

Written evidence submitted by SafeLives to the Victims and Prisoners Bill PBC: Idvas (VPB32)

Summary

- **SafeLives supports the inclusion of a statutory definition of Idvas (Independent domestic violence advisors) in the Victims and Prisoners Bill and the accompanying statutory guidance.**
- We believe the definition and guidance **will help to quality assure this role and set consistent standards for provision**, alongside all the other services necessary to help all victims get the right support at the right time. The definition could play a key part in increasing knowledge and understanding of the Idva role among local commissioners and multi-agency professionals and improved referral pathways. It could also help victims understand the specialist support which should be available to them – as is their right under the Victims Code.
- **Idvas are independent advocates** – specialist professionals who work with victims and survivors of domestic abuse to understand and address their risk of being harmed. Idvas support victims of domestic abuse and work to put them on the path to long-term safety, including coordinating the response of a multi-agency system to the victim's needs.
- **Idvas make a real difference to victims and survivors of domestic abuse:** nearly 60% of victims of domestic abuse accessing an Idva service reported cessation of abuse at the closure of their case and **88% reported feeling safer after receiving Idva support.**
- **They are the highest rated form of support for victims and survivors of domestic abuse.** 85% of survivors of domestic abuse who responded to the Violence Against Women and Girls Strategy call for evidence said that they were satisfied with the support they received from an Idva.¹
- **There is no 'typical' profile of an Idva client:** Idvas work with clients across different communities and with a range of protected characteristics, and tailor their support to the individual's situation and needs. **Many services run by and for marginalised communities are proud of the Idva service they provide, and many marginalised survivors tell us how highly they valued the support of their Idva.** Please see Page 8 for a case study of a survivor supported by an Idva at Jewish Women's Aid, a by and for service based in London and Manchester.
- Idvas attend a 12-day foundation course, ensuring a core level of skills and knowledge, and receive an OCN-accredited, Level 3 qualification upon completion. Specialist courses are available for qualified Idvas to tailor their knowledge to specific areas.
- In the year to March 2022, approximately 2.4 million adults experienced domestic abuse.
- According to police data, over 910,000 domestic abuse-related crimes were recorded last year.
- In the year to March 2023, over 118,000 cases of the highest-risk domestic abuse were discussed at Marac (Multi-agency risk assessment conferences), involving over 149,000 children.
- We estimate we need at least 1200 Idvas in England and Wales *just to meet the needs of victims and survivors at the highest risk of serious harm or murder.* Our practitioner survey from 2020/21 suggests we are 400 short of that figure.

¹ Home Office (2022), *Tackling Domestic Abuse Plan*. Available at: <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan/tackling-domestic-abuse-plan-command-paper-639-accessible-version#supporting-victims-1>

The Idva role

An Idva (Independent domestic violence advisor) is a specialist professional who works with a victim of domestic abuse to understand and address their risk of being harmed. Idvas receive specialist, accredited training and hold a nationally recognised qualification. They are independent and this independent status allows them to advocate for a victim of domestic abuse, and are a crucial element of the wider landscape of domestic abuse provision.

Idvas provide a primary point of contact for a victim of domestic abuse, developing relationships built on trust and accountability to proactively create and implement plans which address immediate safety concerns for victims of domestic abuse. These plans include practical steps, information and actions from multi agency meetings to protect victims of domestic abuse and their family, as well as any sanctions and remedies available through the criminal, family, and civil courts, housing options, and services available through other organisations. Idvas support victims of domestic abuse and work to put them on the path to long-term safety, including coordinating the response of a multi-agency system to the victim's needs.

