Safety in Numbers

Summary of Findings and Recommendations from a Multi-site Evaluation of Independent Domestic Violence Advisors

November 2009

Overview

The last five years have witnessed important changes in the way that the many victims of domestic abuse in the United Kingdom are supported to live in safety. In particular, attention has focused on keeping victims safe in their homes rather than being obliged to move to temporary accommodation. A key part of this process has been the introduction of Independent Domestic Violence Advisors (IDVAs). Working intensively with high risk victims suffering ongoing abuse, IDVAs also systematically mobilise and target the resources of up to 15 agencies on their behalf. This document highlights the key findings and recommendations from the first large scale, multi-site evaluation of these services. As Lord Laming writes in his foreword *"Safety in Numbers[i] sets out clearly the scale and range of issues to be tackled and ways to make the greatest impact for good. The report creates a solid foundation on which to shape and build future services....This research demonstrates all too clearly that these problems now need to to be addressed with greater urgency. That being so, I hope this report will be widely used in tackling more successfully the blight of domestic violence."*

The study followed 2,500 women over two years across seven sites* in England and Wales who were suffering from severe, high risk physical, emotional and sexual abuse as well as stalking and harassment. It found that this abuse stopped completely in two-thirds of cases where there was intensive support from an IDVA service including multiple interventions. For the first time, we now have empirical evidence that the IDVA approach keeps victims of severe abuse and their children safe.

In light of the findings, this report offers four realistic, cost effective recommendations that give choices back to those suffering abuse, while using our limited resources to best effect:

- **More IDVAs are needed.** While the IDVA sector has expanded in capacity over the past four years, many services - including some in the study - are facing cutbacks and current capacity is still estimated to be less than half of the 1,200-1,500 IDVAs needed for national coverage[ii].
- **IDVA services need to be commissioned to a common framework that keeps the safety of the victim central.** This research highlights just how effective an IDVA service can be if properly focused. IDVAs must have the capacity to offer an 'intensive' level of support, giving the full range of choices to victims regarding their safety and be commissioned to a clear and common framework that reflects this.
- **Urgent links need to be made to address the risks to children.** The study highlighted the dangerous confluence of domestic abuse, substance misuse and mental health problems surrounding the lives of over 3,600 children and the need to make effective links between IDVA services and those working to safeguard children.
- **Stronger links need to be made with health services and those who work with perpetrators.** The study showed that IDVA services need effective links with both health services and those working with perpetrators. Given the health needs of victims of domestic abuse and the complex challenges presented by the most aggressive and anti-social group of perpetrators in the sample, this is essential if safety is to be maximised.

These recommendations, if implemented, will change the lives and futures of thousands of victims and their children and save hundreds of millions of pounds in direct costs to public services alone. At a time when the vulnerability of our society in general, and our young people in particular, is such an issue, the need to act on them is all the more urgent.

*The IDVA services evaluated were Advance (London), HALT (Leeds), The Haven (Wolverhampton), Let Go Project (Cumbria), North Devon Women's Aid (Devon), The Women's Safety Unit (Cardiff), Worth Services (West Sussex).

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Commissioned by The Hestia Fund and funded by The Sigrid Rausing Trust and The Henry Smith Charity

Introduction

The background to the *Safety in Numbers* evaluation

Safety in Numbers forms part of a wider grant programme which was started in 2004 with funding from the Sigrid Rausing Trust. This programme was built on research[iii] which identified the fragmented response to victims of domestic abuse, the need for specialist support for victims and the need for more capacity in this field. The wider grant making programme had three elements:

1. To help expand capacity in the sector by making a series of grants to charities already active in the field to employ specialist case workers, or Independent Domestic Violence Advisors. This was doubled in size in 2006 when the Henry Smith Charity decided to establish a major grant programme in this area and to match fund the grants made by the Sigrid Rausing Trust. In total, grants of £775,630 were made to 19 charities operating in all four parts of the UK, with an average grant size of £20,000.
2. The establishment of the CAADA IDVA training course in early 2005 with the aim of giving practitioners in this field a recognised qualification and a common framework for their practice and the development of service standards for IDVAs[iv].
3. This outcome evaluation to measure the impact of the IDVA services funded as part of the grant programme. The three elements of the grants were always conceived of as a whole with an aim to build and sustain capacity in this sector.

What is an IDVA and what is unique about the service that they provide?

Independent Domestic Violence Advisors or IDVAs are specialist case workers who focus on working predominantly with high risk victims, those most at risk of homicide or serious harm. They work from the point of crisis on a short to medium term basis and have a well defined role underpinned by an accredited training programme. They offer intensive short to medium term support. They also mobilise multiple resources on behalf of victims by coordinating the response of a wide range of agencies who might be involved with a case, including those working with perpetrators and children. Thus, they work in partnership with a range of statutory and voluntary agencies but are independent of any single agency. In common with other specialist domestic abuse services, their goal is safety.

Why was an evaluation needed?

There were several reasons that meant a large scale evaluation of IDVA services was timely. First, the UK evidence base addressing 'what works' in improving the safety of victims of domestic abuse is generally underdeveloped. That the work of IDVAs is relatively new in this country means that there is even less research that specifically examines this model of working. The few studies that have been undertaken in the UK represent in depth and rigorous evaluation of individual services. Single site evaluations will naturally be influenced by local operating conditions and by the individuals involved, which may potentially limit the extent to which the conclusions derived from these studies are applicable to IDVA services more widely. Finally, much of the evaluation undertaken to date in a UK context has focused on the process of service delivery rather than on the efficacy of this approach in enhancing the safety of victims and their children.

Given the gaps in our knowledge with respect to the effectiveness of the IDVA approach, there was pressing need to undertake more extensive research about how IDVA services are delivered, and their impact on the safety and well-being of high risk victims and their children. As a step towards addressing this knowledge gap, this multi-site study was commissioned.

The services that were evaluated

Seven IDVA services participated in this evaluation. They were Advance (London), Halt (Leeds), The Haven (Wolverhampton), Let Go Project (Cumbria), North Devon Women's Aid (Devon), The Women's Safety Unit (Cardiff) and Worth Services (West Sussex). The services evaluated are based both in urban, suburban and rural locations. They range in

size from 1 full time IDVA as part of a wider community based domestic abuse service, up to 12 IDVAs. Some are part of a dedicated IDVA service; others include wider services such as community outreach and refuge. Some were relatively newly established, with others having been in operation for over 30 years. Finally, some work in communities with high Black and Minority Ethnic populations and others in areas where these groups are under-represented.

