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Feminist framings of victim advocacy in criminal justice contexts

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Key Words: feminism; advocacy; domestic abuse; rape; criminal justice.

Introduction

Gender-based violence has profound and far-reaching effects on those who directly experience it, as well as on those around them. Feelings of fear, subjection and powerlessness resulting from victimisation due to rape or domestic abuse, render many women in need of robust emotional support and practical advice, as well as a sympathetic and informed criminal justice response. UK governments have prioritised responses to gender-based violence in recent years and there has been the implementation of legislative, policy and practice reforms aimed at addressing the well-documented shortcomings of the criminal justice approach. Yet responses to gender-based violence are often severely inadequate (Sullivan, 2012; Taylor-Dunn, 2016; Kelly, 2005; Bybee and Sullivan, 2002), and there remain strong concerns that those who report rape and/or domestic abuse are let down by a system which fails to fully comprehend the far-reaching consequences of the complex interaction between their experiences of abuse and their encounters with the criminal justice process (Brooks and Burman, 2017; Robinson, 2009b). Within an adversarial context, victim-survivors find themselves in the midst, but not in control of, what can be a protracted and bewildering process, whilst managing the demands of their everyday life and a range of other issues resulting from the abuse (e.g. health, housing and personal safety).

A fundamental concern about the inadequacy of the criminal justice response is the ‘secondary victimisation’ experienced by victim-survivors arising as a result of the investigative, prosecutorial and court room processes that can exacerbate the primary trauma. Ample research shows that police handling of rape can re-victimise those who report it, and is often referred to as ‘the second assault’ (Robinson and Hudson, 2011; Campbell and Raja, 1999). Prosecutorial processes are beset with uncertainties and long delays in the progression of cases, with poor levels of communication about trial processes and the stage of case progression such that victim-survivors feel unprepared for what might happen in court (HM Inspectorate of Prosecution, 2017). Throughout the investigation, victim-survivors have to recount the details of their experience and potentially encounter challenging questions about their conduct and lifestyle (Burman, 2009; Brooks et al., 2015; 2017). Many victim-survivors are understandably reluctant to engage, and there are high levels of ‘drop-out’ or case attrition throughout the criminal justice process (Daly and Bouhours, 2010; Lovett and Kelly, 2009). For cases that do progress, conviction rates remain low (Hohl and Stanko, 2015; Kelly et al., 2005).

These concerns provide both the background and the impetus for the development of advocacy services to assist and empower victim-survivors in their interactions with criminal justice, health and other agencies (Bybee and Sullivan, 2002; Daly, 2011). Against a background of

advocacy service proliferation however, there are important questions concerning where services are physically located and how they are delivered, along with their level of (financial, operational) autonomy. The development of advocacy services linked to or located within statutory agencies, for example has attracted criticism on the basis that this may represent an erosion of their founding feminist ideals and a loss of independence (Nichols, 2014).

In this chapter, we trace the evolution of contemporary advocacy service provision and its history of use in feminist activism, and by so doing highlight the different forms it may take. We review the available evidence on the impact of advocacy on victim-survivors of domestic abuse and of rape, in terms of their engagement with the criminal justice system but also in terms of their wider lives beyond the criminal justice experience. Using findings from research within the UK and elsewhere as a lens, we highlight the tensions that may accompany the delivery of advocacy within sites of criminal justice. We dwell in particular on the challenges of working within and across agencies with different understandings of the purpose of advocacy. Finally, we point to the risk of appropriation of purpose and potential for erosion of feminist principles, whilst highlighting the advantages of specialised forms of independent victim advocacy for achieving social justice.

