

Hard evidence that the IDVA approach to domestic abuse is effective

Every year in the UK an estimated 100,000 victims are subjected to severe domestic abuse. It costs hundreds of lives, blights the futures of hundreds of thousands of children and costs billions of pounds in public services. This note highlights the key findings from *Safety in Numbers*¹, the first large scale, multi-site evaluation of Independent Domestic Violence Advisor (IDVA) services across England and Wales. It follows the cases of 2,500 women over a two year period as they received dedicated, specialist support from teams of IDVAs in seven services around the country. 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. For the first time, since their formal introduction in 2005, there is empirical evidence that the IDVA approach keeps victims of severe abuse and their children safer.

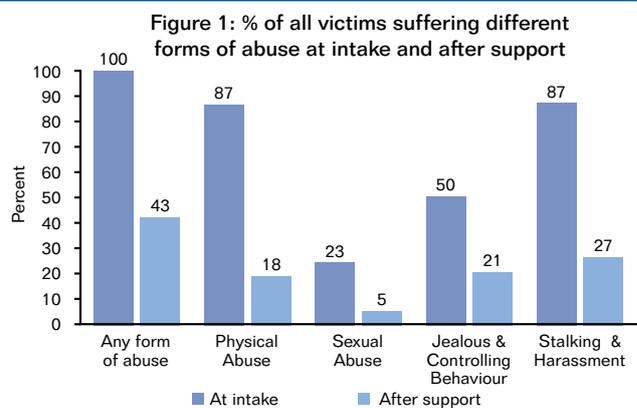
There are 4 key findings that have major implications for the safety of victims and their children

Finding 1: IDVAs work with complex and high risk cases

High risk domestic abuse implies the risk of serious harm. 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’². All of the 2,500 women in this study, whose ages ranged from 15 to 83, were suffering high risk abuse. This included 62% of victims who had received threats to kill, 51% who had recently suffered an injury, with almost a third being stalked or suffering sexual abuse. This combination of behaviours left almost every victim feeling that the perpetrator had control of their day to day lives. Half of the perpetrators had a previous criminal record, including a quarter for a domestic abuse related offence. Over half misused alcohol and over a third misused drugs. Over a quarter had mental health problems and had threatened suicide. Financial problems were a frequent additional feature. In those cases where the victim was unable to engage with the IDVA service, risk factors such as the perpetrator’s criminal record or his significant mental health and substance misuse problems were commonly cited. More troubling still is the picture for the 3,600 children in the study. Almost 70% of the women studied had children, three-quarters of whom were of primary school age. Of these, 11% had received direct threats to kill from the abuser, while in over a quarter of cases the victim feared direct harm to their child. In 41% of cases there was significant conflict over child contact, a risk that has been associated with a number of tragic deaths. An estimated 40% of the children in the study had lived with domestic abuse since birth.

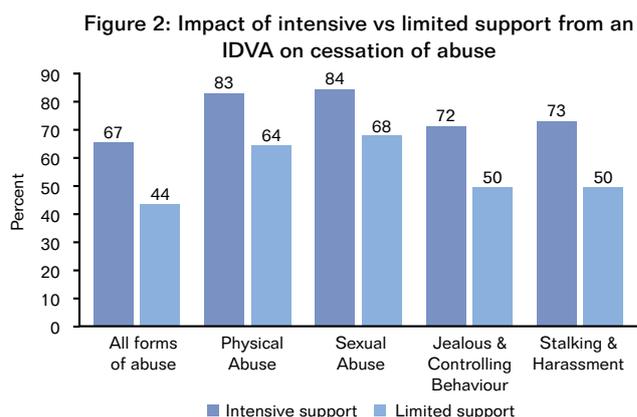
Finding 2: The IDVA service has a significant positive impact on safety

The average outcomes are striking with 57% of all victims supported by an IDVA experiencing a complete or near cessation in the abuse they were suffering following around 3-4 months of contact. Where it did continue, in 43% of cases, it was at much lower levels. This approach was also effective in some of the hardest cases: those victims who experienced the most severe levels of abuse, multiple forms of abuse and abuse that was escalating in severity and frequency. 79% of victims said that they felt safer after support from an IDVA; less than 1% felt less safe. This also had a significant impact on the direct risks to children. But, crucially, this outcome varies as a function of the intensity of support and the number of choices offered to victims.



