

Report on Force Control Room Independent Domestic Violence Advocates (IDVA) Initiative for the Humberside Office of the Police and Crime Commissioner ¹

Full Report

Executive Summary:

- Force Control Room (FCR) IDVA is a specialist domestic abuse support initiative, which co-locates an independent IDVA (provided by The Blue Door) with Humberside Police FCR. Where 999 and 101 calls relate to domestic abuse, callers are offered a referral to the FCR IDVA by the initial call handler. If this referral is accepted by the client, details are passed on to FCR IDVA for onward action.
- Between 2019-2022, the FCR IDVA service received 10,449 referrals, with an increased year on year referral rate of 36%. 85% of service users were female.
- Wider studies have highlighted the value of co-locating IDVAs and emphasize the importance of preserving privacy and independence from statutory services. This increases the likelihood that victims will report future instances of domestic abuse, reducing repeat victimisation and increasing awareness of IDVA services in the communities.
- This evaluation used a focus group of IDVA FCR staff, alongside a survey of FCR IDVA service users and routinely collected referral data to examine and explore strengths, weaknesses, opportunities, threats.
- Developments to FCR IDVA include: 1) creating a script for FCR call handlers to better understand and explain the service on offer (and obtain clear consent from the caller); 2) increased sharing of police data about the FCR calls with the IDVA team; 3) more flexible location working and regular team meetings to share experiences and discuss service improvements and 4) improvement in the direct referral route for IDVAs to victim services accessed via the police.
- Lack of clarity and understanding by some FCR call handlers can undermine victim engagement. In addition, the nature of the work is increasingly complex, not least around vexatious counter-allegations and the increase in call volumes. These issues can be alleviated by paying closer attention to staff wellbeing and working conditions which may help improve staff retention/recruitment.
- Co-location is seen as very effective. Good working relationships facilitate better decision-making and speedier interactions. FCR IDVA can be proactive with police dealings with clients. For example, FCR IDVA speaking to officers on way to a call to relay important information/nuance.

Operational Recommendations*:

- FCR IDVA develop and deliver continuous training in response to the large number and turnover of call handlers. Training to include what the service offers (and what it does not). It is not currently always clear that the call handler or clients understand this fully. Clarity from the outset would ensure more informed caller engagement and an improved initial response in the FCR.
- Recruit additional staff – especially around busy points in the week (e.g. Monday / Thursday). Yorkshire and the Humber have the highest recorded rates of domestic abuse-related crimes in England and Wales, yet only have 42% of the recommended IDVA provision for the area (Safelives, 2021).
- Introduce regular group meetings for FCR IDVA team members – benefits are two-fold – information sharing and service development time. This would also support staff emotional health and well-being.
- Formalise flexible working options to support recruitment by enabling flexibility to work from different locations in the region on some shifts provided regular co-work in the FCR is retained.
- Expedite training in 'Smart contact' to facilitate speedier FCR IDVA staff on-boarding.

*Based on focus group interviews with staff and survey responses from client group and informed by wider scoping review of existing research and other co-located services.

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Service Development Recommendations*:

- Between 2019 and 2022 there were 75,172 calls to the FCR related to DA. Approximately 1 in 7 (14%) were referred to FCR IDVAs and about 1 in 5 (20%) of these were then onward referred to community support. This means that 1 in 34 people who call the FCR about DA accessed support in the community.
- The reasons for this attrition are unknown but are likely to include some combination of the following: 1) they decline the offer to speak to a FCR IDVA, 2) they are already accessing appropriate services, 3) they are reluctant to engage with services accessed via a police route, 4) the role of the FCR IDVA is not explained effectively by the control handler.
- The introduction of regular reporting of FCR data on Domestic Abuse to the IDVA team for the purposes of improving the pipeline of contact from FCR to IDVA to community referral – with a particular emphasis on the large population of people calling the FCR who don't engage with the FCR IDVA team.
- FCR IDVA team to create and provide a 'script' for 101 call takers. This would ensure that all clients get the same information and correct message. Additional benefit here of ensuring consent from the caller is fully informed and their decision is respected.
- Introduce service outcome measures with clients rather than providers. For example, a follow up contact with clients who access FCR IDVA for service development.
- There is potential to explore Rapid Video Response (RVR) to provide expedited face-2-face engagement whilst police enroute to response. A report on the effectiveness of RVR is imminent from Kent Constabulary. This could be an opportunity for STAR funding.
- There is currently no perpetrator referral process via the FCR / IDVA FCR. This could be explored as a further avenue to safeguard victims – though care needed to ensure emphasis on victim support / empowerment is not diminished.
- Clarify process for updating community services when a new call is received from an existing client and cross-referencing as appropriate with ISVAs.

***Findings from the survey in this report were based a very small number of respondents. This was by necessity to ensure the safeguarding of the respondents but leaves a gap in understanding about what success looks like for clients.**

Section 1: Research Methods and Findings

METHODOLOGY

This report provides an independent review of the IDVA FCR initiative, which is delivered by The Blue Door based in North and Northeast Lincolnshire. The aim of this review is to investigate the referral processes, programme delivery, and outcomes of the IDVA FCR, to provide further information about the strengths of the initiative and to enable identification of opportunities for enhancement.

This evaluation combined focus group interview, survey, and routinely collected data about the IDVA FCR staff and clients to examine the processes currently in place and explore the views and experiences of clients and staff who have been involved in the programme. Data provided by The Blue Door revealed essential information about the delivery of the programme and routinely collected information from clients from 2019 to 2022. To expand upon this information and provide a deeper understanding of the programme, focus groups with IDVA FCR staff, a survey with clients, and an interview with the FCR manager were conducted.

Participants in the focus groups, interview and survey were identified and recruited through The Blue Door, and data collection and analysis were conducted by the research team at the University of Hull. Ethical approval was granted from the FACE ethics committee at the University of Hull, and all participants provided informed consent either in writing and or verbally if the interview was conducted remotely. The staff focus group consisted of four IDVAs based in the FCR. The electronic survey (using JISC survey software) was sent to 26 IDVA clients who were no longer living in the abusive relationship that had led them to contact the service. This decision was taken on the advice of The Blue Door to ensure the safety of people still living in an abusive circumstance. This was to avoid the survey being sent to anybody whose phone or email may be subject to someone still living in an abusive relationship who might have their personal communications monitored. All qualitative data collection used a strengths-based approach which focused on positive experiences and outcomes of the programme and explored what could be done to further enhance the IDVA FCR initiative.