The evolution of victim advocacy: from feminist framings to multi-agency partnership

First initiated as part of grassroots feminist work within women's refuges, individual victim advocacy has been used within specialist violence against women organisations since the late 1960s, and continued throughout the 1970's (Goodman and Epstein, 2008). Practical and emotional support for women experiencing domestic violence was provided in refuges by women, many of whom had themselves previously been in abusive relationships (Saathoff and Stoffel, 1999; Schechter, 1982; Nichols, 2013). Whilst feminist understandings of domestic abuse as rooted in patriarchy guided the development of early forms of victim advocacy (Nichols, 2011; 2013), some differences can be discerned in principles and practice. Early feminist advocates worked toward collaborative survivor-defined practices because they held hierarchal practices to be patriarchal and oppressive to women (Rodriguez, 1988; Srinivasan and Davis, 1991). This perspective maintained that hierarchal interactions between advocates and survivors put abused women in a position of reduced power, mimicking the same power dynamics that are conducive to domestic abuse (Saathoff and Stoffel, 1999). Survivor-defined advocacy focused on the empowerment of women by collaboratively facilitating decision-making, economic empowerment, and social independence (Rodriguez, 1988; Saathoff and Stoffel, 1999; Srinivasan and Davis, 1991). These approaches allow and encourage women to make their own decisions based on individual goals, situations, and needs with the help and support of advocates (Goodman and Epstein, 2008; Nichols, 2013).

With the increasing recognition of women's social and economic inequality as a structural influence on gender-based violence, women's organisations also took on more overtly political forms of advocacy to gain expanded support services and highlight the problem of domestic and sexual violence to wider public and political attention (Goodman and Epstein, 2008). While much of this lobbying work has been undertaken at a local level by women's

organisations, feminist activism has developed considerably at national and international levels. By contrast to individual advocacy support models then, some organisations define their advocacy primarily in terms of political activism aimed at strengthening women's rights and/or changing the social structural conditions that contribute to gender inequalities which can in turn sustain gender-based violence (Goodman and Epstein, 2008; Saathoff and Stoffel, 1999). For example, the feminist network Women Against Violence Europe (WAVE), describe their advocacy work as, *'Influencing policy makers to promote, protect and strengthen the human rights of women and children in Europe'* (Blank et al., 2014: 4). Forms of political advocacy like that conducted by WAVE are aimed at raising awareness, reforming laws and policy, and influencing decisions within social and political systems and institutions in order to facilitate change.

In the UK, until the 1990s, victim advocacy was predominantly delivered by independent women's organisations, although from this point forward, stand-alone advocacy projects and those embedded within other statutory agencies such as criminal justice and health services began to become more commonplace. Throughout the late 1990s onwards, victim advocacy providers evolved to include more organisations, notably health, social service and criminal justice agencies, with whom they work collaboratively. With the development of multi-agency working across all public sectors (Sse Chapter x in this volume), there was growing acknowledgement of the benefits of partnership working. Kelly and Humphreys (2000), in their review of the advocacy work delivered by 'civilian' support workers based in a police station who followed up domestic abuse incidents, highlighted the growing recognition of the need for more integration in response to domestic abuse, operationally and strategically.

In the context of contemporary criminal justice and other agency responses to victim-survivors of gender-based violence, there are differing definitions, understandings and purposes of advocacy, each with distinctive characteristics in relation to the nature of the work undertaken, the location of the advocacy services (Brooks and Burman, 2017), and whether the work is undertaken at an individual, organisational or societal level. Advocates can be located in different places: community-based support projects, police stations, hospitals, A&E departments, Sexual Assault Referral Centres (SARCs), NGOs, specialist domestic abuse courts, and local authority hubs, depending on the aims and intentions of their advocacy service (Hester and Westmarland, 2005; Coy and Kelly, 2011; Scottish Government, 2017; Robinson, 2009a). 'Community-based advocacy' is used to differentiate between independent advocates and those employed by statutory law enforcement agencies or who work in close collaboration with them as part of a multi-agency approach (Coy and Kelly, 2010; Robinson, 2009a, 2009b).