How was the evaluation conducted?

The evaluation was carried out over a period of 27 months. In order to address the areas of enquiry, IDVAs gathered data at the point of referral to a service (Time 1), namely information relating to victim demographics and the type and extent of abuse experienced during the prior three months . Records were analysed in relation to 2,567 cases at this point. Where possible, data were gathered on a second occasion (Time 2), either at the closure of a case or after four months of engagement with the service as an interim marker of case progress (whichever came first). Information collected at this time point related to the interventions and types of support provided by IDVAs and, importantly, documented levels of victim safety and well-being. Records were analysed in relation to 1,247 cases at this point. IDVAs also conducted short interviews with victims on their exit from the service in order to garner their perspectives as to the factors that had impacted on their safety during the period of intervention. There were 412 such interviews. Finally, a small group of victims (n=34) were re-contacted six months after the closure of their case in order to examine the sustainability of any changes made with respect to safety and well-being.

The data included in the study related only to female victims. Some of the services participating in the evaluation offer direct support to male victims of abuse. As a result, 44 records were found to relate to males. A further 95 records related to abuse perpetrated by someone other than an intimate partner such as, for example, by another family member. While it is increasingly recognised that both homosexual and heterosexual males can suffer abuse and that abuse can be inflicted by another family member, less is known about both of these areas. These cases may be marked by a different pattern of risk and it is feasible that different intervention strategies are required to address these issues. For this reason, and in recognition that there is a marked asymmetry in the extent to which males and females experience severe levels of abuse, it was decided to exclude these cases from the study sample.

For further information

For a copy of the full evaluation *Safety in Numbers* please contact:

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65 Leadenhall Street
London EC3A 2AD
Tel: 0207 264 4970

To download a copy of the full evaluation go to www.drop.io/safetyinnumbers

For questions about the evaluation or its recommendations please email info@safetyinnumbers.org.uk

Finding 1: IDVAs work with victims suffering complex, high risk domestic abuse

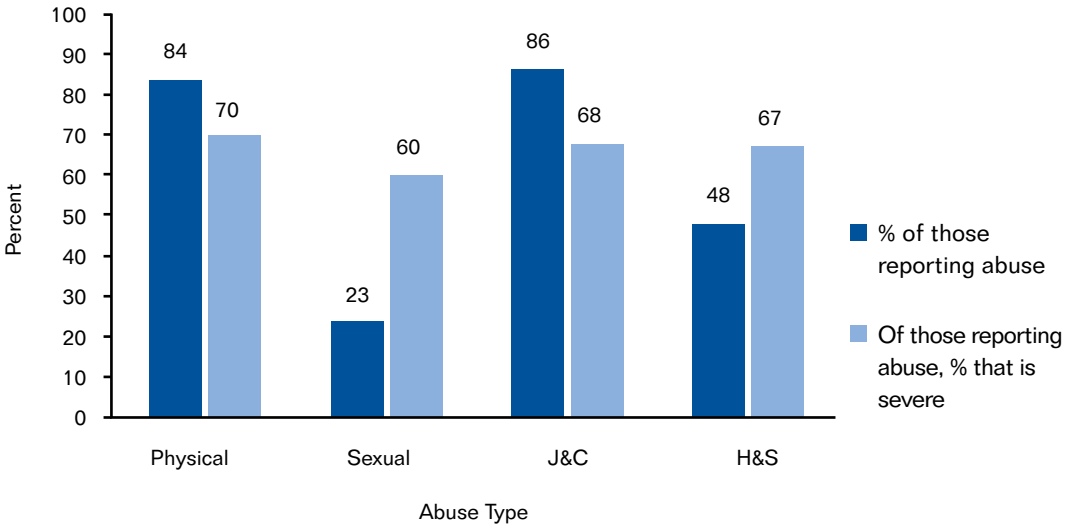
The concept of describing a person as being 'high risk' in relation to domestic abuse is a relatively recent one. It relates to the risk of serious harm and homicide. This is defined as 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible[vi]'

This research articulates specifically that the abuse experienced by victims accessing IDVA services was extremely serious. The large majority of victims (76%) were experiencing at least one form of severe abuse at intake. Severe abuse includes violent behaviour causing injuries, strangulation, rape and other sexual abuse, harassment and stalking (H&S) and extreme jealous and controlling behaviour (J&C) including threats to harm children. In addition, most victims (86%) were experiencing multiple forms of abuse, underscoring domestic abuse as a pattern of behaviour rather than physical violence per se. The majority of victims were separated from their partners, confirming once again that domestic abuse frequently does not end immediately with separation. Indeed, the research highlighted the additional risks faced by those victims who were currently separating or attempting to do so.

The types of abuse found

The very serious nature of the abuse experienced by victims in this sample, along with the high prevalence of factors linked with increased risk of serious harm and homicide, confirms that the work of the IDVA services participating in this study was well targeted and much needed.

Figure 1: Breakdown of abuse suffered at intake



Accessibility of services better than expected: 23% B&ME

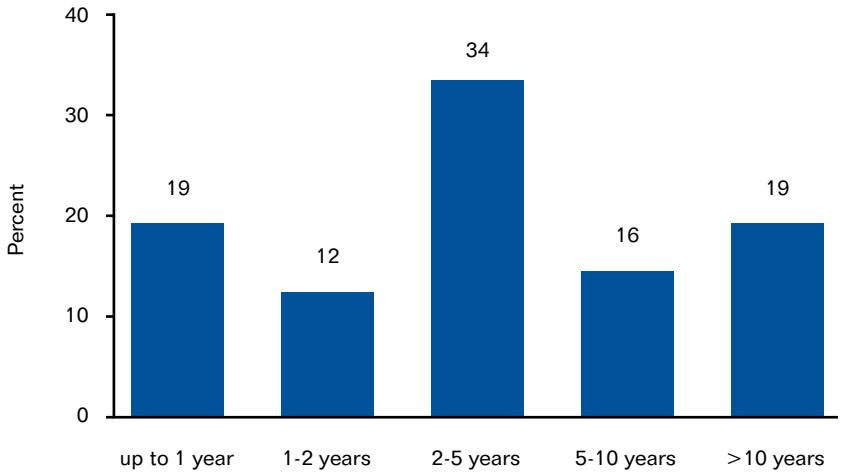
One key concern with a new area of work such as the IDVA approach is the accessibility of the service to all groups of victims, given the prevalence of domestic abuse across society. The average age of the victims accessing these services was 33 years old, although the range was from 15 to 83 years. Over two-thirds of victims had children (69%). Perhaps surprisingly, almost a quarter (23%) of victims were from Black and Minority Ethnic (B&ME) communities, a higher than expected representation based on the communities from which this sample was drawn. This is an encouraging finding if it means that B&ME victims are able to access these services relatively easily given the barriers to getting help for these