We conducted a SWOT analysis of each qualitative data source, which enabled us to identify the overall Strengths, Weaknesses, Opportunities, and Threats of the IDVA FCR initiative from the perspectives of clients, staff, and the FCR manager. The findings were combined to provide an overall impression of what is currently working well and to identify areas which could be expanded upon to provide additional value or opportunities to enhance and streamline the delivery of the programme. The following sections provide an overview of the findings from the routinely collected data, focus groups, and the individual interview, and recommendations based upon these findings will be discussed.

All results are presented anonymously and any identifying details or context were altered or removed for the same reason, and we have generally sought to include those

quotes that are representative of the general sentiment and that don't relate any personal details.

RESULTS: referrals and demographic data

The results are based on a focus group conducted with IDVAs working in the FCR and a survey with clients. The survey delivered a 21% response rate with 2 participants actively declining to take part and 4 completing. This is a very small sample of participants from which no generalisations can be made, though it still very important that their voices are heard. The below results are structured in the form of a 'SWOT' analysis (Strengths, Weaknesses, Opportunities and Threats) which provides a useful way of organising what information people told us that has directly informed the Key Recommendations at the start of this report.

Based on annual scorecards provided by the Blue Door (2019 – 2022), and call data from the Force Control Room the key datasets show:

- Total number of DA reports in Humberside was 75,172.
- Total referrals into IDVA FCR were 10449 with an increased year on year referral rate of 36%
- Total number of onward referrals into community support services was 2194 which is 21% of the total referrals into IDVA FCR.
- Of the total number of domestic abuse calls to the FCR, 2.92% led to onward referrals for community support service.
- Contact rate for referrals rose to 78% in 21/22 – a 3% increase on the previous year.
- 85% of referrals are female, 15% male.

RESULTS: SWOT Analysis

Strengths:

One of the most significant strengths of the initiative that the IDVAs themselves commented upon was the importance of their independent service that is focused only on the victims of domestic abuse. For example, members of the IDVA team commented:

"We are the voice of the victim"

"our job is to signpost you" " it's important to say to them, 'you don't have to engage with police or give a statement if this is not the right time for you" .

"Best way to get them [victims] on board is to show them that we are all working together for them but from FCR IDVA, we can't put pressure on them...it's their choice... it's about empowering them".

"I enjoy it. I do enjoy doing it. It's important – early engagement. The job satisfaction when you talk to that 'victim' who often say 'thank you so much. Thank you for understanding'. And you'll get 'you're the first person I've talked to who actually gets it'. And that is sad, but also nice at the same time."

“Our practice is let’s empower them from the very first call they get.”

These comments emphasis how important trained, specialist staff are in building rapport with victims of domestic abuse. Similarly, independence from the police role has the capacity to change the dynamic by offering a different type of interaction that is not driven by the investigatory need – but instead the victim’s decisions.

One of the main advantages of initiative is the partnership and teamwork provided through the co-location of IDVAs in the control room:

“we all have that contact instantly (with DACT). I’ve not come across any barriers to contact with police – even during COVID.”

“I do prefer to be here because I like to know I can watch them doing it. So when I say ‘I need this checking’ I can see them (DACT) doing it.”

“We support each other. If I’m being honest, I find the DACTs and the hub quite supportive. I know that if there’s an issue, they’ll be there. We have such a good working relationship. And we (IDVAs) have a whatsapp so we can offer each other support too.”

These advantages appear to extend beyond the good working relationships as they provide insights and opportunities to improve decision-making and expedite processes on behalf of the victims of domestic abuse:

“We used to have to go to the DACT and say ‘in my professional judgement this is a high risk case’ and they’d say ‘right’ – so we worked out that unfortunately some of the logs were not being sent to MARAC. So we approached this about a year ago in January, so we decided to do the MARAC reports ourselves. We thought, oh God, this is going to be loads of work, but it’s worked out brilliant because we don’t have to challenge anyone (about risk), if they (DACT) thought it was a medium and we thought it was a high we couldn’t actually send a “MARAC even if we really thought it was a ‘high’. And now we can just go ‘well, we’re sending it anyway”.

“It works out well with the police, ‘cause I’ve had police say to me, ‘I didn’t realise that they were perpetrators’...we don’t go into detail, but we can say ‘that was 2016, or last year”

“when the vulnerability hub get it to do their secondary risk assessment, if they’re viewing it as a high they don’t have to do the MARAC because we’ve already done it – its in the MARAC system, a MARAC referral triggers a contact from the support worker so it get’s the ball rolling faster”

These advantages also extend to informing and educating the police officers on duty, as to actions and possible explanatory behaviours of a victim of domestic abuse:

“its educating them, they’re are dealing with victims, you are talking to victim on phone...looking at data on system from police, and it will say ‘perp is texting – but victim is texting back’, which really infuriates me....we all know the (safety) reasons why victims might text back – so I’ll put on the log...’this victim has replied – you must be aware that this is a safety mechanism’...and if they are getting a bit near (to the victim in terms of a visit) – I’ll ring them on the airways”

“sometimes the call handler will pop over and ask for a bit of advice...so it’s really beneficial and.... we have also supported some people who have worked here’.

Summary of Strengths:

1. The IDVA FCR is provides an independent service designed to empower and support the victims of domestic abuse.
2. The co-location of IDVAs in the FCR builds good working relationships between the police (especially the DACT) that has led to improvements in the speed and quality of decision-making around risk.
3. FCR IDVA being co-located also helps encourage education sharing around DA actions/behaviours/support mechanisms.
4. Most survey respondents valued the help they received from FCR IDVA. They described the emotional support as ‘empathetic’, and also highly valued the explanation/understanding of perpetrator/relationship dynamics and legal/civil law advice.
5. Most clients found it helpful to speak with an IDVA so soon after initial contact was made with the police.
6. Most respondents agreed that support from an IDVA working closely with the police (i.e. FCR IDVA) helped them feel safe and were happy with the level of support received. Most reported feeling more confident, better informed and less stressed after receiving support from FCR IDVA.

