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Recognising the Value and Impact of Victim Advocates in the Violence Against Women Sector

Marian Duggan

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Abstract

Victim advocates in England and Wales provide vital support and information to people affected by crime. Advocates specifically working with victim/survivors of violence against women and girls (VAWG) manage safeguarding, risk reduction, recovery processes, and criminal justice navigation in acute and ongoing situations. An important aspect of VAWG support is the provision of tailored, wraparound care which empowers victim/survivors to rebuild their lives free from abuse, yet this is rarely reflected in advocates' treatment, status, or remuneration. This chapter explores the value and impact of VAWG victim advocates, focusing on the strengths and limitations of being independent of the statutory sector; the need to adequately resource dedicated services for minoritised victims; and the growing concerns around commissioning, funding, and threats to sustainability.

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The conclusion highlights the unique contributions made by VAWG victim advocates while recommending an enhancement to their status and recognition.

Keywords

Victim advocates · VAWG · Recovery · Sustainability · Status

Introduction

Becoming a victim of crime can be an unpleasant and unsettling experience, yet the aftermath can prove as—if not more—debilitating. Most victims of crime are unaware of their rights, options, and the resources available to them as they seek access to justice. Victim advocates constitute a key aspect of recognising, responding to, and reducing the trauma of victimisation, empowering survivors by centring their goals, interests, and rights (Wegrzyn et al., 2023). These specialists support victims by identifying and addressing their needs, while providing assistance and encouragement both immediately following the incident and as part of the victim's ongoing journey to recovery. Advocates can demystify complex criminal justice processes and offer victims stability during what is often a very turbulent and disconcerting time. As such, victim advocates offer continuity, consistency and compassion in an otherwise chaotic criminal justice environment.

However, while many may pursue redress, very few victims of crime will experience the entirety of the criminal justice process to the point of trial and/or prosecution. This is particularly the case for victims of crimes characterised as 'violence against women and girls' (VAWG) in England and Wales. In the year ending March 2024, the Crime Survey of England and Wales estimated there to be 2.3 million domestic violence victims, of which 1.6 million were women (ONS, 2024b). In that same period, the police recorded 851,062 domestic-abuse-related crimes, 51,183 prosecutions, and 38,777 convictions (ONS, 2024a, b). The picture is much bleaker for victims of sexual violence, with 188,893 offences recorded by the police in the year ending March 2024, 67,928 of which were rape (ONS, 2024a). Home Office statistics for this same period indicated that only 2.6% of rape offences resulted in a charge or summons, down from 3.9% the previous year (Home Office, 2024). In adult rape cases, this amounted to 2572 suspects being charged and 1220 convictions (CPS, 2024).

Women and girls are recognised as being disproportionately vulnerable to male violence and exploitation due to social, cultural, and economic factors informing gender inequality and discrimination. A report published by the National Police Chief's Council described VAWG as a 'national threat' in recognition of the fact that, on average, one woman is killed by a man every three days while VAWG crimes account for 20% of all police recorded crime annually (National Police Chiefs' Council, 2024). The ramifications are much wider reaching, with domestic abuse alone estimated to cost society £66 billion annually (Oliver et al., 2019). Yet, funding for the women and girls sector accounts for just 1.8% of the £4.1 billion in grants

awarded to charities nationally (Damm et al., 2023). It is against this backdrop that the chapter explores the value and impact of specialist VAWG victim advocates in England and Wales. This review is presented in three sections: exploring victim advocacy in the VAWG context, navigation of the criminal justice system, and threats to funding, commissioning and sustainability.

The first section begins with the establishment and growth of victim services in the 1970s, particularly Victim Support, Women's Aid and Rape Crisis. The latter two, which constitute specialist VAWG charities, evidenced a need for services which foregrounded 'social justice, anti-oppression, and feminist values, often with a particular focus on intersectionality' (Branco et al., 2020, p.8). This is followed by a nuanced exploration of two key VAWG advocacy roles in England and Wales, Independent Domestic Violence Advisers (IDVAs) and Independent Sexual Violence Advisers (ISVAs), before outlining the importance of tailoring these roles to cater for victims from minoritised backgrounds via specialist by-and-for services.

The second section illustrates some of the complexities facing IDVAs and ISVAs navigating the criminal justice system. While they are independent of the statutory sector, partnership working with relevant representatives is necessary to ensure a holistic approach to responding to victim/survivors and their safeguarding needs. Tensions have been noted depending on whether they are viewed as advocates or advisers, with both terms often used interchangeably. Indeed, recent statutory guidelines for IDVAs and ISVAs use the term adviser despite advocate more accurately describing their role in multi-agency contexts. Similarly, evident divisions in terminology are reminiscent of differing approaches. While the criminal justice system pragmatically uses the term *victim* to differentiate from *offender*, advocates adopt a trauma-informed, person-centred practice therefore use the term *survivor* or *victim/survivor* to better represent the active, agentic journey a person is on towards recovery.