The terminology used to describe those who deliver advocacy in this context is also variable: 'victim advocacy' (Campbell, 2006), 'support workers' (Home Office, 2005), 'outreach workers' (Home Office, 2005), 'advocates' (Bell and Goodman, 2001), 'advocacy workers' (Brooks et al., 2015) 'independent domestic violence advocates' (Robinson 2003) 'independent sexual violence advocates' (Brooks and Burman, 2017) and 'stewards' (Shepard, 1999). Within the criminal justice context, models of advocacy providing individual support to

victim-survivors describe the role of advocates as providing information and advice, making referrals, explaining options, and accompanying victim-survivors to police stations or medical examinations, and/or providing support during court and post-court processes (Allen, Bybee and Sullivan 2004; Parkinson, 2010). Some years ago, Kelly and Humphreys (2000) emphasised the need for specialised and independent advocacy provision which stretches beyond the delivery of support in relation to the criminal justice process, on the basis that:

‘...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).

Advocacy work can be further distinguished by its duration which can be ‘short-term’ and/or ‘long-term’ (Home Office, 2005); it may involve short-term crisis intervention, designed to address immediate risk, support throughout a victim-survivor’s engagement with legal and court processes, the promotion of access to justice and rights, or longer term provision for considerable time thereafter, particularly with regard to sexual violence (Howarth et al., 2009; Robinson, 2009a; Coy and Kelly, 2011, Brooks-Hay et al., 2018).

In the following sections, we highlight developments in multi-agency working and advocacy provision in relation to domestic abuse and rape in the UK, before discussing the key challenges to feminist-informed advocacy provision in criminal justice contexts.

Domestic abuse advocacy services

Advocacy services for those experiencing domestic abuse are now well-established across the UK. In 2001, the establishment of the Women’s Safety Unit in Cardiff, was set up as a ‘one stop shop’ for victim-survivors of domestic abuse providing individual level advocacy support, information and assistance in relation to health and housing as well as safety planning (Robinson 2003). In the recognition that high-risk victim-survivors require a distinctive form of service provision, it was from here that the idea of a victim focused information-sharing and risk management forum to be attended by all key agencies was formed in order to facilitate an informed assessment of the risk of future harm from perpetrators to those experiencing domestic abuse and their children. The role of a Multi Agency Risk Assessment Conference (MARAC), the first one of which was established in Cardiff, is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. MARACs combine relevant risk information with an assessment of a victim-survivor’s needs (Robinson 2003). In recent years, the Independent Domestic Violence Advocate (IDVA) role has become increasingly synonymous with MARACs and the support of ‘high risk’ victims (Coy and Kelly, 2010) as opposed to the original focus of supporting victim-survivors through specialist domestic abuse courts.

In Scotland, MARACs were introduced from 2005; domestic abuse advocacy services developed in tandem with the emergence of the Scottish MARACs and the first domestic abuse advocacy project, ASSIST, was set up to support the pilot specialised 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 Scotland (Reid-Howie, 2007; Scottish Executive, 2008).

The introduction of trained IDVAs to provide advice and support to victim-survivors deemed to be at high risk of harm and going through specialist domestic abuse courts ensured the provision of specialist and independent advocacy to those experiencing domestic abuse. The accepted definition of an IDVA service is that it:

‘... involves the professional provision of advice, information and support to survivors of intimate partner violence living in the community about the range, effectiveness and suitability of options to improve their safety and that of their children. This advice must be based on a thorough understanding and assessment of risk and its management, where possible as part of a multi-agency risk management strategy or MARAC process.’^{vi}

Formalised risk assessment has developed much more in relation to domestic abuse than in other forms of gender-based violence, and safety issues are discussed in the MARAC setting. IDVAs are key players in the MARAC fora, playing an important role in terms of crisis intervention, carrying out risk assessments and safety planning, and coordinating other services (Howarth et al., 2009; Robinson, 2009a). Working within a multi-agency framework, the IDVA’s role is to keep the victim-survivor’s perspective central to the process (Taylor-Dunn, 2016), including representing their views at MARACs (Howarth et al, 2009; Robinson, 2009a, 2009b; Coy and Kelly, 2011). Their work includes the provision of longer-term solutions, which may include specific actions from the MARAC as well as sanctions available through the criminal and civil courts, housing options and other available services. IDVA safety planning continues regardless of prosecution and ongoing work aims to address longer-term safety, recognizing that many victim-survivors feel less safe after the court case when bail conditions may have ended, and statutory agencies are no longer involved (Taylor-Dunn, 2016; Howarth et al 2009; Coy and Kelly, 2011). Safety planning is dynamic and updated to take account of any changing circumstances of the victim-survivor and the perpetrator. Importantly, it is a process done ‘with’ not ‘for’ the victim (Campbell, 2004).

