

Independent Sexual Violence Advisors: a process evaluation

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Introduction

The aim of the evaluation was to assess how Independent Sexual Violence Advisor (ISVA) services have been implemented in two distinct settings: Sexual Assault Referral Centres (SARCs);¹ and voluntary sector organisations² and the perceived impact they had with regard to providing specialist support to victims of sexual violence.

ISVAs were introduced in a number of areas in 2006. Research into SARCs (Lovett *et al.*, 2004) acknowledged there might be a need for more flexible and practical forms of support in the immediate aftermath of sexual violence and that support, advocacy and information were required by victims. The ISVA role extended the existing support available to victims of rape and sexual assault. ISVAs were specially trained to provide proactive and tailored assistance and advice to victims of sexual violence and were located in either SARCs or voluntary projects.³ Their main responsibilities can be broadly grouped into the following areas:

- advice and support: providing non-therapeutic support to victims at the point of crisis and beyond, along with other types of practical help and advice;
- where required, supporting victims through the CJS: giving information and assistance through the criminal justice process; and
- multi-agency partnership working on behalf of the victim: liaising with partner agencies in a multi-agency context, providing 'institutional advocacy'.

Evaluation approach

This was primarily a qualitative study based on information from interviews and visits in six case study sites, chosen to provide a range of different contexts and locations. In total, 93 qualitative interviews were conducted: 33 with staff in SARCs and voluntary projects; 43 with practitioners in referral/partner agencies such as criminal justice and health; and 17 with victims of sexual violence. Whilst this approach covered a range of stakeholders' views, the findings are not necessarily representative of all stakeholders.

In addition, quantitative monitoring data were collected from 35 sexual violence projects (including the six case study sites).⁴ Data collected included the types of clients being referred, from where and the nature of the offence/s.⁵

1 A SARC is a one-stop location where victims of rape, sexual abuse and serious sexual assault, regardless of gender or age can receive medical care and counselling, and have the opportunity to assist a police investigation, including undergoing a forensic examination, if they so choose. See also the ACPO Rape Working Group Getting Started Guide <http://police.homeoffice.gov.uk/publications/operational-policing/sarcs-getting-started> and the Revised National Service Guide http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107570

2 Sexual violence projects, e.g. Rape Crisis, are located in the voluntary sector and are not formally affiliated with the police or other statutory services. They usually offer women-only support and therapeutic counselling to victims of incest, rape and sexual violence, Jones and Cook, (2008).

3 ISVAs draw heavily on the Independent Domestic Violence Advisors (IDVAs) model, see http://www.caada.org.uk/practitioner_resources/National%20definition%20of%20IDVA%20work.doc for a national definition of an IDVA and see also Robinson (2009a); Howarth *et al.* (2009).

4 This represented the first tranche of services to receive Home Office funding for ISVAs.

5 Problems with high levels of missing data, differences between what projects could provide, and for what time period, meant that only limited analyses were conducted and the data should be treated with a degree of caution.

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

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Findings⁶

Who accesses ISVAs?

The support ISVAs provided depended to some extent on where they worked, for example a SARC or voluntary project, and the needs of victims most likely to be accessing services at these settings. The similarities and differences between the settings and the client groups, based on findings from the monitoring data, can be summarised as follows.

- 1) Source of referrals: the majority of cases in SARCs were referrals from the police or CJS which was in line with their organisational aims and funding. Voluntary sector projects had more self-referrals and referrals were more evenly spread across the police/CJS; health and voluntary/charitable organisations.
- 2) Clients' characteristics: the profile of victims across the two settings were found to be broadly similar; for example, White, females, generally young, English speaking, with few disabilities, although SARCs tended to have a younger client base.
- 3) Offence characteristics: sexual violence by acquaintances was most common in both settings; a higher proportion of stranger cases were reported to SARCs than voluntary projects; voluntary projects had a higher proportion of offences by relatives, partners and ex-partners. Comparative data on the type of case e.g. recent or historical were not available across all projects but indicated, in line with other research (e.g. Lovett *et al.*, 2004; Jones and Cook, 2008) that SARCs tended to see more recent cases whereas voluntary projects have a higher proportion of historical cases.

Services delivered by ISVAs

Advice and support

For the majority of the small number of victims interviewed, the support provided by an ISVA enabled them to 'pull through' the aftermath caused by the sexual violence. It was the combination of establishing an emotional connection with the victim; providing practical assistance (for example, getting locks and alarms fitted, arranging child care etc.); and signposting to other support that was said to be unique. Victims appreciated having one key worker who 'did everything' and tailored the available support to them as an individual. ISVAs also co-ordinated the available services on behalf of the victim, which helped to prevent victims from feeling shuttled between agencies.

Supporting victims through the Criminal Justice System (CJS)

Although only a small sample, the victims interviewed felt that ISVAs were the one person who could, and did, provide them with the information that they needed about their case – above and beyond other practitioners with whom they had come into contact. Practitioners interviewed from referral/partner agencies felt that the ISVA explaining the CJS process to victims and providing support throughout could enhance victims' engagement, thereby potentially reducing attrition of these cases from the CJS. It is, however, difficult to substantiate these perceptions based on the study design and methodology.

Support through the CJS is only part of the ISVA role and must be seen in relation to comparable work that goes into supporting victims more generally. ISVAs also provide support before a crime is reported, possibly assisting a victim to make a complaint; after the conclusion of a criminal case if one was pursued; and in cases not involving the CJS.

