PRIFYSGOL glyndŵr UNIVERSITY

Glyndŵr University
Glyndŵr University Research Online

Social Inclusion Research Unit | Social and Community

3-1-2011

Independent domestic violence advocates: perceptions of service users

Iolo Madoc-Jones
Glyndwr University, i.m.jones@glyndwr.ac.uk

Karen D. Roscoe
Glyndwr University, k.roscoe@glyndwr.ac.uk

Follow this and additional works at: http://epubs.glyndwr.ac.uk/siru

Part of the Criminology and Criminal Justice Commons, and the Social Work Commons
Copyright 2010 Radcliffe Publishing.
Copyright 2010 Radcliffe Publishing. This is a pre-copy-editing, author-produced PDF of an article accepted for publication in Diversity in Health and Care Diversity in Health and Care, following peer review. The definitive version Madoc-Jones, I. and Roscoe, K. (2011) 'Independent domestic violence advocates: perceptions of service users'. Diversity in Health and Care, 8(1), 9-17(9) is available online at: http://bit.ly/NL9V4K

Recommended Citation
Madoc-Jones, I. and Roscoe, K. (2011) 'Independent domestic violence advocates: perceptions of service users'. Diversity in Health and Care, 8(1), 9-17(9)

This Article is brought to you for free and open access by the Social and Community at Glyndŵr University Research Online. It has been accepted for inclusion in Social Inclusion Research Unit by an authorized administrator of Glyndŵr University Research Online. For more information, please contact d.jepson@glyndwr.ac.uk.

Independent Domestic Violence Advocates: Perceptions of Service Users

Iolo Madoc-Jones

Principal Lecturer in Social Welfare and Community Justice
Glyndwr University
Wales

Karen Roscoe

Senior Lecturer in Social Care

Glyndwr University

Wales

Abstract

This paper draws on the findings of a qualitative evaluation that examines user perceptions of the services provided by an Independent Domestic Violence Advocate (IDVA) to victims of domestic violence in one rural local authority area in the UK. Service users described being reluctant to report experiences of domestic violence but, that having done so, the involvement of the IDVA was invaluable in being able to provide them with the independent advice, information and emotional support they would otherwise not have received. Although positive in general about IDVAS, users could also identify problems with telephone based nature of the advocacy offered and with the duplication of services that sometimes occurred. This paper argues that an IDVA provides an especially valuable and important service to victims of domestic violence, which is likely to be particularly valuable in rural locations, but that the terms of references for the role need be reviewed to maximize the contribution IDVAs can make.

Introduction

As Hague and Mullender (1996) and Fugate et al (2005) point out, the voices of women who have experienced domestic violence have rarely been heard and especially by professionals and agencies trying to provide them with a service (Box 1). This article seeks to address that silence by exploring user

perceptions of the services provided by an Independent Domestic Violence Advocate (IDVA) to victims of domestic violence in one rural local authority area in the UK. This focus on IDVAS in the UK is timely because, as Howarth et al (2009, p.24) argue, '*the provision of IDVA services, in the context of wider multi-agency initiatives, forms a central part of the Government's strategy to tackle domestic abuse*'. The focus on a rural context is appropriate because research reports wide variations in the provision and quality of services available to victims of domestic violence across the UK (Home Office, 2005) and service delivery in rural areas is frequently a neglected area of study (Pugh, 2000).

This article begins by considering the nature of contemporary criminal justice and social welfare responses to victims of domestic violence in the UK. Next, the precise nature and functions of an IDVA are explored as well as some of the difficulties with implementing a coherent domestic violence strategy in rural areas. This leads to a section exploring the literature about IDVA services in the UK. Following on from this, the current research is introduced and the methods used to gather perceptions about IDVA services are described. Key findings are then presented thematically. To conclude, some implications for practice are drawn out that, it is hoped, will inform further development of IDVA and similar services in the UK and beyond.

