

*I don't feel like young people get taken seriously
sometimes but here, everyone takes you seriously:*

Exploring Youth Realities' holistic
approach to young women's IDVA
support.

Declaration

This dissertation is the work of 19034160 and has been completed solely in fulfilment of a dissertation for the MA in Women and Child Abuse at London Metropolitan University.

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I would like to offer my gratitude and admiration to the entire teaching staff, guest lecturers and students within the Women and Child Abuse MA that have engaged with me, inspired me and contributed to my learning over the past few years.

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Glossary of terms

YPVA - Young Person's Violence Advocate/ Advocacy

VAWG - Violence Against Women and Girls

IDVA - Independent Domestic Violence Advocate

CSE - Child Sexual Exploitation

MARAC - Multi Agency Risk Assessment Conference

CAPVA - Child and/or Adolescent to Parent Violence and Abuse

YR - Youth Realities

DSL - Designated Safeguard Lead

SDVC - Specialist Domestic Violence Court

IPA - Intimate partner abuse

PTSD - Post Traumatic Stress Disorder

Throughout this dissertation, I have used the terms 'YPVA', 'IDVA' and 'Worker' interchangeably when referring to Youth Realities' staff supporting young women and girls within the 1:1 Programme.

Abstract

This dissertation draws on qualitative and quantitative data collected from interviews and anonymous surveys. The interviews were formed of 6 young women aged between 15 and 25 who are or have been engaged with Youth Realities' 1:1 YPVA programme, and the surveys were from 8 professional IDVAs, of which 2 are current employees with Youth Realities. The research explores the feelings and experiences of the young women and girls supported by Youth Realities, and that of the different IDVAs. This is to enable a comprehensive understanding of why Youth Realities' holistic model is an important improvement on the standard IDVA provisions of support available to young women, girls and the impact of that on their workers.

The research will contribute to an understanding of what style of 1:1 IDVA support for young women impacted by relationship abuse, violence and harm is needed, and why this requires a holistic approach. Looking through the lens of young survivors and their practitioners, this paper will highlight why traditional crisis management, short term interventions are not considered 'enough' for young women and girls, and what more is required in order to provide them with the best possible support. Further, the research will highlight the impacts that a traditional IDVA model has on staff satisfaction and make recommendations for improvements to both preserve staff wellbeing and in turn increase the quality of work delivered to young women and girls supported.

Chapter 1: Introduction

I felt like a bottle of champagne that was shaking and the cork was about to pop off, but interacting with Youth Realities stopped the fizzing (Interview participant 4).

Youth Realities is a small, grassroots charity which aims to address teenage relationship abuse through creative education and support for young survivors. We offer a range of interventions for ages 11-25. We work predominantly with young women and girls who make up 98% of those supported and 100% of the YPVA programme beneficiaries in 2022.

I founded YR in 2017 following my own experiences of intimate partner abuse when I was 15. The YPVA programme was developed in 2019 in response to a local peer-led research project, *The Prominence of Abuse within Teenage Relationships*, that found 1 in 3 young people aged 18-25 in Barnet, the borough the charity is based in, had experienced relationship abuse. 1 in 3 of those detailed that the abuse began before their 18th birthday (Youth Realities, 2018).

Barnet did not have a young person's relationship abuse support service and as anybody under the age of 16 sits outside of the legal definition of domestic abuse (Domestic Abuse Act, 2021), they are subsequently restricted from accessing available adult services. Instead, the support available is generic, non-specialist mentoring, mental health or youth work provisions. There are specialist provisions for survivors of CSE, however these are built around experiences of exploitation and not intimate partner abuse (hereinafter, IPA). Youth Realities developed a specialist intervention that recognised and reflected the nuances of experiencing IPA as a young woman or girl, and established a model that centres the voices of those it works with and for. I developed the service by working closely with young women and other professionals. I had to largely draw on my experiential knowledge as a survivor and practitioner working with young women as there is very limited practical and research based knowledge of how advocacy works for young women and girls. We have continued to develop the service over time and this research will support such developments.

1.1 The Youth Realities' 1:1 YPVA model

It's a complete safe space... I'm happy to share and I'm not afraid whatsoever because I don't feel like there's judgement (Interview participant 3).

Referral: Young women and girls become known to the charity either through external or

self-referrals, predominantly from statutory services and schools or self-referrals via community outreach or word of mouth.

Engagement: It is entirely the decision of the young women to engage or not, prioritising their autonomy of choice and readiness, with a 6 week engagement period provided upon receipt of a referral or interaction. The allocated YPVA will utilise a range of different engagement methods. This includes texts or calls, offering to meet in a place of safety such as at their home, school or within the community and offering a meeting with a known professional, trusted adult and/or friend.

Relationship building: Youth Realities form trusted relationships over a long period of time, which is further highlighted as an important attribute to young people who have experienced abuse, alongside being 'empathetic', 'approachable' and 'patient' (Lewing *et al*, 2018, p.27). To ensure those employed by the charity reflect those characteristics and have the skills and knowledge to deliver the work safely, all IDVAs undertake extensive training including obtaining a specialist YPVA qualification.

Goal and need based: upon engagement with the programme and once a relationship is established, the young women complete goal setting and need assessing. This identifies the key areas of support they require and sets SMART goals to try and meet those needs. This is entirely guided by the young women and is delivered in an accessible and age-appropriate manner.

