

INDEPENDENT SEXUAL VIOLENCE ADVISORS: a process evaluation

FINAL EVALUATION REPORT

24th November 2009

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with the assistance of
Policy Research Institute
Wolverhampton University



Funded by the Home Office



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Acknowledgments

This study was funded by the Home Office (SRG/07/019). The views expressed here do not necessarily reflect Home Office policy.

The author would like to thank the staff at the participating projects for volunteering to be part of this study, and offering their time, assistance and cooperation with all aspects of the research process. Practitioners working in partner/referral agencies also deserve thanks, as do the victims who allowed their experiences to be included in this report.

Finally the author would like to thank Dr Angela Morgan at the University of Wolverhampton, Laura Blakeborough at the Home Office, and the anonymous reviewers for their helpful comments on earlier drafts of this report.

KEY IMPLICATIONS FOR DECISION MAKERS

The overall aim of the work is to assess how Independent Sexual Violence Advisor (ISVA) services have been implemented in various settings and the perceived impact they have had with regard to providing support to victims of sexual violence. ISVAs are trained support workers who provide assistance and advice to victims of sexual violence. Their goal is to help victims find the support that they need from different agencies, and to offer support directly. This, in turn, is expected to lessen victims' reluctance to engage with the criminal justice system. ISVAs work closely with a range of partners and may be based in Sexual Assault Referral Centres (SARCs) or voluntary sector projects. The government's *Action Plan for Tackling Violence, 2008-11* calls for providing ISVA support to all victims of sexual violence.

- Although new and multi-faceted, the ISVA role was clearly defined and seen to be unique, broader, and a welcomed addition to local partnership working. ISVAs were perceived to add value to host organizations, whether SARCs or voluntary projects, because of the practical nature of the support they provide, and their ability to liaise with a number of multi-agency partners to coordinate services for victims. Overall, respondents did not perceive that ISVAs duplicated the work of other staff providing services to victims; however, there was still room for improving communication and understanding of the ISVA role across partner agencies.
- The work of an ISVA may be undertaken either in SARCs or voluntary projects, each of which produces particular advantages and limitations for ISVA work. As each setting appears to produce different, yet commensurate, quality of services to victims, it is not possible at this time to recommend one model of ISVA service provision. Instead, local areas should offer both ISVA support and longer-term counselling services to holistically provide for the needs of victims, and to carefully consider how this can be provided most efficiently.
- Multi-agency partnership work and commitment to improving services for victims of sexual violence was apparent in both SARCs and voluntary settings, yet there was often a lack of strategic direction locally. Local bodies (such as Crime and Disorder Reduction Partnerships) need to prioritize sexual violence and ensure that they include the work of *all* those providing services to victims of sexual violence (including ISVAs) in local plans and strategies.
- The ISVAs in this study were well supported, as they had regular access to peer, staff and clinical supervision. Although the respondents in this research felt well-equipped to do their jobs, there was a general concern over a lack of an accredited, specialist training programme specifically designed for ISVAs.

EXECUTIVE SUMMARY

Context

The overall aim of the work is to assess how Independent Sexual Violence Advisor (ISVA) services have been implemented in various settings and the perceived impact they have had with regard to providing support to victims of sexual violence. ISVAs are usually based in Sexual Assault Referral Centres (SARCs) or in voluntary projects. SARCs involve a partnership approach between the police, health services, and good liaison with other statutory and voluntary agencies. In contrast, sexual violence projects located in the voluntary sector are not formally affiliated with police or other statutory services (although they may work in partnership with such agencies). They are community-based, voluntary charitable organizations that have historically offered women-only services (see Appendices A and B for more detail about SARCs and voluntary projects).

Approach

This is primarily a qualitative study drawing information from interviews and visits in six sites. The fieldwork for this research took place over a 6-month period (Oct 2007-Mar 2008). Interviews were conducted with:

- Staff in SARCs and voluntary projects: ISVAs, counsellors, case-tracking coordinators, supervisors, and management staff;
- Referral/partner agencies: practitioners working in criminal justice, health, housing or voluntary sector agencies; and,
- Victims/survivors of sexual violence: mostly female victims accessing the sites for support and assistance.

In total, 93 interviews were conducted (33 with staff, 43 with practitioners in referral/partner agencies, and 17 with victims/survivors).

The six sites were chosen to provide a range of different contexts and locations with which to study the delivery of support to victims of sexual violence:

- Sites 1 and 2: ISVAs working in SARCs
- Sites 3 and 4: ISVAs working in voluntary sector projects
- Site 5: a SARC without ISVAs
- Site 6: a voluntary sector project without ISVAs

In addition, quantitative monitoring data was collected from 35 sexual violence projects (including the six case study sites), giving an indication of: the types of clients being referred to these projects, and from where; the nature of the offences

committed against them; the services provided to ISVAs working in SARC and voluntary projects; and, criminal justice outcome information.

Main findings

The ISVA role

Although new and multi-faceted, the ISVA role was clearly defined and generally well understood by the majority of respondents, both within and outside the sexual violence projects studied here. It was apparent that the ISVA role was felt by some to encroach on the support provided by other victim support providers within the multi-agency partnership; however, this seems best explained as a lack of understanding of the specialist, comprehensive nature of ISVA work. ISVAs do not duplicate any other existing role, as they are the *only* specialist sexual violence workers whose remit specifically includes providing crisis intervention, emotional support, practical assistance and help to victims whilst working in a multi-agency partnership.

Like IDVAs (Independent Domestic Violence Advisors),¹ it is the combination of emotional support and practical assistance that is the hallmark of the ISVA role; however, the roles are not completely transferable, not least because all sexual violence does not occur within intimate relationships. Thus, the addition of ISVAs to the mix of workers helping domestic and sexual violence victims was seen as very necessary, as they help to fill a gap that cannot be filled as well by any other existing worker.

Locations for ISVA work

The work of an ISVA may be undertaken either in SARC or voluntary sector projects. Although SARC may be based in statutory or voluntary settings, they are more closely aligned to criminal justice, as their referrals tend to come primarily from the police (see Table 1). Thus, clients are more likely to be victims of recent, rather than historical, cases of sexual violence. Consequently, a distinction was made by some respondents that ISVAs working in SARC were best placed to deal with this client base, whereas counsellors working in voluntary projects would be the preferred worker to respond to victims reporting historical sexual abuse. There was also a concern by some respondents that victims (of either type) may not want to approach services affiliated and/or located within statutory services, as is the case with SARC.

Services that are accessible and appropriate to both victims of recent and historical incidents need to be available in every area. Whether these services should always be provided by one organization probably depends on the history and the availability of existing specialist sexual violence services within local communities. There is, however, much to commend the 'one-stop-shop' model of service provision, where the widest range of services required are brought together under one roof. Furthermore, in the three sites that did not currently have SARC, there were plans underway to develop them. It was not clear whether existing voluntary sector projects

¹ See Robinson (2009). *Independent Domestic Violence Advisors: A process evaluation*.
<http://www.cardiff.ac.uk/people/robinsona>

would be made part of the SARC, or simply be linked to the SARCs via written protocols. Either way, ISVAs will be key workers.

Given that respondents felt strongly that it was necessary to have independence from statutory partners if there was to be effective delivery of services to victims of sexual violence, yet also were very positive about SARCs, which are in most cases attached to, if not co-located with statutory agencies, this issue requires further investigation. More research is required to ascertain whether and how the independence of ISVAs can be maintained across different types of projects. The perspectives of those working in different agencies need to be understood alongside longer-term trends of referrals to voluntary versus statutory services (including SARCs located in both types of settings), and especially the perceptions of victims themselves (e.g., what are their reasons for accessing a particular service and how does the 'independence issue' feature into this?).

ISVAs in the multi-agency context

Although perceived to be in a 'developmental' stage in some areas, multi-agency awareness and commitment to improving services for victims of sexual violence was apparent. The specialist knowledge and expertise of ISVAs was welcomed by partner agencies. Furthermore, beginning an 'ISVA service' had the added benefit of making existing voluntary projects more well-known in their local partnerships and able to access funding not heretofore available to them. Although some challenges remain around referral routes, understanding of the ISVA role, raising awareness of the specialist sexual violence sector and getting their work included in local plans and strategies, respondents were positive about the gains that had been made. There continued to be concern over the sustainability of funding of ISVA and other specialist services, in addition to worry over the inability of existing services (due to their limited funding) to include support for children and young people experiencing sexual violence. For example, of the six case study sites, only one (a SARC) could be said to provide its services to nearly all children (3 years and over).

Support and supervision of ISVAs

The potential of ISVAs to be traumatized from the nature of their work was well recognised across the sites, probably as a result of the projects also being staffed by qualified counsellors who would expect there to be a safeguarding provision in place (clinical supervision). A 'layered' approach to support and supervision was apparent, with ISVAs having access to regular peer supervision, staff supervision and clinical supervision, in addition to the informal support and encouragement from their colleagues and managers. Although respondents in this research felt well-equipped to do their jobs, there was a concern over a lack of an accredited, specialist training programme specifically designed for ISVAs. Although many had undertaken the CAADA training², and found value in it, it was generally felt that the unique skills sets needed for ISVA work requires a bespoke training. Regardless of who delivers the training, ISVAs need the same opportunities to receive accredited training specific to the demands of their role, as IDVAs have had.

² Co-ordinated Action Against Domestic Abuse, see www.caada.org.uk

Recommendations

1. All ISVAs should be based in settings that provide *specialist* support to victims of sexual violence. Respondents indicated the importance of ISVAs being embedded in projects that have specialist expertise in combination with perceived independence from statutory services, and with an ethos of empowering victims. This research suggests that this is possible in either SARCs or voluntary settings, and that ISVAs added value to each.
2. The two ISVA settings studied here each have advantages and limitations. At this stage they should be viewed as complementary models of service provision. Alternative models of delivering ISVA services to those studied here may be effective if they are able to preserve the independence of ISVA work, and should be considered (for example, locating ISVAs in health settings).
3. The work of ISVAs needs to be explicitly included in local strategies for reducing sexual violence. Local bodies (such as Crime and Disorder Reduction Partnerships) need to ensure that there is appropriate monitoring of operational performance, and strategic direction, for *all* those providing services to victims of sexual violence (including ISVAs).
4. As ISVA work produces benefits for both the health and criminal justice systems, these statutory partners who make the most referrals to ISVAs should undertake strategic planning to ensure the long-term sustainability of their ISVA partners.
5. Referral routes and practices between ISVAs and key partners (e.g., police), particularly in voluntary settings, could be improved so that all relevant cases are referred to ISVAs in a consistent and efficient way.
6. Although much work had been undertaken to ensure partners understood the concept and remit of the ISVA role, it was apparent that further regular communication with other victim service providers (e.g., Victim Support, Witness Care Units) is necessary to ensure best practice for victims.
7. Both existing and future ISVAs should have access to their own accredited training programme that can prepare them to deliver all of the difference facets of their work, for all types of sexual violence victim that may come to them for help.
8. Further work is necessary to address remaining gaps in service provision, especially the provision of direct services to children and young people experiencing sexual violence, which was recognised across the sites as an area in need of attention.
9. In light of the findings from this study, a revised data monitoring tool is necessary to collect data that more accurately reflects the ISVA role, and that enables the collection of consistent data across various types of projects.

10. As this research was relatively small-scale and exploratory, given the newness of the ISVA role, it is recommended that a comprehensive study of *all* ISVAs be commissioned in the future. Such a study should attempt to gather quantitative information from every ISVA working in England and Wales (e.g., using a questionnaire), supplemented with more detailed qualitative information (e.g., interviews but also observation, documentary analysis, etc.) from a sub-sample of the total. Such a study could reveal whether the challenges identified in this research are widespread, how they might have been overcome with time, and likewise whether the observed benefits are sustainable. This should be linked to a similar national study of IDVAs.

MAIN REPORT

INTRODUCTION

The overriding aim of this evaluation has been to assess how Independent Sexual Violence Advisor (ISVA) services have been implemented in various settings, and to analyse the perceived impact they have had with regard to providing support to victims of sexual violence. Specifically, the intention was to assess the contribution made by ISVAs in two distinct and different locations: Sexual Assault Referral Centres (SARCs), and voluntary sector organizations that provide specialist support to victims of sexual violence, such as Rape Crisis. The purpose of the evaluation was to identify, as far as possible, whether ISVAs have been successful in two key areas:

1. Providing timely and appropriate information, support and advice to victims of sexual violence
2. Increasing victims' engagement with the criminal justice system, and reducing the incidence of withdrawals (i.e., attrition) during the progression of sexual violence cases through the system.

Indeed, making progress in the first area has been deemed by the Home Office to be essential in terms of making progress on the second. The sum of the findings from these two areas of study provides an overview of the role, remit and impact of the ISVAs in both SARCs and the voluntary sector.

