compromised comparative data analysis on some variables. The fact that there was missing data at all four schemes suggests the need to factor systematic recording of key data, including risk assessment details, into IDVA workloads.

‘IDVAs carried out essential work with victim-survivors to enable them to recognise and name violence, and with other agencies to enhance their grasp of the complexities of domestic violence.’

# Overview of each IDVA scheme

‘Daily contact with police officers and prosecutors enabled strong relationships to be forged.’

## Domestic Violence Support Service (DVSS)

Based in a **police station, Barnet**

Caseload over two years: **238**

### Learning points

- This model drew on a prior project in London, which found that locating support in a police station enabled access to services for victim-survivors and enhanced law enforcement responses<sup>[8]</sup>. These findings were echoed in this evaluation in responses from IDVAs, stakeholders and service users.
- Referral sources also included a wide range of local agencies reflecting the dearth of local specialised provision.
- DVSS highlighted the limitations of risk assessment tools which did not allow for the particularities and variations in individual cases, for example, of child kidnapping or mental health breakdown due to ongoing harassment.

### Advantages and disadvantages of location

- Access to police information systems and databases was useful for comprehensive risk assessments.
- Daily contact with police officers and prosecutors enabled strong relationships to be forged, and provided opportunities to influence responses to domestic violence, and thus change practice.
- Being associated with the police, particularly using email and postal addresses, was felt to enhance credibility and increase the likelihood of prompt, appropriate responses from other agencies.
- The link with the police also enhanced the reputation of the scheme at the local MARAC.
- This location may, however, be a potential barrier for some women, specifically those who distrust police and fear that engaging with the service might lock them into criminal procedures with repercussions for their safety. DVSS IDVAs were careful to point out their independence to service users for precisely this reason.

## Newham Action Against Domestic Violence (NAADV)

Based in a **specialised community organisation**, IDVAs linked to the Specialist Domestic Violence Court

Caseload over two years: **127**

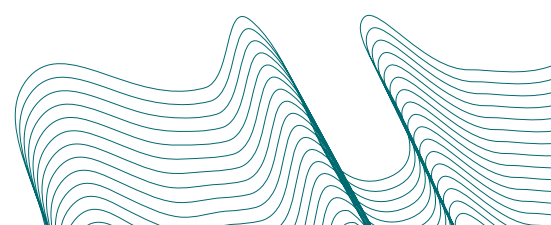
### Learning points

- Time spent at court in order to pick up cases and provide immediate advice and advocacy to victim-survivors diminished caseload capacity, compounded by inefficiencies in court scheduling.
- IDVAs here had a higher likelihood of picking up cases which may not be high risk and/or fell into the more generic family violence frame.
- The setting precluded detailed risk assessment, since the focus was on the court hearing. Again a core element in the IDVA model had limitations in this setting.

### Advantages and disadvantages of location

- The infrastructure and depth of experience in a specialised voluntary sector organisation were regarded as benefits by both service users and workers. For the former this included seamless transitions across a range of other services, while IDVAs reported that proximity to other practitioners created a vital support network for them, where they could share knowledge and debrief.
- The scheme benefitted from existing relationships with agencies and the strong reputation of NAADV locally.
- Workers and police agreed that it would have been valuable for the IDVAs to be based, at least part of the time, at a police station in order to gather information and receive referrals earlier. Lack of space precluded this.

‘The scheme benefitted from existing relationships with agencies and the strong reputation of NAADV locally.’



## The nia project

Based in a **specialised women's organisation, Hackney**, with IDVAs focussing on East African, Eastern European, Turkish and Vietnamese communities.

Caseload over two years: **201**

### Learning points

- Self-referrals were most evident at the nia project, indicating that it is possibly the most directly accessible service to women and reflecting the investment in outreach.
- Building links with specific communities in order to generate referrals is time-consuming and should be prioritised in the early stages of schemes and factored into caseload targets.
- Devoting time and effort to clarifying roles and referral pathways reduced local 'turf wars' and enhanced provision of support to women.

‘Preserving and building on the women’s voluntary sector is vital to the continued development of innovative and informed responses to domestic violence.’

### Advantages and disadvantages of location

- As with NAADV, the advantages of situating IDVAs in a well-established project centred on the organisational infrastructure, the range of linked services available within the organisation and the local positioning of nia as respected specialists.
- Being a specialised women's organisation was valued by stakeholders and IDVAs. Preserving and building on the women’s voluntary sector is vital to the continued development of innovative and informed responses to domestic violence.
- Schemes which recognise the confidentiality requirements of women from small communities offer routes into support for some of the most marginalised.