The final section addresses the impact of piecemeal, short-term funding on the status and sustainability of VAWG specialists. Ongoing government pledges to increase the number of IDVAs and ISVAs are routinely undermined by the precarious nature of short commissioning cycles and low levels of financial remuneration for specialists. While these funding constraints can have significant impacts on the ability to provide necessary support to victim/survivors, they also impact on the wellbeing of specialists themselves, many of whom are already at risk of elevated levels of stress due to the nature of their role. The section closes with an overview of recent efforts to enhance the professionalised status of advocates through statutory measures in lieu of increased or sustained funding. Finally, the chapter concludes by highlighting the value and impact of strengthening, diversifying and expanding VAWG advocacy in response to ever-increasing levels of victimisation and ever-shrinking access to criminal justice reparations.

Victim Advocacy in the VAWG Context

In England and Wales, victims have no legal rights or representation comparable to defendants and were traditionally rendered the forgotten or overlooked party in criminal justice processes (Duggan & Heap, 2014). As such, the modern victims' movement grew out of voluntary work undertaken by a group of criminal justice professionals in the 1970s who recognised that victims of crime were not being served by the statutory sector (Rock, 2023). The organisation Victim Support was created to provide information and assistance to victims of crime. It began on a regional basis, but by the mid-1980s had expanded nationally thanks to a dedicated CEO securing Home Office funding and automatic police referrals to the service (Rock, 2023). As the first, and largest, national victim-focused organisation, Victim Support remains a key feature in generalist victim advocacy in England and Wales.

Similar grassroots approaches were evident in more specialist initiatives tackling VAWG. The very first British women's shelter, Chiswick Family Rescue, was founded in 1971 by Erin Pizzey (Pizzey, 1974). While Pizzey did not consider herself or her actions to be feminist, many others who followed suit in setting up refuges did adhere to a feminist outlook (Porter, 2025;Nichols, 2013). National attention towards domestic abuse and the need for support was aided by the establishment of the Women's Aid Federation of England (WAFE) in 1974. Characterised as a feminist organisation from the outset, WAFE is now a leading domestic abuse organisation in England and Wales with hundreds of affiliate members. Likewise, several independent rape crisis centres also began to emerge on a regional basis in the 1970s in a manner which illustrated the grassroots efforts being taken to improve the response to victims of sexual assault where no co-ordinated approach was available (Rock, 2023). A central body, Rape Crisis England and Wales, was founded in 1996 and is similarly comprised of member organisations offering support and advice to victims of sexual assault and rape. Comparatively smaller and more recent than WAFE, Rape Crisis nonetheless commands significant public and political attention in its advocacy for victims in England and Wales.

The rise of second-wave feminism brought a wealth of insight and research highlighting the insensitive treatment faced by many women victims of sexual and domestic violence when disclosing to legal professionals (Smart & Smart, 1978). Disbelief and denial of women's testimonies informed routine victim-blaming stemming from the minimisation of intimate partner violence as mere 'domestic quarrels', and the characterisation of women rape complainants as partially culpable or complicit. Roger Graef's 1982 documentary *A Complaint of Rape* garnered 12 million views, sparked large protests from women about the police's conduct, and led to the matter being raised in parliament by the then-Prime Minister, Margaret Thatcher (Rock, 2023). Several of the accusations levied at the complainant in the documentary were reminiscent of early police rape data studies which implied that women could not be trusted to tell the truth. The historical issues characterising negative police responses to sexual and domestic violence victims have been instrumental in VAWG advocates becoming so prominent in shaping criminal justice processes and

policy-making discussions. One key policy development in this area has been the establishment of specially trained domestic and sexual violence advocates.

The Evolution of IDVAs and ISVAs

The Domestic Violence, Crime and Victims Act 2004 instigated several pivotal initiatives for tackling VAWG. These included the establishment of Specialist Domestic Violence Courts, multi-agency risk assessment conferences (MARACs), establishing a Victims Commissioner role, and the creation of Independent Domestic Violence Advisers (IDVA). Since 2006, thousands of specialists have completed enhanced training to support high-risk victims of domestic abuse. A similar approach was adopted for the creation of the Independent Sexual Violence Adviser (ISVA). Subsequent variations focus on supporting children and young people (CHIDVA; CHISVA) or providing support in health-related settings (HIDVA) or courts (Court IDVA) or for victims with high support / complex needs (HSN IDVA).

IDVAs and ISVAs undertake comprehensive needs and risk assessments to outline the range of justice measures available to victims. Accordingly, the different levels of training available reflect the nature of support provided. Workers in domestic abuse outreach and support roles undertake foundational-level safeguarding, risk assessment, and victim awareness training. IDVAs must undertake additional diploma-level training addressing risk assessment, safeguarding, negotiation skills, statutory awareness, trauma-informed care, advocacy skills, legal awareness, ethical practice, and multi-agency working. IDVAs are ordinarily assigned to victims assessed as being at a high risk of harm, with standard- and medium-risk victims often being allocated a domestic abuse outreach or support worker. However, the dynamic nature of risk means that over time, domestic abuse victims may naturally transition from IDVAs to outreach support as their risk level decreases.