communities. Approximately 11% identified themselves as having a disability. Only half of the group had access to independent financial resources by means of employment.

Average length of relationship 5½ years

Furthermore, as shown in Figure 2, the research highlighted the length of time that victims had been in an abusive relationship. This averaged just over 5.5 years, but ranged from less than 1 year to over 10 years.

Figure 2: Length of abusive relationship at intake



Direct risks to children

Over two-thirds (69%) of victims accessing IDVA services had children, the large proportion of whom were of primary school age or younger. The presence of children was associated with an increased risk of harm to victims. There was clear evidence of risks associated with and directly affecting children.

Table 1: Risk factors for victims with children

Risk factor	Frequency	Percentage of those with children (N=1774)
Conflict around child contact	725	41%
Victim is afraid of harm to children	476	27%
Perpetrators' threats to kill children	199	11%

Given the very serious nature of the abuse experienced by this sample and that those with children experienced comparatively more severe abuse than those without children, it is likely that many of these children are at risk of physical and psychological harm. Many more children may experience significant problems that do not meet the threshold of clinical concern, but which nevertheless are disruptive to children's healthy development.

Half of perpetrators appeared chronically aggressive and anti-social

The research also gave us some information about the profile of the perpetrators included in the study. This shows that a substantial number of those committing severe levels of abuse are chronically aggressive and antisocial. Table 2 highlights some of these risk factors and their prevalence in the study based on the information provided by victims.

Table 2: Risk factors relating to perpetrators

Risk Factors	Frequency	Percent (N=2567)
Perpetrators' alcohol abuse	1374	54%
Perpetrators' criminal record	1296	50%
Perpetrators' financial problems	1151	45%
Perpetrators' drug abuse	989	39%
Perpetrators' threats of suicide	904	35%
Perpetrators' mental health issues	713	28%
Perpetrators' DV related criminal record	669	26%

Direct risks to victims reflect multiple forms of abuse suffered

The data in Table 3 highlight the extreme nature of the abuse suffered by the victims in this research and its complexity. It does seem reasonable to approach such high risk and entrenched abuse with a dedicated practitioner such as an IDVA. This also serves, in combination with the data in Figure 2 and Table 1, to emphasize the need to address the direct risks faced by children living in these households. Finally, the data in Table 2 draw attention to the additional risks posed where perpetrators have substance misuse and mental health issues.

Table 3: Frequency of risk factors relating to specific aspects of abusive behaviour and contextual risks

Risk Factors	Frequency	Percent (N=2567)
Jealous and controlling behaviour	2333	91%
Escalation of abuse	1874	73%
Perpetrators' threats to kill victim	1582	62%
Victim has been strangled/choked	1559	61%
Current incident resulted in injuries	1309	51%
Stalking	790	31%
Sexual abuse that makes victim feel bad	729	28%
Use of weapons	567	22%
Perpetrators' threats to kill others	536	21%
Perpetrators' threats to kill other intimate partner	241	9%

Finding 2: The IDVA service has a significant positive impact on safety

The outcomes from the IDVA approach found in this research were striking, with 57% of all victims experiencing a complete or near cessation in the abuse they were suffering following the support of an IDVA. This outcome varied as a function of intensity of support and multiple interventions mobilised: from 67% for those receiving intensive support and multiple interventions to 44% for those who did not. This was supported by 76% of victims reporting improved feelings of safety, confirmed in turn by IDVAs reporting reduced risk in 79% of cases. Importantly, less than 1% of victims reported that they felt less safe following support from an IDVA. Finally, this research showed significant improvements in the support networks of victims and their coping strategies. We feel that these multiple measures of improved safety and well-being underline the robustness of these conclusions. While the results are significant across the board, they are particularly noteworthy in relation to those cases that received intensive support and multiple interventions.

Background - key features of an IDVA service

The key principles that underpin the work of the IDVA include a short to medium term service that is delivered to high risk victims of domestic abuse from the point of crisis, in partnership with other agencies and with safety as its goal. Most of the victims in this research received a service lasting around three months, although it was clear that IDVAs worked with victims over longer periods of time where this was necessary. Almost 60% of victims referred to the services in the research remained 'engaged' with the IDVA. Clearly, victims cannot be obliged to accept help and not all will feel that it is safe to do so. This is an impressive retention rate given the level of abuse suffered. This is likely to reflect both the range of services offered in general and the specific skills that IDVAs are trained on relating to engaging with victims in particular.

As part of the research, the IDVAs were asked to identify the different actions that they took to help support the victim and address their safety. As can be seen from Table 4, there were a broad range of actions that were taken, reflecting in part the range of issues that victims face. Some of the services which are accessed will also address additional sources of vulnerability and need. It appears clear from this that victims want and need an extensive set of options when working with an IDVA to address their own safety.

Range of interventions implemented

Within this range of services, safety planning was as the most frequently used option. Indeed, it was surprising to find that it had not occurred in almost 20% of cases, although this might reflect the fact that safety planning was being undertaken elsewhere, for example at a refuge if an emergency referral was made. Equally, some actions were likely to be limited by capacity, such as in the case of the MARAC for example, where it might have been expected that all cases would have met local MARAC referral thresholds.

