

# **National Scoping Exercise of Advocacy Services for Victims of Violence Against Women and Girls**

**August 2017**



**Scottish Government**  
Riaghaltas na h-Alba  
gov.scot

**NATIONAL SCOPING EXERCISE OF ADVOCACY  
SERVICES FOR VICTIMS OF VIOLENCE AGAINST  
WOMEN AND GIRLS**

**REPORT**

**Blake Stevenson Limited**

Commissioned by Scottish Government  
2017

## **CONTENTS**

GLOSSARY	4
EXECUTIVE SUMMARY	5
1 INTRODUCTION	13
2 RESEARCH METHODS	17
3 SUMMARY OF LITERATURE REVIEW	21
4 FINDINGS	27
5 CONCLUSIONS AND RECOMMENDATIONS	59

## **APPENDICES**

Appendix 1: List of service manager and national stakeholder interviewees

Appendix 2: Interview schedules

Appendix 3: Online survey questions

Appendix 4: Literature review

Appendix 5: Table of key information from survey respondents

## **GLOSSARY**

ASSIST:	Advocacy, Support, Safety, Information, Services Together
AMIS:	Abused Men In Scotland
Caada:	Co-ordinated Action Against Domestic Abuse (now called SafeLives)
CEA:	Committed to Ending Abuse
CCR:	Coordinated Community Response
COPFS:	Crown Office and Procurator Fiscal Service
DAAS:	Domestic Abuse Advocacy Service (Scottish Borders)
DAQ:	Domestic Abuse Questions (Police Scotland)
DASAT:	Domestic Abuse and Sexual Assault Team (West Lothian)
EDDACS:	Edinburgh Domestic Abuse Court Support
FRASAC:	Fife Rape and Sexual Abuse Centre
FVAPT:	Forth Valley Accredited Programme's Team
IDAA:	Independent Domestic Abuse Advocate (Scotland)
IDVA:	Independent Domestic Violence Adviser (England and Wales)
ISVA:	Independent Sexual Violence Adviser (England and Wales)
MADART:	Multi Agency Domestic Abuse Response Team (North Ayrshire)
MARAC:	Multi Agency Risk Assessment Conference
MATAC:	Multi Agency Tasking and Coordinating Group
MIA:	Multi Agency Independent Advocacy
PKAVS:	Perth & Kinross Association of Voluntary Service
RASAC P&K:	Rape and Sexual Abuse Centre, Perth & Kinross
RCS:	Rape Crisis Scotland
RIC:	Risk Indicator Checklist
SARC:	Sexual Assault Referral Centre
SCRA:	Scottish Children's Reporter Administration
SOAG:	Severity of Abuse Grid
SWA:	Scottish Women's Aid
SWRC:	Scottish Women's Rights Centre
VAW:	Violence against Women
VAWG:	Violence Against Women and Girls
VAWP:	Violence Against Women Partnership
VIA:	Victim Information and Advice
WSU:	Women's Safety Unit (Cardiff)

# EXECUTIVE SUMMARY

## Introduction

The Scottish Government's Justice Directorate commissioned Blake Stevenson Ltd in July 2016 to undertake a national scoping exercise of advocacy services relating to the criminal justice system for victims of violence against women and girls. The scoping exercise included advocacy services for victims of domestic abuse, prostitution, human trafficking, rape and sexual assault. It also covered advocacy services available for children and for men where these may have an impact on women's services. The research team submitted the final report in March 2017.

## Research requirements

The requirements for the scoping exercise were to:

- establish exactly what advocacy services are available across Scotland;
- map the models used, including any variation and gaps;
- detail the funding, accountability and governance arrangements in place;
- identify the key outcomes sought by service providers and whether services collect monitoring data about these;
- describe the way in which advocacy services are interacting with other facilities, organisations and systems in relation to delivering for victims of violence against women and girls;
- examine whether there are isolated arrangements and where there is an integrated approach;
- examine, within the local context, where barriers have formed and what needs to be done to adjust this to provide a more consistent victim-focused service; and
- detail the risk assessment tools being used by service providers and where it is considered that service providers are meeting highest standards.

## The development of advocacy services responding to violence against women and girls in Scotland

The report outlines the development of advocacy services responding to violence against women and girls in Scotland which dates back to the early 2000s. Key developments since then have been:

- the establishment of seven domestic abuse courts with linked advocacy services;
- the establishment of Multi Agency Risk Assessment Conferences (MARACs) now operating in 23 of 32 local authority areas;
- the training, funded until 2016 by the Scottish Government, of 175 independent domestic abuse advocates (IDAAs);

- Scottish Government funding for 15 full time equivalent (FTE) support and advocacy workers based in rape crisis centres providing advocacy for victims of sexual violence; and
- the publication, latest update in 2016, of the Scottish Government's Equally Safe strategy for preventing violence against women and girls.

## Methods

The research team adopted a mixed-method approach which included the following elements:

- a literature review, which examined the development of advocacy services in the UK, and set out the main components of an advocacy service;
- preliminary mapping of advocacy services across Scotland, which involved contacting key local and national services to ask them to identify those they know offer advocacy services; they suggested further contacts whom the team also contacted; the mapping identified a total of 176 possible advocacy services;
- an online survey, which 67 services completed and ten services responded to saying they did not offer advocacy services, giving a response rate of 40%;
- qualitative interviews with service managers from 24 of the services which had responded to the survey, covering different models of service provision and different governance arrangements; and
- qualitative interviews with 11 national stakeholders and two focus groups with Violence Against Women Partnership (VAWP) coordinators.

At the outset of the work, the research team, together with the Scottish Government's steering group, agreed a definition for 'advocacy' to be used:

'Advocacy is a crisis intervention, focused on risk assessment and safety planning for victims of gender-based violence with the goal of improving safety and reducing risk of further abuse. Advocacy is also seeking to enable victims to access, navigate and have a voice through the criminal justice process.'

## Literature review

The literature review sets out the background to and development of advocacy services across the UK over the past 30 years. It demonstrates that there is a body of evidence about the processes and outcomes of advocacy services as they relate to domestic abuse and sexual violence but little consideration of advocacy for other forms of gender-based violence. While there is no precise definition of an 'advocacy service' from the literature, the following components of an effective advocacy response emerge:

- advocates must be integral to the community response to gender-based violence but independent;

- proactive outreach engages more victims at an earlier stage, and makes it more likely that they will engage with the criminal justice process;
- advocates undertake risk assessment and safety planning, gathering information from a range of agencies;
- advocates provide information to victims about the criminal justice process and about their legal and welfare rights entitlements as well as about the dynamics of abuse;
- advocates can represent the victim in multi-agency conferences where appropriate;
- advocacy is a time-limited crisis intervention, particularly in relation to domestic abuse; and
- children and young people need advocacy in their own right.

While the above are the key operational components of an advocacy service, the literature highlights that advocates can also play a strategic role because, through their work, they identify the gaps, the barriers to be overcome and how systems and processes might be improved.

The literature review shows that survivors consistently report that advocacy services have improved their safety, wellbeing and quality of life.

## **Findings**

The findings are drawn from all aspects of the research.

### **How services define advocacy**

There is no agreed and accepted definition of what constitutes an advocacy service. This partly depends on what type of abuse is being addressed: for services providing domestic abuse advocacy, there is a focus on short-term crisis intervention; for some services providing advocacy for sexual violence such as rape or sexual assault, advocacy may be seen as a longer process as the legal and court processes may themselves be drawn out. While the majority of interviewees the research team spoke to were content to use the definition as given for the research, there is clearly variation in precisely what is meant by advocacy. This also presents some challenge for setting standards for advocacy and achieving consistency of service across Scotland. On the other hand, it allows for flexibility to meet needs as they arise.

### **What services are available**

The report identifies advocacy being offered by the following types of services:

- court-based services;
- Women's Aid groups;
- Rape Crisis Centres;
- services co-located with the police;

- services co-located or closely linked with health services;
- individual third sector organisations; and
- specialist services, targeting particular groups such as victims of human trafficking or survivors of childhood sexual abuse.

In addition, two other services were included which, while not fully meeting the definition, have an important role linked to the provision of advocacy services. Victim Support Scotland provides a generic service to victims, and nationally, it reports that it meets the second part of the research definition: enabling victims to navigate the criminal justice system and to have a voice. The Scottish Women's Rights Centre provides legal advice and assistance to women affected by gender-based violence. It has one solicitor in Glasgow. As a result of recent additional funding from the Scottish Government, it will increase its staff adding an advocacy worker and three further solicitors covering a wider geographical area.

From the 67 survey responses, most services indicate that they are available during office hours from Monday to Friday with far fewer available in the evenings and at weekends.

In terms of staffing, many services have one advocacy worker, while the highest number of advocacy staff is at ASSIST, the Glasgow court-based service, which has 23 full-time equivalent (FTE) advocacy staff. The survey responses indicated a total of just under 230 FTE advocacy staff across Scotland. Not all have a specialist advocacy qualification: 28 services stated that they do not have staff with a specialist advocacy qualification (and 37 services stated that they do).

Domestic abuse is the most common type of abuse for which advocacy services are available, followed by rape and sexual assault.

The 67 respondents stated that they provide a range of services, with all stating that they engage and communicate with other agencies on behalf of the victim. Most provide safety planning, support through the reporting process and information on related issues. The majority of the respondents provide risk assessment, with nine saying that they do not. While 30 of the respondents said that they provide specialist advocacy services for children and young people, it would be helpful to explore this further to see precisely what is offered as interviewees frequently mentioned this as a gap.

The most frequently mentioned method of access to advocacy services was self-referral followed by referrals from the police and social work. Almost half of the services stated that people accessed their services as a result of 'proactive outreach' although the interviews showed that different approaches are meant by this term.

The most common location for advocacy services is within an independent voluntary organisation. Four services indicated that they are co-located with the police, and three are located within a local authority hub. One service stated it was co-located with the health service.

Thirty of the 67 respondents work with women only, and 33 work with both men and women. One organisation works with men (including non-binary people) only. While just under one third of services work with children under 12, no service works exclusively with children and young people. As already mentioned, there is need for further research into what is being offered by way of advocacy services, as distinct from support services, for children and young people.

Just under half of respondents reported providing specialist support to people with protected characteristics. However, there is a need to explore this further as it is not clear from the research whether this is part of an 'all-inclusive' approach or whether more specialist services are offered. Interviewees indicated that there are gaps and challenges in providing specialist services for people from black and minority ethnic communities, for example issues connected to interpreting and immigration.

### **Funding accountability and governance**

The most frequently mentioned source of funding for advocacy services is the Scottish Government followed by local authority funding and then the BIG Lottery. The majority of respondents are funded only for the next six to twelve months with a few able to see 18 to 24 months ahead. Most service managers raised the lack of resources and consequent strain on capacity as challenges. Over three quarters of survey respondents placed their service in the range of demand outstripping capacity by some degree.

Most services are accountable to an independent voluntary sector organisation or parent body. Six are accountable to a local authority directly, one to an arms-length local authority organisation, and three to other public sector bodies (including two to the NHS). As might be expected, governance is in line with these accountability arrangements, with the majority governed by boards of trustees or management committees. About two-fifths of respondents stated that they were in a partnership agreement of some sort.

### **How advocacy services interact with and relate to other facilities, organisations and systems**

The most common interaction is with the police, mentioned by nearly all respondents. Other common interactions are with the specialist domestic abuse courts, other courts, MARACs, and law centres and specialist legal centres. From interviews, there is evidence that advocacy services also interact with civil procedures, in particular for child contact. Services also work with a range of other services beyond the criminal justice system in order to respond to the needs of service users. These wider services include substance-use services; health and mental health services; housing; welfare benefits; and disparate voluntary sector services.

Some services, which are local-authority or court-based, appear to have developed more formalised channels for communication and information sharing. These allow for close working and for the advocacy service to link formally with criminal justice processes.

Some areas do not have a MARAC, and some interviewees saw this as a deficit. Others expressed general concern about the lack of consistency in services available across Scotland. There was some criticism of the extent to which the criminal justice system understands the voluntary sector, expressed by those from within the voluntary sector who may not have the close formalised communication channels described above.

A few interviewees expressed the need for more interaction with health services as there is a growing sense of the role that this type of advocacy can play in health settings.

The services which are co-located with the police or in a local authority hub, reported significant benefits from this co-location in their relationships with the police and the wider criminal justice system. There appears to be no overarching process which sets up a formal protocol to establish referral and information sharing mechanisms between the police, the procurator fiscal and advocacy services; these are negotiated and agreed at local level.

### **Outcomes sought and monitoring data**

Two-thirds of respondents reported having set outcomes for their service and one-third have not. Just over two-fifths have not undertaken any evaluation of their service. Those who do evaluate their service are using a range of evaluation tools. These findings suggest that advocacy services could be clearer about what they are trying to achieve and how they measure this.

### **Risk assessment tools**

Most services report using a risk assessment tool. The most commonly used is the SafeLives DASH-RIC (Risk Indicator Checklist) used by nearly four-fifths of the respondents. A few use Police Scotland Domestic Abuse Questions.

### **Service models identified**

The report identifies a range of service models based on forms of abuse addressed; location and governance; and advocacy approach. This shows that there are more domestic abuse-related service models than any others.

There was some discussion of the 'silo-ing' of different models and forms of abuse. This tended to be in the context of funding and concerns about equity and access to services. There is scope to explore how services addressing different types of abuse might further collaborate.

In considering future development, national stakeholders focused on:

- secure funding based on a clear rationale;
- minimum standards, clear principles and outcomes; and,
- consistency across Scotland to allow equal access to services with allowance for variation according to, for example, rural/urban populations.

## **Gaps**

The main gaps in service provision identified through the survey and the qualitative interviews relate to geographical gaps; and gaps in types of service available, in services for people with specific vulnerabilities, and in service provision linked to the justice process. For geographical gaps, the key issue is what is available in rural areas compared to urban areas, and the challenges associated with this. For types of service, there are fewer services available for those who have experienced human trafficking and prostitution (although this research did not explore the demand for such services). For specific vulnerabilities, the research identified the need for more understanding of advocacy services available for children and young people, identified as a gap in current provision. Another gap related to appropriate services for black and minority ethnic women, particularly asylum seekers and refugees. For the justice process, one service identified the lack of services for those who do not proceed to court where there is insufficient evidence to proceed, and the difficulties of managing risk and safety post-conviction.

## **Barriers**

Interviewees discussed barriers relating to the justice system itself, including the length of time to trial, the trial process and the variation in sentencing. A few interviewees mentioned practical barriers associated with court buildings and court processes, such as having to use the same entrance as the perpetrator. Funding is generally precarious, and this makes it difficult for services to deliver the service as they would wish to. More broadly, interviewees mentioned a general lack of awareness of gender-based violence and its impact, and the need for continued awareness and skills training for frontline staff, procurators fiscal and sheriffs.

## **Recommendations**

The report concludes by making the following recommendations:

- A. Advocacy services should be clear about what they do, the outcomes they seek, and how they measure their effectiveness and impact. Learning from individual service evaluations can then contribute to wider institutional and strategic change.
- B. To consider the intersection between the civil and criminal law in responding to violence against women and girls consistently and safely.
- C. To examine how to improve formal communication and information-sharing channels between advocacy services and the criminal justice system.
- D. To analyse funding models, direction and support to improve advocacy services' ability to plan and to provide service across all forms of gender-based violence.
- E. To consider how to provide advocacy across Scotland so that it can be accessed by all victims of gender based violence regardless of their location, particularly taking account of variation in urban/rural accessibility.

- F. To consider the demand for services, and the value and impact of independent advocate training.

# 1 INTRODUCTION

- 1.1 The Scottish Government's Justice Directorate commissioned Blake Stevenson Ltd in July 2016 to undertake a national scoping exercise of advocacy services relating to the criminal justice system for victims of violence against women and girls. The scoping exercise included services supporting victims of domestic abuse, prostitution, human trafficking, rape and sexual assault. It also covered services available for children and for men where these may have an impact on women's services.
- 1.2 The requirements for the scoping exercise were to:
- establish exactly what advocacy services are available across Scotland;
  - map the models used, including any variation and gaps;
  - detail the funding, accountability and governance arrangements in place;
  - identify the key outcomes sought by service providers and whether services collect monitoring data about these;
  - describe the way in which advocacy services are interacting with other facilities, organisations and systems in relation to delivering for victims of violence against women and girls;
  - examine whether there are isolated arrangements and where there is an integrated approach;
  - examine, within the local context, where barriers have formed and what needs to be done to adjust this to provide a more consistent victim-focused service; and
  - detail the risk assessment tools being used by service providers and where it is considered that service providers are meeting highest standards.
- 1.3 The brief for the work states that the final report should include recommendations of where further analysis and research may be required to promote consistency in advocacy services for victims of violence against women and girls across Scotland.

## **Background to the development of advocacy services responding to violence against women and girls in Scotland**

- 1.4 'Advocacy' as a general term to describe a range of interventions with victims of violence against women and girls has been in use for the past 30 years across the UK. Until the late 1990s, specialist women's support services such as Women's Aid and Rape Crisis were the main providers of such advocacy. Their emphasis was on non-directive support and empowerment for women victims of domestic abuse and/or sexual violence, including support to report to the police and/or attend court.

- 1.5 Kelly and Humphreys (2000)<sup>1</sup> highlighted the growing recognition of the need for more integration, operationally and strategically. The projects reviewed included one in which a team of 'civilian' support workers, based in a police station, used advocacy to follow up domestic abuse incidents reported to the police. This proactive approach, and accepting third party referrals, was markedly different from the approach taken by most specialist women's support services up to then. The study notes that these new projects were working differently with victims, taking a more proactive approach and recognising:
- '...individuals coming from positions of fear and isolation will often require the skills of an advocate to negotiate housing, legal support and benefit entitlements. It is the emphasis on rights and entitlements which distinguishes advocacy from other more familiar concepts like support.' (Kelly and Humphreys, 2000).
- 1.6 Against this backdrop and in the context of domestic abuse, the term 'advocacy' has been used in Scotland since the early 2000s. The first advocacy project in Scotland, ASSIST, was established to support the pilot domestic abuse court in Glasgow in October 2004. The evaluation of this specialist court acknowledged the value of the advocacy service, and a subsequent feasibility study recommended that the court, including the advocacy service, should develop across the Glasgow area.
- 1.7 There are now specialist domestic abuse courts in Ayr, Dunfermline, Edinburgh, Falkirk, Glasgow, Livingston and Scottish Borders.
- 1.8 The first Multi-Agency Risk Assessment Conferences (MARACs) in Scotland were piloted in Glasgow and North Lanarkshire from 2005<sup>2</sup>. A MARAC is a forum where information is shared on the highest-risk domestic abuse cases; options are considered for increasing the safety of the victim and their children; and a coordinated action plan is put in place. MARAC membership typically includes representatives from the police, criminal justice social work, children and families social work, health (including addictions, mental health and health visiting), housing, homelessness, Women's Aid and other specialist third sector advocacy organisations. The primary purpose of a MARAC is to increase the safety of victims of domestic abuse and their children.
- 1.9 In the MARAC context, advocacy services have subsequently developed in other areas of Scotland. In the absence of agreed standards or service specifications, this has happened in an ad hoc way. In some areas, advocacy services are linked to specialist courts. In others, they are linked to MARACs.
- 1.10 MARACs are now operating in 23 of the 32 local authority areas and a further seven areas are in the process of implementing MARACs. Until recently, the

---

<sup>1</sup> See literature review in Appendix 4.

<sup>2</sup> Based on the MARAC model developed in South Wales. See Robinson (2004) Domestic violence MARACs (multi-agency risk assessment conferences) for very high-risk victims in Cardiff, Wales: a process and outcome evaluation. Cardiff: Cardiff University.

MARACs have developed their own structures and procedures and this has led to inconsistencies. At October 2016, the MARAC national development officer funded by the Scottish Government had run three regional workshops to support the capacity of MARACs in Scotland, and was developing tools and resources for the MARACs. The recommendations from the national MARAC development officer's baseline report<sup>3</sup>, however, highlight the extensive inconsistencies which remain to be addressed.

## **Training for advocates**

- 1.11 In 2011, the Scottish Government funded a partnership of Scottish Women's Aid, ASSIST and Caada<sup>4</sup> (now SafeLives) to develop and deliver an SQA-accredited qualification for independent domestic abuse advocates (IDAAs) in Scotland, based on the existing Caada training qualification for independent domestic violence advisers (IDVAs) in England and Wales. At October 2016, the funding from the Scottish Government had supported 175 frontline staff to complete the training and receive the professional development award (PDA) in domestic abuse advocacy. The course is now self-financing and training fees of £1,500 per person apply.

## **Scottish Government funding for advocacy services**

- 1.12 In 2015-16<sup>5</sup>, the Scottish Government funded 13 advocacy services and/or MARACs under the Violence Against Women and Girls Fund. In addition, it funded the national MARAC development officer, mentioned earlier, to support the development of a national MARAC framework.
- 1.13 One of the services funded by the Scottish Government is the National Advocacy Project, funded from October 2015 until March 2018, which is a partnership between Rape Crisis Scotland (RCS) and its network of 14 local rape crisis centres, with RCS acting as coordinating partner. There are 15 FTE support and advocacy workers based in rape crisis centres plus one based in the Domestic Abuse and Sexual Assault Team (DASAT) in West Lothian. Their role is to support survivors (men and women) of sexual violence engaged with, or considering engaging with, the criminal justice system. This work is guided by a national advisory group comprising representatives from RCS, Police Scotland, the Crown Office and Procurator Fiscal Service (COPFS) and local rape crisis centres. It aims to improve:
- the support available to victims of rape and serious sexual crime;
  - the experience of the criminal justice process for victims of rape and serious crime; and,
  - understanding of motivations and factors to proceed or not to proceed within the criminal justice process.

