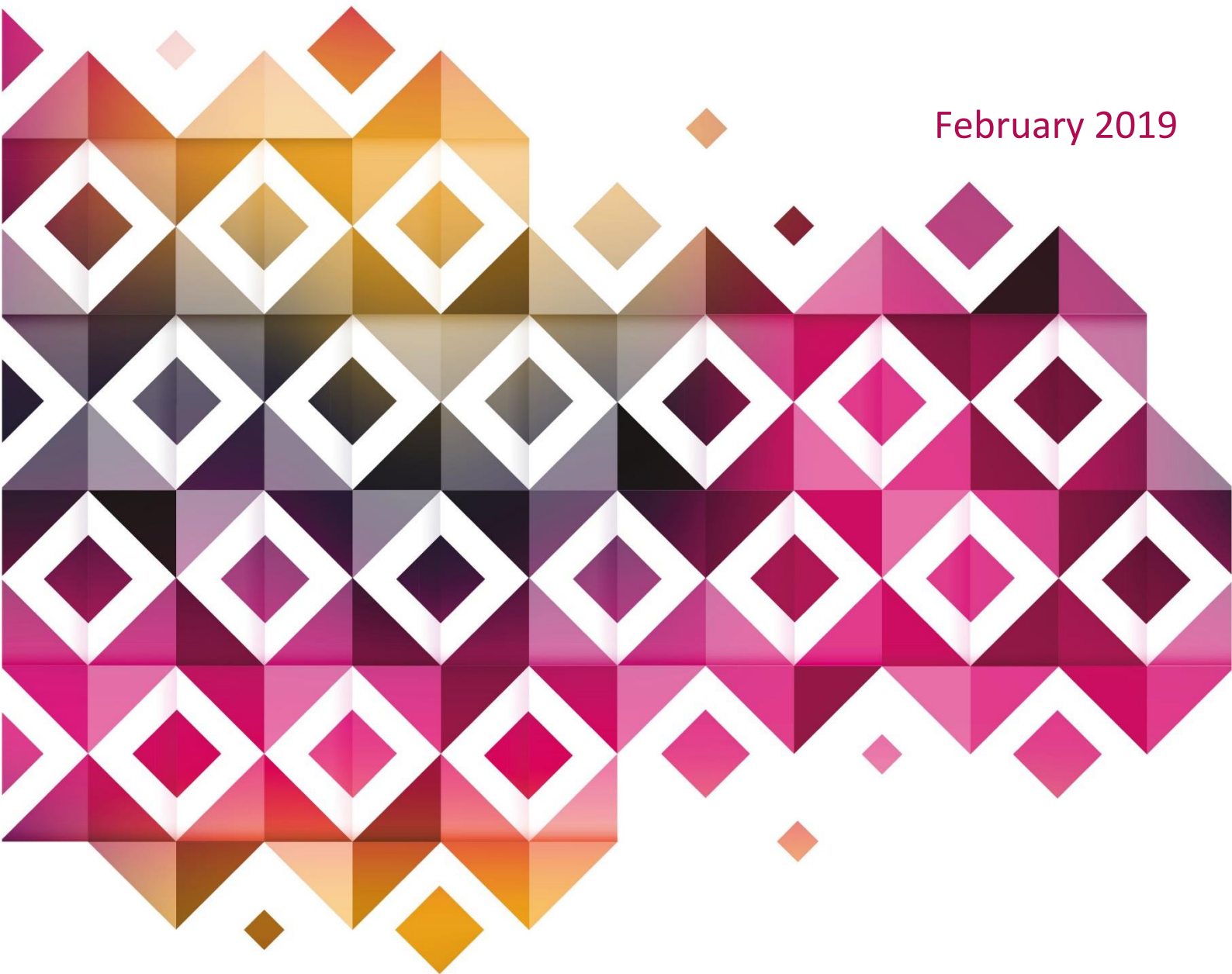


Victim Advocates: A Rapid Evidence Assessment

February 2019



Foreword



For many victims, their journey through the criminal justice system can be like being on a conveyor belt, being passed from one agency to another, constantly having to repeat their story, constantly dealing with new faces and new processes. Unlike offenders, they do not have a legal team to advise them, explain or signpost. Everyone they meet is representing the interests of a particular agency or practitioner.

It is a lonely and demoralising journey, particularly where the victim is already struggling with the trauma of the crime, whether it be physical or emotional. It is little wonder that so many victims tell me that dealing with our criminal justice system is often as harrowing as the crime itself.

As Victims' Commissioner, I am passionate about changing the victim experience of our justice system. For many years I have advocated the need for traumatised victims to be given the support of an "independent victims' advocate" or IVA. This will be a professional person who represents the interests of the victim as opposed to a criminal justice agency. An IVA is not a lawyer, nor will they have a right of audience in court. But they will be a professional who can speak on the behalf of the victim and articulate the victims' needs and preferences at each stage of the victim's criminal justice journey. They will be able to explain, to assist victims in making informed choices and to ensure that they receive their entitlements under the Victims' Code. They will also be able to challenge other agencies and to speak on behalf of the victim. They will be able to do this by building a relationship of trust and understanding with the victims they serve.

The concept of IVAs is still evolving, not just here in the UK but across other jurisdictions. I was keen to look at available evidence to identify the impact advocates might be having on the victim experience within the justice process and whether it was beneficial.

This Rapid Evidence Assessment (REA) draws upon evidence from 24 pieces of international literature, based upon victim advocate models in multiple jurisdictions. In some aspects of evidence gathering, we have been restricted by the amount of research and strength of the evidence available. Nevertheless, there has been sufficient material for me to be able to draw the conclusion that in a range of aspects, advocates are perceived to be beneficial to victims of crime and to the wider criminal justice system.

Where advocates offer a personable approach, and have proactive and frequent contact with victims, they can build trust, as well as address victims' feelings of guilt and self-blame. The relationship can help advocates update assessments of victim safety. They can provide victims with practical support, information and advice (particularly relating to legal processes), and help the victim to make decisions. They can also give emotional support, as well as show consideration for the victim and their families, including accompanying them to court.

Some advocacy services can be beneficial to the victims' health, lowering depression and stress, and enhancing perceived quality of life, as well as physical and emotional health.

There is evidence that victims can perceive an improvement in their safety based upon practical actions taken by advocates, and there is evidence that advocates have a positive

influence on how victims engage with the criminal justice process, such as finding the confidence to participate within the process and attend court.

There is also evidence to suggest that advocacy can be useful for other agencies and professionals working with victims of crime. The positive relationships between advocates and victims can support the work of other professionals, such as supporting victims to appear at court. Some studies even suggest that the trust advocates build up with victims can, over time, be extended to other professionals and agencies involved in a victim's case.

Where advocates build good relationships with other professionals and agencies, this helps the exchange of information and can assist victims, such as with their ability to access other services. Advocates who understand the roles and responsibilities of other professionals can present options to victims as well as being able to challenge where responsibilities to victims are not being fulfilled.

In short, the evidence shows that the use of victim advocates can provide practical and emotional support for victims, directly and indirectly helping them in their quest for justice. But, just as important, they can provide wider benefits in building trust between victims and the criminal justice system, as well as helping victims to rebuild their lives after their criminal justice journey is over.

The Government's Victim Strategy talks about exploring the role of "victim advocates and victim supporters"¹. I hope this report offers positive evidence of how independent victim advocates can play a crucial role in helping traumatised victims to access justice and rebuild their lives.



Baroness Newlove of Warrington

Victims' Commissioner for England and Wales

¹ HM Government (2018)

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Table of Contents

1. Introduction.....	1
2. Methodology	3
3. Working for victims of crime.....	6
4. Working as an advocate	15
5. Working with, and alongside, other agencies.....	17
6. Conclusions	22
7. References	27
8. Appendix 1 – Search string.....	30
9. Appendix 2 – Sources searched for online grey literature	31
10. Appendix 3 – Summary of included studies.....	32
11. Appendix 4 – Quality appraisal criteria.....	48

1. Introduction

For many in the criminal justice system, the word advocate invariably means a lawyer, someone with rights of audience in the courtroom. In this report, however, the term advocate or victim advocate refers to advocacy in a slightly different context.

This report draws on the definition of advocacy used by the National Institute for Health and Care Excellence (NICE). In this definition, victim² advocacy models are described as interventions that ‘inform, guide and help victims [...] to access a range of services and supports, and ensure their rights and entitlements are achieved’ (NICE 2013). While this is a relatively broad definition, it reflects the fact that advocacy entails more than an offer of support, despite often being viewed simply as a form of support service available to victims of crime. As Roberts (2017:5) succinctly states, it is ‘not just understanding an individual’s situation, but also what may be preventing them from getting what they need and taking up issues on behalf of a survivor if requested to do so’.

While this review distinguishes advocates from lawyers, this does not mean that advocates are precluded from legal processes. Indeed, some of the studies drawn from to inform this review include interventions whereby advocates share knowledge of legal procedures with victims. In only one study included in this REA did advocates’ roles extend into legal representation, though the authors noted that victims who received this intervention mostly reported receiving help with practicing their testimony for Community Protection Order hearings, assistance with the preparation of evidence and witnesses for court, and explanation of the legal options open to them (Bell and Goodman 2001).

It is important to recognise, however, that in all aspects of the criminal justice “process”, whether it be in dealing with the police, prosecutors, victim support services or court officials, advocates do not speak *for* victims, rather ‘they speak on their behalf when a situation does not allow them to speak’ (Wies 2008:223).

The concept of victim advocacy is relatively new and where it does operate, it is in a variety of different formats. Across England and Wales, for example, victim advocacy models vary in design and delivery, such as the specific crime types experienced by their intended service users. However, until recently, victim advocacy models have mostly been targeted towards victims of domestic abuse, reflecting the origin of this model of service. Howarth and Robinson (2016) wrote that community-based advocacy interventions for victims of domestic abuse were first established in the United States, followed by the United Kingdom. They write that these services were mostly delivered by the providers of refuges until the late 1990s, at which point they note that these services began to be more frequently embedded within criminal justice and health agencies, as well as through standalone projects (ibid).

Today victim advocacy services are widely perceived by criminal justice professionals and agencies to provide an effective service to victims of crime. In 2016, the Office of the Victims’ Commissioner co-published a rapid evidence assessment (REA) exploring ‘what works’ to effectively support victims of crime alongside the University of Portsmouth (Wedlock & Tapley 2016). The review established that there are four key principles that underpin effective support, these are: information and communication; procedural justice; multi-agency working; and the professionalisation of victims’ services. The REA suggested that these principles could potentially be met and fulfilled by an independent victims’ advocate.

² For the purposes of this report, the term ‘victim’ will predominantly be used. While some studies used alternative words to describe the individuals that victim advocacy models were targeted towards, ‘victim’ has been used in this report as it is the term that the majority of UK agencies use and understand when referring to someone who has experienced victimisation, and is the term officially used in policies and legislation.

While there have been some previous research publications on advocacy interventions, and a couple of systematic reviews of these interventions provided to victims of domestic abuse specifically (Ramsay et al. 2009; NICE 2013), the evidence base across a range of crime types has not yet been collated and critically appraised. This review therefore seeks to address this gap by attempting to understand what evidence exists across advocacy interventions provided to victims of crime within England and Wales and similar jurisdictions, as well as to assess the strength of this existing evidence base. This REA is therefore in some ways an extension of the earlier REA published by the Office of the Victims' Commissioner in 2016, as it to some extent tests the underlying question raised in the earlier REA's conclusion regarding whether advocates provide effective support to victims. In doing so, this paper draws on research both from within the UK and from other jurisdictions. The specific research questions guiding this review are detailed in the section below.

1.1. Research questions

Overarching research question:

What evidence is there on advocacy as an intervention provided to victims of crime in England, Wales and similar jurisdictions, at all stages from prior to reporting a crime to post-court experiences?

Subsidiary research questions:

1. Who are existing advocacy services provided to?
2. What evidence is there in terms of how victims experience advocacy interventions?
3. What evidence is there in terms of how advocates undertake their roles?
4. What evidence is there in terms of how advocates engage with other agencies?
5. How strong is the existing evidence base on victim advocacy interventions?
6. What gaps are there in the evidence base on existing victim advocacy interventions?
7. When drawing on this evidence, what model elements would the VC recommend are included in an IVA role?

2. Methodology

This work used a rapid evidence assessment (REA) approach to collate and assess the strength of the existing evidence base on advocacy interventions provided to victims of crime. An REA approach draws on systematic methods to ‘search and critically appraise existing research’ (GSR 2010, n.p.). They are recognised as providing a more balanced assessment of policy issues and/or interventions than less standardised approaches to reviewing evidence such as literature summaries, and can be conducted within shorter timeframes than the more extensive full systematic reviews³ (GSR 2010). A diagrammatic summary of the stages of the REA approach used to inform this paper is included on the next page.

2.1. Literature searches

Two databases, EBSCO and Just Store, were searched using the search string detailed in Appendix 1. Core terms from this search string were used to conduct additional searches of specific websites for grey literature. A list of the websites searched are included in Appendix 2. The reference lists of included studies were also examined to identify further potential literature using a ‘pearl growing’ technique⁴. Contacts of the Office of the Victims’ Commissioner were also invited to flag any additional literature. Overall, more than 6,300 studies were considered for this review. Abstracts were reviewed using the inclusion and exclusion criteria detailed below.

2.2. Inclusion and exclusion criteria

The inclusion and exclusion criteria were developed based on discussions with policy and research colleagues, and an initial scoping of relevant literature. The population of interest were victims of all crime types, at all stages of their journey to coping and recovering. Most of the literature, however, related to advocacy interventions conducted with victims of domestic and/or sexual violence, and their dealings with police (or equivalent law enforcement professionals) and support services.

It was important that studies included in the review were based on empirical work (primary and secondary); as such, opinion pieces were excluded. Additionally, only studies regarding advocacy interventions provided to the population of interest were included. This study drew on the relatively broad definition of advocacy interventions used by the NICE (2013) systematic review of domestic violence interventions. Included interventions are, therefore, ‘those that inform, guide and help victims [...] to access a range of services and supports, and ensure their rights and entitlements are achieved’. While studies involving victims who had not formally reported a crime to law enforcement professionals were not excluded per se, the interest in the rights and entitlements advocates can assist with, as demonstrated in the definition of advocacy used, means that almost all studies included focused on interventions provided to victims who had formally reported a crime.