Table 4: Analysis of interventions (n=1,247)

Interventions mobilised (n=1247)	Frequency	Percent
Safety planning undertaken	1005	81%
Support in relation to a criminal court case	534	43%
Support with civil justice remedies	315	25%
Subject to MARAC	426	34%
Support with housing issues	615	49%
Access to target hardening†	375	30%
Access to sanctuary scheme	168	13%
Support to access refuge accommodation*	160	13%
Support in relation to child contact††	443	51%
Support with Social Services*††	232	27%
Support with children's schools*††	63	7%
Support with benefits*	202	16%
Support with immigration issues*	30	2%
Support to access a GP*	95	8%
Support to access mental health services*	84	7%
Support with alcohol and drugs issues*	72	6%
Support to access counselling*	400	32%
Completed pattern changing course	125	10%

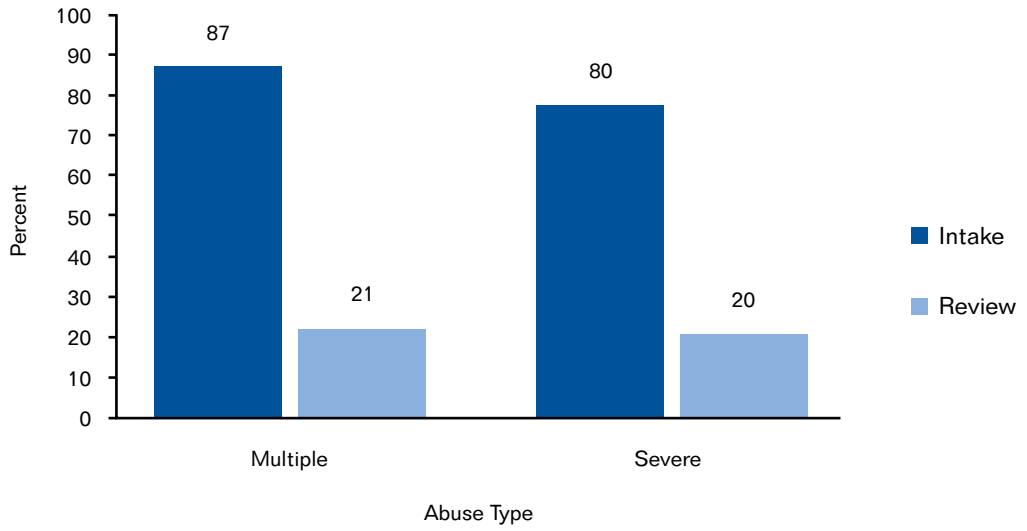
*Possible ambiguity around the meaning of 'support', † Target hardening and the Sanctuary schemes are terms often used interchangeably by the IDVA, however they appear separately in this table as they were included as discrete options as part of this study, †† Percentages are based on those with children (n=873).

It was not in the scope of this research to find out what gaps exist in service provision but certain areas look under-represented, including benefits advice and support with health issues such as mental health and substance misuse.

Impact on multiple forms of severe abuse

Figures 3, 4 and 5 highlight the percentages of victims suffering different types of abuse at intake and at review. Data were used from reviews carried out with 1247 victims after 4 months of working with an IDVA, or at case closure if sooner. If we assume that the greatest risk is associated with multiple forms of abuse and severe levels of abuse, Figure 3 shows the dramatic changes in these attributes of abuse. Approximately 80% of victims were suffering both multiple and severe abuse at intake. This fell to around 20% at the review point.

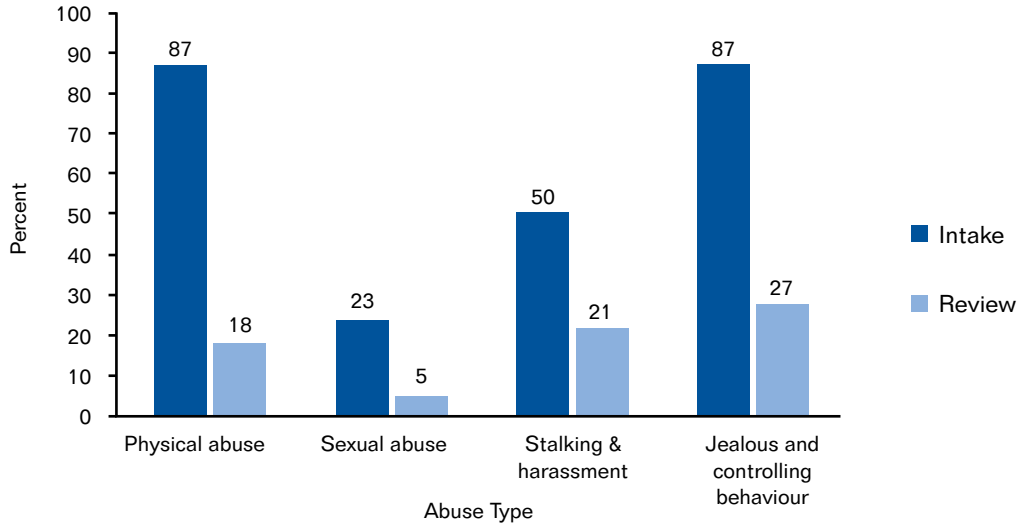
Figure 3: Change in percentage of victims suffering multiple and severe abuse at intake and review



Effective for all forms of abuse

Looking in more detail at the changes in different types of abuse, from Figure 4 it can be seen that the most significant changes were in relation to physical abuse with stalking and harassment showing a smaller relative decline.