---

<sup>3</sup> SafeLives. (2016a). MARAC in Scotland Baseline Report. Bristol: SafeLives. Unpublished: provided by the national MARAC development officer.

<sup>4</sup> Co-ordinated Action Against Domestic Abuse.

<sup>5</sup> Latest information available.

## **National policy context on violence against women**

- 1.14 The Scottish Government's strategic framework to address violence against women was published jointly with COSLA in June 2014, and updated in March 2016<sup>6</sup>. The strategy locates work to address violence against women and girls firmly within an equality and human rights context. It identifies the need 'to eliminate the systemic gender inequality that lies at the root of violence against women and girls' and acknowledges that girls can experience gender-based violence from an early age.
- 1.15 The strategy notes that early intervention is key to reducing the longer-term effects of violence against women. This is particularly evident in domestic abuse, where the pattern of repeat offending and repeat victimisation can lead to long-term health and wellbeing issues for victims and their children.
- 1.16 Early identification of those at risk of violence against women is supported by awareness and skills training of professionals across all public services including housing, social work, education and health.
- 1.17 Once violence against women has been identified, the justice system response is critical. One of the four initial work streams for Equally Safe has focused on what is required to address any gaps in the justice system response, and several significant developments have taken place. This has included the development of some new legislation<sup>7</sup> and a review of the prosecution of domestic abuse. A consultation on a proposal for a new specific offence of domestic abuse has taken place, and a draft bill has been announced.
- 1.18 At the front end of the justice system, Police Scotland has taken a proactive and robust approach to violence against women, establishing a multi-agency task force to review the police response to rape and sexual assault, and continuing to promote the MARAC approach as a coordinated response to reducing the risks associated with domestic abuse.

## **Content of the report**

- 1.19 The remainder of this report contains:
- Chapter 2: methodology and associated issues;
  - Chapter 3: summary of the literature review;
  - Chapter 4: findings according to the research requirements; and
  - Chapter 5: conclusions and recommendations.

---

<sup>6</sup> Scottish Government (2016) Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls. Edinburgh: Scottish Government.

<sup>7</sup> Human Trafficking and Exploitation (Scotland) Act 2015; Abusive Behaviour and Sexual Harm (Scotland) Act 2016.

## 2 RESEARCH METHODS

- 2.1 In this chapter, we describe the methods used to undertake the scoping exercise, and we make associated comments.
- 2.2 A steering group from the Scottish Government's Justice Directorate, together with members of the Gender LGBT Equality and Violence Against Women Team, met with the research team four times during the research. At the outset, the group agreed the definition of 'advocacy' to be used:

'Advocacy is a crisis intervention, focused on risk assessment and safety planning for victims of gender-based violence with the goal of improving safety and reducing risk of further abuse. Advocacy is also seeking to enable victims to access, navigate and have a voice through the criminal justice process.'

### Methodology

- 2.3 We adopted a mixed-method approach which combined the following elements in order to ensure we gathered representative information about the advocacy services available:
- a literature review;
  - a preliminary mapping of possible advocacy services using telephone calls and snowballing techniques;
  - an online survey sent to all the services identified in the mapping process;
  - interviews with a sample of 24 services managers (and some staff interviews where possible) from a cross-section of those who had completed the online survey; and
  - interviews with stakeholders from ten national organisations. Appendix 1 contains details of all those interviewed and Appendix 2 provides the interview schedules. Appendix 3 contains the online survey questions. Appendix 5 provides a summary of key information from the 67 organisations participating in the survey.

### The literature review

- 2.4 Chapter 3 contains the summary and Appendix 4 the full literature review. The literature review focuses on the development of advocacy as a response to violence against women and girls in the UK, and presents the results from main multi-site evaluations. The review informed the survey and interview questions, and helped to identify a typology of services and the main features of advocacy.

## **Preliminary mapping of advocacy services**

- 2.5 We started the mapping of advocacy services by contacting all Violence Against Women Partnership (VAWP) coordinators. We followed this up with contact with Police Scotland, Citizens Advice Bureaux, Alcohol and Drug Partnerships and child protection coordinators in each local authority area. We also contacted other sources such as the National Domestic Abuse and Forced Marriage Helpline; Rape Crisis Scotland Helpline; Men's Advice Line; LGBT Youth Scotland; Childline Scotland; Amina; Roshni; With Scotland; Inclusion Scotland; Scotland's Commissioner for Children and Young People; the Scottish Independent Advocacy Alliance; the Scottish Refugee Council; and Enable for their information about local advocacy services available across Scotland.
- 2.6 With each of these contacts, we asked if they were aware of any other advocacy services in their area(s), and we cross-referenced their suggestions against our main spreadsheet of services. We gathered a total of 176 named services to which we sent the link for the online survey. Ten services responded directly to say they did not offer advocacy services bringing the possible number of responses down to 166.

## **Online survey**

- 2.7 After we had sent out the survey link, we sent several general reminders. After reviewing which services had responded, we approached some non-respondents which we considered to be possible key advocacy services. We received responses from 67 services which confirmed that they worked within the definition of advocacy. Of the 166 possible responding organisations, this gives a 40% return <sup>8</sup>.

## **Interviews with service managers**

- 2.8 We selected 24 service providers across Scotland for qualitative interviews. We based the selection on the typology of service provision we had designed from the literature review. We included different models of service provision, reaching different target groups and with different management arrangements. We also wanted to make sure we had a geographical spread across the country. We agreed the list with the steering group (see Appendix 1).
- 2.9 We had hoped to speak with frontline advocacy workers in these services as well as with the service manager to see if their views differed. This proved difficult because of the research time constraints and the staffing capacity of advocacy services. Where we did manage to speak to advocates, we found that their views reflected those of the service manager, and so we do not think too much has been lost by not being able to speak to more frontline advocacy workers.

---

<sup>8</sup> We are aware that Victim Support Scotland had suggested to its members they could provide a coordinated response to the research team at national level. However, three of its 13 members responded directly to the survey.

## **Interviews with national stakeholders**

- 2.10 We agreed a list of key national stakeholders with the steering group (see Appendix 1). In addition, we ran two discussion groups with the Violence Against Women Partnership (VAWP) Network coordinators at their regular meeting. These interviews provided a more strategic overview to the service manager interviews, and were particularly helpful in reflecting on the barriers and gaps at this level.

## **Notes to methodology**

### **The definition**

- 2.11 The agreed definition is in two parts: the first part focuses on advocacy as crisis intervention providing risk assessment and safety planning; the second part on helping victims navigate and have a voice through the criminal justice system. The definition was not conceived as an 'either/or' but as both elements combined.
- 2.12 The literature review has not found a definition of advocacy. It has established the main components of an advocacy service which include: independence from the justice system; assertive/proactive outreach; crisis intervention; and, specifically relating to domestic abuse, risk assessment. The definition was vital in guiding the research, but respondents interpreted it differently. Some services which responded to the survey provide both elements of the definition; others only one.
- 2.13 One national stakeholder thought that the distinction between 'advocacy' and 'support' is artificial. For example, some organisations provide what they called 'soft advocacy' which combines emotional support, help with accommodation and linking with the police and the justice system. A group discussion with VAWP coordinators echoed this point. Their view was that advocacy and support are not two points on a straight line, and there needs to be capacity to move between them if advocacy is to be dynamic and responsive.

### **The mapping**

- 2.14 The initial mapping of possible advocacy services was comprehensive, and we do not think any significant advocacy service has been missed out. But people suggested services which either did not offer advocacy, or in some instances did offer advocacy, but not specific to victims of violence against women and girls. All the suggested services were included in the survey and may account for some of the non-respondents (as being services that do not provide advocacy within the definition).

### **The online survey**

- 2.15 Inevitably, there may be a few organisations which provide advocacy but which have not responded to the online survey: this is often the case in research of this nature. We reviewed the list of non-responders and

persuaded a few more to respond as we thought they were significant. We assume that some of the non-respondents are those that had been suggested during the mapping stage but which do not provide advocacy services. Given that we have survey data from 67 services covering all the main known providers, and that we have undertaken qualitative work with 24 of these, the information gathered is robust enough to allow us to analyse key findings and draw conclusions.

- 2.16 In conducting face-to-face interviews, we occasionally found discrepancies between the information provided in the online survey and what people said at interview. These were minor and did not make a significant difference to the findings.
- 2.17 The combination of research methods has allowed us to address each of the research requirements to produce reliable findings.

**Note**

- 2.18 Quotes from interviewees have been anonymised but we have indicated the type of organisation represented categorised as: local voluntary sector organisation; national body; local authority-based service; court-based service; service co-located with police; health-based service.

### 3 SUMMARY OF LITERATURE REVIEW

#### Introduction

- 3.1 Appendix 4 contains the literature review and all associated references. This chapter summarises main points from the literature review.

#### Background and development of advocacy

- 3.2 The literature review describes the development of advocacy. While general 'advocacy' has existed for around 30 years within specialist violence against women organisations, it is only towards the late 1990s that a more specific version of 'advocacy services' in relation to domestic abuse began to appear. Key features of this were that it was proactive in following up incidents of domestic abuse reported to the police, and emphasised helping victims gain their rights and entitlements, rather than general support.
- 3.3 From 2001, an additional focus on risk reduction is evident with the establishment of the Women's Safety Unit (WSU) in Cardiff, which provided a 'one stop shop' for victims of domestic violence<sup>9</sup> and 'known-perpetrator rape'. Goals of the project included increasing the proportion of cases resulting in arrest, charges and convictions, and reducing the level of repeat victimisation (Robinson, 2003).
- 3.4 Towards the end of her report, Robinson notes that a new initiative<sup>10</sup>, Multi Agency Risk Assessment Conferences (MARAC) provides further illustration of the value of the work done by the unit. In particular, the role of a seconded police officer was seen as 'a bridge between community and criminal justice agencies and their respective approaches to handling cases of domestic violence' (Robinson, 2003, p.36). The WSU-based officer had access to confidential information, not usually shared with community agencies, and could track cases through the criminal justice process. The officer also had 'in-depth information gathered by victim-oriented trained professionals that is not normally within the purview of criminal justice agencies' (ibid).
- 3.5 When shared at the MARAC, this range of information 'was instrumental in creating safety plans for victims' (ibid). Robinson's subsequent evaluation of the Cardiff MARAC (Robinson, 2004) was positive about the impact of the MARAC approach, and noted that 'the information provided ... and actions undertaken by the Women's Safety Unit appear particularly significant.'
- 3.6 Since then, domestic abuse advocacy services across the UK have predominantly developed in tandem with the emergence of MARACs and other variants on what is known as the coordinated community response (CCR) to domestic abuse.

---

<sup>9</sup> The term 'domestic violence' is used in much of the literature. The term 'domestic abuse' is used in Scotland.

<sup>10</sup> The first MARAC took place in Cardiff in April 2003.

- 3.7 The first domestic abuse advocacy project in Scotland, ASSIST, was set up in 2004 to support the pilot domestic abuse court in Glasgow. The evaluation of this court acknowledged the value of the advocacy service, and a subsequent feasibility study recommended that the court, including the advocacy service, should develop across Glasgow (Reid-Howie, 2007; Scottish Executive, 2008).
- 3.8 Sexual violence advocacy emerged alongside the development of multi-agency approaches to sexual violence. Independent Sexual Violence Advisers (ISVAs) were introduced in several areas in England and Wales in 2006 following research into Sexual Assault Referral Centres (SARCs), which identified that victims of sexual assault needed support, advocacy and information in the period immediately after a sexual assault (Lovett et al, 2004). Rape Crisis Scotland has rolled out a National Advocacy Project following positive feedback from survivors who participated in a pilot project in Glasgow which offered advocacy and support to women reporting a sexual assault to the police (Brooks and Burman, 2016).

### **Evaluation of advocacy services**

- 3.9 The literature review describes the findings from multi-site evaluations. Many of these relate to domestic abuse advocacy and some to sexual violence advocacy. There is little research into advocacy for other forms of gender-based violence, which may in part be because there are fewer services.
- 3.10 None of the services included in the evaluations provided specific advocacy for children and young people affected by gender-based violence. The lack of specific advocacy services for children and young people is consistently identified as a problem for services and victims (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011; Stanley and Humphreys, 2014).
- 3.11 The lack of services for black and minority ethnic victims is also consistently identified as a problem (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).
- 3.12 Specific services for disabled women are also scarce. Hague et al (2011) in the first national study of domestic abuse and disability in the UK, found that service provision for disabled women was proportionately less than for non-disabled women.

### **Training and accreditation**

- 3.13 Co-ordinated Action Against Domestic Abuse (Caada, now SafeLives) was set up explicitly to encourage the use of independent advocacy to increase victims' safety. This depended on trained advocates. Caada/SafeLives has provided this training since 2005.
- 3.14 Training focuses on assessing and reducing risk to victims; providing consistent professional support; and liaising with other agencies that contribute to victim safety. The training model was originally based on best

practice developed by Standing Together Against Domestic Violence, ADVANCE and the Cardiff Women's Safety Unit (Kail et al, 2007).

- 3.15 In Scotland, ASSIST and Scottish Women's Aid worked with SafeLives to develop a qualification for independent domestic abuse advocates (IDAAs) accredited by the Scottish Qualifications Authority. Based on the Caada training but tailored to the Scottish context, the Scottish Government funded the three organisations to develop and provide the training from 2011 to 2016. It is now self-funding.

### **Defining advocacy: what are the key components?**

- 3.16 From the literature review, the following main components of an advocacy service emerge but may not hold true in all cases.

#### **Independence**

- 3.17 A crucial component of an advocacy approach is independence. Advocates in the services reviewed were based in various locations, including local authority hubs, police stations, A&E departments and voluntary organisations. However, regardless of physical location, all the evaluations we reviewed concur that advocates must be independent of 'the system' in order to represent the best interests of victims. Their independence is critical to the success of the advocacy role and the extent to which victims and practitioners can trust them (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

#### **Assertive/proactive outreach**

- 3.18 Advocacy workers respond to third party referrals, offering the service to victims rather than waiting for the victim to self-refer. This includes offering the service repeatedly if it is declined or the victim does not respond at the first approach (Kelly and Humphreys, 2000; Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011). Some services will also accept self-referrals, but it is the proactive response to third party referrals that is seen as a distinctive element of the advocacy role.

#### **Crisis intervention**

- 3.19 Domestic abuse advocacy is intended to be a short-term crisis intervention, designed to address the immediate risk to victims; reduce the risk of further abuse; help victims get other services; and promote access to justice and rights. The trigger for an advocacy intervention is usually a specific abuse-related incident. The advocacy may last a few days, or a few weeks, but rarely longer than three to six months, although advocacy workers may stay in intermittent contact with victims until the conclusion of any court processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).
- 3.20 Advocacy in response to sexual violence can begin as a crisis intervention in the immediate aftermath of an incident, but may also be focused on signposting and support for survivors of historic sexual abuse and may

potentially involve a longer engagement with victims, reflecting more protracted involvement with the legal system experienced by sexual assault victims (Robinson, 2009b; Brooks et al, 2015).

### **Risk assessment**

- 3.21 Formalised risk assessment has predominantly developed in relation to domestic abuse incidents rather than to other forms of gender-based violence. When dealing with an incident of domestic abuse, the police or a healthcare provider often makes an initial assessment of risk of further abuse by the perpetrator before referring a victim to an advocacy service. The advocate's role is to develop the risk assessment further; to find out more about level of risk; and to take action to reduce the risk to the victim and enhance her safety. Risk assessment is dynamic. The advocate continues to assess risk throughout contact with the victim.
- 3.22 A consistent approach to domestic abuse risk assessment across agencies is seen as helpful. A recent baseline report of MARACs in Scotland highlights complications in assessing risk because different agencies use different risk assessment methods (SafeLives, 2016a).

### **Safety planning**

- 3.23 Safety planning is dynamic and constantly updated to take account of the changing circumstances of the victim and the perpetrator. It is practical, and tailored to the circumstances of each individual. It is a process done 'with' not 'for' the victim (Campbell, 2004). This applies to domestic abuse within an intimate relationship. It is less likely to be an essential component involving rape by a complete stranger.

### **Providing information**

- 3.24 Advocates provide information to victims. This includes information about process, what's happening now/next; about rights and entitlements to criminal justice/housing/welfare; and about the dynamics of domestic abuse. By sharing information about how perpetrators tend to operate, advocates can help victims understand more about patterns of abuse, perpetrator behaviour and how abuse affects the victims and children involved. This can help increase victims' understanding of 'coercive control' in intimate partner relationships, and know more about the risks from perpetrators (Coy and Kelly, 2011).

### **Speaking with and for victims**

- 3.25 Advocates act on behalf of victims at a time when they may be unable to do so themselves. A critical role for advocates is to keep the victim central to the process, including representing their views at multi-agency discussions at which the victim is not present (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

## **Multi-agency partnership/coordinated community response**

- 3.26 Advocates are integral to the coordinated community response to domestic abuse. Advocates liaise with colleagues in agencies involved in multi-agency responses to victims of all forms of gender-based violence (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011; Brooks et al, 2015).
- 3.27 They become the point of contact for the victim and the 'one stop shop' for information and updates about what other agencies are doing. They are also the point of contact for the agencies involved with individual women (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).
- 3.28 Slow responses from other agencies create barriers to effective advocacy work. An advocacy worker cannot do their job if the agencies around them are not responding effectively. The role of the advocacy worker in encouraging an effective multi-agency response is critical (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).
- 3.29 Independent Sexual Violence Advisers (ISVAs) operate within a slightly different multi-agency framework, and a narrower range of agencies may be involved. The limited literature on ISVAs suggests that they often have to negotiate with one agency at a time to advocate for women (Robinson, 2009b).

## **Institutional advocacy**

- 3.30 The role of advocacy workers in a coordinated community response is predominantly operational but they also work strategically. As they negotiate the criminal justice/housing/social work/welfare systems, they form a picture of what is and what is not working. This contributes to plugging the gaps, overcoming barriers and improving system responses and processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

## **Impact**

- 3.31 The literature review shows that survivors consistently report that advocacy services have improved their safety, wellbeing and quality of life (Reid-Howie, 2007; Coy and Kelly, 2011; SafeLives, 2016b).

## **Conclusions**

- 3.32 There is a body of evidence about the processes and the outcomes of advocacy services as a response to domestic abuse and to some extent, sexual violence. However, there is little consideration of advocacy for other forms of gender-based violence.
- 3.33 There is no precise definition of 'advocacy' within the literature but there are some common components that have been highlighted in this chapter. Some of these relate mainly to domestic abuse advocacy.

- 3.34 Other key points that emerged from the review are that children and young people need advocacy in their own right, and that there are fewer advocacy services for women from black and ethnic minority communities and for disabled women (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

## 4 FINDINGS

### Introduction

4.1 The findings presented in this chapter draw on all aspects of the research including the literature review, the online survey responses, and the service manager and national stakeholder interviews.

4.2 The chapter is set out under the following headings:

- how services define advocacy;
- what advocacy services are available across Scotland;
- funding, accountability and governance arrangements;
- how advocacy services interact and relate with other facilities, organisations, systems;
- outcomes sought and monitoring data;
- risk assessment tools being used;
- what models of advocacy services are available;
- gaps; and
- barriers and consistency.

### How services define advocacy

4.3 The literature review helped identify some of the main components of advocacy services but within these, some are more suited to responding to particular forms of abuse: for example, risk assessment is an integral element of the advocacy response to domestic abuse but may be less relevant, depending on the circumstances, to victims of sexual violence.

4.4 The definition set for this research was queried by some respondents as being too broad; by others, as too narrow. Of those who found it too broad, several stated that they do not provide crisis intervention: this includes the Scottish Women's Rights Centre, which does provide help to navigate the criminal justice system. One rape crisis centre said it does not provide crisis intervention, while another rape crisis service said:

"... the nature of rape crisis is that sometimes advocacy can be very long and drawn out given the nature of the legal process and court process. Am thinking of different situations: if an assault has been very recent – like a matter of hours – that's a crisis intervention. But a lot of times we would have survivors taking some time to consider before going to police. For some people, they are not necessarily at risk at that point."

