

Going above and beyond: Mapping the provision and impact of Victim Advocacy in the Criminal Justice System

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Glossary

ASB – Anti-Social Behaviour.

‘By and for’ services – services designed and delivered by and for the users and communities they aim to serve.

CHISVA – Children & Young People’s Independent Sexual Violence Advocate.

CPS – Crown Prosecution Service.

Dash tool – A risk assessment tool that looks at number of risk factors present to assess a person’s risk level in relation to Domestic Abuse, Stalking, Harassment and Honour-based violence as ‘standard’, ‘medium’ or ‘high’.

IDVA – Independent Domestic Violence Adviser.

ISAC – Independent Stalking Advocacy Caseworker.

ISVA – Independent Sexual Violence Adviser.

IVA – Independent Victim Advocate.

MARAC – Multi-agency Risk Assessment Conference. This is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, IDVAs and other specialists from the statutory and voluntary sectors.

MoJ – Ministry of Justice.

NFA – No Further Action. This is a decision made by police to take ‘no further action’ against an individual and close an investigation. The victim is entitled to have the reasons for such a decision explained.

Non-statutory services – Services not provided by the state, such as those provided by charitable funds.

NRPF – No Recourse to Public Funds. A condition imposed on people who are subject to immigration control in the UK, meaning they will not be able to claim most benefits or assistance.

PCC – Police and Crime Commissioner. The role of the PCC is to deliver an effective and efficient police service within their police force area. They are responsible for the totality of policing and are elected by the public to hold Chief Constables and the police force to account.

SARC – Sexual Abuse Referral Centre.

Statutory services – services paid for by taxpayers, funded by the government and set up by law.

VCOP – Victims’ Code of Practice. A government document which outlines the rights of victims and sets out information, support, and services that victims are entitled to receive from criminal justice agencies in England and Wales.

VRR – Victims’ Right to Review. This is a scheme which gives victims the right to request a review of a CPS decision not to prosecute or to terminate criminal proceedings.

Foreword by Victims' Commissioner



On my return to the role of Victims' Commissioner, one of my key priorities is to improve victims' experiences of the justice system, especially the most vulnerable. As I know first-hand, many victims are attempting to navigate the criminal justice system for the first time. They are facing complicated and unfamiliar processes, often having to retell their story over and over again.

For these victims, the support that victim advocates can provide is invaluable. Advocates help victims to understand and navigate the criminal justice system. They support them through key milestones and ensure that their voice is heard throughout the process.

This report maps the current provision of victim advocacy in England and Wales, identifies the benefits of victim advocacy and examines what works well and what could be improved. As part of this, we spoke to advocates themselves, advocacy provider organisations, representatives from offices of Police and Crime Commissioners and victims who had received advocacy support.

One of the key findings of this research is that advocates can keep victims engaged with the criminal justice process. This is so important at a time when rates of victim withdrawal are near an all-time high and there are high numbers of cases waiting to get to court. Long waiting times, poor communication, and a lack of support often result in victims not wanting to proceed with their case. Advocates can support victim engagement by providing them with essential practical advice and emotional support at a time where they are attempting to negotiate the justice system and recover from a traumatic experience.

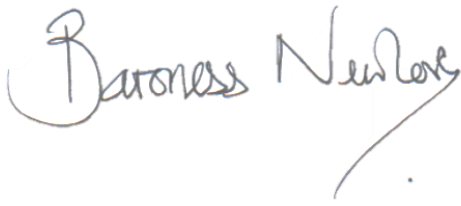
The report makes recommendations to improve the impact and provision of victim advocates:

- To improve the recognition of, and support available for, victims' advocates.
- To ensure support is available to all victims, whether they choose to report their crime or not.
- To ensure long term sustainable funding that provides a range of advocacy services.
- To ensure that all groups of victims have the opportunity to access support from a service of their choosing.

For a full list of my recommendations please see section nine.

In short, the research presented in this report shows just how crucial the role of victim advocates can be. They help traumatised victims to access justice, they help them stay engaged with the criminal justice system and most importantly, advocates give victims the support they need to

rebuild their lives. I hope all criminal justice agencies will take note of my findings and give careful consideration to my recommendations.

A handwritten signature in blue ink that reads "Baroness Newlove". The signature is written in a cursive style, with the first letter of "Baroness" being a large capital 'B' and the last letter of "Newlove" being a capital 'L' with a long, sweeping tail stroke.

Baroness Newlove of Warrington

Victims' Commissioner for England and Wales

Executive Summary

Victim advocates

The latest Crime Survey for England and Wales (year ending September 2023) estimates that people aged 16 and over experienced 8.5 million offences against them. Being victimised is traumatising and disproportionately affects some of society's most vulnerable people.¹ For many victims,² the journey to justice will be the first time they have interacted with the criminal justice system (CJS), and they will need support and advice to navigate it.

The last twenty years has seen a rise in the role of victim advocacy in England and Wales, with staff trained to support and advocate for victims, particularly in sexual assault and domestic abuse cases. The role of advocacy is defined as interventions that 'inform, guide and help victims...to access a range of services and support and ensure their rights and entitlements are achieved'.³ There is a lack of consistency in the use of the term 'advocate', with many individuals fulfilling this role being referred to as an 'adviser' or 'support worker'.⁴

About the research

This research report aims to:

- Map the current provision of victim advocates in England and Wales.
- Identify examples of where victim advocacy is working well and the benefits it provides to victims.
- Identify gaps in victim advocacy provision and steps that can be taken to improve standards and consistency.

As part of the research undertaken for this report, we engaged with the main providers and commissioners of advocacy services, as well as advocates and their clients to understand first hand experiences of providing and receiving victim advocacy in England and Wales.⁵

Findings from the research

Advocates keep victims engaged in the criminal justice system.

- The most significant finding from our research is that advocates help to keep victims engaged with the CJS.
- This is significant in a time where there are high rates of victim withdrawal, particularly for vulnerable victims of rape and domestic abuse. Our research highlighted the benefits of advocacy for victims navigating a system that is unfamiliar to them.

¹ [Crime in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/crime-in-england-and-wales)

² We are conscious that some victims dislike negative connotations occasionally associated with the term 'victim'. Some victims and many non-statutory agencies prefer to use the word 'survivor' and we respect their view. However, for the purposes of this report, we have mostly used the term 'victim' because it's the term that most agencies use and understand when referring to someone who has experienced victimisation.

³ [NICE \(2013\) Evidence review. Review of interventions to identify, prevent, reduce, and respond to domestic violence](#)

⁴ From this point forward in the report, the term advocate will be used to encompass all of these terms.

⁵ See Annex 1 for a full overview of the research methodology.

There is inconsistency in the advocacy funding and commissioning landscape.

- Our research highlighted the challenges within the victim advocacy funding and commissioning landscape, along with the resulting strain on advocacy service providers and advocate staff, particularly in the case of small-scale, specialised services.
- The complex tendering process had a detrimental impact on the availability of specialised advocacy that was typically provided by smaller organisations, as they had less resource to engage with the tendering process in comparison to larger, national organisations.

There are gaps in advocacy services for certain victim groups.

- Our research identified gaps in advocacy services for those victims, particularly of domestic abuse, who were assessed as medium and low risk. Provision is prioritised for high-risk victims, but respondents highlighted the rise in domestic homicide and suicide rates for medium to low-risk victims.
- The research we carried out also emphasised the ability of ‘by and for’ services to provide specialist support which helped victims to overcome additional challenges they may face in navigating the system. However, respondents recognised that this is resource intensive and can be undervalued by funders.
- Our research also highlighted gaps in advocacy services for those victims who do not report their crime to the police, or do not report it immediately, but are still eligible for support.

There is a need to enhance the professional status and recognition of advocates.

- Our findings suggested that advocates experienced challenges in terms of perception of professional status as they are not viewed as holding an important role in the CJS. Advocacy providers identified the importance of facilitating greater access for advocates to court rooms and ensuring victim advocate representation on local criminal justice partnership boards. This further embedding of advocates would improve the quality and standardisation of victim care.

There is a need for national guidance on caseloads and supervision for advocates.

- Advocacy providers and representatives from offices of Police and Crime Commissioners (PCCs) highlighted clinical supervision as a crucial part of providing support and professional guidance to advocates. However, the availability and receipt of clinical supervision was inconsistent.
- In many areas, PCCs and service providers told us that the advocacy service was over-subscribed, with unsustainable caseloads resulting in a negative impact on staff wellbeing and their ability to provide sufficient advocate support.

Please turn to **section 8** for a fuller discussion of our overarching research findings and **section 9** for our recommendations.

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1. Introduction

An overview of victim advocacy

The role of advocacy is defined as interventions that ‘inform, guide and help victims... to access a range of services and support and ensure their rights and entitlements are achieved’.⁶

Victim advocates are dedicated professionals who provide support, assistance, and advocacy to a wide range of victims. This is to ensure that victims’ rights and needs are met, and that they receive appropriate support and resources. Advocates play an important role in empowering victims to navigate complex statutory procedures within the CJS.

Advocates are often independent from the statutory sector, though will usually work in a multi-agency capacity with the police, legal professionals, healthcare providers, social and children’s services, and other community partners. Their independence is thought to be a significant factor for encouraging victim engagement and providing opportunities to challenge other agencies where appropriate.⁷

Previous research

In 2019, the Victims’ Commissioner carried out a rapid evidence assessment⁸ of victim advocacy. This collated and evaluated the evidence on advocacy as an intervention provided to victims of crime in England and Wales to that date.

This review found moderate to good evidence that advocacy for victims of domestic abuse and sexual offences, which are the focal groups for almost all this research to date, has positive outcomes, including:

- Better mental health.
- Improved safety and a reduction or even cessation in incidents of abuse.⁹
- Improved provision of timely and accurate information and a professionalised single point of contact.
- An increase in procedural justice¹⁰ experienced by victims.
- Improved victim trust, confidence, and participation in the CJS.¹¹
- Increased understanding for criminal justice agencies about the nature of victimisation, through learning from advocates’ expertise.
- Improved multi-agency working.

⁶ [NICE \(2013\) Evidence review. Review of interventions to identify, prevent, reduce, and respond to domestic violence](#)

⁷ Taylor-Dunn (2016). The impact of victim advocacy on the prosecution of domestic violence offences: Lessons from a Realistic Evaluation. See: [PDF](#)

⁸ [Victim advocates: A rapid evidence assessment - Victims Commissioner](#)

⁹ Safe Lives (2009). Safety in Numbers: a multi-site evaluation of Independent Domestic Violence Advisors. See: [PDF](#)

¹⁰ Procedural justice is defined as the fairness of processes used by those in positions of authority to reach specific outcomes or decisions.

¹¹ Keeble, Fair and Roe (2018). An assessment of Independent Child Trafficking Advocates: interim findings. See: [PDF](#)

However, the rapid evidence assessment also highlighted some evidence gaps. Most notably, there was a relative lack of research on longer term outcomes. These included tangible criminal justice impacts, such as victim participation in the system and prosecution rates, as well as wider benefits to the victim in health and employment. As well as this, there was a lack of research reflecting how the role has both widened, to encompass other crime types and become more specialised, to cater specifically for certain demographic groups.

In this report, we add to the rapid evidence assessment with primary, mixed-method research, which includes interviews with representatives from offices of PCCs and service providers, surveys with victim advocates and clients of advocates, as well as a mapping of the PCC provision of advocates. Our methodology is detailed in Annex 1.

Report aims

This report aims to:

- Map the current provision of victim advocates in England and Wales.
- Identify examples of where victim advocacy is working well and the benefits it provides to victims.
- Identify gaps in victim advocacy provision and steps that can be taken to improve standards and consistency.

Research questions

This report seeks to present and discuss the relevant findings from this research in order to answer each of the following five research questions:

1. How has the victim advocacy model developed and how is provision co-ordinated at local and national levels, in terms of needs assessment and funding?
2. What is the current provision of victim advocates and are there any gaps in the current victim advocacy provision?
3. What works well, and less well, in advocacy provision, co-ordination, and monitoring?
4. What are the benefits of advocacy to victims?
5. Can we identify any measures that could be undertaken to improve standards and workforce support for victim advocates?

2. Victim Advocacy in England and Wales

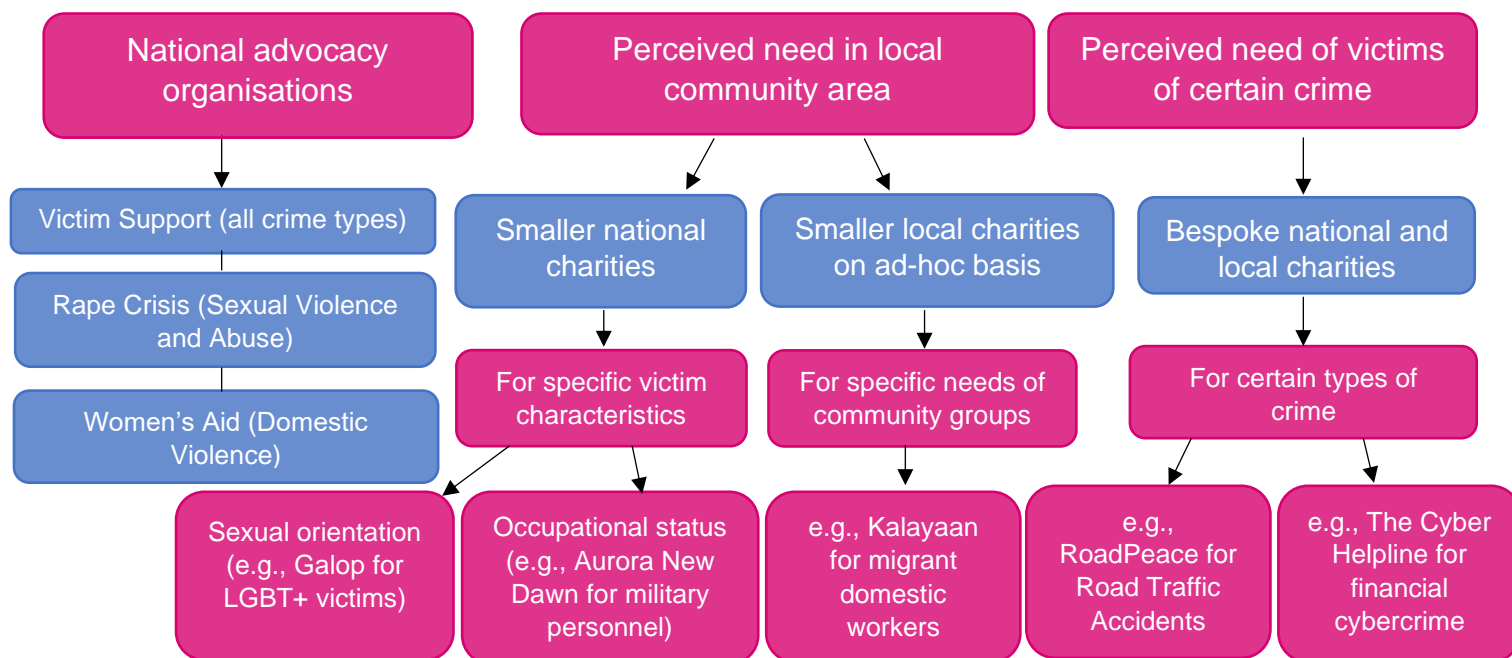
Our research explored the evolution and current provision of victim advocacy in England and Wales. We found that advocacy provision has developed over time based on local need, national need and in response to the changing funding and commissioning landscape. Independent Domestic Violence Advisors (IDVAs) were the first advocacy role introduced in England and Wales and are the most prevalent advocacy role today.