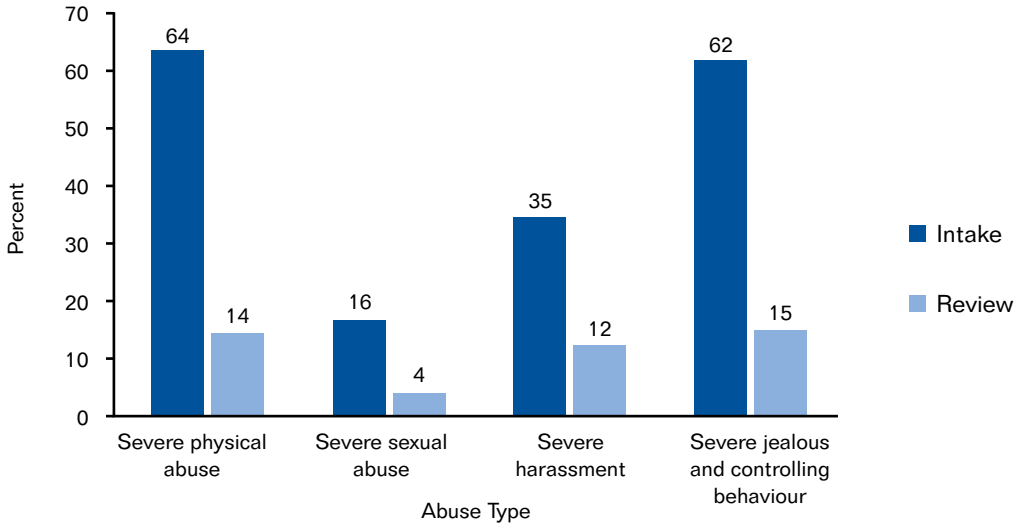
Figure 4: Change in percentage of victims suffering different types of abuse at intake and review



Including severe abuse

Finally, there were also important reductions in the levels of severe abuse across each individual abuse type as shown in Figure 4. These range between a decline to over 75% in relation to physical, sexual abuse and jealous and controlling behaviour to around 66% for severe cases of stalking. While risk remains dynamic, these represent significant shifts.

Figure 5: Percentage of victims suffering severe levels of abuse at intake and review



Victims felt safer

Importantly, the cessation of abuse set out above, was also reflected in improved feelings of safety by victims at the review point. This was true for a number of key indicators. Fear of further injury fell from 85% of cases to 22% while fear of being killed fell from 48% to 7% of the total. The number of victims who described themselves as feeling frightened fell from 83% to 17% of all cases.

Impact seen on children's safety

The impact of this cessation and reduction in abuse is not restricted to the adult victim. This research shows that IDVA services may enhance children's well-being, by bringing about a stop or a reduction in abuse, and also by helping to ameliorate specific risks to children's safety. Table 5 shows the change in direct threats to children at the review point.

Table 5: Change in direct threats to children at the review point

Risk factor	Intake (T1) Percentage of victims with children (n=699)	Review(T2) Percentage of victims with children (n=699)	Percentage change
Conflict around child contact	42% (292)	23% (160)	45%
Victim is afraid of harm to children	30% (207)	7% (49)	76%
Perpetrators' threats to kill children	11% (80)	6% (45)	44%

Impact less marked on perpetrator risks

However, the impact was not so marked in relation to some risk factors related to the perpetrator's behaviour. This can be seen from Table 6 and highlights the need for IDVAs to work closely with perpetrator related agencies. This suggests that IDVA services can have limited, if any, impact on specific risks relating to perpetrators' behaviour and other problems, underscoring the need for a more integrated approach to intervention including those services that have direct contact with the perpetrators of abuse.

Table 6: Change in perpetrator related risk factors at intake and review

Risk factor	Intake (T1) Percentage of victims (n=966)	Review(T2) Percentage of victims (n=966)	Percentage Change
Perpetrators' alcohol abuse	53% (516)	48% (459)	11%
Perpetrators' criminal record	53% (516)	53% (516)	0%
Perpetrators' financial problems	43% (416)	25% (242)	42%
Perpetrators' drug abuse	40% (388)	33% (316)	19%
Perpetrators' threats of suicide	34% (331)	10% (101)	69%
Perpetrators' DV related criminal record	27% (261)	35% (338)	-30%
Perpetrators' mental health issues	26% (254)	24% (234)	8%

Shifts too in well-being and social support

However, the changes recorded were not just restricted to safety and cessation of abuse. There were positive changes in victims' well-being following the receipt of the IDVA service. An important impact of domestic abuse can be social isolation. IDVAs reported that there had been significant improvements in victims' social networks in 47% of cases. IDVAs also reported that there had been significant improvements in victims' coping abilities in 63% of cases. These results show that in addition to the impact on safety, the intervention that IDVAs offer facilitates associated benefits in terms of victims' well-being, which evidence suggests may be the key to achieving longer-term safety[vii].

Follow up data promising on sustainability

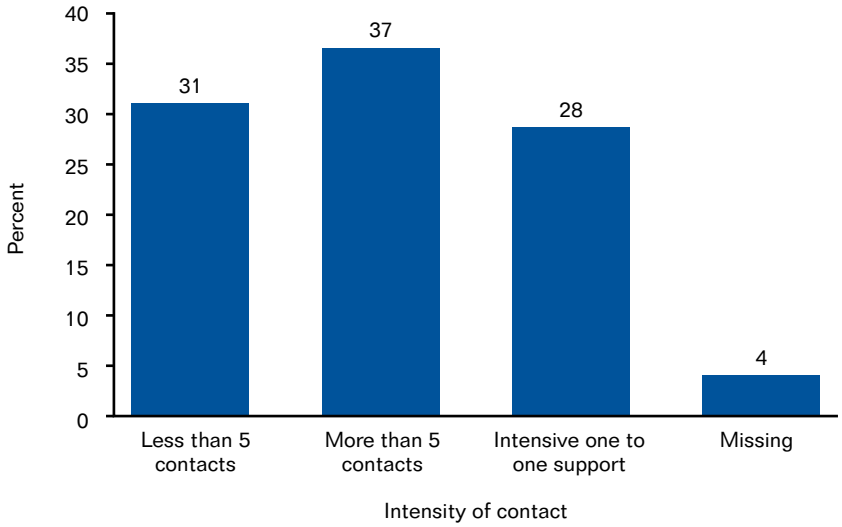
Finally, it was possible to collect a small amount of follow up data at the 6 month stage. These suggest that positive changes achieved as a result of working with an IDVA may be sustainable in the longer term. In the exit interviews collected at Time 2 (n=412), in 39% of cases, IDVAs believed that a cessation in abuse was sustainable into the longer term. At the 6 month follow up stage, a majority of victims surveyed (82%) reported that they had experienced no further abuse during the 6 months following the closure of their case. (Note that this was a small sample.) Victims perceived the work undertaken by IDVAs on their behalf as pivotal in helping them to achieve these positive changes. These results suggest that the short term intervention offered by IDVAs, and the links it creates with other services, may facilitate longer term changes in victims' safety and well-being.