4.5 One service said it could not provide crisis intervention because its working hours are weekdays 9am to 5pm.

- 4.6 Crisis intervention is an immediate response to victimisation designed to help victims cope with physical, emotional, and psychological trauma in the aftermath of a crime<sup>11</sup>. In the case of sexual violence, those who have been recently raped or sexually assaulted may need immediate medical and police intervention and someone to talk to; they may need advocacy support, counselling and a range of other assistance in the long term (Henderson, 2012)<sup>12</sup>.
- 4.7 Clearly, different respondents defined 'crisis intervention' differently. It may be related to the timing of the service and/or what is happening for a particular victim at a moment in time. A victim may be 'in crisis' for many different reasons, and may require different responses.
- 4.8 For some interviewees, the definition is too narrow as they provide more than 'just' advocacy as the following quotes from service manager interviewees illustrate:
- “Don't think it should be so limited. Our worker does not make a strict division between advocacy and other support.” (local voluntary sector organisation)
- “Our service is wider than that. You're talking about risk and safety and it is part of that, because it is about criminal justice – we have a court worker. But what happens when the crisis passes? That's the time when women are probably ready to move, and our work incorporates that. Whether it's benefits, furniture, getting the weans a taxi to school – it's about what they need. It's an assessment of need as well as risk. That need might just be about pointing someone in the right direction. It's the navigation bit, directing them to other organisations out there or to community projects. But the aim is (for us) to withdraw, to empower women. It's really about empowering because at the end of the day agencies are only there for a short period of time.” (local authority-based service)
- 4.9 While the majority were happy to accept the definition as being a reasonable summary of what one might expect to find within an advocacy service, there are clearly nuances within this, and very few services wholly meet the definition agreed for this study. As one public sector interviewee expressed it:
- “The definition of advocacy is very blurred across the country - we don't have a clear definition [of what advocacy is]. How can we apply minimum standards if we don't know what we are working to?” (national body)

## **What services are available across Scotland**

---

<sup>11</sup> <https://www.crimesolutions.gov/TopicDetails.aspx?ID=95>

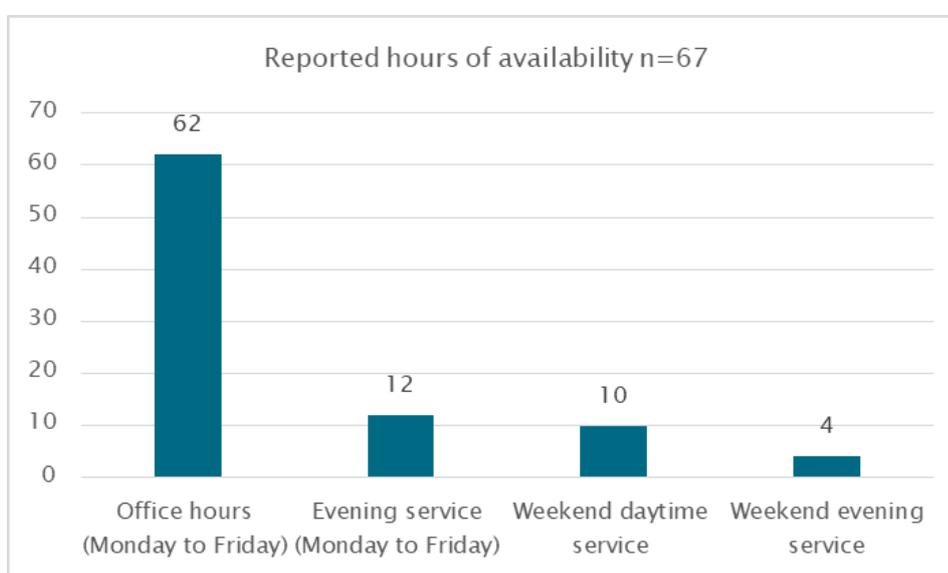
<sup>12</sup> Henderson, S. (2012). The pros and cons of providing dedicated sexual violence services: a literature review. Rape Crisis Scotland.

- 4.10 From the survey responses and from the qualitative interviews, the main providers of advocacy services that meet at least some part of the definition are laid out below. Note that this is not an exhaustive list of providers in each category, as the 83 organisations which did not respond to the survey could not be categorised:
- court-linked/based services: ASSIST, based in Glasgow; Edinburgh Domestic Abuse Court Service (EDDACS); West Lothian Domestic Abuse and Sexual Assault Team (DASAT); Scottish Borders Domestic Abuse Advocacy Support (DAAS);
  - Women’s Aid groups: 15 groups responded to the survey saying they provide advocacy services but we understand that there are IDAAs in 27 groups;
  - rape crisis centres and the RCS National Advocacy Project: 15 advocates in total;
  - services co-located with the police: Domestic Abuse Advisory Service, East Lothian; ASSIST, Glasgow; MIA (Multi-Agency Independent Advocacy), Dundee; Multi-Agency Domestic Abuse Response Team (MADART), North Ayrshire Health and Social Care Partnership;
  - services co-located or linked closely to health services: Archway, sexual assault referral centre, NHS Greater Glasgow and Clyde; EVA Services, NHS Lanarkshire;
  - a range of individual third sector organisations such as Committed to Ending Abuse (CEA) in Falkirk and Ceartas in East Dunbartonshire;
  - specialist services, with an advocacy element, (for example the TARA (Trafficking Awareness Raising Alliance) Service which offers advocacy and other support to victims of human trafficking; AMIS (Abused Men in Scotland) which offers advocacy and support to male victims of domestic abuse; Fearless, a project established by Sacro, LGBT Youth Scotland, Respect and Shakti Women’s Aid to reach marginalised victims of abuse; Archway, sexual assault referral centre; Kingdom Abuse Survivors Project, Fife.
- 4.11 Victim Support Scotland (VSS) has good geographic coverage but is a generic service for victims of any crime rather than women and girls experiencing gender-based violence. Nationally, it reports that it fits the second part of the definition: enabling victims to navigate the criminal justice system and to have a voice.
- 4.12 The Scottish Women’s Rights Centre (SWRC) is not an advocacy service but provides civil legal advice and assistance. It aims to ensure that women in Scotland who have been affected by gender-based violence are able to access timely and appropriate legal advice and information. It currently has one solicitor funded to cover Glasgow and parts of Strathclyde; recent additional funding will allow for an advocacy worker, and three further solicitors to cover the east and north of Scotland. SWRC is a partnership between Rape Crisis Scotland, the Legal Services Agency and the University of Strathclyde.

## When services are available

4.13 Table 1 shows that most advocacy services are available weekdays in office hours. Ten advocacy services provide a daytime service at weekends and four an evening service at weekends. A few said that they offered a late night once or twice a week, or that they worked flexibly around their service users, for example for safety planning reasons or to accommodate paid work commitments. The speed at which an advocate can respond to a police referral, for example, can be important in reducing a victim's likelihood of minimising the abuse and in increasing her safety. This may also mean that, for domestic abuse, there may be less likelihood that the woman's case needs to go to a MARAC (because risk and safety have been responded to promptly).

**Table 1: Reported hours of availability**



Note: All tables indicate *n* based on the number of respondents who answered that particular question.

## Staffing and qualifications

4.14 The online survey results show that the advocacy services that responded report having a total of 299.24 FTE advocacy staff between them. This includes services such as rape crisis centres and some Women's Aid groups which have one advocacy worker, ASSIST which has 23 FTE advocacy staff and variations in between. Glasgow Women's Aid said that all its staff are advocacy workers.

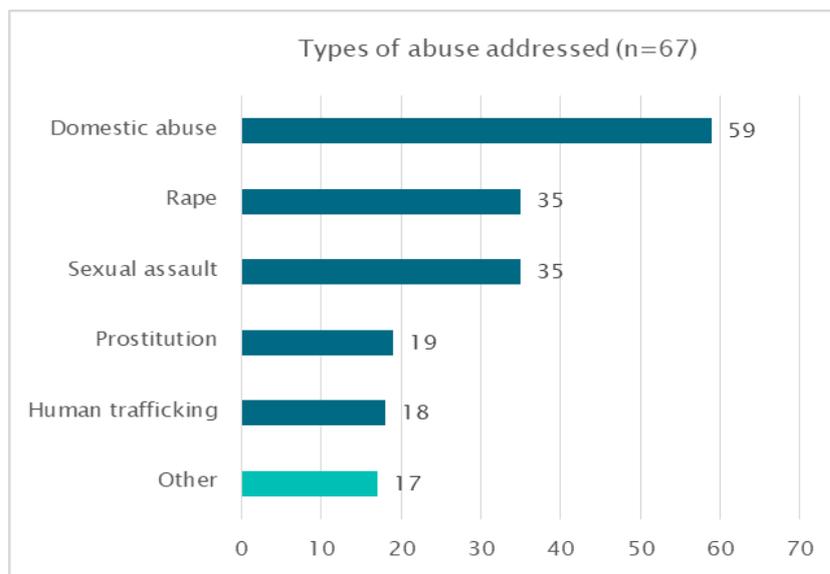
4.15 Thirty-seven organisations (55%) stated that at least one member of staff holds a specialist qualification in domestic abuse advocacy. Twenty-eight organisations (45%) do not have a member of staff with a specialist domestic abuse advocacy qualification.

- 4.16 Of those who reported holding a qualification, the most common qualification was the professional development award (PDA) in Domestic Abuse Advocacy/IDAA (mentioned by 29 organisations<sup>13</sup>).
- 4.17 Others mentioned other learning/training which is not specialist advocacy training. These included internal training such as VSS internal staff training; restorative justice relationship therapy (which focuses on counselling); and the Queen Margaret University/SWA gender justice module.
- 4.18 There is scope for continuing to offer professional training to new domestic abuse advocates. Several interviewees were concerned that, now this training has to be paid for by services rather than the Scottish Government (see para 1.11), there may be less take-up.

**Types of advocacy service offered**

4.19 We asked survey respondents to state the types of abuse they address. Table 2 shows the responses. It demonstrates that domestic abuse is the most common type of abuse for which advocacy is available (59, 88% of respondents), followed by rape and sexual assault (35 respondents, 52%). Advocacy services which respond to prostitution, human trafficking and other forms of violence against women and girls are less common, as shown below. As this research was not concerned with identifying demand, it is not possible to state whether the fact that there are less services reflects lower demand. However, from the qualitative interviews we do know that the national organisation charged with providing advocacy services for violence linked to human trafficking spoke of the difficulties of providing the service in areas further from the central belt.

**Table 2: Types of abuse addressed by advocacy services**

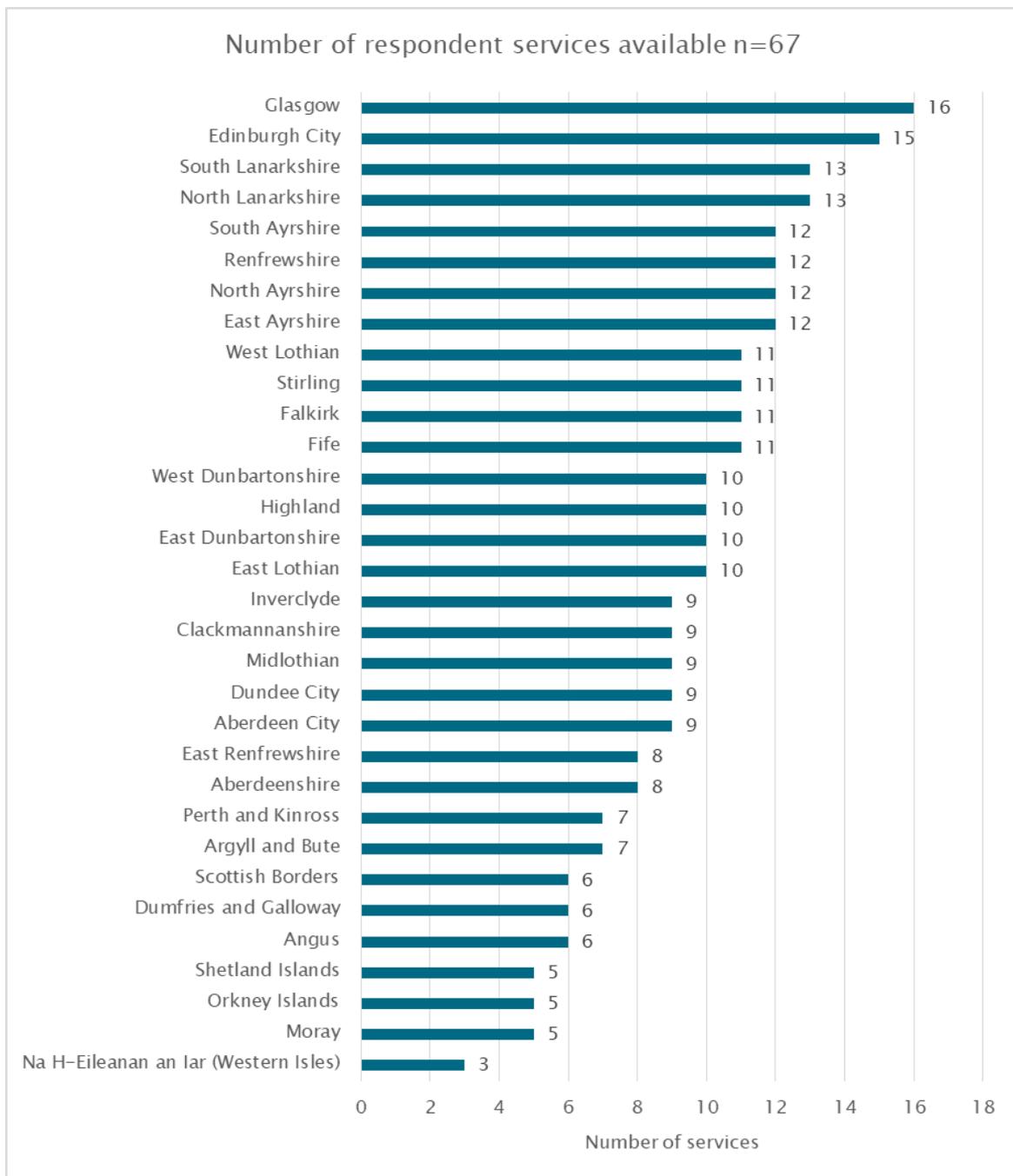


4.20 The ‘other’ types of abuse addressed included historical childhood sexual abuse, stalking, harassment and honour-based violence.

<sup>13</sup> 175 people have been funded by the Scottish Government to be trained as IDAAs.

- 4.21 The service manager and national stakeholder interviews confirmed the findings of the literature review that domestic abuse advocacy is better served and longer-established than advocacy for other forms of gender-based violence. Interviewees identified that rape and sexual assault were the next best served, and that other forms of gender-based violence were less so. Interviewees identified that advocacy for trafficking, prostitution, female genital mutilation, stalking and harassment was a significant gap.
- 4.22 The survey asked each respondent to state in which local authority area(s) their advocacy service is offered. Table 3 illustrates the results. It shows that most services are located in Glasgow and Edinburgh.

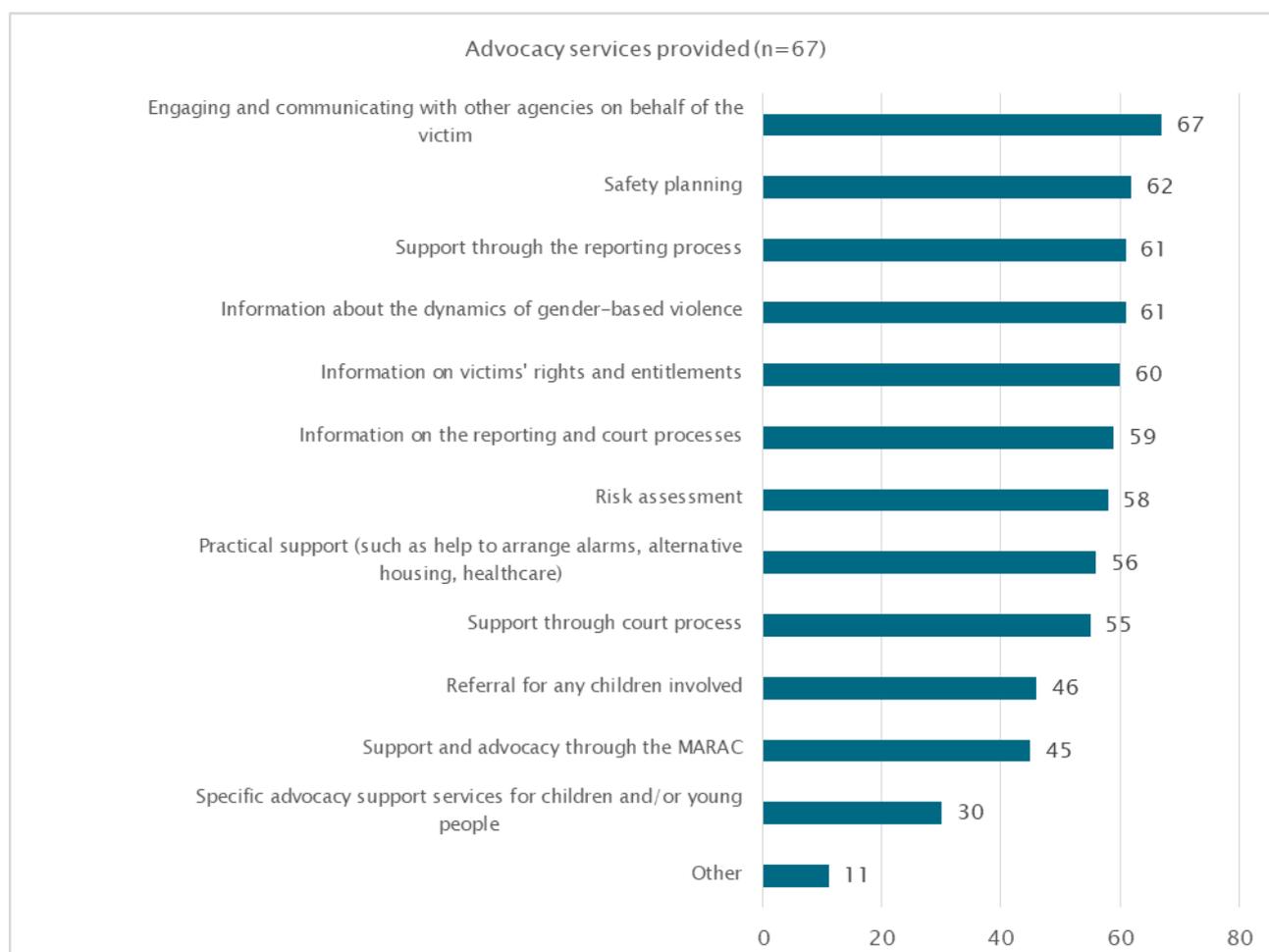
**Table 3: Services available in each local authority area**



## **Range of advocacy services provided**

- 4.23 We asked respondents to tell us about the range of advocacy services they provide. Table 4 illustrates their responses. All services engage and communicate with other agencies on behalf of the victim, and most provide safety planning, support through the reporting process, and information on related issues.
- 4.24 Fifty-eight respondents (87%) stated that they carry out risk assessment and nine services stated that they do not. Of these, several relate to rape and sexual assault which, as already mentioned, may not necessarily require a formalised risk assessment, depending on whether the perpetrator was known to the victim.
- 4.25 Fifty-six respondents (84%) stated that they provide practical support and 55 respondents (82%) that they provide support through the court process. Forty-five respondents (67%) provide advocacy and support through the MARAC. Thirty respondents (45%) said they provide advocacy for children and young people.
- 4.26 Eleven respondents mentioned offering other services including one service which works with the abusive partner separately, where the risk is manageable; a few which provide safe accommodation or refuge; and a few which provide support through the forensic process, or mention providing legal advice and representation.
- 4.27 Specialist advocacy services for children and young people appear to be less frequently available. More detail is required as to the exact nature of the services that the 30 respondents who said they offer advocacy services for children are supplying. Interviewees frequently mentioned this as a gap. We return to this later in this chapter.

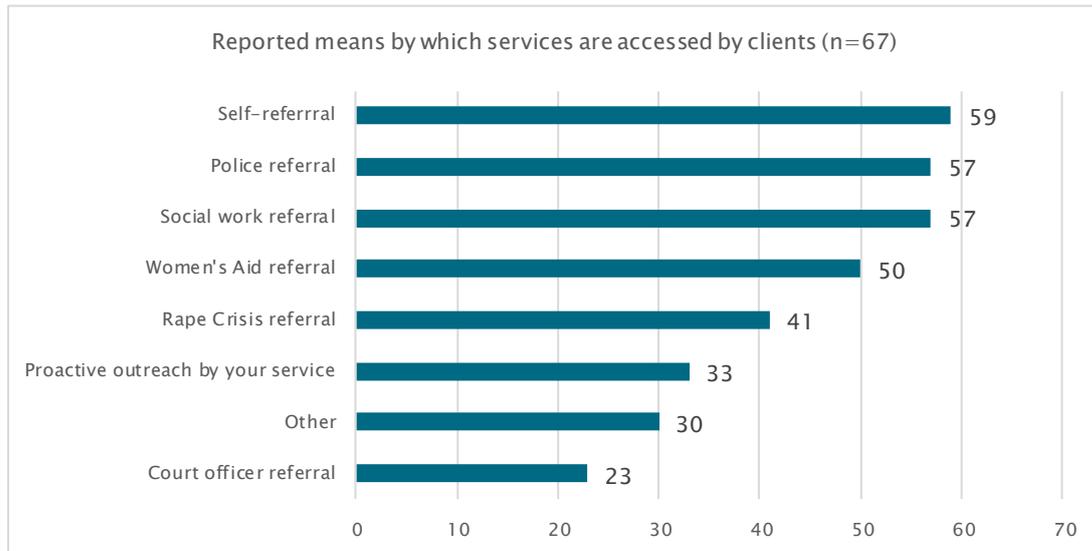
**Table 4: Range of advocacy services provided**



### Access to services

4.28 We asked survey respondents to indicate how people access their services. The results (see Table 5) show that 88% of services received self-referrals, and 85% of services received referrals from police and social work. Almost half of the services stated that people accessed their services as a result of proactive outreach. From the interviews, it is clear that services may have different interpretations of 'proactive outreach'. For example, one Women's Aid group talked of reaching women through awareness raising in the community. For ASSIST, proactive outreach means following up with women who have been referred by the police following an incident, offering the advocacy service, and being prepared to offer it more than once if the woman does not initially want to engage with the service. Several service managers stressed the importance of such proactive work, and some were concerned that they lacked capacity to do as much of this as they think is necessary.