Literature Review

Domestic violence is contemporarily viewed as a significant criminal justice and social policy issue (Hague and Mullinder, 1996). The scale of the problem is well documented. For example, in the UK, it is estimated that one in four women will experience some form of domestic violence at some point in their lives (Coleman *et al*, 2007). Domestic violence has social and economic costs for society and is also a crime which can cause serious physical, emotional and psychological harm to the women and children who bare the brunt of it (Smith-Stover, 2005). Accordingly, contemporary responses to domestic violence have emphasised the importance of so called 'joined up' partnership working (Harwin, 2006). '*Prevention, protection and justice and support*' for

domestic violence victims are key components of the UK Government's domestic violence strategy (Home Office, 2003, p.12). To implement the strategy, Domestic Abuse Fora, Specialist Domestic Violence Courts (SDVC) and Multi Agency Risk Assessment Conferences (MARACS) have been established within many local authority areas. Based largely on approaches to addressing domestic violence pioneered in the United States (Cook *et al,* 2004) local authority based inter-agency Domestic Violence Fora, attended by representatives from the police, social services, mental health, criminal justice, housing and voluntary agencies, strategically co-ordinate policy and practice to tackle and respond to domestic violence. SDVCS, staffed by trained magistrates and prosecutors, are specialist courts that deal only with domestic violence cases. MARACS, involving many of the same agencies as are involved in Domestic Violence Fora, provide a multi-agency service to individual victims of domestic violence who are assessed, using the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification checklist (CAADA, 2009), as being at high or very high risk of serious harm. At MARACS a victim's situation is reviewed and actions to protect them, and often their children, are identified.

From around 2003 onwards, attempts were made in various jurisdictions to ensure that victims of domestic abuse, whether in the community or going through the Criminal Justice System, had access to independent advocacy and support. In light of the fragmented and diverse advocacy services, this Coordinated Action Against Domestic Abuse (CAADA), a national charity in established 2005. This developed practical tools and, later, accredited training to standardise and support the delivery of advocacy services for victims of domestic violence. CAADA's definition of an IDVA is now reproduced in the national SDVC resource manual and in relation to the IDVA role it is stated that

'Serving as a victim's primary point of contact, IDVAS normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. They are pro-active in implementing the plans, which address

immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations' (CAADA, 2008, p.1)

According to Howarth *et al* (2009), MARACS and SDVCS have increasingly come to rely on the existence of IDVAS to fulfil their work. As the above definition highlights, key aspects of the IDVA role are assertive contact, safety planning and linking individuals with agencies that can provide them with appropriate services to reduce the likelihood of future victimisation.

Whether an IDVA receives a referral from the police, courts or a MARAC, one expectation is that they engage in assertive outreach. An assertive outreach approach is adopted because effective information, advice and support seeking is often lowest amongst those groups of people who need it the most (Genn *et al,* 2004). Those who experience domestic violence show remarkable inner courage and resilience in their lives (Davis 2002) although some victims may be reluctant to approach services for information or help (Fugate *et al*. 2005). Various practical barriers such as having no money or time can make approaching agencies difficult, but for others, a lack the confidence to go and approach someone for fear of being blamed for their situation may prevent them asking for help.

After making contact with a victim of domestic violence, IDVAS work with them to develop a personal safety plan which will contain details of what actions might be taken, and who a victim might contact, in addition to the police, should further abuse occur. The importance of a safety focus when working with female victims of domestic violence in particular has been highlighted in research. Kershaw *et al.* (2008) have suggested that domestic violence has more repeat victims than any other crime. Hester *et al*. (2006) found that, in a three year follow up period of a sample of 356 men convicted of domestic violence, 40% were involved in repeat incidents of domestic violence against the same victim.

In instances where victims of domestic violence have reported matters to the police, the IDVA serves as a link between the victim and the Criminal Justice System, providing them with information about court processes and where appropriate, passing on their knowledge to inform bail and sentencing decisions (CAADA, 2008). This role is important because victims of domestic violence routinely perceive that the Criminal Justice System does not take domestic violence incidents seriously enough. Yearnshire (1997) suggests women are assaulted, on average, thirty five times before reporting matters to the police. Thereafter research suggests that the overall conviction rate for domestic violence, that is the percentage of reported incidents resulting in a conviction, is extremely low, at around 5% (Hester and Westmarland, 2005). The proportion of victims of domestic violence who give and then retract their statements is 28% compared to 10.8% for other crimes (Select Committee on Home Affairs, 2008). The involvement of an IDVA is intended to reassure victims over safety issues to assist their passage through the criminal justice process.