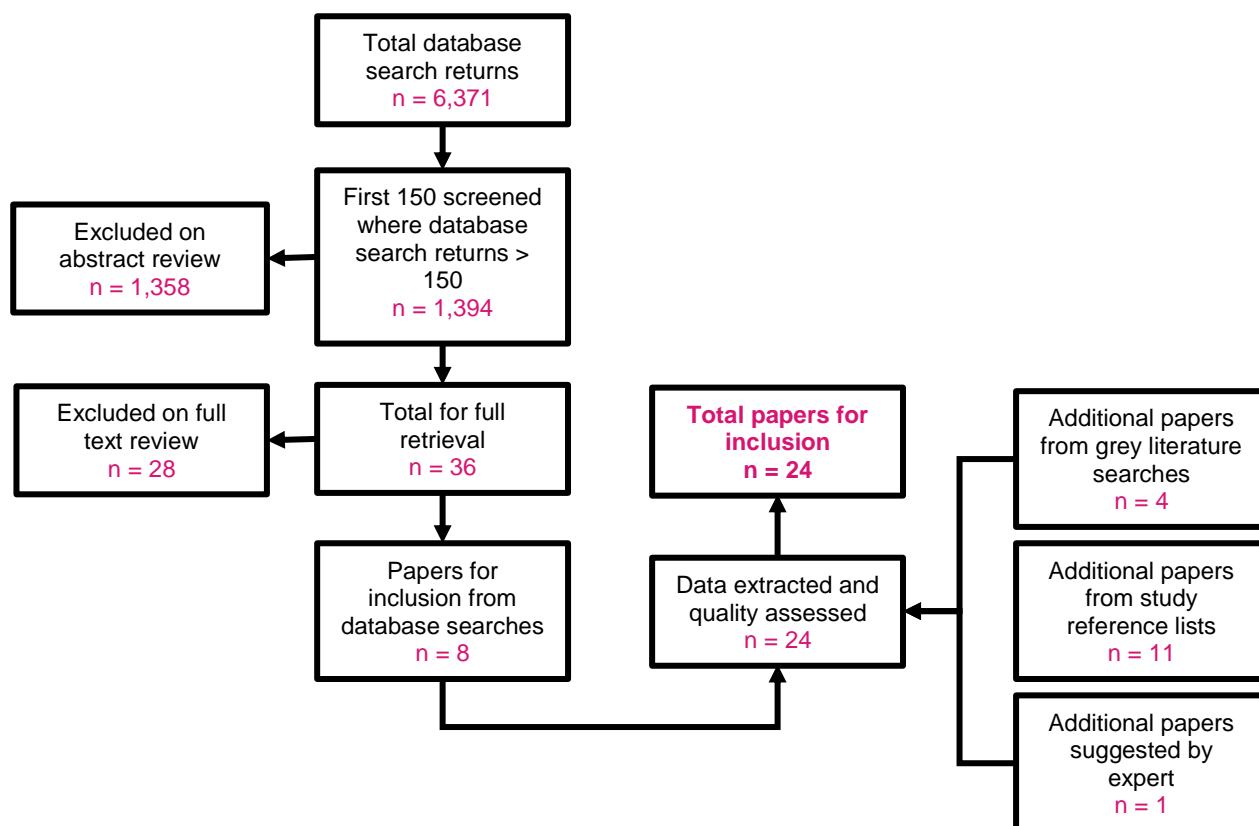
Studies were included from England and Wales, as well as countries perceived to have similar jurisdictions⁵ (following Radford et al. unknown). These were identified as Scotland, Northern Ireland, the Republic of Ireland, the United States, Canada, New Zealand, Australia, Scandinavia and the EU 28 countries. Due to resource constraints, however, only English language publications dating from 2000, and available online, were included in the review. In reporting the findings, comparability and generalisability of the findings from international contexts are considered and reflected on.

³ Systematic reviews are more robust than REAs for reviewing evidence as they aim to be as comprehensive as possible in terms of literature searching, inclusion and synthesis (GSR 2010:n.p.). They do, however, require more resources as they are time-consuming, and need a team of researchers to complete (ibid).

⁴ ‘Pearl-growing’ refers to the following up of references in the literature obtained, to locate further studies for potential inclusion.

⁵ Radford et al. (unknown:7) interpreted ‘similar’ jurisdictions broadly to include: other countries within the United Kingdom and Ireland; high-income; English-speaking nations; members of the EU 28; and Scandinavian countries.

Overall, 24 papers were identified for inclusion in the review. The diagram below details the number of studies included and excluded at each stage of the REA process.



2.3. Methodological robustness

Integral to an REA approach is the assessment of the relative robustness of the available evidence base. This element was particularly important to this review as understanding the strength of the evidence on victim advocacy models in the research landscape remained a key objective. In some approaches to conducting reviews, the relative rigour of studies can be used as part of the inclusion criteria. Certain REAs, for example, will only draw on studies that have implemented Randomised Controlled Trials (RCTs). While the rigour of the studies included in this review remained important, similar to Moran, Ghate & Van der Merwe (2004), studies with various levels of methodological robustness have been included here due to the current research gaps in the evidence base on advocacy models provided to victims of crime. The relative strengths of each study are, however, reflected on in Appendix 3.

All primary source studies were assessed by a single researcher, using a series of questions drawn from Spencer et al. (2003, cited by Radford et al. unknown). Literature that drew from quantitative or mixed methods approaches were additionally scored using the Maryland Scale⁶. AMSTAR⁷ was used as the scoring tool for systematic reviews (drawing from, and cited by Radford et al. unknown). All studies (primary and secondary) were given a high [++], medium [+] or low [-] robustness rating, depending on their final score, and the number of questions they were scored against. The quality appraisal criteria used to determine methodological robustness are replicated in Appendix 4; a summary of the evidence assessment of each study is also included in Appendix 3.

⁶ The Maryland Scale of Scientific Methods was designed by the University of Maryland to classify the strength of scientific evidence. It is a measure of the strength of evidence rather than the impact of an initiative or intervention.

⁷ AMSTAR stands for 'A MeaSurement Tool to Assess systematic Reviews'.

2.4. Collation of the evidence

The data extracted from each paper included: country of study, study aims and/or research questions, study type, description of research methods and sampling strategy, summary of data collection and analysis, summary of findings, limitations of the study and implications and/or conclusions drawn by the authors. The evidence drawn from each study was then collated thematically to present a comprehensive overview of the available evidence on advocacy models for victims of crime. The overall key themes were then used to structure this paper, and the strength of the evidence is presented alongside the resultant findings.

A synopsis of the evidence included in this REA is provided in Appendix 3.

2.5. Limitations

REAs are less resource intensive than full systematic reviews; however, this does have implications for all aspects of the methodology from searching to identification of themes (Wedlock & Tapley 2016). Whereas systematic reviews involve at least two assessors of the evidence coming to a consensus on the strength of the evidence in each study, this rapid evidence assessment was carried out by one assessor, and this may have introduced subsequent bias to the findings. Similarly, while systematic reviews will draw from exhaustive database searches, this REA was constrained by the databases available through the Ministry of Justice library service.

There are limitations in comparing the evaluations of different types of advocacy model against each other. As Howarth and Robinson (2016) write in relation to Independent Domestic Violence Advocates (IDVAs), while an overarching advocacy approach may underpin this model, certain elements such as targeting or delivery can be distinct from advocacy models provided to victims of other crime types. Literature regarding IDVAs, for example, tend to emphasise the importance of assessing the risks that victims are exposed to, which may not be considered as integral to other advocacy models. A summary of the victim advocacy models looked at in the empirical literature is included as part of the evidence synopsis in Appendix 3.

Other limitations to the REA approach are the difficulties of determining the contribution of advocates and advocacy models to victim outcomes, particularly when they frequently operate within partnership approaches, for example SARCs in the context of sexual violence. Where studies are evaluating victim advocates in addition to other elements, only the findings that clearly relate back to the work of advocates are included in this review. As mentioned previously, there is some variation in the methodological quality of the individual studies included in this review. This has been commented on where possible but caution should be applied when generalising the findings from this paper.

3. Working for victims of crime

One of the objectives of this REA was to summarise and assess the strength of the existing evidence base on the interactions between advocates and the victims they work with. This chapter details the findings from the REA that relate to this objective. It looks at elements of advocacy models that have been identified as beneficial to victims of crime, including impact-related findings (i.e. effects that these advocacy models have likely enacted) and more process-related findings (i.e. how these advocates have worked with victims).

3.1. Personable approach

One theme to emerge from the literature was the personable manner or approach that advocates have when working with victims of crime. This was reported on positively within many studies and was repeatedly identified as a perceived strength of advocacy projects and/or services (see Coy & Kelly 2011; Rodwell & Smith 2008; Commonwealth of Australia 2003). Supportive, compassionate, sympathetic and caring were some of the words used to describe advocates by victims and stakeholders in the included literature. The 2003 evaluation of a domestic violence service project in Tamworth, New South Wales, for example, reported that the project officer⁸ (advocate-style worker in this case) was perceived to be supportive, compassionate and helpful. The project officer's role was to provide follow up support, brief counselling and onwards referral to appropriate services for victims of domestic violence who had some contact with the police. The project officer, however, also became a primary contact point for many victims, and advocacy developed into a key function of their role. In the evaluation, the supportiveness of the project officer was identified as particularly important when victims had not previously had any interactions with the criminal justice system.

One specific element that several studies highlighted was the advocates' overall manner, and in particular, their non-judgemental attitudes towards victims. This is reflected in Coy and Kelly (2011), as well as Rodwell and Smith (2008). Madoc-Jones and Roscoe (2011), also identified from interviews with service users, that the non-judgemental approach of the Independent Domestic Violence Advocates/Advisors (IDVAs) in their research study, facilitated the development of trust between the advocates and the victims they worked with. Patterson and Tringali (2015), conducting research in a US context, found that advocates were conscious of the need to withhold judgement and blame, and were aware of how this could be used to address victims' feelings of guilt. These advocates reported that not only did they do so to promote victims' wellbeing, but to increase victims' interest in pursuing their case through the criminal justice system, particularly if victims then shift this blame from themselves to the offender (ibid). Therefore, while the evidence base on advocacy models is still emerging, this review found that advocates' personable ways of working are perceived by victims and stakeholders as a key strength of these services, and importantly, there is some indication that such approaches could be linked to victims' engagement with criminal justice processes.

3.2. Trust and contact

Advocates are also able to build relationships of trust and credibility with victims. Hester and Lilley (2018), for example, found that the victims they interviewed reported a supportive relationship with their Independent Sexual Violence Advocates/Advisors (ISVAs). Hester and Lilley's study was conducted with victims of sexual violence who were accessing specialist services including ISVAs in one area of England and Wales; they reported that the supportive relationship with the ISVAs was built on trust, honesty, consistency and the flexibility of ISVAs to meet their needs.

⁸ To note, there was only one project officer in this programme.

Bell and Goodman's (2001) study too found that victims who had an advocate felt that these professionals cared about them and were knowledgeable of their situations. Bell and Goodman's (2001) paper drew from a quasi-experimental approach which involved victims who had and had not received a form of advocacy support. There were methodological limitations to this study including small sample sizes, a lack of sufficient statistical power and non-randomly assigned intervention groups. Furthermore, the sample was composed of women exiting shelters, so the authors note that it is uncertain whether the same intervention for women in the justice system would achieve the same effects (ibid). The study did, however, find through a series of open questions, that participants in the comparison group described a lack of individualised attention or relationship from the court advocates they interacted with, in contrast to those who received the intervention advocacy service facilitated by law students (ibid). In this intervention, court advocates had only brief interaction with victims, typically lasting between a few minutes to half an hour on the day of a victim's initial visit to court. While court advocates provided some support to victims such as photocopied lists of referrals, or explanations of court procedure, victims receiving this service-as-usual did not have prolonged contact with these advocates over time. The authors concluded that while court advocates were 'a skilled and committed group of people', this service alone could not fully address the needs of the women they worked with (ibid:1396). Closely related to the ability to build trust is, therefore, contact between the advocate and victims.

Keeble, Fair and Roe (2018), in their interim assessment of the Independent Child Trafficking Advocate early adopter areas, linked the ability of advocates to build and maintain trust with the contact that these advocates had with victims (i.e. consistent, long term and direct). Hester and Lilley (2018) also linked consistency of contact received by victims to their engagement with criminal justice processes, reporting that consistency of contact was of critical importance, particularly as these processes can often be long and arduous.

A high level of availability of and accessibility to the advocacy worker was also reported as beneficial in the context of contact. This was found by Ekström (2015) and the Commonwealth of Australia's (2003) evaluation as important and reassuring to participants. Ekström (2015) reported that victims felt they could call the advocacy worker at any time, and in turn, the workers would often make contact with victims just to ask how they were feeling. Proactive contact by advocates towards victims was also identified in some further studies as a crucial part of the advocates' role in supporting victims. Madoc-Jones and Roscoe (2011), for example, found that some victims were hesitant to approach services themselves initially, but were pleased when an IDVA reach out to get in touch with them.

Proactive contact was also reported on positively within Coy and Kelly's (2011) evaluation of four IDVA projects operating in different contexts across London. Coy and Kelly (2011) reported that although proactive contact was viewed by interviewees at the start of the projects as important in terms of initiating communication with victims, particularly those who may not previously have experience of support agencies (ibid), in further rounds of interviews and observation visits, proactive contact was regarded as essential (ibid). Coy and Kelly (2011) stated that it enabled advocates to check on the welfare and safety of the victims they were working with, and also identify and monitor any changing risks to these victims. They concluded that regular 'check in' calls with victims to offer emotional reassurance and practical advice were good practice (ibid:33).

Finally, linked to the above points is frequency of the contact between advocates and victims. Howarth and Robinson (2016), having conducted a multi-site evaluation of IDVA services, found that victims who had more contact with an IDVA, along with access to more resources, were more likely to experience positive outcomes in terms of reported cessation of abuse, and perceptions of safety, relative to those receiving comparatively less contact and fewer resources. The IDVA service assessed in this study worked with victims in what the authors describe as an 'intensive way', with the majority of women having 5 contacts or more with an IDVA over a median of 3.5 months (ibid:55).

There is, therefore, evidence to suggest that the way advocates maintain contact is a critical element of their approach to working with victims. Contact that is frequent, proactive and consistent over time, has been reported by a range of studies as features that victims, stakeholders and advocates all regard as beneficial. A small variety of positive outcomes relating to communication have been identified in the literature including: facilitating trust with victims; updating assessments of victim risk and safety, cessation of abuse and improvements in victim perceptions of safety.

3.3. Practical and emotional support

The literature tended to conclude that advocates, in their various models of working, were supportive of victims of crime. Support was identified within the literature as both practical and emotional. Practical support included the provision of advice and information to victims of crime. Wasco et al. (2004), for example, conducted a state-wide evaluation of advocacy services in Illinois, the United States. While there were limitations to the methodology, in terms of sampling, the post-service study design, and administration of the survey questions, Wasco et al. (2004) found that 3 in 5 (62 per cent) of the 281 victims surveyed who had contact with advocates, stated that they had gained a lot more information because of the service they had received.

Vallely et al. (2005) also established that there was a link within their qualitative data between increased confidence, satisfaction, feelings of safety, and the level of information received about the legal process and other options. This was supplemented by other support such as providing panic alarms and fitting locks, all of which were offered by the advocates, alongside the police and other support agencies.

Information relating specifically to criminal justice processes was also often identified within studies as particularly helpful. The Commonwealth of Australia's (2003) Tamworth domestic violence project, although reporting from an Australian context, found that the project provided crucial information to victims, particularly about the operation of the legal system, and the services available for victims to draw on. This was similar to Ekström (2015), who conducted in-depth interviews with six victims of domestic violence receiving support from social workers at a relationship violence centre in Stockholm. The study reported that participants found the advice and information given about aspects such as the preliminary investigation, and how a trial takes place, important (ibid). Similarly, Madoc-Jones and Roscoe (2011) found that the victims working with one IDVA service in a local authority in the UK, valued the advice they received from the IDVA, which included issues relating to their abuser's contact with their children.

The information and advice provided by advocates is linked within the literature to advocates' ability to facilitate victims' decision-making. The Commonwealth of Australia's (2003) evaluation highlights that the provision of information about the legal system and services available assisted victims in making decisions regarding these. Bennet et al. (2004) also found that domestic violence victims perceived an improvement in their decision-making ability during their participation in advocacy programs. Wasco et al. (2004) found that approximately half of sexual assault clients (54 per cent of 281) reported receiving a lot more help in making decisions from advocacy programs. While these figures are important, they are also relatively broad. Madoc-Jones and Roscoe provide some more detail in that victims participating in their research felt that IDVAs helped to talk through their choices with them, rather than promoting any one outcome.