**Table 5: Ways in which people access advocacy services**

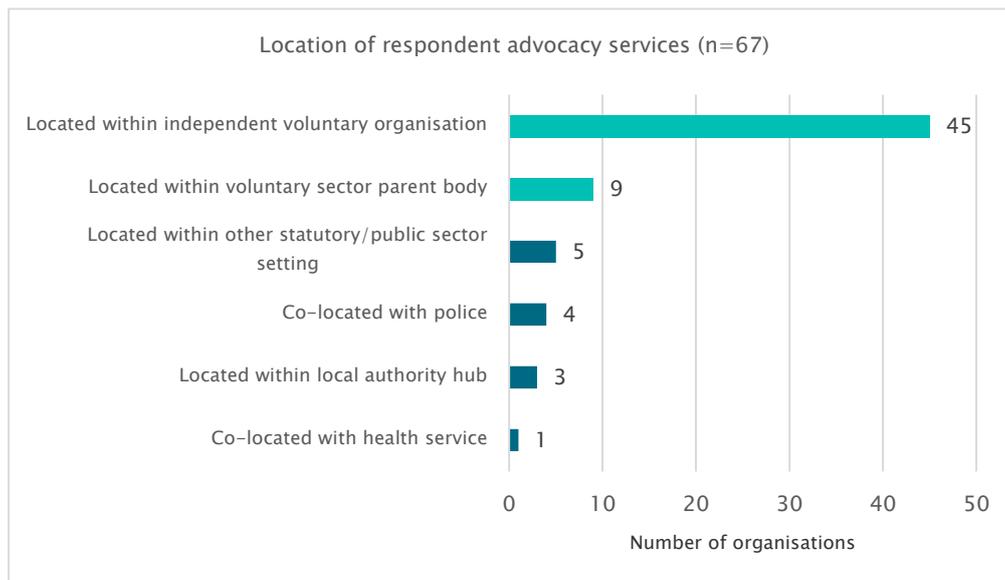


Note: services selected all of the sources from which they receive referrals.

## Location

4.29 Table 6 sets out the location of services. The most common location for advocacy services is within independent/parent-body voluntary organisations (54, 80% of 67 respondents). Thirteen (19%) are located within another public/local authority setting or with the police. Only one service, Archway sexual assault referral centre, states that it is located within the health service.

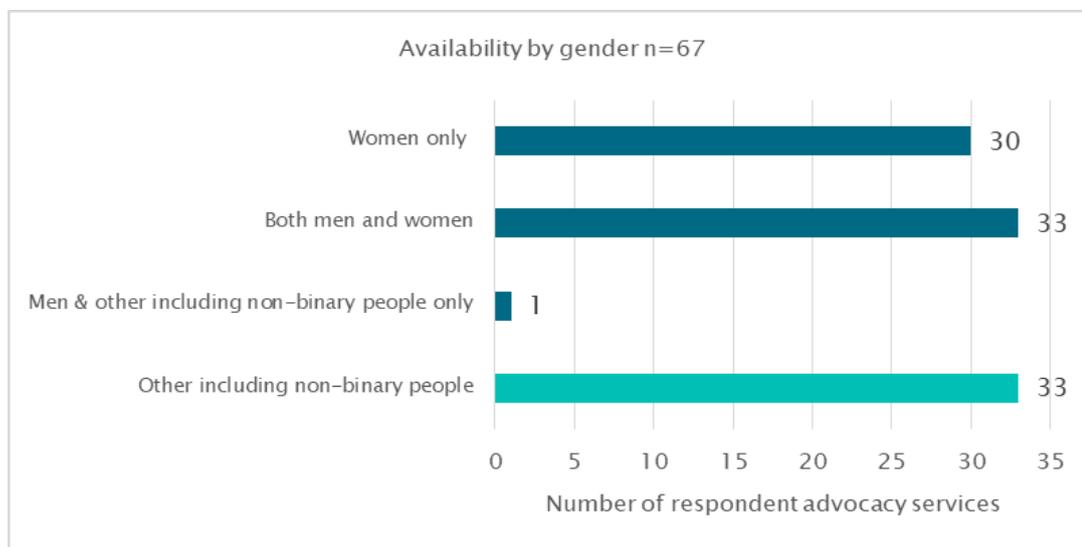
**Table 6: Location of respondent advocacy services**



## Gender of client group

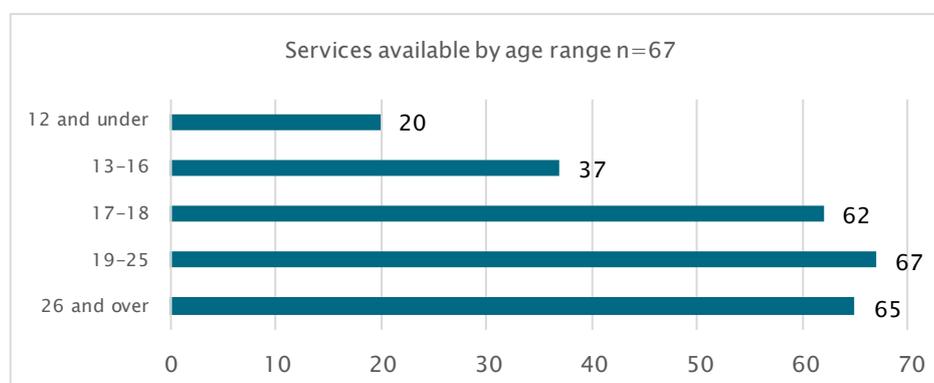
4.30 Table 7 below shows that just under half of services, (33; 49%), work with men and women; 30 (45%) work with women only. One organisation, Abused Men in Scotland (AMIS), works with men only (including non-binary people).

**Table 7: Services available by gender**



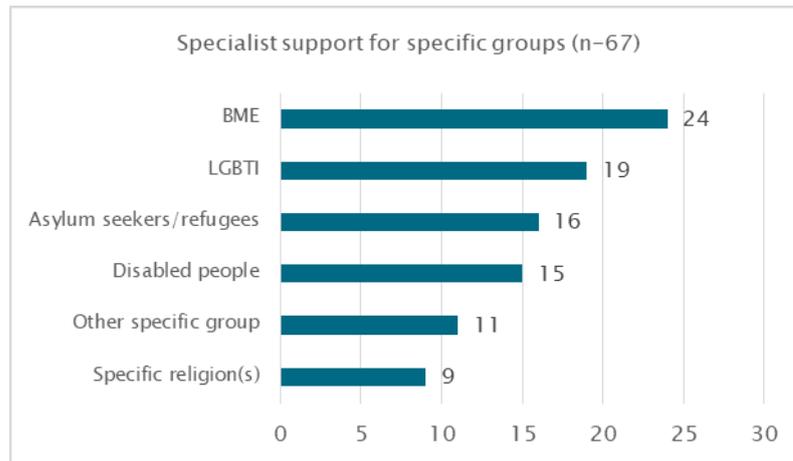
4.31 Table 8 shows that just under one third of advocacy services were available to children, aged 12 or under, however no service worked exclusively with children. The number of advocacy services increases with each age bracket until age 25. Two services said they did not work with people over age 25. We know from Table 5 (above) that 30 services offer advocacy support to children and/or young people over the age of 13 while 46 refer on to other services. We do not know who they are referring on to nor whether any specific advocacy services are offered by social work/child protection. This aspect needs further research to understand in detail what is currently being offered: support or advocacy. However, there is a general sense from those we interviewed that there is a deficit of specific advocacy support for children and young people.

**Table 8: Services available by age range**



4.32 Around 43% of respondents reported providing specialist support to people with protected characteristics, most commonly BME and LGBTI people (see Table 9). However, survey question selection patterns and qualitative comments indicate that responses were to do with offering an ‘all-inclusive’ service rather than a targeted approach. Interviewees mentioned the challenges of meeting the needs of some BME women, for example with interpreting and working with different cultural norms.

**Table 9: Services available for those with protected characteristics**



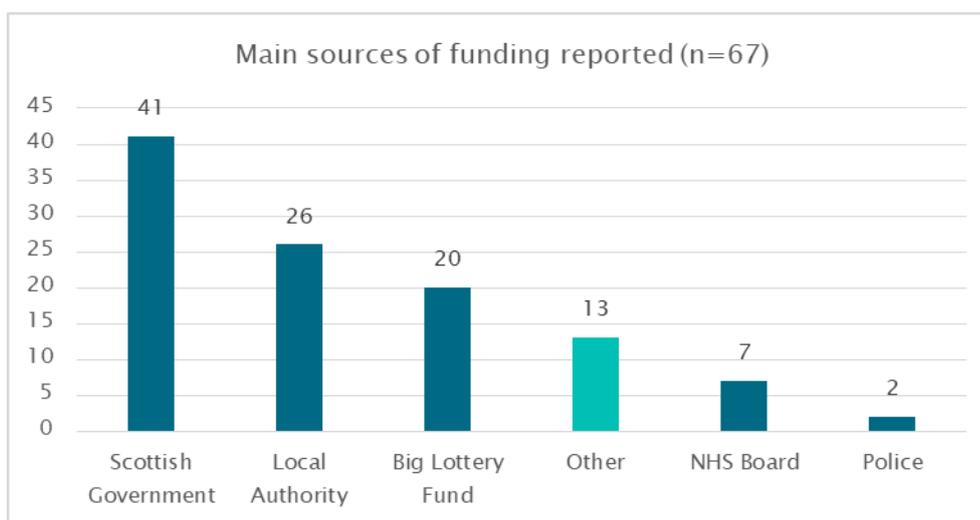
Note: services selected all the specific groups they work with.

## Funding, accountability and governance arrangements

### Funding

4.33 We asked survey respondents to identify all their sources of funding. Table 10 below shows that the Scottish Government was the most frequently mentioned source, identified by over 60% (41) of respondents, while 39% (26) mentioned local authority funding. The BIG Lottery was the third most frequently mentioned funder with 30% (20). Sources specified by those selecting 'other' included various charitable trusts and funds, local partnerships or private donations.

**Table 10: Main sources of funding**



4.34 We asked survey respondents how long their current funding is due to last (see Table 11). Of the 56 respondents to this question, nearly half (27, 48%) said their funding lasted for a further six to 12 months and a further 15 (27%) said between 12 and 24 months. In the voluntary sector one-to-three-year funding is the norm. The Scottish Government VAWG Fund is for a year<sup>14</sup>.

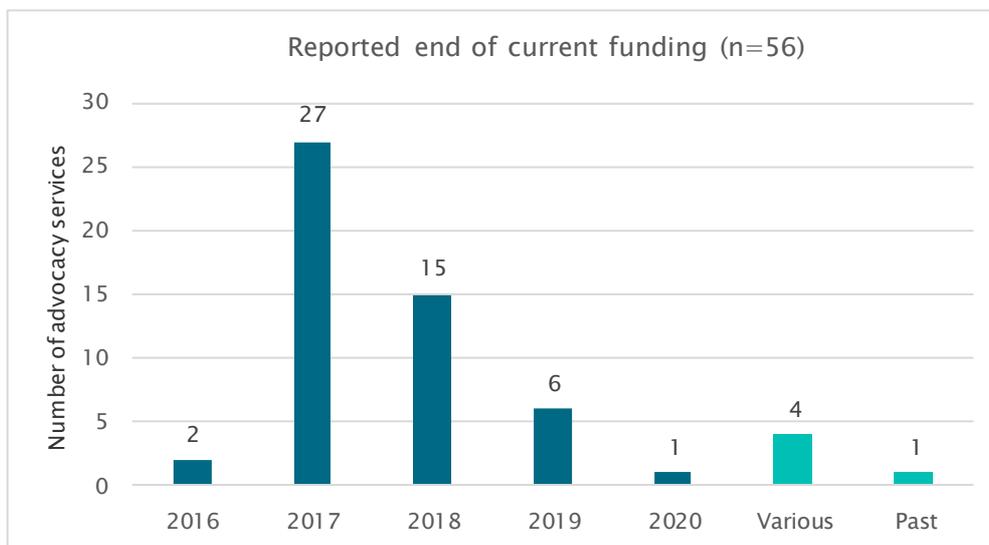
4.35 Most service managers raised a lack of resources and consequent lack of capacity as challenges. For some, this means not knowing if the service will survive beyond 31 March 2017. For others, it means having to prioritise who they work with and when. For example, ASSIST is prioritising those considered as 'highest risk'. It no longer accepts referrals marked as 'no crime'<sup>15</sup> or with insufficient evidence to proceed. The lack of resources and capacity was also noted in survey responses. A fifth of services are running a waiting list with numbers on these lists ranging from two to 50. Over three quarters of survey respondents placed their service in the range of demand outstripping capacity by some degree. Ten services indicated very high demand and insufficient capacity.

<sup>14</sup> Since this research was conducted, three-year funding has been made available through the Equally Safe Violence Against Women and Girls Fund and the Rape Crisis Specific Fund.

<sup>15</sup> 'No crime' means the police have found no evidence that a crime took place. It does not mean that nothing happened, rather that there is insufficient evidence.

4.36 These findings represent a risk to services and service users.

**Table 11: Reported end of current funding**



## Accountability

4.37 The responses to the question 'Who is responsible for this service?' show that, of the 67 respondents, 45 (67%) are managed by an independent voluntary organisation and nine (13%) by a voluntary sector parent body. Local authorities are responsible for six advocacy services directly, with one being managed by an arms-length local authority organisation. Three further services report that other statutory/public bodies are responsible (two of which (Archway and EVA Services) are accountable to the NHS and one (ASSIST) to both the Scottish Police Authority and Glasgow City Council). Four services stated 'other'<sup>16</sup>.

## Governance

4.38 Of 67 respondents, 44 (66%) are governed by a board of trustees and five (7%) by a management committee. This is consistent with accountability arrangements in the voluntary sector. Eighteen organisations (27%) stated that they had 'other' governance arrangements: these include local authority committees (for example the public protection committee in one area); partnership arrangements where either a reference, steering or advisory group is responsible for governance; and NHS-related governance structures.

4.39 In the online responses, 26 services (41%, n=63) were in a partnership agreement, and 37 (59%) were not. There are many examples of partnership arrangements. The following examples illustrate the complexity of these:

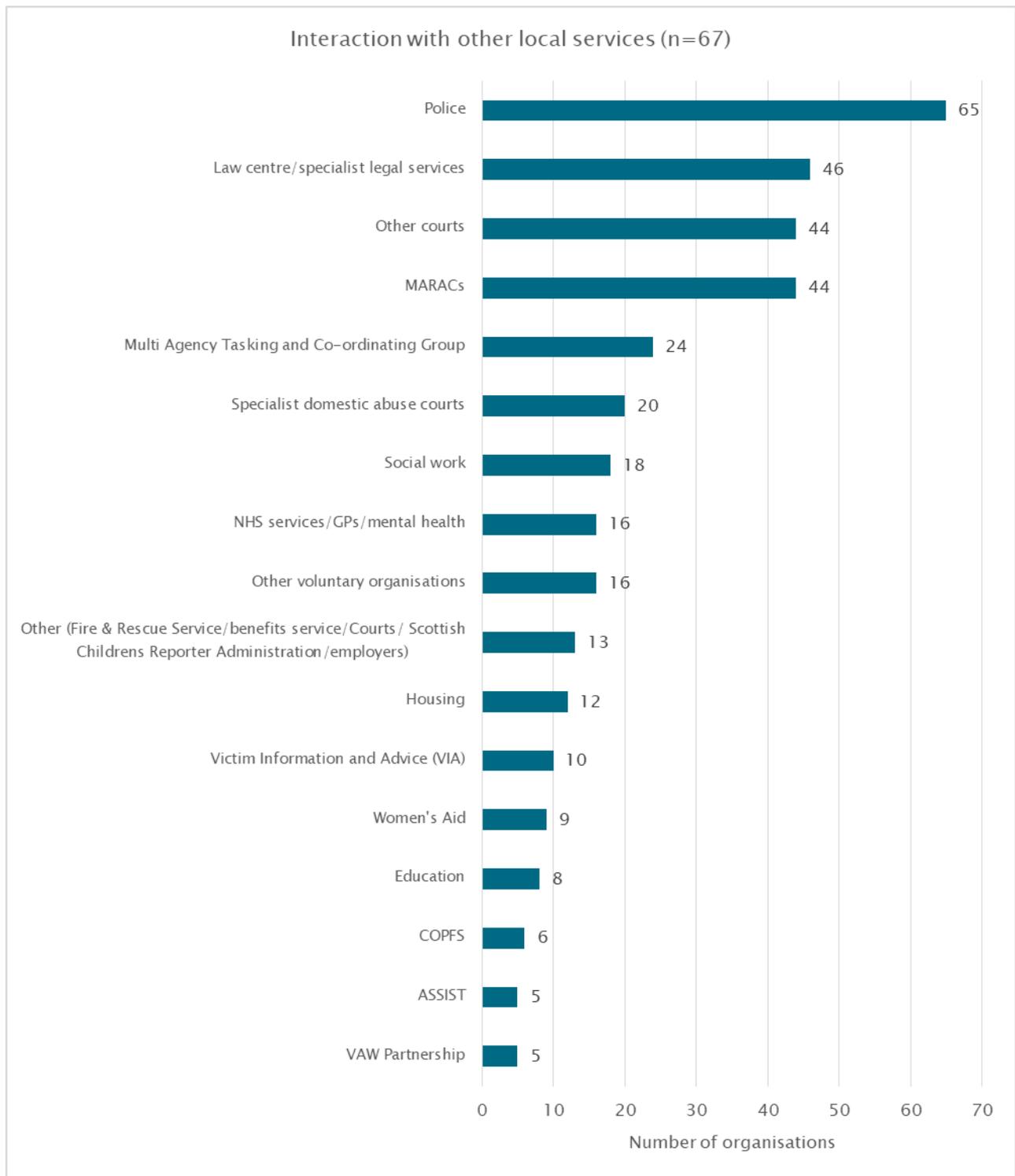
<sup>16</sup> The four are: Domestic Abuse Advisory Service (East and Midlothian Public Protection Committee); Forth Valley Accredited Programmes Team - Caledonian Women and Children's Service; Multi-agency Domestic Abuse Response Team - North Ayrshire Health and Social Care Partnership; The National Advocacy Project, Rape Crisis Scotland.

- The West Lothian Domestic Abuse and Sexual Assault Team is owned by West Lothian Council but works in partnership with the police and courts as they are based in the same civic centre;
- Fearless, which provides domestic abuse advocacy to certain marginalised groups, is governed by a partnership reference group comprising Sacro, Shakti Women’s Aid, LGBTI Youth Scotland and Respect; and
- ASSIST, based in Glasgow, is part of Community Safety Glasgow (CSG), which is owned by both Glasgow City Council (GCC) and the Scottish Police Authority (SPA). CSG has a board of directors which includes the two main shareholders, GCC and SPA, but which has a majority of independent directors in order to preserve its independent nature.

### **How advocacy services interact with and relate to other facilities, organisations, systems**

- 4.40 As illustrated in Table 12 below, all the advocacy services responding indicated that they have some form of routine interaction with other services.
- 4.41 The most common routine interaction is with the police. Only two of the 67 respondents did not mention the police in this context. Twenty (30%) routinely interact with a specialist domestic abuse court; 44 (66%) with other courts and 44 (66%) with MARACs. Forty-six (69%) interact with a law centre or specialist legal service.
- 4.42 These figures indicate that advocacy services are interacting with criminal justice agencies, which one would expect within a criminal justice response. Sixty-nine per cent of services indicated that they regularly engage with a law centre or specialist legal service. Interviewees subsequently talked about working with women who are engaged with the civil justice system over child contact, obtaining civil protective orders and immigration processes. A significant volume of the work of some advocacy services may be focused on civil processes although the precise extent to which this happens is not known from this research.
- 4.43 Services also indicated that they work with a wide range of other services beyond the criminal justice system in order to respond to the needs of service users. From the interviews, the range of organisations people talked about is broad. These include substance-use services; health and mental health services; housing; welfare benefits; and disparate voluntary sector services.

**Table 12: Interaction with other local services**



4.44 Several interviewees mentioned VIA (Victim Information and Advice) as being a useful link to the court system as the following quotes illustrate:

“VIA sit in the same office as the fiscal. We have a really good relationship with VIA. One of the issues we had is that most domestic abuse cases go to summary court. But we had an issue with trial dates being set for solemn

procedure. Because of the link with the fiscal/VIA, we now get notification of the solemn and summary trial dates direct from VIA.” (local authority-based advocacy service)

“Plus we work closely with VIA and it puts our reports to the court. We speak regularly. They send us all the custodies every morning.” (court-based service)

- 4.45 Not every area has a MARAC. Some interviewees said that this was a deficit and that it reduced the level of co-ordination of domestic abuse intervention in an area, as the following quote from a service manager highlights:

“We don’t have a MARAC so the main role of the advocacy worker is to coordinate the multi-agency response to make sure women are safe.” (local voluntary sector organisation)

- 4.46 Many expressed concern about the general lack of consistency across Scotland: the services available and the extent to which they interact. For some interviewees who try to meet demand in areas outwith the central belt this was about the difficulty of supplying such services at a distance; for others, it was about a sense of fairness in access to a similar level of service. There was also some criticism of the extent to which the criminal justice system understands the voluntary sector and interacts with other agencies. This is significant given that 67% of services in this survey are located within the voluntary sector.

“The procurators fiscal are not evident at the MARAC meetings...so the system doesn’t always integrate well with what these services are trying to do.” (local voluntary sector organisation)

“My experience, my own and my workers, is that there’s an awful lot of dissatisfaction and a lot of that has happened since losing the sexual offences team at the fiscal’s office. There’s a missing layer that was useful, that women found useful. Local connection and massive experience has been removed. That adds to the distress. Some people handle it with more stoicism.” (local voluntary sector organisation)

- 4.47 Several service managers said that they train other professionals, for example on risk assessment:

“We feel well linked-in generally, with a quarter of referrals coming to us from other agencies. We are also running a training course around risk assessment so that other professionals can do this and have a waiting list for the training. Sixty-four will be trained and we will pick up the rest at some point as well.” (service co-located with police)

- 4.48 A few interviewees wanted more interaction with health services, for example through offering outreach advocacy in A&E departments. There is a growing sense of the role that this type of advocacy can play in health settings. Health visitors are required to undertake routine enquiry of domestic abuse as part of

the Universal Health Pathway and to assess risk if abuse is disclosed. They are being trained to undertake risk assessment using the DASH-RIC tool.

- 4.49 One service manager said the advocacy service wanted to increase its networking with other local organisations but lacks the capacity to do so. Another highlighted the importance of the Violence Against Women Partnership as helpful in developing coordinated responses to all forms of violence against women and girls in local areas.
- 4.50 A few interviewees raised the importance of supervision and reporting arrangements so that learning from practice and experience contributes to wider institutional and strategic change. The importance of advocacy in ensuring women's experiences can influence institutional and strategic change in the criminal justice system was noted in the literature review as a key component of the advocacy role.