ISVAs complete additional specialist training in addition to their IDVA qualification to provide crisis support to victims of sexual violence. While alike in status, an ISVA will often be assigned to victims for much longer compared to an IDVA, due to the length of time sexual violence cases take to reach court (currently up to two years) and the additional support required at that point. In their review of ISVAs across England, Wales and Northern Ireland, Horvath et al. (2021) highlighted the greater importance placed upon ISVAs due to the record low rates of conviction for sexual assault. ISVAs may also be more involved with medical representatives than IDVAs, particularly if the sexual violence experienced by the survivor requires immediate and/or ongoing medical attention.

Due to the advanced nature of the role, IDVA and ISVA training usually results in accreditation. The cost for accredited IDVA and ISVA training can be several thousand pounds and is not covered by funding, which may constitute a barrier for smaller organisations with limited budgets. Financial barriers may mean some victim advocates undertaking responsibilities ordinarily assigned to an IDVA or ISVA without having completed the necessary training (Welland et al., 2024). Similarly, IDVA/ISVA training providers are often charities themselves who have their own

costs to cover so are limited in the subsidies they can offer. During periods of high volume of demand, the pressure on IDVAs and ISVAs may necessitate greater involvement from undertrained advocates. For example, during the height of the COVID-19 pandemic, there were only 66% of the required number of full-time employed IDVAs in England and Wales available to meet the needs of victims at the highest risk of serious harm or murder (SafeLives, 2021). This equated to approximately 800 IDVAs, 420 fewer than the minimum number required (estimated to be at least 1220) (SafeLives, 2021). The reduction in available IDVAs also impacted on police forces, with only three forces having the minimum required number of IDVAs available and fourteen forces working with fewer than 50% of the recommended IDVA coverage (SafeLives, 2021).

This is important as IDVAs play a vital safeguarding role during MARAC meetings. These meetings are designed to offer efficient and effective ways of partnership working to share information and better safeguard victims at high risk of harm. They are attended (as required) by representatives from the police, probation, health, child protection, housing, IDVAs, and other specialists from the statutory and voluntary sectors. As designated representatives, IDVAs keep the victim's perspective and safety front and centre in multi-agency proceedings, thus enhancing their safety and reducing the likelihood of repeat or escalated victimisation (Coy & Kelly, 2011). Beforehand, it was not uncommon for housing or welfare representatives to misunderstand the nature and impact of domestic abuse and fail to see a victim/survivor's need for alternative accommodation, leading to decisions which could elevate their risk level.

Recent changes to the MARAC process include changing the name to 'multi agency risk assessment co-ordination' and replacing meetings with more integrated, online information-sharing opportunities. This includes a four-step approach: gathering and assessing information, analysing risks and needs, identifying solutions, and finally completing the case (Davies et al., 2023, p. 151). This shift also indicates a move towards being outcome focussed through the promotion of co-locating key agencies to improve the efficacy of information-sharing processes with a single case coordinator. Such changes to embed domestic abuse specialists early in the process may be predicated on previous research indicating that early IDVA intervention reduced the necessity for a MARAC meeting, particularly where the IDVA had already coordinated and implemented the necessary safeguarding measures to manage the victim/survivor's risk level directly (Coy & Kelly, 2011).

The Value of Specialist 'By-and-For' Services

For a long time, domestic and sexual violence victimisation and advocacy was dominated by, and therefore representative of, white, middle-class, heterosexual women's experiences. Minoritised victims and advocates have often been relegated to the sidelines or their needs overlooked altogether (Nichols, 2013). Drawing from a range of studies, Branco et al. (2020, p.12) note that '[s]urvivors of color, survivors who are immigrants or who have disabilities, and LGBTQ survivors report gender

and racial bias and discrimination, structural barriers to help-seeking (including physical and language access issues), gaps in services, and their lack of cultural relevance, which compound the harm'. Intersectional factors, such as immigration status and language barriers, can complicate victims' access to services (De La Rue et al., 2023). Access to translation facilities can be costly, time-consuming, and potentially breach confidentiality; therefore, having multilingual staff on hand may be a necessary step in securing support for minoritised victims.

IDVAs and ISVAs who work specifically with victims from Black, Asian and minority ethnic (B.A.M.E) communities and/or from lesbian, gay, bisexual, transgender, queer (LGBTQ+) communities may be affiliated to recognised 'by-and-for' services. These are charities which cater to, and are often staffed by, people with shared minoritised identities (i.e. LGBTQ+, B.A.M.E) or life experiences that match their service user population. The Domestic Abuse Commissioner's report (Domestic Abuse Commissioner, 2022) evidenced that minoritised victim/survivors in England and Wales would prefer to access these by-and-for services, particularly in terms of refuge support, but many were impeded from doing so due to an absence of provision in their area. The report outlined that 67% of Black and minoritised victims would prefer to be supported by a specialist organisation but only 51% managed to engage with one (2022, p.41). This is important as among the Black and minoritised victim/survivors who secured access, '78% felt safer and 76% felt more in control of their lives compared to 48% and 55% respectively of those who had accessed another kind of service' (2022, p.12).