ISVAs are specially trained support workers who provide proactive assistance and advice to victims of sexual violence. As this report shows, the type of support provided by an ISVA depends on where they work and the types of victims most likely to be accessing services at these settings. However, their main responsibilities are consistent. They include: providing crisis intervention and non-therapeutic support from time of referral; giving information and assistance through the criminal justice process if requested/required; providing other types of practical help and advice; and, working with partner agencies to ensure coordinated service planning on behalf of individual victims.

Traditionally, professionals who work in SARCs and voluntary sector projects helping victims of sexual violence have offered them counselling and support. The ISVA role is a broader one, offering a wider range of service provision and importantly including the coordination of services for the victim from a multi-agency standpoint.

This report provides evidence about the strengths and limitations of current ISVA working arrangements, and implications for the future development of ISVA service delivery. Specifically, the report raises the question as to whether the contribution made by ISVAs should necessarily be conceptualized as one specific model of service provision, or whether - depending on the type of host organization and the specific

local context - different models of ISVA services could be commensurate in their effectiveness and thus endorsed by central government.

Background to the Research

Over the last few years there has been much attention given to the poor performance of the criminal justice system in dealing with offences of rape and sexual violence. It was recently noted in the government's *Action Plan for Tackling Violence, 2008-11*³:

'While the number of rapes reported to the police and recorded has increased substantially over recent years, there has been barely any increase in the number of convictions. The conviction rate is less than 6% for recorded offences of rape, significantly lower than for other serious violence offences, which is approximately 14%' (p.14)

There are a number of factors that make rape cases difficult to progress successfully through the criminal justice system, some of which are difficult to overcome, such as delays in cases being reported.⁴ However, lack of partnership working was cited as a key contributor to the criminal justice system's poor performance in the Government's *Without Consent* (2007) report, as this was deemed responsible for a lack of coordinated service provision to victims and high levels of attrition in these cases. The report documented that whilst there were some examples of partnership working at an operational level, overall there was a lack of a strategic partnership approach for sexual violence and that this impacted upon the support provided to victims, affecting their confidence and participation with the criminal justice system. This in turn was seen to contribute to the unsatisfactory performance of criminal justice agencies.

This concern over existing practice, combined with knowledge of the effectiveness of providing advocacy and support to victims in other settings, for example by Independent Domestic Violence Advisors (IDVAs),⁵ resulted in the Home Office's decision to provide funding and assistance to test the utility of a new type of specialist support worker to assist victims of sexual violence: the Independent Sexual Violence Advisor (ISVA). Drawing on the IDVA model of service provision, ISVAs are expected to provide support, information and advice to victims, and to liaise with other relevant agencies on their behalf, in the expectation that this will reduce their fear and uncertainty over the criminal justice process and encourage their participation. Since 2006, ISVAs have been viewed by the Home Office as a key worker in providing a range of types of support to victims accessing services from both SARCs and other sources including voluntary sector projects. Each of these ISVA settings will be briefly described, although readers should also refer to Appendix B for more information.

³ HM Government (2008). *Saving Lives, Reducing Harm, Protecting the Public: Action Plan for Tackling Violence, 2008-11*. London: Home Office. Available at: <http://www.homeoffice.gov.uk/documents/violent-crime-action-plan-08/>

⁴ For example, delays in cases coming to the attention of police, making evidence more difficult to collect; the necessity of corroborative evidence, especially in cases where the victim and offender are known to each other; significant proportions of victims wishing to withdraw because of fear and/or intimidation from the investigative or court process, or 'wanting to move on'; and a 'culture of scepticism' amongst police and prosecutors leading to an over-estimation of the scale of false allegations (see Feist et al., 2007; Kelly et al., 2005).

⁵ For research documenting the effectiveness of providing support and advocacy to victims of domestic violence, see Cook et al., 2004; Parmar et al., 2005; Robinson, 2003, 2006, 2009; Sullivan, 1991; Sullivan and Bybee, 1999; Vallely et al., 2005. Readers should also note that a major outcome evaluation of IDVA services has also been very recently published (Howarth, Stimpson, Barran & Robinson, 2009).

The SARC model⁶ of providing assistance to victims of sexual violence has been adopted by the Home Office as it seeks to coordinate medical, legal and advocacy arrangements for victims to try and address the unsatisfactory criminal justice performance recently highlighted by criminal justice inspectorates and the media. SARCs involve a partnership approach between the police, health services, and good liaison with other statutory and voluntary agencies. The two main priorities of SARCs are:

- Forensic examination so that evidence can be collected for use in the investigation of crime;
- Care of the victim to minimize the risk of subsequent physical and mental difficulties and promote recovery.

Although SARCs have been in operation for some time (the first was established in Manchester in 1986), it is only since 2006 that ISVAs have been incorporated into the SARC model of service delivery at some SARC locations. In addition, the government has recently provided £1.25M to voluntary sector organizations providing services to victims of sexual violence, and is engaged in expanding the network of SARCs in England and Wales (there is a commitment to have one in every force area by 2011).

In contrast, sexual violence projects located in the voluntary sector are not formally affiliated with police or other statutory services (although they may work in partnership with such agencies). They are community-based, voluntary charitable organizations that have historically offered women-only services.⁷ These projects tend to support women who have been raped or suffered sexual abuse from men known to them, perhaps some time ago, and which may not have been reported to the authorities. They are premised on the idea of believing women and respecting their confidentiality and autonomy. They are not as aligned with criminal justice compared to SARCs.

As the developments above indicate, in recent years the landscape of service provision for victims of sexual violence has changed quite considerably. It is no longer the case that the *only* support services for victims are found in small, community-based voluntary sector organizations. Attention to sexual violence at local, regional and national levels of government has increased, and the level and range of services available has also increased although, as will be seen in this report, perhaps not to the extent wished for by those providing direct services to the women, men, and children affected by sexual violence.

⁶ Readers can refer to the publication produced by the ACPO Rape Working Group for an overview of the development and explanation of the service provision in SARCs. See the *Sexual Assault Referral Centres (SARCs) Getting Started Guide* available at <http://police.homeoffice.gov.uk/publications/operational-policing/sarcs-getting-started>

⁷ See Jones, H. and Cook, K. (2008). *Rape Crisis: Responding to Sexual Violence*. Dorset: Russell House Publishing.

Methodology

This report is primarily a qualitative study drawing information from interviews and visits in six case study sites. The qualitative data was complemented by quantitative monitoring data in order to provide an emerging picture of how support services are offered and delivered to victims of sexual violence in England and Wales. Both types of data are discussed in the sections below (see Appendix A for detailed information regarding the methodology, the participants and the research instruments used).

Research Questions

The evaluation strategy was designed with the intention of addressing some specific questions; to provide a process evaluation of how ISVA services were implemented; and to identify the context in which ISVAs work:

Organization:

- Has the host organization supported the ISVA to do the job?
- Does the ISVA service add value to the organization and if so in what way?
- Does the ISVA service complement or conflict with support services that are provided by the same organization or different organizations in the same area?
- What are the levers and barriers to providing an ISVA service?

ISVA:

- Have they provided timely and appropriate advice and rights based information to the victim?
- Have they provided timely and appropriate practical and emotional support to the victim?
- Have they increased victim safety and reduced the risk of further assault?
- Have they linked with IDVA services?
- Did they keep the victim informed about their case as it progresses through the criminal justice system (CJS)?
- Have they increased the number of victims who engage with the CJS and reduce their withdrawal from the CJS (attrition)?

Qualitative Data

The six case study sites were selected to provide in depth information about how the ISVA role was established and delivered in different settings, and aimed to compare service provision in these settings to similar sites that did not have ISVAs in post at the time of research.

The case study sites were as follows:

- Sites 1 and 2: ISVAs working in SARCs
- Sites 3 and 4: ISVAs working in voluntary sector projects
- Site 5: a SARC without ISVAs
- Site 6: a voluntary sector project without ISVAs

The qualitative data was gathered from:

- 93 interviews
- Site visits, observation and documentary data (see Appendix B for comparative information and detailed descriptions of the six sites).

The interviews were conducted with:

- Staff in SARCs and voluntary projects: ISVAs, counsellors, case-tracking coordinators, supervisors, and management staff (n=33)
- Referral/partner agencies: practitioners working in criminal justice, health, housing or voluntary sector agencies (n=43) and
- Victims/survivors of sexual violence: mostly female, accessing the sites for support and assistance (n=17).

Direct quotes from the interviews are denoted as “SVP” (staff at the sexual violence projects, including managers, counsellors, and ISVAs working in either SARCs or voluntary projects), “RPA” (referral or partner agencies) or “VS” (victim/survivors), followed by the site number (e.g. RPA2) which indicates whether they had ISVAs and if so in what locations (e.g., SARCs or voluntary sector projects). Unless stated otherwise, direct quotes are indicative of broad sentiment expressed by a majority of respondents.

Quantitative Data

Quantitative data was collected from 35 sexual violence projects, representing the first tranche of organizations to receive Home Office funding to employ an ISVA (including the six case study sites), giving an indication of: the types of clients being referred to the projects, and from where; the nature of the offences committed against them; the services provided to ISVAs working in SARCs and voluntary projects; and, criminal justice outcome information.

The main findings of this monitoring exercise of ISVA services are discussed in the next section and full details are available and further discussion is provided in Appendix C. In total, 6,507 individual cases were analysed as part of this evaluation (see Table C.1). The timeframe for data collection varied with some projects beginning in 2005, 2006 or 2007. Each was monitored until the end of 2007,⁸ although some projects (n=6) only submitted partial data for that year.

In many ways the monitoring exercise emphasizes the experience of ISVAs working in SARCs rather than in other settings. ISVAs located in SARCs had the longest period of monitoring as they received Home Office funding (and were required to submit monitoring information) earlier than ISVA services located in voluntary projects. Accordingly, the data are not equally distributed between SARCs and voluntary projects, as 8 of the 35 projects are SARCs yet account for 56% (n=3,644) of the 6,507 cases. SARCs also have a higher annual caseload. In 2007, the average number of cases submitted was 102 for voluntary projects and 267 for SARCs.⁹

Analyses for each group of monitoring variables were conducted first on the full sample of cases, then by type of project (SARC or voluntary), then by the six case study sites. Case study sites 5 and 6 are excluded from many of the analyses as they

⁸ Three voluntary projects submitted partial data for 2008, which is included in the overall total.

⁹ This figure changes to 225 after removing the largest SARC contributor.

did not employ ISVAs at the time of this research. The cases counted in those sites were therefore referrals to other workers; however, the agencies submitted data in order to help provide a comparison of ISVA settings to those without ISVAs. (If the figures for these sites are excluded, the total number of cases referred to sites which employed ISVAs, across all years, is 5,525).

Problems with the monitoring data (e.g., inconsistent monitoring tools, missing data, etc. see Appendix A) mean that the findings must be considered with a degree of caution; however, the results do provide a broad overview of the clients accessing services from SARCs and ISVAs, and the types of support that they received from ISVAs, working in a variety of different projects around England and Wales.

Finally, readers should note that a similar multi-site process evaluation of IDVA services was commissioned by the Home Office and conducted during the same time as the ISVA evaluation. As they are linked pieces of research, the findings from that study will be relevant to readers interested in the issues discussed here.¹⁰

Structure of Report

The report combines both types of data in order to describe the two settings in which ISVAs are located and how these settings impact upon their work (Section 1), the services they deliver, both to victims and to other organizations (Section 2), the way in which their role has been conceptualized, and can be contrasted with other existing posts (Section 3), their contribution to multi-agency partnership work and the challenges within this (Section 4), and finally to explain how host organizations 'take care' of ISVAs through current supervision, support and training arrangements (Section 5). A concluding discussion, including recommendations arising from the research, is provided in Section 6.

¹⁰ See Robinson (2009). *Independent Domestic Violence Advisors: A process evaluation*.
<http://www.cardiff.ac.uk/people/robinsona>

FINDINGS

1. ISVA SETTINGS

Introduction

One of the key aims of this research is to establish how the host (organization) setting and local (community) context affects the work of ISVAs. The evaluation strategy allowed for comparisons to be made between two different settings; SARCs and voluntary sector projects. The strategy also ensured that, within these two settings, comparisons could be drawn between settings with and without ISVA services. Both the quantitative and qualitative data are discussed here to address this aim of the research, and to make explicit any 'added value' that ISVAs bring to the areas in which they work.