The ability of advocates to facilitate decision-making extends beyond victims to include the decisions made by other professionals working with or on the behalf of victims of crime. Kohli et al. (2015), in the ICTA trial evaluation commissioned by the Home Office, found that advocates improved the timeliness and quality of decision-making related to aspects such as the National Referral Mechanism (NRM) and immigration decisions. Advocates did so by collating evidence and providing information to other stakeholders involved in a case. Vallely et al. (2005) also reported that advocates at both the Caerphilly and Croydon pilot sites had been valuable in improving bail decisions, by providing the relevant courts with information, for example, about breaches.

The NICE (2013:184) systematic review of victim interventions to prevent, reduce and respond to domestic violence stated that there is moderate evidence that advocacy services may improve women's access to 'community resources'. The gendered element to this statement reflects the focus of the papers included in this section of the systematic review, which predominantly involved interventions provided to female victims of domestic violence. Sullivan (2003) too found that women working with advocates reported decreased difficulty in obtaining community resources, defined in this study as broadly including legal assistance, housing, education and employment. In this model, advocates identified the needs and goals of their clients (victims of domestic abuse), before working to obtain the resources required from 'resource providers' (ibid:298). The authors noted how sometimes this was relatively straightforward (such as obtaining groceries from a local food bank), whereas on other occasions more input was required (for example ensuring the police arrest a perpetrator for breaching any conditions in place) (ibid). On exiting the service, as part of the 'termination packets', victims received lists of community resources, tips for obtaining any that were considered more difficult to access and telephone numbers (ibid:298).

While the term 'resources' used in the two above studies are relatively broad, some publications have discussed the ability of advocates to increase access to resources in terms of referral to other relevant services. The Commonwealth of Australia (2003), for example, found that referral to services was perceived to be an important part of the advocacy service victims received, even if they did not act on these referrals. For some victims, this evaluation found that simply the knowledge of what services were available was important (ibid). Madoc-Jones and Roscoe (2011), however, found that respondents did not talk about being signposted on to relevant agencies for help in these areas, but rather that IDVAs performed a service in these areas themselves.

Ekström (2015), although only conducting a small scale qualitative study, also found that advocates can provide support in terms of dealing with wider issues such as housing, although this work can be subject to contextual factors such as, within their study, Stockholm's local social housing shortages. These resources can, in turn, exert a positive influence in victims' lives. Sullivan (2003:300) wrote that increasing women's connections to resources, alongside people and opportunities, continued to exert positive changes in women's lives 'affording more opportunities for continued successes and serving as protective factors against further abuse'.

Studies also found that advocates provided emotional support to victims of crime. Indeed Madoc-Jones and Roscoe (2011) found that victims participating in this study felt that their IDVAs provided emotional support that they wouldn't otherwise have received. Victims reported, for example, that their IDVAs showed concern for themselves and their family, and provided reassurance and information that one victim linked directly to improvements in her self-confidence.

A key factor discussed regarding advocates' provision of emotional support was their ability to actively listen to victims. Coy and Kelly (2011:42) identified listening as one of the valued core components of the IDVA model across the four projects they evaluated in London, with advocates perceiving this element as 'the crux of empowerment and advocacy'. Ekström (2015) found that the victims felt the social workers in this advocacy model had given them the opportunity to 'talk, cry, and get assurance about all the emotions and fears that are brought up in connection to the police investigation'. The Commonwealth of Australia's (2003:10) evaluation similarly discussed how the active listening of advocates, an important part of which they identified as advocates' understanding and believing, was identified by victims as 'making a difference for them'. Coy and Kelly (2011) did, however, note that in the models under evaluation, advocates perceived a tension in terms of the pressure to provide a short-term intervention for their clients, and the time required to undertake listening effectively.

While advocates, particularly in the UK, are typically viewed as providing support that is 'non-therapeutic' in nature, Madoc-Jones and Roscoe (2011) suggested that some victims in their study felt that their IDVAs were to some extent a therapeutic influence, and this was noted by the authors to be a part of the emotional support that some victims felt they received. Hester and Lilley

(2018:322) also found in the context of sexual violence, that ISVAs can offer a 'safe space' in which victims can 'offload' when required, rather than waiting for appointments from other services. The authors noted that advocates being based in a location that enabled 24-hour access was beneficial for this (ibid). Finally, Ekström (2015) highlights that emotional support can play out through actions in addition to 'active listening'. While this study was small in scale, some victims who attended court appreciated the company of their social workers (advocacy-style workers in this context) before and between hearings (ibid). The author noted that this was particularly the case where the victim's friends and/or relatives could not attend with them (which could be for many reasons, including the victim not wanting them to know in detail the violence they had endured). Therefore, while advocates may not always be intended as a source of emotional support for victims, often victims identify this element as a positive part of the role and support that they receive.

To conclude, there is moderate evidence to suggest that advocates from a range of intervention models provide support to victims of crime that is both practical and emotional. Particular elements of practical support highlighted within the literature were the provision of information and advice (particularly relating to legal processes), the facilitation of decision-making and the identification and acquisition of resources. The emotional support identified as beneficial by victims included advocates' showing concern and consideration for themselves and their families, as well as 'active listening' and accompaniment to court.

3.4. Perceived health outcomes

While the emotional support provided by advocates was discussed to some extent in the literature, of less focus was the influence of advocates on victims' emotional health. This review only found one paper that discussed the overall emotional health implications of an advocacy intervention and it was based in a US context. Hathaway et al. (2008) conducted a series of structured interviews with 49 women experiencing intimate partner violence and who had participated in a health care-based domestic violence advocacy program for 6 months or more. The objective of the research was to explore women's perceptions of whether participation in a long-term domestic violence advocacy intervention affected their health among other factors. Hathaway et al. (2008) found that most participants perceived that their involvement in the advocacy services affected their emotional health. Participants reported 'generally feeling better or less stressed, positive changes in attitude or behaviours (such as being optimistic or coping better), improved feeling of self-worth, and feeling less depressed and/or anxious' (ibid:550). While all victims who discussed this element described positive changes, many of the women noted that they were still working on emotional issues, either because of the abuse they sustained or other difficulties (ibid). Victims attributed the improvements in their emotional health to the support they received from advocates such as being able to talk about the abuse they had endured, having someone who cared about them, understanding more about intimate partner abuse and receiving encouragement or advice (ibid).

While few studies discussed emotional health explicitly, a small number of papers covered how advocates could decrease distress and other elements that arguably feature under the umbrella term of mental health; most of these studies were from a US context. The NICE (2013) systematic review, for example, found that there was moderate evidence that domestic violence advocacy services may decrease depression and reduce various stressors, as well as improve parenting stress and children's well-being.

DePrince et al. (2012a) conducted a longitudinal experimental study to assess the impact of a community-based outreach service facilitated by advocates and provided to female victims of domestic violence that had been reported to the police, in comparison to a criminal justice system-based referral program. The study found that women who had received community-based outreach reported greater decreases in distress a year on from reporting the violence to the police (ibid). The women who received the outreach service reported decreases in Post-Traumatic Stress

Disorder, depressive symptom severity and fear a year later. This was to a greater extent than women who received the normal referral program (ibid). Finally, Sullivan (2003) reported that the victims in their study who had worked with advocates reported a higher perceived quality of life over time than those who did not.

Hathaway et al. (2008) additionally found that some victims who participated in their study reported that involvement with domestic violence advocacy had affected their physical health. All participants who discussed this element reported a positive influence (ibid). Participants described feeling “better” or “healthier” in general, with some referring to personal health conditions that they perceived had improved or not worsened because of their participation with the advocacy service (ibid). Participants also linked their physical health to improvements in emotional health such as feeling less stressed, and refusing to tolerate further physical abuse (ibid). Some participants even perceived that their involvement in the program had influenced their ability to obtain medications for treatment of health conditions, as well as their ability to access medical care (ibid).

Therefore, while the findings covered here mostly relate to one study that focused specifically on the health effects of a domestic violence advocacy model, and further research is needed, there is some initial indication that the work of advocates can potentially have a positive influence over victims’ health outcomes.

3.5. Justice outcomes

The NICE (2013) systematic review established that there was moderate evidence that domestic violence advocacy services may improve victims’ perceived safety. This was reflected in other studies included within this review such as Madoc-Jones and Roscoe (2011); Howarth and Robinson (2016); Hathaway et al. (2008) and Coy and Kelly (2011). Howarth and Robinson (2016), for example, found that half of participating domestic violence victims reported to IDVAs at the closure of the service they had received that they felt significantly safer (51%, base number: 1,167), and almost a quarter reported feeling somewhat safer (24%).

While perceptions of safety may not seem to be an immediate justice outcome, it is important in terms of procedural justice for victims as it indicates, to some extent, how victims themselves have experienced the criminal justice process.

Perceptions of improved safety is linked to decreased fear, and interestingly, DePrince et al. (2012a) reported that moderator analyses revealed that outreach undertaken by advocates was more effective in decreasing fear for ethnic minority women than for women of white ethnicity, by almost threefold.

Many studies linked perceptions of improved safety to the reassurance advocates can provide, as well as the practical action they offer which can facilitate victims’ safety. Hathaway et al. (2008) found that feeling safer was credited by victims to having received information about, or connection to specific resources, safety planning, and feeling as though they had someone they could contact⁹. Madoc-Jones and Roscoe (2011) similarly used the example of advocates working with the police on perpetrator’s bail conditions as one action that some victims felt helped to facilitate their safety.

Patterson and Tringali (2015) reported that the advocates they interviewed discussed the option of a protection order with the domestic violence victims they worked with, and helped these victims to obtain this. The advocates believed that this could help ease victims’ safety concerns about retaliatory action from perpetrators and enable victims to feel secure enough to progress through the criminal justice process. Hathaway et al. (2008) also identified specific resources that the advocates in their study connected victims to, and which victims felt helped to promote their safety.

⁹ Additional factors mentioned by victims include having more control over their own lives and being able to say “no” to perpetrators (Hathaway et al. 2008).

These resources included: shelters, courts, restraining orders, and access to the police, lawyers and locksmiths (ibid).

However, as Howarth and Robinson (2016:52) state, 'it cannot, and should not, be overlooked that outcomes were not so positive for some victims'. Despite their research suggesting that overall there was a decrease in abuse, and an increase in the perceived safety of victims, they noted that in at least 1 in 10 cases (12%) abuse was ongoing, and 1 in 20 women (4%) reported that they felt no safer, or less safe following the advocacy intervention. DePrince et al. (2012a) also noted that the outreach advocacy model under review in this study did not affect victim safety overall, although the women assigned to this model of support had higher stage of change scores than women in the traditional referral group. DePrince et al. (2012a) stated that these differences in score meant that victims who received the outreach work were more likely to have articulated plans to leave the perpetrator, or have already left the perpetrator. The study concludes, therefore, that the outreach facilitated by advocates is associated with changes that the victim can make and have control of (such as plans to leave) rather than changes under the perpetrator's control (such as their actions).

While recognising that in some cases victims will experience ongoing aggression from perpetrators, a few studies have reflected on how advocacy models may exert an influence over the levels of abuse experienced by victims. This is exemplified by the NICE (2013) systematic review, which established that there is moderate evidence that advocacy services may reduce rates of intimate partner violence. Sullivan (2003), additionally reported that women who worked with advocates in the model under review in this study, reported experiencing less violence over time than women who did not work with advocates. Bell and Goodman (2001) also found that advocacy group participants reported lower levels of re-abuse than comparison group participants, even though the amount of contact they had with the perpetrators remained the same during the study period. Finally, Hathaway et al. (2008) reported that many of this study's participants had left the perpetrators since their involvement with the advocacy program. The paper reported that several of those who had left highlighted that the advocacy service had 'helped them out of a situation from which they saw no escape, or had been the only place they had found assistance (ibid:552).

The work undertaken by advocates can also influence how victims interact with criminal justice systems. Patterson and Tringali (2015) found that practical and emotional support provided by advocates, such as information about the system, can help victims' confidence to participate in criminal justice processes, particularly when the victim has concerns about their ability to handle these. Hester and Lilley (2018) similarly highlighted advocates' abilities to alleviate victims' worries about criminal justice processes, citing that a key part of this is to dispel any myths associated with the system. Hester and Lilley (2018) highlighted, in particular, the support given to victims whose cases had progressed to court. Victims described these advocates as 'crucial to their progression through the CJS' (ibid:319).

DePrince et al. (2012b) also discussed the influence of advocacy efforts on court attendance, through a quantitative methodological approach. DePrince et al.'s (2012b) analysis suggested that victims who received the outreach service undertaken by advocates were significantly more likely to go to court than women who received the standard referral service. This was particularly the case when looking at the data for ethnic minority women, and while there are some limitations to the methodology involved, the authors concluded that the outreach advocacy approach may be particularly helpful for this group in making the decision to go to court (ibid). In addition, Coy and Kelly (2011) reported more generally that victims who participated in their evaluation reported greater confidence in dealing with the criminal justice system and legal rights.

Whether or not advocacy models have an effect on the likelihood of prosecution is an area reflected on by only a couple of studies included in this REA. The existing evidence base in relation to this is therefore inconclusive. Ekström and Lindström (2016) found that the advocacy model of

support they examined can increase the likelihood of prosecution, in addition to other factors already identified as influential within previous research (including documented injuries and witnesses who provide support in terms of the victim's version of events). While the effect observed within the analysis was 'marginal', 'weak' and 'statistically uncertain', the authors argued that the results indicated the model had some meaning in terms of the prosecution outcome, as the strongest independent indicators for prosecution identified within previous literature had already been included within the analysis (ibid:264).

DePrince et al. (2012b:876), however, found that the groups of victims exposed to different models of support did not vary in terms of 'number of guilty verdicts entered, or severity of case disposition'. Although they did find that ethnic minority participants, and those with higher social economic status, had a greater likelihood of having a verdict entered relative to cases being dismissed or not filed. Of the women who continued to live with the perpetrator approximately one month on from the incident and who were assigned to the advocate-facilitated outreach, all had verdicts entered (ibid). This contrasts with only one third of women assigned to the referral group (33%) (ibid). The authors therefore conclude that the findings pointed to a particular group of victims for whom the outreach model may be particularly applicable, namely victims who continue to live with the perpetrator in the month following the reported violence.

To conclude, the literature indicates that there is some evidence to suggest that victims perceive an improvement in their safety following participation in an advocacy support intervention; many studies linked this to the reassurance and practical actions advocates provide and undertake. Reflecting the focus of many of the studies included in this section on victims of domestic abuse, some of these studies also found that many victims reported a reduction in the domestic abuse they received following participation in advocacy interventions, though it also needs to be recognised that not all victims reported this, and there may be limitations in terms of victims and/or advocates reporting a reduction when this may not be the case. Further studies recognised that the support advocates provide can have an influence on victims in terms of their participation in the criminal justice system. By contrast, there is less evidence regarding the effect of advocacy interventions on other criminal justice outcomes such as likelihood and rates of perpetrator prosecution, and the evidence base on this is therefore inconclusive.

3.6. Emerging issues

There were no clear emerging themes around issues or problems identified with victim advocate models. This section rather seeks to highlight various elements reported within individual studies. The limited nature of these findings should, therefore, be recognised when reading this subsection.

Vallely et al. (2005), for example, reported that some victims had negative experiences relating to a delay in initial contact being made, and the unfulfillment of promised actions. This finding was, however, attributed to 'advocacy agencies' more generally, and it is not clear whether it relates specifically to advocates themselves.