As by-and-for services are limited, many mainstream sexual and domestic abuse services have begun facilitating cultural awareness and competency training and employing specific advocates who share backgrounds with minoritised victims/survivors to reflect broader cultural values or identities (Welland et al., 2024). This is an important step as generalised IDVA , and ISVA training does not always cover culturally specific issues relating to minoritised communities; therefore, some charities offer specialist, accredited B.A.M.E training for advocates based at mainstream organisations. However, minoritised advocates in a study by Houston-Kolnik et al. (2017) described challenges around connecting with colleagues in such mainstream environments due to identity barriers; therefore, additional safeguarding measures may be necessary to offset isolation or overwork among minoritised advocates.

Navigating the Criminal Justice System

VAWG advocates play an important role in outlining a victim's options, particularly in relation to criminal justice processes. This may include applying to the Criminal Injuries Compensation Authority, compiling a Victim Personal Statement, accessing various protection or prevention orders or seeking a Victims Right to Review, all of which are protected under the Victims' Charter and the Victims Code of Practice. The provision of practical assistance is a key feature as, in general, people have little knowledge or understanding about how the criminal justice system operates until it becomes relevant to them. Advocates play an important role in demystifying

criminal justice processes by explaining the various steps involved and assisting victims to make their own decisions about how to proceed. Victims who had previously been hesitant or unsure about reporting incidents have been shown to feel more reassured about their decision to do so because of engaging with specialist support services (Welland et al., 2024).

However, a victim's engagement with the criminal justice system may lead to secondary victimisation due to its process-oriented, rather than victim-oriented, nature (Duggan & Heap, 2014). Some victims may also have to interact with several different agencies (i.e. the police, housing services, medical services, welfare services), sometimes simultaneously, often resulting in frustration with the slow progress of cases, or disappointing outcomes from prosecution decisions or criminal trials. Therefore, the IDVA or ISVA may be required to deal with the emotional and practical fall-out from a victim/survivor's negative statutory experience while continuing to demonstrate sustained levels of compassion, empathy and patience.

In addition to any criminal justice processes that are ongoing, victim/survivors' recovery journeys can take months or years, with retraumatising events such as parole hearings or prisoner release often necessitating engagement with professionals for further support at later stages. As such, victim advocates offer a level of wraparound care that offender-focused statutory agents may struggle to provide. This is particularly evident in cases of domestic and sexual violence, where IDVAs and ISVAs will be available to victim/survivors before, during and after any police or court process. In other cases, victims still involved with perpetrators (i.e. if they share children) may need additional ongoing support.

Advocates also constitute important facilitators of ongoing education about victims and victimisation through community-based education and training for statutory and non-statutory partners. This raises awareness about the resources available for victims to access and facilitates referrals into specialist services while providing vital education on common reactions to trauma and assisting victims in developing resilience. Nonetheless, victim advocates can still face significant barriers including community distrust, bureaucratic challenges, and resource limitations when supporting victim/survivors (De La Rue et al., 2023).

Statutory and Non-statutory Partnership Working

An important part of victim advocacy is independence from the police and wider statutory sector. IDVAs and ISVAs will often work closely with the police, legal professionals, healthcare providers, social/welfare/children's services, and other community partners to safeguard victim/survivors, but their independent status is vital to build confidence, trust, and rapport with people who may be wary of criminal justice representatives. Independence from statutory services can also lead to a greater level of disclosure from victim/survivors, which allows services to ensure any safeguarding issues are addressed in a holistic and trauma-informed way. Robinson (2009) indicated that an IDVA's independence (particularly from the police and local government) was a defining characteristic which elicited greater

trust from victims, built rapport, and encouraged victims to provide a more comprehensive account of the abuse to IDVAs than to any other professionals.

Despite being voluntary sector affiliated—for example, operating from charities rather than criminal justice agencies—some advocates are indirectly tied to the government through complex funding streams (detailed later in the chapter). Some IDVAs and ISVAs are employed by independent charities but are situated within statutory environments such as police stations, hubs, or vehicles to work alongside the police. Advocacy support in these contexts may blur the boundaries around what counts as independence among procured services (Welland et al., 2024). For this reason, advocates are often categorised as system-based (working within judicial agencies) or community-based (from independent organisations) (Brooks & Burman, 2017; De La Rue et al., 2023).

In 2025, the Labour government sought to improve police responses to domestic abuse by embedding IDVAs in 999 control rooms to assess victim risk in a more timely and accurate manner. The initiative is known as 'Raneem's law' in memory of Raneem Oudeh whose abusive ex-partner murdered her and her mother, Khola Saleem, in 2018. Raneem had contacted the police multiple times to report domestic abuse in the months leading up to her death, yet failed to receive adequate protection. This early responsive initiative forms part of a wider preventative approach ensuring victim advocates are strategically co-located in settings with the aim of improving their access to victims or services. This has included having IDVAs deployed in hospitals, or domestic abuse outreach services in GP practices and sexual health clinics.