## REACH/Victim Support

Based in an **Accident and Emergency Department, St Thomas' Hospital**

Caseload over two years: **182**

### Learning points

- Service users at REACH had experienced violence for a shorter period than at other schemes, whilst suffering the most serious recent assaults. A&E presence must, therefore, be understood as early intervention in cases where the risk of physical injury is substantial.
- Populations of service users and perpetrators appear to differ from the other schemes, with more service users here in employment and having no recourse to public funds, and fewer perpetrators with criminal records.

### Advantages and disadvantages of location

‘Immediacy of access was highly valued by service users, who suggested IDVAs should be widely available in emergency departments’

- The presence of IDVAs in A&E enabled the introduction of routine enquiry about domestic violence, as medical staff were able to immediately refer to the scheme. Victim-survivors presenting for medical treatment, who may not seek help from other sources, are thus able to access specialised support.
- This immediacy of access was highly valued by service users, who suggested IDVAs should be widely available in emergency departments.
- The location also had the benefit of the Clinical Decision Unit, a ward close to A&E, enabling short-term admission which provided a safe space to recover from injuries, consider options and time for IDVAs to develop a safety strategy.
- As with DVSS, the link with a statutory service seemed to confer credibility by association for the scheme.

# More information

## Methodology

### **A multi-methodological approach was used, with the following original data collected and analysed:**

- Prospective case tracking using a bespoke database across all four schemes (n=748 cases).
- Two rounds of interviews with IDVAs and scheme managers (n=27) and members of local MARACs (n=44).
- Observations of IDVAs' work in their own settings and each MARAC.
- Expert interviews with national informants (n=4).
- Questionnaires and interviews with service users (n=73).

Methodological challenges included designing a database that was both comparable across the schemes yet allowed for the variations in setting and practice. This was further complicated by the fact that the newly establishing schemes were in the process of developing their own recording systems. Keeping databases up to date in order to track case outcomes is essential but posed problems for IDVAs for whom new cases were always more of a priority than completing data entry for closed cases. The ability to report on all case outcomes was compromised by incomplete data. A useful lesson here is that the most complete record keeping was where a single member of staff was responsible for entering data once cases were closed. Obtaining feedback from service users was difficult, and a number of routes were trialled, albeit that the final sample in this study is larger than in recent IDVA evaluations.

‘Keeping databases up to date in order to track case outcomes is essential but posed problems for IDVAs for whom new cases were always more of a priority than completing data entry for closed cases.’

## Cost analysis

The cost of providing support to each victim-survivor was calculated using the basic formula developed in a recent multi-site IDVA scheme evaluation<sup>[9]</sup>: division of an IDVA salary plus on-costs by annual caseload. While Howarth et al used an estimated average caseload of 100 cases, the figures presented here are based on actual caseload per IDVA. The calculation therefore divided the IDVA salary plus on-costs by the number of service users in the database. The results show the average cost per scheme was: £363.94 at DVSS; £415.84 at REACH; £690.28 at nia; and £711.36 at NAADV; an overall average of £501 per case. Key messages here are that schemes that have a specific remit (NAADV and nia) have higher costs per victim-survivor than those that have a more open referral frame.

This formula has a number of limitations, it does not allow for: initial scheme development costs including equipment and delays in recruitment; controlling for scheme managers undertaking casework because of vacant posts, which incurs higher costs than IDVA salaries; ineffective CCRs where IDVAs are required to carry out more intensive advocacy. Nevertheless, when compared to the costs to the public purse of domestic violence<sup>[10]</sup>, the cost per service user of between £363–£711, with the majority not experiencing further violence, is undoubtedly a worthwhile investment.

‘The cost per service user of between £363–£711, with the majority not experiencing further violence, is undoubtedly a worthwhile investment.’

# Recommendations

We conclude with a number of recommendations drawn from the research findings.

## Practitioners

- Coercive control (jealous and controlling behaviour) should be regarded as a critical risk factor, including for homicide, and where it continues, should be recorded as ongoing domestic violence.

## Policy-makers

- Given the experiences of these four schemes, the role of MARACs in safety planning needs to be reviewed.
- Operational issues about MARACs need to be addressed:
  - All victim-survivors referred to MARACs should be provided with full information about the purpose and process of these bodies.
  - Procedures for MARACs should be developed that require victim-survivor consent for information sharing.
  - All cases should be reviewed before they are closed.
- IDVAs should be regarded as ‘critical allies’; part of their role is to challenge poor practice, through institutional advocacy.
- The CCR model should recognise the significance of informal networks in supporting victim-survivors; local and national awareness campaigns should enhance knowledge of jealous and controlling behaviour as violence.