"...there is a role for advocates not just directly representing the interests of individual women but also adopting an 'institutional advocacy' approach ... they have a role in tackling attitudes and culture within the institutions they come into contact with." (local authority-based service)

"There's not time to reflect or be proactive in developing things on the basis of what women generally tell us." (court-based service)

"...funding that enables coordination at a national level that would allow dedicated training for workers and opportunities to come together, share learning and improve strategy and policy by the evidence and experience that they are gathering." (national body)

### **Integration and isolation within local structures and processes**

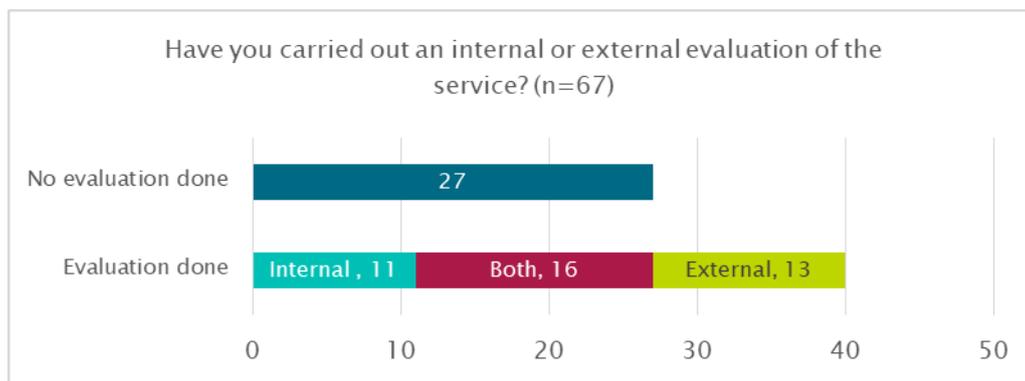
- 4.51 Integration can involve both physical co-location and also organisational integration, or close working even if there is not physical co-location. Most services are not physically co-located. The main co-located services are those that are most directly linked to the criminal justice system: ASSIST (co-located with police)); West Lothian DASAT (co-located in same building as both the court and the local authority and the police); the Domestic Abuse Advocacy Support Service, Scottish Borders (co-located in the local authority hub); MIA in Dundee (co-located with police); Domestic Abuse Advisory Service, East Lothian (co-located with the police); and MADART, North Ayrshire (co-located with the police). While stressing that they provide independent advocacy, these services reported significant benefits from such co-location in their relationships with the police and the wider criminal justice system.
- 4.52 Others have an integrated approach by virtue of working together through the MARAC. MARACs provide a structure for partnership working, information sharing and joint action. Advocacy workers working to a MARAC are the lynchpin for this: doing the linking up. Their role is crucial both when there is a MARAC and in the absence of one.

- 4.53 Some qualitative interviews raised the issue that sexual violence advocacy was less integrated within the coordinated community response because there is no equivalent to a MARAC in bringing different agencies together to support the victim and any children. Based on consultation and research with survivors of sexual violence, the RCS National Advocacy Project provides dedicated advocacy workers to support sexual violence victims at the point of reporting, pre- and post-court, in its words “helping them to navigate around and through the various organisations but with the continuity of the same person”.
- 4.54 From the evidence provided during this research, most advocacy services work closely with other agencies. This is consistent with the advocacy role. The degree and type of interaction varies from area to area and organisation to organisation. The extent to which advocacy services are integrated with criminal justice processes also varies according to a wide range of factors including: whether or not there is a specialist court; whether or not they are recognised by, or have a meaningful role/status in, local criminal justice structures; whether there are agreed referral and information sharing protocols in place; whether or not there is a MARAC; whether or not there is a local coordinated response to violence against women; capacity issues and more.
- 4.55 One national stakeholder wanted to be clear about advocacy services that link formally with the procurator fiscal’s service, and identified four services clearly meeting this definition: ASSIST in Glasgow and other areas in the west; the Edinburgh Domestic Abuse Court Service (EDDACS); the Scottish Borders Domestic Abuse Advocacy Service (DAAS) and the West Lothian Domestic Abuse and Sexual Assault Team (DASAT). The interviewee added that the more recent National Advocacy Project, which provides an advocate in rape crisis centres, will provide a similar service for those affected by sexual violence once it is fully established. Other domestic abuse advocates, such as those within some Women’s Aid groups, do not necessarily have the same direct formal links to the criminal justice system. But Women’s Aid advocates play an important role as advocates linked to the MARAC system, and may support women when there are issues of safety and risk connected to civil justice matters, such as child contact.
- 4.56 There appears to be no overarching process that sets up a formal protocol to establish referral and information sharing mechanisms between the police, the procurator fiscal and advocacy services; these are negotiated and agreed at local level. It is notable that the services identified by the national stakeholder above sit within, or closely alongside, statutory justice services. Three of them sit within a local authority or a public sector partnership, and this may play a part in the ease with which information sharing protocols are negotiated and agreed. The fourth sits within a Women’s Aid group, but was set up by the local violence against women partnership at the same time as the specialist domestic abuse court was established.

## Outcomes sought and monitoring data

- 4.57 Just over two thirds (46) of respondent advocacy services reported that they have set outcomes for their service. This means that just under one third (20) reported that they do not have set outcomes.
- 4.58 Twenty-seven advocacy services (41% of the 67 responding to this question) stated that they have not evaluated their service (see Table 13). Of the remaining 40 services, 11 have undertaken internal evaluation only; 13 have undertaken external evaluation only; and 16 have undertaken both internal and external evaluations.

**Table 13: Services undertaking evaluation**



- 4.59 We analysed the qualitative responses given in the survey about the outcomes used by those services which described them, together with the information from the qualitative interviews. This shows that, for most services, outcomes have been set in conjunction with funders and, for some services with multiple funders, this can mean they have different sets of outcomes to report on.
- 4.60 We note that, in responding to the survey question about outcomes, not all have identified outcomes in their answer: some have identified outputs or key performance indicators, which they gather as part of their monitoring information.
- 4.61 The following illustrates the types of outcomes which are shaping services:
- for women: that they feel safer; have better access to services; that they are better informed about their choices/better understanding about the criminal justice system; that they receive improved support; that they report improved health and wellbeing; that they have improved housing options; and
  - for agencies: that there is improved co-ordination.
- 4.62 We asked respondents to tell us how they measure their progress against outcomes. The tools used include self-reporting through service-user feedback forms; the Empowerment Star/Outcomes Star (outcomes star is widely used as an evaluation tool); repeating the use of the DASH-RIC to note

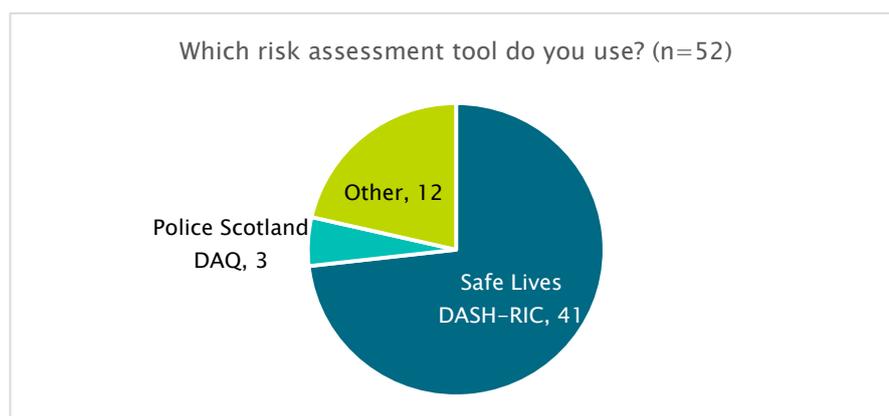
any difference; use of the Severity of Abuse Grid (SOAG)<sup>17</sup>; Core 10 (a health and wellbeing tool). Several of these tools measure individual change: it is not clear how services use them to assess the effectiveness or otherwise of their service.

- 4.63 A significant number of advocacy services are not evaluating their effectiveness, and not all services have set outcomes to guide their work. Evaluation can help to demonstrate impact and effectiveness, and help services learn from what works and what might be improved. However, while there is an expectation that voluntary sector services evaluate their work in order to report to funders, this is less likely to be a requirement in the statutory sector. The Voluntary Action Fund, under contract to the Scottish Government, has done considerable work with Evaluation Support Scotland to support VAWG-funded services to evaluate their services. Nevertheless, the findings suggest that advocacy services could be clearer about what they are aiming to achieve and how they will measure this.

### Risk assessment tools

- 4.64 We asked survey respondents if they use a risk assessment tool. Of 65 responses, 52 respondents do and 13 do not. Most of the 13 who do not use a risk assessment tool are rape and sexual assault centres, which do not use formal risk assessment tools in providing advocacy.
- 4.65 Of the 52 services which use a risk assessment tool, some use more than one, as illustrated in Table 14 below. The most commonly used tool is the SafeLives DASH-RIC used by 41 services (79%). Three services use Police Scotland Domestic Abuse Questions.

**Table 14: Risk assessment tools used**



<sup>17</sup> The Severity of Abuse Grid was designed (by SafeLives) for use after completion of the risk indicator checklist (RIC) to help practitioners profile the abuse the client is experiencing in more detail. It also supports an assessment of whether the risk is reducing, over a period of time.

4.66 Twelve services stated they use ‘other’ risk assessment tools. An analysis of these shows that most are using their own risk assessment tools although it is not possible to comment on them. One organisation (and some of those we interviewed) talked about using Core 10 which is a health-related self-evaluation tool. This suggests some confusion about what risk assessment means in the context of criminal justice advocacy.

4.67 Some national stakeholders commented on the variance and the place of risk assessment tools in the context of the overall advocacy approach:

“Getting a response within 24 hours and a risk assessment process which is not just based on whether lethality is present but should be based on an interaction that is lengthy enough and wise enough to get a sense of the narrative in that person’s life not just a tick-box exercise. ... Women are the best predictors of harm for themselves so how you manage the interaction and increase the space for interaction is essential.” (national body)

“Systematic referral, risk assessment and safety planning. The DASH is not that appropriate for everyone, for example, not so appropriate for those coming through prostitution. The approach of just talking to women and seeing what emerges is not good enough as everyone is fallible however much experience they have had. Support and help to navigate through the system is always required...” (service co-located with police)

### **What models of advocacy services are available?**

4.68 The research considered the models of advocacy services provided in responding to victims. It is clear from the above that a range of models operate which meet, to a greater or lesser extent, the definition used in this research.

4.69 The key variables appear to be around:

- type of abuse;
- location and governance; and
- advocacy approach.

### **Type of abuse**

Domestic abuse advocacy

4.70 We identified several models of domestic abuse advocacy:

1. Dedicated advocacy worker attached to the MARAC, for example Fife Women’s Aid.
2. Advocacy workers employed by a specialist VAW voluntary organisation, formally linked to a specialist domestic abuse court and MARAC, for example EDDACS (which administers the MARAC in Edinburgh).

3. Local authority-run advocacy service sitting within a local authority hub, alongside police/social work/other council services; supporting victims through MARAC (for example DAAS, Scottish Borders) and specialist domestic abuse court (West Lothian DASAT, ASSIST).
4. Voluntary sector partnership (Women's Aid/Barnardo's) advocacy service run by voluntary sector partners co-located with police, for example MIA in Dundee.
5. Advocacy workers within Women's Aid or other specialist domestic abuse organisations. These may be supporting a local MARAC (but not 'contracted' to do it). They may provide support to a (non-specialist) court if needed, but may not have a formal link to COPFS or the court. They will also support and advocate for women to access wider services they need such as housing and health services, for example East Ayrshire Women's Aid, Grampian Women's Aid, Ross-shire Women's Aid, CEA.
6. Support staff from a specialist service, contracted to provide a specific advocacy service for male victims referred to the MARAC, for example Kingdom Abuse Survivors Project.
7. Advocacy worker employed by a non-VAW service, supporting people with additional vulnerabilities/needs, for example Barnardo's Connections.
8. Advocacy service run by a partnership, providing advocacy to marginalised groups, for example Fearless.

#### Sexual violence advocacy

4.71 We found two models of sexual violence advocacy from interviews:

- RCS National Advocacy Project – advocacy worker based within a rape crisis centre, taking self-referrals and police referrals, supporting women to report to police, and through the pre- and post-court process.
- Archway – support or advocacy (interviewee refers to 'support workers') which takes referrals from the police and some self-referrals; conducts forensic examination; and supports victims all through the process.

4.72 Several interviewees said that it would be helpful to have advocacy workers based in A&E departments.

#### Location and governance

4.73 Where the advocacy service is located and how it is governed affects how it operates. In particular, how closely linked the service is in a formal sense to the local authority, the police and the court systems affects how well it can work with the criminal justice system.

## Advocacy approach

4.74 Interviewees commented on the different models of advocacy and their underlying approaches. Some essential elements which would apply to any model included:

- understanding VAWG and the national strategy;
- continuity and consistency;
- keeping the victim at the centre; and
- empowerment.

4.75 The following quotes illustrate these points:

“We need different models for different types of violence against women and girls. But they need to be feminist/asset-based/person at the centre/child friendly.” (national body)

“We are still learning a lot about how the national project is working and how it should be re-shaped to help meet needs. However, dedicated workers resourced to support the victim from the initial advice and communication, support in court and support post court linking in to additional services that are required to provide the advocacy and helping them to navigate around and through the various organisation but with the continuity of the same person.” (national body)

“Advocacy models that are underpinned by:

- understanding trauma and its impact;
- the survivor at the centre, enabling her to make decisions;
- rights-based models and ability to make choices;
- services have to be flexible for each woman and meet her needs.” (specialist advocacy service provider)

“A set of minimum standards so it doesn’t matter where you are in the country, you get the same service.” (national body)

4.76 There was discussion about the merits of different approaches to advocacy applied by different organisations. For example, Women’s Aid groups take a needs-led approach which differs from a wholly or mainly risk-based approach. Their view would be that a predominantly risk-based approach could mean that those formally assessed as at low risk might not receive a great deal of support. This is a concern given the importance of early intervention and also, in the context of domestic abuse, the dynamics of coercive control. For those in the criminal justice system, the risk-based approach makes sense and has huge significance.

4.77 One interviewee commented:

“A lot of people say ‘we risk assess’ but I think having a formal empirical risk tool is really important. And it’s not to say that if people aren’t high risk, that you don’t support them, and it’s not important. Of course it is. But I think if you have a recognised tool that enables you to speak with other agencies who also recognise that tool, and then you can use that tool as a vehicle to refer to MARAC/MATAC process that’s a very powerful thing.” (national body)

4.78 There was some discussion of the ‘silo-ing’ of different models and forms of abuse. This tended to be in the context of funding and concerns about equity and access to services. Comments included:

“We need to stop having all the separate advocacy services ... for rape/domestic abuse/sexual assault. We need a holistic approach to victims as they don’t come in silo crimes. And it needs a consistent model across Scotland.” (national body)

“The silo-ing of women at the point of crisis is not helpful. Example of Scottish Borders where there are two advocates in one service and one advocate in another service all coming from the same funding stream but going to different specialist gender-based violence services although there is an overlap of service users and there are demand/capacity issues.” (national body)

4.79 This is an aspect which could benefit from further study. A literature review commissioned by Rape Crisis Scotland found that there is scope for collaboration rather than amalgamation, particularly when a survivor has experienced ‘multiple victimisation’ so that survivors receive effective support from whichever service they approach<sup>18</sup>.

### **Developing the models**

4.80 National stakeholders commented on how models might develop further. These focused on:

- secure funding based on a clear rationale;
- minimum standards, clear principles and outcomes;
- consistency across Scotland to allow equal access to services with allowance for variation according to, for example, rural/urban populations.

The following are two quotes from interviewees about what they would like to see:

“Ownership, accountability, governance, standards, reviews, performance framework, outputs and outcomes, reduce number of victims.” (national body)

“Need a national conversation about what the function of advocacy services is and how they engage with NHS... It should be about ‘is there any

---

<sup>18</sup> Henderson, S. (2012). The pros and cons of providing dedicated sexual violence services: a literature review. Rape Crisis Scotland.

transformative potential' in this [advocacy] model to alter the landscape of policy and service responses to violence against women and girls." (national body)

### **Gaps and areas for improvement**

4.81 The main gaps in service provision identified through the survey and the qualitative interviews relate to:

- geographical gaps;
- gaps in types of service available;
- gaps in services for people with specific vulnerabilities;
- gaps in service provision linked to the justice process.

### **Geographical gaps**

4.82 The most frequently mentioned geographical gap relates to the divide between what is available in rural areas compared to urban areas. Issues raised related to the difficulty of offering services in some of the harder-to-reach areas; the problems of being a lone worker covering a large area; the fact that women may have to travel for forensic examination; and the problems for victims in smaller communities where confidentiality may be difficult as 'everyone is known'. As two interviewees commented:

"Confidentiality. In small communities, it can be very difficult – it happens quite often that you find that a survivor might be connected in some way to the statutory agencies – either through family or work and that can cause problems." (local voluntary sector organisation)

"Fear of the unknown and unfortunately some of that is geographical. Women need to be able to see round where it will take place and that is sometimes not possible – because of time, cost etc, and it disadvantages women in rural areas." (local voluntary sector organisation)

4.83 The overall gap identified by many is the lack of consistency in service provision across Scotland. The number of trained IDAAs in each area also varies. Not every area has a MARAC, as illustrated in the following comment:

"We have a really good start on MARACs but not a consistent national model. Still have areas that are taking a fixed number of clients, screening out 'lower risk' victims because that is what they have capacity for. Or they are not reviewing consistently. The court process can open up risk ... and MARAC can help to manage that but not everyone is getting access to that process." (service co-located with police)

4.84 As discussed above, the online survey indicated that just over a fifth of advocacy services are running a waiting list, and three quarters are experiencing demand which outstrips their capacity.

- 4.85 While the RCS National Advocacy Project has brought sexual violence advocacy to most areas, one interviewee queried the wisdom of having one advocate in each rape crisis centre when the population sizes are so varied: while it is good geographical coverage, the level of demand in each area is inevitably very different. Others thought that a minimum of one sexual violence advocate in each area was a reasonable allocation of the funding which was made available.
- 4.86 A few interviewees said that the sort of framework provided by MARACs in local areas in coordinating responses is less available to sexual violence advocacy workers, who may be more isolated within the community response.
- 4.87 Linked to lack of consistency country-wide is the need for more awareness raising about services available. Several of the service managers we spoke to indicated that they are trying to do more to raise awareness about the service they offer through active outreach. Increasing awareness of what available services provide is seen as essential.

### **Gaps in the types of service available**

- 4.88 Interviewees generally commented that, while advocacy services linked to domestic abuse are fairly well established (but not perfect) and while the National Advocacy Project is seeing an important increase in the advocacy available for those who have experienced rape/sexual assault, there is much less available for victims of human trafficking and prostitution. Other crimes such as stalking and harassment were identified by some as requiring more advocacy support.
- 4.89 Some of the gaps were not about advocacy as such but about some of the processes that run alongside it. One interviewee spoke about the overlap between criminal and civil law and of the difficulty of finding solicitors in the local area who understand gender-based violence. Another said that, in Glasgow, access to solicitors has been easier through, for example the Legal Services Agency, which has solicitors with specialist expertise. The extended Scottish Women's Rights Centre may help to bring more specialist solicitors to other areas in Scotland. As two interviewees commented:

“We struggle with finding high-quality solicitors here, there is no energy in their challenge very often. And would be good to see more challenge on legal grounds.” (local voluntary sector organisation)

“Access to lawyers, especially with reference to child contact. But also, family law more broadly.” (local authority-based service)

## Gaps in services for specific target groups

### Children and young people

4.90 The most frequently mentioned gap in advocacy services from those we interviewed was for children and young people. In some instances, this referred to general support for children and young people in households affected by domestic abuse. Others discussed the need for advocacy services for children and young people in their own right. These might be needed in different situations:

- to help provide a voice/support for children and young people, for example to present the child's voice to parents, teachers, hearings or others, or when parents are pursuing a court process; and
- to provide direct advocacy services for children and young people who are being abused in the home; within their own intimate partner relationships; or in other settings.

4.91 The following excerpts from interviews highlight the issues:

“Another gap, children still having to be in court and where we want to move with that. In criminal court particularly, we have special measures, we can use a remote site, screens, etc. But ideally children would give their evidence immediately after the incident, outwith a court and never be contacted again.” (service co-located with police)

“Children's voices: where are they being heard in the system? The children's hearing system ... we need to have children's views heard in confidence not in front of their parents.” (service co-located with police)

“There could be more specialised support for young victims. Last key performance indicators [list showed] 117 young victims who had experienced abuse by partners were going through [our] service. Needs a specific service to meet their needs.” (service co-located with police)

4.92 While there are examples of advocacy specific to children and young people, for example the West Lothian DASAT has a child contact officer to help put the child's view in court, CEA in Falkirk has a children's advocacy worker as does MIA in Dundee, and some Women's Aid groups who responded to the survey stated they have children's support workers<sup>19</sup>, there is scope for further research in order to understand this area of advocacy more comprehensively linked to a need for more advocacy services.

### Black and minority ethnic women

4.93 Another gap frequently mentioned by interviewees and during the earlier mapping stage by those we spoke to, relates to black and minority ethnic women. While 24 of the 67 survey respondents stated they offer advocacy

---

<sup>19</sup> The Scottish Government funds 33 Women's Aid groups to employ children's support workers.

services to black and minority ethnic women, interviewees raised many different issues.