The evolution of victim advocacy in England and Wales

The first victim advocacy services emerged in England and Wales in 2005,¹² with the IDVA role. Since being introduced, the advocacy model and advocacy provision have grown organically and evolved in line with funding and need.

There are now several national advocacy organisations in operation, such as Victim Support, Rape Crisis, and Women's Aid, which grew from local grassroots organisations. Smaller, more bespoke charities have also emerged according to need, on both the local and national level. Advocacy services have tended to develop in two directions, focused towards either generalist or specialist provision. Generalist advocates provide services to a range of victims while specialist advocates provide services to victims of specific crimes, such as domestic violence and cybercrime, or to victims with certain characteristics, such as LGBT+ victims. Figure 1 outlines how victim advocacy organisations and providers have emerged based on local and national need.

Figure 1. Diagram illustrating the current landscape of victim advocacy organisations.



¹² Howarth and Robinson (2016). Responding effectively to women experiencing severe abuse: identifying key components of a British advocacy intervention. See: [PDF](#)

The current provision of victim advocacy in England and Wales

While some national advocacy initiatives are run and financed by the third sector, most are locally commissioned by PCCs. This is in line with the move to local commissioning of victim services as of October 2014.¹³ The exception to this rule is domestic abuse advocacy, as in most areas, Local Authorities are the lead commissioners of domestic abuse services, with PCCs contributing and/or funding additional posts.

Commissioning plans for provision of victim advocacy services are based on local assessment of need. Several PCCs conducted needs assessment reviews at regular intervals.¹⁴ This determined the types of services required within the local area and identified which additional victimisation categories needed funding. These reviews were conducted in-house or by external agencies and explored the impact of crime on victims, trends in advocacy service users, demand for advocacy services, referrals data and changes in crime rates. For example, several respondents from offices of PCCs we interviewed highlighted a need to focus on increasing specialist services based on local demand, such as dedicated Eastern European services or services addressing victims of anti-social behaviour.

Using the PCC responses we received¹⁵, we have mapped the current provision of some victim advocates roles in England and Wales (see Table 1).

Table 1. The total, mean, minimum and maximum number of advocate roles across the 34 (of 43) responding PCC areas, as of March 2022.¹⁶

Advocate role	Total number of advocates	Mean number of advocates	Minimum number of advocates	Maximum number of advocates
Independent Domestic Violence Advisor (IDVA)	850.9	25	1	106.5
Independent Victim Advocate (IVA)	573.8	17	0	78
Independent Sexual Violence Advisor (ISVA)	427.5	13	0	53.4
Children and Young People Advocate	311.1	9	0	79.3
Stalking Advocate	20.2	1	0	4.5

Our research identified that IDVA provision was the most extensive, with over 800 across the responding PCC areas and an average of 25 IDVAs per PCC area. IDVAs work with victims of interpersonal violence. They assess the level of risk, discuss the range of suitable options, develop safety plans, and provide a range of additional support. This may include advocating for victim's, providing emotional support, supporting them at court, supporting

¹³ [Ministry of Justice \(2013\) Guidance: Local commissioning of victims' services](#)

¹⁴ The length of regular interval is determined by each region's Police and Crime Commissioner.

¹⁵ We received 34 returns from PCCs (out of a possible 43) providing a response rate of 80%.

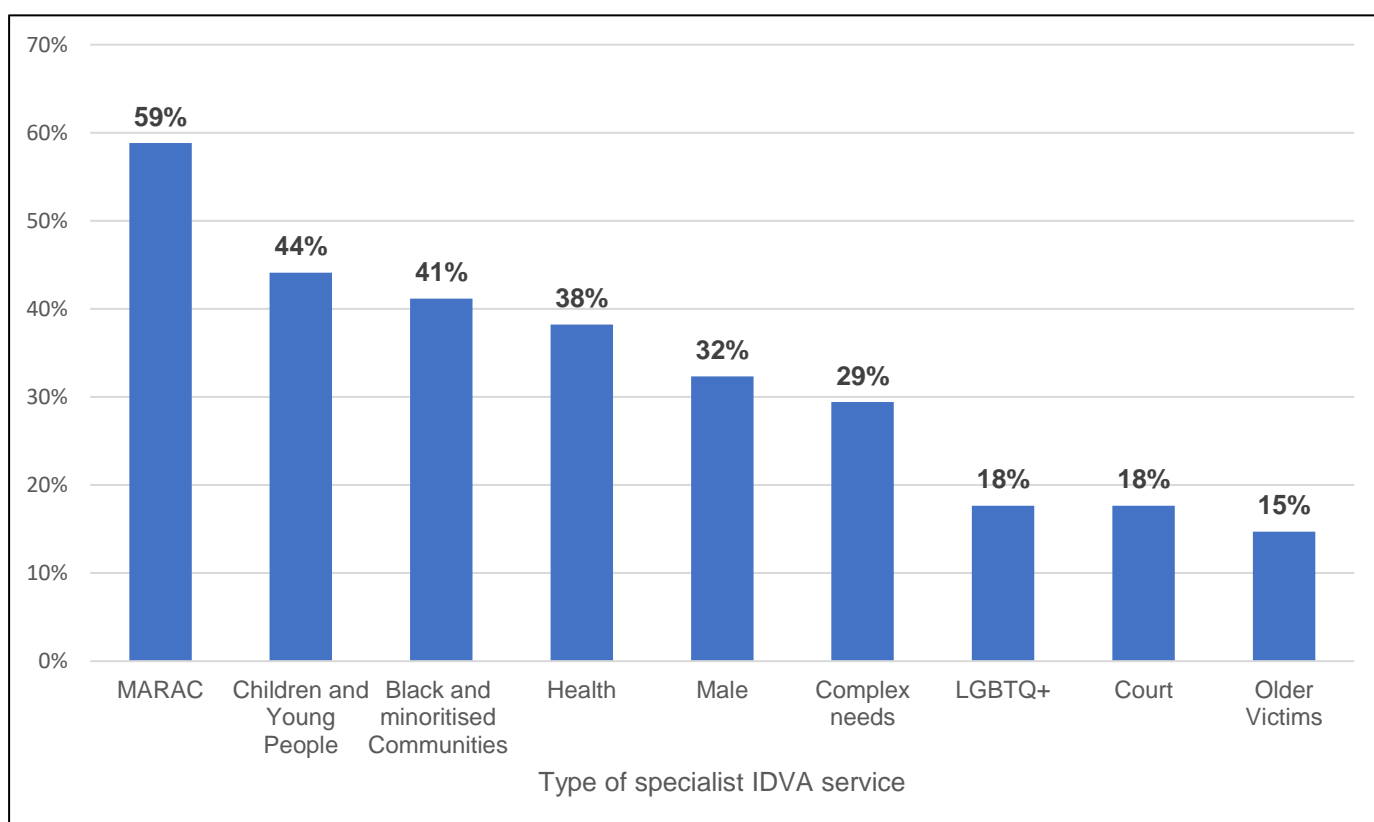
¹⁶ Some PCCs included specific full-time equivalent hours in their responses (e.g., 0.5). It is also possible that the numbers provided include/exclude other specialists.

them with health services and housing advice.¹⁷ IDVAs are trained through specialist, accredited training programmes¹⁸ and hold a nationally recognised qualification.¹⁹

The number of different IDVA providers operating across areas varied considerably, with 10 PCCs indicating that they worked with just one organisation, compared to another PCC which worked with at least 41 organisations. PCCs citing a sole provider generally noted that this was Victim Support but Catch 22 and Goleudy were also cited.

Many of the IDVA roles in operation are further specialised. Figure 2 shows the proportion of responding PCC areas with the nine most common types of specialised IDVA provision in operation. Notably, only one PCC had a full complement of all the below specialist IDVA services.

Figure 2. Types of specialised IDVA provision across 34 (of 43) responding PCC areas (%).



Independent victim advocates (IVAs) were the second largest group of advocates in operation in England and Wales, with over 500 across the responding PCC areas and an average of 17 IVAs per PCC area (Table 1). IVAs work with victims of all crime types and undertake foundational-level safeguarding, risk assessment, and victim awareness training.

The third largest group of advocates in operation in England and Wales were Independent Sexual Violence Advisors (ISVAs), with over 400 across responding PCC areas and an

¹⁷ [Independent Domestic Violence Advocates \(IDVAs\) - Safer Futures](#)

¹⁸ IDVAs must undertake diploma-level training addressing risk assessment, safeguarding, negotiation skills, statutory awareness, trauma-informed care, advocacy skills, legal awareness, ethical practice, and multi-agency working.

¹⁹ There will be other roles providing domestic abuse support but those with the IDVA title will have completed this qualification.

average of 13 ISVAs per PCC area (Table 1). ISVAs support victims of sexual violence and must have an IDVA qualification as well as additional specialist training.

There were many other advocate roles in operation in England and Wales such as Children and Young People Advocates, Stalking Advocates and Modern Slavery Advocates. See Annex 2 for a full list of the advocacy roles we encountered in this research project.

3. The Impact of Victim Advocacy

As part of our research, we explored the impact of advocacy on victims and how organisations measured it. We asked victims and victim advocates about the perceived benefits of advocacy support, identifying several benefits including improved victim engagement with the CJS, enhanced emotional and practical support for victims and increased compliance with the Victims' Code of Practice. In exploring how advocacy services monitor and evaluate the impact of their services we identified great variability in practices across England and Wales.

Improving victim engagement with the criminal justice system

The most notable benefit of advocacy identified in our research was that it helps victims engage with, and remain engaged in, the CJS process. This was particularly the case for vulnerable victims of domestic abuse and sexual violence. There is a high victim withdrawal rate in cases of adult rape, with 61% of police investigations closed and 21% of prosecutions stopped, due to victim withdrawal.²⁰ It is therefore important that victims are given the necessary support to stay engaged with the CJS. Recent studies have found that victims who received specialist advocacy-based support were 49% less likely to withdraw from the criminal justice process than unsupported victims.²¹

Findings related to victim withdrawal were replicated in the Victims' Commissioner's 2020 survey of rape victims. For example, this research found that those survivors who did not have the support of an ISVA or victim support service were twice as likely to choose not to pursue their case (20%) compared to those who did have this support (10%).²²

In our research, several clients of victim advocacy services discussed how advocacy support helped them progress through the CJS.

She's checked in on me via calls and texts. She's supported me through the darkest of times. It's 5 long years and still awaiting trial date and she's been my backbone. Without her support I probably would have dropped the case! (Victim respondent)

I didn't think I'd be able to attend court as my anxiety was so bad, but she helped prepare me and asked the victim care unit for me to be allowed in a different court to give my evidence via video link. Also [she] arranged a pretrial visit. (Victim respondent)

Victim survey respondents were grateful to advocates for providing 'consistent, objective advice and guidance' while helping them navigate the criminal justice process. Most (86%, n=12) agreed that their advocate had made a positive impact on their criminal case. Victims highlighted the importance of having an advocate act as a liaison with statutory services. Many advocates were able to challenge the police around charging and outcome decisions when required. Some respondents suggested that the police appeared to take their report more seriously once their advocate became involved. Others found their advocate's support

²⁰ [Criminal justice system overview - CJS Dashboard](#) (data for January to March 2023)

²¹ Walker, Hester, McPhee, Patsios, Williams, Bates and Rumney (2021). Rape inequality and the criminal justice response in England: The importance of age and gender. See: [PDF](#)

²² [Victims' Commissioner \(2020\). Rape survivors and the criminal justice system](#)

was invaluable for being able to undertake and cope with such a stressful and daunting process.

She acknowledged the gravity of my experience which was a game changer for me personally and in the police taking it seriously...She has helped be my voice when I have been dismissed by police when I have tried to challenge some of their decisions. (Victim respondent)

I was absolutely terrified of reporting because I was scared it would make the abuse worse. And it did, but having the adviser to support during that time made me more able to cope. Whenever my abuser has initiated contact, knowing my IDVA is still available has made a huge difference. (Victim respondent)

It's a big thing to report and quite traumatic because you have to go over what happened. Having the adviser helped me deal with the flashbacks and anxiety. (Victim respondent)

Advocates were also able to bridge an important gap between how the victim expressed the incident and how this translated to policing practice.