## Commissioners

- IDVAs are only one part of a Co-ordinated Community Response, and to be effective need other specialised services to refer on to. Provision for victim-survivors of domestic violence needs to be comprehensive, available for those at low, medium and high risk, including refuges for those who need enhanced safety measures.
- A broader set of indicators of success should be developed for IDVA schemes that include their impact on CCRs. This outcome is not measurable as a standard output, but nonetheless is essential recognition of their role enhancing agency understandings of domestic violence and appropriate responses to victim-survivors.
- IDVAs should be regarded as ‘critical allies’; part of their role is to challenge poor practice, through institutional advocacy, without fear of negative implications for their funding.
- Each of the locations of the four schemes had distinct benefits, suggesting that IDVAs should be based in a range of settings in order to create multiple access routes into specialised support and reach different populations.
  - Basing IDVAs in A&E appears to offer early intervention, and should thus be regarded as an effective use of resources that reduces costs to the public purse.
  - IDVAs in police stations can directly influence responses and undertake comprehensive risk assessments.
  - IDVAs in community based organisations enable self-referrals, reach minority communities and provide holistic responses through seamless access to other services within the organisation.
  - For IDVAs who work with minority communities, necessary investment in developing outreach and referral routes should be funded according to local contexts.
- Since independence is integral to the IDVA model, they should remain at arm’s length from the statutory sector. Even IDVAs located in statutory settings such as police stations and hospitals need to be positioned as independent in order to effectively advocate for service users.

‘Provision for victim-survivors of domestic violence needs to be comprehensive, available for those at low, medium and high risk, including refuges for those who need enhanced safety measures’

## Endnotes

<sup>[1]</sup> Bacchus L, Aston G, Torres Vitolas C, Jordan P, Murray S.F. (2007) *A theory-based evaluation of a multi-agency domestic violence service at Guy's & St Thomas' NHS Foundation Trust*. London: King's College London.

<sup>[2]</sup> Stark, E (2007) *Coercive Control: How Men Entrap women in Personal Life*. Oxford, OU Press

<sup>[3]</sup> "Institutional advocacy is the sum total of those activities designed to change an institutional practice (i.e. policy, procedure or protocol) that works against the interests of battered women as a group" (Pence, E & Shephard, M (1999:10) *Co-ordinating Community Responses to Domestic Violence* London: Sage).

<sup>[4]</sup> Dobash, R.E., Dobash R.P., Cavanagh, K. & Lewis, R. (2004) Not an Ordinary Killer – Just an Ordinary guy. When Men Murder an Intimate Woman Partner. *Violence Against Women*, 10(6), 577 – 605; Regan, L., Kelly, L., Morris, A. & Dibb, R. (2007) *'If only we'd known': an exploratory study of seven intimate partner homicides* London, Child and Woman Abuse Studies Unit; Kelly, L, Lee, K, Regan, L & Schonbucher, V (forthcoming) *Risking Our Lives: Intimate Partner Homicide in Ireland* Dublin: Women's Aid.

<sup>[5]</sup> Here we are referring to the ways in which victim-survivors are forcibly prevented from taking certain actions and/or the ways in which they limit their own behaviour in an effort to prevent further abuse. DV narrows their space for action, including space to seek help and assert their rights to lives free of violence.

<sup>[6]</sup> Peled, E Eisikovits, Z., Enosh, G. & Winstok, Z. (2000) "Choice and Empowerment for Battered Women Who Stay: Toward a Constructivist Model," *Social Work* 45 (1) 9–25.

<sup>[7]</sup> Also noted by Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009) *Safety In Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*. London: The Hestia Fund and The Henry Smith Charity. Commissioned by the Hestia Fund and funded by the Sigrid Rausing Trust and the Henry Smith Charity.

<sup>[8]</sup> Kelly, L (1999) *Domestic Violence Matters: An Evaluation of a Development Project*. Home Office Research Study 193. London: HMSO.

<sup>[9]</sup> See note 7

<sup>[10]</sup> Jarvinen, J., Kail, A. and Miller, I. (2008) *Hard Knock Life: Violence Against Women, A Guide for Donors and Funders*. London: New Philanthropy Capital.

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