While co-located working arrangements offer benefits such as greater access to agencies and more effective partnership working practices, this needs to be balanced alongside the necessary independence of IDVAs and ISVAs more generally (Robinson, 2009). Any perceived affiliation or association with the police may have negative implications for victims who are unable to differentiate and become reluctant to engage. Nevertheless, locating advocates in police stations has been shown to improve their access to police information systems and databases and enhance the response offered to victims of domestic abuse (Coy & Kelly, 2011). In their review of IDVA services, Coy and Kelly (2011) noted that having such close—sometimes daily—contact with police officers allowed IDVAs to develop strong relationships with statutory colleagues. Furthermore, many IDVAs took this opportunity to positively influence and impact police responses to domestic abuse, challenging negative statutory preconceptions about victim/survivors or abusive situations where the opportunities arose. Similarly, Wilkinson and Davidson (2008) found that IDVAs who had previously worked in the statutory sector also had a greater positive impact on how the police responded to domestic abuse, likely through sharing a working understanding of statutory practice and protocol.

However, Globokar et al. (2019) acknowledge the presence of tensions and clashes between victim advocates and traditional justice workers, especially when encountering victim-blaming cultures or insensitivity, or when justice workers think advocates are overstepping professional boundaries. They illustrated that relationships between advocates and statutory workers may start to breakdown due to

misunderstandings from legal representatives who infer that advocates are giving what seems like legal advice to victims, although this is not within their remit (Globokar et al., 2019). Similarly, Gaines and Wells (2017) found that while police officers overall tend to hold positive views of victim advocates, some investigators have expressed concerns about the potential for specialists to overstep boundaries if they become very involved in a victim's legal proceedings.

Advocating for Trauma-Informed, Victim/Survivor-Centred Practices

Adopting a victim/survivor-led and trauma-informed position means recognising the potential impacts of historical trauma on help-seeking behaviours and the struggles people may have when seeking support (Sullivan & Goodman, 2019). Helping victim/survivors to cope with the incident and its aftermath involves listening empathetically and without judgement, offering comfort and reassurance, and allowing them to share their experiences and express their feelings. While this emotional support is not akin to counselling or therapy, it may be the only option available to the victim due to long waiting lists for professional help. Furthermore, Sullivan and Goodman (2019, p. 2012) indicate how some advocates may have to bear witness to victim/survivors making what appear to be 'deeply problematic' decisions that may have negative consequences; however, being victim/survivor-led means that an advocate 'needs to work hard to stay nonjudgemental and supportive' while staying focused on managing the victim/survivor's risk.

IDVAs and ISVAs play a significant role in mitigating the additional trauma many victim/survivors experience when navigating complex and intimidating medical and legal processes (Campbell, 2006). This is particularly important in the case of serious sexual violence, which may involve acute injury and necessitate rapid interventions. Police investigations often require that forensic medical evidence is collected from the victim/survivor within a set timeframe of the sexual assault, meaning that victim/survivors are engaging with healthcare professionals at a difficult time. Maier's (2008) research with sexual violence advocates indicated how police and medical professionals can revictimise victim/survivors through responses which impart blame and stigma, exacerbating their trauma. Advocates recalled how reliance on stereotypes around 'real' rape victims often leads to officers refusing to take reports seriously or asking invasive and insensitive questions that allude to the victim's presumed culpability (Maier, 2008, p. 793). Similar examples were given where medical professionals failed to provide adequate care or information regarding health concerns post-assault (Maier, 2008, p. 795). If such behaviours and attitudes were evident to the advocates in such situations, they were likely also noticed by the victim/survivors on the receiving end of them.

On the other hand, Campbell (2006) has illustrated the positive impacts ISVAs have on the reduction of secondary victimisation in legal and medical systems but also on service delivery. Victim/survivors who were assigned to advocates experienced less secondary victimisation and reported lower levels of psychological distress overall (Campbell, 2006). However, considerable differences were noted

in the nature of services received by victim/survivors with advocacy representation compared to those without. Victim/survivors assigned to advocates had police reports taken 59% of the time, compared to 41% for those without advocate support (2006, p. 36), while approximately 70% of victim/survivors with advocates received comprehensive medical care, including exams and information on STDs and pregnancy (2006, p. 37). Nearly two decades later, Wegrzyn et al. (2023) found that advocates continue to improve victim/survivors' help-seeking experiences while limiting the traumatising elements of engaging with medical and legal processes. Drawing directly from Campbell's (2006) findings, they indicate that sexual assault victim/survivors 'who are accompanied by advocates in the hospital reported less negative treatment by police officers and medical personnel, and less overall distress following contact with the CJ and medical systems' (Wegrzyn et al., 2023, p. 1974).

In the UK, Brooks and Burman (2017) have illustrated how sexual violence victims with advocacy support initiated and continued their engagement in criminal justice processes, with many feeling that this had been psychologically positive, even with conventionally 'unsuccessful' outcomes (i.e. a conviction not being secured). Like many victim/survivors of sexual violence, those affected by domestic abuse will likely not see their perpetrator prosecuted but may be required to have an ongoing relationship with them (i.e. if children are involved). The risk of harm may also be to the victim's children and family members, necessitating police involvement. Brooks and Burman (2017) demonstrate how IDVAs assist victim/survivors by explaining police queries and processes in a way that makes these more understandable, alongside providing consistency in comparison to the various statutory representatives that may be involved in a single case. In this sense, advocates provide a counterbalance to the 'formal, sometimes intimidating, role of criminal justice agencies' (Brooks & Burman, 2017, p. 219). This, they argue, may be linked to advocacy support being focused on the process of recovery, not just the outcome.