National Overview

Table 1 below, is taken from the more detailed analysis and discussion available in Appendix C, and finds several notable differences in the two types of organizational settings in which ISVAs undertake their work. These differences have implications for what services will be required and how ISVAs deliver these services to victims and include:

- The demographic profile of clients receiving ISVA services can be summarised as white females, generally young, capable of speaking English, with few disabilities. This profile is similar across voluntary projects and SARCs, with the exception of age. SARCs generally had a younger client base than the voluntary projects (56% and 28% younger than 21, respectively).
- The majority of cases reported to SARCs are committed by strangers and acquaintances (73% combined, compared to 47% in voluntary projects), whereas more incidents committed by relatives, partners and ex-partners are reported to voluntary projects (48% combined, compared to 25% in SARCs).
- Voluntary projects have a more even spread of referrals across the four main referral sources (police/CJS, health, voluntary/charity, self), whereas SARCs have the highest proportion coming from police/CJS (80%). This is likely to be due to SARCs affiliation with and funding from police. Voluntary projects have twice the level of self-referrals compared to SARCs (25% compared to 11%).

It is important to reiterate, however, that problems with missing data make comparisons between settings (voluntary or SARC) and between the six study sites tenuous at best. For example, when the offence occurred (and the implications of providing services to victims of recent versus historical sexual violence) is a key area in which SARCs may be different from voluntary projects. However SARCs were not asked to submit this information as part of their monitoring exercise (but case study Site 2, a SARC, did submit this information). Although comparisons are difficult, we know from the case studies that Sites 3 and 4 saw a much higher figure of ‘historical’ incidents (offences that occurred during childhood accounted for 38% and 42% of their client bases, respectively) than did Site 2, a SARC (16%). The extent to which we can extrapolate this findings to the national level will require further research, involving the use of a consistent and improved monitoring tool across all types of projects (refer to Appendix A for full discussion).

Table 1. Clients and sources of referrals, by type of setting.

	Vol. projects	SARCs	All projects	Location of data
Total cases	N=2725	N=2800	N=5525	(App. C)
Client demographics				Table C.2, Table C.2a
Female	95% (n=2558)	94% (n=2602)	94% (n=5160)	
21 or younger	28% (n=682)	56% (n=1553)	43% (n=2235)	
Black or minority ethnic	11% (n=250)	12% (n=306)	10% (n=556)	
English language difficulties	3% (n=80)	2% (n=52)	2% (n=132)	
Disability (any type)	13% (n=253)	13% (n=338)	12% (n=591)	
Characteristics of offences				Table C.3, Table C.3a
Location of offence				
Domestic	72% (n=1502)	53% (n=1292)	53% (n=2794)	
Public places	20% (n=417)	47% (n=818)	24% (n=1235)	
Multiple perpetrators	15% (n=350)	12% (n=295)	12% (n=645)	
Type of perpetrator				
Stranger	16% (n=368)	33% (n=820)	23% (n=1188)	
Acquaintance	31% (n=705)	40% (n=974)	32% (n=1679)	
Ex-partner or partner	24% (n=550)	16% (n=403)	18% (n=953)	
Family member	24%	9%	15%	

	(n=540)	(n=215)	(n=755)	
Source of client referrals				Table C.4, Table C.4a
Police/criminal justice	19% (n=504)	80% (n=2204)	50% (n=2708)	
Health	15% (n=391)	2% (n=61)	8% (n=452)	
Voluntary/charity	24% (n=631)	2% (n=48)	13% (n=679)	
Self-referrals	25% (n=655)	11% (n=293)	17% (n=948)	

Notes: N=5525 cases from projects employing ISVAs. All percentages listed are valid percentages. Full findings are available in Appendix C.

The national monitoring data shows that the differences between the two settings investigated in this research are quite pronounced in terms of the characteristics of the client base, types of offences and the source of referrals. This is supported by the qualitative data which also highlights the different local contexts and working arrangements that affect how ISVAs deliver support to victims. In the next section, information from the case studies is used to describe the key differences impacting ISVA work in SARCs compared to voluntary settings.

ISVAs in SARCs

As stated previously, SARCs are a partnership model of victim service provision which aims to coordinate medical, legal and advocacy arrangements for victims under one roof. Since their introduction in 2006, ISVAs are the central point of contact for victims accessing services within SARCs, as they coordinate the different services required on their behalf. SARCs can be based within different settings (e.g., police, hospital, or other locations that are not part of statutory services), but they are closely aligned with police and health and tend to be based in these types of locations. This is reflected in the staffing contingent at SARCs, which typically includes staff seconded from health (e.g., doctors to conduct forensic medical exams or FMEs), specially trained police (e.g., Sexual Offences Liaison Officers or SOLOs) as well as other specialist workers (e.g., ISVAs or counsellors).

In contrast to the national picture, the three SARCs in this study are based in discreet residential locations (although Site 5 has two sites, one in a residential area and the other in a hospital). Two are managed by charitable voluntary sector organizations (Sites 1 and 2) whilst the other is managed by the police (Site 5). Sites 1 and 2 employ ISVAs. Site 5 does not employ any ISVAs, but instead has counsellors and a Case Tracking Coordinator or CTC (and there are plans to employ ISVAs in the future, discussed further in Section 3). Recall that a full description of the three SARC sites that participated in the research can be found in Appendix B

There are a number of advantages to delivering services for victims of sexual violence within SARCs. These have been documented in other research (Lovett et al., 2004),

leading to the government's current plan to implement them nationally.¹¹ The comments made by respondents in this research reinforce those previous findings, particularly on the ability of SARCs to produce a model of service delivery that enables a wide range of services to be successfully coordinated under one roof. Importantly, they provide an interface between two large, bureaucratic systems: the health and criminal justice systems. Respondents working in the SARC as well as those from partner agencies felt that SARCs were not simply putting old services into a new building, but actually delivering a different, improved experience for the victim. Commenting on the main benefit from adding an ISVA service to a SARC, one respondent from a partner agency involved the SARC Site 1 explained:

P12 (RPA1): The main benefit has been obviously that clients are getting the support and everything that they need.... And as for our organization, we know where to refer clients, because before we could only refer them to counselling... but now it's more seamless and straightforward instead of having to go to various places for different things, now they get it [all] under one roof.

In addition, SARCs, like multi-agency risk assessment conferences (MARACs) for domestic violence,¹² were seen by respondents to be effective mechanisms for getting partnership work started, or enhanced, around sexual violence (Robinson, Hudson & Brookman, 2008). The sustained and pronounced participation from members of the health service in SARCs is evidence of SARCs facilitating a more 'joined up' approach across relevant systems. This affiliation or indeed integration with statutory partners means that referral routes are clearer in sites operating a SARC, as the quote below from staff working in the SARC in Site 5 illustrates:

P62 (SVP5): But what works well is if somebody's being referred in through a police process by a SOLO [Sexual Offences Liaison Officer], if that SOLO officer can actually bring them here for that very first appointment, it makes it so much easier for the client as... making that first step is the hardest. And that does work very well. And I suppose from the victim's point of view it demonstrates the police commitment and the police support to the whole process as well.

Although the participation of statutory services is essential for the delivery of the SARC model, given what SARCs aim to achieve, staff working in the 3 SARCs studied here commented on the usefulness of *not* being based within statutory settings:

P18 (SVP2): I think the fact that ISVAs are independent from those agencies is really important... because the clients don't associate them with those agencies... so if you were to have an ISVA based in hospital or police station it is likely that their duties would get pulled into other directions, whereas being based in agencies like ours it is easier to resist.

P1 (SVP1): I think as well because we're a voluntary organization working with two strong statutory bodies, being health and police, I think that they were very wary of us first of all. Because we hear a lot of complaints [from] people that don't think that they've been treated the way that they should have been either by a doctor or by the police. And we can only learn by sharing that information and then growing from it, so taking it as constructive criticism.

P63 (SVP5): ...personally I would suggest the best place for an ISVA to be set would be not within Police, Health or any other big organization (but in a) charitable organization certainly within a setting where that person would have the power to help challenge the local authority and police and all of those big, big organizations.

¹¹ For example, in the study of three SARCs (and three comparison areas without SARCs) conducted by Lovett et al. (2004) it was shown that: SARCs increase access to services and support in a significant number of cases and importantly among those who do not report rape to the police (due to the possibility of self-referral); a higher proportion of cases resulted in examinations in SARC areas; a range of immediate, short and longer-term support options were provided by SARCs and that victims/survivors welcomed the proactive contact. In particular, victims valued the automatic provision of female examiners and support staff; proactive follow-up support; case tracking; advocacy; and easy access through the telephone to advice and information .

¹² MARACs are multi-agency risk assessment conferences for very high-risk victims of domestic violence (see Robinson, 2006; Robinson & Tregidga, 2007).

In summary, the key advantage for ISVAs working in SARC's is that they are working in a setting which has an inherent multi-agency approach combining the different and complementary strengths of voluntary and statutory agencies into one model of service delivery. Respondents in the SARC's studied here commended the fact that they were *not* based within statutory settings, as this was felt to have negative implications for the ability of ISVAs to be perceived as independent and to challenge the practice of their statutory partners.

ISVAs in voluntary sector projects

Voluntary charitable organizations tend to be community-based and have historically offered services to women who have been raped or suffered sexual abuse from men known to them, perhaps some time ago, and which may not have been reported to the authorities. These organizations tend not to be formally affiliated with police or other statutory services, and therefore are not as aligned with criminal justice compared to SARC's. This is apparent in their referral sources (nationally, less than 1 in 5 referrals to a voluntary project come from police or criminal justice agencies, see Table 1). The staffing contingent of voluntary projects tends to be smaller compared to SARC's, and some operate with the use of volunteers. Of the three voluntary projects studied here, two employ ISVAs (Sites 3 and 4) and one (Site 6) does not. These sites provide a comparison in terms of how a less statutory-affiliated organizational context affects the work of ISVAs. Recall that a full description of the three voluntary sector projects that participated in the research can be found in Appendix B.

The key difference to emerge from the qualitative data for ISVAs working outside of SARC's was in relation to the partnership/multi-agency aspect of their role, as there was variation in the level to which voluntary sector projects were engaged with other local agencies. Crucially, the voluntary sector projects who employed ISVAs (Sites 3 and 4) felt that having an ISVA in post had raised their ability to engage with, and influence, partner agencies. This was accomplished with a lot of time and effort invested into activities such as attending meetings, making presentations, and generally making themselves known to partner agencies.

P28 (SVP3): So I think the ISVA project has been fantastic for us and it has been a lever in gaining credibility and to actually be commissioned [on] what we provide.... I think before we launched this ISVA project we were very inward thinking as an agency ourselves... now I think there is much more of a framework for sharing information so we are up front and honest about who our clients are, what we're doing with them and we liaise more with external agencies.

P50 (SVP4): So for us to have ISVA work here and have it funded has enabled us to engage with statutory services [like the Police, and CPS, whoever, around sexual violence. And much more so than before, because before it was that we were doing it, but it was primarily focused on counselling. Now we've all gotten involved... that's because of ISVAs.

As ISVAs are inexorably linked with other statutory and voluntary agencies providing services to victims of sexual violence, maintaining effective referral processes and working relationships is essential for the delivery of ISVA services. Unlike those working in SARC's, some respondents from the voluntary sector projects felt that their referral routes with police could be improved, as there was concern that not all potential clients were being referred to the ISVA service.

P27 (SVP3): There are still huge gaps where Police officers do not tell people about us.... And people get referred to us quite late. So they might, if the doctor doesn't know about us, they'd refer them to the mental health services, they might wait months and then finally get an appointment and then get sent to us. I think its people's lack of awareness of what's available for their client group really. So the right people aren't being made aware of our service....

These concerns were echoed by partner agencies working with voluntary sector projects, some of whom voiced a need for more formalised referrals structures to govern how contact with ISVAs is made.

P32 (RPA3): I'd like to see in the Police force [for] any type of offence like that, or and incident, or a crime, having a standard tick box or a standard or, a standard assessment of referring to the ISVA. That needs to be done so that they do get all the type of offences rather than a mismatch of people who know about them referring.

P59 (RPA4): I have a concern specifically in relation to ISVAs that the Police at the point of reporting don't always necessarily know that that service is available and don't make information available about the service.

Independence was viewed as a key benefit of providing ISVA services within the voluntary sector, which was, on the whole, seen to be more aligned with victims' needs than the statutory sector. Some respondents from partner agencies also perceived a greater willingness from victims to access services from a voluntary rather than statutory agency.

P37 (RPA3): Because they are a voluntary agency, it gives them a different standing in the community. The statutory agencies are always seen as part of the machine if you like, whereas a voluntary agency will always be seen as much more of a service I think. I think people are much more likely to approach a voluntary agency in a time of need rather than an establishment organization.

Respondents from the voluntary sector projects felt strongly that it was necessary to have independence from statutory partners (e.g., police and health) if there was to be effective delivery of services to victims of sexual violence. Primarily because it was felt that victims were more likely to self-refer to voluntary sector organizations (and indeed, this perception is consistent with findings from the national monitoring data, as shown in Table 1), these settings were often perceived by respondents as more independent than SARCs (a perception that would be difficult to substantiate without further research, especially research accessing the opinions of victims on this matter).