Coy and Kelly (2011) reported that the advocates they interviewed were concerned that the focus on high risk victims was leading to reductions in the resources available to victims who do not meet this threshold of risk. A small number of studies conducted with domestic abuse victims also identified cases within their research whereby victims were experiencing a continuation or recommencement of abuse. Howarth et al. (2009) conducted a small number of follow up interviews with participants of IDVA services in England and Wales. They found that while the majority of participants in this group were 'still living safely, there was a group where abuse had resumed' (ibid:13). DePrince et al. (2012a:220) also reported that although the outreach work undertaken with victims was linked to an increased perceived 'readiness to leave the offender', some participants receiving both the outreach service, and the status quo option reported ongoing aggression by perpetrators. Finally, Howarth et al. (2009) identified in their research that the impact of the IDVA intervention was lower in relation to some risk factors associated with the perpetrators'

behaviours; the authors therefore suggested that IDVAs work closely with agencies that work with perpetrators in order to ensure these impacts are achieved.

3.7. Summary

This chapter summarises the findings from the literature that relate to advocates' ways of working perceived to be beneficial to the victims of crime they support within advocacy interventions. These ways of working are reported within the literature by victims themselves, as well as other stakeholders who work with victims and encounter advocates.

Within the literature examined for this REA, five overall themes were identified. These relate to a combination of process- and outcome-related findings and include: 1) Advocates' personable approaches, particularly non-judgemental attitudes, which can help facilitate the development of trust with victims; 2) consistent, proactive contact with victims and a high level of flexibility and accessibility to meet victims' needs; 3) practical and emotional support, such as talking through options with victims and active listening to victims' needs and issues; 4) advocate models can have potential implications on victims' physical and emotional health outcomes; and 5) advocate models can have potential implications for justice outcomes such as victims' perceived safety, reductions in abuse experienced by victims of domestic abuse, and participation in the criminal justice system, although further research is needed in this area.

Advocates' ways of working are, therefore, widely recognised across different intervention models as having positive effects for victims, though the nature of their influence and how they achieve this appears varied.

Additionally, this chapter highlights that further research is required, particularly in terms of identifying coping and recovery outcomes from advocacy interventions for victims of crime, including vulnerable victims of a wider variety of crime types than domestic and sexual violence. Greater focus is also needed in determining the influence of advocates in a wider variety of domains such as housing and employment, as well as examining these outcomes over longer time periods.

4. Working as an advocate

One of the subsidiary research questions for this review was aimed at understanding the existing evidence base in terms of working as an advocate. This includes what actions advocates undertake that are particularly conducive to fulfilling their roles, and what elements advocates encounter as problematically challenging, and that future models would need to consider. Unfortunately, however, through this review it appears that few existing studies have focused on this aspect of advocacy models. One evaluation, by Coy and Kelly (2011), specifically focused on what it means to be an IDVA, and the findings for this section therefore draw heavily from this work. Coy and Kelly (2011) evaluated four IDVA projects operating in different settings in London over a three-year period. While this study's findings draw from across these four projects, the projects themselves are small in scale. The limited nature of the evidence to answer this research question should therefore be noted.

4.1. Flexibility

The ability of advocates to be flexible so as to meet the varied nature of their roles was highlighted in some of the literature. The needs of victims can vary greatly in terms of whether the crime has been reported, how it was reported, by whom, where the victim is in their criminal justice journey (if applicable), and any existing support system they may already have in place (see Hester & Lilley 2018; Keeble, Fair & Roe 2018).

Hester and Lilley (2018:322), writing in the context of specialist sexual violence services in one area of England, found that 'the specific concerns of the individual/survivor shaped the type and level of emotional support provided by ISVAs'. This is also exemplified by the Independent Child Trafficking Advocates (ICTAs) currently being analysed in three early adopter areas by the Home Office. In their interim assessment of the approach, Keeble, Fair and Roe (2018) found that advocates typically worked more on immigration issues for children from non-European Economic Area countries, whereas for UK children, advocates focused on work to do with the criminal justice system in line with these children's differing needs.

Going back to Hester and Lilley's (2018) report, they established that key to identifying victims' individual needs was ensuring a safe and neutral space in which victims could articulate their thoughts and feelings. Once needs were identified, advocates then undertook actions relevant to these (ibid).

The intensity of support provided by advocates can also vary, particularly as victims travel through the criminal justice system, and there can be specific points at which these needs heighten. Hester and Lilley (2018) found that victims' support needs are often most intensive at the beginning (either just after the crime occurred and/or immediately on referral to the service), as well as in the time leading up to a trial, should their case reach this stage. It is important to note that, with the volume of cases held by advocates, these requirements for intensive support can often occur simultaneously across multiple cases, and this can be challenging for advocates to manage. Advocates, therefore, are required to work flexibly to adapt and meet the needs of victims once these become established. This requirement can make considerable demands on advocates, especially when caseload is high.

4.2. Expertise and supervision

Coy and Kelly's (2011:26) evaluation found that knowledge of the system is important for 'cutting through bureaucracy' and simplifying 'jargon' for service users. As covered in the following chapter, it can also enable advocates to challenge other agencies and professionals whose responsibilities have not been carried out appropriately (ibid). While Coy and Kelly (2011) reported that tools such as risk assessments were useful prompts in terms of understanding the risk that victims are exposed to by perpetrators, advocates that were interviewed were keen to point out that this tool

only supplemented their own expertise of domestic violence, and their ability to build a rapport with victims.

Finally, Coy and Kelly (2011:42) also found that IDVAs had undertaken a significant amount of what they describe as 'emotion work' in terms of managing their own encounters with victims of violence. This emotion work is important as Vallely et al. (2005) found in their evaluation of the Caerphilly IDVA pilot. Some stakeholders in this evaluation viewed the advocates as overworked and isolated. IDVAs interviewed as part of Coy and Kelly's (2011) evaluation reported that undertaking this emotion work largely depended on peer and team support, which in turn required trusting peer relationships. As a result, Coy and Kelly (2011) reported that the scheme managers across the four projects evaluated recognised a need for clinical supervision for the IDVAs and their managers, although this was deemed impossible at the time of the evaluation due to a lack of resources.

While it is difficult to draw conclusions from the literature given the lack of studies focusing on this area, advocates by the nature of their role can be exposed to considerably challenging work. Proper clinical supervision should therefore be in place for these individuals to draw on, in addition to other tools for managing their caseload.

4.3. Tensions in responsibilities

One aspect of advocacy work identified as potentially challenging for advocates to work through is the issue of empowerment. Coy and Kelly (2011:24), writing in the context of domestic abuse, found that 'there was a tension between empowerment to enhance safety and respecting women's choices that might include a decision to stay in abusive relationships'. Advocates also reported a tension between providing short and longer-term crisis intervention. Coy and Kelly (2011) found that the project's focus on short-term intervention meant that some IDVAs were unsure as to whether they were providing sustainable support in terms of ensuring victims were able to cope with any ongoing threat of violence.

The intensive caseloads that advocates can carry can make it more difficult for advocates to perform their roles effectively. Advocates reported that due to the volume of cases they were supporting, they were increasingly using methods such as providing advocacy via telephone to increase their efficiency (ibid). Advocates were concerned that relying on telephones to contact victims was decreasing their ability to build trust with them, and therefore, gain an accurate understanding of any risks these victims were facing (ibid).

4.4. Summary

To conclude, there is little available evidence which offers an insight into how advocates experience their roles and responsibilities, and what they may find helpful and/or challenging in fulfilling them. This section has attempted to highlight some areas flagged by existing studies, such as the need to be flexible to meet the varied nature of their roles, and the importance of having knowledge of the system in order to guide victims' through criminal justice processes (which is also reiterated in the next chapter).

There are some aspects that advocates' have raised relating to their roles that warrant further consideration and research. Elements such as the amount of 'emotion work' undertaken by advocates following encounters with victims of distressing crimes need further reflection, as do tensions in their responsibilities between empowerment and safety, and the demand for short-term intervention vs longer-term, potentially more sustainable activity. While more research is needed to unpick these issues further, future advocacy programme designers should at the very least be aware of these elements, and how advocates are expected to navigate them.

5. Working with, and alongside, other agencies

One overarching strand of emerging evidence was how advocates work with other agencies to meet the support needs of victims. While this is understandably defined by the scope of the existing projects into which advocates are recruited, some themes emerged in terms of what advocates can add to these other agencies and how they do so, as well as points of friction when these advocacy models encounter existing provision.

5.1. Building trust with victims

Advocates' abilities to build trust with victims is recognised as beneficial by other agencies. Hester and Lilley (2018) reported that victims found advocates reassuring of the positive role that can be played by agencies such as the police. They stated part of this was that advocates actively explained criminal justice processes, such as the basis on which criminal justice decisions are made (on existing evidence rather than belief) (ibid). Keeble, Fair and Roe (2018), while only reporting from an interim assessment of Child Trafficking Advocates (CTAs), similarly found that stakeholders to the project highlighted the ability of the advocates to build and maintain trust with victims. They noted that advocates' abilities to maintain relations with victims through 'the right sort of relationship' (i.e. consistent, long term and direct contact) enabled victims' trust, or at least greater receptiveness, to over time be extended to other professionals from the range of services interacting with these children (ibid:12).

The importance of advocates' approaches to working with victims is also reflected on by Patterson and Tringali (2015), who found that some advocates linked their respectful treatment of victims to victims' decisions to participate in criminal justice processes. Although this study was based in a US context, Patterson and Tringali (2015:1990) found that by being respectful, advocates hoped victims would anticipate being treated similarly by other professionals, or that victims would feel, at the minimum, that the advocate would be one professional 'on their side' throughout the process. The ability of advocates to establish a rapport with victims has the potential to support the work of other agencies, even if trust is not extended to additional professionals beyond the advocate. Rodwell and Smith (2008), reporting from an evaluation of the New South Wales domestic violence intervention court model, found that the public prosecutors and police domestic violence liaison officers they spoke to, identified advocates' ability to establish a rapport with victims as a key area that supported their own work. This was identified alongside advocates' actions to assist police with gathering information, and encouraging and supporting victims to appear at court and give evidence, which both arguably need a strong rapport with victims to be able to facilitate (ibid).

These studies therefore indicate that the supportive relationships that advocates have with victims is of importance beyond the victim and advocate themselves, but also to other professionals and agencies involved in a victim's case.

5.2. Advocates as connectors

Advocates were also described as performing a connecting, coordinating and buffering role between the victim and other services (Coy and Kelly 2011; Ekström 2015). These links were regarded as beneficial as they, in turn, facilitate a range of activities. Advocates can, for example, enable the exchange of information through which the interests of victims are promoted (Keeble, Fair and Roe 2018). Robinson and Hudson (2011), in their study of sexual violence projects in England and Wales, also noted that regardless of the type of setting in which ISVAs were based (statutory or voluntary), ISVAs enabled more effective collaborative working through their ability to coordinate and liaise with partnering agencies.

Johnson, McGrath and Hughes Miller (2014:2205) writing in a context of advocates working in a rural delta region of the US, found that these links enabled advocates to act as a 'mediator'

between victims and criminal justice agencies, but also with social services. Their study comprised of interviews with advocates within this rural region only, but they found that the mediation element of the role was perceived by advocates to increase victims' levels of comfort (ibid). Johnson, McGrath and Hughes Miller (2014) go on to state that the mediator role advocates enact can also positively influence the accessibility of services provided to victims. Crucial to facilitating this element of the advocacy service in this rural context was the development and strengthening of 'microsystem-level' professional relationships by advocates with other staff and clients (ibid:2208). Advocates did so through actions such as taking advantage of 'open door' policies which could then be used to build more formal relations (ibid:2206).

5.3. Knowledge base

Coy and Kelly (2011), in their evaluation of four different advocacy models, found that in order to act as a buffer or connector between victims and other agencies, advocates (in this instance IDVAs) needed to have an understanding of the roles and responsibilities of these other agencies, in addition to their own. This was so that advocates can set out the options open to victims, and be able to challenge where responsibilities are not being undertaken appropriately (ibid).

Advocates' knowledge base can also aide criminal justice professionals in carrying out their respective roles. Keeble, Fair and Roe (2018), for example, reported that stakeholders of ICTAs discussed advocates' specialist knowledge, particularly their in-depth understanding of trafficking, as a particularly useful resource, which they felt supplemented their own roles.

Advocates' work should be *in addition to* other service providers' responsibilities. Johnson, McGrath and Hughes Miller (2014) reported that the role of the advocate as a connector and/or buffer should not create a barrier between criminal justice personnel and victims to the extent that these personnel do not feel obliged to meet victims' needs. The Commonwealth of Australia's (2003:49) evaluation of a city domestic violence project also reported that 'it is critical that the project is set up in a way that promotes the different functions of the PO [Project Officer i.e. advocate worker in this project] vis-a-vie the police – but that does not abrogate the police's responsibility to provide an empathetic and appropriate response to victims of domestic violence.' The literature suggests, therefore that advocates complement and enhance the role and responsibilities of other agencies towards victims, and should not be viewed as a tool for replacing them.

5.4. Institutional advocacy

Related to the above points about breadth and depth of knowledge held by advocates, is how advocates utilise this capability to conduct what Robinson and Payton (2016:268) term 'institutional advocacy'. Although not an empirical study itself, and therefore not included in this REA sample, Robinson and Payton's (2016) definition is useful here. It refers to institutional advocacy as serving 'as a champion for victim rights, both in individual cases and with the potential to challenge local policy and practice more generally' (ibid:268-9). Sullivan (2003), writing from a US context, similarly reflected that advocacy efforts frequently entail working to change and improve institutional responses, often concurrently alongside actions that are more directly with, or on behalf of, victims. Robinson and Hudson (2011) have also written that the provision of institutional advocacy is an integral element of the ISVA role in their study of sexual violence projects in England and Wales. They write that institutional advocacy refers to providing support and advocacy to institutions rather than individuals (ibid).

While not explicitly defined as 'institutional advocacy' by the authors, Johnson, McGrath and Hughes Miller (2014) also found in their study, that advocates built relationships at a personal level with key professionals. Advocates then used these relationships to try to challenge victim-blaming attitudes or values via methods such as training and conversation (ibid). Coy and Kelly (2011)

similarly found that advocates viewed this form of advocacy as mostly played out through everyday interactions with other agencies, and occasional targeted work.

Robinson and Hudson (2011) found that similar efforts, such as attending meetings and making presentations, can increase the profile of the organisations they are based within, which in turn can increase the levels of engagement and influence that these organisations have over their partner agencies. The literature therefore indicates that advocates, while often thought of solely in relation to their work directly with victims, can also undertake a wider advocacy role to promote victims' issues within criminal justice systems.

5.5. Overlapping roles and responsibilities

The literature in this review also pointed to sources of friction between advocates and the agencies they work alongside in support of victims.

One such recurring theme has been the lack of clarity on the roles and responsibilities of advocates when they are perceived to overlap with existing services provided by other agencies (see Rodwell & Smith 2008; Madoc-Jones & Roscoe 2011). This overlap, and therefore perceived encroachment, can sometimes lead to territorial disputes between advocates and other professionals (Kohli et al. 2015). Kohli et al. (2015), in their evaluation of the Independent Child Trafficking Advocates trial, reported that some stakeholders queried the similarity of advocates' roles and responsibilities to specialist social workers; and that the public accountability of statutory social services meant that there was some friction between parties. This was similarly noted by Coy and Kelly (2011), particularly in multi-agency settings.