Domestic abuse victim/survivors assigned to IDVAs also tend to indicate more productive outcomes and higher satisfaction rates with the overall process (Robinson, 2009). Similarly, Howarth et al. (2009) demonstrated the positive impact of IDVA engagement on lessening or reducing victims' experiences of domestic abuse, increasing victim/survivors' feelings of safety, and matching victims' multiple needs to available services. Related research has also indicated strong satisfaction rates among high-risk domestic abuse victims assigned to IDVAs (Wilkinson & Davidson, 2008; Madoc-Jones & Roscoe, 2011). Importantly, these outcomes were not linked to prosecutorial decisions around perpetrators, indicating that victim/survivors often measure their satisfaction with criminal justice processes based on how they are treated during it rather than what the eventual outcome is at the end of it.

Threats to Funding, Commissioning, and Sustainability

Charitable organisations are vital to addressing VAWG and its impact, yet many are 'highly dependent on volunteers and very low paid employees . . . undertaking work that is underpaid, unpaid, and undervalued' (Damm et al., 2023, p.2). The charities

to which many IDVAs and ISVAs are affiliated largely derive their income from grants, contracts and donations, although this is rarely enough to fully meet the growing demand placed on organisations (Domestic Abuse Commissioner, 2022).

Commissioning processes were fundamentally altered by the Police Reform and Social Responsibility Act 2011 which replaced Police Authorities in England and Wales with 43 locally elected Police and Crime Commissioners (PCCs) (Newburn, 2012). The Ministry of Justice devolved the commissioning of victims' services to PCCs under plans to personalise and localise funding decisions. The Victims' Services Commissioning Framework outlined the principles of good commissioning as understanding user needs and seeking user feedback; active engagement with third sector organisations to avail of their specialist knowledge; consulting local experts; being outcome-driven; striving for transparent, fair (and where possible long term) contracting processes; and, interestingly, sharing risk (Ministry of Justice, 2013, p. 13). While 'successful' commissioning is based upon user satisfaction, an equally strong focus is placed on 'securing value for money' (Ministry of Justice, 2013, p. 5).

As indicated, victim services traditionally sit apart from the public and private sectors in what is often referred to as the 'third', 'community', or 'voluntary' sector. While this sector is usually subject to lesser political and legal scrutiny, it is also less financially well-equipped to tender for the increasingly competitive contracts and commissions upon which it relies for sustainability. Furthermore, the infiltration of neoliberalism in England and Wales impacted significantly on organisations addressing VAWG. Drawing heavily from ideologies rooted in economic justifications to determine political decision-making, neoliberalism places considerable emphasis on the effective management of public resources within a framework of competitive markets, reducing the level of direct state intervention by promoting autonomy, either through self-regulatory processes or outright deregulation. Accordingly, increasing importance has been placed on reports, metrics and service evaluations which measure the degree to which victims are able to 'cope and recover', in line with the objectives set out by the Ministry of Justice. This need for enhanced data recording has been critiqued on the basis that it negatively impacts on the time advocates can spend directly with victim/survivors (Globokar et al., 2019). It is also not cognisant of the complex nature of trauma recovery which rarely follows a linear trajectory (Welland et al., 2024).

The Current Funding Landscape

VAWG victim services are commissioned by and/or awarded grant funding from a range of organisations including PCCs, Local Authorities; Clinical Commissioning Groups; NHS; National Lottery; local and national charities; banks; trusts; and the Army (Welland et al., 2024, p.23). While the Ministry of Justice directly funds Rape Crisis, a large portion of its Victims' Grant is also allocated to services supporting high-risk victims of sexual and domestic violence.

To determine the types of services required within the local area, PCCs conduct needs assessment reviews which explore crime types, trends, and victim impacts to provide the evidence base upon which to determine their commissioning plans. Sometimes, however, needs cannot be adequately forecast. The COVID-19 pandemic, for example, facilitated a considerable spike in both intimate partner violence and victims seeking help in unprecedentedly difficult circumstances. In response, some weeks later the Government provided an emergency package of support through Uplift Funding worth £76 m for victims of domestic abuse and sexual violence. Of that, £20 m was provided to PCCs to directly allocate at a local level to both commissioned and non-commissioned service providers.

In 2020–21, the Ministry of Justice had allocated £69.1 m towards the provision of services for victims, channelling this through local PCCs. In 2022, the Ministry of Justice announced an increase of funding for victims to £185 million, £34 million of which was ringfenced for IDVA and ISVA training to increase the number of posts to over 1000 by 2024–25 (Ministry of Justice, 2022). This commitment to IDVA and ISVA funding is an important start, but estimates by SafeLives suggest that £56 m needs to be *annually* ring-fenced for IDVA provision for high-risk victims alone, with a further £350 m for specialist domestic abuse workers to support victims classified as standard and medium risk to prevent their elevation in risk level (SafeLives, 2021). Furthermore, it is important to note that while the number of IDVAs required to support victims at the highest risk of serious harm evidently needs to increase to meet demand, many newly qualified IDVAs recruited under the recent funding boost will be coming in at a time when more cases are being referred to MARAC and victims' needs are becoming increasingly complex and multiplied.