Multi-agency partnership working

Productive working relationships with partner agencies are required to enable effective and appropriate service provision to victims. In general the ISVAs multi-agency working was viewed positively by practitioners and there was praise for attempting to provide a co-ordinated response to victims of sexual violence.

The partnership approach underpinning the SARC model of service delivery means they are able to provide an interface between health and criminal justice agencies and can co-ordinate a wide range of services under one roof. Levels of contact between voluntary projects and their partner agencies varied but on the whole were less well established than in SARCs. However, those who employed ISVAs found it increased their ability to engage with and influence partners, which suggested some 'added value' of having ISVAs in these organisations.

Staff in some voluntary sector projects and practitioners working in partner agencies felt that referral routes from the police could be improved in order to ensure that all victims were appropriately referred to ISVA services. Employing an ISVA was said to provide a mechanism to help improve awareness about the services available, and to aid engagement with partner agencies.

⁶ The full report of the ISVA process evaluation (Robinson, 2009b) is available at <http://www.cardiff.ac.uk/people/robinsona>

Training and supervision

ISVAs in this study received training as part of the pilot from an organisation called CAADA.⁷ CAADA deliver an accredited training programme for Independent Domestic Violence Advisors (IDVAs) which was enhanced to incorporate required information for the ISVA role. Staff consistently said the training was useful and it provided them with skills relevant to navigating and working in a multi-agency environment. However, staff wanted more material specific to sexual violence and their role as ISVAs and they also wanted the opportunity, like IDVAs, to become accredited.

Staff expressed a concern for “keeping ISVAs safe” from the emotional trauma that can result from direct work with victims. All the case study sites with ISVAs recognised this and had clear protocols for both informal (e.g. peer/collegial support, managerial support) and formal support structures (e.g. case reviews, and clinical supervision).

The ISVA role within the multi-agency context

The research considered whether the introduction of the ISVA role complemented or conflicted with existing practitioner roles, particularly that of therapeutic counsellors and other existing victim support services.

ISVAs and counsellors were seen to provide a complementary, rather than overlapping service. Both were said to provide necessary support and empathy to address victims’ emotional needs; ISVAs did this via non-therapeutic support, counsellors through face-to-face sessions as qualified counsellors. As ISVAs went beyond this to provide practical advice and guidance, such as referral to other agencies and support at court, ISVAs were seen to expand rather than duplicate the support available for victims.

Some statutory providers, including the court Witness Service and Victim Support expressed concerns that ISVAs duplicated the work they routinely carried out supporting victims during court cases. This was recognised by project staff but it was not felt to be a duplication of services per se but a lack of awareness on the part of agencies about ISVAs because of the newness of the role.

This indicates a need for ISVAs, their host organisations and Crime and Disorder Reduction Partnerships and Local Criminal Justice Boards to liaise with existing local partners about the aims and objectives of the ISVA role and clarify where they can add value. There may be a need for training and awareness raising for all of the victim support and CJS agencies to ensure an efficient and effective service for victims pursuing CJS remedies.

Challenges for work on sexual violence

Staff within projects and practitioners in referral/partner agencies felt that although there had been progress on making sexual violence more apparent at a national level⁸ there was still further work to be done integrating sexual violence into local strategic and delivery policies to address crime and disorder. This was perceived to impact on the ability to secure funding, negotiate with partner agencies and maintain adequate staffing levels.

Conclusion

In general the introduction of ISVAs was perceived by those interviewed to add value to the existing victim services provided by SARCs and voluntary sector organisations. It was widely acknowledged that ISVAs provided a much needed proactive and tailored service which met the practical, non-therapeutic support and information needs of victims of rape and sexual violence. ISVAs also played a key role in liaising and co-ordinating with other agencies to provide services and information on the police investigation and other CJS and court processes. The location of ISVAs will have an impact on the types of referral received and thus it is likely to affect the services required by victims and subsequently the working practices of ISVAs. There is a need to ensure ISVA work is linked in with partner agencies and, where possible, their strategic plans to help sustain funding and avoid duplications of services.

The research has raised several issues to be considered in any future commissioning or development of ISVA services, below:

⁷ CAADA (Co-ordinated Action Against Domestic Abuse) is a national charity, see <http://www.caada.org.uk>

⁸ Alongside increased funding in recent years for SARCs and new funding for ISVAs, there are many examples of legislation and national strategies on sexual violence: The Sexual Offences Act 2003; the Government Action plan on sexual violence and abuse 2007; Action plan for tackling violence 2008-11; and more recently the Violence Against Women and Girls Consultation (2009) and Violence Against Women and Girls Strategy (2009).

Points for consideration

- Include the work of ISVAs in local crime and victim strategies to help ensure a co-ordinated response to supporting victims of sexual violence, and also to help avoid potential duplication of work with other victim services especially at the court stage (e.g. Victim Support and the Witness Service).
 - Improve referral routes and practices between ISVAs and key partners (e.g. police), particularly in a voluntary setting, to ensure all relevant cases are referred and handled in a consistent and efficient way.
 - Develop an accredited training programme for ISVAs that covers all the different facets of the role and which focuses on dealing specifically with victims of rape and other forms of sexual violence.
 - Develop standardised data collection tools to provide regular monitoring information to facilitate effective project management and to help further their understanding of the needs of victims of sexual violence.
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