Weaknesses:

One of the main concerns expressed by the IDVA team related to what information was routinely given to the victims of domestic abuse when they spoke to the initial call handler in the FCR. In particular, what exactly were victims told about consent as sometimes they had reason to query whether consent had been given for an IDVA to contact them. The team were very accepting that this might be due to the pressures on call handlers but nevertheless expressed some anxiety about the variability of what call handlers might be saying to victims – and related to this that the police do not override victim wishes:

“Consent is very important if the victim and perp are....still in that relationship”

“I like the consent to be honest....last week we got 17 referrals in a very short space of time...but when we contacted them they kept saying ‘I said I didn’t want you...’, ‘I said I didn’t want you...’ which we are apologising for that....but when we are doing that we are disempowering the victims of domestic abuse, so if you guys (police) are

overriding that we need to deal with that quite delicately, we don't want people to think well I'm not ringing again in the future".

According to the IDVAs many of the potential areas of weakness relate to the work pressures at high demand points in time. This includes the sheer volume of calls about domestic violence at certain points in time but also the associated police checks all of which can create a backlog:

"If the police checks not on the record, then I'd rather it was passed over till the next day because we could be going in completely blind and we don't know who we're talking to."

Whilst the good working relationships with the DACT in the FCR do enable real time cooperation, the issue of high demand work pressures was often commented on in one context or another. For example:

"Bearing in mind the volume of work we get also impact on the DACT so if they're low on staff then there's a delay in the police checks. So we'd have to say to them 'can you just have a look on niche' which then interrupts their work".

"The other Thursday I got 17 in an hour and half.....and you've got to do the checks, you've got make sure. There's a lot of information on a log and that's your time – especially if they've got a history – because you're reading the police checks. You want to know the history of the domestic abuse with not just that partner, but previous partners and that's what determines the true victim-perpetrator, so you know that conversation you're going to go into and where you know there's repeat, repeat, repeat victimisation that's when you know you're going to push for that support".

A final weakness that the IDVAs reported was the delays in starting new start created by 'smart contract' training which they stated could take months after vetting had been approved. Based on the below quote from one of the IDVAs this feels like something that could be easily addressed:

"We do have issues – we can submit the vetting and get everything that is needed and get it done. But then we're waiting to get access to 'smart contact' which can take months. And that's the issue we had last year. The three of us running a 7 day a week shift between the 3 of us and we were absolutely dropping because we were waiting for new staff to come onboard. But we lose people who've done the vetting. And all it is they're waiting for 30 minutes of training before they can get on smart contact".

Summary of Weaknesses:

1. Based on follow up calls with some victims, IDVAs are concerned that not all FCR call operators clearly explain the IDVA service.

2. Based on follow up calls with some victims, IDVAs are concerned that not all FCR call operators obtain consent from the victim for IDVA contact.
3. Most survey respondents felt they needed more information on where to seek help and some were still waiting for that support if requested.
4. When asked to describe how they generally feel, respondents described themselves as 'worried', 'stressed' and 'scared' (in contrast to feelings described above, when they were asked to expressly comment on how they felt about the IDVA working closely with police)
5. High demand pressure points can create delays in police checks and follow by the IDVAs.
6. Training for Smart Contact can take months which has an effect on the start point for new recruits and adds further work pressure.

Opportunities:

Many of the opportunities identified by the IDVA team flow directly from the weaknesses identified above and demonstrate a healthy, problem-solving, approach amongst the IDVA team. In particular, better engagement with the FCR call handlers and better sharing of police data were both felt to offer the potential for improved services.

One suggestion was a short script for 101 call handlers that they could read to victims was deemed to be a good opportunity to help improve the quality of how their service was explained to victims. The high turnover of call handlers meant that the IDVA team were concerned there were gaps in the understanding of the IDVA service and the need for consent to be achieved:

"That is really important into the 101 call takers...yes- you'll have some expert call takers who fully grasp what it is we do, then you'll have someone who is new, who is told 'make sure you offer FCR IDVA'...and then that's all they'll say and they don't fully understand...."

The IDVA team also felt that whilst they were happy to share their information with the police the same was not always true in reverse. For example, they mentioned some frustration not being able to refer directly into other needs and supports many victims of domestic abuse also require such as housing or mental health. Access to niche and FCR data was also deemed a good way to improve their service, the training of call handlers and the proportion of calls not being referred onto IDVAs:

"We did approach Jamie Watson as me and XYZ are both niche trained and have access to it. But even if they just said, access at this time.....onto the niche system we could look DA history but because we're not cops we can't".

"It would be really interesting to know the amount of calls coming into the FCR. To break it down into 999 / 101. Where they asked by the call taker, what went through to DACT. Because you could break it down into so many parts which might identify the training needs within the 101 call takers."

Some of these opportunities relate to the desire to understand and improve provision, whilst others relate to the need to 'manage' the high demand pressure points in the number of calls about domestic abuse to the FCR:

"we need more time, not give us more time – in my opinion I like the hours we work – and I think that works well with regard to contacting the clients. But I do believe if we had more money in the pot for someone to work in the daytime on a Monday so we can go through and catch up from the weekend"

"more staff – we can get more staff but it's the travel that puts people off. It's really difficult to recruit. We need someone for key days (Monday / Thursday)"

Whilst all the IDVAs identified the importance of colocation in the FCR, there was a general feeling that being able to work more flexibly would offer some benefits in terms of how fast they could work:

"you can get a lot more done, working from Scunthorpe absolutely you can because you do get brought into conversations – not always work bound – it can be quite hectic. But you just 'switch off'. But you can be more productive working in the Granary."