IDVAs, therefore, play a multi-faceted role: supporting victim-survivors going through the criminal justice process, whilst also supporting those at high levels of risk through the MARAC process. They liaise with other agencies involved in multi-agency responses to victim-survivors, and are the point of contact for agencies involved with individual women (Howarth et al, 2009; Robinson, 2009a, 2009b; Coy and Kelly, 2011). They are essentially a ‘one stop shop’ for information and updates about what other agencies are doing. The role of advocacy workers in a coordinated multi-agency response is operational but they also work strategically. This may include identifying and challenging poor practice where it exists (Coy and Kelly, 2011: 12) and as such they play an important institutional advocacy role. As they negotiate the nexus of criminal justice/housing/social work/welfare systems, advocates are able to form a picture of what is and what is not working; they are able to highlight (and plug) gaps, overcome

barriers and ultimately improve system responses and processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011; Taylor-Dunn, 2016). Advocates are therefore integral to a coordinated and effective multi-agency response (Howarth et al, 2009; Robinson, 2009a, 2009b; Coy and Kelly, 2011).

There is a robust body of research evidence about the operation of advocacy services in relation to domestic abuse (Howarth et al., 2009; Parmar et al., 2005; Sullivan, 1991; Taylor-Dunn, 2016). Survivors consistently report that advocacy services have improved their safety, wellbeing and quality of life (Reid-Howie, 2007; Coy and Kelly, 2011; SafeLives, 2016b). Further, several studies identify positive changes across a range of outcome indicators for women engaged with IDVA or similar advocacy services. For example, by case closure, the majority of those engaging with IDVAs had experienced a cessation or near cessation of abuse, and reported significant reductions in the occurrence of all forms of abuse (Bybee and Sullivan, 2002; Howarth and Robinson, 2016; Sullivan et al 1992). Research by Robinson (2004) found that when high-risk individuals engage with an IDVA, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse, and a reduction or even cessation in repeat incidents of abuse. Many victim-survivors report enhanced feelings of safety and improvements in their emotional health (Hathaway et al., 2008; Howarth et al., 2009; Robinson and Tregidga, 2007) and experience lower levels of depression (Allen et al., 2004; Bybee and Sullivan, 2002; Sullivan, 2000; Sullivan and Bybee, 1999). Those who accessed advocacy support reported a higher quality of life; less difficulty with obtaining community resources and social support (Allen et al., 2004; Bybee and Sullivan, 2002; Sullivan, 2012; Sullivan and Bybee, 1999); were more optimistic about their situations, and; less likely to be drawn back into abusive relationships (Howarth and Robinson, 2016). Taylor-Dunn's (2016) UK study also found that victim-survivors supported by IDVAs are more likely to continue with the criminal justice process.

A key indicator of success is that users of advocacy services became more confident in their knowledge of available services and legal rights and in their dealings with the criminal justice system. In keeping with feminist principles, this constitutes evidence of how advocacy in practice can equip women with awareness of their entitlements. Coy and Kelly (2011) term this 'empowerment through knowledge': providing information and options in order that women can make evidence-based decisions.