P27 (SVP3): I don't think people feel judged by coming here, I think people feel accepted, and they might not feel that in a mainstream service [like SARCs].

P51 (SVP4): And it would be awful if we had [a] set of ISVAs based in the police or probation, it wouldn't work, you cannot provide that intensive support if you do that.. A lot of the women aren't going to go to a Police or probation officer, as they may meet a perpetrator there at the police situation. They may not want to enter those settings. In an independent setting they are going to feel safe.

Regardless of these views, it is notable that, in all three of the voluntary project sites, plans were underway to develop a SARC. Those respondents in areas without SARCs saw the value in them, and consequently were in the process of implementing them in the near future. In short, SARCs were viewed as the 'way forward', but in a way that did not detract from the necessity of continuing existing voluntary sector projects.

P56 (RPA4): We don't have a SARC locally and that is a disadvantage to our women. And if they need to be medically examined they are either having to go into doctors' surgeries and seeing people that are not skilled and trained in working with people who've been sexually assaulted, or their having to leave and travel many miles to go to a specialist facility. And that is a disadvantage for us.

P84 (SVP6): I mean there's obviously a SARCs project [that] is beginning to be setup. I think once that's setup that will help, and help people who have been raped or sexually abused in the present time. But a lot of our clients are historical rape and sexual abuse, so a SARC centre wouldn't help them, they still need to come and see us here.

In summary, ISVAs can provide a 'boost' to the local standing of voluntary projects, but the difficulty is that they are working in multi-agency partnerships on sexual violence that seem less established than those study areas with SARCs. Operationally, this can cause difficulties, as the lower proportion of referrals from police and health indicates. Furthermore, this was an issue in the voluntary projects employing ISVAs, rather than in the SARCs, where police are actually embedded into the model of service delivery itself. Despite the concerns raised over the *perceived* lesser 'independence' of ISVA services located in SARCs, all three areas recognised their value and plans were underway to add SARCs to the complement of services available locally.

Conclusion

The aim of this section was to describe the advantages and limitations of locating ISVAs in two different settings. Firstly, it was identified that the two settings have very different client bases and referral sources. The level of multi-agency engagement also differentiated the two settings: varying degrees of experience and engagement in multi-agency working have implications for the 'added value' that ISVAs can bring to host organizations. ISVAs benefited from working in an established multi-agency setting when they were based at SARCs, but the affiliation of SARCs with statutory partners was perceived by some as a disadvantage, particularly in terms of their ability to be perceived as independent. ISVAs working in voluntary projects, on the other hand, had to work harder to establish and maintain relationships with other agencies, but their perceived independence was seen to be greater. The debate over whether the independence of ISVAs is indeed compromised by their affiliation with statutory services needs further research before it can be substantiated as an actual limitation of this model of service delivery. What is clear from this research is that the setting affects the types of referrals received. As a direct consequence, the types of victims served and the services that they require are likely to be similarly affected.

2. SERVICES DELIVERED BY ISVAs

Introduction

Although 'ISVAs' as a distinct type of support worker have not been studied before, elements of what has become 'the ISVA role' have been commended in past research. In their 2004 study, Lovett et al. (2004) noted that victims wanted a 'more flexible and practical form of support' in the immediate aftermath of sexual violence, and that support, advocacy and information were their priority requirements (p. 74).

The findings in this section relate to the two key aims of the evaluation, establishing whether ISVAs:

1. Provide timely and appropriate information, support and advice to victims of sexual violence; and,
2. Increase victims' engagement with the criminal justice system and reduce the number of withdrawals (i.e., attrition) during case progression.

Findings from the national monitoring exercise are presented in order to describe the types of services provided within each of the two settings. This section then describes the way in which contact is made with victims, before proceeding to detail the specific types of services provided by ISVAs.

National Overview

The national monitoring data show that there are some distinctions to be made in terms of service delivery across the types of settings in which ISVAs work. It must be noted that making such comparisons is problematic for several reasons. First, the type of monitoring depended on the type of project. For example, SARCs had a dedicated section of monitoring that was focussed on providing health services (e.g., FMEs, prophylactics against HIV, etc.) that is not address in the same way, or to the same extent, by the monitoring of the types of services on the ISVA form. It also resulted in some SARCs that employ ISVAs choosing to complete the SARC monitoring only rather than both types of forms.¹³ This was compounded by a significant level of missing data from voluntary sector projects (upwards of 50%). Thus, making sensible comparisons in services provided by ISVAs working in the two settings is fraught with difficulty.

Second, the comparison sites (Sites 5 and 6) did not submit most of this information about services delivered in their projects, since questions were asked about 'services provided by ISVAs to victims' and these sites did not employ ISVAs (however Site 5 did submit the SARC service data). Consequently, we cannot consistently ascertain whether employing ISVAs (regardless of setting) resulted in more services being provided to victims, using the national data available for this research. Although useful for providing some preliminary information about the services provided within particular settings, further research is needed using a consistent monitoring tool before reliable comparisons can be made about service provision across settings.

The national monitoring data presented in Table 2 below indicate the following findings with regard to service provision within each of the settings:

- For ISVA services located within SARCs, the most commonly reported service was for a forensic exam with police involvement (77%), and the most commonly made referral was to sexual health services (42%).
 - More forensic exams were conducted in SARCs with ISVAs (77%) than the one SARC without ISVAs (39%). More referrals were made to sexual health services in SARCs with ISVAs (42%) than the one SARC without ISVAs (1%).

¹³ Unfortunately this decision was not taken consistently across the questions so it is not simply a case of choosing one form or the other. Rather, there are overlapping answers in some cases (e.g., where referrals to a particular source are counted in both forms) and they do not always 'join up' (i.e., a 'yes' is not always a 'yes' across both forms, when both forms are used).

- For ISVA services located within voluntary projects, the most commonly reported service was to assess clients' support needs (90%), which happened more frequently than for ISVAs located within SARCs (77%).
 - No information is available to allow a comparison with sites that did not employ ISVAs.
- For ISVA services located within voluntary projects, the most commonly made referral was to counselling (60% to in-house and 22% to external counselling services). The comparable figures for ISVAs located in SARCs are 14% and 4%, although they were asked about 'voluntary sector counselling' on their own monitoring form and this figure was 33%. SARCs also reported 24% of victims took up counselling at the SARC. Therefore, it is unclear whether the level of counselling differs according to the setting.
 - No information is available to allow a comparison with sites that did not employ ISVAs.

Table 2. Services provided by ISVAs, by type of setting.

	Vol. Projects	SARCs	All projects	Location of data
Total cases	N=2725	N=2800	N=5525	(App. C)
Most common service provided at project (SARC form)		Forensic medical exam with police 77% (n=1870)		Table C.5, Table C.5a
Most common service provided at project (ISVA form)	Support needs assessed 90% (n=1928)	77% (n=1464)	83% (n=3392)	Table C.7, Table C.7a
Other services provided (SARC form)				Table C.5, Table C.6
In-house counselling		24% (n=550)		
Referral to external counselling		33% (n=350)		
Referral to sexual health services		42% (n=445)		
Other services provided (ISVA form)				Table C.8, Table C.8a
In-house counselling	60% (n=966)	14% (n=201)	38%, (n=1167)	
External counselling	22% (n=287)	4% (n=79)	11% (n=366)	
Sexual health services	15% (n=200)	7% (n=130)	10% (n=330)	

Notes: N=5525 cases from projects employing ISVAs. All percentages listed are valid percentages. Full findings are available in Appendix C.

It is probable that it is the location of the ISVA service, and not the individual ISVA *per se*, that has a significant impact on the range of services that can be, and are provided to, victims. At this stage, however, the national monitoring data do not allow this conclusion to be drawn. Another potentially important distinguishing factor of SARCs versus voluntary settings is the time between referral and first contact, and the main mode of contact with victims. Unfortunately, this information was not routinely collected as part of SARC monitoring (cf. Site 2), although information about the mode of contact is available for the voluntary projects and discussed below.

ISVAs' Mode of Contact with Victims

Making contact with victims of sexual violence to offer advice and support is the core business of an ISVA. Proactive, on-going contact to keep victims informed and supported was noted as particularly welcomed practice in previous research (Lovett et al., 2004). All study sites offered multiple ways of making contact with victims, including face-to-face support, telephone helplines, and out-of-hours services. The monitoring data indicated that the main mode of contact was a combination of face-to-face and telephone, depending on the needs and desires of the victims (however this data was not routinely collected from SARCs). As the interviews revealed, it was not the case that face-to-face should be viewed as the 'gold standard' of contact, as many respondents spoke of the necessity of having a range of options.

P53 (SVP4): ...some women stay as telephone clients. So we keep that contact until they gain confidence and say who they are. I've worked with women for 18 months to 2 years before I've got [their] first name. Then they might come in but they won't give you contact details, until they feel safe.

P62 (SVP5): Basically we offer the service either by a letter, we can text people, or we can phone them. And the majority of people, I would suggest 99% of people, like the telephone contact, and want the telephone contact.

P29 (SVP3): I always try to ring and text clients, texting has become great for clients. Because it's kind of 'Well she's thinking about me, she knows I'm here, she cares'.

When the victims interviewed for this study discussed contact, they were more likely to comment on the style (approachable, friendly, non-judgemental) and frequency of their contact *throughout*, rather than simply at first contact.

P61 (VS4): If she's not here, I can leave a message and then she phones me back as soon as she's able to really. I've never even waited 'til the next day before she'll ring... so she always gets back to you the same day.

P24 (VS2): Well, ever since I first went to the Police really... they put me in touch with [ISVA] almost straight away, so I've been in contact with Women's Aid and the SARC more or less ever since the beginning. So no, they've always been there right from the first few weeks.

P48 (VS3): I knew that I had somebody at the end of the phone twenty-four hours a day... with the person who was dealing with me, I felt safe all the time.

In summary, there can be no 'hard-and-fast' rule about what is the best type of contact with victims. Whether their contact with ISVAs is 'timely and appropriate' is best assessed by victims and will vary according to what they need and desire from ISVAs. The ability of ISVAs to tailor the method of contact to suit the individual victim's preference, just like their ability to meet the individual needs of victims in terms of the

services they require (as we will see below), is a key benefit of ISVA service provision, regardless of the setting.

Services Delivered by ISVAs

The main responsibilities of an ISVA can be broadly grouped into the following areas, each of which is discussed further:

- *Advice and support*: providing crisis intervention and non-therapeutic support to victims; providing other types of practical help and advice;
- *Supporting victims through the CJS*: giving information and assistance through the criminal justice process as requested/required; and,
- *Multi-agency partnership working*: liaising with partner agencies in a multi-agency context, providing 'institutional advocacy'.

1. Advice and Support

Providing support at the point of crisis was widely considered by respondents working in the projects to give a timely opportunity to help clients learn to avoid adopting negative coping mechanisms (e.g., alcohol/drug abuse, withdrawing from family and/or friends, self-harming, criminal activity, etc.). Crisis intervention and support includes listening to the fears and concerns of the victim, and providing advice and information that is tailored to their individual needs, which is only possible by maintaining regular contact with them. Obviously providing crisis intervention will not be feasible for many reporting historical abuse and/or accessing services some time after the incident; therefore, crisis intervention is likely to be a more common feature of the work of ISVAs located in SARCs rather than voluntary projects, since they are more likely to be supporting victims of recent rather than historical sexual abuse.

At the initial stage of contact, ISVA support is crucial for building up a trusting relationship that the victim can depend upon throughout the process. This type of work was perceived, especially by staff working in both SARCs and voluntary projects, as having the potential to lead to longer-term positive benefits to victims' well-being, mental and physical health:

P1 (SVP1): So it is a preventative, having an ISVA in place is a preventative program of not picking up the negative crutches ... a lot of our client's we've found they've worked through enough by being held by the ISVA, they don't need long term counselling.

P30 (SVP3): I guess by us intervening as early as possible it could prevent lots of other services needing to be used down the line, for example the NHS with regard to pregnancy, or HIV, or those kinds of services. Also mental health services, if we can intervene and put the support in place early on I suppose it could save quite a lot of money down the line with regard to a number of agencies within the health authority.

For the majority of the victims interviewed, the support provided by an ISVA was often cited as what enabled them to 'pull through' the trauma caused by the sexual violence. Again, it was the unique ISVA combination of establishing an emotional connection with the victim, in addition to providing whatever practical assistance and 'signposting'

to other necessary support that the victim required, that seemed to make all of the difference.¹⁴

P61 (VS4): I mean I've got to say, the whole organization, they're so there for you all the time. You know, [ISVA] supported me all the way through with the Police and everything. She reported it for me, came to the interviews with the Police, she's been to hospitals and doctors with me, she helped me get off alcohol, and drugs. I just can't, you know what I mean, without these [people] I truly wouldn't be here today. And I say that with my hand of my heart. And even when my husband's phoned a couple of times to try to see what he can do, they've even tried to help him. They're so supportive all the way down the line...