Finding 3: Victims are much safer when they receive intensive support

Safety in Numbers finds that victims receiving intensive support, ie. 6 or more significant contacts, are much more likely to see abuse cease than those who do not receive this amount of support. Given the role of the IDVA, they will also be liaising with other agencies on behalf of the victim in addition to the direct contacts that they have.

In 65% of cases, victims received intensive support from an IDVA, suggesting that capacity might have been a limitation in the other 35%, or equally that those victims felt unable to engage with services.

Figure 6: Intensity of support offered



Support tailored to victims' needs

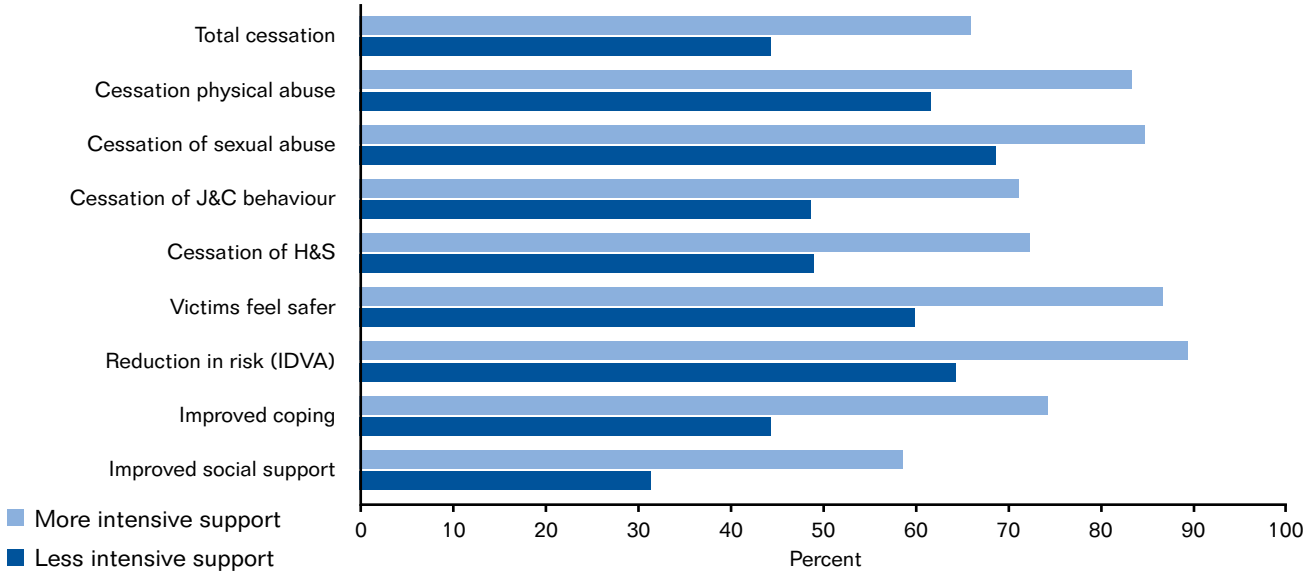
Crucially, the IDVAs provided intervention that was tailored around the nature of the abuse being experienced by victims, as well as their individual circumstances. Thus, victims experiencing comparatively more severe abuse received more intensive support and more frequent access to many services (e.g. court, housing, target-hardening). Equally, victims with specific support needs (e.g. children, substance misuse) received more frequent access to relevant services and agencies.

However, as noted above, IDVAs were obliged to prioritise interventions within an already 'high risk' case load, suggesting that there may be a lack of capacity to work at the highest level with all high risk victims.

Intensive support impacted on all aspects of safety and well-being

Figure 7 summarises the relative changes in victim safety and well being depending on the intensity of support offered. This highlights not only the difference between receiving intensive support and little support on the cessation of different types of abuse, but also on wider factors such as feelings of safety, improved ability to cope and improved social support. These latter factors have been shown to be important in the sustainability of any cessation and longer term safety.

Figure 7: Impact of intensive support



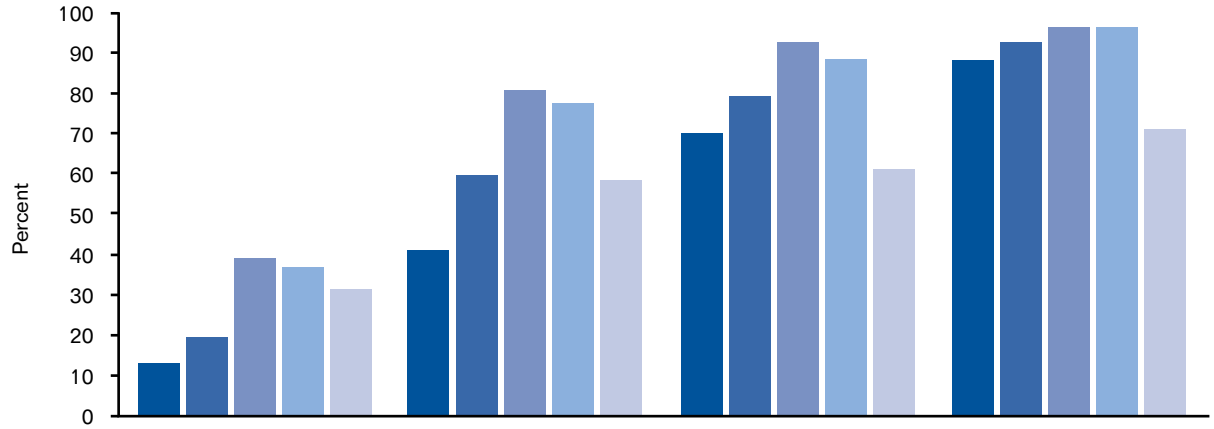
Finding 4: Victims are much safer when multiple services were offered

As highlighted above, the outcomes were positive overall, but particularly so when intensity of support and multiple interventions are taken into account. Thus, the way in which IDVAs worked with victims had a direct bearing on the chance of achieving improved safety and well-being. Victims who received intensive support and multiple types of intervention were roughly twice as likely to experience a cessation in abuse compared to those victims receiving less intensive intervention, or only a single type of intervention. These findings suggest that the intervention that IDVAs provide may be causal in bringing about positive changes for victims.