It's making sure that the victims have got the language and empowering them to articulate themselves to ensure that services give them the response they deserve and that they're entitled to; that the law says they're entitled to. (Advocacy provider respondent)

Several advocates recounted examples of victims, who had previously been hesitant or unsure about reporting incidents, feeling more reassured about their decision to report as a result of engaging with advocacy services. Advocates offer a form of independent, holistic 'wraparound' care from report to court, that is not available to victims elsewhere in the CJS. Echoing the importance of this, several victim respondents highlighted how valuable advocacy had been for victims navigating the CJS.

[They were] honest, open and trustworthy, who acted and fought the CPS in my best interests. (Victim respondent)

[My advocate] liaised with the VCU [Victim Care unit] and asked questions on my behalf. Went above and beyond: providing support and organising a pretrial visit, so I was prepared as much as I could be for court. (Victim respondent)

Provision of emotional support

Advocates are not employed to provide therapeutic services to the victims they support. However, both advocate and victim respondents highlighted the therapeutic emotional support that advocates were being required to provide during a traumatic time. Research suggests that the service that victims want most is counselling or therapeutic support.²³ Respondents in this research suggested they were unable to obtain it due to long waiting lists for statutory services and a lack of free counselling services.

²³ [Domestic Abuse Commissioner \(2023\). A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales](#)

Another important function is emotional support. As IDVAs, we are not trained counsellors or therapists and we can only provide a certain amount of emotional support because of this. The waiting list for counselling for [domestic abuse] survivors is too long and there aren't any other services that provide free counselling. (Advocate respondent)

One of the other victims in my case had no support due to waiting lists. Also once [advocacy] support is finished I should be able to have access to mental health support...I'm still waiting to have an assessment. (Victim respondent)

Victims may not realise the full impact of the incident or how it is affecting them, so it is vital that their advocate is alert to these wider implications. This is particularly important for victims who were in crisis. Several victim respondents indicated that their advocate had played a major role in helping them cope and continue with the CJS process during overwhelmingly difficult times.

I'd be dead without this service. (Victim respondent)

If they hadn't helped me, I wouldn't be here anymore. (Victim respondent)

My Advocate went above and beyond helping me through getting to court. Helped push for me to have counselling when [the case charging decision] was refused by the CPS as I tried to take my own life because the Police failed. (Victim respondent)

Advocates also played a vital role in helping people understand and move on from victimisation by providing ongoing emotional support, signposting to other specialist services as necessary and empowering victims to recover.

Being stalked is a life altering experience, I will never be the same again. I feel permanently changed and damaged, and I feel that my advocate and the service offered truly saves victims. I will be forever grateful to my advocate who has been excellent, professional, and supportive. (Victim respondent)

[They] listened to me, without judging. Advised me about grounding techniques. Helped me understand what happened wasn't my fault. Helped me deal with my guilt. Helped me be a survivor not a victim. (Victim respondent)

Advocate respondents also outlined the particular importance of emotional support in the case of non-violent crimes, where the seriousness of the impact could be less evident and police may have less interest in pursuing the case, for example in fraud cases.

In addition, advocates noted that victims may be particularly vulnerable and in need of emotional support following a disappointing criminal justice outcome.

There's often a lot of adrenaline that gets you into court, but then it's actually what comes next – that feeling of being chewed up and spat out by the system is often most acute following court. An awful lot of the work that we will do is around preparation and then recovery from the experience of being in a court setting. (Advocate respondent)

After court is when the real work happens. (Advocate respondent)

Provision of practical support

In general, people have little knowledge or understanding about how the criminal justice system operates, until it becomes relevant to them. Victims of crime may find they are learning about how the system works, while also trying to process the victimisation they have experienced. The CJS can be complex, lengthy, and incredibly difficult to navigate. Advocates play an important role in demystifying the criminal justice process by explaining the various steps involved and assisting victims to make their own decisions about how to proceed.

I had 2 IDVAs. Both were instrumental in enabling me to rebuild my life after domestic abuse, take care of my children and navigate the legal system. They provided consistent, objective advice and guidance which meant I could make informed decisions about how to move forwards. (Victim respondent)

[My advocate] has helped me understand things on the police side of things and has asked for special measures if it goes to court. [My advocate] has also said she will support me in court. (Victim respondent)

Respondents highlighted that an in-depth knowledge of the CJS was important on a practical level to help 'cut through bureaucracy' and 'simplify jargon' for the victim. Additionally, advocates also challenged and improved the timeliness and quality of decision making by agencies.²⁴ This was seen in interviews with specialist stalking advocacy services.

A lot of it is giving victims a language...understanding the system so that when you are ringing the police, you know exactly what you need to say, for them to understand the intricacies of what's going on for them, to understand stalking...and quite a lot of them said that we've helped to build resilience in them. So actually, next time, they might not need to ring us because they know how it all works and they know what they need to do. (Advocate respondent)

Each police force had a stalking protection lead...we can go to them and say this is what's going on. This is what the response that this person had, and these are the risk factors that exist in this case and think is what we think that you should be doing. (Advocate respondent)

This was also reflected by a victim respondent.

The police only took the case seriously and classed it as stalking when my advocate came on board. I don't think it would have gone to the CPS without her, even though I was fighting for this with the police before I self-referred. (Victim respondent)

Depending on the type of victimisation, some people will need more support to action practical parts of their case than others. Victims of fraud for instance, will often need to contact their bank, which can be a complex and difficult process. Fraud victim advocates assist by offering letter templates and helping victims present their case in a way that is informed by knowledge of how banks process claims. Advocate respondents noted that many of the victims

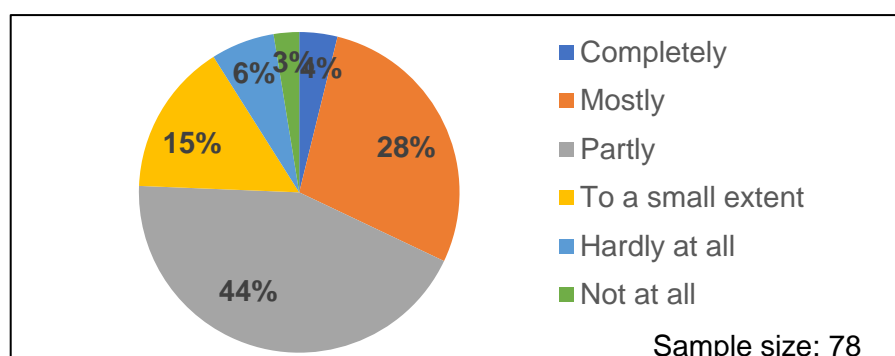
²⁴Vallely, Robinson, Burton and Tregidga (2005). Evaluation of domestic violence pilot sites at Caerphilly (Gwent) and Croydon. See: [PDF](#)

supported by their fraud advocacy provision were successful in securing reimbursements from banks. They suggested that victims who were unable to recoup their losses still reported feeling better knowing that they had been supported in seeking recompense.

Ensuring agencies of the criminal justice system comply with the Victims' Code of Practice

Several advocates highlighted the importance of the Victims' Code of Practice²⁵ and their role in attempting to ensure the rights of victim's were met. Under the Victims' Code, criminal justice agencies should be providing victims with information about their rights and options and keeping them informed of the progress of their case. Much of the provision of this information falls to the criminal justice agencies and therefore, is outside of the remit of the advocates themselves. Advocates had significantly more examples of poor practice, rather than good, in relation to the Victims' Code. They had numerous instances where the standards outlined in the Code had not been met by criminal justice agencies. As such, most of the advocate survey respondents felt that their clients were not fully receiving their rights under the Victim's Code (see Figure 3).

Figure 3. Advocates reports of the extent to which their clients received their Victims' Code rights.



Victims of crime can find it retraumatising to have to recount the incident multiple times, or to several different service providers. Therefore, one of the aims, outlined in the Victims' Code, is to offer a Single Point of Contact (SPOC) for victims where possible. By acting on the victim's behalf, advocates can reduce the number of times a victim must recount their incident and manage the many different agencies which can become involved, reducing the risk of re-traumatisation.

Limiting the number of times they have to tell their story...this can be extremely re-traumatising the more a survivor has to do this, once is bad enough. Being a single point of contact and advocating on a client's behalf can aid massively with coping. (Advocate respondent)

²⁵ The Victims' Code of Practice outlines the rights of victims and sets out information, support, and services that victims are entitled to receive from criminal justice agencies in England and Wales.

Advocates were also able to support victims in understanding, the investigation process, their rights as a victim and in helping them to provide information. They were also able to help them be understood by the police,²⁶ a point made by both an advocate and a victim.

Helping [your] client to understand their rights - the CJS system is complex, and it can be difficult to navigate. Providing information at a steadier pace, repeating if or when necessary, helps the client to be in an empowered position where they can make informed choices. (Advocate respondent)

Provided me with an intermediary in dealing with police, made giving a statement easier. (Victim respondent).

Important aspects of the Victims' Code include the right to be provided with an explanation as to why the police decided not to investigate a case and information about the Victims' Right to Review (VRR). The VRR gives victims the right to request a review of a police or CPS decision not to take further action. Respondents gave examples of how advocates were able to support victims in receiving these rights, even when impeded by other agencies.

Lack of clarification for cases that are no further action (NFA). Continually asking for letters that explain why...I often find myself supporting clients to ask for a VRR without clear knowledge of why the case was closed. Despite asking the OIC, I often put in a VRR with no other information other than the case has been filed because OICs are reluctant to give anything in writing. (Advocate respondent)

After the CPS decided NFA and refused my VRR, she [my advocate] fought my case until I was granted my VRR. Although I felt the VRR meeting was no more than a tick box exercise, she supported my decision to refer to [CPS Appeals and Review Unit] who decided there was sufficient evidence to prosecute resulting in the accused facing multiple charges of historical sexual abuse. (Victim respondent)

In addition to being asked to elaborate about the support they had or had not received from advocacy services, we also asked victim respondents about their general satisfaction with this. In the majority of cases (86%, n=12) respondents indicated that their advocate was able to assist with everything they required.²⁷ The only limitations identified were being unable to speed up the investigation or assist with financial support.

Measuring the impact of victim advocacy

Being able to measure a victims' progress allows services to ascertain the impact that advocacy support has had on victims. However, in our research, we found that there was considerable variability in monitoring and evaluation practices, in both the nature and number of indicators used, across England and Wales.

Whilst all services were required to provide equality impact assessments (EIAs) for the provision of support for those with protected characteristics, there were multiple monitoring and evaluation practices and tools in use, including:

- Gathering victim feedback.

²⁶ Right 1 in the [Victims' Code of Practice](#) is the victim's right to be able to understand and to be understood.

²⁷ One survey respondent had a very poor experience of advocacy but didn't elaborate on why.

- Production of victim case studies.
- Completion of outcome forms to measure the Key Performance Indicators (KPIs) outlined in funding contracts (which varied across funders).
- Completion of the Ministry of Justice (MoJ) 'Distance Travelled' intervention effectiveness measurement tool (scoring 1-10) based around the government's 'Cope and Recover' outcomes.²⁸

The challenges of measuring the impact of advocacy

Whilst getting feedback and measuring impact is important, there are several difficulties inherent in doing this. These include:

- Data collection is difficult due to victims heightened state of trauma.
- Many victims have a complex ongoing journey to recovery.
- Capturing longer term victim outcomes once cases have been closed is challenging.
- Some elements of progress, such as emotional progress, are very subjective.
- There is a focus on recovery outcomes and many victims who have experienced traumatic events feel there is no recovery from what they experienced.
- Feedback is limited to those who agree to provide it at the end of their support, excluding those who declined or disengaged.

An example of monitoring and evaluation practice is detailed in the following case study.

One PCC established an online platform for victims to rate their experience and provide further information via free text boxes. This was then analysed using artificial intelligence (AI) technology to infer sentiment and give a greater insight into victim feedback. This process had allowed them to separate out satisfaction levels based on crime type to discover where to target resources:

The survey starts from initial contact with [police] force control room through to experience at case closure. This data highlights varying satisfaction levels based on crime type with anti-social behaviour (ASB) causing the greatest level of dissatisfaction. This can be contrasted against victims who are assigned the ASB Case manager where satisfaction levels are significantly greater. (Respondent from office of PCC)

The Victims' Service Commissioning Framework suggests that, in the first instance, commissioners use two measures to assess the effectiveness of advocacy provision; how victims are helped to cope and how they are helped to recover. After that, PCCs are free to decide which other metrics, if any, they wish to monitor to appraise the performance of the advocacy services. This leads to an inconsistent approach to the monitoring of services and can result in organisations having to adopt multiple ways of reporting their outcomes to commissioners.

Respondents suggested that a more standardised approach may be helpful.

I think it would be incredibly useful if everybody is working to the same set of outcomes (Advocacy provider respondent)

²⁸ [Victims' Service Commissioning Framework May 2013 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678412/Victims_Service_Commissioning_Framework_May_2013.pdf)

However, it is important to note that any generalised outcomes tool would need to retain some flexibility for different services. Additionally it would need to assess only the victim's recovery and not function as a service effectiveness measure.