Rape and sexual violence advocacy services

The feminist movement has been instrumental in the development of activism and advocacy in relation to rape and other forms of gender-based violence (Nichols, 2013). Specialist violence against women organisation such as Rape Crisis have provided information and advocacy to survivors engaging with the criminal justice system for some time as part of their broader remit in providing support to survivors. However, more formal recognition of advocacy services has been augmented via the development of Independent Sexual Violence Advocate (ISVA) roles in England and Wales and the deployment of dedicated Advocacy Workers within the Rape Crisis Scotland National Advocacy Project. Within the UK, the use of ISVAs and other

advocacy roles in relation to rape has grown in recent years. ISVAs are far more prominent in England and Wales where they are located within Sexual Assault Referral Centres (SARCs) or Rape Crisis services to provide a point of contact and co-ordination of services for victim-survivors. It is noteworthy that dedicated support services such as Rape Crisis Centres and SARCs both provide specialist support, but operate different models of service provision and have different origins. Rape Crisis Centres have grown out of the women's movement and, since the 1970s, have operated as independent voluntary sector organisations offering services, primarily to women who have experienced rape or sexual assault. They may work with police to provide support to those going through the criminal justice system, however, they also have an autonomous role in providing support for victim-survivors who choose not to report to the police. Crucially, they have been at the forefront of raising awareness of sexual violence and influencing the public and statutory response to victim-survivors. This work is underpinned by a feminist analysis of rape and the associated belief that violence against women is a consequence of structural inequality.

Formalised 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 the mid 2000's following research into SARCs, which identified that victim-survivors of sexual assault wanted a 'more flexible and practical form of support' in the immediate aftermath of sexual violence, and that support, advocacy and information about the justice process were their priority requirements (Lovett et al 2004: 74). This stemmed from mounting evidence showing the effectiveness of providing victim advocates within other settings, particularly domestic abuse (Howarth et al., 2009; Pamar et al., 2005; Robinson, 2003, 2006; Sullivan, 1991; Sullivan and Bybee, 1999).

The first advocacy services in relation to rape and serious sexual assault in Scotland were implemented in 2013 with the piloting of the 'Support to Report' (S2R) service in Glasgow (Brooks et al. 2015). Advocacy services were extended nationally to form the Rape Crisis Scotland National Advocacy Project (NAP), operating from 15 hubs across Scotland following positive feedback from victim-survivors who were supported through the initial pilot services (Brooks et al. 2015; Brooks-Hay et al. 2018). Like IDVAs, it is the combination of emotional support and practical assistance that is the hallmark of the sexual violence advocate role; however, the roles are not completely transferable, not least because not all rape and sexual violence occurs within intimate relationships or in domestic settings. ISVAs fill an important gap in service provision (Robinson, 2009b; Daly, 2011) providing support, information and advice to victim-survivors, helping them to navigate the criminal justice process from the reporting to the police stage, informing them of the importance of forensic DNA retrieval, and liaising with other relevant agencies on their behalf (Smith and Skinner 2012). Victim-survivors of rape access advocacy support in different ways and at different points within the criminal justice process, including while considering reporting to the police, following a police statement, upon hearing that a case would not be proceeding to trial, and on the lead up to court. 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 victim-survivors, reflecting more protracted involvement with the legal system experienced by sexual assault victim-survivors (Robinson, 2009b; Brooks et al, 2015).

Part of the rationale behind advocacy services for victim-survivors of rape is that the service will reduce fear and uncertainty about the criminal justice process for victim-survivors, and encourage their participation. A key component is outreach: advocates respond to third party referrals, offering their service rather than waiting for the victim-survivor to self-refer. This might include offering the service repeatedly if it is declined or if there is no response at the first approach (Kelly and Humphreys, 2000; Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011). Some services also accept self-referrals, but it is the proactive response to third party referrals that is seen as a distinctive element of the role. Lovett et al. (2004) found that advocates provide information about the court process, explain what will be expected in terms of giving evidence to police and in court, how to make a victim personal statement, the implications of making a withdrawal statement, and helping to arrange and/or attend pre-court visits. Unsurprisingly, victim-survivors in this study spoke highly about receiving this type of assistance, which made them feel 'less alone' and more empowered; they felt that their ISVA was the one person who could, and did, provide them with the information that they needed about their cases – above and beyond any other practitioners with whom they had come into contact. While not always directly related to the criminal justice process, it has been found that holistic practical and emotional advocacy support for victim-survivors of sexual violence facilitates sustained engagement in the criminal justice process (Brooks and Burman 2017).