Safety planning with victims of domestic violence, especially if there are children involved, can be an endeavour fraught with practical, legal and emotional difficulties. Because specialist skills or knowledge may be required at times to manage some of these issues an IDVA is expected to link victims of domestic violence with agencies that can provide them with relevant support or ancillary services rather than provide such services themselves (CAADA, 2008). A recurring research finding is that victims of domestic violence are critical of professional involvement in their lives (Yearnshire, 1997). By signposting victims onwards, IDVAS can not only ensure they get expert advice, but can focus on the traditional advocacy role, that is on promoting service users' needs and wishes to other agencies.

In some areas of the UK there are particular difficulties with implementing the UK domestic violence strategy. In some areas addressing even basic safety issues are problematic (Grama 2000) because, for example, there is no local police station or because police response times are slow. The provision of a

SDVC in some areas is often impractical because the number of cases in that area does not warrant an SDVC. A centralised response such as an SDVC may require some victims and witnesses to travel a great distance. In some areas, victims may be isolated and networking them into appropriate services may be difficult. Moreover in some communities, support advocacy and advisory services may be poorly developed or difficult to access.

Research into MARAC/SDVC and IDVA Services

The effectiveness of MARACS, SDVCS and associated IDVAS has been the subject of some evaluation. In 2004 Cook *et al.* researched the effectiveness of five SDVC models. They suggested SDVCS offered significant financial savings because they were more likely to ensure domestic violence was responded to effectively, early on thereby avoiding violence escalating in severity and frequency. Most SDVCS reported a reduction in repeat victimisation in the order of 36%. Robinson (2004) considered the effectiveness of MARACS. Respondents thought that MARACS facilitated the accomplishment of many of the key objectives of the Government Domestic Violence Strategy, including information-sharing between agencies, contributing to victims' safety, identifying key contacts within agencies, and raising awareness about the impact of domestic violence on children.

SDVCS and associated IDVA services in one area have been evaluated by Parmar *et al*. (2005). The overall package saw an increase in incidents reported to the police; a reduction in prosecutions being withdrawn (from 53% to 27% and now 17%); an increase in the number of perpetrators brought to justice (from 8% to 32%) and increased reported confidence in the Criminal Justice System. Finally the work of IDVAS was positively evaluated in 2009 by Howarth *et al*. In 57% of 966 cases they examined, it was suggested that the abuse had ceased following the involvement of the IDVA.

Despite these findings, funding for IDVA services remains patchy. In some areas part Home Office funding for IDVAs has meant that they have been strategically linked to SDVCS. In other areas, often without a SDVC, funding

for IDVAS has come from disparate sources such as Community Safety Partnerships, Local Authorities or even substance misuse teams. Whichever funding stream has been used to establish an IDVA service, however, has tended to be short term and limited. Consequently, IDVA services in most local authorities have tended to be fragile and vulnerable to cost cutting exigencies.

Study Aims and Methods

The study arose because members of one Domestic Abuse Forum saw a need to evaluate and, where possible, develop the IDVA service available in their area which is rural and lacks an SDVC. The intention was to gather perceptions about the IDVA service from service users to inform evidence-based grant applications to fund the service. It was therefore decided that the evaluation would specifically explore the following questions.

- What do women who have been involved with the IDVA say about the service?
- What do women who have received a service from the IDVA perceive as the advantages and disadvantages of the services provided?

'*Qualitative research involving battered women requires advanced planning to protect participants and the investigator from the risk of violence from an abusive partner'* (Langford 2000, p.133). Accordingly, this research was planned with safety in mind and was embarked upon only after ethical approval had been obtained from the researchers' University based ethics committee.

Following consideration of safety issues, the service user sample was recruited through the chair of the areas' MARAC. Potential recruits (n=27), adjudged to be safe to contact, received an information sheet about the evaluation and details of what was involved in the research. They were informed that, subject to the limitations imposed by a concern to safeguard children, what they said would be kept anonymous and that they could withdraw consent at any time. Respondents were given the option of being

interviewed either face to face at one of several possible neutral locations or by phone, by either or both researchers (one male one female). Fourteen service users agreed on that basis to be interviewed and nine semi-structured face-to-face (n=5) or phone interviews (n=4) were eventually carried out.