- 4.94 One issue was the difficulty in finding appropriate interpreting, preventing services from responding as quickly as they would like. As one respondent commented:

“There is also a bit of a challenge here in relation to the Polish community: we managed to get some money for translation/interpretation but we normally try to see people within 24-48 hours and this is harder to keep to for Polish, and other east European people in terms of getting the interpreting organised etc.” (service co-located with police)

- 4.95 From the online survey, of 65 responses, 54 (83%) said they could and 11 (17%) said they could not provide interpreting services. The issue may be about finding ‘appropriate’ interpreters who are not biased against the victim. It may be about the range of languages required. Some women may want an interpreter who is not from the same community, which can add to the difficulty of finding an appropriate interpreter. It may be hard for services to find interpreters who understand the dynamics of abuse:

“... there is a gap in interpreting services, in terms of their understanding of abuse and dynamics of abuse.” (service co-located with police)

- 4.96 Some commented that ‘older’ communities from Pakistan and the Indian sub-continent are better served than ‘newer’ arrivals such as those from parts of Africa.

- 4.97 Interviewees commented on the gap in advocacy for asylum seekers and refugees which they think is compounded by a lack of expertise on immigration issues meaning that a service may not know how to help them. Also, many services do not know how to respond as they may be working with women who have no recourse to public funds. The complexity can be daunting, because of the extreme circumstances that many such families have experienced, as one interviewee stated it:

“There are very high levels of abuse in these women’s lives [given the sometimes violent experiences which they and their partners have fled from] but it’s not something that can be rectified [solely] by the criminal justice system.” (local voluntary sector organisation)

Others

- 4.98 Other gaps were identified for specific groups including women with learning disabilities and LGBTI people. A few interviewees thought that there is a gap in advocacy services specifically for men. The problem of low referrals from certain groups in more rural areas is highlighted in the comment below:

“We get few referrals for LGBTI people and there are no specialist agencies working in the area so nowhere for people to go. We’ve been working with LGBT Youth Scotland, looking at possibilities.” (local voluntary sector organisation)

## **Gaps in the provision of services linked to justice process**

- 4.99 ASSIST in Glasgow discussed gaps relating to the justice process. These include the lack of services for those whose cases do not proceed to court or 'no crimes' where there is insufficient evidence to proceed.
- 4.100 It also raised the difficulties of managing risk and safety post-conviction, especially in relation to shorter custodial sentences. Although the Victim Notification Scheme has been extended to all victims, if the sentence is under 18 months the victim has to write to the Scottish Prison Service and ask to be informed of any release, including a Home Detention Curfew. Unless the victim is in touch with an IDAA service, she may not know that the offender is coming out. The prisons are not routinely contacting IDAA services: they may ask criminal justice social work for a report. The social worker may or may not contact the IDAA. There are missed opportunities to manage risk and safety planning post-conviction.

## **Barriers and consistency**

- 4.101 The lack of consistency of service provision has been identified as a gap. While some of the gaps within advocacy services identified above contribute to this lack of consistency, there are other broader barriers to achieving greater consistency, which are not directly connected to advocacy services themselves. These include barriers within the criminal justice system; barriers linked to funding uncertainties; and others relating to awareness and training.

## **Barriers within the criminal justice system**

- 4.102 By far the most common barriers spoken about during the qualitative interviews with service managers and national stakeholders relate to the criminal justice system itself. These included the length of time to trial<sup>20</sup>, the trial process itself, and the variation in sentencing. The following comments illustrate some of the views expressed:

“The challenges are with the criminal justice system itself: the length of time it takes and very often the perpetrator gets off. It is seen as unfair.” (local voluntary sector organisation)

“Criminal justice is variable at times. Works for some but for others they have difficulty in getting information about their case e.g. where it is in the process, what's happening next. The trial is not good for victims, doesn't work to their advantage. Would like to see more direction from the judge to the jury about how people might be in court, e.g. they might not appear traumatised. The adversarial system is awful for victims as is the not proven verdict.” (health-based service)

---

<sup>20</sup> It is noted that, overall, the trial timescales for domestic abuse cases have reduced significantly in recent years (since around 2014-15) and that conviction rates for domestic abuse are similar to those for other types of crime. This does not take away from interviewees' perceptions of what the barriers are.

- 4.103 Several interviewees raised the lack of links between criminal and civil justice, and the lack of recognition of 'risk' in civil processes. This can be a particular issue in situations where an abusive partner is pursuing a child contact case:

“Criminal justice process seems to have overtaken the civil process and the link is not there. People are navigating both at same time – in one [the criminal court] they will get special measures etc and in the other they will have to sit across from the abuser in court for a week.” (service co-located with police)

- 4.104 Several interviewees were concerned with the variation in the approach taken by sheriffs and commented on the need for consistency and training, including on trauma and its effects. The following quotes come from two different sources:

“The main issue is around the views and practice of sheriffs: they want to be seen as independent<sup>21</sup> so refuse to be trained and take a blanket approach. Attitudinal issue but the institution does not correct it. [Cited example of perpetrator being vexatious, working the system, using children to control mother. Recognised as such by professionals (social work, housing) but not being taken into account by sheriff.] Can see a difference with Glasgow court where the sheriffs 'know the script' and can see perpetrator's behaviour for what it is.” (local authority-based service)

“Sentencing ... still a huge variation. There are still sheriffs who don't believe special bail conditions are appropriate. Best options will be in the domestic abuse court but will see areas where one particular sheriff doesn't believe in it at all. We are still seeing fines, at the start of the domestic abuse court we never saw fines, they were considered an inappropriate disposal.” (local authority-based service)

- 4.105 A few interviewees referred to a low rate of convictions in their area and thought that this did not encourage women to come forward.

“If you are talking primarily about the justice system – it's the disposals, that's what doesn't fit. It's not a lack of willingness – some of the fiscals are absolutely brilliant and I absolutely have the highest regard for them, they want to do the best job they can. Where we continually get let down is the guy gets let out, there's an apparent insufficient evidence – which means she gave her statement, it goes forward but he is out the next day and she is thinking I will never report this again in my life. Where in the system is it falling down? Is it the fiscal thinking there's enough but the sheriff not? Is it the police thinking there isn't enough evidence? Or are the police reporting it and the fiscal not proceeding with it? In [this area], 51% of domestic abuse incidents lead to conviction – what is happening to the other 49%?” (local authority-based service)

---

<sup>21</sup> The judiciary is independent. This quote reflects the speaker's viewpoint.

## Practical barriers

4.106 A few interviewees noted practical barriers linked to the court arrangements. These related to the buildings and the potential for intimidation, and safety concerns.

“Court premises not great for access and safety in Inverness, though a new justice centre is being developed, and Tain is the same.” (local voluntary sector organisation)

“Also in the non-specialist courts the victim is having to use same entrance and seating as perpetrator’s family.” (local voluntary sector organisation)

“There is a huge difference between the way these courts make arrangements. For example, at the High Court there are separate rooms for victims/witnesses. At the sheriff court, you can ask for a separate room but it’s at the back and you then can’t get out easily for a cigarette and cup of tea. There is potential for real intimidation.” (local voluntary sector organisation)

“System could be more attuned to needs of victim [example given where woman sent out into the street with accused because court was closing over lunch time].” (health-managed service)

## Funding

4.107 Another key barrier is funding, which is generally precarious, with most services not knowing how they will be funded beyond the next 12 to 24 months, and services reporting that they can only deal with the highest-risk victims.

“There is not enough of a resource and some people still don’t know where to go for help. When an incident is reported, the police do the DAQ, and if high risk, then it is automatically referred to [us]. But medium risk is the concern ... as we often find they are in fact high-risk as they may not have told the police everything.” (service co-located with police)

“Major difficulty is year-to-year funding - currently December, and no idea what’s happening post March. At capacity with staff we have, makes it difficult for planning and security, can affect ability to hang on to staff.” (local voluntary sector organisation)

“Threat of discontinued funding. Year-on-year funding, and budget has been standstill for several years, so really a cut.” (local voluntary sector organisation)

“Staffing levels and capacity... Underfunded and shortage of doctors, need for bigger premises. We will see everyone but stretched at times. In the past, we would support ‘with no end’ but now putting on a limit and seeing people for 12 weeks.” (health-based service)

“In terms of what we need – we don’t have a health worker, think that’s a gap. Would be good for giving another perspective. We are missing a training

worker to provide to local workers. I would love to have access to a lawyer.”  
(local authority-based service)

### **Awareness and training**

4.108 Some interviewees identified the barrier of lack of understanding more generally in society, and think that more needs to be done to raise awareness of domestic and other forms of abuse and their impact.

“Needs to be better understanding of complexities of domestic abuse, more training needed about the impact that it has on women, how traumatised and vulnerable they can be. Part of a bigger societal problem e.g. putting blame on woman for not leaving him/mixed messages, not recognising issues she faces.” (local voluntary sector organisation)

4.109 Several interviewees commented on the need for training for other professional workers, but noted that there has been some development within health:

“Training is a huge gap. If you don’t train the frontline workers so they know what domestic abuse is, how can they respond appropriately ... one-off training doesn’t work, has to be on-going.” (local authority-based service)

“There’s been a programme of training in the health service. And loads of other areas have bought in the risk identification training. Getting much better but still a way to go. Ideally, criminal justice social workers could be doing routine enquiry.” (service co-located with police)

4.110 Given the barriers raised within the criminal justice system, some interviewees thought that training for procurators fiscal and sheriffs is required:

“And training for all procurators fiscal and sheriffs as mandatory. The cross-examination of women can be absolutely atrocious ... whether she has taken drugs, what she’s wearing, whether she’s had a drink etc. Really appalling.”  
(local voluntary sector organisation)

4.111 The final chapter sets out our conclusions and recommendations from this research.

## 5 CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

- 5.1 The research has demonstrated variation in the types of advocacy service linked to the criminal justice system for victims of violence against women and girls available in Scotland. Domestic abuse advocacy is the most widely available. This reflects the prevalence of domestic abuse and the focus on reported 'incidents'. While recent developments (such as the RCS National Advocacy Project) have extended the type of advocacy available, provision by type and by location are inconsistent across Scotland. Advocacy is less available in rural and remote areas; some forms of violence against women and girls have few associated advocacy services. While it has not been part of this research to assess demand for services, interviewees generally thought there was a need for greater consistency in access to advocacy services across Scotland.
- 5.2 The research developed a definition that was workable but, because it had two distinct parts, was open to different interpretation. While some respondents thought it would be helpful to have a strict definition, others recognised that having more flexibility allows services to meet needs as they find them.
- 5.3 The literature review and interviews illustrated essential components of a, predominantly domestic abuse, advocacy service: independence of the justice system; assertive/proactive outreach; crisis intervention; and risk assessment. Some of these, such as crisis intervention and risk assessment, depending on the circumstances, may not apply so readily to other forms of violence against women and girls.
- 5.4 There are recognisable models of delivery: what they offer and how they do it. These have developed ad hoc and not according to a particular pattern but according to all sorts of variables including funding; needs assessments; opportunity; external demand; rural/urban locations; and sometimes as a service development. As a consequence, there is no one model, and there is no evidence to say that there should be one model.
- 5.5 However, there was a sense that there were certain prerequisites for any model responding to violence against women and girls. These include a gender-based analysis consistent with national strategy; empowerment of victims; agreed standards; and consistency of access to services across Scotland.
- 5.6 The research indicated that spread of services is patchy and that, in general, more provision would be helpful. For some services, criminal justice advocacy for victims of violence against women and girls is their main business: they were set up specifically as advocacy services. For others, advocacy is one element of a broader service. The broader service may be wholly or partly responding to violence against women and girls.

- 5.7 Many services are struggling with lack of secure funding, and demand outstripping capacity. There are problems in providing a broader institutional or strategic response based on evidenced practice, partly due to the lack of evaluation in many services. The scattergun approach is inconsistent with a coordinated community response; overall consistency and continuity in the funding or development of services appears to be limited.
- 5.8 The research highlights a perceived lack of advocacy services for children and young people in their own right, although it recognises that further work is needed in this area to fully understand what is being offered and by whom. While there is a wider range of support services for children, for example through social work services, it is unknown how many of these services can offer advocacy support, and any support would not be independent advocacy.
- 5.9 Other perceived gaps were associated with lack of services and barriers to services experienced by black and minority ethnic women and girls; disabled women and girls and LGBTI people.
- 5.10 In general, while there are clearly informal links between advocacy services and the criminal justice system, there are relatively few services where there is a direct and formally established communication channel between the advocacy service and the criminal justice system. This tends to happen where the service is embedded within the local authority and formal information-sharing protocols exist. Such services speak highly of the benefits which such close and formal communication brings.
- 5.11 Advocacy does not sit in a vacuum: there are other support services which are crucial for women and girls who experience abuse. In addition, advocacy cannot compensate for some of the weaknesses and challenges within the criminal justice system itself. This research has highlighted some systemic barriers, including the perceived need for more training for sheriffs. The lack of close links between criminal and civil justice were seen as a problem given the risk to women and girls over civil matters such as child contact.
- 5.12 There was some discussion about the importance or otherwise of having discrete services for victims of domestic abuse, sexual violence and other forms of violence against women and girls. This tended to be raised in the context of gaps and funding issues rather than analysis of the needs of and interventions required by survivors of violence against women and girls. This research was focused on scoping the services that exist rather than assessing the demand for such services.

## **Recommendations**

- 5.13 The brief for the work asked the research team to consider where further analysis and research may be required to promote consistency in advocacy services for victims of violence against women and girls, across Scotland.
- 5.14 The key recommendations in terms of further analysis and research are as follows:

- A. Advocacy services should be clear about what they do, the outcomes they seek, and how they measure their effectiveness and impact. Learning from individual service evaluations can then contribute to wider institutional and strategic change.
- B. To consider the intersection between the civil and criminal law in responding to violence against women and girls consistently and safely.
- C. To examine how to improve formal communication and information-sharing channels between advocacy services and the criminal justice system.
- D. To analyse funding models, direction and support to improve advocacy services' ability to plan and to provide service across all forms of gender-based violence.
- E. To consider how to provide advocacy across Scotland so that it can be accessed by all victims of gender based violence regardless of their location, particularly taking account of variation in urban/rural accessibility.
- F. To consider the demand for services, and the value and impact of independent advocate training.

## **APPENDIX 1: LIST OF SERVICE MANAGER AND NATIONAL STAKEHOLDER INTERVIEWEES**

### **National stakeholders**

AMIS  
ASSIST (strategic level)  
Children 1<sup>st</sup>  
Crown Office and Procurator Fiscal Service  
Ethnic Minority Law Centre  
NHS Health Scotland  
Police Scotland  
Rape Crisis Scotland  
Scottish Women's Aid  
TARA Service  
Violence Against Women Partnership coordinators (two focus groups)  
Victim Support Scotland

### **Service managers**

Archway sexual assault referral centre  
ASSIST  
Caledonian Women and Children's Service  
Committed to Ending Abuse (CEA) Ltd  
Connections Service (Barnardo's Threads)  
DAAS - Domestic Abuse Advocacy Support Service  
DASAT West Lothian  
East Dunbartonshire Women's Aid  
EDDACS (Edinburgh Domestic Abuse Court Support)  
EVA Lanarkshire  
Fearless (Sacro)  
Glasgow Women's Aid  
Grampian Women's Aid  
Kingdom Abuse Survivors Project  
MIA (Multi-Agency Independent Advocacy)  
Orkney Rape Crisis  
Ross-shire Women's Aid  
Saheliya  
Scottish Women's Rights Centre  
East Ayrshire Women's Aid  
South West Rape Crisis & Sexual Abuse Centre  
Stirling Citizens Advice Bureau, Domestic Abuse Transitions Advice Project  
Victim Support Highlands and Islands

## APPENDIX 2 – INTERVIEW SCHEDULES

### Interview schedule for national stakeholder interviews

#### Questions

1. In your view how well served are victims of gender-based violence (including the range of crimes indicated in our introduction above), in accessing advocacy services linked to the criminal justice system, across Scotland?
2. In your view what are the essential elements of an advocacy service for victims of gender-based violence? (explore issues to do with safety planning within this)
3. Do you perceive any particular gaps in advocacy services either:
  - a) geographically
  - b) the types of victim group/crime committed served (for example are those who are victims of domestic abuse more likely to be able to access advocacy services than those who are victims of sexual violence?)
  - c) are there particular groups who are not well served? For example young people, LGBTI, people with disability, BME communities
  - d) other?
4. In your view how well linked in are advocacy services to the other support systems/facilities and organisations that support victims of gender-based violence?
5. As far as you are aware is there enough capacity within advocacy services to deal with demand for such services?
6. In your view are the advocacy services available offered by trained staff? Are there issues around this you would like to comment on?
7. Is there any duplication of advocacy services?
8. Are there models of advocacy which you think work particularly well for victims of gender-based violence and which you would consider good practice?
9. How would you like to see advocacy services developed/changed/improved in the future?
10. Any other comments?

## **Service managers: interview schedule**

Introduction (as before, they will be more aware of the research having completed the survey).

The purpose of this interview is to explore in more depth your views on the service you provide, the capacity and resources you have available to provide the service, and any gaps you see in service provision.

(Note to interviewers: read over their survey answers before the interview)

1. How well does the definition of advocacy we are using (remind them of it) link with what you actually offer?
2. What are the main challenges for your advocacy service?
3. How exactly does your advocacy service link to the justice system?
4. Given your experience of providing advocacy, how well does the system work for victims of VAWG In general
5. Are there particular aspects of the criminal justice system which advocates routinely express concerns about
6. Which organisations does your advocacy service link with beyond the justice system? For example health/housing/the local multi-agency context?
7. How is the effectiveness of your advocacy service measured? (Ask for copies of any external evaluation as noted in their survey response).
8. What are the key gaps in services for victims of VAWG in your area?
9. What sort of capacity/resource is needed for the advocacy service you offer/would like to offer? [probe for whether what they currently have is adequate]
10. Explore any other specific issue that has emerged in their survey response.
11. Any other comments?

## APPENDIX 3 – ONLINE SURVEY QUESTIONS

### Questionnaire for advocacy services

National scoping exercise of advocacy services for victims of violence against women and girls.

We would be most grateful if you could complete this short questionnaire. If you have any questions about it please contact Ella Edginton at Blake Stevenson research on 0131 667 2919 or [ella@blakestevenson.co.uk](mailto:ella@blakestevenson.co.uk).

If you want to save your partially completed questionnaire to return to later, please click the save button at the bottom of the page and then follow the instructions that appear on the screen.

Many thanks.

Q1a Name of advocacy service \_\_\_\_\_

Q1b Name of person completing the survey \_\_\_\_\_

Q1c Job title \_\_\_\_\_

Q1d Contact telephone number \_\_\_\_\_

Q2a Does your service fall within the following definition of an advocacy service, which we are using for this work?

"a crisis intervention, focused on risk assessment and safety planning for victims of gender-based violence, with the goal of improving safety and reducing the risk of further abuse. Advocacy is also seeking to enable victims to access, navigate and have a voice through the criminal justice process"

Yes

No

Q2b What forms of gender-based violence does your service address? Please tick all that apply:

- domestic abuse
- rape
- prostitution
- sexual assault
- human trafficking
- other

If other, please specify \_\_\_\_\_

## About your service

Q3 Range of advocacy services provided (please tick all that apply):

- information on victims' rights and entitlements
- risk assessment
- information on the reporting and court processes
- safety planning
- information about the dynamics of gender-based violence
- practical support (such as help to arrange alarms, alternative housing, healthcare)
- support through the reporting process
- specific advocacy support services for children and/or young people
- support and advocacy through the MARAC
- referral for any children involved
- support through court process
- engaging and communicating with other agencies on behalf of the victim
- other

If other, please specify all \_\_\_\_\_

Q4 When did this advocacy service start? (please state year) \_\_\_\_\_

Q5 Which agencies/organisations/partnerships do you engage with as part of your daily advocacy work? (please tick all that apply)

- MARACs
- Police
- MATACs
- Law centre/ specialist legal services
- Specialist domestic abuse courts
- Other courts
- Other

If other, please specify \_\_\_\_\_

Q6 Which geographical area(s) is the advocacy service provided in? (Please tick all that apply)

- Aberdeen City
- East Renfrewshire
- Orkney Islands
- Aberdeenshire
- Na H-Eileanan an Iar (Western Isles)
- Perth And Kinross
- Angus
- Falkirk
- Renfrewshire
- Argyll And Bute
- Fife
- Scottish Borders
- Edinburgh City
- Glasgow
- Shetland Islands
- Clackmannanshire
- Highlands
- South Ayrshire
- Dumfries And Galloway
- Inverclyde
- South Lanarkshire
- Dundee City
- Midlothian
- Stirling
- East Ayrshire
- Moray
- West Dunbartonshire
- East Dunbartonshire
- North Ayrshire
- West Lothian
- East Lothian
- North Lanarkshire

Q7 In which organisation is this advocacy service physically located? (Please tick one)

- Co-located with police
- Located within other statutory/public sector setting
- Co-located with health service
- Located within voluntary sector parent body
- Located within local authority hub
- Located within independent voluntary organisation

Please name the statutory/public sector setting the service is based in

---

Please name the service's parent body \_\_\_\_\_

Q8 Who is responsible for this advocacy service? (Please tick one)

- Local authority directly
- Voluntary sector parent body
- Other statutory/public body
- Independent voluntary sector organisation
- Arms-length local authority organisation
- Other

Please name the statutory/public body responsible for the advocacy service

---

Please name the parent body responsible for the advocacy service

---

If other, please state which organisation is responsible for the advocacy service

---

### Staffing

Q9a Number of staff working as advocates \_\_\_\_\_

Q9b Number of f.t.e (full time equivalent) advocates \_\_\_\_\_

Q9c Number and role of managerial staff \_\_\_\_\_

Q9d Number and role of ancillary staff, eg admin \_\_\_\_\_

Q10 Do any of the staff hold specialist qualifications in gender-based violence advocacy?