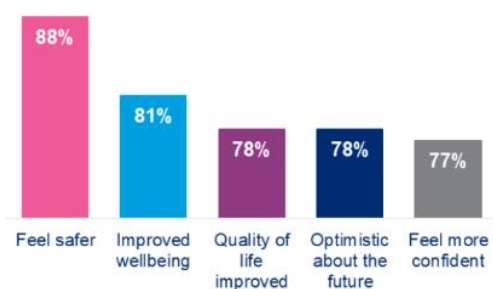
Idvas are usually based within domestic abuse services, including 'by and for' services, or other specialist victim support and safeguarding services, or co-located in frontline agencies. According to one survivor of domestic abuse. *"Idvas are like lifelines – they enable you to survive when you're feeling very alone."*

SafeLives is one of several Idva training providers. The course enhances learners' practical knowledge, helping learners to provide the best possible support for domestic abuse victims, survivors and their children. 98% of learners told us they felt more confident in their role after receiving our Idva training.

The training is supported by relevant specialists from many different fields, including child protection, sexual assault referral centres (Sarcs), the family justice system, the criminal justice system, and housing services. The course also includes modules on Marac (Multi-agency risk assessment conferences), anti-racist practice, and working with minoritised groups experiencing domestic abuse or harmful practices. The content is designed to give learners the depth and breadth needed to support domestic abuse victims, survivors and their children in a multi-agency context from a whole family perspective. Once a learner has completed the 12-day foundation course, they can undertake a number of 4-day specialist courses, including responding to young people experiencing domestic abuse, and responding to older victims.

Idvas are highly valued by clients and have a strong cost-benefit ratio

Idvas make a real difference to victims and survivors of domestic abuse: nearly 60% of victims of domestic abuse accessing an Idva service reported cessation of abuse at the closure of their case and 88% reported feeling safer after receiving their support. According to SafeLives' Insights data from Idva services, over three quarters of clients at exit said they had improved wellbeing, had improved quality of life, felt more optimistic about the future and felt more confident.²



² SafeLives (2022), *Insights Idva dataset 2021-22*. Available at: https://safelives.org.uk/sites/default/files/resources/Idva%20Dataset%202022_FINAL.pdf

As highlighted in the Government's Tackling Domestic Abuse Plan, out of all forms of support, victims and survivors of domestic abuse say they were most satisfied with the support they received from Idvas. 85% of survivors of domestic abuse who responded to the Violence Against Women and Girls Strategy call for evidence said that they were satisfied with the support they received from an Idva.³ According to the Domestic Abuse Commissioner's survey of survivors of domestic abuse, 1:1 support (such as that provided by an Idva) is one of the most highly sought-after interventions. Among a range of interventions, almost three quarters (74%) of survivors who wanted to access support wanted 1:1 support, while two thirds wanted help to make their home safer and 65% wanted someone to help with the police process – both types of intervention that are typically covered by an Idva role.⁴

We know that there is a strong cost-benefit to the Marac/Idva model for victims at high risk of serious harm or murder. We estimate that the cost of response per victim of domestic abuse is around £400 for Idva support compared with £2,500 for refuge (support element only). Maracs save on average at least £6,100 of costs per victim; for every £1 spent on Maracs, at least £6 of public money can be saved annually on direct costs to agencies. Our research has also highlighted that health-based Idvas save the public purse around £2,000.

Idvas don't just work with victims of domestic abuse at high risk of serious harm or murder

When the Idva role was developed in the 2000s, it was initially focussed on supporting victims of domestic abuse at high risk. In the last 15 or so years, however, the role has evolved and new specialisms have developed, applying the model of an independent advocate to different settings and outside of the high-risk level.

The expansion of the role, following the success of the original intervention, is about meeting victim and survivors of domestic abuse where they want to be. Many victims, for example, will only ever seek help through healthcare settings, others might access the Civil or Family Courts but decide that going through the Criminal Justice System is not an option they want to take. Specialist roles beyond the high-risk Idva demonstrate the ways in which the model has been successfully tailored for settings and client groups.

For example, a Family Court Idva works as an independent advocate for individuals where there have been allegations of domestic abuse within public or private law proceedings. They will offer victims and survivors dedicated court support and have the same training as a 'high risk' Idva but with advanced knowledge and experience of the family law legislation and court process.