Semi-structured interview schedules were developed to be used with service users from a checklist of key topics informed by the research aims. Interviews with respondents were recorded, transcribed and analysed using a qualitative data software package (NVivo 8). Data analysis was informed by a constant comparative, thematic approach. Validity of identified themes was checked across the whole data set and between the research team.

Findings

Six themes were identified and are outlined here with data extracts.

i) Initial Confusion and isolation

Service users suggested that prior to having contact with the IDVA, they were confused and uncertain about how to protect themselves from domestic violence. To this end two respondents stated:

'you can't do anything or say anything otherwise the situation will get worse' (Respondent 4)

'*you don't know what's out there, you don't know what you need, when something like this happens it knocks you for six really right off the tracks'* (Respondent 2)

Respondents talked about the difficulties involved in seeking assistance from family or friends:

'you don't talk about these things with friends, you just don't do it' (Respondent 7)

'It's embarrassing, they've told you but you haven't listened and so you can't really go to them and say 'yes, you were right' (Respondent 6)

Feelings of social isolation were especially prominent in the accounts of those women who lived in more isolated locations. Some were reluctant to

approach services for help for fear they might become recognised as a victim of domestic violence:

'in (names big city) if you go somewhere you can ask, you don't know them they don't know you, here, if you go to (names hospital)- you're talking to your neighbour or your neighbour's friend or someone you might see in the street next week so it's not that easy to bring it up, to ask or to say yes' (Respondent 7)

Respondents were equally reluctant to approach the police for help. Many talked about how their experiences of reporting previous incidents of domestic violence acted as a disincentive to reporting new offences. Many respondents identified that there were problems with the way cases were dealt with after a perpetrator was arrested, but most commonly service users were negative about the delays they had experienced, the lack of information they had received and the bail and sentencing decisions that had been arrived at in the police station or court. For example,

'*To be honest there's no point reporting stuff because, so yeah they come and speak with him and if you're lucky they taken him away but two three hours later he's back, he's told them some sob story and that he's sobered up so right bail'* (Respondent 5)

ii) Assertive Outreach

In the context of this initial confusion and isolation, the assertive approach adopted by an IDVA was considered to be crucial:

'It's what I needed, it's what I would have liked earlier- someone to come round and seen (Name) and the boys and been able to say-'I think this is what you need' (Respondent 8)

'if you wanted help I knew it was there, but sometimes you don't know what you want, you need to be told, pointed in the right direction. It's also, you don't want to tell the story over and over again, you don't want to, so you leave it, prefer to avoid it. So you get lots of cards, but you don't want to ring them. (IDVA) rang me, so she made it easy for me to talk, she came to me' (Respondent 3).

Respondents talked about being reluctant or unable to initiate contact with services themselves but being pleased when an IDVA contacted them:

'*I got a letter from (IDVA) and she then phoned up, I think, it was out of the blue because that hadn't happened before, when I got the letter I just thought another letter didn't really read it to be honest but then she phoned up and we talked and she came to my house, that helped'* (Respondent 1)

Service users portrayed themselves as lacking motivation and energy to contact services themselves. Clearly they wished for help but were either pessimistic about receiving any help, lacking in confidence or did not have the energy to act as a result of their experiences of abuse:

'Looking back it's interesting because sometimes you know you should just pick up the phone but then you think 'oh God! I've got to go through it all again', it's exhausting and you think oh no' (Respondent 6)

iii) Emotional Support and Information

Frequently the respondents did not drive and were, in any case, distant from agencies that might be able to provide them with services. In the following extract the respondent refers to problems contacting the police and how having an IDVA involved with her case helped her access information. Moreover, she talks about how this involvement may have dissuaded her from dropping criminal justice proceedings:

'She contacted me once a week- but if there were other questions, if she said she'd contact the police because the other problem is you have an arresting officer but if they go out on annual leave, your left phoning around really finding info, they send you round the houses and you get all upset and emotional about it and you think "is it worth pursuing" and you feel the injustice of it, but (IDVA) stepped in, and she wrote as well and asked questions' (Respondent 4)