Vallely et al. (2005) also found in their evaluation of two domestic violence project pilot sites, that this can complicate the response to victims as it was at times unclear which partner in each project would be leading this and any coordination involved. Vallely et al. (2005) further reported that this confusion can extend to the victims involved, with some victims in the pilot areas reporting that they had received a range of calls but were unsure of the callers' identities.

However, despite the perceived overlaps by some stakeholders, Kohli et al. (2015:39) also reported that, overall, advocates were recognised for their work to actively reduce 'noise' around victims 'so that the sound of what was important could be heard as clearly as possible.' Therefore, as Kohli et al. (2015) conclude, there needs to be consideration of how advocates' roles can be understood by all stakeholders and/or partners involved in supporting the victim.

5.6. Independence

Another issue raised by the literature for consideration is the question of advocates' independence from wider systems.

Coy and Kelly (2011) note that the independence of advocates (in this instance IDVAs) is critical to the effective functioning of their role. The issue of independence was discussed in numerous ways by the literature. Some studies, for example, discussed the importance of independence in terms of advocates being civilians rather than members of the police.

Madoc-Jones and Roscoe (2011) undertook a qualitative evaluation to examine service user's perceptions of an IDVA service in one local authority in the UK in 2011. Their paper, based on fieldwork conducted with the users of an IDVA service in a rural local authority in the UK, highlighted that victims found advocates' involvement with, but independence from, police to be of value.

Related to this, was Madoc-Jones and Roscoe's (2011) finding that victims felt IDVAs talked through their options and choices with them, rather than promoting a specific course of action. In the Caerphilly IDVA pilot evaluated by Vallely et al. (2005), the advocate was line managed by a

member of the CPS. Stakeholders to the pilot recommended that future models are managerially independent of all agencies in the criminal justice system in order to ensure impartiality of the advocacy service, and allow advocates to be regarded as equals by criminal justice professionals (Vallely et al. 2005). This clear separation is important particularly when advocates are handling complaints related to these criminal justice agencies, as reported in the Commonwealth of Australia's (2003) evaluation. The authors of this study found that the close positioning of the advocate worker to the police during this project made complaint handling, particularly regarding the conduct of the police, difficult to manage (Commonwealth of Australia 2003).

Building on the above issue of independence, there is mixed evidence in terms of the physical positioning of advocates. The Commonwealth of Australia's (2003) evaluation found that overwhelmingly, participants felt that the best location for the Project Officer (the advocate style worker in this case) was the police station in which they were based for the project's duration. While participants mentioned some concerns regarding the location, generally they perceived the benefits in terms of safety, access to information from police and prosecutors, and the opportunity to breakdown negative perceptions of the police, outweighed any concerns. These benefits to police location were similarly reported by Coy and Kelly (2011) who evaluated four domestic violence advocacy projects in very different settings, of which the placement of advocates in a police station was one. Coy and Kelly (2011) additionally found this co-location, and resultant contact with criminal justice professionals, created opportunities to build relations and influence these professionals' responses to domestic violence incidents and issues. They did, however, also report that some participants felt this location potentially created barriers for some victims, particularly those who may not trust the police or fear that engaging with police-based support services would result in 'automatic criminalisation of perpetrators', and would potentially lead to repercussions (ibid:17). These limitations of a police setting were similarly reported by Robinson and Hudson (2011) who found that staff from three SARCs felt that their physical independence had implications in terms of how the service they offer is perceived, and their ability to provide challenge back to partner agencies.

Coy and Kelly (2011) also reported on the strengths of location within the voluntary sector in terms of depth of specialist knowledge available, and the potential for such organisations to have a strong existing profile within their local communities. In addition, they found that location within an Accident and Emergency setting was perceived by stakeholders and the advocates themselves to reach individuals who may not seek this kind of support from other sources, whereas a limitation of this setting remained a clash of cultures between the NHS and voluntary sector. The two IDVAs based in this setting referred to 'a general lack of fit between the aims of clinicians to treat injuries as efficiently as possible...and their own to support victim-survivors to make decisions that take more time and input' (ibid:21).

The most appropriate physical location for advocates therefore remains inconclusive. Kohli et al.'s (2015) evaluation does not discuss physical location, but rather states that advocates should be independent but closely linked to established services, and given the findings from the studies included above, this should be in terms of inter-agency relations as well as advocates' access to information.

A perceived 'culture clash' between advocates and other agencies working with victims was mentioned by only a couple of studies. This extended to two subthemes: gaps in knowledge, and issues around prioritisation. Firstly, Coy and Kelly (2011), writing in the context of advocacy projects provided to victims of domestic violence, found that these advocates felt some statutory agencies lacked knowledge about violence against women, and its gendered dimensions, though they do not go on to explore the implications of this for the advocacy support provided. Payne (2007) also found through surveying sexual assault crisis centre advocates from one region of the United States, that the lack of recognition among healthcare professionals of sexual and domestic violence as a health issue, was a challenge these advocates felt they encountered when dealing

with this group. Payne (2007) also reported that the advocates felt healthcare professionals prioritised the rules and governance of healthcare systems over any other systems such as those governing the settings advocates are based within. While Payne's (2007) study had severe limitations in terms of its methodology, this perceived 'culture clash' was also identified by Coy and Kelly (2011) in their evaluation of an advocacy project based in an A & E setting in London. They identified in one project that the accountability issues/needs of an NHS setting at times clashed with voluntary sector provision, leading to a divergence in objectives between the two parties (as mentioned in the previous paragraph).

Coy and Kelly (2011) also noted a divergence in the importance placed on the criminal justice elements of victims' cope and recovery, with the IDVAs from across the four projects under evaluation focusing more on the holistic elements of the role and support provided in contrast to their external stakeholders. While the evidence base for this issue of a 'culture clash' is limited and therefore uncertain, the potential for any divergence in procedures, protocol, and even priorities between advocates and their closest stakeholders may affect the work of advocates, and are aspects that should receive reflection when implementing any future provision.

5.7. Indirect effects

Issues within other agencies can create challenges for advocates to address in terms of their ability to support victims of crime. Coy and Kelly (2011:110) noted that 'the ability of IDVAs to deliver advocacy in practice is constrained by responses from other agencies where these are slow, inadequate or simply not forthcoming.' This was exemplified by Hester and Lilley (2018:320) who noted that the time and resource required by advocates to 'hold'¹⁰ victims in the criminal justice system in a safe way was taking longer due to capacity issues within criminal justice agencies, such as the increasing length of time taken by the police and CPS before a case gets to court. This in turn had resource implications for the capacity of advocates.

Although a less robust study in terms of methodological approach used, Payne (2007) also identified the issue of inappropriate referrals which meant that advocates spend time resolving whether or not a referral is suitable for the type of support service they provide. Advocates do not undertake their responsibilities within a vacuum, but can be affected, and even constrained, by wider issues within criminal justice processes and systems.

5.8. Summary

Tentative conclusions can be made as to the elements of advocacy models that can be effective, or at the very least useful, for agencies and professionals working with victims of crime. Elements such as advocates' abilities to build trusting relations with victims through respectful and considerate treatment is viewed as valuable in terms of facilitating the work of these other agencies. This trust can even be extended over time, and in some circumstances, to other agencies and professionals such as the police, facilitating their work and potentially encouraging victims to participate in the criminal justice system.

However, this section has also highlighted some of the tensions or rubbing points as advocates encounter and interact with existing agencies and processes for supporting or working with victims of crime. Issues such as the independence of advocates, in terms of the physical location of an advocacy service, as well as its setting in relation to the wider criminal justice and support systems, should be considered carefully in the development of any future models.

¹⁰ This refers to the role and actions of advocates in ensuring that victims remain within the criminal justice system after reporting the abuse to the police and proceeding to court (Hester & Lilley 2018). It refers to the work advocates undertake in advance of and during the court case, and includes providing support and assistance to victims dealing with any issues that could result in their disengagement (ibid:323-324).

6. Conclusions

This REA sought to explore the existing evidence base on victim advocacy models provided to victims of a variety of crime types. It aimed to collate and summarise international literature on these interventions and assess the strength of this evidence. It specifically asked, *“what evidence is there on advocacy as an intervention provided to victims of crime in England, Wales, and similar jurisdictions, at all stages from prior to reporting a crime to post-court experiences?”*

6.1. Summary of the evidence

Despite the limitations of the literature covered by this review, the REA identified some common themes which are reiterated below. Tentative conclusions can be drawn as to advocates' ways of working that are perceived to be beneficial to victims. These are:

- Advocates' personable approach. Advocates are often described by victims as supportive, compassionate, sympathetic and caring. One key element of advocates' overall approaches is their non-judgemental attitudes towards victims which can help facilitate trust and address victims' feelings of guilt and self-blame.
- Consistent, proactive and frequent contact. These elements were identified as important across a range of studies. A high level of availability of, or accessibility, to advocates was also reported as beneficial. A small variety of positive outcomes relating to communication have been identified in the literature so far including: facilitating trust with victims; updating assessments of victim risk and safety; cessation of abuse; and improvements in victims' perceptions of safety.
- Practical and emotional support. Overall this review concludes that advocates from a range of intervention models provide support to victims of crime that is both practical and emotional. Elements of practical support highlighted within the literature were the provision of information and advice (particularly relating to legal processes), the facilitation of decision-making, and the identification and acquisition of resources. The emotional support identified as beneficial by victims included advocates showing concern and consideration for themselves and their families, as well as 'active listening' and accompaniment to court.

Some tangible outcomes for victims from advocacy interventions were also identified within the literature. These are:

- Health outcomes. Few studies focused on health outcomes for victims from advocacy interventions and this is an area that requires further research. This review did, however, find some initial evidence that particular advocacy services may decrease depression, decrease distress, reduce stressors and promote perceived quality of life and physical and emotional health.
- Justice outcomes. There is some evidence to suggest that victims perceive an improvement in their safety following participation in an advocacy support intervention. Many studies linked this to the reassurance and practical actions provided and undertaken by advocates. As much of the literature focused on interventions provided to victims of domestic abuse, some of these studies found a reduction in reported abuse that these victims received. There was also some evidence that advocates have an influence on how victims interact with criminal justice systems such as confidence to participate and deal with the criminal justice system and court attendance. There is less evidence regarding the effect of advocate interventions on other criminal justice outcomes, such as likelihood and rates of perpetrator prosecution. The evidence base on this is therefore inconclusive.

There is limited existing evidence concerning how advocates themselves experience their roles and responsibilities. This review identified a small number of aspects and considerations that the literature has identified as important to carrying out the role. These are:

- **Flexibility.** Advocates often find it necessary to be flexible in order to meet the varied needs of the victims they work with. Victims' needs can vary, depending upon what stage the victim is at in their criminal justice journey. One strategy referred to in the evidence is to identify these needs by creating a safe and neutral space in which victims can articulate their thoughts and feelings.
- **Expertise.** Having an in-depth knowledge of the criminal justice system is important for advocates to be able to 'cut through bureaucracy' and 'simplify jargon' for the victims they work with. Tools such as risk assessments can be helpful, but they only supplement advocates' own in-depth expertise of crime types and their effects, as well as the rapport advocates build with their clients.
- **Supervision.** Advocates can undertake a considerable amount of 'emotion work' following encounters with victims of crime. Trusted peer relationships and clinical supervision have been highlighted within the literature as important to facilitating this emotion work.
- **Tension in responsibilities.** There can be tensions within the role of some advocates in terms of empowerment of victims whilst also respecting their choices; providing time limited but sustainable support; and the requirement to create efficiencies while still providing an effective service.

There is moderate evidence to suggest elements of advocacy interventions that are useful for other agencies and professionals who are working with victims of crime, as well as issues for further consideration. These are:

- **The ability of advocates to build trust with victims.** The positive relationships that advocates have with victims of crime can support the work of other professionals such as supporting victims to appear at court. Some studies even suggest that the trust that advocates build up with victims can, over time, be extended to these other professionals and agencies involved in a victim's case.
- **Acting as connectors.** Advocates perform a connecting, coordinating and buffering role between the victim and other services. Where advocates are able to build collaborative relationships with other professionals and agencies, this facilitates the exchange of information which can ultimately promote the interests of victims, such as their ability to access services.
- **Advocates' expertise.** Advocates need to understand the roles and responsibilities of other professionals and systems in order to present options to victims, as well as provide challenge on the behalf of victims where these responsibilities are not fulfilled. Their role as a connector must not create a barrier between criminal justice personnel and victims to the extent that these personnel do not feel obliged to meet victims' needs themselves.
- **Provision of institutional advocacy.** Institutional advocacy is where advocates work to change and improve institutional responses to both individual cases, policy and practice. Advocates use existing relationships with key professionals to challenge victim-blaming attitudes and/or values, increase the profile of the organisations they are based in, and increase the levels of engagement and influence of these organisations.

- Overlapping roles. A lack of clarity in the roles and responsibilities advocates undertake, particularly when these are perceived to overlap with existing services, can be a source of friction between advocates and the agencies they may work alongside. This can be confusing for the professionals involved as well as victims. Within interventions, there needs to be consideration of how advocates' roles are understood by all stakeholders and/or partners involved in supporting the victim.
- Advocates' independence. The positioning of advocates in terms of wider systems, such as criminal justice processes, is important. In particular, independence from criminal justice agencies is regarded as essential to the effective functioning of advocacy roles. The question of physical location of advocates is more difficult to determine, with positives and negatives identified for various situations. Factors for consideration include the ability to reach potential clients and/or profile within the community; access to information; expertise; and potential culture clashes.
- Indirect effects. Advocates do not undertake their responsibilities within a vacuum and their work can be affected by wider issues within criminal justice processes and systems, such as delays and resource constraints.

6.2. Linking back to 'what works'

This REA is in some ways an extension of the 2016 REA published jointly by the Office of the Victims' Commissioner and the University of Portsmouth (Wedlock & Tapley 2016).

The 2016 REA highlighted four key themes of 'what works' in supporting victims, one of which was a professionalised single point of contact. The review found that a professionalised single point of contact is an effective means of addressing the other key themes of what works such as providing timely and accurate information to victims, effective communication in delivering this information and multi-agency working on the behalf of the victim. When discussing the professionalised single point of contact, victim advocates were repeatedly used as an example that could enact these key themes.

At several points, the findings from this REA reiterate and reinforce the findings from the 2016 review of evidence. Findings such as the importance of advocates in initiating proactive contact with victims, and maintaining this consistently over time, reflect the aspects of communication and having a single point of contact identified as effective in the previous review. Multi-agency working, another key theme highlighted as effective in the earlier review, was also reiterated in this paper through the work advocates undertake as connectors between victims and other agencies. This is a way of working which has benefits for victims and the agencies involved, for example, through the exchange of information which ultimately promotes the interests of victims. Additionally, advocates' provision of practical support to victims such as facilitating informed decision-making reflects the theme from the earlier review of providing information to victims that is timely and accurate. This review therefore concludes that victim advocates are a model which could address the four key themes of what works in effectively working with and supporting victims in their journey through the criminal justice system and beyond.

6.3. Quality of the evidence

Overall, the evidence base of the literature drawn on for this review remains moderate to good in terms of quality. The review identified 8 records of high quality. These records were mostly quantitative experimental studies; however, they were also mostly conducted within a US context which limited to some extent the applicability of their findings. Even within these higher scoring studies, it is important to note that there were a lack of convincing comparator groups or sampling

strategies used for some studies. It was also not always possible to establish whether particular interventions, or types of support within interventions, resulted in what Howarth and Robinson (2016:50) call 'tangible outcomes', for example whether or not housing advice results in a service user being rehoused. This review additionally drew from two studies of lower quality, whilst the remaining studies were deemed moderate.