"I would put a request in, if there was some flexibility. So when I do three shifts a week, can I do one from Scunthorpe? Because I'm showing my face twice a week here"

"I'm like half and half, because I've done both sides of it – working in here and working remotely. Because I have that constant contact with them and they know who I am, I feel more than confident ringing up. It would be completely different if I hadn't had that contact. If there was an opportunity for a new person I would still want them to come over here for a short period of time and build that working relationship with everybody though if after that they could work at a different police station that would be fine."

However, this is offset to some extent by a general sense amongst the IDVAs that they'd like more staff meetings as they often don't get a chance to routinely meet as a group:

"We get enough supervision. I would like more meetings where we get together, even Teams / Zoom so we could share our experiences and things."

Summary of Opportunities:

1. Providing a script to FCR call handlers to explain the IDVA service and how to ask for consent to improve first contact with victims.
2. Sharing of police data about FCR calls with the IDVA team.
3. Improvement in direct referral route for IDVAs to other victim services accessed via the police.

4. Clearer explanations in level of communications and understanding as to what the service (FCR IDVA) offers victims/clients may lead to improved experiences for clients/callers.
5. Options to sometimes flexibly work from other police stations.
6. Introduce team meetings to share experiences and discuss service improvements.

Threats:

Four threats were identified by the IDVA team. The first of these relates to the danger of FCR call handlers undermining victim engagement and confidence in the IDVA service by not being explicit enough about the service or consent (see Strengths above).

The second is the ongoing issue of counter allegations from abusive partners who have been reported by victims. Separating the vexatious complaint from genuine victimization can take time and require additional conversation with the DACT as well as examination of police records / reports.

‘that needs discussion with DACT, because both parties will have been offered an appointment, so there is a lot of DACT discussion as to, ‘how are we going to service these appointments?’, ‘are we going to service both of them?’, because it might be we need to look deep into the info on the police systems to identify the ‘real’ victim, ‘cause they are who we are going to see first.’

The third threat is the volume of calls that has increased since the pandemic and the introduction of new legislation (Domestic Abuse Act 2021):

“From the perspective of DA from what I see from the Blue Door – it’s just going through the roof. We were on 65 – 70 DA jobs coming through to the force per day and now its 85 – 90. It’s just shot through the roof.”

“it can be quite draining. We are literally picking up the phone constantly. It’s somebody’s trauma that you’re dealing with. Call after call after call. You sometimes go home ‘bug-eyed”.

The fourth threat relates to the distance other IDVAs have to travel to engage in the FCR initiative. Given that the home of The Blue Door is Scunthorpe the belief was that the distance was an obstacle to recruiting new IDVA FCR staff:

“from my perspective, I know from IDVAs I’ve worked with at the Blue Door have said ‘I’d love to do it but I don’t want to travel to Hessle”

“this is what gets me, it’s a 40 minute trip each way. So it’s great here but I get in at 10 o clock at night – if I do a 3 – 9. Cost of living – diesel.”

“the title is FCR IDVA and I certainly think the location is the FCR. But like anything there needs to be flexibility in it.”

Summary of Threats:

1. FCR control handlers may undermine victim engagement and confidence in the IDVA service if it is not properly explained / consent obtained.
2. Counter allegations from abusive partners is very common and can create an additional burden for both IDVAs and DACT to separate the 'real' victim from the counter allegation.
3. The increased volume of calls since 2020 can affect staff wellbeing / retention.
4. The distance from Scunthorpe to the FCR limits other IDVA engagement with the initiative.
5. The survey indicated that on occasion email information promised as follow-up to FCR IDVA call, sometimes not received. This undermines confidence in the service and policing.
6. Even though the service offered is to refer on, survey responses indicate lack of understanding on this – or what constitutes community services: 3 out of 4 said they were 'not offered access to other community or domestic abuse services'.

Section 2: IDVA Scoping Study

Background

The specialist role of Independent Domestic Violence Advisor/Advocate (IDVA) was introduced in 2005 as one aspect of the UK government's first National Domestic Violence Delivery Plan which aimed to provide increased support to victims of domestic abuse (Home Office, 2005). This initiative also introduced Specialist Domestic Violence Courts (SDVCs) and Multi-Agency Risk Assessment Conferences (MARACs). Together these elements were designed to focus on high-risk domestic abuse cases, with the aim of reducing repeat victimization and increasing successful prosecutions of domestic abuse offences.

IDVAs undertake specialist training to support and advocate for victims of domestic abuse (also known as intimate partner violence). Typically, an IDVA will contact a victim at a point of crisis (after they have reported / disclosed abuse to the police or attended a hospital) and work with the victim to assess the level of risk, to ensure harm reduction, and to co-ordinate multi-agency working to enable their long-term safety. IDVAs play a central role in both SDVCs and MARACs. The SDVC system was established to provide a safer and more supportive process for victims of domestic abuse to seek prosecution of the perpetrator. This can include special measures to protect the safety and wellbeing of the victim, such as separate entrances, exits, and waiting rooms to the defendant, and the option of giving evidence behind a screen or via video link from another room (Baird et al., 2017). The overarching aim of implementing SDVCs was to reduce delays in prosecution and to facilitate early and accurate identification of cases through multi-agency working which provides support for victims, families, and the wider community, known as a Coordinated Community Response (CCR) (Home Office, 2011).

The provision of MARACs is integral for early identification of high-risk domestic abuse cases. These conferences facilitate a multi-agency approach to information sharing, in order to ensure a thorough and systematic assessment of the potential for harm and formulation of risk management. This can ensure the safety of victims and any children by providing appropriate harm-reduction interventions and liaising with SDVCs if the case goes to court. IDVAs are crucial throughout this process, by supporting victims and their families from the point of crisis through to court, they are able to co-ordinate the activity of multiple statutory and voluntary agencies and act as an advocate for the needs of the victim(s) in MARACs and SDVCs (Bates, 2020). The independent role of IDVAs (i.e., employed by a separate organization to police or court systems) is a significant advantage in ensuring victim safety and improving engagement with domestic abuse services and the SDVC process. Taylor-Dunn (2016) reported that the independence of IDVAs enabled them to provide information and support to the victims in a way that has traditionally been difficult for police to do. The author states that by considering the wider needs of the victim, such as housing, contact with children's services and social services, and non-judgmental support regardless of the victim's intention to engage with the criminal justice process, it allowed for a trusting relationship to emerge in which victim safety is the priority. By doing so this increases victim attendance at court, which, in turn, may lead to higher prosecution rates, which have been historically low

for domestic abuse cases (Wilkinson & Davidson, 2008). However, despite the initial aims of increasing prosecutions for domestic abuse by providing better support for victims, the most recent data from the criminal justice system reveals that this may not be accurate (Grierson, 2023). In the year ending March 2022, reporting of domestic abuse-related crimes increased by 116% (from 421,185 to 910,980) compared to the year ending March 2016, which may reflect better awareness of the issue and more willingness on behalf of victims to report crimes to the police (ONS, 2022b). However, this increase in reporting has not generated an increase in prosecutions; the number of domestic abuse-related prosecutions has decreased by 46% (from 82,158 to 43,836) since March 2016 (ONS, 2022b).