Many service users talked about facing problems not only with child care but with money and housing. Like the following respondent, they talked about difficulties accessing help in these areas:

'I didn't know who to turn to , where to go, around here there's nothing like citizen's advice or anything like that, no one to talk to about things...XXXX is like ok only 35 minutes away by car but i don't drive and I've got the kids, what am I supposed to do?' (Respondent 8)

In this context, the IDVA was valued for being able to provide emotional support and information the service users felt they would otherwise not get. In the following extract, one respondent talks about all both these aspects of the IDVA role

'she just seemed concerned about me, asking me how I was, how the children were, telling me she was there for me and about the help she could give- making sure I had all the right things in place…I don't know if it was her that arranged for the bobby van to come round but it did, at my mum when I lived originally but then at my own house when I went home, she told me all about what was happening and got in touch when things happened' (respondent 1)*

* A police 'resource van' which examines and then installs locks and other security measures to victims homes.

The following respondent talks about the impact the support she received had on her self confidence

'but what she does is she reassures you and just lets you know about things, it helps you get your confidence back because you know where you are' (Respondent 3)

No respondent talked about needing to be referred for counselling or emotional support. However, as the previous extract illustrates, many respondents experienced the IDVA as being a therapeutic influence in their lives. In the following extract the respondent describes her relationship with the IDVA as having a therapeutic element:

'*To be honest i don't know how I would have survived with out her, she was helping, listening a support for me really, someone i could phone anytime and you never got the impression she wasn't interested or wanted you off the phone, you could unload it all'* (Respondent 2)

As well as emotional support, service users valued the advice they received from then IDVA. In the following extract, a respondent talks about the way an IDVA was able to advise her on issues related to the abuser having contact with her children after he had been arrested and bailed by the police
'he assaulted me and I needed help really support because I didn't know anything about him not seeing the children, social services, didn't know anything really if the house was safe, she was someone for me to talk to, to delegate between me and the police' (Respondent 5)
.
Respondents did not talk about being signposted on to relevant agencies for help in these areas. Rather, they spoke about an IDVA providing a service in this area themselves:
'she helped me fill out grant and stuff to do up the house, helped me get money because as soon as he left I had no money or anything and no one to turn to, so she helped me sort out things like benefits, housing everything really' (Respondent 7)

iv) Independence

A key issue for the service users was that the IDVA had helped them talk through their choices rather than promote any particular outcome but:
'*we had an incident a few weeks ago and everyone around me were saying "just leave just leave" but I didn't want to, not really supportive, but (IDVA) wasn't like that she wasn't telling me what I should do just , obviously she said her bit, but if I didn't want to she was happy to work with that'* (Respondent 2)
.The non-judgemental attitude of the IDVA seemed to promote trust between her and service users:

'*You could say anything, I think to be honest if I had have said, I've decided to go back to him she wouldn't have tried to persuade me not to, just talked it over with me, you know, are you sure and stuff'* (Respondent 8)

Their involvement with, but independence from the police was also valued:
'*It's someone you can contact who is not the police, they're not scary- the police, they're not, but they are too because they are law enforcement person and if you go to them, that's it, whereas she was that like of in between person I could talk to if there was a problem brewing'* (Respondent 4)

v) Addressing Safety Concerns

A number of service users talked about feeling safer as a result the IDVA's involvement:
'*the most important thing is for someone to talk to who can make you feel safe, more than that really to make you safer you know like with bail and stuff'* (Respondent 3)

A number of service users gave accounts of the IDVA being able to work with the police to ensure bail restrictions were in place to protect the victim after their abusers had appeared in court. Asked to expand on how the IDVA made her feel safer one respondent suggested it was through reassurance and practical actions to make her safe: *'she was really supportive, letting me know like with his bail conditions and everything the police weren't really quick to phone me or anything but (IDVA) was on the ball, he turned up at my house at midnight but the police didn't do anything about it so (IDVA) was on the ball with that and asked why wasn't anything done about it, she was on the phone telling them, so next morning, he was there again the next morning when I phoned the police were round straight away almost'* (Respondent 1)