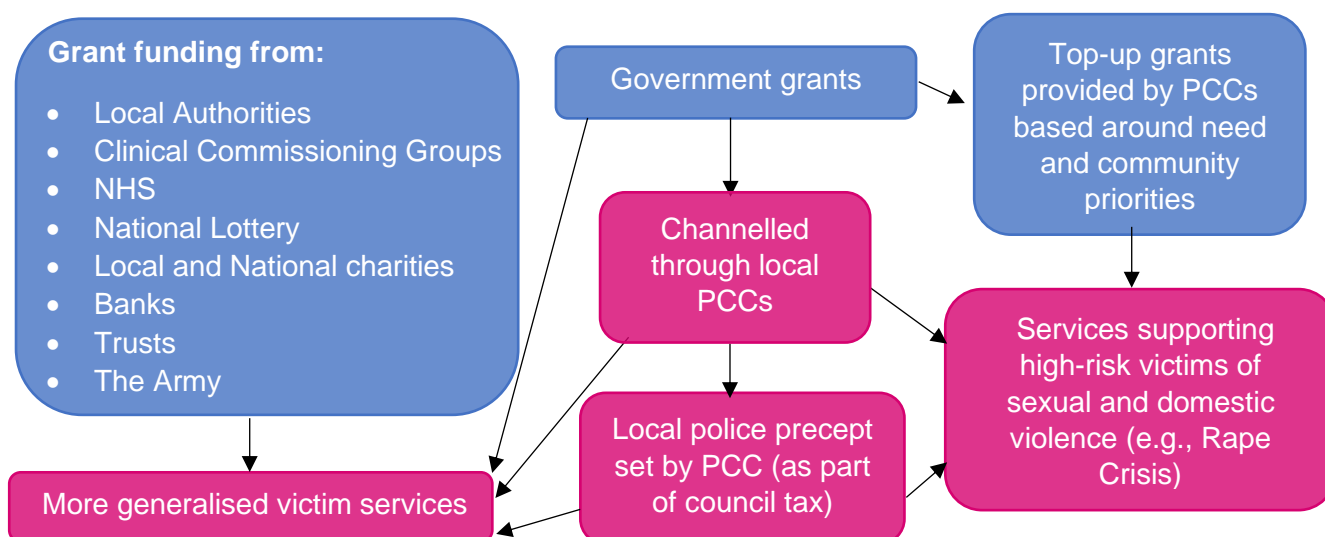
Conclusion

Our research suggests that, overall, advocacy has a positive impact on victims. Advocates are key in delivering increased victim engagement and retaining victims in the criminal justice process for longer. Providing this vital service is an integral part of the process of seeking justice. This is especially important when withdrawals from the CJS are high and when the number of cases awaiting trial is increasing and so more victims are waiting longer for their case to come to court. Advocates provide victims with valuable insight and knowledge of the CJS, which is crucial for those who are unfamiliar with the system. They also provide victims with critical emotional support and guidance.

4. Funding and Commissioning of Advocacy Services

The funding landscape for victim services is complex (figure 4) and variable across PCC areas in England and Wales. PCCs are permitted to commission services via grants or contracts, or they can provide services themselves. Around two thirds of PCC funding comes directly from government grants and PCCs also set a local police precept which forms part of Council Tax.²⁹

Figure 4. Diagram illustrating the funding avenues for victim services in England and Wales



In our research, funding was identified as one of the most problematic issues facing advocacy services. The victim advocacy funding landscape has several limitations, such as the competitive tendering processes, the lack of funding for advocacy and advocacy training and the short-term funding cycles.

Competitive tendering processes

Competitive tendering processes presented numerous challenges to some service providers. Smaller organisations, without the capacity to outsource or secure dedicated bid-writing staff, were recognised as being disadvantaged in these environments. Respondents cited fears that some smaller and 'by and for' specific services were being defunded and decommissioned as tenders were often won by larger victims' organisations with greater levels of resource.³⁰ This had a knock-on impact on the ability to undertake specialist outreach work to access marginalised communities.

We've experienced a 60% increase since the pandemic and that is not decreasing. That demand is remaining there and sometimes increasing in different months. Despite that, black minoritised specialised services are continuously being defunded and de-commissioned, and you've got these really competitive funding rounds. (Advocacy provider respondent)

²⁹ [Police funding for England and Wales: user guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674442/police_funding_for_england_and_wales_user_guide.pdf)

³⁰ [Domestic Abuse Commissioner \(2023\) A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales](https://www.dac.gov.uk/publications/a-patchwork-of-provision-how-to-meet-the-needs-of-victims-and-survivors-across-england-and-wales/)

While larger national organisations can offer benefits to victims and commissioners, such as consistency of standards across geographical regions, ‘by and for’ provision is vitally important to victims. We know that for a lot of victims being understood by service providers, who share minoritised identities and life experiences that match their own, is of primary importance to them. It is therefore key that these services are available for them to use if required.³¹

Lack of funding for advocacy roles and specialist advocate training

Funding provision impacted the ability of PCCs and providers to offer specialist advocate training. This training allows for advocates to undertake further specialist learning, as well as providing professional development for staff. As funding does not cover accredited training, such as IDVA training,³² providers need to pay for this from their own budget. For smaller providers, with limited budgets, having to fund these training requirements themselves can present a barrier to advocates receiving the training.

When I started out, if you recruited IDVAs you were paid to cover their training. Our normal core funding now does not cover training. I think when you’re commissioning an IDVA service, there has to be an element of the funding for the training as this can be quite expensive. (Advocacy provider respondent)

Moreover, the specialist work undertaken by accredited advocates was compared by one respondent to that of a social worker, but with a comparatively lower salary.

People are just constantly leaving because they’re struggling with the income as we’re not able to give good salaries compared to social workers, but we’re doing the specialist work and social services are using our services to do a lot of their work. (Advocacy provider respondent)

The discrepancy with salary also existed within IDVA roles and were noted as causing recruitment and retention issues among providers. For instance, those employed directly by Local Authorities as in-house IDVAs were on comparatively higher salaries than their equivalents employed by charities.

So, people are jumping ship, they’re going and doing the exact same job for five or £6,000 more. And it’s a Local Authority, you get better benefits, so it’s really difficult to retain staff. (Advocacy provider respondent)

Short-term funding cycles

A prominent feature of the advocacy funding landscape is the short-term funding cycles. A concern shared by many respondents was the difficulties presented by the short-term nature of funding models and the need for longer-term government funding for specialist services.

There is a great need for long-term funding from the government for ISVA services and rape/sexual violence support services in general. (Advocate respondent)

³¹ [Victims’ Commissioner \(2022\) Response to “Delivering justice for victims: A consultation on improving victims’ experiences of the criminal justice system”](#).

³² One training provider noted that they offer subsidies dependent on an organisation’s annual income and prioritise smaller/specialist organisations but this was limited due to having overheads to cover.

The funding is no longer there, but the demand for our services hasn't reduced and we find that it's a year, sometimes six months, usually to a year. We're having to constantly reapply, so that's a massive issue... There is such a lack of long-term funding, especially for violence against women and girls' services. Now there seems to be less or less long-term funding opportunities than there had previously been. (Advocacy provider respondent)

While short-term grants allow the PCCs to boost their provision of victim services, to meet findings of their local needs assessments, they can also lead to uncertainty. Several respondents identified that short-term funding cycles led to advocacy support being unsustainable, raising concerns about what would happen to additional funded vacancies when the funding ended.

We're still waiting now for the victims grant for April [2022] onwards. So, we've got service providers out there saying 'have we a problem from April onwards?'. And so, if you come into mid-January and you don't know how much funding you're going to get by mid-March, that's not good enough really, because service providers every year start to think do I have to lay off members of staff here because I might not have the funding in April? (Respondent from office of PCC)

We don't commission the IDVA service, we worked with the MoJ and the local authority to secure funding... I think nationally there's absolutely a concern of the cliff edge if funding isn't committed any longer. (Respondent from office of PCC)

This [will] go on and on, and at the moment a lot of these grant funding arrangements are over 12 months, two years maximum and people are saying what happens then? (Respondent from office of PCC)

These short-term funding cycles and the fixed-term contracts and uncertainty associated with them, creates a lack of security for advocacy staff and can result in high levels of staff turnover. This can, in turn, negatively impact service delivery and staff workload elsewhere in the organisation.

When properly resourced, victim services have the capacity to provide the type of wrap-around care highlighted as important by victims and outlined in the Victims' Code. However, embedding long-lasting change requires a level of financial stability and certainty to train and retain the specialists delivering the services.

We found that 30% (n=27) of advocate respondents were on fixed-term contracts and the duration of these contracts varied from 6 months to 4 years. Whilst some commissioned services were funded for a set period, this was sometimes followed by add-on funding provided at a later date, usually for an additional 12 months.

Over two-thirds (69%, n=63) of advocate respondents were on a permanent contract. Having a permanent contract and being assured of funding, allowed advocates to provide victims with better quality support that focused on need and a more sustainable and consistent service.

We can focus on what we see as being a need and [are] not forced to go only where the money is or where the "theme of the year" is. (Advocate respondent)

Some examples of longer commitments to funding were provided by PCCs. One PCC had recently commissioned a 7-year contract for ISVA services to ensure continued and dedicated support for victims of both recent and non-recent sexual assault. The respondent highlighted the importance of *working with Local Authorities to develop a 'whole system approach'* to support.

There have been some recent changes to address some of these issues with the funding landscape. In 2022, the government published their three-year funding strategy³³ (to 2025) with the aims of funding the victim support sector more strategically, removing barriers to access and implementing clear and consistent outcomes. The strategy also committed to:

- Multi-year funding as the best practice for core victim services.
- Introducing national commissioning standards to ensure that services are effective, consistent, and reaching as many victims as possible.
- Introducing core metrics and outcomes to ensure that they are building a comparable evidence base on the impact of funding.
- Establish government oversight by bringing departments together to ensure better alignment of funding.

Despite these commitments, the government are constrained by the spending review and the last tendering process was only able to offer contracts of two years.

In July 2023, there was an announcement of up to £8.3 million granted to 55 organisations providing specialist victim support services,³⁴ many of which are 'by and for' organisations. This fund seeks to quadruple funding to victim support services by 2025 compared to 2010. In addition to this, a £1.2 million training programme has been launched for IDVAs and ISVAs.

Whilst this additional funding will begin to address some of the current limitations of the victim advocacy funding landscape, demand is still exceeding supply and further work is needed to create long-term, sustainable change to funding and commissioning for advocacy services.

Conclusion

The complex funding landscape is one of the biggest problems facing advocacy providers. The competitive tendering process also causes problems for smaller and specialist organisations who lack the resource of larger organisations which can disadvantage them in the tendering process. The lack of funding available for training adversely impacts smaller organisations, leading to discrepancies over which advocates receive training and which do not. Short term funding cycles create uncertainty for organisations and leave them with problems both in recruiting and retaining staff.

³³ [Victims Funding Strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115441/victims_funding_strategy.pdf)

³⁴ [Funding boost for specialist victim support services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/funding-boost-for-specialist-victim-support-services)

5. Gaps in Advocacy Provision

Despite the growth in advocacy services, our research highlighted several gaps in current advocacy service provision. These include gaps in provision for lower risk victims, victims with certain characteristics, victims in need of specialist ‘by and for’ services’, victims associated with the military forces, victims who do not report the crime and victims in certain geographic areas.

Standard and medium risk victims

The most pressing gap identified was around provision for standard³⁵ and medium risk domestic abuse victims. This reinforces the findings from our rapid evidence assessment, which identified that advocates were concerned that the focus on high-risk victims was diverting resource from supporting lower risk victims.³⁶ In our research, respondents highlighted a worrying risk of serious harm at the lower levels of risk, noting that a growing proportion of domestic homicides had been assessed³⁷ as standard or medium risk.

There's a real lack of support for the medium and standard risk victims with no children and a lot of the DHRs [Domestic Homicide Reviews] that come in, they are your standard and medium risk cases. (Advocacy provider respondent)

Out of the last 10 domestic homicides we've had...all but one has been from standard/medium risk, so you know that tells you that there is a need that hadn't been addressed (Respondent from office of PCC).

In line with these concerns, one of the key themes from the analysis of DHRs in 2019-2020³⁸ was risk. This analysis highlighted that it is not always possible to predict the level of risk that an individual poses, in order to protect someone from further harm. Therefore, it is critical that services are provided across the board for all victims of domestic abuse. Respondents also highlighted the issues with medium risk victims and their recurring entry into the system. When those low to medium risk victims receive no assistance, there is a heightened potential of them re-entering the system, elevating their risk status, simply because help was not provided at an earlier point.

But it's the standard and medium [risk victims] that will keep coming back around and then they will become a high risk. So, they're gonna get to that point because there's no one intervening at that lower end of the risk and you know, where incidents are not as severe, but there's no one stepping in to prevent that from escalating into a high-risk case. So, you're just going round in circles all the time. (Advocacy provider respondent)

³⁵ Victims of domestic abuse are risk assessed as ‘standard’, ‘medium’ or ‘high’ risk using the DASH tool. Victims assessed as ‘standard’ represent the lowest risk according to this risk assessment tool.

³⁶ Coy, Kelly, Foord and Bowstead (2011). Roads to nowhere? Mapping violence against women services. See: [PDF](#)

³⁷ Our assumption is that respondents are referring to statutory agency risk assessments.

³⁸ [Key findings from analysis of domestic homicide reviews: October 2019 to September 2020 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

As a result, some organisations and PCCs have attempted to address the perceived gap in service provision for lower risk victims.

We identified gaps in provision for medium risk domestic abuse cases and used the MoJ additional IDVA funding for 2021/22 and 2022/23 to fund 10 new posts across [the region] to address this gap. (Respondent from office of PCC)

Basically, we identified gaps in provision, so the gaps were around medium risk clients. So, in some areas where they had IDVAs, but they didn't necessarily have support for medium risk clients, couples staying together, children, working with perpetrators, and what we did is worked with [funders and commissioners] to commission services to fill those gaps. (Advocacy provider respondent)

One victim respondent, who was considered lower risk, had received this type of advocacy support, and highlighted the importance of this provision.

My case was deemed medium risk. I know not all areas offer IDVAs for medium risk. In my case it made a huge difference to both my recovery and ability to report and access the criminal justice system. I work in the third sector and was able to navigate and easily find the right support for me. I have met many women for whom this is not the case, and whose ability to successfully seek justice has been significantly impacted as a result. (Victim respondent)

Lack of specialised 'by and for' services

'By and for' services cater to, and are staffed by, people with life experiences that match their service user population, or have shared minoritised identities, such as LGBT+, disabled or black and minoritised communities. Respondents identified the benefits provided by specific 'by and for' services and advocates. They noted that sharing incident histories or identities allowed them to offer a holistic approach to providing advocacy and support to service users.