The IDVAs in the study offered intensive support and tailored the response that they offered each client to her needs, while ensuring that the services of as many agencies as possible were made available in a coordinated way. There was a clear link between the number of services offered and abuse ceasing. However, it was not just the range of options offered but the take up of multiple services that made a difference to safety. This requires firm links between the IDVA service and partner agencies, facilitated in part by the Multi Agency Risk Assessment Conferences (MARACs). For the first time, this gives a domestic abuse specialist a formal role in coordinating the response of other agencies, putting the safety of the victim at the heart of their work. As such, IDVAs can be a catalyst to change both in the safety of the individual victim and the way that all agencies interact.

Figure 8 shows the impact of multiple interventions, or multiple elements to a safety plan, such as target hardening, support with child contact issues, MARAC support and court related support on the cessation of abuse and also on wider safety factors. The average number of interventions was 4 per victim, with multiple options being used in 87% of cases.

Figure 8: Impact of multiple interventions



Number of interventions	0-1	2-5	6-10	11+
Improved social support	14	43	69	88
Improved coping	20	63	81	94
Reduction in risk (IDVA)	39	81	93	97
Victim feels safer	37	77	88	97
Total Cessation	31	58	66	73

The receipt of multiple forms of support (compared to the mobilisation of none or only a single type of intervention) also increased the chances of positive changes in victims' safety and well-being. Furthermore, the likelihood of a positive outcome increased progressively with the number of interventions received. For example, the odds of feeling safer and of abuse ceasing were doubled when 2-5 interventions were offered and increased by four times where there were more than 6 different interventions. In absolute terms, 37% of victims felt safer on access to 0-1 forms of support in comparison to 77% of those receiving access to 2-5 forms and 88% of those helped to access 6-10 forms.

Finding 5: The impact of the evaluation on IDVA practice

As one element of the evaluation, IDVAs were asked to introduce a formal review of the risk in a case at the four month stage, or earlier if the case had closed. Furthermore, services were asked to carry out follow-up interviews with former clients six months after case closure to see if they were still living free of abuse. The anecdotal feedback from this was surprisingly positive.

Case review and follow up work well received

First, IDVAs reported that introducing a formal system of case review allowed them to manage their cases in a more structured way and focus on the level of risk proactively. They reported that this process reduced some of the stress associated with their work, and allowed them to prioritise cases in a more systematic way. Second, the report from the relatively small number of cases where follow-up interviews were conducted was that while the vast majority were still living safely, there was a group where abuse had resumed. Some of these victims reported that they did not feel that they could go back to the service as they had 'let their IDVA down'. As a result of this, two of the services in the evaluation have introduced this sort of follow-up interview as a standard procedure.

Recommendations

Following on from these findings, there are four key recommendations to make to commissioners, policy makers and practitioners.

Recommendation 1: More IDVAs are needed

While the IDVA sector has expanded in capacity over the past five years, many services - including some in the study -are facing cutbacks and current capacity is still estimated to be less than half of the 1,200-1,500 IDVAs that are needed for national coverage[viii]. The impact of the IDVA approach on both the adult victim and their children means that there should be proper coverage nationally of IDVA services, moving away from the current situation where all too many areas have either no service at all or one which falls far short in terms of capacity. It was clear from this research that IDVAs were obliged to prioritise services for some victims, despite the fact that all the cases studied were defined as being at high risk of serious harm. Most of the services that were evaluated were constrained in terms of capacity, meaning that in practice fewer of this group of particularly vulnerable victims could receive the full IDVA service.

From a financial perspective, the costs associated with this group of victims are particularly high. These include direct costs of providing services by the State, costs to employers and costs to victims of suffering and loss of earning. If one just takes the example of a serious wounding by way of illustration, the cost to the criminal justice system alone is over £9,000 and the costs to the health service are estimated to be the same again[ix]. The cost of providing an IDVA for a high risk victim of domestic abuse is around £500[x] and the cost per successful outcome, namely where all forms of abuse cease, is less than £1,000. The potential savings to government from national IDVA coverage of the type set out in *Safety in Numbers* runs into hundreds of millions of pounds[xi] excluding any allowance for emotional suffering or loss of economic output.

Recommendation 2: IDVA services must be commissioned to a framework that keeps safety central

The research highlights just how effective an IDVA service can be if properly focused. It shows stark differences in outcomes depending on the intensity of the support offered and the choices offered to victims about their safety options. While the average figure for all cases was 57%, abuse ceased completely for 67% of high risk victims receiving intensive support. Without intensive support, this figure falls to just 44%. Furthermore, 88% of victims who received intensive support said that they felt safer compared with just 60% who did not. The range of choices offered to victims to address their safety was also critical. By this, is meant action relating to safety planning, housing, the family courts, the criminal courts, support with children, substance misuse services and benefits. In practice, what does this mean for commissioners of services?

1. IDVA services need to be commissioned. Only two of the services in the study had funding which could be described as 'mainstreamed'. The others, in common with most of the rest of the domestic abuse sector, have very fragmented short-term funding with all of the well understood impact that this has on the quality of the service that can be provided. The marginal cost of providing the support of an IDVA is less than £500 per victim supported. The case for commissioning properly focused and structured services is clear.
2. IDVA services need to have the capacity to offer an 'intensive' level of support. If IDVAs do not have the time to offer intensive support, the outcomes for victims and their children will suffer.
3. IDVA services must be structurally part of a multi agency response. The IDVA often acts as a catalyst to mobilizing multiple resources from other agencies, saving the victim the stressful and often unproductive work of trying to do this on their own. IDVAs offer the victims with whom they work a full range of choices and support across the broad range of issues that they face. Thus, IDVAs need to be commissioned as an independent service, working closely in partnership with voluntary and statutory sector agencies both within and outside the Multi Agency Risk Assessment Conference (MARAC).

Recommendation 3: Urgent links need to be made to address the risks to children

Perhaps the most shocking statistic in this report relates to children. There were over 3,600 children in this study, a third of who were aged 0-4 years. Given the length of time of an average abusive relationship, one can reasonably conclude that many of them have been growing up in a household where domestic abuse has been occurring since they were born. In around 40% of cases, there was conflict over child contact, in a quarter the victim was concerned that the child would be directly harmed and in 11% there were direct threats to kill the child. This underlines not only the direct threats to children's physical safety but also the potential longer term psychological impacts.