Domestic Abuse: Definitions and Prevalence

In the year of March 2021-2022, the Crime Survey for England and Wales (CSEW) reported that an estimated 2.4 million adults (aged 16 and over) experienced domestic abuse; approximately 5% of the adult population of England and Wales (ONS, 25 November 2022a). This figure includes family abuse and partner abuse; an estimated 3.5% of the adult population experienced partner abuse. Domestic abuse includes physical, psychological, sexual, and economic abuse, as well as coercive controlling behaviours and stalking, and is defined in the Domestic Abuse Act (2021) as any incident or pattern of incidents between individuals aged 16 and over who are personally connected, for example, a partner, ex-partner, or relative.

Domestic abuse is seen as a largely gendered issue; crimes recorded by police in the CSEW (ONS, 25 November 2022a) demonstrate that 74.1% of victims were female. However, caution should be taken when examining these statistics, as male victims and LGBTQ victims have historically been overlooked populations in the context of domestic abuse and experience significant barriers in seeking help and reporting crimes, due in part to the conceptualization of domestic abuse as a heteronormative and cis normative experience that affects women (Hine et al., 2022). Bates (2020) argues that situating domestic abuse policies within gendered strategic frameworks, such as the Tackling Violence Against Women and Girls Strategy (Home Office, 2022), can discourage some underserved victim groups from seeking help, despite the gender-neutral language that is used. Additionally, research indicates that women may not report domestic abuse to police for fear of not being taken seriously; research by Safelives (2015) revealed that women often disclosed abuse to police multiple times before receiving appropriate help, and recent issues with police misconduct, as revealed by Baroness Casey's (2022) report in the wake of the rape and murder of Sarah Everard by a Metropolitan police officer, emphasises the lack of confidence in police. Additional factors may cause an individual to not disclose domestic abuse, such as fear of escalating violence or harm from the perpetrator, or feelings of shame and embarrassment, all of which may cause underestimates of the true prevalence of this issue (Robinson et al., 2021).

Further barriers to help-seeking and crime reporting exist for people for whom English is a second language, immigrants and refugees, BAME victims, and disabled victims; structural inequalities and a lack of culturally specific services can mean that some people in marginalized groups aren't aware that there is help available or know how to access it, they

also may be fearful of experiencing stigma or discrimination within support and police services (Donovan, 2010; Decker et al., 2019; Ludici et al., 2019).

Yorkshire and The Humber: Domestic Abuse in a Regional Context

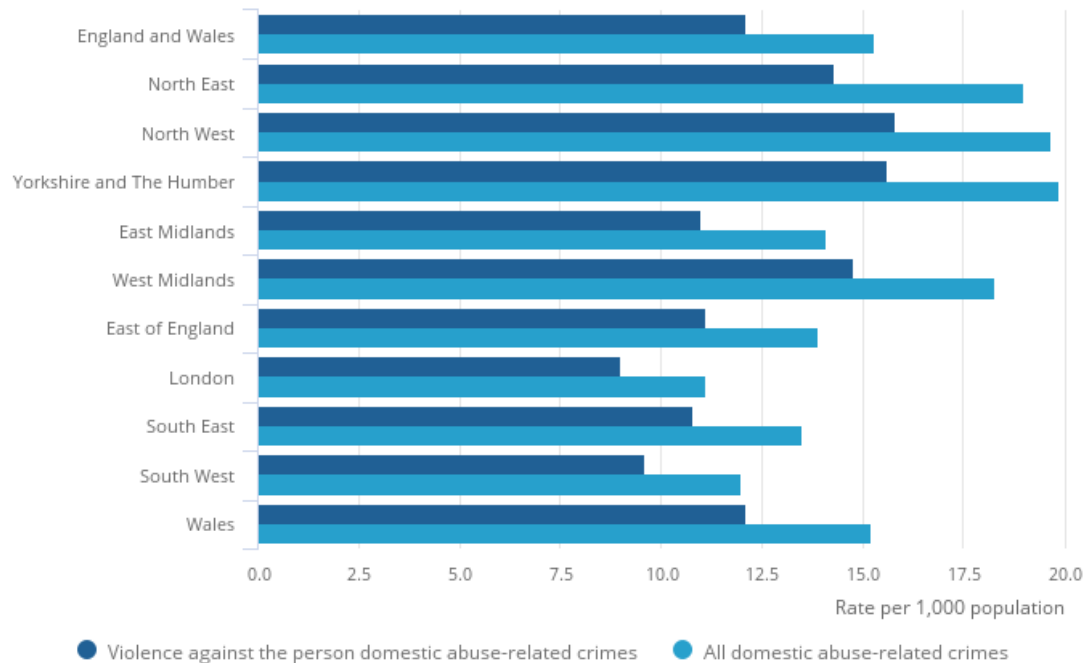
The region of Yorkshire and the Humber comprises the areas of East Riding and North Lincolnshire, North Yorkshire, South Yorkshire, and West Yorkshire, and has a population of 5.5 million (ONS, 2021) . The region is subject to growing inequalities between the most deprived and least deprived areas; the findings of the Health Profile for England (HPfE; 2021) reported that there is a gap in life expectancy between most and least deprived areas of 11.2 years for males and 9.5 years for females. Life expectancy is closely related to socioeconomic status, and therefore it is unsurprising that approximately one-fifth of people in the region are situated in the most deprived decile nationally (Ministry of Housing, Communities, and Local Government, 2019).