Proportionately, there was a relatively even spread of studies that drew from quantitative, qualitative and mixed method approaches. This meant that the findings drawn from studies were in this respect reasonably diverse. Some qualitative studies featured very small sample sizes. While there are limitations to this, as Roscoe and Madoc-Jones (2011:16, citing Guest et al. 2006) write, 'in some circumstances theme saturation can be achieved with small numbers of participants'. In addition, these findings were only reported within this REA where there were consistencies with other existing literature. Finally, more than half of the total number of studies included in this review were from international contexts, mostly from the United States, which to some extent reflects the origin of advocacy models for victims of crime.

6.4. Evidence gaps and further research

Reviewing the literature included within this REA, there are some immediate evidence gaps that require action. While overall this review found relatively few evaluative research reports on victim advocacy interventions, there are also gaps in relation to the research on advocacy interventions that do exist.

Firstly, there are gaps in respect of the relative lack of research on longer-term outcomes and impacts for victims from advocacy interventions. Similarly, few studies included within this review investigate tangible health and employment related outcomes. Justice-related outcomes tend to focus more on confidence and victim perceptions of the criminal justice system than outcomes, such as victim participation in the system and prosecution rates. However, as Hester and Lilley (2018) write, victims may recognise more forms of justice than court or other criminal justice outcomes. Recovery outcomes such as a victim feeling able to move forward with their life remain important.

Many studies did not focus in detail on the how victim advocacy interventions may work for victims of a wider variety of crime types and demographic groups. These remain areas where more work could be undertaken. The bulk of the existing research literature reviewed for this study, for example, concerned advocacy models targeted towards female victims of domestic and sexual violence. This reflects the prevalence of these particular advocacy interventions in the current victim service landscape, and therefore more recent interventions that work with victims of all crime types, but whose service users are determined in some way by other factors such as vulnerability of the victims, are not reflected in the existing evidence base.

Although some of these particular domestic and sexual violence interventions worked with male victims, at least one study stated that the authors had deliberately excluded male victims from their research sample due to the differing patterns of risk that this group were perceived to experience, and therefore, the potential for different intervention approaches to have been used towards this group (Howarth et al. 2009). In addition, many studies did not specify the gender of the advocates undertaking the interventions under review, though where they did, advocates were predominantly described as female. To summarise, given the prevalence of studies regarding these interventions, there is potential for a large segment of the existing evidence base to have conclusions related only to ways of working as a female advocate with female victims of crime. This points towards a possible gender bias within the existing evidence base, meaning that male victims' experiences of advocacy services may be underrepresented.

There has been little consideration for the potential efficiencies and savings generated by victim advocacy interventions, which is of concern given such models are increasingly funded by criminal

justice agencies and voluntary sector organisations. This review, therefore, concludes that there is an overall need for more research in this area, particularly within a UK context, including further methodologically rigorous evaluations of funded victim advocate models.

As mentioned at the beginning of this paper there are increasing advocacy interventions being funded both within the UK and internationally, some of which will be assessed or evaluated. Justice and Care's 'Victim Navigator' project is one such example (Justice & Care 2018). The Victim Navigator role involves brokering and managing contact between victims of modern slavery, the police and other professionals, and walking the victims' journey alongside victims. The Navigators are based in the Serious and Organised Crime directorates of Kent and Surrey police and the programme will be evaluated. It is hoped that this work, and similar projects and studies, will help to strengthen the existing evidence base on victim advocacy models, and refine future interventions to the benefit of victims and the wider criminal justice system.

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8. Appendix 1 – Search string

KEY: KW= Search for terms in abstract

(advocac* OR support* OR counsel* OR “non-therapeutic support” OR interventions OR “crisis intervention” OR “single point of contact” OR “information for” OR “information given” OR “advice giving” OR “independent advice” OR “risk assess*” OR safety OR independent legal advis?r” OR “independent legal advice” OR “legal advocacy” OR “partnership working” OR “inter-agency” OR “multi-agency”) = KW in abstracts

AND

(“Victims of crime”) OR (“crime victims”) OR ((victim* OR witness*) N2 (“secondary victimisation” OR victimis* OR intimidat* OR “serious crime” OR “organi?ed crime” OR racketeering OR gangs OR fraud OR “economic crime” OR robbery OR theft OR burglary OR trafficking OR “modern slavery” OR “bereaved by homicide” OR homicide OR murder OR violence OR assault OR battery OR “domestic violence” OR abuse OR rape OR incest OR “sexual assault” or “sexual offences” OR “sexual violence” OR “sex crimes” OR stalking OR harassment OR “hate crime” OR racis* OR homophi* OR “youth crime” OR vandalism OR “anti-social behaviour”)) = KW in abstracts

AND

Australia OR “New South Wales” OR Victoria OR “South Australia” OR “Western Australia” OR “Northern Territory” OR Queensland OR “New Zealand” = KW in abstracts

OR

Canada* OR Alberta OR “British Columbia” OR Manitoba OR “Nova Scotia” OR Ontario OR Quebec OR Newfoundland OR Labrador OR “New Brunswick” “Prince Edward Island” OR Saskatchewan OR “Northwest Territories” OR Nunavut OR Yukon = KW in abstracts

OR

Europe* OR Austria OR Belgium OR Bulgaria OR Croatia OR Cyprus OR “Czech Republic” OR Denmark OR Estonia OR Finland OR France OR Germany OR Greece OR Hungary OR Ireland OR Italy OR Latvia OR Lithuania OR Luxembourg OR Malta OR Netherlands OR Dutch OR Holland OR Poland OR Portugal OR Romania OR Slovakia OR Slovenia OR Spain OR Sweden = KW in abstracts

OR

Scandinavia OR Norway OR Denmark OR Sweden OR Finland = KW in abstracts

OR

England OR Wales OR Scotland OR “Northern Ireland” OR “United Kingdom” OR UK = KW in abstracts

OR

USA OR “United States” OR “United States of America” OR America OR “North America” OR Alabama OR Alaska OR Arizona OR Arkansas OR California OR Colorado OR Connecticut OR Delaware OR Florida OR Georgia OR Hawaii OR Idaho OR Illinois OR Indiana OR Iowa OR Kansas OR Kentucky OR Louisiana OR Maine OR Maryland OR Massachusetts OR Michigan OR Minnesota OR Mississippi OR Missouri OR Montana OR Nebraska OR Nevada OR “New Hampshire” OR “New Jersey” OR “New Mexico” OR “New York” OR “North Carolina” OR “North Dakota” OR Ohio OR Oklahoma OR Oregon OR Pennsylvania OR “Rhode Island” OR “South Carolina” OR “South Dakota” OR Tennessee OR Texas OR Utah OR Vermont OR Virginia OR Washington OR “West Virginia” OR Wisconsin OR Wyoming = KW in abstracts

NOT

Attorney OR “attorney-at-law” OR lawyer OR barrister OR solicitor OR business OR genocide OR “war crimes” OR “health and safety”

9. Appendix 2 – Sources searched for online grey literature

- National Institute of Justice, United States
- Office of the Federal Ombudsman for Victims of Crime, United States
- Government of Canada
- Australian Institute of Criminology
- Australian Institute of Family Studies
- European Commission
- Council of Europe
- European Union Agency for Fundamental Rights
- Ministry of Justice, New Zealand
- New Zealand Family Violence Clearinghouse
- Gov.uk

10. Appendix 3 – Summary of included studies

Robustness Rating Key: [++] = High; [+] = Medium; [-] = low

Study details	Study overview	Advocacy intervention under review	Methodology	Robustness rating	Maryland Scale score, if appropriate	Summary findings
Author(s): Keeble, Fair & Roe Year: 2018 Title: An assessment of Independent Child Trafficking Advocates: Interim findings Country: England and Wales	ICTAs were introduced by the Home Office in three early adopter sites from 30 January 2017, and are due to continue up to 31 January 2019. The report presents interim findings at the halfway point of the assessment. The overall aim was to answer the question: 'what is the 'added value' of the ICTA service, and is this different for different groups of children and in different early adopter sites?'	ICTAs provide specialist independent support for trafficked children, in addition to existing statutory provision. They advocate on behalf of the child to ensure that their best interests are reflected in decisions made by public authorities. The service is run by Barnardo's.	A mixed methods approach was implemented. The interim findings are based on non-experimental quantitative and some qualitative data. Interim findings draw from quantitative analysis of administrative datasets, and 11 telephone interviews with operational and strategic stakeholders and 2 focus groups with ICTAs and ICTA service managers.	[-] Low score reflects that this is an interim report only.	N/A	No outcomes were reported given these are only interim findings. There was a high number of referrals/demand for ICTAs in the first year of funding. Interim findings from interviews with stakeholders suggested that the service adds value to professionals and children in three main ways: building trust, advocacy and specialist knowledge.
Author(s): Kohli et al. Year: 2015	The trial ran in 23 local authority areas, though uptake varied geographically. Research questions included: 1) How was	The role of the advocates was to provide specialist independent support to trafficked children and to act in the child's best	A mixed methods study was implemented, incorporating non-experimental quantitative elements	[++]	2	The limitations of the review are likely to have influenced the findings. The study concludes that overall the advocacy service ensured clarity, coherence and

<p>Title: Evaluation of Independent Child Trafficking Advocates trial: final report</p> <p>Country: England</p>	<p>the advocacy scheme implemented? 2) How did the role of the advocate work in practice? 3) What was the impact of the advocacy scheme for trafficked children?</p>	<p>interest across the areas of social care, criminal justice and immigration. The service was run by Barnado's and provision was based on a 'hub and spoke' model, with 6 advocates and their managers embedded across existing services, and reaching out to cover all trial areas.</p>	<p>(case file examination, stakeholder survey) and qualitative interviews with 30 children, 6 advocates, 12 operational stakeholders, and 6 strategic stakeholders. Focus groups were conducted with advocates, their hub managers, strategic managers at Barnado's and volunteers who joined the service.</p>			<p>continuity for the children involved, as well as for other services responsible for these children. The advocates added value to existing provision, to the satisfaction of the children and most stakeholders participating in the evaluation.</p>
<p>Author(s): Ekström</p> <p>Year: 2015</p> <p>Title: Violence against women – social services support during legal proceedings.</p> <p>Country: Sweden</p>	<p>The research questions included: 1) What kind of support do the study participants describe that they need? 2) How can we understand the support from the relationship violence centre, and the support from the social services in relation to the women's experiences and need for support?</p>	<p>Social workers worked from a relationship violence centre based in a regional police office in Stockholm. The social workers provided social support and advice for female victims in connection with police investigations and criminal trials in cases of domestic violence.</p>	<p>Qualitative study consisting of in-depth interviews with 6 female victims of domestic violence. The sample was self-selecting from the population of women who had gone through the trial at the centre, who were willing to talk about their experiences, and able to take part in an interview without an interpreter.</p>	[+]	N/A	<p>The findings are only reflective of the experiences of the participants interviewed. Practical and emotional support in connection with the judicial process is important for the victims interviewed. A high level of availability/access to the social worker was also described as important. The report also noted the coordinating role that social workers could have between the social services and the counsel.</p>

<p>Author(s): Johnson, McGrath & Hughes Miller</p> <p>Year: 2014</p> <p>Title: Effective advocacy in rural domains: applying an ecological model to understanding advocates' relationships.</p> <p>Country: Mississippi Delta Region, USA</p>	<p>The purpose of the study was to assess how victim advocates' experiences of advocacy are shaped by the microsystem (i.e. at relationship level) and the exosystem (i.e. at the institutional level). It also sought to understand how advocates mediate the challenges of their rural domains.</p>	<p>Victim advocates are described in this study as working to protect victims' interests. This includes providing shelter, goods, money, transportation and other services. They also assist victims in negotiating the legal system by helping them to obtain orders of protection and/or explain criminal justice processes. Advocates included in this study came from a variety of institutional settings such as legal, justice system and shelter services.</p>	<p>Qualitative study using structured interviews from 25 advocates from 16 counties in the Mississippi delta region. Advocates were all female, mostly White and considered themselves to be middle or upper middle class. The majority of advocates were from shelter services. All advocates interviewed were invited to a focus group. In total 6 advocates participated in a focus group.</p>	<p>[+]</p>	<p>N/A</p>	<p>Rural characteristics influence the provision of rural advocacy services, primarily by creating challenges, but sometimes opportunities for advocates. Advocates develop relationship strategies for working with victims and criminal justice personnel, but the structural constraints of rural areas can also limit the resources used to enhance advocate-client relationships and victim safety.</p>
<p>Author(s): Ekström & Lindström</p> <p>Year: 2016</p> <p>Title: In the service of justice: will social support to victims of domestic violence</p>	<p>The aim of the study was to examine whether targeted support from the social services provided to female victims of domestic abuse contributed to a greater number of prosecutions in addition to the four factors identified in previous research literature (documented</p>	<p>Social workers worked from a relationship violence centre based in a regional police office in Stockholm. The social workers provided social support and advice for female victims regarding police investigations and criminal trials in cases of domestic violence.</p>	<p>Data was taken from all police recorded cases (196) of 'gross violation of a woman's integrity' for the year 2009 in one police district in Stockholm. Cases with missing information (13) were excluded. Logistic regression analysis was undertaken with</p>	<p>[+]</p>	<p>2</p>	<p>The analysis undertaken shows that the likelihood that the police investigation would result in a prosecution increased if the victim received support from the relationship violence centre, controlling for strong criminal evidence. The effect was statistically weak and it was not possible to demonstrate an indisputable and strong impact of the support,</p>

Victim Advocates: A Rapid Evidence Assessment

increase prosecution? Country: Sweden	injuries, witnesses who provide support to the victims' version of events, an admission of the charges on the part of the perpetrator, and the victim participation in the criminal investigation).		7 independent variables. In total, 65 of 183 women included in this study had received support from the relationship violence centre.			however, the authors noted that the impact may be indirect, such as through the victims' decision to participate in the criminal investigation.
Author(s): NICE (National Institute for Health and Care Excellence) Year: 2014 Title: Review of interventions to identify, prevent, reduce and respond to domestic violence Country: Trans-national	A multi-arm systematic review. Evidence drawn from for this REA relates to research question 3 from the systematic review entitled: 'what types of interventions or approaches are effective in helping all those working in health and social care to respond to domestic violence?'	Advocacy interventions were defined as: 'interventions that inform, guide and help victims of domestic violence to access a range of services and supports, and ensure their rights and entitlements are achieved.'	Systematic review	[++]	N/A	There is moderate evidence from ten studies that advocacy services may improve women's access to community resources, reduce rates of IPV, improve safety, decrease depression, reduce various stressors, and improve parenting stress and children's well-being.
Author(s): Commonwealth of Australia Year: 2003 Title: The Tamworth	The aims of the intervention were: 1) to reduce the incidence of repeat domestic violence victimisation, 2) to provide appropriate and adequate support,	A 'civilian' Project Officer (PO) was located in Tamworth Police Station to provide follow-up support, brief counselling and referral to victims of domestic abuse who came into contact with	A qualitative approach was utilised including: 15 semi-structured interviews with victims assisted by the PO and key professional	[+]	1	The support and counselling provided by the PO was viewed as easily accessible and flexible, and was also identified as beneficial by victims and professionals. Victims included in the evaluation identified three