They do not understand what their rights are and also because we understand their culture...I think they know...we'll understand where they're coming from and what support they will need. (Advocacy provider respondent)

Because [my advocate] has gone through similar to me. I don't even need to speak and it's like she can read me. No one else can. (Victim respondent)

Having LGBT+ specific advocates working with LGBT+ victims means that a victim does not have to first explain about their identity or sexual orientation before talking about what they have experienced. This can often be a barrier, preventing victims from our community, reporting to police or other agencies. (Respondent from office of PCC)

However, despite the benefits provided by 'by and for' services, respondents highlighted the lack of availability of specialised services for minoritised communities. They identified that this was, at least partially, due to limited funding being available for these specialised services. In some areas, commissioners tended to fund more generalised services, providing a 'one size fits all' approach, rather than offering a specialist provision.

Many respondents were conscious of how this lack of funding for smaller 'by and for' organisations was disadvantaging those organisations and forcing them to compete amongst

themselves for increasingly smaller pots of funding. This resulted in fewer specialised services being made available, which led to less choice for victims and ultimately greater levels of unmet need.

We've got sister organisations all competing over very small pots of funding, whilst generic services continue to be commissioned, but they're not actually meeting the needs of the community [in] the way that our services are. (Advocacy provider respondent)

It was clear that there was a need for that support because actually, the demographic of women weren't being able to access that via mainstream services, or those mainstream services weren't able to meet their needs effectively. (Advocacy provider respondent)

When it comes to providing support, they don't have knowledge regarding cultural backgrounds, what a family needs and it's very basic as to what support they can provide. So, we have to always challenge them and say 'no, that's not the situation, and you need to understand that [due to] cultural backgrounds, some risks that you might find in other families may not be the same as with the families that we support.' (Advocate respondent)

Respondents also suggested that funding did not sufficiently consider the provision of accommodation to victims of domestic abuse with No Recourse to Public Funds (NRPF). This was identified as a large gap by respondents from 'by and for' organisations, who had used time and resources to raise awareness about migrant women's additional hardships. Victims who are subject to immigration control cannot claim public funds, such as benefits and housing assistance, unless an exception applies. This leaves them in an increasingly vulnerable position as their ability to escape their potentially dangerous domestic situation is severely curtailed.

[There is a] lack of funding to assist with access to emergency accommodation particularly if it is the weekend and services are closed - for those that do not have the immediate priority need such as dependent children or NRPF. Often, I have been left feeling powerless after spending hours upon hours on the phone trying to find some service that may be able to assist but without any success (Advocate respondent)

We started off with six bed spaces and that's now expanded into 30 bed spaces and a significant proportion of those are dedicated for women that have no recourse to public funds because we acknowledge the fact that, again, that was a massive gap in service provision. (Advocacy provider respondent)

Specialist services for military personnel

In our research, only one specialist organisation was identified that offered specialised advocacy services for military personnel, covering all cases of sexual violence, domestic abuse and stalking by and against military personnel. This limited provision was related to challenges in the funding landscape, with one respondent highlighting the challenges of competing with larger organisations for funding allocation when they were serving a very specific victim group.

For small, specialist organisations, we are being moved out of certain pots, so large funding pots that come down from central government to local, they'll just give it to the commissioned services. They just instantly give it, and it's like OK, that's millions of pounds, but you haven't even put that out to your other services in the area and that can be hard to swallow sometimes. (Advocacy provider respondent)

Lack of advocate support for those who do not or are reluctant to report

Many victims are often referred to support services after reporting their crimes to the police. Respondents highlighted gaps in advocacy support for those who do not report or are reluctant to report.³⁹ In some areas of crime, such as domestic abuse, there has been focus on victim outreach in the community. However, for cases of victims of sexual abuse, respondents recognised the need for community-based services, such as Sexual Abuse Referral Centres (SARCs). These centres provide medical, practical, and emotional support for victims of sexual abuse, and are open for self-referral, whether the victim has been involved with police or not.

We are concerned access to services by victims of sexual abuse appears to be largely as a result of reported crime and where referrals are made via the SARC. We are reinvesting in our ISVA service to make it more community based and therefore more accessible to victims who may be concerned about reaching out to support, particularly those that would appear 'state/authority' provided. (Respondent from office of PCC)

Respondent from offices of PCCs were aware that victims who do not report their crimes would be less likely to receive advocacy support. They highlighted the importance of raising awareness of support services and ensuring that victims are made aware that they do not need to report the crime to police to receive advocacy services.

Additionally, responses from several PCCs areas highlighted gaps in provision for victims of offences that are often minimised or categorised as non-criminal such as Anti-Social Behaviour (ASB).

ASB is a growing concern, with a very large increase since COVID and a lack of mediation services and support for ASB that has no crime links. (Respondent from office of PCC)

Victims of ASB are not within service scope but considered on a case-by-case basis. Victim Care Coordinators [are] developing specific areas of specialism/development. (Respondent from office of PCC)

Gaps in provision for other crime categories were also identified such as fraud and stalking.

Geographic gaps in provision

As well as gaps in relation to certain victim needs and demographics, respondents also highlighted 'a postcode lottery' for funding. One PCC area reported that their Learning

³⁹ It is worth noting that our research has predominantly engaged PCC commissioned services, while non-reporters may be accessing non-commissioned community services.

Difficulties Advocate only provided a service in one or two local areas, while another only had health IDVAs in two of their five of hospital trusts. Advocacy providers outlined the geographic gaps they were experiencing in their provision due to a lack of funding.

There is a postcode lottery for advocacy support...with some areas much better served than others and advocacy services often specialising in one particular field e.g., mental health advocacy. (Advocacy provider respondent)

One advocacy provider noted how each PCC area will have different criteria for the level of support offered. For example, some areas do not cover non-recent sexual abuse, while others do. One respondent from the office of a PCC mentioned the lack of consistency across the region and suggested that a consistent specification was needed for domestic abuse support provision.

Theoretically, you could have a collaboration of domestic abuse providers who work under one contract, work under one specification, so that there's not a difference in provision across different areas of [region]. (Respondent from office of PCC)

Our research highlighted multiple gaps in advocacy service provision in England and Wales, specifically impacting certain victim groups. This demonstrates there are improvements needed to ensure all victims, regardless of their circumstances, can access the advocacy support they need.

Conclusion

Gaps are evident in the advocacy landscape despite the proliferation of services. Some of the most notable gaps are for standard and medium risk victims of domestic abuse, a lack of specialist 'by and for' services and lack of services for people who choose not to report their crime. These gaps are also geographically dependent as different areas fund their services in different ways, resulting in a post code lottery of provision.

6. Independence, Co-location, and Multi-agency Working

Independence, co-location, and multi-agency working were all found to provide benefits to advocacy services and the victims they were supporting. However, each of these is not without its limitations and can be difficult to implement successfully.

Independence

The independence of advocacy from statutory services, including criminal justice agencies, was found to be important for promoting impartiality and fostering victim trust.⁴⁰⁴¹ Most advocate survey respondents (93%, n=85) indicated that their advocacy service was independent from all criminal justice agencies and highlighted the benefits of this. Equally, it was important that victims were made aware of this independent status, regardless of whether they were engaged in the criminal justice process or not. The most important advantage of this independence was the ability to solicit greater trust, rapport, and engagement from victims, particularly when working with children and young people.

Due to being independent, clients have an element of trust in our service, some are sceptical regarding the decisions made by the authorities. Clients feel we believe them, whilst they feel the authorities don't. (Advocate respondent)

Being independent can also be beneficial when working with children and young people as they can sometimes feel intimidated speaking to professionals such as police and social services, and in explaining we work with, but independently of, these services can help clients feel more comfortable and help us build a rapport with them. (Advocate respondent)

The fact that we are independent from other criminal justice agencies means that we are accessible for victims, including those who may have a distrust of criminal justice agencies. This may result in victims being more willing to openly share information with us that helps us to understand their needs and provide appropriate support. (Advocate respondent)

This often led to a greater level of disclosure, which allowed services to address safeguarding issues in a more holistic and trauma-informed way. Advocate respondents indicated that remaining independent meant they were able to support victims regardless of there being a criminal case. However, where there was a justice process underway, they had the advantage of being able to hold statutory partners to account, or challenge decisions without fear of reprisal due to their autonomous position.

We would not be able to advocate effectively if we were not independent. Independence facilitates trust and enables us to challenge without fear of reprisal. (Advocacy provider respondent)

⁴⁰ Robinson and Hudson (2011). Different yet complementary: Two approaches to supporting victims of sexual violence in the UK. See: [PDF](#)

⁴¹ Williams-Woods (2021). Independent review of the Hope for Justice Independent Modern Slavery Advocacy Model. See: [PDF](#)

We are not viewed as 'establishment'. We can operate with more flexibility - often going above and beyond. We do not fear or favour any pathway/sector/agency and so our advice and support is entirely independent. We are not restricted by bureaucracy or systems that constrain our operational model. (Advocate respondent)

[We are] able to challenge the decisions and systems that are in place at all levels where appropriate. For example, if working within a particular statutory service, challenging decisions on behalf of victims may be difficult if the decisions that need challenging are being made by a manager or a higher up individual within the same organisation. When independent you are able to hold individuals to account and challenge when it is needed. (Advocate respondent)

Despite their independence, respondents highlighted that some victims still questioned whether they were linked to the police.

Independence is actually a big thing...people hear the word 'police' [in police and crime commissioner] and they assume that's part of the police, so when they hear we're funded by the Police and Crime Commissioner, some people question our independence from the police. (Advocacy provider respondent)

Sometimes clients don't feel that we are independent because of safeguarding/duty to share information. (Advocate respondent)

However, while there are many clear benefits for services being independent of statutory services, some advocates raised certain limitations. Although it is the duty of statutory services to provide victims with information and updates on their case, it often falls to advocates to facilitate this process. Some advocates such as ISVAs and IDVAs have a specific focus on assisting victims to navigate the CJS. Several identified challenges they faced being independent of statutory services as finding information and updates about the case was more challenging.

A disadvantage of this independence is that we do not have direct access to information held by other criminal justice agencies which may assist in a better understanding the risk issues relating to a case. Access to this information may assist us in better advocating for victims in some cases. (Advocate respondent)

[Independence] means that we are often left out of important conversations or are not included with updates. (Advocate respondent)

[Disadvantages is] no direct links to contacts in CJS, not straightforward to get information from the police for client e.g., if client needs to find Officer In Charge, I must go through the MARAC Coordinator. (Advocate respondent)

Co-location and multiagency working

The co-location of advocacy services within statutory agencies creates opportunities for spotting need, sharing information, and building relationships. Independent advocacy services can be located within statutory environments such as police stations, hubs, or in healthcare or educational settings. Respondents highlighted one benefit of this as improving communication between advocates and police.

We have access to some police systems, but only for the purpose of risk, we're not allowed to use them to get updates. But obviously, sitting in the same office, our staff can walk up to the police side and just say "look, I'm working with this case, can you let me know who the Officer in Charge is and whether they've given the victim an update recently, because I'm trying to get that to happen." So that flow of knowledge is much more beneficial because you can see what is happening in real time. (Advocacy provider respondent)

Co-location is also useful as advocates can provide immediate specialist knowledge and input. This is particularly useful when partner services, such as criminal justice agencies, healthcare settings and education providers, are less familiar with the type of victimisation being addressed. This provides opportunities for influencing the attitudes of other professionals⁴² through training. One study found a sevenfold increase in referrals by GPs to an advocacy service, following such training.⁴³ Advocates who worked alongside GPs and the police were able to identify and address problematic assumptions and stereotypes about victims, their needs, or responses to incidents, and this highlighted the need for trauma-informed training to challenge these assumptions. This was outlined by one respondent.

I have seen an officer accuse a client of 'enjoying' the contact she was receiving from a perpetrator who was on a non-molestation order - which goes against the victim feeling understood. This was dealt with...but this is where I believe training in trauma and how PTSD presents is vitally important. (Advocate respondent)

One notable benefit of co-locating victim advocacy within statutory settings is increased victim reach. For example, providing victim services in healthcare settings had yielded positive results through identifying and accessing otherwise hard to reach victims including men, older people, and hospital staff. Placing advocates in educational settings also increased victim reach to children and young people from school through to university level.

Colleges asked us to deliver some training...around domestic abuse, honour-based violence and forced marriage. Just as a result of doing that and having the advocates being able to go into the colleges once a week, they go with the CSE [Child Sexual Exploitation] workers, [victims] are just coming in and referring themselves. So actually, what's happening is, they're bringing in an additional cohort of victims. (Advocacy provider respondent)

Co-location and multiagency working also offered a coordinated approach to service provision. Domestic abuse advocates who accompany police officers in vehicles while on duty can attend to incidents and provide faster support to victims. Referred to as DV Cars or DA Cars, this initiative was prompted by the COVID-19 pandemic where national lockdowns made accessing victims difficult.

We go out on Friday and Saturday nights with the police in their marked vehicles and we go to domestics, and at those incidents we do the risk assessment. We do all the safety planning, and basically the whole premise is to engage victims and

⁴² Cleaver, Maras, Oram and McCallum (2019). A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. See: [PDF](#)

⁴³ Feder et al. (2011) in Cleaver, Maras, Oram & McCallum (2019). A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. See: [PDF](#)

survivors in longer term support, and we do that by providing an independent service at the point of crisis. (Advocacy provider respondent)

This service, in addition to similar services in other PCC areas, allowed engagement with victims characterised as high-risk; repeat victims and victims with a history of non-engagement. This resulted in increased victim cooperation with safeguarding and engagement with the police.

Several other respondents from PCC areas highlighted how multiagency working enhances advocacy provision. One respondent from an office of PCC noted that they had regular meetings where they brought all providers together. This helped to identify gaps, avoid duplication, and make for better cross-referring across services.