The prevalence of domestic abuse-related crimes has seemingly been increasing year-by-year, the CSEW (ONS, 25 November 2022a) reported an increase of 7.7% in England and Wales in the year ending March 2022, compared to previous years. However, it is important to note that this does not necessarily relate to higher levels of violence and abuse, and instead may represent higher levels of awareness and reporting of crimes. In 2016 the Humberside Criminal Justice Board commissioned an exploration of domestic abuse patterns in the region, in response to perceived increases in the prevalence and severity of domestic abuse incidents (Brennan et al., 2016). This evaluation determined that the apparent increase in severity of incidents was likely due to expanding definitions of domestic abuse used by police and support services, higher recognition of harm caused to victims, and a nationally observed tendency to inflate risk-assessment scores over time. This report also confirmed that the level of deprivation was a predictor of domestic abuse-related crimes across all areas within Humberside.

These findings are supported by recently published national data. The ONS (25 November 2022a) reported that domestic abuse-related crimes recorded by police are the highest in the Yorkshire and Humberside area, in comparison to other regions in England and Wales (Figure 1), but note that this may be due to differences in rates of reporting crimes to police and how police record these crimes. Given the prevalence of domestic abuse-related crimes in Yorkshire and Humberside reported in ONS data (25 November 2022a) and the prevalence of high-risk domestic abuse cases that are referred to MARACs (and thus meet the criteria for receiving support from IDVAs), it is surprising to note that the region has only 42% of the recommended full-time equivalent (FTE) IDVA coverage (SafeLives, 2021). These figures suggest that there are not enough IDVAs to support victims in Yorkshire and Humberside who are at the highest risk of serious harm or homicide. The difficulties in accessing IDVA services and the lack of service provision for high-risk victims in some areas within this region was also discussed by participants in Brennan et al.'s (2016) report; the North Bank area had significantly fewer IDVAs and participants had more difficulty accessing services in comparison to the South Bank. The combination of these findings and the recent figures from

Safelives (2021) raises the question of whether IDVA services in the region are currently meeting demand.

Figure 1. Rate of domestic abuse-related crimes recorded by police, English Regions and Wales, year ending March 2022



Note: From Home Office – Police Recorded statistics, by ONS, 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022>

The Humberside Police Force received funding from the Home Office, in partnership with five other force areas, to implement innovative programmes which aimed to increase responses to domestic abuse and improve victim experience and criminal justice outcomes. This programme, named Domestic Abuse: A Whole System Approach (DAWSA) was led by the Northumbria Police force and the Office of the Police and Crime Commissioner (OPCC) for Northumbria, and an independent evaluation of DAWSA was conducted in 2019 (CordisBright, 2019a).

Within DAWSA, each force area implemented a different approach, depending on geographical area, available resources and the needs of local communities, with the aim of improving responses to domestic abuse and victim support. To achieve this, three force areas, including Humberside, implemented a domestic violence support and assistance scheme (DVSA), in which DVSA partners, such as IDVAs, were located in the Force Control Room. The specialist domestic abuse support workers were available in the Force Control Room at peak demand times. This scheme aimed to increase support for victims at the point of, or immediately following, a domestic abuse incident being reported to police, to enhance knowledge of police and DVSA workers through partnership, to increase the number of victims

engaging with safeguarding and specialist support and improve victim experience of reporting domestic abuse incidents.

The independent review into these schemes (CordisBright, 2019a) interviewed 17 service-users who had received support and advice through this scheme, and reported that the independent nature of the support workers and prompt first contact were key factors which promoted engagement and satisfaction with the service. However, the report highlights that lack of awareness of this service amongst police officers meant that not all victims who reported incidents were contacted by DVSA partners. Additionally, the report recommends that a regular review of demand and operation procedures should be undertaken, due to difficulties maintaining adequate staffing levels, imbalance in the victims who received support (due to fluctuating demand and limited hours of operation), and the difficulties of balancing the need for local flexibility between force areas and maintaining regional consistency. The FCR DVSA partnership scheme has continued to be implemented in this region following success in achieving all of their intended outcomes in the pilot scheme of DAWSA (CordisBright, 2019b)

The Role of IDVAs: Empirical Insights

Since the introduction of the IDVA role in 2005, empirical evidence has increasingly demonstrated positive outcomes in a range of areas including victim safety and emotional wellbeing (Howarth et al., 2009) and domestic-abuse related prosecution rates (Taylor-Dunn, 2016).

One of the first national evaluations of the IDVA service was conducted between 2007 and 2009, and explored the characteristics of victims of high-risk domestic abuse together with demonstrating the impact of IDVA services on improving victim safety and contributing to the cessation of abuse (Howarth et al., 2009). This study examined seven IDVA services across the UK and gathered data from 2567 IDVAs at the point of contact with clients and followed-up on with 1247 cases either after 4 months of contact or on closure of the case (whichever occurred first). Howarth et al. report that after working with IDVA services, 57% of all victims experienced a cessation of abuse, this effect was even higher for those receiving intensive support in comparison to those receiving limited support (67% and 44%, respectively). Furthermore, IDVAs reported that their clients had improved coping skills (63%) and improved levels of social support (47%) after engaging in interventions provided through the IDVA service. Similarly, Wilkinson and Davidson (2008) conducted an evaluation of four IDVA services in South Yorkshire and reported service users experienced increased feelings of safety and emotional support, and highlighted the value of this support while engaging with court proceedings.

Multiple local evaluations of IDVA services have also been conducted across the UK. Coy and Kelly (2011) examined four IDVA services in London which were based in the community, hospitals, and police stations; the authors report that two-thirds of cases experienced no further violence after receiving support from an IDVA. This evaluation also highlighted the benefits of co-locating IDVAS across services; IDVAs based in police stations

reported that the links with police enhanced the credibility of IDVA role and that access to police records and regular contact with police officers enabled a more comprehensive assessment of risk. However, the authors note that this location may be a barrier to some service-users who fear police involvement due to past negative experiences or institutional discrimination and structural barriers, furthermore IDVAs in this study described the challenge of finding private locations within the police station where victims felt safe to talk with the IDVA. A more recent evaluation of the IDVA+ service in Bath and Northeast Somerset (Jones et al., 2020) provides support for previous research which reports service-users feel safer after receiving IDVA support, and extends these findings by confirming that 64% of service-users were classified at a reduced risk-level in formal assessments.