<p>Domestic Violence Project: An evaluation of a different model of service provision to victims of domestic violence in a police setting.</p> <p>Country: New South Wales, Australia</p>	<p>counselling and referral to victims of domestic violence; and 3) to develop, implement and evaluate an alternative model of service provision to victims of domestic violence.</p>	<p>the police. It was intended as a signposting role to appropriate local services, however a number of victims wanted the PO to be their primary contact, and so advocacy became an important function of the role.</p>	<p>stakeholders; focus groups with service providers from referral services and police officers; a review of police administrative data on the number of domestic abuse reports; and a small survey of police officers.</p>			<p>key messages or information that were helpful: 1) the conveyance of the message that 'it is not your fault', 2) information about the legal system and accessing information from the police; and 3) referral details either for current or later use.</p>
<p>Author(s): Bennett et al.</p> <p>Year: 2004</p> <p>Title: Effectiveness of hotline, advocacy, counselling and shelter services for victims of domestic violence: A statewide evaluation.</p> <p>Country: Illinois, USA</p>	<p>A report based on the results of an evaluation of services providing support to victims of domestic violence in Illinois. Advocacy was one element looked at in addition to counselling and shelter services.</p>	<p>The advocacy services included in this study are staffed by volunteers, paraprofessionals and other professionals. They have knowledge of legal procedures and access to information and resources to address specific issues such as housing and childcare. Advocates accompany and support the navigation of various systems by victims of domestic violence, such as legal, medical and social. They act as a link between victims and institutional agents, and facilitate victim</p>	<p>A non-experimental quantitative approach was used. Data was collected from over 5,800 victims who received brief advocacy, and 1,400 who received extended advocacy services. Advocacy service staff administered the evaluation questions to victims at the conclusion of the service they received.</p>	[+]	1	<p>During their participation with domestic violence advocacy services, victims reported gaining important information about violence and increasing their support during their participation. Victims also perceived an improvement in their decision-making ability during their participation in advocacy programs.</p>

		participation in the criminal justice system.				
<p>Author(s): Rodwell & Smith</p> <p>Year: 2008</p> <p>Title: An evaluation of the NSW domestic violence intervention court model.</p> <p>Country: New South Wales, Australia</p>	<p>The Domestic Violence Intervention Court Model (DVICM) was a multi-faceted approach to managing domestic violence incidents. The advocate was just one initiative under evaluation as part of this model.</p>	<p>The Victims' Advocate role aimed to increase the support available for victims through the duration of the court process, and to assist with any matters associated with victims' safety.</p>	<p>A mixed methods approach was implemented, drawing on quasi-experimental quantitative work (using police and local court data) and qualitative structured interviews with victims (50, 37 conducted with victims who had received support from an advocate) and stakeholders.</p>	[+]	3	<p>Overall the research indicated that victims were satisfied with various aspects of the process. In particular, they found the support provided by the advocates valuable and critical to their ability to handle and understand the court process.</p>
<p>Author(s): Wasco et al.</p> <p>Year: 2004</p> <p>Title: A statewide evaluation of services provided to rape survivors.</p> <p>Country: Illinois, USA</p>	<p>A report based on the results of an evaluation of services providing support to victims of sexual violence in Illinois. Advocacy was one element looked at in addition to counselling services.</p>	<p>The report did not define what they mean by advocacy in detail, however, they did refer to advocates accompanying victims in reporting their assaults, and helping victims to navigate complicated legal and medical procedures that follow.</p>	<p>A non-experimental quantitative approach was used. A short number of questions were asked to 281 participants at the end of their service contact. Service providers were responsible for gathering information from their clients.</p>	[+]	1	<p>Results suggested that, overall, the advocacy services provided to rape victims provided support, increased information and knowledge, and helped victims understand their options and make decisions.</p>

<p>Author(s): Madoc-Jones & Roscoe</p> <p>Year: 2011</p> <p>Title: Independent domestic violence advocates: perceptions of service users.</p> <p>Country: UK</p>	<p>The paper draws on the findings of a qualitative evaluation that examines user perceptions of the services provided by an Independent Domestic Violence Advocate (IDVA) to victims of domestic violence in one rural local authority area in the UK.</p>	<p>An IDVA service operating in a rural area of the UK. The authors draw from the CAADA definition of an advocate role, including elements such as assertive contact, safety planning, and linking individuals with agencies that can provide appropriate services in order to reduce the likelihood of future victimisation.</p>	<p>A qualitative approach was used. Overall 9 semi-structured interviews were undertaken with participants, 5 conducted face-to-face and 4 via telephone.</p>	<p>[+]</p>	<p>N/A</p>	<p>The IDVA service was valued by service users and was perceived to have made a significant contribution to making them feel safe and able to adjust to life after experiencing domestic violence. IDVAs were involved in providing emotional and practical support and advice, and this was valued by victims.</p>
<p>Author(s): Howarth & Robinson</p> <p>Year: 2016</p> <p>Title: Responding effectively to women experiencing severe abuse: identifying key components of a British advocacy intervention.</p> <p>Country: UK</p>	<p>The report presents findings from a multisite evaluation of IDVA services provided to women experiencing domestic abuse.</p>	<p>An IDVA service operating within the UK. The service was targeted towards victims identified as high-risk and was designed to be delivered from the point of crisis. The intervention was for a relatively short period of time and was focused on addressing immediate risks to safety and barriers to service utilisation, before victims were referred to other services.</p>	<p>A non-experimental quantitative approach was used. Data was collected from women accessing 7 IDVA services between January 2007 and March 2009, and who met the eligibility criteria. Information regarding cases were collected at two time points where possible, at the point of entry to the service (T1) and at the closure of a case, or after 3 months of receiving the service (T2). Logistic</p>	<p>[++]</p>	<p>2</p>	<p>The model found that access to multiple community resources, in combination with frequent contact from an IDVA, was the most effective way of working to reduce severe domestic abuse in this context. The findings are positive but need to be considered alongside existing evidence. Further work is needed on the processes of how the activities identified are associated with the safety outcomes observed.</p>

			regression analysis was undertaken.			
<p>Author(s): Robinson & Hudson</p> <p>Year: 2011</p> <p>Title: Different yet complementary: two approaches to supporting victims of sexual violence in the UK.</p> <p>Country: UK</p>	<p>The article explores the strengths and limitations of Sexual Assault Referral Centres (SARCs) and voluntary sector organisations in providing specialist support to victims of sexual violence. Only parts relevant to advocacy have been drawn from this study to inform this rapid evidence assessment.</p>	<p>An ISVA service operating within the UK. The authors write that ISVAs provide victims with information, advice, support and guidance that is specifically tailored to their needs as victims of crime. ISVAs are expected to provide crisis intervention, non-therapeutic support, information and assistance through the criminal justice system, other types of practical help and advice, and work with partner agencies to ensure coordinated service planning on behalf of individual victims.</p>	<p>Six study sites were identified across a range of locations and contexts. These included 2 SARCs with ISVAs, 2 voluntary projects with ISVAs, and a SARC and a voluntary project without ISVAs. Interviews (93) were conducted with workers in sexual violence projects, referral agencies and victims of sexual violence.</p>	[+]	N/A	<p>The voluntary sector projects which employed ISVAs felt that having an ISVA in post had raised their ability to engage with and influence partner agencies. Sites that employed ISVAs benefitted from their ability to deliver institutional advocacy to multi-agency partners. Regardless of the type of setting, ISVAs helped facilitate better partnership working through the co-ordinating and liaising actions they undertook.</p>
<p>Author(s): DePrince et al.</p> <p>Year: 2012</p> <p>Title: The impact of community-based outreach on psychological distress and</p>	<p>This study sought to assess the impact of a community-based outreach service in contrast to a more traditional criminal justice system-based referral program on female victims' distress following police-reported intimate partner abuse.</p>	<p>Community-based outreach consisted of an interdisciplinary victim-service team identifying a specific community-based agency to initiate phone outreach to each victim based on the victims' unique case and needs. Outreach offered victims a confidential means of learning about</p>	<p>The project approach was quantitative, using a longitudinal experimental design. The study involved 236 women with police reported IPA, who were randomly assigned to 1 of 2 community coordinated response program</p>	[++]	4	<p>Community-based outreach in this context was linked to decreases in intimate partner abuse-related mental health problems, including fear, PTSD and depressive symptom severity. Community based outreach by victim advocates was almost three times more effective for ethnic minority women in decreasing fear</p>

Victim Advocates: A Rapid Evidence Assessment

victim safety in women exposed to intimate partner abuse. Country: USA		and accessing support and services, while not requiring the victims to initiate their own search for services, and not requiring the victims to describe the incident they had experienced.	conditions, outreach or referral. Participants were interviewed 3 times over a 1-year period in which data relating to a series of outcome measures was taken.			compared with White women. Although outreach was linked to greater readiness to leave the offender, some women in both conditions reported ongoing aggression by the perpetrator.
Author(s): Patterson & Tringali Year: 2015 Title: Understanding how advocates can affect sexual assault victim engagement in the criminal justice process. Country: USA	The aim of this study was to explore how advocates may influence victim engagement with the criminal justice system by mitigating barriers to participation.	Victim advocates provided services to sexual assault survivors in a large Midwestern SANE program, administered by a local rape crisis centre. There was a formal protocol with local hospitals and police departments to send survivors to the SANE program, where advocates routinely provided crisis intervention as well as emotional support during medical forensic care	A qualitative approach was used. Semi-structured interviews were conducted with 13 advocates who have worked with victims, and 10 forensic nurses who provide services to victims in the SANE program. Nurses often witnessed advocates' interactions with survivors so these were used to triangulate the findings.	[+]	N/A	The non-blaming, empowering care that advocates offer can mitigate negative interactions victims experience with law enforcement. It may also provide victims with hope and increased confidence in future interactions with the criminal justice system.
Author(s): Sullivan Year: 2003 Title: Using the ESID model to reduce intimate male violence against women.	The study objective was to investigate whether the provision of paraprofessional advocates assists female victims of domestic violence to obtain the support and resources they need. It also aimed to look at	In this intervention advocates were female undergraduate students enrolled in a two-semester community psychology course. After training, each advocate worked 4-6 hours per week for 10 weeks on the behalf of a single	An experimental quantitative approach was adopted. 278 women were recruited from a domestic violence shelter program in a mid-sized urban city located in the Midwest. Group	[++]	5	Female victims who worked with advocates reported higher quality of life and social support over time, as well as decreased difficulty in obtaining community resources. These victims also experienced less violence over time than women who did not work

Country: USA	whether such an intervention would protect these victims against the risk of further victimization by the current perpetrator, as well as by new partners over time.	client. Advocates received intensive weekly supervision. Their work consisted of helping victims to create safety plans when needed, and advocating to obtain needed resources to increase these victims' social support.	selection was random, but stratified for some characteristics. 143 women were assigned to the experimental group and began working with the advocate within a week. Women in the control group were not contacted again until their next interview, and received services-as-usual from the community.			with advocates. The short intervention appeared to create a positive feedback loop, as increasing connections to needed resources, people and opportunities then continued to exert positive changes.
Author(s): DePrince et al. Year: 2012 Title: The impact of victim-focused outreach on criminal legal system outcomes following police-reported intimate partner abuse. Country: USA	The aim of the study was to evaluate the impact of an outreach intervention on criminal legal system outcomes for victims.	Community-based outreach consisted of an interdisciplinary victim-service team identifying a specific community-based agency to initiate phone outreach to each victim based on the victims' unique case and needs. Outreach offered victims a confidential means of learning about and accessing support and services, while not requiring women to initiate their own search for services, and not requiring the victims to describe the incident they had experienced.	The project approach was quantitative, using a longitudinal experimental design. The study involved 236 women with police reported IPA, who were randomly assigned to 1 of 2 interdisciplinary community coordinated response program conditions, outreach or referral. Participants were interviewed 3 times over a 1-year period whereby data relating to a series of	[++]	4	67% of women in either outreach or referral groups were asked to go to court, relative to only 47% of women who decline further contact or could not be reached. The data suggested that early contact with system-based advocates is associated with a higher likelihood of receiving invitations to participate in criminal justice proceedings. The data for victims going to court revealed a modest trend for the effect of outreach. Among ethnic minority women, those randomly assigned to the outreach

			outcome measures was taken. Multinomial regression was used in the analysis.			group were significantly more likely to go to court than women in the referral group. Groups did not differ in terms of the number of guilty verdicts entered or severity of case disposition. Findings identified a subgroup of women for whom outreach may be particularly helpful.
Author(s): Hester & Lilley Year: 2018 Title: More than support to court: rape victims and specialist sexual violence services. Country: England	The aim of the study was to take a detailed look at the ISVA role, including emotional support, the link with other sexual violence services, and the ways in which the needs of victims are experienced by the victims themselves, and how well they see these as being met.	An ISVA service operating in England. During the research period there were 8 ISVAs employed in the research location, 4 full-time and 4 part-time. Key aspects of the role included: advising, advocating, educating, informing, liaising, facilitating, supporting, exploring, listening and communicating. The role included a 'core' service of both emotional and practical support at the different stages of the victim journey. Support was provided whether or not victims chose to participate in the criminal justice system.	A mixed methods approach was used, although the advocacy findings were drawn from semi-structured interviews with 15 victims, all of whom had some contact with the criminal justice system, and 3 close relatives of victims. The sample was obtained via sexual violence services. Semi-structured interviews were also conducted with 14 practitioners.	[+]	N/A	The strength of ISVAs was their flexibility and ability to target specific needs as and when required. The needs of victims vary a great deal at different stages of their journey in the aftermath of the crime. This was underpinned by ISVAs' detailed knowledge and understanding of the specific impacts of sexual violence, for individuals and their families. ISVAs provided non-therapeutic support, helping victims to understand and articulate their feelings in a safe and neutral space, alleviated worries and fears about criminal justice processes and dispelled myths.
Author(s): Bell & Goodman	This study aimed to evaluate the effectiveness of a legal	The study involved women seeking temporary restraining	A quasi-experimental approach was used. Comparison group	[++]	2	After 6 weeks, women in the advocacy condition reported significantly lower levels of