The Family Court Idva may be co-located within the court building or spend most of their time within the courts. They work alongside Cafcass by completing a specific domestic abuse assessment of risk and need for victims, to safety plan and reduce the risk of harm to adult and child victims. This gives Family Court Advisors independent input from an expert in domestic abuse, highlighting specific risks of harm and needs. The Family Court Idva can also help improve efficiency at family court hearings by supporting victims and survivors with relevant paperwork and attending as an independent advocate. This includes linking with wider agencies, including local solicitors, where appropriate.

In 2020, the Family Harms Panel recommended that "as a matter of course, IDVAs, domestic abuse advocates and mental health support workers be allowed to accompany the party they are supporting into court."⁵

³ Home Office (2022), *Tackling Domestic Abuse Plan*. Available at: <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan/tackling-domestic-abuse-plan-command-paper-639-accessible-version#supporting-victims-1>

⁴ Domestic Abuse Commissioner (2022), *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. Available at: https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Suivivors_Long-Policy-Report_Nov2022_FA.pdf

⁵ Hunter, R., Burton, M., Trinder, L., (2020). *Assessing Risk of Harm to Children and Parents in Private Law Children Cases: Final report*. p178. Available at: <https://consult.justice.gov.uk/digitalcommunications/assessing-harm-private-familylaw-proceedings/results/assessing-risk-harmchildren-parents-pl-childrens-cases-report.pdf>

Hospital-based Idvas also work outside of the high-risk level. In a hospital setting, Idvas can help victims to understand, often for the first time, that what they are experiencing is domestic abuse. While people may not accept support initially, they leave hospital with knowledge of the support they could receive, if they decide to engage later on.⁹⁹ The role of the hospital-based Idva is to: provide immediate support and advice to victims of domestic violence within hospital; link individuals and families to longer-term, community-based support; provide hospital staff with expert training so that they have the confidence to ask about domestic abuse.

In London, the Mayor's Office for Policing and Crime have found that "the co-location of Idvas in hospital is an extremely effective model for reaching service users who have not previously sought support." In addition, Idvas in hospitals will often help with staff disclosures of domestic abuse, and staff are often an Idva's first referrals when a new service is established.

In a hospital setting, these roles help ensure survivors do not fall through the cracks and ideally should be part of a whole-system, whole-health approach. They can also provide a consistent space for people to disclosure, vital given many victims and survivors will present several times before feeling ready to talk to someone about what's happening for them. This is especially true for victims and survivors with protected characteristics and intersecting identities who may have concerns about encountering racism, ableism, homo-, bi- or transphobia or other prejudiced attitudes.

Marginalised and minoritised victims of domestic abuse need appropriate Idva support

There is no 'typical' profile of an Idva client: Idvas work with clients across different communities and with a range of protected characteristics. **We do not believe there is any fundamental dichotomy between by and for services and Idva services, and many by and for organisations are proud to employ trained Idvas.** As a leading trainer and accreditor of Idvas, we know that many specialist by and for services are keen to ensure their frontline practitioners are trained to the same high standard as mainstream services – and, crucially, that the survivors they work with receive the same high-quality service as survivors accessing mainstream services.

An Idva learner from a service supporting Romani (Gypsy), Roma and Traveller survivors of domestic abuse told us: *"IDVA training is an essential first step in professionalising and standardising a high-quality level of support for victim-survivors of domestic abuse. At Traveller Movement we know that, from strong foundations, we can build and develop rich specialist training and tailored support. Recognising the importance of IDVA training is not simply an end goal, it is the necessary starting point in order to create a holistic support system for Romani (Gypsy), Roma and Traveller victim-survivors."*

Idvas work with all victims of domestic abuse and tailor the support they offer to the needs of each individual victim. From our Insights data, we know that, in the year to March 2022, 18% of Idva clients has a disability, 16% were Black, Asian and racially minoritised, 5% were male, and 3% were LGB.