A key limitation of the commissioning model is the short-term nature of contracts. A survey by the Domestic Abuse Commissioner (2022, p.14) demonstrated that 42% of services were funded for between 1 and 3 years, with a quarter of organisations relying on funding for up to one year. The Victims Strategy, initiated under the Conservative government and progressed by Labour as part of their VAWG reduction strategy, aims to address this through multi-year funding mechanisms. However, while the Ministry of Justice has guaranteed funding for VAWG services until 2026–27, organisations such as Victim Support and Women's Aid have raised concerns about the 4.2% reduction to the total sum, and the amalgamation of previously ringfenced allocations potentially affecting the provision of domestic and sexual violence services (Lawrie, 2024).

As part of recent funding changes, the Victims and Prisoners Act 2024 placed a duty on PCCs, Local Authorities, and Integrated Care Boards in England to collaborate on the commissioning of services for victims of domestic abuse, sexual abuse, and serious violence. This includes a requirement to develop a joint needs assessment and local strategy which demonstrates how they will collaborate to deliver and improve relevant victim support services. It is important that minoritised support services are not lost or overlooked in these developments as, while funding constraints are a source of concern for charities generally, this is an especially pressing issue for by-and-for minoritised services (Domestic Abuse Commissioner, 2022; Welland et al., 2024). Specialist by-and-for domestic abuse services are 6 times more

likely to receive no statutory funding than mainstream domestic abuse or VAWG organisations, with those in receipt often being awarded very small amounts in comparison (Domestic Abuse Commissioner, 2022, p. 43). Victims with no recourse to public funds (NRPF) are also more likely to present at these services, placing additional burdens on their resources if the charity has to finance the support offered (Welland et al., 2024).

Valuing Advocate Wellbeing and Continuity

Ensuring IDVA and ISVA wellbeing and sustainability is also important, especially for smaller organisations with limited resources to spend on specialist training. A key preventative aspect of ensuring advocate wellbeing is managing caseloads. SafeLives recommend a caseload of around 25 clients for IDVAs and ISVAs, yet a report by the Victims Commissioner indicated that a significant number of advocates were far exceeding this due to increased demand and delays with criminal justice processes (Welland et al., 2024).

VAWG advocacy work can be highly emotive, making it difficult to separate personal and professional investment in a person or their situation. The high levels of compassion, empathy, and patience necessary to undertake IDVA and ISVA roles means some level of emotional investment may be unavoidable (Duggan, 2020). Working in proximity with people continually at a high risk of harm can simultaneously render advocates vulnerable to feelings of elevated empathy alongside vicarious traumatisation (Logan & Walker, 2018). In a study on the prevalence and risk factors of Secondary Traumatic Stress (STS) among victim advocates, Benuto et al. (2018) found that STS affected approximately 50% of their sample of 135 self-selecting victim advocates. Key risk factors included the number of hours worked and the nature of the victims served; working with adult survivors of sexual abuse was a significant predictor of STS. Their findings indicated that victim advocates have comparably higher STS rates than other professions, with nurses demonstrating rates of between 20% and 38% (Benuto et al., 2018, p. 502).

Singer et al. (2020) demonstrated that victim advocates are at higher risk for burnout and compassion fatigue when stressors are compounded by advocates' own lived experiences; advocates with histories of trauma reported to higher compassion fatigue scores. Relatedly, Houston-Kolnik et al. (2017) suggest that some victim advocate survivors of sexual and/or domestic violence use these experiences as a catalyst for their professional vocation, even returning to work in the organisation from which they sought help and support while in crisis.

Some IDVAs and ISVAs have also reported having upsetting dreams due to the detailed level of distressing information they have to work with on a regular basis (Globokar et al., 2019). Evidently, enacting psychological boundaries may only be effective when conscious, with the long-reaching subconscious impacts of crisis working proving hard to ameliorate through 'self-care' activities. Overall, less is known about how advocates manage the stressful nature of the job. Houston-Kolnik et al. (2017) outline that limited research exists on advocates' use of social support

networks, or the strengths and limitations of such approaches. However, Globokar et al. (2019) acknowledge the importance of compassion satisfaction and witnessing victims' emotional healing. This can be important in offsetting some of the more difficult aspects of such work. Yet beyond organisational surveys or evaluations, many VAWG victim advocates do not receive formal feedback from survivors about the efficacy of their safeguarding assistance (Logan & Walker, 2018). This type of input can be vital for ensuring that communication is working well and that victim/survivors feel included in safeguarding approaches and decisions.