With a few exceptions (e.g. Campbell, 2006; Robinson, 2009b; Brooks-Hay et al. 2015), less is known about the efficacy of advocacy support in relation to rape (Daly, 2011). However, from the relatively few studies that have been conducted, advocacy support is considered to be effective at reducing secondary trauma (Jordan, 2002; Skinner and Taylor, 2009), at reducing attrition (or drop-out) and thus increasing conviction rates (Robinson, 2009; Lovett, Regan and Kelly 2004; Sullivan and Bybee, 1999). The presence of an advocate is considered both a valuable resource and a comfort by victim-survivors (Maier, 2008: 799; Brooks and Burman, 2017).

Given the vagaries and uncertainties reported by those going through the criminal justice system, the provision of accurate information about case progression is considered particularly important, as is the provision of emotional support through an intensely disempowering process. Victims-survivors in the Scottish studies by Brooks et al (2015) and Brooks-Hay et al (2018) were overwhelmingly positive about the support that they had received, describing it as 'invaluable' and 'life-changing'. They described imbalances in the criminal justice system, reflecting its adversarial nature and the strong perception that it protected the interests of the accused before that of the victim. Advocacy support was, therefore, understood to improve victim-survivors' experiences by providing someone who is independent of any investigative or prosecutorial process and whose sole remit is to protect and represent the interests of the victim-survivor (Brooks and Burman 2017). The most valued features of advocacy were

described as: the extensive range of criminal justice and non-criminal justice support provided; the flexibility, reliability and consistency of support; the provision of information to assist understanding of developments in both individual cases and the criminal justice system more generally; and emotional support provided within an ethos of victim-survivor-led empowerment (Brooks and Burman 2017). For some, however, improvements in experiences were hampered by the continuing difficulties within the criminal justice process, relating primarily to its adversarial nature, lengthy timescales, delays and uncertainty about proceedings (Brooks-Hay et al., 2018).

Like IDVAs, ISVAs are embedded in multi-agency networks and are also seen as providing ‘institutional advocacy’ contributing to improved multi-agency partnership work on sexual violence (Lovett et al 2004). In the Scottish studies, Brooks et al (2015; 2017) found that such services facilitated stronger professional relationships and greater exchange of information by statutory agencies which could facilitate smoother and swifter processes, leading to a more effective response. Advocacy was also seen to have improved communication, both locally and nationally, between statutory agencies and advocacy workers, with some clear examples provided of increased communication and greater familiarity between individuals breaking down professional barriers. Successful partnership working is key to the effective operation of advocacy; it facilitates smooth referrals and supports the flow of information about particular cases, which in turn can support investigation and prosecution processes and enhance the experiences of victim-survivors (Brooks et al., 2015; Brooks-Hay et al., 2018).

Challenges of delivering advocacy

The growing evidence base on advocacy provision is overwhelmingly positive about the benefits it can bring, both in the provision of vital support to individual victim-survivors as they navigate what can be a complex and daunting criminal justice process, and also in relation to delivering benefits through enhancing professional working relationships and productive partnerships across sectors. There is also evidence to suggest that advocacy has a positive effect in supporting engagement with the criminal justice system (Brooks et al, 2015; 2017). However, there are a number of inter-related challenges of delivering advocacy services in a criminal justice context; namely in the form of debate about the location and independence of services, partnership working, varied understandings of the meaning and legitimacy of advocacy work, and managing demand for services.