Many victims and survivors of domestic abuse from marginalised or minoritised communities prefer to access specialist support run by and for their communities. According to the Domestic Abuse Commissioner's services mapping work, 67% of Black, Asian and racially minoritised victims and survivors, 65% of LGBT+ victims and survivors, 55% of the disabled victims and survivors with a sensory impairment or physical or learning disability, and 16 of the 62 d/Deaf victims and survivors wanted to access by and for services.⁶ In particular, almost all (21 out of 23) of the transgender victims and survivors who responded wanted to access a specialist by and for organisation.

Many such services provide a specialist Idva service to work with these client groups. For example, Galop the LGBT+ violence and abuse charity, provides a number of LGBT+ and Trans+ Idvas, including one role which is co-located in Chelsea and Westminster hospital. In addition, Jewish Women's Aid, a by and for service based in North London and Manchester, provide a number of Idvas from a variety of Jewish communities, including Orthodox Idvas who combine their knowledge and expertise around

⁶ Domestic Abuse Commissioner (2022), *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. Available at: https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Suvivors_Long-Policy-Report_Nov2022_FA.pdf

domestic abuse with a deep understanding of Orthodox Jewish laws and customs.⁷ They shared this quote from one survivor who accessed their Idva service: *“I felt like I wasn’t on my own anymore. I felt a bit more sane. I knew that there was someone on the other end of the phone to ask for support when I needed it. Really grateful for everything that we have done. It was an amazing service. It was more than I could ever have imagined. More than I knew was available.”*

In conversations with Black, Asian and racially minoritised survivors, we heard about their desire to access support from someone who understands their background and other elements of their holistic experience, for example, forms of racism or types of abuse which are more prevalent in certain communities. This echoes the Domestic Abuse Commissioner’s findings of high proportions of marginalised survivors preferring by and for services.⁸ One survivor was supported through court by a White Idva and the survivor found she did not feel she could raise anything ‘beyond’ the domestic abuse specifically. Another told us she would prefer to have an Idva to whom she did not have to explain what she meant all the time, because their shared background would increase understanding. **However, they shared support for the Idva model in general, revealing an issue which more clearly sits with commissioning, where Idvas in a service at times do not reflect the local communities, and by and for services are six times less likely to receive statutory funding than more mainstream services.**⁹

As the primary training organisation for Idvas, we have developed our processes and training content over the last few years to ensure that it is accessible and fit-for-purpose for specialist services. This includes including an anti-racism module in the curriculum, and developing the training handbook alongside a number of services run by and for Black, Asian and racially minoritised survivors of domestic abuse. We have also ensured the application process is accessible for small and specialist organisations, with a pricing structure to provide subsidised and super-subsidised spaces for charities with lower incomes and other measures such as ensuring more support is available to learners (for example, where English is not their first language). We have many learners on our courses from specialist, by and for services, and to suggest that the model does not work for marginalised communities or that these services do not, as a rule, provide Idvas does not represent the reality on the frontline.

We don’t have enough Idvas

The MoJ recently increased investment in Idvas and we welcomed this commitment to these vital roles. However, prior to this investment, our most recent data showed there were only 66% of the required number of FTE high-risk Idvas in England and Wales to meet the needs of victims at the highest risk of serious harm or murder. This level represented a fall for the first time since 2016. We do not have the data to show that the recent investment has plugged the gap, especially with the ongoing pressures support services are facing in light of the cost-of-living crisis; we still hear of too many survivors who cannot get the support they need from specialist domestic abuse practitioners. We estimate we need at least 1200 Idvas in England and Wales to meet the needs of victims and survivors at the highest risk of serious harm or murder and our practitioner survey from 2020/21 suggests we are 400 short. We know that the need is not falling: in the twelve months to March 2023, 286 Maracs (Multi-agency risk assessment conferences) discussed 118,140 cases. This is a 27% rise in cases compared to five years ago. The total number of cases discussed per 10,000 adult women is 47, which is up from 37 five years ago (27% increase). This is above the rate of cases SafeLives expect to see (40 cases per 10,000) based on our estimate of the prevalence of high-risk domestic abuse.