- Yes \_\_\_\_\_ No \_\_\_\_\_
- How many? \_\_\_\_\_

What are the qualifications? \_\_\_\_\_

### Funding

Q11 Please identify the main sources of funding for the advocacy service

- Scottish Government
- NHS board
- Police
- Local authority
- Big Lottery Fund
- Other

If other, please name the other source(s) of funding

---

Q12 When does your current funding for your advocacy service come to an end? (Please enter month and year)

---

## Governance

Q13 How is the advocacy service governed? (Please tick one)

- Board of trustees
  - Management committee
  - Other
  - If other, please state
- 

Q14 Is the advocacy service delivered under a partnership agreement? (Please tick one)

- Yes                      No
- 

If yes, please state partner(s)

---

## Access

Q15 How do service users access your advocacy service? (Please tick all that apply)

- Proactive outreach by your service
- Court officer referral
- Self-referral
- Women's aid referral
- Police referral
- Rape crisis referral
- Social work referral
- Other

If other, please state \_\_\_\_\_

Q16 Which of the following do you provide? (Please tick all that apply)

- Office hours service (Mon to Fri)
- Evening service (Mon to Fri)
- Weekend daytime service
- Weekend evening service
- Other

If other, please specify

---

Q17 How do the advocates provide the advocacy service? (Please tick all that apply)

- Telephone
- Face to face in your premises
- Face to face in other premises
- Email
- Other

Which other premises do the advocates deliver face to face services in?

---

If other, please state \_\_\_\_\_

Q18 For how long do you generally provide the advocacy service?

---

Q19 Do you allow re-referral to your advocacy service? (Please tick one)

- Yes
- No

Q20 Can the advocacy service provide interpretation for:

- |  |     |    |
|--|-----|----|
| Those whose first language is not English? | Yes | No |
| Those with hearing or visual impairments?  | Yes | No |

Q21 Do you draw on other specialist services (for example specialist legal services) alongside your advocacy work?

- Yes
- No

Please specify \_\_\_\_\_

Q22 Where are service users referred on after receiving advocacy support? (please tick all that apply)

- Social work
- Women's Aid support service
- Rape Crisis/sexual abuse support service
- Law centre/other specialist legal service
- Other specialist gender-based violence service
- Other local support service

Please name the other specialist gender-based violence service(s) \_\_\_\_\_

Please name the other local support service(s) \_\_\_\_\_

Q23 Who is the advocacy service for in terms of gender? (please tick all that apply)

- Women: Does this include M to W transwomen? Yes No
- Men: Does this include W to M transmen? Yes No
- Other, including non-binary individuals

Q24 Who is the advocacy service for in terms of age? (Please tick all that apply)

12 and under	13-16	17-18	19-25	26 and over
--------------	-------	-------	-------	-------------

Q25 Do you provide any specialist support for specific groups? (please tick all that apply)

- BME
  - Arab
  - Pakistani
  - Polish
  - Caribbean
  - Indian
  - Gypsy/Traveller
  - African
  - Bangladeshi
  - Black, Black British or Black Scottish
  - Chinese
  - Other
  
- Disabled people
- Asylum seekers/refugees
- LGBTI
- Specific religion(s)
- Other specific group

If other, please specify which group(s)\_\_\_\_\_

Q25b Please specify all that apply

- Church Of Scotland
- Muslim
- Jewish
- Roman Catholic
- Buddhist
- Hindu
- Other Christian
- Sikh
- Other

If other, please specify\_\_\_\_\_

Q26 In the last 12 months (April 2015 to March 2016), how many people were referred to the service, including self-referral? (Please tick one)

- 0-10
- 11-25
- 26-50
- 51-100
- 101-150
- over 150



## Outcomes and impact

Q32 Do you set outcomes for your advocacy service(s)? (please tick one)  
Yes  No

If yes, please state what these are:

---

How are they set? \_\_\_\_\_

How do you monitor progress against them?

---

Q33 Do you keep any statistical/numerical information about your advocacy services? (Please tick one)  
Yes  No

Q34 Have you conducted an internal evaluation of the advocacy service? (Please tick one)  
Yes  No

If yes, in which year? \_\_\_\_\_

Q35 Has an external evaluation of the advocacy service been conducted? (please tick one)  
Yes  No

If yes, in which year? \_\_\_\_\_

## Looking forward

Q36 Do you have any future plans to (please tick the one that best applies):

- extend the service?
- stay about the same?
- decrease the service?

Please comment

---

Q37 Is there any further comment you would like to make about advocacy services in your area for victims of gender-based violence, or any gaps you perceive in service provision?

---

Q38 Would you be willing to be interviewed (face to face or by telephone) as part of the more detailed qualitative work for this scoping exercise?

Yes

No

Thank you for completing this survey.

Please now click submit below to return your completed questionnaire.

## APPENDIX 4 – LITERATURE REVIEW

### 1. Development of advocacy as a response to gender-based violence in the UK

Advocacy, as an intervention with victims<sup>1</sup> of gender-based violence (GBV), has developed over the past 30 years.

Until the late 1990s, specialist women's support services such as Women's Aid and Rape Crisis were the main providers of advocacy. Their emphasis was on non-directive support and empowerment for women victims of domestic abuse and/or sexual violence, including support to report to the police and/or attend court.

Kelly and Humphreys (2000), highlighted the growing recognition of the need for more integration in response to domestic abuse, operationally and strategically<sup>2</sup>. The projects reviewed included one in which a team of 'civilian' support workers based in a police station used advocacy to follow up domestic abuse incidents reported to the police<sup>3</sup>. This proactive approach, and accepting third party referrals, was markedly different from the approach taken by most specialist women's support services up to then. The study notes that these new projects were working differently with victims, taking a more proactive approach and recognising:

'...individuals coming from positions of fear and isolation will often require the skills of an advocate to negotiate housing, legal support and benefit entitlements. It is the emphasis on rights and entitlements which distinguishes advocacy from other more familiar concepts like support.' (Kelly and Humphreys, 2000).

A shift in emphasis towards a more risk-focused approach is evident from 2001, with the establishment of the Women's Safety Unit (WSU) in Cardiff, which provided a 'one stop shop' for victims of domestic violence<sup>4</sup> and 'known-perpetrator rape'. Goals of the project included increasing the proportion of cases resulting in arrest, charges and convictions, and reducing the level of repeat victimisation (Robinson, 2003).

Towards the end of her report, Robinson notes that a new initiative<sup>5</sup>, Multi Agency Risk Assessment Conferences (MARAC) provides further illustration of the value of the work done by the unit. In particular, the role of the seconded police officer was seen as 'a bridge between community and criminal justice agencies and their respective approaches to handling cases of domestic violence.' (Robinson, 2003, p.36). The WSU-based officer had access to confidential information, not usually shared with community agencies, and could track cases through the criminal justice

---

<sup>1</sup> The literature uses various terms including 'victim'; survivor; 'victim/survivor'. This section uses the term 'victim' as standard.

<sup>2</sup> There was significant development of strategic multi-agency partnerships to address domestic abuse in the 1990s. Operational partnerships between statutory and voluntary sector partners were, however, rare.

<sup>3</sup> Domestic Violence Matters, based in Islington.

<sup>4</sup> The term 'domestic violence' is used in much of the literature. The term 'domestic abuse' is used in Scotland.

<sup>5</sup> The first MARAC took place in Cardiff in April 2003.

process. The officer also had 'in-depth information gathered by victim-oriented trained professionals that is not normally within the purview of criminal justice agencies' (ibid).

When shared at the MARAC, this range of information 'was instrumental in creating safety plans for victims' (ibid). Robinson's subsequent evaluation of the Cardiff MARAC (Robinson, 2004) was positive about the impact of the MARAC approach, and noted that 'the information provided ... and actions undertaken by the Women's Safety Unit appear particularly significant.'

Funding from the UK Home Office in 2005 resulted in more domestic abuse advocacy projects in England and Wales, along with additional funding to develop specialist 'domestic violence' courts. The Home Office also funded Caada (Co-ordinated Action Against Domestic Abuse, now SafeLives), to provide accredited professional training for independent domestic violence advisers (IDVAs) and independent sexual violence advisers (ISVAs). These terms are now common in the rest of the UK<sup>6</sup>.

Since then, domestic abuse advocacy services have predominantly developed in tandem with the emergence of MARACs and other variants on what is known as the coordinated community response (CCR) to domestic abuse.

The first domestic abuse advocacy project in Scotland, ASSIST, was set up in 2004 to support the pilot domestic abuse court in Glasgow. The evaluation of this court acknowledged the value of the advocacy service, and a subsequent feasibility study recommended that the court, including the advocacy service, should develop across Glasgow (Reid-Howie, 2007; Scottish Executive, 2008).

MARACs in Scotland were piloted in Glasgow and North Lanarkshire from 2005. In the MARAC context, advocacy services have subsequently developed in other areas of Scotland. In the absence of agreed standards or service specifications, this has happened in an ad hoc way. In some areas, advocacy services are linked to specialist courts. In others, they are linked to MARACs. A few have children's advocacy workers.

Sexual violence advocacy emerged alongside the development of multi-agency approaches to sexual violence. ISVAs were introduced in several areas in England and Wales in 2006 following research into Sexual Assault Referral Centres (SARCs), which identified that victims of sexual assault needed support, advocacy and information in the period immediately after a sexual assault (Lovett et al, 2004). Rape Crisis Scotland has rolled out a National Advocacy Project following positive feedback from survivors who participated in a pilot project in Glasgow which offered advocacy and support to women reporting a sexual assault to the police (Brooks and Burman, 2016).

---

<sup>6</sup> In Scotland, staff who attain accredited training run by SafeLives/Assist/Scottish Women's Aid are called Independent Domestic Abuse Advocates (IDAAs).

## **2. Training and accreditation**

Caada (now SafeLives) was set up explicitly to encourage the use of independent advocacy to increase victims' safety. This depended on trained advocates. Caada has provided this training since 2005.

Training focuses on assessing and reducing risk to victims; providing consistent professional support; and liaising with other agencies that contribute to victim safety. The training model was originally based on best practice developed by Standing Together Against Domestic Violence, ADVANCE and the Cardiff WSU (Kail et al, 2007).

In Scotland, the feasibility study for the Glasgow domestic abuse court recommended that the Equality Unit/Scottish Government should consider whether the Caada standards and accredited training might be adapted for use in Scotland (Scottish Executive, 2008).

Subsequently, ASSIST and Scottish Women's Aid worked with Caada/SafeLives<sup>7</sup> to develop a qualification for IDAAs accredited by the Scottish Qualifications Authority. Based on the Caada training but tailored to the Scottish context, the Scottish Government funded the three organisations to develop and provide the training from 2011 to 2016.

## **3. Defining advocacy**

The literature describes the characteristics of the advocacy services being offered but does not define it.

## **4. Evaluating advocacy**

This review has primarily considered multi-site rather than individual-service evaluations. Multi-site evaluations offer a significant degree of comparison and commentary on the value of advocacy services and the challenges.

Most of the sites evaluated provided services predominantly to female victims. Howarth et al (2009) identified a small number of male victims (44) in the dataset (2,567) but noted:

'While it is increasingly recognised that both homosexual and heterosexual males can suffer abuse and that abuse can be inflicted by another family member, less is known about both of these areas. These cases may be marked by a different pattern of risk and it is feasible that different intervention strategies are required to address these issues. For this reason, and in recognition that there is a marked asymmetry in the extent to which males and females experience severe levels of abuse, it was decided to exclude these cases from the study sample.' (Howarth et al, 2009).

An evaluation of four services in London included three services working with male victims. As with the Howarth et al (2009) study, numbers were relatively small – 14

---

<sup>7</sup> Grant awarded to Caada which rebranded as SafeLives mid-stream.

male victims, and two transgender victims. 732 (97.9%) of the victims were female, and study focuses on their experiences (Coy and Kelly, 2011).

The preamble to the Safety in Numbers report (Howarth et al, 2009) notes that studies of advocacy in the UK up to then 'mostly represent in-depth and rigorous evaluation of individual services'. The authors observe that 'Single site evaluations will naturally be influenced by local operating conditions and by the individuals involved, which may potentially limit the extent to which the conclusions derived from these studies are applicable to IDVA services more widely.'

Evaluation generally has focused on domestic abuse advocacy; there is little evaluation of sexual violence advocacy.<sup>8</sup>

This review considers three multi-site evaluations of IDVA services and one multi-site evaluation of ISVA services.

### **Domestic abuse advocacy**

Robinson (2009a) reviewed four IDVA services, working with MARACs and/or specialist courts and based in specialist domestic violence services. The work was at times located in other settings, for example police station and court. Co-location was considered beneficial and improved partnership working. However, study participants said this had to be balanced alongside the role of IDVAs in providing independent advice and support.

Practitioners and victims valued the role of IDVAs in providing a 'seamless response' by agencies engaged in a coordinated community response (Robinson 2009a).

Safety in Numbers reviewed seven IDVA services in England and Wales. The services were based in urban, suburban and rural locations and ranged in size 'from one full time IDVA as part of a wider community based domestic abuse service, up to 12 IDVAs.' The study included new and long-established services. Some worked in communities with high BME populations and others in areas where these groups were under-represented (Howarth et al, 2009).

The study confirmed that, in this sample, IDVAs were working with complex high-risk cases. Outcomes were impressive; more than half of victims during the period of the study experienced a cessation in the abuse and around three quarters reported 'improved feelings of safety'. Victims were 'much safer' when they received intensive support and when multiple services were offered. The study highlights the role of the IDVA in co-ordinating services and improving the multi-agency response (Howarth et al, 2009).

Coy and Kelly (2011) evaluated four IDVA services in London. Reporting on service user perceptions, they note that those who participated in the evaluation (10% of those who used the service during the evaluation period) reported feeling and being safer. Two thirds reported that no further violence had occurred since contact with the advocacy service. Service users particularly valued the proactive approach,

---

<sup>8</sup> An evaluation of the National Advocacy Project run by Rape Crisis Scotland is underway and will report later this year.

being enabled to recognise and name the violence, listening, safety planning, being given information about rights and options and the liaison with other agencies. The study notes that 'internationally acknowledged integrated CCRs tend to be in small cities, with shared agency boundaries, low staff turnover and key players in post for extended periods'. The size of London brings some additional challenges when developing a coordinated community response, and creates some challenges for IDVAs as a result (Coy and Kelly, 2011).

### **Sexual violence advocacy**

Along with her review of IDVA services (Robinson, 2009a), Robinson conducted a parallel review of six ISVA services (Robinson, 2009b); both studies commissioned by the Home Office.

Robinson (2009b) notes that the ISVA role includes providing non-therapeutic support to victims at the point of crisis, practical help and advice, information and assistance throughout the criminal justice process, and liaising with partner agencies in a multi-agency context.

Risk assessment was not defined as part of the role, though it may be required at times, depending on the context of the assault and the relationship between the victim and the perpetrator.

Victims valued the services, and appreciated having one key worker as their point of contact, including the liaison with other agencies.

The Rape Crisis Scotland pilot 'Support to Report' project ran in Glasgow in 2013. The evaluation (Brooks et al, 2015) found that, despite a lower than expected take-up, there was strong support for the service, with survivors of sexual violence needing support at the reporting stage and also during the later stages of the criminal justice process. The service was highly valued by those who used it. The evaluation highlighted some difficulties, for example with the service configuration and the realities of partnership working, and made various recommendations which have informed the design of a new national project which has been offered since December 2015. The new project is currently being evaluated.

### **Advocacy for other forms of violence against women and girls**

There is a lack of research into advocacy for other forms of gender-based violence. This may reflect a lack of such advocacy services.

In 2010 the Ministry of Justice funded 11 pilot sites to employ an IDVA to support people seeking/or subject to a Forced Marriage Protection Order (FMPO). The main aim of the pilot was to find out whether the designation 'Relevant Third Party' should be extended to include IDVAs. Of 158 case summaries from the pilot sites, 151 clients engaged beyond simple information provision. Only five applications for FMPOs were made, and these were made by solicitors, with support from the IDVA. While the advocacy service provided by the IDVAs was seen as valuable in itself, the

conclusion of the evaluation was that there was insufficient evidence to support an extension to the RTP provision (Ministry of Justice, 2010).

### **Advocacy for children and young people**

The impact of domestic abuse on children and young people is now well documented and all of the evaluations reviewed identified the risks to children living with domestic abuse.

Howarth et al (2009) reported that 69% of the victims in their study had children, mostly primary school age or younger.

None of the services included in the evaluations provided specific advocacy for children and young people affected by GBV. The lack of specific services for children and young people is consistently identified as a problem for services and victims (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

The recommendations from Howarth et al (2009) note: 'It is not the role of the IDVA to work directly with children...However, the impact of the work of the IDVA in helping end the abuse that victims are suffering has clear implications for the safety of children also. Work needs to happen without delay to examine how links can be made between those whose work it is to safeguard children and those who are working with this high risk group of victims.' (Howarth et al, 2009, p17).

Another study goes further. Commenting on the needs of children and young people affected by domestic abuse, the authors assert that 'domestic violence risk assessment needs to address both adult and child victims...risk assessment and management should be done with children and victims, not to them' (Stanley and Humphreys, 2014).

### **Advocacy for women from marginalised groups**

The lack of specific services for black and minority ethnic victims is also consistently identified as a problem (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

Howarth et al (2009) note that nearly a quarter (23%) of victims in their sample were from BME communities, compared with 11.5% as the proportion of BME people nationally and higher than the proportion of BME women in the areas studied (14.4%). Noting that BME victims face significant barriers when trying to access services, they suggest that 'it should be viewed as a positive finding that the proportion of B&ME victims accessing services was higher than expected, indicative of IDVA projects being accessible to local minority communities.'

A 2012 report identifies that few studies map the experiences or support needs of black, minority ethnic or refugee (BMER) women across the spectrum of violence against women and girls. A short-life study involving ten organisations across the UK (including one specialist refuge provider in Scotland) found that BMER women were most likely to talk to friends (54%) and family members (45%) about abuse. Only 15% of the women had approached agencies such as the police, health visitors,

teachers/children's school, children's centres and women's organisations (Thiara and Roy, 2012).

A later report on service responses to BME women experiencing sexual violence concluded that all organisations should 'scrutinise their assumptions and practice to counteract a 'one-size-fits-all' approach to service delivery [...] This includes the homogenous understanding of BME women and girls' needs, frequently linked to narratives of poverty and immigration, and which can disguise complexity of need and experiences in other areas' (Thiara et al, 2015).

One of the services reviewed by Coy and Kelly had three specialist community IDVAs, working with women from BME communities. They note that 'research demonstrates that BME support services ensure that women's additional and specific needs are addressed (Gill and Rehman, 2004), particularly 'intense advocacy' (Thiara et al, 2015, p.7)' (Coy and Kelly, 2011, p.19).

Specific services for women with disabilities are also scarce. Hague et al (2011) in the first national study of domestic abuse and disability in the UK found that service provision for disabled women was proportionately less than for non-disabled women. A 2014 review of the role of social care agencies in MARACs raised questions about the issue of 'capacity' and the response of MARACs (and by extension advocacy workers) to victims with additional needs or vulnerabilities:

'Assessing capacity can be particularly challenging in domestic abuse situations, where the person is cared for by, or lives with a family member or intimate partner and is seen to be making decisions which place them in danger.' (Robbins et al, 2014).

### **Impact of advocacy**

Evaluations of domestic abuse advocacy services consistently identify that advocacy is an early intervention offered in a proactive way, and that a key goal of advocacy is to encourage victim engagement with the criminal justice system. As a result, advocacy:

- Increases engagement with the criminal justice process (Reid-Howie, 2007; Coy and Kelly, 2011)
- Enhances the safety of victims/survivors, and contributes to reducing or ending abuse (Howarth et al, 2009; Coy and Kelly, 2011)
- Is integral to a coordinated community response to domestic abuse and sexual violence (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011; Brooks et al, 2015)
- Improves victims' health, wellbeing and quality of life (Reid-Howie, 2007; Coy and Kelly, 2011; Safe Lives, 2016b)

## **5. Main components of advocacy services**

From the evaluations, whether about domestic abuse or sexual violence advocacy, common themes and principles emerge. These may not hold true in all cases. Advocacy is a developing field and more work is needed in order to understand the needs of marginalised groups and ensure that advocacy services are accessible to all who need them.

### **Independence**

A crucial component of an advocacy approach is independence – the ‘I’ in ‘IDVA’ (Robinson, 2009a). Advocates in the services reviewed were based in various locations, including local authority hubs, police stations, A&E departments and voluntary organisations. However, regardless of physical location, all the evaluations concur that advocates must be independent of ‘the system’ in order to represent the best interests of victims. Their independence is critical to the success of the advocacy role and the extent to which victims and practitioners can trust them trust (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

### **Assertive/proactive outreach**

Advocacy workers respond to third party referrals, offering the service to victims rather than waiting for the victim to self-refer. This includes offering the service repeatedly if it is declined or the victim does not respond at the first approach (Kelly and Humphreys, 2000; Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

### **Crisis intervention**

Advocacy is a short-term crisis intervention, designed to address the immediate risk to victims; reduce the risk of further abuse; help victims get other services; and promote access to justice and rights. The trigger for an advocacy intervention is usually a specific abuse-related incident. The advocacy may last a few days, or a few weeks, but rarely longer than three to six months (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011; SafeLives, 2016b).

### **Risk assessment**

The police or a health care provider often make an initial assessment of risk before referring a victim to an advocacy service. The advocate’s role is to develop the risk assessment further; to find out more about level of risk; and to take action to reduce the risk to the victim and enhance her safety. Risk assessment is dynamic. The advocate continues to assess risk throughout contact with the victim.