If service providers aren't aware of what each other is doing, then the victims they're supporting will absolutely not stand a chance. So for me, I chair those meetings on a quarterly basis and we have a really, really engaged membership and so it's not just services we commission, it's charitable organisations, community interest companies, those commissioned by the local authority...The principles are for each organisation to really understand the other's remit and what they're doing. There's been lots of learning that's come out of these just through conversation through the network...we also have a witness care unit, youth offending service, police presence at times just to add a different dynamic. (Respondent from office of PCC)

More recently, there has been an emergence of both Victims Hubs and in-house advocacy, which use an integrated approach to advocacy, known as the Victim Care Model. Victim Care Officers are in-house advocates, who operate from police stations and other environments in a policing-adjacent manner and are integrated into, or sourced from, the wider police staff base. In contrast to more specialist support, such as IDVAs and ISVAs, staff have more generalist roles and have police email addresses and access to relevant case information. Victim Care Officers also receive less training than more specialised advocates. Additionally, in comparison to more specialised advocates, Victim Care Officers are less likely to be perceived as independent and less able to challenge statutory agencies or enable their clients to do so, one advocacy provider emphasised this distinction.

That's where I do think there's a distinction between those people who might be providing a huge amount of emotional support, for example, that's incredibly valuable to a victim's recovery, but may not take that next step in terms of actually working with others on behalf of the victim and being that voice of the victim within the criminal justice system. (Advocacy provider respondent)

The following case study details an example of a PCC with an in-house advocacy model.

One PCC had moved to an integrated, in-house model *‘to facilitate a more flexible approach that can adapt to the changing nature and scale of support required by individual victims*. This model follows a protocol for following up with victims who had initially declined the offer of assistance. In some cases, this was on an ad hoc basis when the Officer in Charge (OIC) or another professional working with the victim noticed a change in the victim’s circumstances. The Victim Care Officers operate within a police station, so are in regular communication with OICs and can quickly follow up on requests with victims who had initially declined support. An additional mentioned benefit of this model was the ability to ensure the same OIC is assigned to the victim throughout the CJS process, and trying to keep the same officer if the victim presents later for a different crime.

In terms of funding, this model is commissioned by the PCC for the ‘pre-charge’ parts of the service (funded by the PCC) with the ‘post-charge’ parts provided by Witness Care as a statutory service (funded by the Constabulary). The benefits are that this provides an integrated service for victims – who are accompanied through the CJS from beginning to end. The model uses the same members of staff to provide both the pre-and-post charge service, for continuity and trust building with victims using the service.

A key positive of proximity to the police is therefore ease of communication and data sharing. However, it was noted that a disadvantage of this model is that it does not provide advocacy support for victims before they report a crime or for those who do not wish to report.

There still needs to be that support outside of the hub, which is for those that don’t want to report or don’t want to engage with the police. (Respondent from office of PCC)

Conclusion

There are both advantages and limitations for services depending on where they are located. Independence from statutory services has benefits including fostering trust with victims as it can be seen as an impartial service. However, this can result in restrictions on the information flow between advocates and statutory services. In contrast, co-located services were better able to access and share data but could be mistrusted by some victims who perceived them to be part of the police. Although they had an increased victim reach, co-located and in-house advocacy services were also less likely to have provision for victims who chose not to report the crime to police.

7. Improving Standards and Workforce Support for Victim Advocates

Our research identified several opportunities to improve standards and workforce support for advocacy staff. This support would, in turn, enhance staff wellbeing and service delivery. These included enhancing recognition in the CJS, enhancing professional status and accreditation, increasing opportunities for training and career development, and improving caseload management and clinical supervision.

Advocate definition, recognition, and professionalisation

Despite the evolution of the victim advocacy role, there is still a lack of understanding and recognition of their purpose among statutory agencies. One reason for this may be the considerable range in role descriptors available.⁴⁴ One advocate respondent demonstrated support for the creation of a common term for advocacy.

One of the reasons for establishing the IVA role is...victims often feel powerless in the system, and our role is about helping them to find that voice, find that power in the system...I'm sure that a lot of our existing IDVAs and ISVAs would say there's still an awfully long way to go in terms of their recognition and their status ... but the CPS know these roles and within the court they have some status, they have an ability to assert themselves. We're on a journey to get IVAs to the same point that they can make things happen for victims, and unfortunately, a lot of that relies on recognition and status within the system, so I think actually having a commonly used term would be really helpful. (Advocate respondent)

Our findings suggested that there was a recurring need for advocacy roles to be better defined, as different advocacy roles appeared to be offering different types of support depending on their specialism, area, or organisation. An agreed definition would help build a service specification and help with joint commissioning. One respondent from an office of a PCC highlighted the confusion around advocate role definitions.

As it stands, I think they are support workers rather than IVAs, but as to whether they are one and the same thing, we're really not sure at the moment. (Respondent from office of PCC)

Respondents also highlighted that more consistent terminology is needed, particularly in the context of recognition for the value that advocacy adds to the CJS. This would add clarity to the role and what it provides to victims, especially when comparing 'advising' and 'advocating'. One respondent from an office of a PCC suggested that Victim Care Officers offered advice but did not formally advocate for victims. Yet an advocacy provider respondent suggested their staff specifically do not advise victims on what to do. Clearly, flexibility in the role is required. As they are victim-focused, advocates need to be able to adapt and develop their roles in line with changes in victims' needs. Therefore, employing too rigid a definition may also impede service development.

⁴⁴ See Annex 2 for a full list of the advocacy role titles we encountered in this research project.

In addition to this, respondents supported the idea of enhancing their professionalisation and status through a nationally recognised body.

I do believe that IDVAs need to have a professional body to join, so we can have a body of specialist[s] to go to for help and also oversee our work. (Advocate respondent)

At the moment, I don't feel there's that consistent level of respect, that [victim service providers] have an important role in this whole process. An organisation that advocates for that on behalf of victim service providers, I think, is probably what's missing. (Respondent from office of PCC)

PCC respondents suggested that a nationally recognised advocacy body would enable advocates to be further embedded into the CJS and viewed as professional equals in helping victims access justice. Currently, respondents felt there was ‘no quality mark’ and expressed concern that anyone can ‘set up shop’. Respondents suggested this presented the need for a third-party provider to set up a standardised criteria and an accreditation process.

For PCC areas operating integrated in-house provision, the embedding of advocates was more evident. However, in-house Victim Care Officers also experienced barriers to being considered specialists. One PCC area discovered some difficulties in getting other agencies to communicate with their Victim Care Officers, which ultimately made it difficult for them to advocate on behalf of the victim.

The Victim Care Officer is then finding it very difficult to liaise with all those other agencies to say, “please can you go through me to get to the victim?” Because they will argue...” we have a very specific function. We have our own case management records. We won't share information” and obviously because of data protection and confidentiality issues, it becomes almost impossible to achieve that single point of contact. So yes, the victim care officers will potentially have lots of issues getting the information from the other people or the other organisations. (Respondent from office of PCC)

Several respondents also described advocates experiencing hostile treatment from statutory representatives.

I think at the moment it's still a mixed picture in terms of how IDVAs and ISVAs are viewed. I think there could still be parts of the criminal justice system where on a bad day, they could meet a bit of a hostile response from some courts because of lack of knowledge...The role of advocacy needs to be further professionalized, further accepted, and further embedded into the criminal justice system...they've got to be recognized and they've got to be given a fair space. (Respondent from office of PCC)

Respondents linked these barriers to the lack of recognition statutory agencies afforded to advocates. They indicated that they were treated in a manner that suggested the CJS partners did not consider them to be professionals. These negative perceptions may be even more relevant for charity-based advocates.

[We are] often viewed as 'less professional' because we are a charity rather than a public or statutory sector service. (Advocate respondent)

Negative perceptions were also cited in relation to providers of accredited advocacy training. Respondents from a 'by and for' organisation, who had completed specialist, accredited advocacy training focused on victims from black and minoritised communities, commented on the perceived difference in status when working with statutory partners.

We see institutional discrimination on a daily basis. And sometimes that is within the spaces that advocates have to work, within multi-agency spaces. And it's not individual people, but it's just the systems and structures themselves, and sometimes staff not having that IDVA and ISVA accreditation can be used as a reason to exclude them from certain processes. We've had to do a lot of campaigning around actually acknowledging that just because our staff aren't IDVAs and ISVAs doesn't mean that we're not doing the work. (Advocacy provider respondent)

One way of potentially facilitating greater recognition and communication is by ensuring there is victim advocate representation on local criminal justice partnership boards.

I would say it's really important to have your victim service provider represented within their local criminal justice board, whether that's the exec level or within a subgroup. I think that helps with recognition of the role among courts, services and providers. (Advocacy provider respondent)

Victim advocate representation was also highlighted in regard to courts, where court officials often appeared unfamiliar with the victim advocate role or purpose. As a result, considerable variability was noted around whether court officials would allow ISVAs to accompany victims into courtrooms. An investigation by SafeLives found a fifth of IDVAs they spoke to had been denied access to courts by officials.⁴⁵ Some respondents had found that explaining the IDVA or ISVA role had facilitated greater access to courtrooms. One respondent outlined the work they had done around this area.

We've worked really hard in [region] to make sure that ISVAs and Children and Young People's Independent Sexual Violence Advocates (CHISVAs) are accessible, but also the police and CPS really understand the importance of that role. The judiciary in [region] have been very supportive and welcoming of court attendance by these advocates, which I know isn't the case across some places, but in [region] it certainly is, so that's a real positive as well. (Respondent from office of PCC)

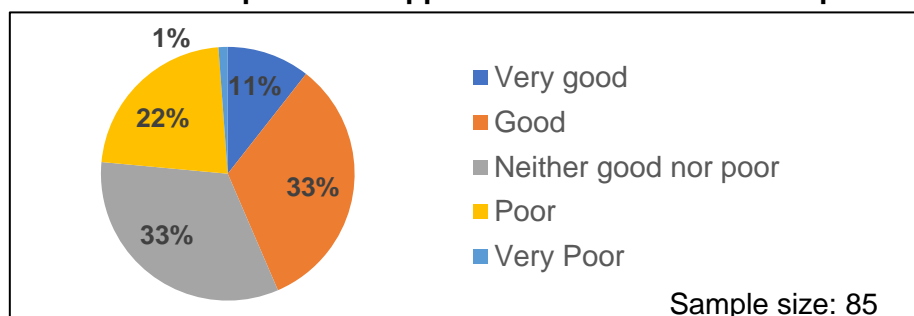
Advocate training and career development

Our research identified the need for better advocate training and career development opportunities.

As Figure 5 indicates, when asked about how they viewed their opportunities for career development, 44% of advocates responded, 'good' or 'very good' whilst 23% of respondents responded 'poor' or 'very poor'.

⁴⁵ [SafeLives \(2021\). Understanding Court Support for Victims of Domestic Abuse: Mapping the provision of court-related domestic abuse support and advocacy across England and Wales on behalf of the Domestic Abuse Commissioner.](#)

Figure 5. Victim advocates perceived opportunities for career development.



Additionally, advocacy provider respondents suggested that they would like to see a clear training route for generalist IVAs. There are existing training packages through organisations such as Victim Support. However, the consensus from the respondents was that, as with the proposed accreditation process, training should be carried out by an independent provider, as per SafeLives for IDVAs and Lime Culture and Rape Crisis for ISVAs.

In this research we found that 57% of advocates had not received training before taking up their role and 30% were currently engaged in training. The wider literature suggests the lack of pre-role training is a gap in the advocacy landscape, recommending that there should be a requirement for a national standard for training in the first year in post.⁴⁶ This would further professionalise the role and provide a more consistent service to victims.

Caseload management

The personal and professional implications of continually having to navigate high caseloads was a key concern for advocates. SafeLives considers an IDVA caseload of more than 25 at any one time to be excessive⁴⁷ and of the 35 IDVAs who shared the size of their caseload, 43% (n=15), were exceeding that. Research with ISVAs also suggested that on average an ISVA's caseload exceeded this number, with an average caseload of 48.⁴⁸

One learning disabilities ISVA disclosed that their maximum caseload should be 24. Yet, they reported having 52 active cases, all with learning disabilities, 30 of which were new clients that year. One survey respondent estimated that each of the advocates under their supervision held upwards of 60 cases each. Many respondents remarked on how the impacts of the Covid-19 pandemic and the ongoing delays in the CJS were resulting in them holding larger caseloads for a longer period of time.

Case numbers are currently at their highest ever. Covid has impacted the amount of people reporting, and caused delays in court cases, meaning clients are 'open' to ISVAs for longer than pre-covid. (Advocacy provider respondent)

⁴⁶ Horvath, Rose, Dalton, Massey, Crivatu and Matthews (2021). Independent sexual violence advisers (ISVAs) in England, Wales, and Northern Ireland: a study of impacts, effects, coping mechanisms and effect support systems for people working as ISVAs and ISVA Managers. See: [PDF](#)

⁴⁷ SafeLives (2021). SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales

⁴⁸ Horvath, Rose, Dalton, Massey, Crivatu and Matthews (2021). Independent sexual violence advisers (ISVAs) in England, Wales, and Northern Ireland: a study of impacts, effects, coping mechanisms and effect support systems for people working as ISVAs and ISVA Managers. See: [PDF](#)

[I have a] very high caseload for an ISVA due to the increasing demand on the service. Too many court cases are being delayed or a charging decision is taking a while therefore our caseloads are unusually high. (Advocate respondent)

Currently court is the most difficult aspect. There were already lengthy delays, but due to the pandemic this has almost become untenable. I have worked with clients whose cases have been adjourned 4 times over the last two years. (Advocate respondent)

One of my cases I have had since 2017 - it is very involved... I helped her write a letter to [the] CPS asking for them to reconsider their decision - this was done, but the time taken was really hard for this victim...finally the trial was going ahead in June of this year - only to be adjourned once again - all this time I have been giving emotional support, advocating with police and Witness Care and trying to keep her on board. (Advocate respondent)

Respondents also noted how the lack of other support services resulted in them having to provide support outside of their role remit. Many clients that they worked with had a multitude of overlapping needs. Often, they were not able to get these needs addressed by the correct agencies. Many advocates reported having to deal with issues such as housing or mental health provision that pushed the boundaries of their role. This resulted in them having to work with clients for longer periods of time, due to the complexity of their needs, or resulted in clients returning to the service for further help.