<p>Year: 2001</p> <p>Title: Supporting battered women involved with the court system: an evaluation of a law school-based advocacy intervention.</p> <p>Country: USA</p>	<p>advocacy program in which law students worked intensively with female victims of domestic abuse to obtain protective orders.</p>	<p>orders at a domestic violence intake centre between January 1999 and January 2000. The study looked at and compared two groups, one receiving the standard procedure from the centre. For this group, there was generally no interaction with court advocates over an extended period of time, or continuous relationship with a specific advocate. In the experimental condition, each victim was paired with two university students, who they received frequent interaction from by phone and in person. The primary emphasis was to provide victims with legal representation and support throughout the court process, and provide referrals to community agencies, emotional support, and information about domestic violence.</p>	<p>participants were recruited by approaching potential participants as they entered the centre waiting room. Advocacy group participants were selected by law school supervisors. Victims in both groups were given questionnaire surveys to complete, with a follow up interview conducted 6 weeks later. Analyses is based on the 57 remaining participants at T2, 21 in the advocacy group and 36 in the comparison group. Two one way repeated measures ANOVAs were conducted to evaluate whether differential change occurred between participants in the two conditions. Two ANCOVA procedures were undertaken to compare the rates of physical and psychological re-</p>			<p>psychological and physical re-abuse, and marginally significant increases in levels of emotional support in relation to women in the comparison condition. Changes in levels of tangible social support and symptoms of depression did not significantly differ between the two conditions across time.</p>
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			abuse by participants at T2.			
Author(s): Payne Year: 2007 Title: Victim Advocates' perceptions of the role of health care workers in sexual assault cases. Country: USA	<p>The aim of the study was to understand the barriers that arise when sexual assault victim advocates work with healthcare professionals and mental health workers.</p>	<p>In this context, advocates or 'victim assistance officials' are involved in helping victims cope with the consequences of sexual assault, and navigate the evidence-gathering process. The authors state that healthcare officials and mental health workers are likely to collaborate with victim advocates in helping victims deal with the physical and emotional consequences of sexual assault. In this study advocates were all crisis centre workers.</p>	<p>This survey used a qualitative survey, in which 44 crisis centre workers participated. It is unclear whether the respondent sample is representative of the local advocate population, or other populations of relevance. Responses were analysed using content analysis.</p>	[-]	N/A	<p>When collaborating with healthcare providers, victim advocates face issues of geographical isolation, overstepping boundaries, subcultural barriers and communication problems. When working with mental health professionals, advocates confront issues regarding role ambiguity, inappropriate referrals, funding-related problems and a misunderstanding of sexual assault.</p>
Author(s): Hathaway et al. Year: 2008 Title: Perceived changes in health and safety following participation in a health care-based domestic violence program.	<p>The study aim was to explore women's perceptions of whether participation in long-term domestic violence advocacy services affected safety, health and health care, and if so, in what ways.</p>	<p>This intervention program operated in a large, urban teaching hospital. The program was based in a social service department, staffed by a director and 5 professional domestic violence advocates. Advocates were located at the hospital and two affiliated health centres. They provided crisis intervention, risk assessment and safety</p>	<p>A qualitative approach was implemented using structured interviews covering a range of open and closed questions. Interviews were conducted in Spanish and English, with participants who had participated in healthcare-based domestic violence advocacy services for a period of 6</p>	[+]	N/A	<p>The study suggested that long-term participation in healthcare-based domestic violence advocacy services may contribute to improvements in the safety, health and healthcare of women experiencing partner abuse. While further research is needed to confirm the findings, participants' responses suggested a process of change whereby advocacy services first contribute to</p>

Country: USA		planning, individual counselling and support groups, assistance connecting to additional resources, and accompaniment to key appointments.	months or more. 49 interviews were conducted between 1999 and 2001. Content analysis was undertaken on text responses, with bivariate and Chi squared testing conducted using SPSS.			improve safety and emotional health, which then facilitates behavioural change. These behavioural changes may then improve physical health, which may also benefit emotional health. Participants perceived these changes were facilitated by the information, resources and ongoing support provided by advocates and support group members.
Author(s): Vallely et al. Year: 2005 Title: Evaluation of domestic violence pilot sites at Caerphilly (Gwent) and Croydon 2004/05 Country: England and Wales	The two pilots evaluated in this study were set up in the context of the two-year CPS Domestic Violence Project which had a number of targets including to: narrow the justice gap, reduce ineffective trials, increase public confidence including that of BAME communities, and achieve value for money. Only findings relating to the advocacy services provided have been used to inform this rapid evidence assessment.	The two pilots took place in Caerphilly and Croydon. At Caerphilly, an advocate was employed by the CPS alongside a part-time domestic violence coordinator, and a part-time administrator. The advocate worked closely with a dedicated police officer to assist victims. In Croydon the pilot was established by the Magistrates' Court in partnership with local agencies, and advocates worked from Croydon Domestic Violence Advisory Service to assist a diverse urban victim population.	A mixed methods approach was used for the evaluation as a whole, although advocacy-related findings draw from qualitative interviews with stakeholders (15 Caerphilly, 9 Croydon) and victims (11 at both sites).	[+]	2	Both Caerphilly and Croydon respondents reported that the advocates' role had been valuable in improving bail decisions by providing the court with information, for example, about breaches. The most significant impact on victims' increased confidence, satisfaction and feelings of safety resulted from contacts with those providing support, of which advocacy was one key element. There was also a link between these feelings and the level of information received about the legal process and other options, and the emotional and practical support offered. Such support was a significant factor in decisions

						to continue with the case or to go through the process again.
<p>Author(s): Coy & Kelly</p> <p>Year: 2011</p> <p>Title: Islands in the stream: An evaluation of four London independent domestic violence advocacy services. Final report.</p> <p>Country: London, England</p>	<p>This study sought to evaluate four different advocacy models operating in different settings in London. The models were funded by 3-year grants from Trust for London, and the Henry Smith Charity and were conditional depending on match funding from statutory agencies. The objectives were to: 1) assess the outcomes and impact of the work; 2) assess the merits of each IDVA model and suggest improvements; 3) contribute to the evidence based on IDVAs; 4) identify the lessons learnt from the implementation of these projects; 5) provide feedback to the sector, service providers and other interested parties on the program's achievements and challenges; 6) identify best practice for wider dissemination</p>	<p>All advocacy models were based in the voluntary sector and were established in 2007. Two were stand-alone in a police-station and a hospital A & E department. The remaining two models were new arms of existing services in a community centre and women's organisation. There were approximately two IDVAs working in each model. Clients were 'high risks' victims of domestic violence.</p>	<p>A mixed methods approach was implemented, using qualitative interviews, analysis of administrative data and a post-hoc survey. 73 service users completed questionnaires (10% of users) and 9 completed interviews. Two sets of interviews were conducted with IDVAs and service managers (27 in total) and a series of phased interviews with stakeholders drawn from the MARAC membership in each borough (44 in total) was also conducted. Sampling of IDVAs, scheme managers and service users is unclear.</p>	[+]	1	<p>There were many findings relevant to the rapid evidence assessment, particularly concerning how IDVAs work with victims and stakeholders. Findings included elements such as the pros and cons regarding location of the advocates. Issues included overlapping work with other agencies, which created confusion and led to territorial disputes. Also noted was the tension between empowerment to enhance safety and respecting women's choices which may include the decision to stay in abusive relationships. Independence of IDVAs was regarded as essential to their effectiveness. There was a also a tension over whether IDVAs were equipping victims with sufficient skills to cope with the ongoing threat and reality of violence given the short terms crisis intervention provided. Ensuring rights and entitlements are recognised and acted on was frequently referred to as one of the</p>

						most demanding aspects of the IDVA role.
<p>Author(s): Howarth et al.</p> <p>Year: 2009</p> <p>Title: A multi-site evaluation of independent domestic violence advisors.</p> <p>Country: England and Wales</p>	<p>Safety in Numbers forms part of a wider grant programme which was started in 2004 with funding from the Sigrid Rausing Trust. A series of grants were made to charities already active in this area to employ Independent Domestic Violence Advisors. This was doubled in size in 2006 when the Henry Smith Charity decided to establish a major grant programme in this area and to match fund the grants made by the Sigrid Rausing Trust. The evaluation set out to examine: 1) the profile of victims accessing IDVA services; 2) the specific types of interventions and resources deployed on behalf of victims by IDVAs; and 3) the effectiveness of these interventions in increasing victims' safety and well-being</p>	<p>Seven IDVA services across England and Wales participated in this multi-site evaluation. They were based in urban, suburban, and rural locations. Some were part of a dedicated service, others include wider services such as community outreach and refuge. IDVAs offered intensive short to medium term support, typically lasting around 3 months. They worked in partnership with a range of statutory and voluntary agencies but were also independent of these.</p>	<p>The evaluation was conducted over 27 months. IDVAs gathered data about clients at two time points: at the point of referral to the service, and at either the closure of a case or after 4 months of engagement with the service as an interim marker of case progress (whichever came first). Interviews were conducted with some victims on their exit from the service. A small group of victims were re-contacted 6 months after the closure of their case to assess the sustainability of any changes. Male cases were excluded from the sample due to different patterns of risk, and potentially different intervention strategies required to address the issues.</p>	[++]	2	<p>The IDVA service had a positive impact on safety. 57% of all victims (966 held data on re. this measure) experienced a complete or near cessation in the abuse they were suffering following the support of an IDVA. This outcome varied in line with the intensity of support received and the number of interventions mobilised. Impact was not so marked in relation to some risk factors related to the perpetrator's behaviour. There were positive changes in victims' wellbeing following the receipt of the IDVA service; IDVAs reported improvements in victims' social networks in 47% of cases, and coping abilities in 63% of cases. Only a small number of cases involved follow-up interviews. The majority of these individuals reported that they were still living safely, though there was a group where abuse had resumed. Some of these victims reported that they did not feel that they could go back to the service as they had 'let their IDVA down'.</p>

11. Appendix 4 – Quality appraisal criteria

11.1. Criteria for primary research studies

Question Category	Criteria	Sub-criteria	Score (0; 0.5; 1)
Study design	How defensible is the research design?	Discussion of how the overall research strategy was designed to meet the aims of the study	
		Discussion of the rationale for the study design	
		Convincing argument for different features of research design	
		Use of different features of design/data sources evidence in findings presented	
		Discussion of limitations of research design and their implications for the study evidence	
Assumptions	How clear are the assumptions/theoretical perspectives/values that have shaped the form and output of the study?	Discussion/evidence of the main assumptions/ hypotheses/ theoretical ideas on which the evaluation was based and how these affected the form, coverage or output of the evaluation	
		Discussion/evidence of the ideological perspectives/values/philosophies of research team and their impact on the methodological or substantive content of the evaluation	
		Evidence of openness to new/alternative ways of viewing subject/ theories/ assumptions	
		Discussion of how error or bias may have arisen in design/ data collection/ analysis and how addressed, if at all	
		Reflections on the impact of the researcher on the research process	
Sample design	How well defended are the sample design/target selection of cases/documents?	Description of study locations/areas and how and why chosen	
		Description of population of interest and how sample selection relates to it	
		Rationale for basis of selection of target sample/settings/documents	
		Discussion of how sample/selections allowed required comparisons to be made	
Ethics	What evidence is there of attention to ethical issues?	Evidence of thoughtfulness/sensitivity about research contexts and participants	
		Documentation of how research was presented in study settings/to participants	
		Documentation of consent procedures and information provided to participants	

Question Category	Criteria	Sub-criteria	Score (0; 0.5; 1)
		Discussion of confidentiality of data and procedures for protecting	
		Discussion of how anonymity of participants/sources was protected	
		Discussion of any measures to offer information/advice/services at end of study	
		Discussion of potential harm or difficulty through participation, and how avoided	
Analysis	How appropriate are the analytical methods for answering the research question?	Description of form of original data	
		Clear rationale for choice of data management method/tool/package	
		Evidence of how descriptive analytic categories, classes and labels and so on have been generated and used	
		Discussion, with examples, of how any constructed analytic concepts/typologies and so on have been devised and applied	
Replicability	How adequately has the research process been documented?	Discussion of strengths and weaknesses of data sources and methods	
		Documentation of changes made to design and reasons; implications for study coverage	
		Documentation and reasons for changes in sample coverage/data collection/analytic approach; implications	
		Reproduction of main study documents	
Reporting - links between data and findings	How clear are the links between data, interpretation and conclusions i.e. how well can the route to any conclusions be seen?	Clear conceptual links between analytic commentary and presentations of original data	
		Discussion of how/why particular interpretation/significance is assigned to specific aspects of data - with illustrative extracts of original data	
		Discussion of how explanations/theories/conclusions were derived - and how they relate to interpretations and content of original data (<i>i.e. how warranted</i>); whether alternative explanations explored	

Question Category	Criteria	Sub-criteria	Score (0; 0.5; 1)
		Display of negative cases and how they lie outside main proposition/theory/hypothesis and so on or how proposition and son revised to include them	
Reporting – detail and depth	How well has detail, depth and complexity (i.e. richness) of the data been conveyed?	Use and exploration of contributors' terms, concepts and meanings	
		Unpacking and portrayal of nuance/subtlety/intricacy within data	
		Discussion of explicit and implicit explanations	
		Detection of underlying factors/influences	
		Identification and discussion of patterns of association/conceptual linkages within data	
		Presentation of illuminating textual extracts/observations	
Diversity	How well has diversity of perspective and content been explored?	Discussion of contribution of sample design/case selection in generating diversity	
		Description and illumination of diversity/multiple perspectives/alternative positions in the evidence displayed	
		Evidence of attention to negative cases, outliers or exceptions	
		Typologies/models of variation derived and discussed	
		Examination of origins/influences on opposing or differing positions	
		Identification of patterns of association/linkages with divergent positions/groups	
Wider inference	How well is the scope for drawing wider inference explained?	Discussion of what can be generalised to the wider population from which sample is drawn/case selection has been made	
		Detailed description of the contexts in which the study was conducted to allow applicability to other settings/contextual generalities to be assessed	
		Discussion of how hypotheses/propositions/findings may relate to wider theory; consideration of rival explanations	

Question Category	Criteria	Sub-criteria	Score (0; 0.5; 1)
		Evidence supplied to support claims for wider inference	
		Discussion of limitations on drawing wider inference	
Original purpose	How well does the research address its original purpose and questions?	Clear statement of study aims and objectives; reasons for any changes in objectives	
		Findings clearly linked to the purposes of the study - and to the initiative or policy being studied. Summary or conclusions directed towards the study	
		Discussion of limitations of study in meeting aims	
Where relevant, the Maryland Scale was also used to assess primary research studies			
Maryland Scale	Observed correlation between an intervention and outcomes at a single point in time. A study that only measured the impact of the service using a questionnaire at the end of the intervention would fall into this level.		
	Temporal sequence between the intervention and the outcome clearly observed; or the presence of a comparison group that cannot be demonstrated to be comparable. A study that measured the outcomes of people who used a service before it was set up and after it finished would fit into this level.		
	A comparison between two or more comparable units of analysis, one with and one without the intervention. A matched-area design using two locations in the UK would fit into this category if the individuals in the research and the areas themselves were comparable.		
	Comparison between multiple units with and without the intervention, controlling for other factors or using comparison units that evidence only minor differences. A method such as propensity score matching, that used statistical techniques to ensure that the programme and comparison groups were similar would fall into this category.		
	Random assignment and analysis of comparable units to intervention and control groups. A well conducted Randomised Controlled Trial fits into this category.		

11.2. Criteria for systematic reviews

Question Category	Criteria	Explanation	Rating (Yes=1; No=0; C/A; N/A)
Study design	Was an 'a priori' design provided?	The research question and inclusion criteria should be established before the conduct of the review.	
Study selection	Was there duplicate study selection and data extraction?	There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.	
Literature search	Was a comprehensive literature search performed?	At least two electronic sources should be searched. The report must include years and databases used (e.g. Central, EMBASE, and MEDLINE). Keywords and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialised registers, or experts in the particular field of study, and by reviewing the references in the studies found.	
Publication status	Was the status of publication (i.e. grey literature) used as an inclusion criterion?	The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language and so on.	
Studies	Was a list of studies (included and excluded) provided?	A list of included and excluded studies should be provided.	
Characteristics of studies	Were the characteristics of the included studies provided?	In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analysed (e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases) should be reported.	
Assessment of scientific quality	Was the scientific quality of the included studies assessed and documented?	A priori' methods of assessment should be provided (e.g. for effectiveness studies if the author(s) chose to include only randomised, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.	

Use of scientific quality	Was the scientific quality of the included studies used appropriately in formulating conclusions?	The results of the methodological rigour and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.	
Methods	Were the methods used to combine the findings of studies appropriate?	For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity, I ²). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e. is it sensible to combine?)	
Publication bias	Was the likelihood of publication bias assessed?	An assessment of publication bias should include a combination of graphical aids (e.g. funnel plot, other available tests) and/or statistical tests (e.g. Egger regression test, Hedges-Olken).	
Conflict of interest	Was the conflict of interest included?	Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.	



Victim Advocates: A Rapid Evidence Assessment

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