In a number of instances the service the IDVA provided had been crucial in protecting women and their children from further abuse. In a number of interviews service users talked about being given false self serving information from their abuser which they were able to discard by checking it out with the IDVA**:** *'he told me the court had said it was my fault and he should be allowed to see the children and I wasn't sure and (IDVA) was telling me*

where I stood on that, that the court wouldn't have said that and hadn't said that' (Respondent 9)

vi) Role Confusion and Service Limitations

Some service users talked about a lack of clarity in terms of roles and responsibilities between the IDVA and others providing them with services. In respect of this one service user said: *'At times, I didn't know who was doing what, I was having people phone me on my mobile and leaving messages after court and I didn't know who was who if I'm honest'* (Respondent 2)

Another commented on the confusion arising from having too many people involved in her life:

'*it was baffling , I was in touch with Women's Aid, the police, prosecution I didn't know who was doing what or what was happening, it's a little confusing so at the beginning I didn't know, people would ring and say 'it's such and such here' and I'd have to think who's that?'* (Respondent 3)

Service users indicated that the IDVA primarily provided a telephone based service. Commenting on this, almost all respondents suggested a more personal face to face approach would have been valued:

'(IDVA) has been very supportive on the phone, but she's based in (names town) which is 45 minutes drive plus in one direction from here and I live 45 minutes the other way, so it has really just been on the phone' (Respondent 7).

'*Support was at a distance, not (IDVA) fault, she would like to have done more, but wasn't able to'* (Respondent 5)

.Another respondent commented

'(IDVA) couldn't go to court, sometimes she can get involved and sometimes she can't, my nearest court is 15 minutes away but for (IDVA) it's like 2.5 hours away' (Respondent 1)

Exchanging information could be problematic over the phone as the following respondent makes clear:

'*She was like in (IDVA) two hours away really, but it was fine I could speak with her on the phone and more importantly she got things done, it was*

sometimes a problem though if you needed to give information and stuff you know you had to get it photocopied and sent to her rather than just hand it over if you were in an office' (Respondent 6)

.

Discussion

Service users valued the IDVA's assertive approach to making initial contact. They understood that it was more likely to engage them with services. This finding is of interest because, over the past few decades, the philosophical and practical focus of agencies providing services to female victims of domestic violence has been to act in response to a request from the victim. The IDVA service was offered more assertively and, in this research, was valued and understood as being more appropriate because the fear and confusion victims of domestic violence often experienced made them reluctant to seek help themselves.

The IDVA service helped service users with a wide range of problems and provided them with significant 'listening ear' type support. Very little reference was made to any signposting to other agencies. This may have been because there were particular difficulties with implementing an effective domestic violence strategy in the area. This is the case in many rural areas (Grama 2000), and, in the area researched here other support, advocacy and advisory services were especially poorly developed. As a result the IDVA was often the only source of help or support cited as available to victims of domestic violence.

Providing a personal and thereby enhanced level of service clearly had implications one of which was that significant time was devoted to individual cases and so most of the contact between the IDVA and service users had to be by phone. In this regard, although the telephone contact provided was perceived as useful, most service users regretted the absence of more face to face interaction. One explanation for this may be that telephone contact is routinely perceived as less '*rich in social cues'* (Rutter 1987, p 38).That being said, the comments made about the IDVA service and about IDVAS show that significant relationships developed between service providers and users even in the absence of face to face interaction. Overall, service users remained

positive about the involvement of the IDVA in their lives and the telephone services that had been provided.

There was some evidence of confusion over the IDVA role and, at times, role duplication. Service users talked at times about being confused over who was contacting them. Interestingly, although an IDVA would involve themselves in giving general support, guidance and advice to service users over matters such as childcare, finance and housing, this did not appear to compromise their independence. The IDVA service was enthusiastically endorsed by the service users and IDVAS understood as being independent from any other agency.

Conclusions

This research has some obvious limitations based on the non randomized way that respondents were recruited and the small sample size involved. However as Guest *et al.* (2006) found, in some circumstances, theme saturation can be achieved with small numbers. There were consistencies within and between accounts provided by service users, and the research is supported by and supports aspects of the existing literature. Consequently, it is possible to draw some tentative conclusions about the IDVA service being offered. Where similarities exist between research contexts, Shapiro (2007) suggests there is an argument for concluding that some of the findings in one context may be transferrable to another context. Hence some of the conclusions reached here may be transferrable to other rural contexts.