Very often, I am performing the functions of a number of different agencies to ensure that the Victim has support in these areas. (Advocate respondent)

The failing mental health services mean that a lot of the time clients are not getting the help they need in that area, therefore our job roles get blurred. (Advocate respondent)

[My caseload is] way too high because it is difficult to end complex cases because support services for clients are not available in the community. We are getting too many return clients because they can't find any other agency that will support them. (Advocate respondent)

Complexities of cases has increased and this is also a symptom of the current situation and lack of staff/support and service provision in other sectors, for example Probation/Housing/MH services/Health - which impacts upon the IDVA role and case work. This is due to IDVA[s] having to wear too many hats often some of those that they should not be wearing but IDVA are not going to see their service users in such distress or in need... we also now have the cost of living crisis which has increased support around access to food banks, referrals to social services and applications to charities where our service users are destitute and in desperate need of support. (Advocate respondent)

Advocates voiced the fears they had around the professional implications of attempting to maintain high workloads and what this could mean for the quality of support and attention they were able to offer to each victim that they were working with.

My caseload currently feels too high... I don't feel as though I can always offer my clients the best service as I am constantly processing new referrals and spend much of time completing admin tasks instead of actually working on individual cases. (Advocate respondent, caseload of 75)

30 really should be an absolute maximum for a full-time staff member...anything over 30 can be unsafe practice, as you don't have enough time to dedicate to your clients and this is when things can be missed. With the work we do and the risks to our clients' safety, we really need to ensure that we have an appropriate and manageable caseload. (Advocate respondent, caseload of 33)

I work with "complex needs" cases...working with individuals who have additional barriers to support such as drug and alcohol misuse, severe mental health, homelessness etc. My caseload should be around 25 but is double this ... my case load is far too high for me to be able to give everyone the in depth and individualised support and attention that they need (Advocate respondent, caseload of 50)

Victim respondents themselves also reported the impact that high caseloads had on the level of support and contact they were able to receive.

[ISVAs need to] provide more emotional support, [they are] unable to because of extremely high caseloads... [they need to] provide support to intimate medical appointments, (but they are] unable to due to high caseloads. (Victim respondent)

Advocates also raised concerns about the negative impact of high caseloads on their own physical and mental wellbeing.

My current caseload is not manageable and fluctuates between 60 and 150, however usually sits between 70-90. This causes feelings of overwhelm, increases risk of burnout and unfortunately means I am unable to offer the level of support I would like to be providing to children and their families. (Advocate respondent, caseload of 88)

As IDVAs we support high risk victims only therefore the work we do is intense and there is a lot of it. We are overworked. The referrals are non-stop and are increasing in complexity. IDVAs are stressed due to the workload. (Advocate respondent, caseload of 40)

Advocates outlined concerns about vicarious trauma as a detrimental personal impact of undertaking excess advocacy work. Many respondents highlighted the difficulties they experienced while managing challenging emotional situations and remaining alert to the dangers of burnout.

It is overwhelming, particularly as the job itself is difficult in nature due to working with victims of trauma. It is important to look after ourselves for this reason and prioritise our wellbeing in order to support clients the best we can, however when we are all very stressed and burnt out, this becomes incredibly challenging. (Advocate respondent)

When surveyed in a recent study, most ISVAs reported experiencing moderate to high vicarious trauma and levels of psychological distress, that were associated with higher

caseloads and greater use of coping mechanisms.⁴⁹ This report recommended the setting of national, role-specific standards for maximum caseloads, noting that this may vary due to differences in complexities of the roles. The report also recommended that ISVA providers should undertake routine monitoring of impacts and well-being and provide appropriate care and support in response.

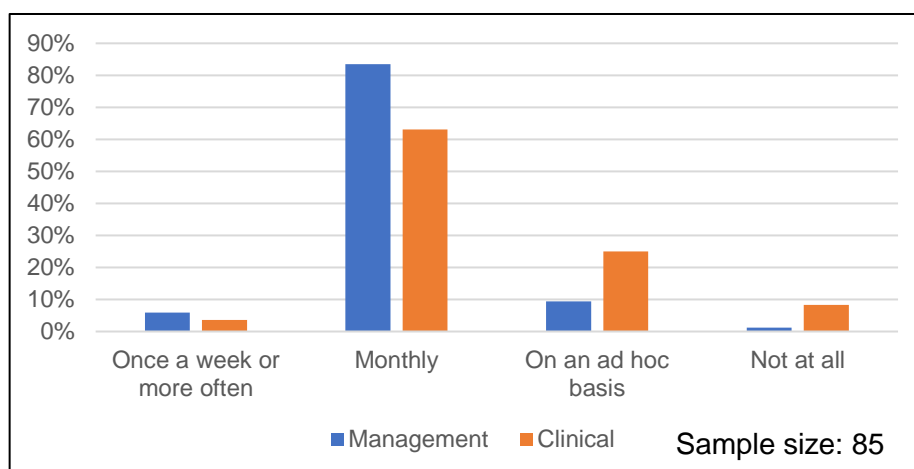
Clinical supervision

Our rapid evidence assessment⁵⁰ highlighted that regular clinical supervision helped alleviate the burden of 'emotional work' on advocates and that it was generally regarded as best practice for advocates to receive regular external clinical supervision in addition to management supervision. One of our advocate respondents highlighted the importance of this support.

There needs to be strong line management and support to frontline responders, especially when they become so used to dealing with this trauma that they may not recognise when they are becoming overloaded with the sadness of what they are dealing with every day. (Advocate respondent)

However, funding for clinical supervision is not included in funding for advocate positions and as Figure 6 demonstrates, there is large variation in advocates receipt of both management and clinical supervision. Whilst 78% (n=71) of our advocate respondents received monthly management supervision, only 58% (n=53) received monthly clinical supervision.

Figure 6. The frequency advocates report receiving management and clinical supervision.



Respondents identified that a standard practice for management and clinical supervision of advocates would be useful as it would provide guidance about the function, frequency, and form of different types of supervision. This more consistent standard of supervision would enhance the support given to advocates, which would improve their emotional wellbeing and in turn, improve the support they can provide to victims.

⁴⁹ Horvath, Rose, Dalton, Massey, Crivatu and Matthews (2021). Independent sexual violence advisers (ISVAs) in England, Wales, and Northern Ireland: a study of impacts, effects, coping mechanisms and effect support systems for people working as ISVAs and ISVA Managers. See: [PDF](#)

⁵⁰ [Victims' Commissioner \(2019\). Victim advocates: A rapid evidence assessment.](#)

Conclusion

There is a lack of clarity about the different advocacy roles and their purpose among statutory agencies. As a result, many respondents were keen for a firmer definition of the role and a greater use of consistency of the terms used to describe these roles. Many respondents felt a nationally recognised body would provide them with greater recognition of their role and allow them to be seen as more professional. They also welcomed a formal provision of training which they perceived would formalise their role further. Some respondents argued that advocates should be represented at local criminal justice partnership boards which would help with their recognition in all areas of the CJS, especially within the court setting. Respondents would welcome formal limits on their caseloads, as recent delays in the court system are impacting the number of cases they are holding, as they are supporting clients for longer. Advocates also called for more formal requirements on clinical supervision as they recognised the harm that they faced themselves when dealing with their clients' vicarious trauma.

8. Key Research Findings

The development and current provision of victim advocacy varies widely across England and Wales.

In general, we found that victim advocacy provision had developed according to need, on both a local and national level. Across the 34 responding PCCs, we found that there was a notably large range of advocacy roles, but the most prominent were IDVAs, IVAs and ISVAs.

The benefits of advocacy to victims are wide ranging, but most notably, they improve victim engagement with the CJS.

The most significant benefit of advocacy to victims is that advocates help to improve victim engagement with the CJS. This finding supports growing evidence that advocacy has a positive effect on victims and helps to ‘hold’ them in the CJS and support them to pursue their cases. It suggests that advocacy support is particularly effective in helping victims achieve a criminal justice outcome, if that is what they choose. Advocate support has a potential role in addressing increasing withdrawal rates for victims of sexual offences and domestic abuse, however, more research is required to explore whether this holds true for other types of victimisation.

In addition to providing practical support in navigating a system that is unfamiliar to them, our research highlighted the emotional support and wraparound care that advocacy provided to victims. This support is invaluable in encouraging them to stay engaged in the system and it also helped to empower victims to recover and move on from their victimisation.

The advocacy funding landscape is complex and competitive and disadvantages smaller organisations.

The funding landscape was complex and inconsistent, with a competitive tendering process often leading to smaller and more specialist organisations being overlooked. Respondents also highlighted issues around short-term funding contracts, suggesting that this affected their ability to retain staff and provide sufficient support to vulnerable victims. Funding for longer contract periods was supported by PCC and advocacy provider respondents. Respondents also suggested that additional funding was also necessary to enable more specialist training and accredited programmes to be provided within role funding.

There are multiple gaps in current advocacy provision resulting in insufficient support for certain victim groups.

Respondents highlighted a number of gaps in current advocacy provision, including advocacy support for lower risk domestic abuse victims, those requiring ‘by and for’ services, those associated with the military forces, those in certain geographical locations and those who do not report the crime.

Our research identified a commissioning bias towards high-risk domestic abuse services which led to gaps in provision for victims assessed as standard and medium risk.

Respondents noted the high rise in rates of domestic homicide and suicide in this lower risk victim group.

Respondents also reported that more specialist provision is required for victims with certain characteristics, those who are often not receiving sufficient support from more widely funded generalist and mainstream organisations. Respondents suggested that funding models should acknowledge additional work, training and skills used in smaller, specialist organisations. Examples cited included speaking multiple languages and supporting victims with complex needs.

Additionally, our research highlighted geographical gaps in service provision across England and Wales, with a thin spread of advocacy provision in certain areas leading to a 'postcode lottery' on who would receive adequate support.

Victims who do not report the crime were also identified as an under-represented group that are still eligible for advocacy services. Respondents from advocacy providers suggested that community outreach may empower victims to make the choice whether to report or not, and to raise awareness, that they could receive advocacy support regardless, which is particularly important for those from some of the most vulnerable victim groups.

Independence, co-location, and multi-agency working bring important benefits for advocacy services and the victims they support but also have limitations and can therefore be difficult to implement successfully.

Respondents suggested that the independence of victim advocates provided opportunities to foster trust with victims, particularly those of a younger age and those that may be more distrustful of the police. Another benefit of independence was being able to hold statutory partners to account, or challenge decisions without fear of reprisal. However, independence worked less well when it lacked clarity and acted as a barrier to communication and receipt of important information. Respondents identified that victims often associated advocacy commissioned through the Police and Crime Commissioner as being affiliated with the police, especially in areas where advocacy services were integrated or 'in-house'. Co-located services were more independent from the statutory sector but their proximity to and co-location with police often had the same result. It is necessary that it is made clear to victims that advocacy support is independent of the police, regardless of whether they are engaged in the CJS.

There is a clear need to improve the standards of, and workforce support for, victim advocates.

Findings from our research with PCCs, providers and advocates identified large caseloads and the elevated levels of stress resulting from these large caseloads. Our findings highlight the need for better caseload management and enhanced provision of external clinical supervision, to provide support for advocates' emotional and physical wellbeing. This is particularly necessary when they are often experiencing vicarious trauma through their work. Our findings also suggest that additional and longer-term funding is needed to ensure that supply can meet demand without requiring advocates to hold unsustainable caseloads. Increased funding and resources would allow a lower caseload, lower advocate burnout, and ensure support for advocates' wellbeing.

Additionally, our research suggests that there is more clarity needed around the role descriptions and terminology used to describe individuals in the advocacy role, as this appeared to differ depending on specialism, area, and organisation. Advocates supported the idea of enhancing their professionalisation and status through a nationally recognised advocacy body which would also allow them to be further embedded in the CJS. Respondents also suggested that greater recognition and communication of the advocacy role in the wider CJS could be achieved through advocacy representation on local criminal justice boards and engagement with court officials, to improve the understanding of their role.

9. Recommendations

Victim advocates perform a highly valued role in supporting vulnerable victims through their criminal justice journey. The evidence we have found shows that victims value this support and are more likely to stay engaged with the criminal justice process through to trial.

It is therefore vital that their important role in the justice system is recognised by all practitioners and agencies, and that they are valued and supported in the work they do. This particularly applies to those who work in services dedicated to supporting victims of minoritised groups.

It is equally important that victims should have equal access to advocacy services, irrespective of where they live.

These recommendations set out to underpin their role in our justice system and seeks to ensure all victims have access to advocacy should they need it, regardless of where they live or their specific needs.