Advocacy services delivered at a community level through specialist women’s organisations, where advocacy provision is informed by feminist framings of gender-based violence, adhere most closely to the earlier iterations of survivor-led advocacy practiced by those working within refuges. A key conclusion from the existing research evidence is that independence in terms of the nature of service delivery and the location of advocates in independent organisations, where victim-survivor’s interests are placed at the heart of advocacy services is a major strength that enables engagement with victim-survivors in a way that statutory services have always found difficult, while also allowing them to challenge the responses of statutory

services if necessary (Taylor-Dunn, 2016; Cook et al., 2004; Hucklesby and Worrall, 2007; Robinson, 2009a)..

In order for advocates to deliver quality and consistent care, they must be supported and cared for through management of caseloads, ongoing supervision and mentoring, training and, very importantly, sustainable funding (Robinson, 2009a, 2009b; Howarth et al., 2009; Coy and Kelly, 2011; Brooks et al, 2015; 2017). The delivery and autonomy of advocacy services are considerably influenced by their operational locations and funding arrangements. Robinson (2009a) found that IDVAs are best embedded within community- based projects, as statutory settings could potentially compromise their (perceived or actual) independence through either a loss of identity (the 'IDVA' role being subsumed into the statutory role) and/or a change in practice (prioritizing the work of the statutory partner rather than the safety of victims). Similarly, if advocates are located in a police station, for example, this may potentially act as a barrier for some women, specifically those who distrust police and fear that engaging with the service might lock them into criminal procedures with repercussions for their safety (Coy and Kelly, 2011). However, regardless of physical location, research concurs that advocates must be independent of 'the system' in order to represent the best interests of victim-survivors. Their independence is critical to the success of the advocacy role and the extent to which victim-survivors and practitioners can trust them (Howarth et al, 2009; Robinson, 2009a, 2009b; Coy and Kelly, 2011).

Robinson (2011) explored the strengths and limitations of two different types of settings that provide specialist support to victim-survivors of sexual violence in the UK: SARC's and voluntary sector organizations such as Rape Crisis. Qualitative data from six case study sites and quantitative data from 35 sexual violence advocacy projects in England and Wales revealed that the type of setting affected the types of referrals received and this, in turn, shaped the services required and thus the nature of the work performed. Consequently, each type of project had different emphases in their workload with which they were particularly well equipped to handle. Each type also had its own unique challenges; for example, while there were notable benefits from delivering support in partnership models, such as SARC's, their affiliation with statutory partners was perceived by some as a disadvantage, especially for those seeking support in relation to historical sexual abuse. On the other hand, those delivering support in voluntary sector projects had to work harder to establish and maintain relationships with other agencies, but their independence was seen to be greater and this was perceived as a strength for gaining access to victim-survivors and maintaining their confidence. The researchers conclude that while there were distinct challenges and benefits associated with service provision in both settings, they should be viewed as complementary approaches.

The two main factors that can influence advocacy service independence are sources of funding and location (Robinson 2009a). Those who work from within specialist women's support organisations, on the whole, enjoy greater levels of autonomy in terms of the nature of the service delivered but are beset with grave uncertainties over the sustainability of funding. An uncertain funding landscape can create significant challenges for the planning of ongoing

support for service users and unsurprisingly staff retention and stress can be an issue. Funding sources - such as through 'Big Lottery' or charitable sources - are seen to enable flexibility and independence, whilst government funding, although both needed and welcomed, is viewed as a 'necessary evil' that requires careful management, as it could not only compromise the independence of services, but also change the way they deliver advocacy, and to whom (Robinson, 2009a).

Independent service provision, however, is not without its challenges. In relation to domestic abuse work, Coy and Kelly (2011: 12) argue that advocates should be viewed by criminal justice agencies as 'critical allies'. In practice, this is a difficult space for advocates to occupy. On one hand, they have an important role in challenging inadequate policy and practices of criminal justice agencies on the behalf of victim-survivors, while also maintaining smooth relations with those same 'partner' agencies.

