

Why invest in hospital IDVAs?

The evidence so far

SafeLives is evaluating the impact of co-locating Independent Domestic Violence Advisors (IDVAs) in hospitals as part of our Themis research project. The emerging data¹ show clearly that hospital-based IDVAs reach different groups of victims than IDVAs based in other settings.

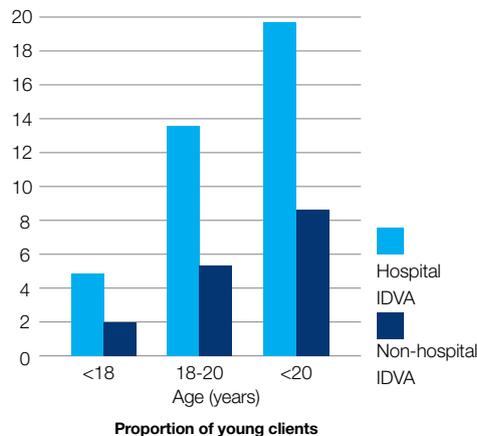
Themis Practice Briefing #1 can be read alongside this Research Briefing, and addresses the implications of these early findings for the practice of hospital IDVAs and related agencies. This can be found at www.safelives.org.uk/knowledgehub.

Key findings

- 1. Hospital IDVAs are reaching a more vulnerable group:**
 - 1.1 Younger victims**
 - 1.2 Experiencing higher severity abuse**
 - 1.3 With more complex needs, e.g. substance misuse, mental health issues**
- 2. Hospital IDVAs may reach victims earlier:**
 - 2.1 More victims are still living with the perpetrator**
 - 2.2 More victims are still in an intimate relationship with the perpetrator**
 - 2.3 Fewer victims have previously attempted to leave the perpetrator**
 - 2.4 Shorter length of abusive relationship before accessing the IDVA service**
- 3. Hospital IDVAs reach victims who are hidden from other agencies:**
 - 3.1 Victims have high usage of A&E departments**
 - 3.2 Victims make fewer reports to the police**

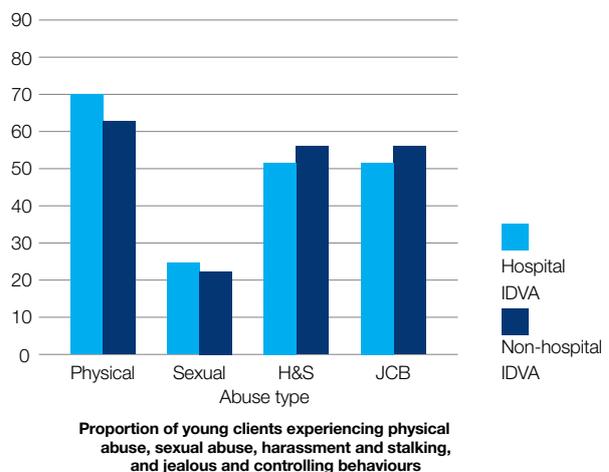
Finding 1.1 Younger victims

- 19% of hospital IDVA clients are aged under 20 years old, compared to 9% of non-hospital IDVA clients.



Finding 1.2 More severe abuse

- The prevalence of physical and sexual abuse and jealous and controlling behaviour is higher in hospital clients (see chart below).²
- Also 41% of hospital clients experience high severity physical abuse compared to 32% of non-hospital clients.
- 11% of hospital clients experience high severity



¹ The hospital services participating in the evaluation are: North Devon Against Domestic Abuse (NDADA), Bristol Royal Infirmary Emergency Department IDVA Service, The Health and Maternity Project, Newcastle Victim Support, Cambridge County Council IDVA Service (based at Addenbrookes hospital and Hinchingsbrooke Hospital), and WORTH Services. The hospital data used in this Research Briefing are drawn from the four hospital sites which had collected a full 12 months of data to April 2013 using our Insights outcomes measurements service and includes 257 cases. Comparison data includes 1406 cases and is provided by

the non-hospital based services of the participating services above where possible, and ADVANCE Advocacy and Next Link.

² The severity of the abuse type(s) experienced is measured by IDVAs using the Severity of Abuse Grid according to the guidance which can be found on SafeLives' website at <http://www.caada.org.uk/knowledgehub>

Finding 1.3 Twice as many with complex needs

- Hospital IDVA clients disclose higher rates of complex needs across all categories (see table right).
- The proportion of hospital clients disclosing mental health issues, suicide attempts/threats, and self-harm are significantly higher than we would expect to see when compared with the proportion of non-hospital clients.
- Our data also show that 23% of hospital clients engage with mental health services, compared to only 4% of non-hospital clients.
- Hospital IDVAs' co-location and relationship with health professionals in these fields may contribute to the higher rate of disclosure of complex needs, and may facilitate victims' access to a complete package of support.

Proportion of Clients with Additional Vulnerabilities at Intake

Vulnerability hospital	Hospital IDVA	Non-IDVA
Drugs	10%	3%
Alcohol	12%	7%
Mental Health	47%*	23%*
Suicide	28%*	16%*
Self-harm	27%*	13%*
Financial problems	35%	28%

* These findings are statistically significant at the p<.05 level.

Finding 2 Reaching victims earlier

2.1 Some 39% of hospital clients are still living with their abuser, compared to only 26% of non-hospital clients.

2.2 Some 54% of hospital clients are still in the intimate relationship when they access the service compared to 33% of non hospital clients.

Hospital IDVAs seem well placed for early intervention

2.3 Some 32% of hospital clients had never attempted to leave the perpetrator before accessing the IDVA service, compared to only 25% of non-hospital clients.

2.4 The length of the abusive relationship before accessing the IDVA service is slightly shorter in hospital services (2.5 years) than non-hospital services (3 years).

Finding 3 Reaching clients hidden from other agencies

A higher proportion of hospital IDVA clients have previously accessed health services than non-hospital clients. Health services may therefore be the best opportunity for identifying these victims.

3.1 45% of hospital clients report previous attendances at A&E before accessing the service, compared to 14% of non-hospital service clients.

3.2 Only 59% of hospital clients had made reports to the police compared to 73% of non-hospital clients.

Maternity health services are also a key point of identification and engagement for pregnant victims: 31% of hospital clients are pregnant compared to 4% of non-hospital clients.

What next?

Themis will be collecting and reporting on more data, including health and wellbeing outcomes, from the participating hospital and non-hospital services over the next 18 months. This project will incorporate an economic analysis looking at the financial costs and benefits of co-locating IDVAs in hospitals.

For further information about Themis or assistance with setting up/commissioning a hospital-based IDVA service, please contact Dr. Sue Jones, SafeLives' Senior Researcher on 0117 403 3220 or sue.jones@safelives.org.uk