Most advocacy services use a standard risk assessment checklist. Advocates must also use their own professional judgment in assessing risk. Robinson (2007) notes that risk assessment relies on:

‘The good judgement and experience of trained advocates rather than a simple matrix that can be completed by anyone with access to victims of domestic abuse.

The 'science' of risk assessment is still in its infancy, and complex lives and dangerous situations cannot simply be reduced to a tick box form. It is important that a sophisticated understanding of domestic abuse and knowledge of risk is combined with an environment (both physical and human) that is supportive of victims, and helps them to feel comfortable disclosing features of their personal lives, in order to produce a process of risk assessment and classification that can help to identify those victims who are most vulnerable and at risk of further harm.' (p.4)

A consistent approach to risk assessment across agencies is also required. A recent baseline report of MARACs in Scotland highlights complications in assessing risk because different agencies use different risk assessment methods (SafeLives, 2016a).

## **Safety planning**

Safety planning is dynamic and constantly updated to take account of the changing circumstances of the victim and the perpetrator. It is practical and tailored to the circumstances of each individual. It is a process done 'with' not 'for' the victim (Campbell, 2004).

## **Providing information**

Advocates provide information to victims. This includes information about process – 'what's happening now/next?'; about rights and entitlements to criminal justice/housing/welfare; and about the dynamics of gender-based violence. By sharing information about how perpetrators of abuse tend to operate, advocates can help victims understand more about patterns of abuse, perpetrator behaviour and how abuse affects the victims and children involved. This can help increase victims' understanding of 'coercive control' in intimate partner relationships and know more about the risks from perpetrators (Coy and Kelly, 2011).

## **Speaking with and for victims**

Advocates act on behalf of victims at a time when they may be unable to do so themselves. A critical role for advocates is to keep the victim central to the process, representing their views at multi-agency discussions at which the victim is not present (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

### **Multi-agency partnership/coordinated community response (CCR)**

Advocates liaise with colleagues in agencies involved in the multi-agency response to victims of GBV. They are integral to the coordinated community response.

They become the point of contact for the victim and the 'one stop shop' for information and updates about what other agencies are doing. They are also the point of contact for the agencies involved with individual women (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

Slow responses from other agencies create barriers to effective advocacy work. An advocacy worker cannot do their job if the agencies around them are not responding effectively. The role of the advocacy worker in encouraging an effective multi-agency response is critical (Howarth et al, 2009; Robinson, 2009a; Robinson, 2009b; Coy and Kelly, 2011).

ISVAs operate within a slightly different multi-agency framework, and a narrower range of agencies may be involved. The limited literature on ISVAs suggests that they often have to negotiate with one agency at a time to advocate for women (Robinson, 2009b).

### **Institutional advocacy**

The role of advocacy workers in a coordinated community response is predominantly operational but they also work strategically. As they negotiate the criminal justice/housing/social work/welfare systems they form a picture of what is and what is not working. This contributes to plugging the gaps, overcoming barriers and improving system responses and processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).

## **6. Conclusions**

There is a body of evidence about the processes and the outcomes of advocacy services as a response to domestic abuse and sexual violence.

There is little consideration of advocacy for other forms of gender-based violence. From the literature, some common components of an effective advocacy response emerge. In brief, these are:

- Advocates are integral to the coordinated community response to gender-based violence, but must be independent of 'the system' in order to represent the interests of victims.
- Proactive outreach engages more victims at an earlier stage, and increases the likelihood that they will stay engaged with the criminal justice process.
- Risk assessment and safety planning are dynamic processes which advocates conduct with victims. The information which advocates gather from other agencies, including those involved with the perpetrator and/or with children/young people involved, is vital to these processes.
- Advocates provide information to victims, including information about the criminal justice process/what is happening with a case, and the outcomes of the MARAC, where appropriate; about legal, housing and welfare rights/entitlements; and information about the dynamics of abuse.
- Advocates represent the interests of the victim in information-sharing and risk-management forums; speak on behalf of the victim when they are unable to speak for themselves; and ensure that the interests of the victim stay central to multi-agency discussions.
- Advocacy is a time-limited crisis intervention. Once safety is achieved, advocates support victims (and their children) into follow-on services if required.
- Children and young people need advocacy in their own right.

## References

- Brooks, O., Burman, M. and Kyle, D. (2015). Evaluation of support to report pilot advocacy service: summary report. Glasgow: Scottish Centre for Crime and Justice Research.
- Brooks, O. and Burman, M. (2016). 'Reporting rape: victim perspectives on advocacy support in the criminal justice process.' *Criminology and Criminal Justice*. 1-17.
- Campbell, J.C. (2004). 'Helping women understand their risk.' *Journal of Interpersonal Violence*, 19(12).
- Coy, M. and Kelly, L. (2011). Islands in the stream: an evaluation of four London independent domestic violence advocacy schemes. London: Child and Woman Abuse Studies Unit, London Metropolitan University.
- Hague, G., Thiara, R. and Mullender, A. (2011). 'Disabled women and domestic violence: making the links – a national UK study.' *Psychiatry, Psychology and Law*, 18(1): 117-36.
- Home Office (2005). Domestic violence: a national report. London: Home Office.
- Howarth, E., Stimpson, L., Barran, D., Robinson, A. (2009). Safety in numbers: a multi-site evaluation of IDVA services. London: The Henry Smith Charity.
- Kail, A., Miller, I. and Jarviner, J. (2007). Caada: NPC analysis 2007. London: New Philanthropy Capital (NPC).
- Kelly, L. and Humphreys, C., (2000). Reducing domestic violence? Outreach and advocacy approaches. London: Home Office.
- Lovett, J., Regan, L. and Kelly, L. (2004). Sexual Assault Referral Centres: developing good practice and maximising potentials, Home Office Research Study 285. London: Home Office.
- Ministry of Justice. (2010). Findings of the forced marriage IDVA support pilot (September 2009 - February 2010). London: Ministry of Justice.
- Reid-Howie Associates. (2007). Evaluation of the pilot domestic abuse court. Edinburgh: Scottish Executive.
- Robbins, R., McLaughlin, H., Banks, C., Bellamy, C. and Thackray, D. (2014). 'Domestic violence and multi-agency risk assessment conferences (MARACs): a scoping review.' *The Journal of Adult Protection*, 16(6): 398-389.
- Robinson, A. (2003). The Cardiff Women's Safety Unit: a multi-agency approach to domestic violence. Cardiff: Cardiff University.
- Robinson, A. (2004). Domestic violence MARACs (multi-agency risk assessment conferences) for very high-risk victims in Cardiff, Wales: a process and outcome evaluation. Cardiff: Cardiff University.

Robinson A. (2007). 'Risk assessment and the importance of victim intuition.' *Safe: The Domestic Abuse Quarterly, a national journal for practitioners*, 21: 18-21.

Robinson, A. (2009a). *Independent Domestic Violence Advisers: a process evaluation*. London: Home Office.

Robinson, A. (2009b). *Independent Sexual Violence Advisers: a process evaluation*. London: Home Office.

Robinson, A. and Hudson, K. (2011). 'Different yet complementary: two approaches to supporting victims of sexual violence in the UK.' *Criminology and Criminal Justice*, 11(5): 515-533.

SafeLives. (2016a). *MARAC in Scotland baseline report*. Bristol: SafeLives. Unpublished.

SafeLives. (2016b). *A cry for health: why we must invest in domestic abuse services in hospitals*. Bristol: SafeLives.

Scottish Executive. (2008). *Glasgow Domestic Abuse Court Feasibility Study Group: report to the Scottish Executive*. Edinburgh: Scottish Executive.

Stanley, N. and Humphreys, C. (2014). 'Multi-agency risk assessment and management for children and families experiencing domestic violence.' *Children and Youth Services Review*, 47: 78-85.

Thiara, R. and Roy, S. (2012). *Vital statistics 2: key findings report on black, minority ethnic and refugee women's and children's experience of gender-based violence*. London: Imkaan.

Thiara, R., Roy, S. and Ng, P. (2015). *Between the lines: service responses to black and minority ethnic (BME) women and girls experiencing sexual violence*. London: Imkaan.

**APPENDIX 5 TABLE OF KEY INFORMATION FROM SURVEY RESPONDENTS**

(Please note: All information was supplied by services in online survey)

### Local Authority Key

ABC – Argyll and Bute Council	HC – Highland Council
ACC – Aberdeen City Council	IC – Inverclyde Council
AC – Angus Council	MLC – Midlothian Council
ASC – Aberdeenshire Council	MC – Moray Council
CEC – City of Edinburgh Council	NAC – North Ayrshire Council
CC – Clackmannanshire Council	NLC – North Lanarkshire Council
CNE – Comhairle nan Eilean Siar	OIC – Orkney Islands Council
DCC – Dundee City Council	PKC – Perth & Kinross Council
DGC – Dumfries & Galloway Council	RC – Renfrewshire Council
EAC – East Ayrshire Council	SAC – South Ayrshire Council
EDC – East Dunbartonshire Council	SBC – Scottish Borders Council
ELC – East Lothian Council	SIC – Shetland Islands Council
ERC – East Renfrewshire Council	SLC – South Lanarkshire Council
FKC – Falkirk Council	SC – Stirling Council
FC – Fife Council	WDC – West Dunbartonshire Council
GCC – Glasgow City Council	WLC – West Lothian Council

### Legend

**Note:** boxes in the colours below indicate that the corresponding category applies to the specific service. Grey boxes indicate that the category does not apply.

-  Hours of availability
-  Specific target groups
-  Performs risk assessment

**Table 1: Services by area, hours, FTE staff, specialist services and risk assessment**

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
Advocacy Service Aberdeen	ACC	1										
Abused Men in Scotland	ACC, ASC, AC, ABC, CEC, CC, DCC, EAC, EDC, ELC, CNE, FKC, FC, GCC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, WDC, WLC	2										
Angus MARAC Independent Advocate Service	AC	1										
Another Way, Sacro	CEC, ELC, MLC, WLC	2										
Archway Sexual Assault Referral Centre	ABC, EAC, EDC, ERC, GCC, HLC, IC, NAC, NLC, RC, SAC, SLC, WDC	1.5										
ASSIST	ABC, CEC, EAC, EDC, ERC, GCC, IC, NAC, NLC, RC, SAC, SLC, WDC	23.9										
ASSIST	EAC, EDC, ERC, GCC, IC, NAC, NLC, RC, SAC, SLC, WDC	5										
Borders Independent	SBC											

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
Advocacy Service												
Bright Light Relationships Counselling	CEC, ELC, MLC, WLC	0.5										
Caledonian System Women's Service	EAC, NAC, SAC	4										
Caledonian Women and Children's Service	CC, FKC, SC	6										
Ceartas	EDC	6										
Clydebank Women's Aid	WDC	6										
Committed to Ending Abuse (CEA) Ltd	FKC	3.4										
Connections Service (Barnardo's Threads)	RC											
DAAS - Domestic Abuse Advocacy Support Service	SBC	2										
Domestic Abuse Advisory Service	ELC	2										
Dumfries and Galloway Advocacy Service	DGC	3										
East Ayrshire Rape Counselling Centre	EAC, NAC, SAC	1										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
East Ayrshire Women's Aid Domestic Abuse Advocacy Service	EAC	1										
East Dunbartonshire Women's Aid	EDC	8										
EDDACS Edinburgh Domestic Abuse Court Support	CEC, ELC, MLC, WLC	5.2										
Edinburgh Women's Aid	CEC	17										
Ending Violence and Abuse Services - Advocacy team	NLC, SLC	4										
Fearless	CEC, DCC, FC, GCC, NLC, SLC	3										
Fearless	CEC, DCC, FC, GCC, NLC, SLC	4										
Fife Women's Aid Advocacy Services	FC	2.8										
(FRASAC) Fife Rape And Sexual Abuse Centre	FC	1										
Forth Valley Accredited Programmes Team - Caledonian Women's and Children's Services	CC, FKC, SC	5										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
Glasgow Rape Crisis Centre - Support to Report Project	EDC, ERC, GCC, IC, RC, WDC,	2										
Glasgow Women's Aid	GCC	22										
Grampian Women's Aid	ACC, ASC	3										
Keymoves	CEC	4										
Kingdom Abuse Survivors Project	FC	1										
Lanarkshire Rape Crisis Centre (National Advocacy Project)	NLC, SLC	1										
Lochaber Women's Aid	HLC	5.4										
MADART (North Ayrshire Health and Social Care Partnership)	NAC	4										
MIA (Multi-Agency Independent Advocacy)	DCC	5										
Monklands Women's Aid Women's Support Service	NLC	1										
Open Secret - now Wellbeing Scotland	ACC, ASC, CEC, CC, DGC, DCC, FKC, FC,	18										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
	GCC, HLC, NLC, SLC, SC, WLC											
Orkney Rape Crisis	OIC	0										
Perth & Kinross Association of Voluntary Service (PKAVS) Minority Communities Hub	PKC	0.3										
Rape and Sexual Abuse Service Highland	HLC	1										
Rape Crisis Scotland Helpline	ACC, ASC, AC, ABC, CEC, CC, DCC, EAC, EDC, ELC, CNE, FKC, FC, GCC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, WDC, WLC	0										
RASAC P&K (Rape And Sexual Abuse Centre, Perth & Kinross)	PKC	1										
Renfrewshire Women's Aid	RC	2										
Ross-shire Women's aid	HLC	6.24										
Saheliya	CEC, ELC, GCC, MLC, WLC	8										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
Scottish Women's Rights Centre	ACC, ASC, AC, ABC, CEC, CC, DGC, DCC, EAC, EDC, ELC, ERC, CNE, FKC, FC, GGC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, SC, WDC, WLC	1										
Scottish Borders Rape Crisis - Support & Advocacy Project (RCS National Project)	SBC	1										
Shakti Women's Aid	ACC, ASC, CEC, DCC, ELC, FKC, FC, MLC, SC, WLC	10										
Shetland Rape Crisis	SIC	0										
South Ayrshire Women's Aid	SAC	4										
South West Rape Crisis & Sexual Abuse Centre	DGC	1										
Stirling and District Women's Aid	SC	1										
Stirling Citizens Advice Bureau, Domestic Abuse Transitions Advice	STC	2										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religions	Asylum seekers/refugees	Risk assessment
Project												
The Bridges Partnership	GCC	4										
The DAISY Project	GCC	3										
The National Advocacy Project Rape Crisis Scotland	ACC, ASC, AC, ABC, CEC, CC, DGC, DCC, EAC, EDC, ELC, ERC, CNE, FKC, FC, GGC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, SC, WDC, WLC	14										
Tomorrow's Women Glasgow	GCC	6										
Victim Support Central	CC, FKC, SC	2										
Victim Support Highlands and Islands	HLC	0										
Victim Support Scotland (North Strathclyde)	ABC, ESC, IC, NAC, RC, SAC, WDC	12										
West Lothian Domestic and Sexual Assault Team (DASAT)	WLC	7										

Name	Local authorities covered	FTE staff	Office hours service (Monday to Friday)	Evening service (Monday to Friday)	Weekend daytime service	Weekend evening service	BME	LGBTI	Disabled people	Specific religion/s	Asylum seekers/refugees	Risk assessment
West Lothian Women's Aid	WLC	2.5										
Women and Children First	RC	3.5										
Women's Aid South Lanarkshire and East Renfrewshire	ERC, SLC	19										

**Table 2: Services by area, FTE staff and services provided**

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
Advocacy Service Aberdeen	ACC	1												
Abused Men in Scotland	ACC, ASC, AC, ABC, CEC, CC, DCC, EAC, EDC, ELC, CNE, FKC, FC, GCC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, WDC, WLC	2												
Angus MARAC Independent Advocate Service	AC	1												
Another Way, Sacro	CEC, ELC, MLC, WLC	2												
Archway Sexual Assault Referral Centre	ABC, EAC, EDC, ERC, GCC, HLC, IC, NAC, NLC, RC, SAC, SLC, WDC	1.5												

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
ASSIST	ABC, CEC, EAC, EDC, ERC, GCC, IC, NAC, NLC, RC, SAC, SLC, WDC	23.9												
ASSIST	EAC, EDC, ERC, GCC, IC, NAC, NLC, RC, SAC, SLC, WDC	5												
Borders Independent Advocacy Service	SBC													
Bright Light Relationships Counselling	CEC, ELC, MLC, WLC	0.5												
Caledonian System Women's Service	EAC, NAC, SAC	4												
Caledonian Women and Children's Service	CC, FKC, SC	6												
Ceartas	EDC	6												
Clydebank Women's Aid	WDC	6												

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
Committed to Ending Abuse (CEA) Ltd	FKC	3.4												
Connections Service (Barnardo's Threads)	RC													
DAAS - Domestic Abuse Advocacy Support Service	SBC	2												
Domestic Abuse Advisory Service	ELC	2												
Dumfries and Galloway Advocacy Service	DGC	3												
East Ayrshire Rape Counselling Centre	EAC, NAC, SAC	1												
East Ayrshire Women's Aid Domestic Abuse Advocacy	EAC	1												

Name	Local authorities covered	FTE staff	Services provided										
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved
Service													
East Dunbartonshire Women's Aid	EDC	8											
EDDACS Edinburgh Domestic Abuse Court Support	CEC, ELC, MLC, WLC	5.2											
Edinburgh Women's Aid	CEC	17											
Ending Violence and Abuse Services - Advocacy team	NLC, SLC	4											
Fearless	CEC, DCC, FC, GCC, NLC, SLC	3											
Fearless	CEC, DCC, FC, GCC, NLC, SLC	4											
Fife Women's Aid Advocacy Services	FC	2.8											
(FRASAC) Fife Rape and Sexual	FC	1											

Name	Local authorities covered	FTE staff	Services provided										
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved
Abuse Centre													
Forth Valley Accredited Programmes Team - Caledonian Women's and Children's Services	CC, FKC, SC	5											
Glasgow Rape Crisis Centre - Support to Report Project	EDC, ERC, GCC, IC, RC, WDC	2											
Glasgow Women's Aid	GCC	22											
Grampian Women's Aid	ACC, ASC	3											
Keymoves	CEC	4											
Kingdom Abuse Survivors Project	FC	1											
Lanarkshire Rape Crisis Centre (National Advocacy)	NLC, SLC	1											

Name	Local authorities covered	FTE staff	Services provided										
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved
Project)													
Lochaber Women's Aid	HLC	5.4											
MADART (North Ayrshire Health and Social Care Partnership)	NAC	4											
MIA (Multi-Agency Independent Advocacy)	DCC	5											
Monklands Women's Aid Women's Support Service	NLC	1											
Open Secret - now Wellbeing Scotland	ACC, ASC, CEC, CC, DGC, DCC, FKC, FC, GCC, HLC, NLC, SLC, SC, WLC	18											
Orkney Rape Crisis	OIC	0											
Perth & Kinross Association of Voluntary Service (PKAVS)	PKC	0.3											

Name	Local authorities covered	FTE staff	Services provided										
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved
Minority Communities Hub													
Rape and Sexual Abuse Service Highland	HLC	1											
Rape Crisis Scotland Helpline	ACC, ASC, AC, ABC, CEC, CC, DCC, EAC, EDC, ELC, CNE, FKC, FC, GCC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, WDC, WLC	0											
RASAC P&K (Rape and Sexual Abuse Centre, Perth & Kinross)	PKC	1											
Renfrewshire Women's Aid	RFC	2											
Ross-shire Women's aid	HLC	6.24											
Saheliya	CEC, ELC, GCC, MLC, WLC	8											

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
Scottish Women's Rights Centre	ACC, ASC, AC, ABC, CEC, CC, DGC, DCC, EAC, EDC, ELC, ERC, CNE, FKC, FC, GGC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, SC, WDC, WLC	1												
Scottish Borders Rape Crisis - Support & Advocacy Project (RCS National Project)	SBC	1												
Shakti Women's Aid	ACC, ASC, CEC, DCC, ELC, FKC, FFC, MLC, SC, WLC	10												
Shetland Rape Crisis	SIC	0												
South Ayrshire Women's Aid	SAC	4												
South West Rape Crisis & Sexual Abuse Centre	DGC	1												

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
Stirling and District Women's Aid	SC	1												
Stirling Citizens Advice Bureau, Domestic Abuse Transitions Advice Project	SC	2												
The Bridges Partnership	GCC	4												
The DAISY Project	GCC	3												
The National Advocacy Project Rape Crisis Scotland	ACC, ASC, AC, ABC, CEC, CC, DGC, DCC, EAC, EDC, ELC, ERC, CNE, FKC, FC, GGC, HLC, IC, MLC, MC, NAC, NLC, OIC, PKC, RC, SBC, SIC, SAC, SLC, SC, WDC, WLC	14												
Tomorrow's Women Glasgow	GCC	6												

Name	Local authorities covered	FTE staff	Services provided											
			Information on victims' rights and entitlements	Information on reporting and court processes	Information about dynamics of gender-based violence	Support through the reporting process	Support and advocacy through the MARAC	Support through court process	Engaging and communicating with other agencies on behalf of the victim	Safety planning	Practical support (such as help to arrange alarms, alternative housing, healthcare)	Specific advocacy support services for children and/or young people	Referral for any children involved	
Victim Support Central	CC, FKC, SC	2												
Victim Support Highlands and Islands	HLC	0												
Victim Support Scotland (North Strathclyde)	ABC, ESC, IC, NAC, RC, SAC, WDC	12												
West Lothian Domestic and Sexual Assault Team (DASAT)	WLC	7												
West Lothian Women's Aid	WLC	2.5												
Women and Children First	RFC	3.5												
Women's Aid South Lanarkshire and East Renfrewshire	ERC, SLC	19												





Scottish Government  
Riaghaltas na h-Alba  
gov.scot

© Crown copyright 2017

**OGL**

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at [www.gov.scot](http://www.gov.scot)

Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78851-118-6 (web only)

Published by The Scottish Government, August 2017

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS272927 (08/17)

W W W . G O V . S C O T