P43 (VS3): If I hadn't had any support I really, to be honest I think I'd have ended up losing the plot, and me kids would have been in care, because I'd hit rock bottom with what had happened. I needed to be strong for me daughter and me family, and [ISVA] helped me do that.

Victims also commented on the ability of ISVAs to 'do everything' in terms of helping them through the trauma of having experienced sexual violence. Having this one key worker helped to prevent them from feeling shuttled between agencies, and also helped to ensure that the actions of other agencies were coordinated on behalf of victims, increasing their safety.

P24 (VS2): They've done everything. They helped me [get] alarms fitted in my house, they helped me through all that procedure. And making sure that I'd got numbers for Women's Aid, and refuges and everything like that. So... they've always made sure that I've always got someone to contact. And they were watching over to make sure things were done, and to make sure like he wasn't arrested before safety plans were put into my house.

ISVAs had the expertise and knowledge to provide practical advice and information in a holistic way that covered all of the relevant systems, especially health, housing and the criminal justice system (discussed in the next section). For example, making referrals to sexual health services constituted was the most common type for ISVAs working in SARCs (42%, see Table 2). Providing what victims required, depending on their individual circumstances, was considered to be a defining feature of ISVAs' work, and they tailored the types of practical assistance they provided accordingly. Other staff within sexual violence projects had specific boundaries, whereas the ISVA role was felt to encompass whatever forms of advice, guidance, information and support that the victims needed.

P51 (SVP4): The holistic nature of providing the support is really important. So if a woman comes in here and has issues about her benefits or housing issues, stuff with the police, or legal system, child protection issues, we do it all. And if we don't know how to do it, we bring a worker in who does it in here with her, so she's only go to come here.

Practical support, of whatever type needed by the victim, is a critical way that ISVAs are able to distinguish themselves from other types of workers, as discussed in Section 3.

In summary, the ability of ISVAs to provide advice and support to victims was credited with providing the opportunity for victims to avoid adopting negative coping mechanisms, thereby helping to improve their safety and potentially reduce their risk of further assault. Furthermore, the emotional assistance and practical support provided by ISVAs was described by the small sample of victims studied here as having been essential for their own recovery.

¹⁴ This is consistent with research on providing advocacy to victims of domestic violence (Cook et al., 2004; Howarth et al., 2009; Parmar et al., 2005; Robinson, 2003, 2006, 2009; Sullivan, 1991; Sullivan and Bybee, 1999; Vallely et al., 2005).

2. Supporting Victims through the Criminal Justice System

A fundamental feature of the ISVA role is that they help victims navigate their way through the criminal justice system (CJS). In this section, the quantitative and qualitative data are discussed in order to ascertain whether the support and advice provided to victims (as described in the preceding section) result in an increase in victims' engagement with justice agencies, producing a reduction in the attrition of sexual violence cases as they progress through the CJS.

Table 3 provides the criminal justice information from the national monitoring data. As indicated previously, there were problems with the completeness and accuracy of the monitoring data which means these findings should be interpreted with a degree of caution:

- A much higher proportion of cases in SARCs are reported to the police (77%, or 92% excluding missing data), a likely consequence of the police being the main source of referrals to SARCs.
- SARCs have more missing information when it comes to the outcomes of these cases (unknown crime classifications in 79% of 2149 cases, unknown court outcomes in 20% of 119 cases) compared to voluntary settings (unknown crime classifications in 12% of 1063 cases and unknown court outcomes in 13% of 390 cases).
- The conviction rate is remarkably similar across settings.

In terms of CJS services, two forms of advice are detailed in Table 3.

- ISVAs provided information on legal options in 41% of cases and provided regular information on the victim's specific criminal case in 27% of cases.

These figures rise slightly if we only take into account those cases reported by police. It appears that more CJS-advice is provided by ISVAs in voluntary settings, or that the problems with monitoring services delivered across the two settings (described previously) are affecting the findings. Either way, given how the ISVA role has been conceptualized and the known working practices of ISVAs, it seems unlikely that these figures represent a true estimation of the amount of criminal justice information and support provided to victims. For example, there were many comments made under 'other practical support offered' that could be categorised as 'providing information about the CJS' (see Table C.7); however, this was a 'catch all' part of the form that was reserved for any type of write-in comments. Problems such as these indicate that there was confusion about how to monitor the criminal justice support offered by ISVAs to victims within the data monitoring forms.

Table 3. Criminal justice information, by type of setting.

	Vol. projects	SARCs	All projects	Location of data
Total cases	N=2725	N=2800	N=5525	(App. C)
Criminal justice information*				
<i>Reported to police</i>	39% (n=1063)	77% (n=2149)	58% (n=3212)	Table C.9, Table C.9a

<i>Police classification</i> Detected/charged	37% of 1063 (n=390)	6% of 2149 (n=119)	16% of 3212 (n=509)	
Unknown	12% of 1063 (n=126)	79% of 2149 (n=1701)	57% of 3212 (n=1827)	
<i>Court outcome</i> Convictions	27% of 390 (n=104)	28% of 119 (n=33)	27% of 509 (n=137)	
Unknown	13% of 390 (n=50)	20% of 119 (n=24)	15% of 509 (n=74)	
ISVA services**				
Provided info on legal options	84% (n=1428)	29% (n=81)	41% (n=1509)	Table C.7, C.7a
Provided regular info on criminal cases	52% (n=692)	14% (n=217)	27% (n=909)	

Notes: N=5525 cases from projects employing ISVAs. *Percentages are derived from the preceding (applicable) figure rather than the total number of cases. ** Percentages listed are valid percentages. Full findings are available in Appendix C.

Data from the case studies (interviews and project documents) showed that at a minimum, ISVAs must be able to provide information about the court process, explain what will be expected in terms of giving evidence, how to make a victim personal statement, implications of making a withdrawal statement, and help arrange and/or attend pre-court visits. ISVAs and their partners working in other agencies were adamant about the necessity of this element of the ISVA service, as this quotation from a practitioner in Site 4 attests:

P57 (RPA4): Because I think most of the time people have got a view that 'This is what is going to happen' and it could be totally wrong, and the anxieties might actually be unfounded, but that's because they don't actually have the information. And having somebody who knows [the criminal justice process] stage by stage, and the people to get in contact with when a problem arises, is very important.

Respondents were also clear that this support was provided to victims in a way that was independent from the aims and objectives of their partners working in criminal justice agencies.

P29 (SVP3): What is unique about that [ISVA role] is that you really get to know your client very well and build up a very trusting relationship.... They know that I am independent from anybody, that I am there to specifically help them, they are my priority. That's what's unique about an ISVA, the independent part of it, I think clients feel a lot safer, and a lot more trusting when they realize that you are independent.

Not surprisingly, victims spoke very highly about receiving this type of assistance, which made them feel less alone and more empowered through what, by all accounts, is a very daunting criminal justice process.

P26 (VS2): I felt there was nobody there for me even though I had special measures. So the following morning [the ISVA] did actually ask if she was able to come into court and she was able to sit in the few seats behind me which just gave me a bit of

a, not a boost or a lift, but just knowing there was some moral support actually sat there behind you, someone who knew what you were going through and was there, almost helping hold me upright if you like, so just knowing there was just one physical presence in the room that, you know, could be there for me, was really good. It made a big difference for me.

Although a small sample, the victims interviewed also felt that ISVAs were the one person who could, and did, provide them with the information that they needed about their cases – above and beyond any other practitioners with whom they had come into contact.

P43 (VS3): Yeah, because what it is, when I get involved with the Police I don't get any answers. But when [ISVA] does, I get all the answers I need, like what it was, she arranged a meeting with the CID, herself and myself, so she could find out from them what was going on, because they wasn't telling me anything.

P60 (VS4): ...any questions that I had to ask all the way throughout this, I felt that I've got the correct information from [ISVA]. And if she couldn't answer the question there and then she's always found the information for me. So I've never thought that I needed to go somewhere else.

The majority of respondents working in referral/partner agencies were quick to comment on the importance of this part of the ISVA service, as they felt that ISVAs explaining to victims what the process was likely to be at the beginning, and providing support throughout, was felt to increase the chances of having successful court outcomes; for example, enabling victims to give their evidence in court, reducing retractions and obtaining convictions. As mentioned earlier, it is difficult to substantiate these feelings with the monitoring data available at the time of writing.

P1 (SVP1): I believe if the ISVAs do a correct fast track, immediate support, if they do that in the correct way and is there for that client in a holding session then when that person gives the interview it's a much clearer interview... if we've reduced the trauma level at that time when that statement is taken it should be a clearer statement, and the real bad parts that their mind would have stepped back with and blocked off will be easier recalled.

P53 (SVP4): ... What we do very well as ISVAs is to support women from the start to the end. So I think there'd be less, a woman who has an ISVA supporting her is less likely to withdraw from the system half way through or towards the end of it, because they've got someone there.

It is overly narrow, however, to view advocacy in relation to a criminal case as *only* required or provided from 'report to court', because support from ISVAs is often necessary before victims will decide to report an incident of sexual violence to the police in the first place. The monitoring data revealed that only 58% of cases were reported to police (77% in SARCs and 39% in voluntary projects), see Table 3. Therefore, ISVAs were seen to be necessary to encourage victims to engage with key stages of the CJS (e.g., reporting to police, especially for voluntary sector projects, making a statement, attending court, etc.).

P2 (SVP1): And I think that actually coming here and talking through the options, being aware that it could take a long time, and the problems attached to it, but for they're own good to report it... It's really helped them to actually phone the Police and make a statement.

Given the fact that there are low conviction rates for these types of cases at court respondents highlighted the importance of providing post-court support:

P52 (SVP4): Because out of the last twenty-five years we could count on one hand how many guilty that we've had, so our work really begins on the not guilty, or the adjourned... Because women will want to move, they want to regain control of their life, and often that involves considerable amount of advocacy.

P86 (SVP6): What we're usually working with is a not guilty verdict and the catastrophic effects that has on clients.

The benefits to be accrued from providing ISVA support through the CJS were clearly acknowledged by the majority of respondents. Most importantly, these benefits include keeping the victim informed about their cases as it progresses through the CJS and offering any advice and/or support that is required at the various stages of case progression (i.e., 'from report to court'). These benefits were perceived by some to increase the willingness of victims to engage with the CJS, although these perceptions could not be substantiated by the national monitoring data. Other respondents did not make this link, but felt that helping victims of sexual violence navigate the 'daunting' CJS was nevertheless a worthwhile benefit in its own right.

It is therefore worth noting that these ISVA activities may not easily translate into a reduction in attrition, as hoped for by the Home Office. Successful engagement with the CJS, from the perspective of victims or those supporting them such as ISVAs, may simply constitute imparting an individual with the courage to make a formal statement (although no conviction is eventually achieved), or handling the trauma from a negative court experience or outcome successfully. These benefits will not be as easily measured as standard CJS outcome information, and as such cannot be assumed to be reflected in the same.

3. Multi-agency partnership working

Drawing upon the interview and case study information, this section describes the value added to local multi-agency arrangements by ISVAs liaising with partner agencies and delivering institutional advocacy. As stated previously, this is the third part of the ISVA job description and one that was seen to improve local partnership work on sexual violence. Staff in both SARCs and voluntary projects were willing to invest time in learning about their local partners, and developing and maintaining productive working relationships. As a result of these efforts, they were beginning to experience the benefits of partnership work.

P29 (SVP3): ...now [I'm] doing quite a lot of networking, getting your face known, getting to know other people by networking at different forums. I think that's very important, since I've been really putting myself out in [city] now... there's lots of people that I'm now on first name terms with, different refuges and different agencies, which is great.

P72 (RPA5): I guess partnership working would be key... because we have such a cohesive communication strategy with paediatricians, social workers, children and adults services, probation, crown prosecution service, the voluntary agencies. If any agency saw that there was some kind of problem or had an issues or needed to discuss an issue, they would know exactly who to phone up to, and we would resolve things together.

P87 (SVP6): I think that probably one of the things that I've discovered is [how] important networking with other organizations [is] more networking and more contact between the organizations is very helpful. I find this quote difficult to grasp.

Having a multi-agency dialogue helped ensure that the victims' perspectives were kept at the centre of operational practices.

P70 (SVP5): So it's really about emphasizing the importance of how we all talk together, and how we put ourselves in the position of the victim, and how we are sensitive to language and terminology.

The ability of ISVAs to deliver institutional advocacy to their multi-agency partners appeared to be a key benefit following the introduction of ISVA services into local areas. Institutional advocacy refers to providing support and advice to institutions rather than to individuals. It is the process by which partners in multi-agency initiatives

learn and improve their practice. Theoretically, ISVAs are uniquely placed to deliver this service because they have experience working within and across different agencies as they coordinate services on behalf of victims. There were many examples of providing advice or information to partners from ISVAs that, in turn, improved multi-agency practice around sexual violence.