Formal Recognition and Professionalisation

Given their strong feminist roots, VAWG victim advocacy organisations have historically resisted a move towards professionalisation and oppressive hierarchical systems (Rodriguez, 1988, cited in Brubaker & Keegan, 2018, p. 1128). Nonetheless, a 'professionalisation creep' of VAWG victim advocacy has slowly increased over the years, fuelled by the expansion of accredited training, enhanced requirements from funders and increases in statutory elements underpinning advocacy. For example, advocates are required to comply with the relevant standards and guidelines outlined in the Victims Code of Practice (VCOP), alongside those set forth by any relevant professional bodies (i.e. counselling services). The recent Victims and Prisoners Act 2024 placed the overarching principles of the VCOP into primary legislation, sending a clear signal about what victims of crime can and should expect from different facets of their engagement with the criminal justice system. Yet an advocate's power to affect these rights (i.e. being kept informed of the progress of their case) may be beyond their control.

Section 16 of the Victims and Prisoners Act 2024 also mandated the production of statutory guidance for IDVA and ISVA roles. This guidance, which was issued in May 2025 (Ministry of Justice, 2025a, 2025b), seeks to improve the consistency of support delivered to victims and to strengthen multi-agency working by raising awareness of the IDVA and ISVA roles among wider agencies. Professionalisation through training and licensing or certification can bring certain benefits, such as assisting with peer networking, information sharing, and capacity building. Advocate respondents in Brubaker and Keegan's (2018) study believed that professionalisation may be beneficial as having an enhanced role and status would result in being given greater credibility by other providers. This may be necessary as SafeLives (2021) have noted how officials routinely prevent IDVAs and ISVAs from accompanying victims in court settings due to misunderstandings about their role and purpose. Additional challenges of working alongside statutory services include restrictive information-sharing protocols and evident power imbalances; therefore, enhancing their status may offset such problems. However, caution is advised against imposing changes which may lead to victim/survivors struggling to differentiate independent advocates from statutory representatives (Brubaker & Keegan, 2018).

With plans underway to resource more VAWG specialists, it is important to consider the environments in which they will be working. The growth in community-based models which facilitate the placement of specialists on location (i.e. IDVAs in police stations) may prove isolating or additionally challenging due to opposing views on issues relating to VAWG. This was highlighted by Nichols (2013), who drew from a range of studies to demonstrate how advocates' engagement with statutory services resulted in some victims' organisations seeing a decline in the 'feminist meanings and related social change agendas and survivor-defined practices' underpinning them (2013, pp. 182–3). Examples of these included advocates shifting their perspectives on domestic abuse from being a societal and power-related issue to one of problematic individuals, with some demonstrating victim-blaming attitudes similar to their statutory sector colleagues. VAWG advocacy organisations therefore need to balance their survivor-centred approach rooted in feminist influences with the bureaucratic environments they increasingly operate within. Linked to this, a hierarchy of power and status is evident in the masculinised statutory sector compared to the feminised voluntary sector; therefore, criminal justice devaluations of advocacy work may be rooted in gender bias (Kolb, 2012). Problematic dichotomies between perceived 'soft' versus 'hard' skills mean less recognition and value may be attributed to the work done by advocates, which ensures that justice processes continue effectively (Kolb, 2012; Welland et al., 2024).

It may be of benefit to enact national professional networks enabling IDVAs and ISVAs to interact with each other, especially if they are working in isolation or part of a small team. Some PCCs have indicated support for a nationally recognised advocacy body to boost the likelihood that advocates are viewed as 'professional equals' by criminal justice colleagues (Welland et al., 2024, p. 38). Connectivity and representation through national organising is more pronounced in North America, with the National Organization for Victim Assistance (NOVA) being established in 1975 and comprised of activist groups engaged in advocacy and training (Rock, 2023). Rock (2023) notes how a similar British version—Victims' Voice—emerged in the 1990s, but it struggled to find a unifying approach given the diversity of membership and need. Having dedicated funding for specialist IDVA and ISVA peer networks could be an excellent facilitator for advocate wellbeing and sustainability, while creating a national database of supervisors may improve access, particularly if they are available to facilitate supervision online to advocates working in more isolated circumstances.

Conclusion

Upon taking power, the Labour Government began actioning their manifesto pledge to halve violence against women within a decade. Among other things, domestic abuse specialists are being embedded in 999 control rooms to respond to calls quicker (Raneem's Law); statutory guidance for IDVAs and ISVAs has been produced; £13.1 million is to be invested in a new policing centre to help the police

tackle VAWG; and one of the largest B.A.M.E charities, Southall Black Sisters, was allocated £2.4 million to support migrant victims of abuse who are not able to access public funds (Gov.UK, 2025). While these initiatives are to be welcomed, we must not forget that VAWG organisations have struggled through a decade of austerity, followed by the COVID-19 pandemic, and are now faced with operating during a cost-of-living crisis (Damm et al., 2023). Yet the greater visibility afforded to victim/survivors, coupled with efforts to boost the number of victim-focused roles and occupations, can be considered evidence of the wider justice system's ongoing commitment to 'victim inclusion infrastructures' (Globokar et al., 2019, p. 1199).

The data continually indicate that most victim/survivors of VAWG will never receive any form of criminal justice reparations; therefore, the statutory sector is significantly limited in what it can offer to victims of crime. This means it is vital to ensure the sustainability of VAWG victim advocacy organisations and dedicated specialists who provide the necessary wraparound support and care that is so crucial for victim/survivors embarking on their journeys towards recovery.

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