Qualitative research conducted with clients who have used IDVA services reiterates the improvements they experienced in emotional wellbeing and feelings of safety that have been reported in previous studies (Wilkinson & Davidson, 2008; Howarth et al., 2009). Madoc-Jones and Roscoe (2011) conducted semi-structured interviews with nine IDVA service-users and described how the emotional support and advice provided by IDVAs was invaluable, with one participant stating “I don’t know how I would have survived without her [the IDVA]”. The authors emphasize that the assertive approach to making initial contact and continuing engagement was a crucial factor in the provision of high-quality IDVA services.

A Realistic Evaluation of the impact of IDVAs on the prosecution of domestic-abuse related offences explored the mechanisms of *how* positive outcomes are achieved, from the perspective of IDVA services (Taylor-Dunn, 2016). Case-file analysis revealed that levels of victim participation in the court process and levels of successful prosecution of the perpetrator were higher when victims were supported by IDVAs. The IDVA services who were interviewed identified the important mechanisms as being the provision of support regardless of the victim’s intentions to attend court, and addressing the wider needs of victims, including housing, financial and debt management, and children’s services involvement. However, contrary to Taylor-Dunn’s findings that prosecution rates are higher for cases in which the victim is supported by an IDVA, Ross et al. (2022) reports that convictions for cases relating to intimate partner violence had a 12% reduced likelihood of successful convictions when an IDVA was involved. The important difference between the findings of Taylor-Dunn (2016) and Ross et al. (2022) is that the court-based IDVA service in Ross et al.’s study was only available on the day of the trial, with no prior contact or continuing support provided to the victim. This was because 95% of cases were assessed as standard-risk and therefore did not meet the criteria necessary to be assigned IDVA support. This is in contrast to the court-based IDVA service which was evaluated in Taylor-Dunn’s (2016) study, which provided support and advocacy for *all* victims who were required to attend court, regardless of their risk level. Taken together these evaluations suggest that the provision of IDVA support to victims at each level of risk is beneficial, not only for successful prosecutions, but likely also for subjective feelings of safety and emotional support for victims, and demonstrates the value of extended IDVA support that goes beyond advice and advocacy on the day of the trial.

IDVAS, Gender and the Rest: Heteronormative assumptions about domestic abuse

The evidence presented in the previous section demonstrates the efficacy and value of IDVAs and illustrates that providing support and advocacy for victims of domestic abuse is critical. However, emerging research indicates that IDVA services typically cater to heterosexual, cisgender, non-disabled white women (Bates, 2020) resulting in vulnerable and/or marginalized groups being excluded from domestic abuse services and struggling to get the help they need. Moreover, examinations of the frameworks and strategies which guide IDVA services, and increasing efforts to map and critically evaluate IDVA services in the UK, have revealed gaps in provision that can negatively affect service-users of all demographics (Speed, 2022; Welsh, 2022).

Since the establishment of IDVAs, MARACs, and SDVCs in 2005, there have been concerns from academics and practitioners in domestic abuse support services that marginalized groups are systematically excluded from these schemes. In 2010 an evaluation of MARAC referrals in Newcastle, Gateshead, and Sunderland was undertaken to explore why the number of LGBT victims referred to MARACs was disproportionately low (Donovan, 2010). This report revealed that out of the 1848 cases referred to MARAC since October 2007 to the time the evaluation was conducted, only 0.87% ($N = 16$) identified as lesbian, gay, bisexual, and/or transgender. Interviews conducted with IDVAs and MARAC coordinators revealed that although they believed that it was theoretically possible for LGBT individuals to be referred to MARAC, there were concerns about the applicability of the Co-ordinated Action Against Domestic Abuse (CAADA) risk indicator checklist, and the cultural competency and skills of the practitioners using CAADA to assess risk for LGBT service-users. For example, some participants described how the CAADA checklist is “geared up for heterosexual relationships” (Donovan, 2010, p.10) and mainly concerns physical violence, this may therefore underestimate the true risk of serious harm and violence faced by LGBT victims. Despite increased attention to LGBTQ-specific risk factors and experiences of domestic abuse from underserved communities, there are still substantial barriers that these populations face when seeking help and engaging with police and domestic abuse services (Decker et al., 2019; Ludici et al., 2019; Scheer et al., 2020; Hine et al., 2022). Bates (2020) describes in her exploration of UK and US domestic abuse services, how a systemic lack of consistency in the provision of IDVA services to different high-risk victim groups contributes to the under-representation of LGBTQ, male, BAME, and disabled victims in referrals to IDVAs and MARACs.

Welsh (2022) expands the discussion of what constitutes “high-risk” and who is best served by prevailing definitions of risk within the current framework of domestic abuse interventions. The author argues that the coordinated community response framework currently utilized in the UK, limits services such as IDVAs and MARACs to serve only 10% of the domestic abuse ‘community’ in the UK. Moreover, recent examinations of the predictive accuracy of using the DASH questionnaire (Domestic Abuse, Stalking and Harassment, and Honour Based Violence questionnaire; the most frequently used risk-level assessment among police in the UK) has demonstrated that each question is only weakly predictive of repeat victimisation and does not effectively enable police to identify cases of recidivism or revictimization (Turner et al., 2019). Additionally, Welsh and numerous other authors (for example, Howarth et al., 2009; Coy & Kelly, 2011; Robinson & Payton, 2016) argue that current conceptualisations of risk, which typically centralise physical violence and criminal

incidents, serve to neglect the diversity of lived experiences that domestic abuse victims and survivors describe, and suggest that a more flexible and contextual risk-assessment procedure would enable services to adaptively and appropriately respond to abuse and violence.