P21 (RPA2): To me it's wonderful, because I can refer people to [ISVA] and she's then got links through agencies that she partners in, where she can help clients out with all sort of things, from housing matters, all sorts of complicated things that previously we were trying to do.

P64 (SVP5): ... with regards to the Police side I've got no doubt that if you weren't there to keep badgering them... because yes I do contact the IP [Injured Party] every two or three weeks. But I also keep doing it to the officer, and I know for a fact that if you didn't do that... sometimes I'll ring them up and say 'I'm just ringing up, I'm about to give [victim] a ring, and I wanted to know' and they'll say 'Well actually I haven't done anything but I'm about to' and you know that it absolutely wouldn't have happened, you know.

One example of particularly good practice seemed to be the setting up formal arrangements whereby performance was reviewed, enabling partners across agencies (e.g., the CPS, police, staff at the SARC) to discuss and learn from the cases with which they had been involved, on a regular basis. The meetings provide a chance for on-going learning, where partners also have a chance to reinforce good working relationships and spot problematic issues early on.

P62 (SVP5): The CPS hold quarterly meetings where every single case that's been passed to them is reviewed by their rape coordinator... Every single one of them is reviewed, with a view to identifying what went wrong, if indeed anything did go wrong in anybody's opinion. And what best practice or what good examples we can lift from that ... it genuinely gives people the opportunity to challenge each other, but obviously it's done very professionally. And I think with a genuine passion to improve the service to the victim.

In summary, ISVAs provided services that went beyond the individual victims and contributed to improved multi-agency partnership work on sexual violence. Because productive working relationships with partner agencies are required to enable effective and appropriate service provision to victims, it is imperative that this aspect of the ISVA job is valued and continues. Barriers to providing the multi-agency part of ISVA services need to be identified and addressed. This is the focus of Section 4.

Conclusion

The evidence in this section clearly documents that varied and important services are delivered by ISVAs, both directly to victims and also to their multi-agency partners. The unique nature of ISVAs' work with victims – a combination of emotional and practical support – was seen by referral partners to add value to the local response provided to victims of sexual violence. Support from ISVAs was seen by the victims interviewed as essential for their own recovery. Whether this type of assistance directly translates into improved criminal justice outcomes (i.e., reductions in attrition) was harder to identify. ISVAs also 'added value' to local partnerships by providing institutional advocacy. Furthermore, the work that ISVAs do in supporting victims through the CJS must be seen in relation to the comparable work that goes into supporting victims more generally; before the crime is even reported, after the conclusion of any criminal case, and in cases not involving the CJS. As ISVA support can be accessed by victims that choose not to engage with criminal justice, this must be considered only one part of their role.

3. ROLE OF THE ISVA

Introduction

Given the newness of the ISVA role, it is helpful to discuss similarities and differences with other types of workers providing specialist support to victims of sexual violence. Because all of the sites studied had been delivering various types of emotional and practical support to victims well in advance of the creation of the ISVA role, at the time of this research ISVAs were working alongside other trained workers (e.g., counsellors or case tracking coordinators). In some cases, these workers had taken on the ISVA role. Therefore, one element of the current research was to establish:

- Whether the ISVA service complements or conflicts with support services that are provided by the same organization or within a different organization; and,
- In what ways the ISVA service 'adds value' to the host organization.

Respondents working in the six case study projects consistently wanted to convey their agency's ethos, the foundation of which was about facilitating the empowerment of those who have experienced sexual violence, and allowing them to take back some control over their lives. The work that ISVAs do – right from their first contact with victims – was felt to be consistent with this ethos. Because of the perceived consistency between the function of an ISVA and the overall philosophy of the organization, respondents felt that the ISVAs were fully embedded (in both SARC and voluntary projects).

P27 (SVP3): We don't make assumptions, we provide the tools for change, information and advice and guidance... we're interested in empowerment, rather than the 'there, there' approach.

Differences between ISVAs and Counsellors and Case Tracking Co-ordinators

This section discusses the interview data pertaining to whether the introduction of the ISVA role was seen to complement or conflict with existing staff roles in the projects, especially counsellors. It was widely acknowledged by respondents working in both SARC and voluntary settings that ISVAs as well as counsellors provided the absolutely necessary support and empathy towards their clients' emotional needs; however, this was viewed as one part of the ISVA role in contrast to the main focus of counselling. The difference was also one of degree, with the emotional work undertaken by ISVAs being classed as 'non-therapeutic support' that could be provided in a number of ways, whereas counselling must be delivered via formal face-to-face counselling sessions with a qualified counsellor. The following quotations further highlight the differences between these posts:

P19 (SVP2): It's not coaching, it's not counselling, counselling is the psychodynamic therapy where you go into their past, there's none of that, it's grounding, it's supporting, it's making sure they're safe and that they've got support out there, and coping mechanisms.

P1 (SVP1): I know that the ISVAs are not counselling individuals, they don't offer counselling in any way, but I think that any therapeutic intervention is to help and to support, and I think that is what the ISVAs do.

Partner agencies, as well as victims, were also able to correctly identify the difference between ISVAs and counsellors.

P76 (RPA5): So I guess if I understand the [ISVA] role correctly, it would be very much more along the practical, financial, housing lines, and as a kind of a conduit I guess, [whereas counsellors] my understanding of it is, it is more of a pastoral role in terms of dealing with psychological consequences of having that happen to you.

P26 (VS2): She wasn't my counsellor so there wasn't that barrier between you as professional and client, but I knew what her role was. I felt relaxed with her enough to say exactly what I wanted, when I needed to... whenever I was wound up like a spring, I'd have a meeting with [the ISVA] and she'd unravel everything that was going through my mind and it was suddenly OK.

Responding to people in 'crisis' and the on-going nature of ISVA work was another one of the ways that it was distinguished by respondents from counselling, which often needs to be reserved for people who are *not* currently going through a court case or other type of programme (such as drug/alcohol addiction treatment), and/or have enough distance from the event itself to be able to cope with the emotional toil of counselling. This resulted in the perception amongst some respondents that counselling was more relevant for historical sexual abuse cases; for example, in Site 3, a voluntary project, recent assaults are first referred to the ISVA whereas historical abuse cases go straight to the counsellors (with support by the ISVA provided as necessary).

As each has specific skill sets and clearly defined role boundaries, ISVAs and counsellors were seen to provide a complementary, rather than overlapping, service to victims. In effect, adding ISVAs expands rather than duplicates the options available to, and methods of support for, victims in a particular area. The support provided by ISVAs could be a precursor to counselling for some clients, or a replacement for counselling for others. But it was not possible to view counselling as a replacement for ISVA work. Likewise, ISVAs could not serve as a suitable replacement for counsellors. The service needs of 'sexual violence victims' in any local area will be diverse, and indeed could change over time for the same victim. It is therefore imperative that both types of workers are employed and available to help victims.

The limitations of trying to subsume advocacy and liaison with other agencies into the counselling role have been noted in other research (Lovett et al., 2004), particularly due to the confidential nature of the counselling relationship. ISVAs who had done counselling in the past commented on the difference between the two roles, which they generally welcomed.

P4 (SVP1): I think that's one of the biggest changes to my role has been from counselling, when you only see a client for one hour a week and that's all you can do with them, to the ISVA where you can actually speak to other people on their behalf, and attend court with them, you can attend GUM clinics appointments with them, and it's a much more hands on approach...

P29 (SVP3): I'm more involved now as an ISVA than before [when I was a counsellor]. It's kind of I'm there every step of the way... before I wasn't there every step of the way. I was more emotional than practical support.

In practice the distinction between the two roles was sometimes blurred, particularly if the ISVA was a qualified counsellor, or when counsellors found it necessary to assist with practical or criminal justice support, which is the remit of ISVAs. The latter was more apparent in those sites without ISVAs (where the counsellor could not refer that type of practical work on to someone else within the organization):

P62 (SVP5): Their role as counsellor is to provide psychological support and look at ways of developing coping mechanisms to help people in their lives. And really it's not for them to get on the phone and to arrange an appointment with GUM, but they do [it] all of the time.

Site 5 was particularly useful to the evaluation, enabling a demonstration of the 'added value' that ISVAs can bring to their host organizations. This site, a SARC, did not employ ISVAs at the time of the research, but employed a 'case tracking coordinator' (CTC) whose role was to support victims through the criminal justice process by providing information about key aspects of their court cases. Most of their work with clients was done over the telephone. So, in Site 5 the 'ISVA role' could be considered to be shared between the CTC and the counsellors. This enabled them to cover two key aspects of the ISVA role (emotional and practical support), but unfortunately much of the coordination of services, and providing practical assistance to victims, had to be left undone.

P64 (SVP5): I suppose things that, there are times that I would like to go further than I do in my role, but I can't because my role is case tracking, and probably I have clients who have all sorts of different needs, and sometimes I think 'Oh I wish I could do that for them' or maybe get involved with that, but my role doesn't, you know, that isn't my role....

This is consistent with the monitoring data, which showed that more services were offered and more referrals were made on behalf of victims to other agencies in SARCs with ISVAs (Sites 1 and 2) compared to the SARC without ISVAs (Site 5).¹⁵ This is also consistent with the victim interview data. Every one of the five victims interviewed that had received services from Site 5 spoke highly of the support provided by the counsellors and the CTC. All mentioned receiving information about the legal process, and being kept up to date about their cases, but no other examples of practical support were offered (e.g., referrals to other agencies, support at court, attendance at appointments, help with applications, etc.). Two victims expressed that the case had gone to court but that they could not be supported at court because it was outside of the role of the staff they had come to know and rely upon. As one victim explained:

P82 (VS5): I always thought... I hoped she'd come with us but she always said that she wasn't allowed to come to court.

This inability to provide the 'practical support' required by victims was recognised as a limitation, so much so that Site 5 reported plans to expand the CTC into a full ISVA post. Thus, even within a large, experienced organization that has delivered a range of services to victims for some time, ISVAs were perceived to add value over and beyond the CTC and counsellor roles.

Differences between ISVAs and IDVAs

One other area of discussion which highlights how the ISVA role has been conceptualized is in relation to Independent Domestic Violence Advisors (IDVAs). One of the research questions was whether the ISVA service was linked with a local IDVA service, and whether ISVAs were seen to complement or conflict with support services provided by different organizations. There were different perspectives across the sites as to the similarity between ISVAs and IDVAs; whilst no one thought they were identical, some were more inclined to note where there was transferability of skills rather than highlighting their differences.

¹⁵ See Table C.5a (especially the differences relating to support during exam, follow-up sexual health, advocacy) and Table C.6a (more referrals to other agencies especially advocacy/non-therapeutic support, victim support, community paediatrician, family planning services, and sexual health services).

P17 (SVP2): I'm quite concerned that nobody thinks that the IDVA and the ISVA are the same thing and can do the same job, because they can't. There are overlaps obviously but they are quite distinct things, and they shouldn't be combined.

P62 (SVP5): I don't really see any harm at all in linking both of the services, as long as both of those labels, if you want, don't get lost into one overall label. I think it's important to keep them individually recognisable because, because not all sexual violence is related to domestic violence, I suppose.

Respondents did not believe that *all* domestic and sexual violence work can be shared between IDVAs and ISVAs. On average, there will be different needs and concerns from victims experiencing sexual abuse or rape from a family member or a stranger compared to victims experiencing non-sexual physical or emotional abuse within the context of an intimate relationship. An obvious distinction is that ISVAs will more often need to help victims with the ramifications they experience to their sexual health as a result of sexual violence which would not feature in most IDVA work. Conversely, IDVAs need expertise and links with housing to help keep victims safe from partners with whom they may be cohabitating, an issue that will not be present for a significant proportion of ISVA work. However, it was recognised that there should be discussions locally so that the skills of both are brought to bear in those cases where sexual violence is a feature of domestic violence. Indeed, this can be seen to lead to the 'cross fertilization of specialist knowledge', as this example from an ISVA recounting a victim discussed at MARAC highlights well:

P51 (SVP4): It was the ISVA work that did enable that woman to stay alive... because the perpetrator was her brother, not her partner, or an ex-partner, and it just threw everything into complete chaos. And [our knowledge] enabled her to escape repeat victimization.

There are also training needs that need to be addressed, as it should not be presumed that IDVAs would be capable of the work of ISVAs without receipt of specialist training on supporting victims of sexual violence, and vice versa (see also Section 5).

P13 (RPA1): I think that for most of the cases that we see, the skills [of IDVAs and ISVAs] are transferable. I do however think that ... there will be some areas that are new and different for IDVAs moving into the role of ISVA. And I think that those will possibly be around [how recently] the assault [took place], and I don't think that, we haven't had that... with a lot of our cases. That tends not to happen for [IDVAs], it's about disclosure of sexual abuse or a rape that's historic... and I think that may require additional skills, so there is a training need I think, particularly in the area of forensics.