Furthermore, in over half of cases, perpetrators had substance misuse issues and in almost 40% of cases they had mental health problems. The co-existence of domestic abuse, substance misuse and mental health issues was highlighted in Lord Laming's review following the report into the death of Baby Peter. Indeed, a key recommendation from this report was that: *'The National Safeguarding Delivery Unit should urgently develop guidance on referral and assessment systems for children affected by domestic violence, adult mental health problems, and drugs and alcohol misuse using current best practice. This should be shared with local authorities, health and police with an expectation that the assessment of risk and level of support given to such children will improve quickly and significantly in every Children's Trust'.* Given the occurrence of all of these risk factors in the families that were studied in this evaluation, and the impact in terms of safety of the IDVA's work, careful consideration must be given to using the IDVA model as part of the safeguarding response for children.

It is not the role of the IDVA to work directly with children, but rather to help their non-abusing parent to access safety, if at all possible in their own home. However, the impact of the work of the IDVA in helping end the abuse that victims are suffering has clear implications for the safety of children also. Work needs to happen without delay to examine how links can be made between those whose work it is to safeguard children and those who are working with this high risk group of victims.

Recommendation 4: Stronger links need to be made with health services and those who work with perpetrators

The research highlighted that where strong multi agency links exist, outcomes are much improved for victims. Conversely, it showed the general need to be more closely linked with health services and those who work with perpetrators as these links appeared less effective. Specifically, we know that the health needs of victims of domestic abuse, both in the short and long term, are great. However, most of the IDVAs in the study were not able to make all the links that one might expect with longer-term health services. This can be addressed by locating IDVA services in health settings and ensuring the participation of all key health partners – including primary and secondary care – in the MARAC. Much research has shown that many victims choose not to contact the police[xiii] when they suffer abuse but most if not all will have contact with a health practitioner. Conversely, we know that while victims may disclose abuse to a health practitioner, without an immediate service to refer on to, such disclosures have little impact in terms of additional support.[xiv] This evaluation highlights the relatively limited links with the health service that most of the IDVA services had. This limits their capacity to respond to disclosures within a health setting, limits their ability to coordinate support for children, and limits their ability to liaise with substance misuse services and also to refer on to longer-term support with mental health and other issues.

These findings point to the need for concerted efforts to be made to strengthen links with generic and specialist health services, especially since several studies have shown that the

delivery of integrated services to address domestic abuse in tandem with health related issues (mental health, substance misuse) facilitates improved outcomes for victims.[xv] Work needs to be undertaken to explore how best to improve on these links, on referral pathways to and from health services and, in particular, the viability of directly commissioning community based domestic abuse services by Primary Care Trusts which should, in principle, assure accessibility for all groups of victims and help meet the potential for better long-term care to address some of the health impacts of domestic abuse.

Similarly, links with the agencies involved in addressing the issues relating to the perpetrator - criminal behaviour, substance misuse and mental health, in particular - are vital to make the IDVA role as effective as possible, particularly in the context of the MARAC.

The results represented throughout this report indicate that many perpetrators of the very severe levels of abuse described here were more broadly aggressive and antisocial. Around half had committed offences for other types of crime; around a third had drug issues and half had alcohol abuse problems. Nearly 30% had a history of domestic abuse against other partners. These were the cases that showed the highest levels of risk and were most difficult for IDVAs to work with. This makes sense of course - the IDVA works with the victim and needs support from other agencies in order to impact on the perpetrator's behaviour. They are dependent on the engagement of other services whose remit it is to work directly with the perpetrator to make this work effective and to address wider issues.

If IDVAs are to be as effective as possible, closer links need to be made with both health and perpetrator services and referral pathways for these high risk cases should be clear and prioritised. This relates both to work within the criminal justice system, the MARAC (where, for example, mental health and substance misuse services are often under-represented) and more widely in relation to the links made with IDVA services in general.

Looking forward

This evaluation highlights the reality of living with high risk domestic abuse and the impact of IDVA services on victim safety. It is hoped that the results derived from this evaluation have the potential to significantly advance the understanding of 'what works' in improving the safety of victims of domestic abuse and their children, and that this research will be drawn upon to shape the delivery of effective services in the future.

End notes- for complete references please see full report.

[i] *Safety in Numbers* - A Multi-Site Evaluation of Independent Domestic Violence Advisor Services, Howarth, Stimpson, Barran & Robinson, November 2009. Commissioned by The Hestia Fund and funded by the Sigrid Rausing Trust and The Henry Smith Charity.

[ii] CAADA, 2008.

[iii] Barran, Botham and Brookes, 2003 (New Philanthropy Capital).

[iv] Funded with grants of £22,000 and £40,000, respectively.

[v] Much of this information was already being gathered and recorded in case notes as part of everyday practice, although for the purposes of this evaluation, IDVAs were provided with an electronic case management system. This included several data collection modules that helped structure and standardise the information that was gathered.

[vi] Offender Assessment System definition used by MAPPA Responsible Authorities.

[vii] Bybee and Sullivan, 2003.

[viii] CAADA, 2009.

[ix] Sept 2004, DTI (soon to be updated).

[x] This figure is based on the assumption that an IDVA receives 100 high risk referrals annually and that 60-70 remain engaged. The authors used an average salary of £25,000 and on-costs of 30%. It is accepted that there will be regional variations to these figures.

[xi] This statement is based on the assumption that there are approximately 100,000-120,000 high risk victims of abuse in England and Wales. The difference in cessation of abuse between those who received little intervention and those who received intensive support was 23 percentage points (44% versus 67%). This suggests that between 23,000 and 27,600 more victims would see abuse cease with intensive intervention from an IDVA than if this was not provided. The cost per victim where abuse ceases following intensive support is less than £1000 for the IDVA service. The direct costs to public services can conservatively be estimated at between £10,000 and £20,000. This would suggest a saving of between £200 and £400 million.

[xii] The Protection of Children in England - A Progress Report, The Lord Laming (March 2009).

[xiii] Walby and Allen, 2004.

[xiv] Ramsay, Richardson, Carter, Davidson and Feder 2002.

[xv] Bennett & O'Brien, 2007, Cocozza, et al, 2005.