The Co-location of IDVA Services

The success of IDVA services, as demonstrated by initial local and national evaluations which demonstrated how valuable the support and advocacy was to service-users (Wilkinson & Davidson, 2008; Howarth et al., 2009), prompted the co-location of IDVAs within public services such as hospitals and police stations in efforts to improve early detection and intervention (Cleaver et al., 2019).

Coy and Kelly's (2011) evaluation of four IDVA schemes which were co-located in community, hospital, and police settings demonstrated that co-locating IDVAs in A&E and police stations facilitated early detection and increased disclosure of domestic abuse. The immediate access to specialized support enabled A&E staff to introduce routine enquiries into domestic abuse with all patients. Additionally, IDVAs in A&E and community-based specialist services were able to reach a wider population of victims; service-users from the A&E scheme tended to be in employment and the perpetrators were less likely to have a criminal record, whereas community-based services accepted self-referrals and their close links to local communities promoted outreach to marginalized and underserved populations. The authors note that it is crucial to preserve the independent role of IDVAs, and to clearly indicate to service-users they are independent from statutory services and that their priority is to advocate for the individual needs of the service-user.

Similar benefits have been found in further evaluations of hospital-based IDVA services. One of the most comprehensive evaluations explored the value of co-locating IDVAs in A&E and maternity departments across five hospitals in the UK, through interviews with 64 members of hospital staff, including 6 IDVAs and 4 IDVA managers (Dheensa et al., 2020). The hospital staff reported that IDVAs based in hospitals were more likely to reach "hidden populations" such as older people and individuals with "complex needs" such as dual diagnosis of substance use disorders and mental health disorders, these findings have been confirmed in extant literature and have demonstrated that they sustained during the COVID-19 pandemic (Elvey et al., 2022). However, the evaluation conducted by Dheensa et al. (2020) reported that the success of schemes such as this are dependent on factors such as embedding IDVAs into hospital procedures to enable more holistic care and ease of referrals to other departments or outside agencies. The lack of a dedicated, private space for IDVAs to see service-users was also noted as a barrier to effective practice; a barrier which was also emphasized in Coy and Kelly's (2011) evaluation, in relation to IDVAs in police stations.

In response to emerging data at the onset of the COVID-19 pandemic which indicated that intimate partner violence was increasing while reports of crimes were decreasing (Kourti et al., 2021), Lancashire Constabulary trialled a pilot program called Operation Provide (Halford & Smith, 2022). This program aimed to reach out to victims of domestic abuse who were "locked in" due to COVID-19 lockdown restrictions and to improve victim safety and

positive outcomes, such as reducing repeat victimization. IDVAs were partnered with a patrol officer specially trained in responding to domestic abuse, enabling IDVAs to attend incidents alongside police, or to attend immediately after the scene of the incident had been secured. The pilot program reported high increases in victim engagement in both safeguarding and criminal investigation for all types of domestic abuse incidents, with statistically significant pre-post improvements seen for victim engagement in criminal investigations related to controlling and coercive behaviour. This is particularly important because evidence suggests that the coercive control crimes have a lower rate of prosecution than other types of domestic abuse, and are often dependent on the cooperation and support of the victim in gathering sufficient evidence to secure a successful prosecution (Brennan & Myhill, 2022).

CONCLUSION

The literature explored in this review demonstrates the necessity and value of the role of IDVAs. It is clear that the introduction of IDVAs, alongside MARACs and SDVCs, have been successful in their original aim to provide better support for victims and lower the rates of repeat victimization. However, the evidence relating to increasing prosecution rates is inconclusive; nationally the rates of prosecutions and convictions have been decreasing (ONS, 2022b) and local research provides contradictory findings about the extent to which IDVA support can increase successful prosecutions (Taylor-Dunn, 2016; Ross et al., 2022). It would appear from these studies, that holistic and intensive support, regardless of risk-level, can increase prosecution rates. However, additional national and longitudinal research is necessary to establish the role of IDVA support when securing the prosecution of domestic abuse-related crimes.

The independent nature of the IDVA role is a distinct advantage, and much of the literature emphasizes that this should be preserved, especially where co-location and multi-agency working is a core feature of the service. Additionally, the positive experiences that victims and survivors of domestic abuse have had with IDVA services should not be overlooked. Advocacy and support regardless of the victim's intentions to attend court or support criminal investigations was repeatedly cited as one of the most valuable assets of IDVA services. Moreover, providing this type of support has the advantage of increasing the likelihood that victims will report future instances of abuse, reducing repeat victimization and increasing awareness of IDVA services in communities.

The co-location of IDVA services in hospitals and police stations is a significant evolution in the IDVA role. Future research and pilot programs which build on the success of Operation Provide, which won an award in the patient safety improvement category of the Nursing Times Awards in 2020, is highly recommended. Additionally, co-locating IDVAs across agencies holds promise for reaching underserved victim groups, such as men, disabled people, LGBTQ communities, and BAME communities, which the present research indicates are continuing to be systematically underrepresented in IDVA services and MARACs, despite ongoing efforts to engage these groups. Aside from the clear gaps in service for these groups, there are also concerns that the current number of FTE IDVAs is not sufficient to meet growing demand. This is a particularly pressing issue in areas which are most affected by domestic abuse, such as Yorkshire and the Humber. Previous research (Brennan et al., 2016) reported

the difficulties that people living in this area experienced when trying to seek help for domestic abuse, however this research was conducted seven years ago and therefore it would be prudent to evaluate whether services are meeting current demand in this area and whether the disparities in service provision throughout the region has been addressed. Further research is also recommended to explore whether the provision of these necessary avenues of support were affected by the COVID-19 pandemic.

Finally, the results of this literature review suggest that the frameworks and conceptualizations of domestic abuse and risk currently prevailing in the UK need to be re-evaluated. This does not just affect the provision of IDVA services and the service-user groups they are able to support, but all domestic abuse strategies and interventions in the UK. As previously mentioned, by situating domestic abuse strategies within a framework of reducing risk of harm to women and girls, it effectively excludes a large proportion of victims who are affected by domestic abuse, and limits awareness and nuanced understandings of experiences of domestic abuse among practitioners, statutory and voluntary services, and the general public.

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