Chief amongst the conclusions is that the IDVA service was valued and perceived by service users as having made a significant contribution in respect of making them feel safe and able to adjust to life after experiencing domestic violence. If this were translated into fewer instances of victims returning to violent relationships then considerable health, criminal justice and social care savings would be likely to accrue. Previous research suggests that funding an IDVA is a *spend to save* endeavor. This research lends support to that conclusion, not least of all because none of the nine service users

interviewed for this research reported that they had experienced any repeated acts of violence since they became involved with the IDVA.

A further conclusion is that providing an IDVA service may be of particular importance in some rural areas. As this research highlights, in rural areas victims of domestic abuse may feel especially visible and so may find it especially difficult to approach statutory or voluntary services for help. Consequently, they may be more isolated from relevant services and agencies, unable to access them or find that key information is less easy to access than in urban areas because important functions are dependent on a smaller pool of staff. In this context, for a victim of domestic violence, an IDVA may be their only source of support and advice.

Whilst in CAADA's (2008) definition of an IDVA role, emphasis is placed on the IDVA's signposting function, in practice in some rural areas, IDVAS may find themselves unable to refer victims to other agencies. Rather than ignoring that issue and putting IDVAS in the invidious positions of having to witness and ignore unmet need, or meet them surreptitiously, attention could be paid to reviewing the terms of reference for an IDVA service in rural contexts. In this research it was found IDVAS involved themselves with giving emotional support, housing and financial advice and that this was valued and did not seem to compromise the IDVA's independent status. Formalising such functions in some contexts would ensure IDVAS were appropriately trained and supported.

A final conclusion is that, during austere times, one way of continuing to meet needs could be through developing further a telephone based service. Notwithstanding the preference for face to face contact expressed by service users, telephone based advocacy services may potentially be a cost effective mechanism for providing individuals with access to advocacy and support, especially in rural communities, when money is scarce. The finding that respondents valued telephone based services dovetails with recent evidence that telephone support may be no less effective than face to face support despite the latter being more highly valued (Goelitz 2003, Munroe *et al*. 2000). Research, for the most part international, does suggest a number of advantages to telephone support, which can, in some cases, and especially

where alternatives are lacking, compare favorably with face to face services. (Samarel *et al.* 2002, Roberts *et al.*1995).

Bibliography

Coordinated Action Against Domestic Abuse (CAADA) (2008) National Definition of IDVA Work. CAADA: Bristol.

Coordinated Action Against Domestic Abuse (CAADA) (2009) CAADA-DASH Risk Identification Checklist (RIC). CAADA: Bristol.

Coleman, K. Jansson, K. Kaiza, P. and Reed, E. (2007) 'Homicides, firearm offences and intimate violence 2005/2006' in *Supplementary Volume 1 to Crime in England and Wales 2005/2006.* Home Office/ Research, Development and Statistics Directorate: London.

Cook, D., Burton, M., Robinson, A. L., and Vallely, C. (2004) Evaluation of Specialist Domestic Violence Courts/Fast-Track Systems, Crown Prosecution Service and Department of Constitutional Affairs: London.

Davis,R.E. (2002) The strongest women: Exploration of the inner resources of abused women, *Qualitative Health Research*, vol. 12, no.9, pp. 1248-1263.

Fugate,M. Landis, L. Riordan, K. Naureckas, S. and Engel,B. (2005) 'Barriers to domestic violence help seeking: Implications for intervention', *Violence Against Women*, vol.11, no. 3, pp. 290-310.

Genn,,H., Pascoe,P, Balmer,N., Buck,A and O'Grady,A. (2004) Understanding Advice Seeking Behaviour. Legal Services Research Centre: London.
{Available at: http://www.lsrc.org.uk/publications/advice.pdf}
{Last accessed 27/4/2010}

Goelitz, A. (2003) When accessibility is an issue. *Smith College Studies in Social Work, vol.* 73, pp. 385–394.

Grama, J. (2000) 'Women forgotten: Difficulties faced by rural victims of domestic violence', *American Journal of Family Law*, vol.14, pp. 173-189.