In summary, there is a need for both roles, each with their own separate and clearly defined remits, but both working within a multi-agency context that allows them to be linked so that information and expertise can be shared.

Conclusion

Across the four sites where ISVAs were employed, there was a good level of agreement and understanding as to how the ISVA role was distinct from other roles. ISVAs were seen to add value to host organizations, whether SARCs or voluntary projects, because of the practical nature of the support they provide, and their ability to liaise with a number of multi-agency partners to coordinate services for victims. Overall, respondents did not perceive that ISVAs duplicated the work of other staff providing services to victims of sexual violence. Rather, they were seen as a welcome addition to counsellors, case-tracking coordinators and IDVAs. One of the comparison

sites (that did not employ ISVAs at the time of research) usefully demonstrated how the coordinating function of ISVA work – tailoring service delivery to the individual victim’s needs and liaising with outside agencies on their behalf – could not feasibly be undertaken without employing an ISVA. However, as we will see in the next section, there is still room for improving communication and understanding of the ISVA role across partner agencies.

4. WORKING WITH ISVAs – MULTI-AGENCY PARTNERSHIPS

Introduction

This section aims to discuss the levers and barriers to providing an ISVA service, within the context of local multi-agency partnership arrangements. The interview data revealed that multi-agency working was viewed very positively, and there was much praise from all types of respondents for attempting to provide a ‘coordinated’ response to victims of sexual violence. This was seen to result in improved performance amongst and across partner agencies, leading to better services for victims. There were many examples of good working relationships between ISVAs, counsellors and others working in the six sites, and their partner agencies. However, there were still issues that remained challenging for ISVAs and their partners attempting to improve the multi-agency response to sexual violence.

Challenges to multi-agency work on sexual violence

1. Raising the ‘sexual violence agenda’

One challenge raised by many respondents working both within the projects and in referral agencies was the perceived ‘newness’ of local multi-agency work on sexual violence. They recognised that there had been progress making sexual violence more apparent at a national level (e.g., the Sexual Offences Act 2003, the Government’s 2007 *Action Plan on Sexual Violence and Abuse* and *Action Plan for Tackling Violence 2008-11*, more funding for SARCs and ISVAs, etc.), but that there was still much work to be done at integrating sexual violence into local efforts to address crime and disorder. Staff in both SARCs and voluntary projects were willing to undertake this work to try and raise the ‘sexual violence agenda’ in their local areas. Despite these efforts, a widespread belief remained amongst those working in the six areas studied here that there was a relative lack of attention to sexual violence – from partner agencies, government, the public – and this impacted on the ability to secure funding, negotiate with partner agencies, and also maintain adequate staff (and their morale). In addition, respondents felt that it was difficult to make headway on the ‘sexual violence agenda’ when staff in partner agencies moved out of post quickly. The need for *all* sexual violence projects (both SARCs and voluntary) to become more visible in the multi-agency arena was also commented upon by partner agencies.

P54 (SVP4): But I also think there's a lack of understanding about what we do as well. Because we're in the voluntary sector, and we're seen as like a charity, I think their understanding of what we do is minimal. We do open days, and stuff like that to get agencies in to get a better understanding, but then like [ISVA] said they move on so rapidly, its not helpful, so you're continually getting someone there and they've got that understanding and then they move on and then you have to start again.

An important contributing factor was the lack of strategic direction across the sites on sexual violence, meaning that the local infrastructures were often not in place to enable the recognition of ISVAs' expertise around sexual violence. For example, of the 6 case study sites, only one (Site 1, a SARC) had the work of ISVAs included in local strategic plans. The other SARC with ISVAs (Site 2) was making progress on this, as the quote below indicates. The two voluntary sector projects (Sites 3 and 4) were not included, and for the comparison projects (Sites 5 and 6) this was not applicable as they do not employ ISVAs. Although there is much national guidance, local CDRPs set their own locally driven priorities and it is apparent that, to date, they may not be prioritising sexual violence in the way that many respondents (working in both SARC and voluntary settings) hoped for.

P17 (SVP2): We are trying [to get onto local plans]. We are on a meeting called the Serious Sexual Violence meeting locally, which came about as a result of the cross government action plan. And as a result of that we're trying to get the ISVA onto the agenda of the CDRP and Local Criminal Justice Board. And so far the LCJB have been quite receptive to that, and we're working with them to try and fit the ISVA into what they need to achieve, and it does fit quite well. The CDRP is a different matter, because they have different Performance Indicators which don't reflect as much the ISVA work, so they have their indicators that they are meant to work towards, and that's where all their money goes. And because there's nothing specific around sexual violence, then that's why we're struggling to get the ISVA onto their agenda.

P55 (RPA4): My concern is that not all CDRPs are engaging with the sexual violence strategy as yet, and therefore it will be harder for us to influence continued need for this post.

There was an often-expressed concern from respondents (especially in the projects but also from partner agencies) that sexual violence, unlike domestic violence, was not on 'the agenda' to the same extent, resulting in the view that much of the work of ISVAs was 'below the radar' of other involved agencies. Lovett et al. (2004) also found that, in comparison to domestic violence, inter-agency links on sexual violence were minimal.

P59 (RPA4): ... domestic violence services tend to be ahead of sexual violence service on the agenda, because it's something that's more familiar to the public, people understand what you're talking about when you talk about domestic violence. I think issues relating to sexual violence just are not so comfortable, and therefore not talked about so much, and therefore have a lower profile generally.

All six study sites had links with local domestic violence agencies. Through activities such as being members of local domestic violence fora and participating in multi-agency interventions for domestic violence (e.g., MARACs), respondents were very aware of what was 'going on' in the domestic violence sector, which was considered to be a higher level of engagement with the issue and more established multi-agency working than in the sexual violence sector. For example, in the absence of a SARC, good working relationships with police were noted by agency staff who participated in MARACs. Therefore the key lesson felt to be learned from the domestic violence sector was the ability of genuine, regular multi-agency partnership working to 'raise the profile' of sexual violence across agencies, thereby improving performance.

P31 (SVP3): I've heard some other stories where the police aren't interested, but in [city] I feel that we're lucky. I have quite a good relationship with the police there. I think that possibly because I sit on the MARAC. The barriers should be broken down and I think the way to do that is for us all liaising with each other for the good of the survivor.

Less established multi-agency structures meant that care needs to be taken when comparing the work (especially the coordinating and multi-agency function) of ISVAs and IDVAs, as it was felt that the latter received much more support from local partners and structures in place around domestic violence.

P51 (SVP4): Where you're looking at ISVA and IDVA and how they're working in a statutory and non-statutory setting, the ISVA is not starting as we would say on a level playing field, we're twenty-five years behind the whole domestic violence construction. We can't stress that enough.

Finally, despite the noticeable improvements in service delivery in many areas, there were still parts of the population felt to be neglected by the current arrangements. When asked about remaining gaps in service provision, the vast majority of respondents immediately mentioned services for children and young people experiencing sexual violence. Of the six sites, only one (a SARC) could be said to provide its services to nearly all children (3 years and over). As a result, even in areas with very 'joined-up' working on behalf of adult victims, there was a sense that the worst, most inconsistent services were being reserved for the most vulnerable – children and young people.

In summary, it was apparent that respondents from the six sites felt that sexual violence either was not, or was just beginning to be, included in their local agendas. The newness of multi-agency work in this area was felt by many, and it seemed to be exacerbated by turnover from staff in key partner agencies. However, successful multi-agency working on domestic violence provided a useful example for the continuation of these efforts.

2. Awareness of the role of the ISVA

This challenge specifically relates to the question of whether ISVA services are perceived to complement or conflict with the services provided by other organizations in the same area. Some respondents expressed a concern that on occasion statutory criminal justice services did not recognise the need for victims of sexual violence to receive support via *specialist* sexual violence workers such as ISVAs, the implication being that victims of sexual violence can be treated like any other victim of crime, as these quotes illustrate:

P10 (RPA1): I think sometimes there's an overlap that we can have. And if there were clearer communications between the two, we would know which support each organization would be offering the victim, instead of both offering the same support.

P91 (RPA6): ...with the service that they offer is what we would offer anyway, which the advocacy and going to court with the victims and things like that. It's part of our job [too].

In contrast, ISVAs clearly understood how their work was differentiated from the support offered by Victim Support or the Witness Service, and they went to some effort to try to ensure that their partners understood the difference.

P27 (SVP3): We've had a bit of problems with Victim Support and the Witness Service saying 'well we do that already'. But what I say is what's unique is it's a whole package, so it is support through the criminal justice system if someone goes to court, but also there's a medical element to it in terms of support through going to maybe referring to your hospital, or going to the GUM clinics, and then it's emotional. So I see it as a three things that no one else does.

P5 (SVP1): We've had to clarify and explain our position, because a lot of agencies are like 'Well isn't that a duplicated role?' without breaking it down, especially when I've attended court. I mean, I attended in November and I wasfaced with someone from the witness care team telling me that they were there to do that role and me having to explain that I was supporting the client for 7 months at that point ... but she felt that I was there to get into her job, you know what I mean?

Some felt that it was not a duplication of services *per se*, but that there was genuine confusion on the part of partner agencies, due to the newness of the ISVA role, that needed to be managed. This was an issue across the sites, most likely emerging from an implicit difference of opinion as to whether victims of sexual violence need 'specialist' support services (such as ISVAs), or whether 'mainstream' support agencies can effectively support victims of sexual violence along with other types of victims. Such a misperception led to respondents from some statutory providers including the Court Witness Service and Victim Support stating that the ISVA role duplicated the work they routinely carried out. However, the endorsement and proliferation of 'specialist' services for victims of sexual (and domestic) violence (e.g., ISVAs and IDVAs) indicates that both national and local governments, as well as many of those working in relevant statutory and voluntary agencies, see a need for specialist service provision for these types of victims. However, the recent entrance of the ISVA into local partnership arrangements means that involved agencies are in a transition stage as they adapt and develop their operational practice around supporting victims. A failure to address this issue was seen to have negative consequences for all the staff involved, as well as for victims. It is important to note that this concern for the welfare of victims in situations where many agencies are involved was shared even in sites without ISVAs, as the quotes below indicate.

P64 (SVP5): I think probably, things with Victim Care, Witness Care and Victim Support sometimes you think we all slightly overlap a little bit...maybe we all tread on each others toes a little bit towards the end, when it's going to go to court or whatever. Sometimes maybe I think, is the victim getting a little too much, I'm ringing them, Witness Care are ringing them up, Victim Support are ringing them up, is it a bit too much?

P90 (RPA6): ... the only thing I would say is that all agencies out there, we really need to get talking together. If we're working with each other's victims, in one way or another, or we have contact in one way or another then we ought to be talking to each other first. Because if we're not, we're selling short the victim.

In summary, there appears to be a concern on the part of some partner agencies that specialist sexual violence support workers (e.g., ISVAs) may duplicate the mainstream support services they already provide to victims of crime. The implication of this finding is that agency representatives in local partnerships need to open (or re-open) dialogue about the aims and objectives of the ISVA role so that these concerns can be effectively addressed. This also indicates a training need that, in some areas, remains strong.

Conclusion

Multi-agency working was viewed very positively, and there was much praise for attempting to provide a 'coordinated' response to victims of sexual violence. However the research identified some barriers to providing an effective ISVA service which are tied to local multi-agency partnership arrangements. First, although partnership work is starting to become more established for sexual violence, there remains a concern that sexual violence is not 'on the agenda' as it should be. The lack of experience of multi-agency work was felt by many in the field, and appeared to be exacerbated by a high turnover of staff in key partner agencies. There was also confusion on the part of some respondents as to whether the ISVA role duplicated the work of existing posts. A final barrier, and one with longer-term implications for ISVA work, related to a lack of strategic direction around sexual violence, in particular, getting their work included in local plans and strategies. This was deemed to be only slightly less of a problem in SARCs compared to voluntary projects.

5. TAKING CARE OF ISVAs

Introduction

This section discusses the arrangements in place for taking care of ISVAs so that they can take care of victims. The emotional costs of providing assistance and support to people that have experienced sexual violence and the associated trauma means that ISVAs need to have access to professional supervision to deal with the personal challenges this brings. This type of professional supervision is recognised within counselling and therapeutic environments. Therefore, the question to be answered in this section is: Has the host organization supported the ISVA to do the job, and if so, in what ways?

Supervision and support of ISVAs

The need for supervision and support of ISVAs was clearly recognised in the six case study sites. Respondents expressed a concern for keeping ISVAs 'safe' from the emotional trauma that direct work with victims of sexual violence can bring.