According to the Domestic Abuse Commissioner, only 55% of survivors of domestic abuse who wanted to access the one-to-one support of an Idva were able to do this. When we know the life-saving and life-changing impact of Idvas and the support they give victims and survivors of domestic abuse to become safe, navigate complex systems, recover and live the life they want to, it is concerning that more than 4 in 10 survivors who want this support could not access it.

⁷ More information at: <https://www.jwa.org.uk/>

⁸ Domestic Abuse Commissioner (2022), *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. Available at: https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Suivivors_Long-Policy-Report_Nov2022_FA.pdf

⁹ Domestic Abuse Commissioner (2022), *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. Available at: https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Suivivors_Long-Policy-Report_Nov2022_FA.pdf

We also know there are too few Idvas in health and court settings. Only one in ten services had an Idva who was based in health, and just one in twenty had an Idva providing specialist court support.¹⁰ In our mapping work in London hospitals, we found just 19 FTE hospital-based Idvas working in 18 hospital trusts across the capital, in comparison with the 36 we recommend for minimum coverage to support London based victims.¹¹

Demand for support is rising and caseloads increasing

Currently, we know that many Idvas are working with high and unsustainable caseloads because there are too few Idvas and demand for support has increased significantly during and following the pandemic. The total number of cases at the very highest risk of serious harm or murder discussed at Marac (multi-agency risk assessment conferences) has increased by 27% since 2018, to over 118,000 cases discussed in the year to March 2023, involving 149,000 children.

In 2018, in England and Wales, Maracs (Multi agency risk assessment conferences) discussed on average 37 cases per 10,000 adult women. In 2022, that had significantly increased to 49 cases per 10,000 adult women.¹²

The backlog in the Criminal and Family Courts is also driving pressure on services: the longer waiting time for hearings and trials can mean Idvas need to continue supporting clients for longer lengths of time. The Westminster Government has already noted its own concerns about limited availability and accessibility, and the under-resourcing of Idva services in its response to the Victims Bill consultation findings.¹³

Though court support by an Idva is highly valuable if a victim is seeking remedy through the criminal justice system or is involved with family court, services are often only commissioned to provide support for short periods of time and too few have specialist court provision – in 2020/21 just one in twenty domestic abuse services had an Idva providing specialised court support.¹⁴

Too often also, the support provided by Idvas is not fully understood. We know victims and survivors are not always aware of the support which is available to them. And we also see limited knowledge among other multi-agency professionals who, with a better understanding of the professionalism and expertise of Idvas, could ensure a more effective and faster response to domestic abuse. Through our recent training with family lawyers, several told us they were not sure they understood their function and were worried about them coaching clients to bolster their narrative. Once the role is fully explained as an independent support, legal professionals said they were much more open to their involvement and the value and expertise they could bring.

A statutory definition of the Idva role will help to improve support for victims of domestic abuse

¹⁰ SafeLives (2021), *SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales*. Available at:

https://www.safelivesresearch.org.uk/Comms/2020_21%20Practitioner%20Survey%20Final%202.pdf

¹¹ SafeLives (2021), *We only do bones here: Why London needs a whole-health approach to domestic abuse*. Available at:

https://safelives.org.uk/sites/default/files/resources/%27We%20Online%20Do%20Bones%20Here%27%20-%20Why%20London%20needs%20a%20whole-health%20approach%20to%20domestic%20abuse_0.pdf

¹² SafeLives (2023), *Marac data: key findings April 2022-March 2023*. Available at:

https://safelives.org.uk/sites/default/files/resources/Marac%20Data%20External%20Key%20Findings%20April%202022%20to%20March%202023_0.pdf

¹³ Ministry of Justice (2022), *Delivering justice for victims: Consultation response*. Available at:

<https://www.gov.uk/government/consultations/delivering-justice-for-victims-a-consultation-on-improving-victims-experiences-of-the-justice-system/outcome/delivering-justice-for-victims-consultation-response>

¹⁴ SafeLives (2021), *SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales*. Available at:

https://www.safelivesresearch.org.uk/Comms/2020_21%20Practitioner%20Survey%20Final%202.pdf

Idvas provide vital independent advocacy for survivors seeking safety and navigating complex systems and help to deliver a more effective multiagency response. We have supported the Government's proposals to recognise Idvas because it **helps to quality assure this role and set consistent standards for provision**, alongside all the other services necessary to help all victims get the right support at the right time. 79% of respondents to the Victim's Bill agreed that developing a statutory definition of the Idva and Isva (Independent sexual violence advisor) roles would be beneficial.