Guest, G., Bunce, A., and Johnson, L. (2006). How Many Interviews Are Enough? An experiment with data saturation. Field Methods, Vol. 18, No.1, p. 58-82.

Hague,G., and Mullinder,E. (1996) *Tackling Domestic Violence: A guide to developing multi-agency initiatives,* Policy Press: Bristol.

Harwin,N (2006) 'Putting a stop to domestic violence in the United Kingdom: Challenges and opportunities', *Violence Against Women*, vol. 12, no.6, pp. 556-567.

Hester, M. and Westmarland, N. (2005). *Tackling domestic violence: effective interventions and approaches: Home Office Research Study 290*. Home Office: London.

Hester,M. Westmarland,N. Gangoli,G. Wilkinson,M. O'Kelly,.C. Kent,A. and Diamond,A. (2006) *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention,* University of Bristol and Northern Rock Foundation and Home Office: Bristol

Home Office (2003) *Safety with Justice: The Government's Proposals on Domestic Violence*, Stationary office; London.

Howarth, E., Stimpson,L., Barran,D and Robinson,A (2009) Safety in Numbers: A multi-site evaluation of Independent domestic violence advisor services

Kershaw,C., Nicholas,S. and Walker,A (2008) Crime in England and Wales 2007/2008 Home Office Statistical Bulletin. Home Office: London
{Available at http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf}
{Last accessed 25/6/2010}

Munroe, J., Nicholl, J., O'Cathain, A. & Knowles, E. (2000) Impact of NHS direct on demand for immediate care: observational study. *British Medical Journal*, vol. 32, pp. 150–153.

Parmar, A., Sampson, A. and Diamond, A. (2005) *Tackling Domestic Violence:*
Providing advocacy and support to survivors of domestic violence: Home Office Development and Practice Report 34, Home Office: London.

Langford,D.R (2000) 'Pearls, pith and provocation: Developing a safety protocol in qualitative research involving battered women', *Qualitative Health Research,* vol. 10, no. 1, pp.133-142.

Pugh, R. (2000) *Rural Social Work,* Russell House Publishing: Plymouth.

Roberts, J., Browne, G.B., Streiner, D., Gafni, A., Pallister, R.& Hoxby, H. (1995) Problem-solving counselling or phonecall support for outpatients with chronic illness: effective for whom? *Canadian Journal of Nursing Research*, vol. 27, pp. 111–137.

Robinson,L.A. (2004) Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very high-Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation.

Rutter, D. (1987) *Communicating by Telephone*. Pergamon Press, Oxford.

Samarel, N., Tulman, L. & Fawcett, J. (2002) Effects of two types of social support and education on adaptation to early stage breast cancer. *Research in Nursing Health*, vol. 25, pp. 459–470.

Sayer, A. (2006) *Realism and Social Science*, London: Sage.

Select Committee on Home Affairs (2008) Sixth Report. House of Commons: London.

Shapiro, M. A. (2007). Introduction to Generalizability: Philosophy, challenges and new frontiers. *Communication Methods and Measures,* vol. 1, no.3, pp. 165-167.

Smith-Stover, C. (2005) 'Domestic violence research: What have we learnt and where do we go from here?' *Journal of Interpersonal Violence*, vol.20, no.4, pp. 448-454.

Yearnshire, S. (1997) Analysis of cohort data, in S. Bewley, J. Friend, G. Mezey (eds) *Violence Against Women,* Sage: London

Address for correspondence
Iolo Madoc Jones
Glyndwr University
Plas Coch campus
Mold Road
Wrexham LL11 2AW

Tel: 01978293408
Email: jonesim@glyndwr.ac.uk

Received: 29.6.10
Accepted 9.9.10

Box 1

Terminological sensitivities exist in the field of domestic violence and abuse. For the purposes of this article we use the terms *women, victims* and *domestic violence*. We focus on *women* because the participants interviewed for this research were all women and we use the term *victim* because they

were all victims in terms of their status within the Criminal Justice System in which they were involved. We use the term *domestic violence* because all the women in this research had experienced domestic violence from men with whom they were, or continued to be, in a close personal relationship.