Recognition of and support for advocates

1. The provisions of the Victims and Prisoners Bill include the power to issue statutory guidance on victims' advocates. **We recommend this guidance includes minimum standards for accreditation and training for all advocates named, developed in consultation with specialist providers, including 'by and for' services.**
2. We have found evidence of victim advocates not being recognised in court or by court staff. **We recommend both the Judicial College and HMCTS provide training to the judiciary and court staff on the role of advocates and how they support victims who attend court.**
3. Clinical supervision is vital for advocates supporting vulnerable victims, as it helps combat "burn out" and vicarious trauma. It also helps in the retention of staff. Again, **we recommend the statutory guidance in the Victims and Prisoners Bill promotes good practice in providing external clinical supervision for advocates.**
4. We have found variation in the advocate caseloads and case management. There is also inconsistent practice in respect of the training given to advocates. **We recommend the statutory guidance in the Victims and Prisoners Bill contain explicit direction on commissioner and providers maximum caseloads and caseload management, as well as minimum standards and training.**
5. The delays in cases getting to court are having a significant impact on advocate caseloads, requiring them to hold on to cases for much longer periods of time whilst they wait for their cases to get to trial. **We recommend MoJ undertake a piece of work quantifying the impact of court backlogs on advocate caseloads and the additional resource required to manage the higher caseloads until such point the backlog has been cleared.**

6. Commissioners rarely include professional or clinical supervision for advocates or backroom costs such as administration, hiring and training costs in their funding rounds, leaving services to fund this out of other funding streams. Clinical supervision is vital for advocates who support vulnerable victims as it helps to combat burn out and vicarious trauma. **We recommend government guidance on advocacy, in the provisions of the Victims and Prisoners Bill, highlights the need for sufficient funding to be allocated to meet the costs of appropriate professional supervision and other related backroom costs.**

Victims' hubs and co-location

7. Co-location has benefits but can result in victims support services not being perceived as independent of statutory agencies. This will deter some victims, particularly those who have chosen not to report the crime, from seeking help. **We recommend all PCCs who co-locate services always offer one independently located service centre for this group of victims.**
8. We know the majority of victims of inter-personal crimes do not report to the police and yet some advocacy services are linked to the criminal justice system. **We recommend all PCCs, and other commissioners review access to their services, in conjunction with specialist and 'by and for' services, to identify any obstacles this group of victims might encounter in getting the support they need and are entitled to expect under the Victims Code.**

Funding

9. Providers of victim support services struggle with short term funding rounds, both in retaining staff, but also making strategic decisions about developing their services to meet user need. **We recommend funding rounds should be no less than three years, as set out in the Victims Funding Strategy and that victim services should be funded in a way which is flexible,⁵¹ sustainable, long term and includes provision for inflationary increases.⁵²**
10. Measuring the impact of victims' services is key to providing value for money but can be challenging, especially when the funding is provided by multiple funding streams, each of whom has different reporting requirements. This can place a resource burden on service providers to fulfil. **We recommend that Commissioners of services should work together in consultation with support service providers, using the existing available reporting systems⁵³ to develop reporting metrics. Specifically, the metrics must be realistic and achievable, measure benefit to service users and value for money but not be overly burdensome.**

⁵¹ [Violence Against Women and Girls Commissioning Toolkit \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁵² [Victims Funding Strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁵³ For example, Women's Aid have an On Track case management and outcomes monitoring system. Imkaan have the Synthesis case management and outcomes monitoring system for 'by and for' Black and minoritised women's services.

11. There is no one size fits all solution for victims, and whilst this report focuses on advocacy, much anecdotal evidence and research suggests that victims benefit from a diverse range of services. Whilst advocacy is certainly very important to victims, other services, such as therapeutic services, are also equally valuable. The focus on advocacy in the Victims and Prisoners Bill may inadvertently ‘steer’ commissioners of services to prioritise this type of support in preference to other forms of support, such as therapy. It is important that this risk is clearly mitigated in guidance. **We recommend that the government use the statutory guidance being developed on the duty to collaborate, in The Victims and Prisoners Bill, to direct Commissioners of services to ensure that they commission a range of services.**
12. The Rape Support Fund for sexual violence services, including ISVA and CHISVA services, ends in March 2025. Without continued government commitment to the fund, services will have to end staff contracts this year and some may face an existential crisis. **We recommend the government announces, as soon as possible, its intentions on the continuation of the fund or a sustainable alternative.**

‘By and for’ services and gaps in victim provision

13. Certain victim groups struggle to access the criminal justice system and get support. ‘By and for’ services provide an important lifeline to the communities they serve but in the current funding models can struggle to secure funding. **We recommend funding for specialist ‘by and for’ services be ring fenced so that all victims can receive support in an environment that is comfortable for them and understands their specific needs.**
14. Victims of domestic abuse assessed as low and medium harm are less likely to have access to an IDVA, although they too often must navigate services such as housing, health or the criminal justice system. **We recommend PCC’s and other Commissioners take steps to ensure this cohort are factored into their strategic needs assessment and that there is adequate provision to ensure that they can access advocacy support. The government might facilitate this by including this requirement in the proposed statutory guidance on duty to collaborate.**
15. Victims fleeing abuse and other harms with ‘no recourse to public funds’ are hugely disadvantaged and can struggle to access support and safe housing. **We recommend the government takes steps to address this as a matter of priority.**
16. There is only one service specifically catering for victims of sexual violence, domestic abuse, and stalking, who are military personnel or are being victimised by military personnel. The parliamentary inquiry⁵⁴ into women in the armed forces revealed high levels of victimisation experienced by these victims and the Lyons Review⁵⁵ uncovered the inadequacies of the military in dealing with such instances. Therefore, **we recommend the Ministry of Defence look to provide resources for independent advocacy and support services for this group of victims.**

⁵⁴ [Women in the Armed Forces: From Recruitment to Civilian Life \(parliament.uk\)](https://www.parliament.uk/publications/2020/10/women-in-the-armed-forces-from-recruitment-to-civilian-life/)

⁵⁵ [Service Justice System review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684441/Service-Justice-System-review-2019.pdf)

Annexes

1. Methodology

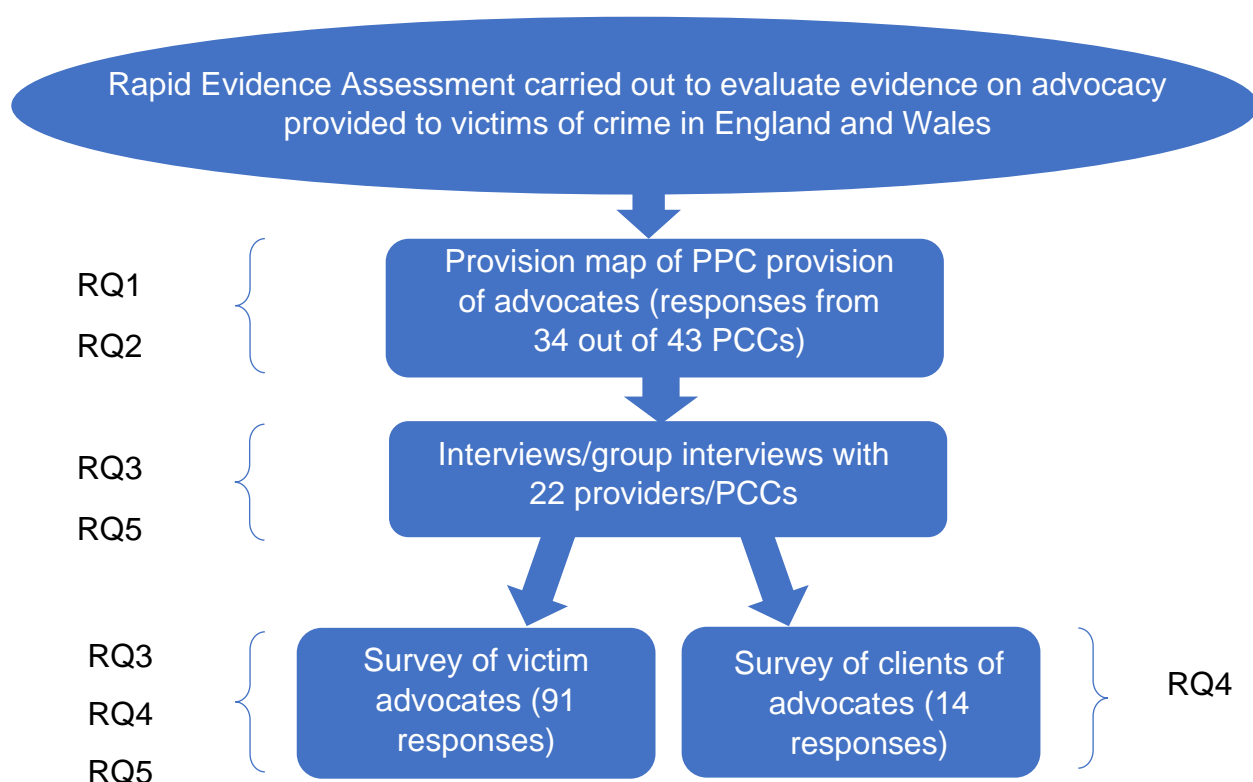
Our research used a mixed methods design (see Figure 7). It reports on data collected between October 2021 and March 2022, including:

- A Rapid Evidence Assessment carried out in 2019.
- A request for information about advocacy provision from PCCs about their current provision of advocacy in terms of needs, assessment, funding, and monitoring.
- Interviews with PCCs and advocacy providers, asking about their current advocacy provision, as well as any gaps in provision they could identify and improvements for standards and support for those in advocate roles.
- A survey of victim advocates, asking about their experiences providing advocacy services, what they felt worked well and less well in service provision.
- A survey of victim clients of advocates, who we asked about their first-hand experiences of receiving advocacy support.

This methodology sought to engage with:

- The main providers and commissioners of advocacy services to understand the current provision landscape.
- Advocates to understand first hand experiences and challenges of providing advocacy to victims of crime in England and Wales.
- Clients of advocates as key stakeholders to ensure the voices and experiences of victims were included in the research.

Figure 7. Diagram illustrating the sequence of methodology and how it addresses the five research questions (RQ) in this report.



Limitations of the research

Our research did not involve all PCCs and providers of advocacy services and therefore we cannot assume the experiences and views included in this report are representative of all PCCs and providers.

Our sample of victim advocates and victims were small and self-selecting and therefore cannot be viewed as representative of all advocates or all victims. While the quotes included in this report are used for illustrative purposes to represent common themes, they do not represent all experiences of advocates and the victims they provide advocacy support for.

Additionally, data provided by PCCs about advocacy provision is representative only of the time in which it was collected. The short-term nature of funding cycles detailed in this report and high turnover of the advocacy role means that data provided today would vary. It is important to note also that all data is self-reported by respondents.

2. Victim Advocacy Roles and Services

There were a range of advocacy roles and services identified during the course of this research. They are listed below for reference.

Adult Sexual Exploitation Support Worker ⁵⁶				
ASB Caseworker				
ASB Case Manager				
ASB Champion Victim Care Advocate				
Business Crime Adviser				
Black and Minoritized Women’s Worker				
Black, Asian and Minority Ethnic Support Worker				
Child Sexual Exploitation Worker				
Children and Young People’s (CYP) Advocate	CYP Caseworkers	CYP Domestic Abuse Support Workers	CYP Victim Care Advocate	CYP Triage Victim Care Advocate
Complex Needs Advocate				
County Lines Caseworkers				
Domestic Abuse Cars Advocates ⁵⁷	Domestic Abuse Caseworker		Domestic Abuse Specialist Adviser	
Domestic Violence Outreach Worker				
Empower Young People Advocate ⁵⁸				
Family Support Workers				
Floating Support Worker				
Fraud Advocate		Fraud Case Manager		
Hate Crime Advocate				
Immediate Response Officer				
Independent Children’s Trafficking Guardians				
IDVA	Children and Young People’s IDVA	Housing First IDVA	Female-only IDVA	Special Domestic Violence Court IDVA
Black & Minoritised Communities IDVA	Children’s IDVA	Refuge-based IDVA	Male IDVA	Courts IDVA
Eastern European IDVA	Youth IDVA	Learning Disabilities IDVA	Mental Health IDVA	Criminal Justice IDVA
Community IDVA	Young Person’s IDVA	High Support Needs IDVA	Military Forces IDVA	Stalking IDVA
Health & Community IDVA	Older Persons IDVA		MARAC IDVA	Response IDVA
Hospital IDVA	LGBT+ IDVA		Multi Agency Safeguarding Hub (MASH) IDVA	
Accident and Emergency IDVA				
Independent Gender Violence Advocate				
Independent Road Victims Advocate				

⁵⁶ Works with victims of exploitation within the sex industry.

⁵⁷ Accompany police officers in vehicles to be present when attending domestic abuse incidents.

⁵⁸ Works with children and young people at risk of sexual violence and/or exploitation

Independent Stalking Advocacy Caseworker		
ISVA Children’s and Young People’s ISVA Young Person’s ISVA Family ISVA ⁵⁹ Student ISVA	Learning Disability ISVA LGBT+ ISVA Sex Worker ISVA Male ISVA Black & minoritised communities ISVA	Prison ISVA Triage ISVA Gang ISVA Exploitation / Trafficking ISVA Health ISVA
IVA Complex Case IVA Hospital IVA		Learning Disabilities IVA Triage IVA
Independent Witness Advocate		
LGBT+ Young People’s Advocate		
Navigator ⁶⁰		
Police Advocate		
Road Victim Care Coordinator	Road Collision Project Caseworker	
Slavery and Trafficking Victim Safeguarding Pathway Coordinator		
Specialist Victim Care Coordinator ⁶¹		
Stalking Advocate Specialist Stalking Advocate ⁶²	Stalking Advocacy Caseworker Stalking Victim Care Advocate ⁶³	
Transgender Advocate		
Triage Advocate	Triage Victim Care Advocate	Triage Workers
Victim Advocate		
Victim and Witness Care Officer	Victim and Witness Care Caseworker	
Victim Care Advocate	Victim Care Caseworker	Victim Care Coordinator
Victim Caseworker		
Victim Focus Officer		
Victim Liaison Officer		
Vulnerable Victim Case Manager		
Whole Systems Approach Caseworker		
Women’s Support Worker		
Young People’s Advocate: Gangs and Sexual Violence		
Young Person’s Diversity and Inclusion Advocate		
Young Person’s Violence Adviser ⁶⁴		

⁵⁹ Works with the parent or guardian of very young sexual assault victims.

⁶⁰ Accredited sexual violence advocates offering triage services but can act up into ISVA roles as required.

⁶¹ Works with migrant victims of exploitation.

⁶² Works with victims of stalking where the perpetrator is a current or former intimate partner.

⁶³ Works with victims of stalking that is not related to domestic abuse.

⁶⁴ Works with young people at risk of experiencing domestic abuse, high risk and aged 13-15, or medium risk and aged 16-19.