The definition on the face of the Act and the accompanying statutory guidance currently being developed by the Ministry of Justice **can play a key part in increasing knowledge and understanding of the Idva role among local commissioners and multi-agency professionals and improved referral pathways**. It can also **help victims understand the specialist support which should be available to them – as is their right within the Victims Code**. We would recommend further communication campaigns to accompany the measures to highlight the full range of support available.

The definition and accompanying guidance must, above all, highlight the independence of Idvas. No matter where an Idva service is located, their focus is on the safety of the victim of domestic abuse and they are independent of any other statutory agencies with whom they may work. That is a crucial part of the model and a key reason that victims and survivors of domestic abuse trust and value Idvas so highly.

Idvas work to make sure the adult and child victims of domestic abuse with whom they work are safer. Even when co-located with agencies such as Police, Children's Social Care, or Local Authorities, their goal will always be prioritising victim safety and representing the victim/survivor's voice. They matter. And they should feature in the Bill.

Jewish Women's Aid: Idva case study



Sara is 39 and has no children. She contacted our helpline unsure of the support she needed, she was feeling overwhelmed and distressed and scared of her boyfriend and her feelings. During her assessment she described coercive & controlling behaviours, physical violence and economic abuse. Sara had been in a relationship for a year and was living in Israel with her boyfriend where she was completely isolated, Sara hadn't told her family and friends in the UK as she loves her boyfriend and they were planning to marry. She was fearful that people would judge her or tell her to leave him. At this point she was confused and felt unable to decide about what to do. Sara was experiencing panic attacks, low moods and thoughts of her despair. Sara told us that she had lied to her boyfriend in order to return to the UK, she was due to return to Israel in 2 weeks but felt too scared to return and too scared to tell her boyfriend she wasn't returning.

Sara described since being in the UK that her boyfriend calls her all the time and she has to be on face time with him even when she goes to the shops. She was scared to not answer his calls even though she felt overwhelmed each time she spoke to him. She described being needy and perhaps this was her fault as he is the only one that supports her and makes her feel better. She was also worried that he wouldn't cope if she left him. Sara felt that talking to us was too much and that she couldn't cope.

We completed a support plan which focused on self-care, emotional support and some practical support. We agreed to have several short calls a week instead of one long call, as being on the phone for long periods of time was also triggering for her. I encouraged Sara to use our webchat during the times that she needed emotional support but didn't want to talk. I made a referral into JWA's counselling service, the waiting time was only 4 weeks and this counselling would provide emotional support and space for Sara to look at what she had experienced in the relationship but also grief the loss of the relationship. She agreed to contact her doctor and discuss the possibility of using medication and for a referral to a Mental health service to be made. We explored what she used to be like and do before being in the relationship. With encouragement Sara eventually told her brother and some close friends, telling them became a relief, they were shocked but supportive and they rallied round to ensure that she wasn't on her own all the time and when she was with them they would get her to switch her phone off.

Eventually Sara felt strong enough to end the relationship even though she still loved her boyfriend she knew it was killing her and she had been scared of what she may have done had she returned to him.

Although we are primarily a service that provides practical support, Sara needed emotional support to get her to a place of being able to cope with the changes that she was making and would likely have returned to her boyfriend if she had not received it. Sara's mental health improved, she started thinking of a future and started to do some volunteering at a local food bank. We completed sessions on the cycle of abuse where Sara was able to recognise the types of abusive behaviours that she had experienced and importantly that what had happened to her wasn't her fault. At the time of closing Sara said that she knew that she still had work to do on herself but that she feels like she is doing more and living differently.

June 2023