Brooks-Hay et al. (2018) describe '*teething issues*' following the launch of the Rape Crisis Scotland NAP and cited advocacy worker concerns about '*stepping on toes*' and being accepted into local networks. In the early phase of the NAP, local projects encountered mixed responses from other services in terms of their receptiveness to the new service and willingness to share information or make referrals; this was primarily linked to a lack of understanding about the role and remit of the NAP and how it might interface with the work of other agencies. Moreover, some advocates also reported poor recognition of their value, qualifications and need (e.g. in relation to acting as a supporter in court). The fuzzy nature of advocacy in relation to definition, purpose and scale can be problematic. On the one hand, the lack of a unified definition and understanding of advocacy can present challenges for service delivery and achieving consistency of service. On the other hand, it can be argued that it allows for flexibility to meet needs as they arise. The elasticity can be discerned in the ways in which advocacy services have evolved and proliferated across the women's sector but also in the variations in advocacy provision to respond to different forms of gender-based violence. Perhaps reflecting the broad-ranging nature of advocacy, different understandings of advocacy appear to operate, including between advocates, prosecutors, police and other stakeholders (Brooks and Burman 2017). These differences are primarily related to the perceived *purpose* of advocacy in terms of whether it supports the needs of the victim-survivor or the needs of the investigative and prosecution process (though these aims are not mutually exclusive). This is likely to have implications for how the advocacy role is understood and communicated to partner agencies, and ultimately victim-survivors.

The provision of flexible and reliable advocacy support also creates particular demands on resources. Specialist women's organisations, within which independent advocacy services sit, are often severely financially constrained and many have received reductions in funding as a result of austerity measures. Against a backdrop of increasing demand, maintaining 24 hour on-call, or even 9-5 advocacy provision and managerial oversight of the service can prove extremely challenging and any additional pull on time can have a knock-on effect on other areas of the organisation's work. Moreover, demand for advocacy provision is exacerbated by

the often very lengthy nature of the criminal justice process, which can be in excess of two years in some cases. While victim-survivors may not be receiving intensive advocacy support throughout all of this period, clearly, there are resourcing implications attached to providing 'end-to-end' support through such a lengthy process and advocates are often over-stretched due to high demand. In some cases this has resulted in services becoming primarily telephone based. This is disadvantageous given that victim-survivors value the close contact and proximity of advocacy support delivered by a 'known person' who has a clear and informed understanding of their individual needs (Brooks-Hay and Burman, 2017). In other areas, advocacy services have had to set up waiting lists, which is problematic for such a time-sensitive service. Current levels of funding of advocacy services are not adequate, particularly in areas of high demand where case volumes are high or where there may be only one advocacy worker covering large geographical areas. As a result, services are significantly compromised leaving victim-survivors without much-needed support. It is likely that aspects of the service most valued by victim-survivors, such as flexible, reliable and consistent support, will become increasingly difficult to deliver if services continue to be overstretched and under-funded.

Conclusion: Multi-faceted advocacy work

'Advocacy' then, ranges from representing the interests of individual victim-survivors, providing one-to-one information and advice, help with accommodation, finances, risk assessment and safety planning, linking with health services, the police or other criminal justice agencies, to negotiating on their behalf in a legal setting (criminal and/or civil), acting as their 'eyes' and 'ears', keeping them updated throughout the process, and empowering them to secure their rights in a community or wider political context (Allen, Bybee and Sullivan 2004; Brooks and Burman, 2017). It can incorporate wider awareness raising through media and campaigns, as well as forms of political lobbying.

As well as providing invaluable support at an individual level, the presence of an advocate within the criminal justice process, within police stations, within examination suites and within prosecutor offices has the potential to impact on agency practices and relations. The role advocates can play in terms of 'institutional advocacy' is therefore significant. Yet there are also challenges in partnership working and in occupying the role of 'critical allies' that require close and constant consideration. Operating within a framework underpinned by feminist principles of empowerment and choice, including the decision not to report may be at odds with criminal justice imperatives. The accomplishments of advocacy can be hampered by the by continuing difficulties in the criminal justice response to gender-based violence, so political advocacy is also needed. Separating individual rights and political advocacy is a false distinction; years of feminist activism has demonstrated that one cannot be advanced without the other.

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