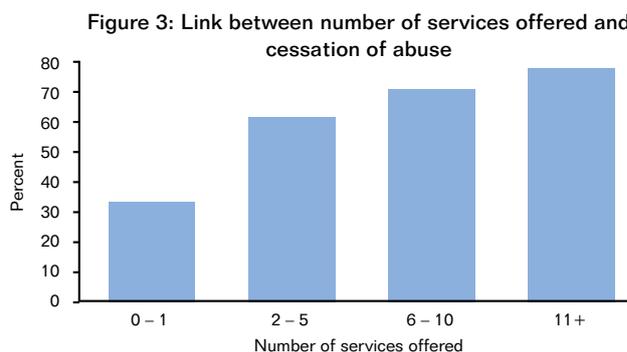
Finding 3: Victims are much safer when they receive intensive support

Safety in Numbers finds that victims receiving intensive support (frequent contact) from an IDVA are much safer. 67% report that abuse has ceased completely. One third say that it is substantially reduced. Those suffering severe and multiple forms of abuse fell from 80% of the total to less than 20%. Without intensive support, only 44% said that abuse had ceased. For those where abuse continued, it was at much reduced levels across all forms of abuse – physical, sexual, stalking and psychological. Crucially, the improved safety applied not just to adults but also to their children. Conflict over child contact halved to 23% of cases, while direct threats to kill children dropped from 11% to 6% of those with children, still a troubling figure but much improved. Equally, victims felt that the threat of harm to their children had dropped from 30% to 7% of cases.



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

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 (such as housing, child contact and court related matters). There was a clear link between the number of services offered and abuse ceasing. This reflects firm links with 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. This puts the safety of the victim at the centre of all agencies' work. As such, IDVAs can be a catalyst to change.



As a result of these findings, the report makes 4 key recommendations

Recommendation 1: More IDVAs are needed

While the IDVA sector has expanded in capacity over the past four years, many services - including some in our 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. The financial costs associated with this group of victims are particularly high, especially to the health service and criminal justice system. The cost of providing an IDVA for a high risk victim of domestic abuse is around £500 and the cost per successful outcome (i.e. 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* run into hundreds of millions of pounds excluding any allowance for emotional suffering or loss of economic output.

Recommendation 2: IDVA services must 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. Their work must be a formal part of any multi agency response via the MARAC. The IDVA often acts as a catalyst to mobilizing multiple actions from other agencies, saving the victim the stressful and often unproductive work of trying to do this alone and targeting the agencies' scarce resources more effectively. Without this, the outcomes for victims and their children will suffer. Funding for the domestic abuse sector today is fragmented and short term. Given the clear evidence of the impact of this work, and the need for it to be tightly defined and delivered, the case for commissioning of independent services with a common framework is clear.

Recommendation 3: 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. Without addressing the other sources of adversity in parents' lives that affect children, the impact of our efforts will be more limited. The establishment of safety for a child's parents is a crucial step towards protecting that child from direct harm and long-term psychological damage. However, this needs to be supported by direct links with services that work with children, offering them the targeted help that they may require.

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

It is well known that the health needs of victims of domestic abuse, both in the short and long term, are great. However, 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 - primary and secondary care - in the MARAC. Similarly, links with the agencies involved in addressing the issues relating to the perpetrator - criminal behaviour, substance misuse and mental health, in particular - is vital to make the IDVA role as effective as possible, particularly in the context of the MARAC.

¹ *Safety in Numbers*, Howarth, Stimpson, Barran and Robinson 2009. Commissioned by The Hestia Fund and funded by the Sigrid Rausing Trust and The Henry Smith Charity. The IDVA services evaluated were Advance (London), Cardiff Women's Safety Unit, HALT (Leeds), The Haven Wolverhampton, Let Go Project (Cumbria), North Devon Women's Aid and Worth Services (West Sussex).

² Offender Assessment System definition used by MAPPA Responsible Authorities.