P17 (SVP2): Because [ISVA] has such ongoing contact with these clients it's quite hard not to get involved and to feel quite passionately about what they're going through... I think that's going to be quite a challenge for anybody working in this area, to be able to be emotionally available to a client but at the same time not take that home with you... things like secondary trauma, and vicarious trauma, and burn out, all of those things are quite a challenge, I think.

P1 (SVP1): What we're saying is secondary trauma is definitely a possibility... we are going to introduce a second victim [if] that person [ISVA] will not be able to take on each trauma that is given to them without off loading it [because] it's really difficult to see someone hurting as much as that, and how do you cope with that without actually speaking to someone and say 'I'm really upset about that.' You've got to be able to show your feelings, but not within [the ISVA] role.

The case studies revealed that very clear protocols were in place in all sites so that ISVAs received a range of support using both informal (e.g., peer/collegial support, managerial support) and formal structures (e.g., formal supervision, case reviews, and clinical supervision). All six sites provided clinical supervision for their staff in accordance with the British Association for Counselling and Psychotherapy (BACP) guidelines. For those sites employing ISVAs, this was in addition to monthly staff supervision and performance management meetings. All the sites also added some element of peer supervision, whether as structured regular meetings (e.g., every week in Site 4 and every fortnight in Site 5) or on a more informal basis. Site 5 also provided creative/training supervision every 3 months, where an external speaker would facilitate a session on a particular need identified from the supervisions (e.g., working through anger).

In addition to these formal supervision and support arrangements, it was obvious that informal, day-to-day interactions with colleagues and managers were essential for ISVAs to cope with the demands of the job.

P2 (SVP1): ... sometimes they [colleagues] will pick up on stuff and sometimes they'll say, 'Are you alright?' and maybe you're not even aware that you're holding onto something.

P19 (SVP2): We have an official meeting every month [as] line management. But I work with [Manager], I'm always in and out of her office with questions and queries and asking for guidance and support, so yeah she's been a really great manager, really encouraging, if I've done something well she'll say 'I'm proud of you, well done' so, and I have an amazing [clinical] supervisor as well, who I see once every three weeks for an hour and a half. So we're all well looked after.

In summary, the supervision and support arrangements in the six sites seemed to be commensurate with the demands of the job. There was a sense of being very well supported, via both formal and informal methods. The 'layering' of support meant that it felt more constant, and thus the total was more than the sum of the parts. It is worth noting, however, that one ISVA made a very clear case that ISVAs should receive more than the mandatory minimum level of clinical supervision, as required by BACP guidelines. This was based on the view that the ISVA's contact level with victims was actually more diverse as well as much greater than that of counsellors, whose contact with victims is restricted to formal counselling sessions. It is also worth noting that the ISVA who made this comment was a qualified counsellor.

Training

One of the ways that ISVAs are distinguished from others providing services to sexual violence victims is by the training they undertake. Similarly to IDVAs, the introduction of the ISVA post was seen to be building upon existing expertise and knowledge in the field, but still necessitating a new programme of training. The basic components were seen to be:

P28 (SVP3): For me the basic requirements are stuff around trauma, how people respond to historical sexual violence and the implications, how people respond to recent sexual violence, quite a lot about the law... and quite a lot about strategies helping to keep people safe in the future... I think [it needs to] focus on SV.

The key issue for those interviewed was that the training focuses on sexual violence specifically; however, the preferred accredited training provider, Coordinated Action Against Domestic Abuse (CAADA), at the time had only been delivering training for IDVAs. The CAADA Advocate Training (CAT) course was launched in 2003, having been initially designed for IDVAs. As a result of the substantial number of disclosures that IDVAs were getting about sexual violence, and the launch of the ISVA programme by the Home Office, the training was amended to include a component on sexual violence in 2006. Following discussion with participants, this content was further increased in 2007.¹⁶ All four sites employing ISVAs had sent them on the CAT course.

Respondents' views about the CAADA training were consistent in that they felt the training was useful, albeit as structured at the time, more suitable for IDVAs rather than ISVAs. The perception was that there was not enough material and information provided that was specific to sexual violence. As one respondent put it:

¹⁶ CAADA (www.caada.org) held a workshop with an ISVA representative from each of the original courses to get feedback and recommendations for change. In Spring 2007, the course was revised accordingly to increase the information and additional/amended Learning Outcomes relevant to sexual violence, update the course materials and amend the worksheets to incorporate the ISVA role. Another key point to come out of the workshop was that there was a need for separate training on a number of specialist sexual violence areas – not only ISVA work – and that this might form CPD (Continuing Professional Development) days or a separate course in the future.

P29 (SVP3): I think that everybody that's done the CAADA training could do dual roles of IDVA and ISVA if you were an ISVA already, but... there wasn't enough on there to train you up to become an ISVA.

Despite the strong desire for more content specific to sexual violence, there were positive comments made about the CAADA training experience leading to more skills relevant to navigating and working in a multi-agency environment. Amongst ISVAs, this was viewed as a key strength of the CAADA course.

P5 (SVP1): I have completed the CAADA training and I actually thought it was good because I learnt things especially about civil law which I wouldn't have otherwise been aware of. I think it has enabled us to develop our multi-agency work, which is something we wouldn't have able to do without the CAADA training.

In addition, respondents welcomed the opportunity to meet and network with other people working in similar jobs. Many CAADA graduates remain in touch months if not years after finishing the course. The CAADA training has enough of a reputation for providing high-quality training that it was commented upon by partner agencies and those ISVAs who had not yet undertaken it.

P57 (RPA4): They are well trained, I think they are well qualified, and that I think is very important. Because if you get somebody who doesn't know what the rules are, how the courts work, then you can't advise other people...

P31 (SVP3): I would 100% like to go on it, because I feel as if I'm at a bit of a disadvantage [without it].

It is apparent that there is merit in providing ISVAs with the same opportunity to become accredited as IDVAs have had. Furthermore, there seems to be a need for an accredited sexual violence training programme that successfully addresses *all* of the areas of work with which ISVAs may be engaged (particularly historical cases and those not committed by perpetrators known to the victim), and which might entail further training beyond that currently provided by even the revised CAT course.

Conclusion

The potential of ISVAs to be traumatized by the nature and subject matter of their work was well recognised across all of the sites. A 'layered' approach to support and supervision was apparent, and all ISVAs had regular access to peer supervision, staff supervision and clinical supervision, in addition to the informal support and encouragement from their colleagues and managers. Although the respondents in this research felt well-equipped to do their jobs, there was a general concern over a lack of an accredited, specialist training programme specifically designed for ISVAs.

6. CONCLUSION

Discussion of Findings

The overriding aim of this evaluation has been to assess how ISVA services have been implemented in two distinct settings (SARCs and voluntary projects) and to analyse the perceived impact they have had with regard to providing support to victims

of sexual violence. Specifically, utilising national monitoring data and qualitative case study data, the research aimed to identify whether ISVAs were able to provide timely and appropriate information, support and advice to victims, and whether this in turn increased victims' engagement with the criminal justice system, reducing the incidence of withdrawals (i.e., attrition) during the progression of sexual violence cases through the system. Findings from these two areas of study provide an overview of the role, remit and impact of ISVAs working in both SARC and the voluntary sector.

The research found that the launch of the ISVA programme resulted in many positive developments, both nationally and in the case study sites. ISVAs were seen to add value to host organizations, whether SARC or voluntary projects, because of the practical nature of the support they provide, and their ability to liaise with a number of multi-agency partners to coordinate services for victims. Indeed, one of the comparison sites had plans to implement an ISVA post in the future. Thus, the ISVA role was seen to be unique, broader, and a welcomed addition to local partnership working. The multi-agency coordinating function of their work was viewed as particularly important, since it enables practitioners from a range of agencies to facilitate a response that is less traumatizing for the victim, with the ability to be tailored to the victim's specific emotional, health, and practical needs. Support from ISVAs was seen by the small sample of victims interviewed as essential for their own recovery.

Whether this type of assistance directly translates into improved criminal justice outcomes (i.e., reductions in attrition) was harder to identify. The direct support provided by ISVAs to victims was perceived by some to increase their willingness to engage with justice agencies, although these perceptions could not be substantiated by the national monitoring data. Other respondents did not make this link, but felt that helping victims of sexual violence navigate the 'daunting' CJS was nevertheless a worthwhile benefit in its own right. The work that ISVAs do in supporting victims through the CJS must be seen in relation to the comparable work that goes into supporting victims more generally; before the crime is even reported, after the conclusion of any criminal case, and in cases not involving the CJS. As ISVA support can be accessed by victims that choose not to engage with criminal justice, this must be considered only one part of their role.

This report provided evidence as to the how ISVAs currently work in the two settings, each of which had its own strengths and limitations. Specifically, ISVAs benefited from working in more established multi-agency partnerships when they were based at SARC, but the affiliation of SARC with statutory partners was perceived by some as a disadvantage, especially for those seeking support in relation to historical abuse. ISVAs working in voluntary projects, on the other hand, had to work harder to establish and maintain relationships with other agencies, but their perceived independence was seen to be greater. The debate over whether the independence of ISVAs is indeed compromised by their affiliation with statutory services needs further research before it can be substantiated as an actual limitation of the SARC model of service delivery. What is clear from this research is that the setting affects the types of referrals received. As a direct consequence, the types of victims seen and the services that they require are likely to be similarly affected.

Respondents in the sites welcomed the new level of attention and focus on sexual violence; however, there were still concerns over the sustainability of this commitment, particularly because sexual violence was not seen to be included or prioritised on local agendas (such as CDRPs or LCJBs). This lack of strategic direction, and indeed 'ownership' of the issue, was felt to jeopardize the substantial improvements made in delivering improved services to victims and better multi-agency operational practice over the long-term.

The potential of ISVAs to be traumatized by the nature and subject matter of their work was well recognised across all of the sites. A 'layered' approach to support and supervision was apparent, and all ISVAs had regular access to peer supervision, staff supervision and clinical supervision, in addition to the informal support and encouragement from their colleagues and managers. Although the respondents in this research felt well-equipped to do their jobs, there was a general concern over a lack of an accredited, specialist training programme specifically designed for ISVAs.

In conclusion, given what is known about ISVAs working in the two settings using the data available, the conclusion to be reached is that both models of ISVA services studied here can be endorsed, as there is equal, complementary value in each. The research has raised several issues to be considered in the future commissioning and implementation of ISVA services. These are described in the recommendations that follow.

Recommendations

1. All ISVAs should be based in settings that provide *specialist* support to victims of sexual violence. Respondents indicated the importance of ISVAs being embedded in projects that have specialist expertise in combination with perceived independence from statutory services, and with an ethos of empowering victims. This research suggests that this is possible in either SARC or voluntary settings, and that ISVAs added value to each.
2. The two ISVA settings studied here each have advantages and limitations. At this stage they should be viewed as complementary models of service provision. Alternative models of delivering ISVA services to those studied here may be effective if they are able to preserve the independence of ISVA work, and should be considered (for example, locating ISVAs in health settings).
3. The work of ISVAs needs to be explicitly included in local strategies for reducing sexual violence. Local bodies (such as Crime and Disorder Reduction Partnerships) need to ensure that there is appropriate monitoring of operational performance, and strategic direction, for *all* those providing services to victims of sexual violence (including ISVAs).
4. As ISVA work produces benefits for both the health and criminal justice systems, these statutory partners who make the most referrals to ISVAs should undertake strategic planning to ensure the long-term sustainability of their ISVA partners.

5. Referral routes and practices between ISVAs and key partners (e.g., police), particularly in voluntary settings, could be improved so that all relevant cases are referred to ISVAs in a consistent and efficient way.
6. Although much work had been undertaken to ensure partners understood the concept and remit of the ISVA role, it was apparent that further regular communication with other victim service providers (e.g., Victim Support, Witness Care Units) is necessary to ensure best practice for victims.
7. Both existing and future ISVAs should have access to their own accredited training programme that can prepare them to deliver all of the difference facets of their work, for all types of sexual violence victim that may come to them for help.
8. Further work is necessary to address remaining gaps in service provision, especially the provision of direct services to children and young people experiencing sexual violence, which was recognised across the sites as an area in need of a ttention.
9. In light of the findings from this study, a revised data monitoring tool is necessary to collect data that more accurately reflects the ISVA role, and that enables the collection of consistent data across various types of projects.
10. As this research was relatively small-scale and exploratory, given the newness of the ISVA role, it is recommended that a comprehensive study of *all* ISVAs be commissioned in the future. Such a study should attempt to gather quantitative information from every ISVA working in England and Wales (e.g., using a questionnaire), supplemented with more detailed qualitative information (e.g., interviews but also observation, documentary analysis, etc.) from a sub-sample of the total. Such a study could reveal whether the challenges identified in this research are widespread, how they might have been overcome with time, and likewise whether the observed benefits are sustainable. This should be linked to a similar national study of IDVAs.

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