Long term and holistic interventions: over 18 months young women and girls will embark on a journey of support that is centred around their individual needs and will subsequently adapt over the time they are supported. Goals are re-assessed every 3-6 months and adapted as needed. For example, tangible goals like accessing safe housing or to obtain an injunction. Longer term and less linear goals can include increasing emotional wellbeing, confidence or social inclusion following an isolating relationship, which will vary depending on the wider contextual factors of harm, support and safety in each young woman's life. The team will provide different methods of delivery, including traditional talking spaces, creative workshops, individual or small group trips and advocacy extending to attending hospital appointments, school meetings and when safe, engaging with the wider family or support networks available to the young person.

Case closure: when approaching the end of the support, which for some may be after 6 months and others, the full 18 months - in some cases slightly longer - this is communicated

clearly in advance, and decided on mutually. If there is an ongoing absence of engagement and all avenues to address this have been exhausted, it will be communicated that support will halt but can be accessed again if the young woman reaches back out to request it; capacity permitting. The young person will be asked to complete some feedback either via an anonymous form or conversation with their YPVA or another staff member they feel safe with. They will be informed of other opportunities available to them within or externally to Youth Realities, and encouraged to continue engaging. Having access to these additional opportunities has been referenced throughout the research interviews by participants as having a positive impact on their experiences with the charity. These services include:

- A free, weekly community dance space for young women and girls
- Bespoke workshops, trips and activities to increase wellbeing and inclusion
- Youth employment and training opportunities
- Other creative group interventions and awareness raising projects including a podcast, films, peer-led research, survivor-led training for professionals and more.

1.2 Research questions

This dissertation is exploring the difference Youth Realities' holistic approach to 1:1 YPVA support makes to the lives of young people, and the satisfaction of their workers.

Sub questions of this research are:

1. What is the effectiveness of Youth Realities' holistic YPVA model on the needs of young women and girls?
2. What are the support needs of young women and girls impacted by teenage relationship abuse, and any areas of improvement?
3. How is IDVA staff satisfaction impacted when working within or outside of a holistic model?

1.3 Structure of the dissertation

Chapter two presents a review of existing literature on the issue of IPA experienced by young people, the support available (and lack thereof), and exploring the IDVA role more broadly. This review aims to shape an understanding of the prevalence of the issue, as well as the current challenges young people face when negotiating and navigating their experiences within a sector that largely misunderstands them.

Chapter three explores my research methods, the adoption of a feminist framing to underpin this. All ethical considerations and the subsequent decisions made are explored in detail.

The chapter also explores the limitations of the chosen methodology and how these have both shaped and impacted the research findings.

Chapter four analyses the data collected from the IDVA survey and discusses in detail the key differences between the responses from traditional IDVA and YR IDVA staff. I also draw comparison between the findings and how this reflects current literature, highlighting limitations to my study that were identified throughout a comprehensive analysis.

Chapter five analyses the data collected from the young women's interviews and discusses in detail their journey and experiences with Youth Realities' holistic 1:1 support. The chapter also highlights limitations to the study, how this could have been improved and any outstanding gaps in knowledge.

Chapter six concludes with drawing back to the research questions and summarising how these were answered, and what knowledge was obtained. The closing chapter also provides recommendations for improvements to be made as highlighted in the data findings.

Chapter 2: Literature Review

2.1 Introduction

Throughout this research paper I am using the term 'young people' or 'young women' to represent ages 13-25. Youth Realities works with children as young as 11 years old, however, the limited research available extends only to those as young as 13.

IPA within young people's relationships is an under researched and therefore under supported issue across the UK; work with young people is often being delivered as an extension to adult domestic abuse services or as a separate generic youth, mental health or therapeutic service (CYPEP, 2016). I am of the opinion that these avenues may not accurately reflect the nuances of harm experienced by young people that differentiates from the abuse experienced by adults. For example, young people are less likely to live with their partners and therefore the abuse takes place outside the home or in shared environments, such as school. Children under the age of 16 are also unable to benefit from the legal protections outlined in the Domestic Abuse Act (2021).

Young people are the group most at risk of experiencing intimate partner abuse. Research has shown that ages 16-25 are most likely to experience relationship abuse, and that the likelihood of this does not change for those aged 13-15 (Barter et al, 2009; Youth Realities, 2018; SafeLives, 2017). Despite this, young people are less likely to access specialist support, with 16-17 year olds making up only 1.7% of MARAC referrals and 2% of IDVA referrals (SafeLives, 2017). Without specialist services for under 16 year olds, the issue is likely much greater, and young people are having to rely on adult victims services which are not age appropriate or adequately designed to respond to the needs of children and young people (op cit, 2017). This could be a reason why young people are likely to experience harm for 1.5 years before accessing adult domestic abuse services (op cit, 2017, p.15). I explore this study further in section 2.3.

2.2 The prevalence of intimate partner abuse experienced by young people

Despite some general awareness that abuse exists within young people's relationships, the actual extent of harm and how to address it is still an under researched topic area. In 2009, Barter et al produced the first, and largest, multi-method study examining the depth of young people's experiences of harm and violence within their intimate relationships (2009, p.12). This study engaged 1,353 students aged 13-17 years old from eight secondary schools in the UK over a three year period. The study was co-designed with young people and the

methodology used for data collection was both qualitative face-to-face interviews and a quantitative self-completion survey.

The research focused specifically on geographic areas of deprivation, following evidence that this increases the risk of abuse (Barter et al, 2009, p.13; Hird, 2000). The sample was evenly split by gender (n=680 female, n=669 male and n=4 not specified), however most respondents were white (77%), 12.5% identified as Asian (n=175) with Black (n=40) and mixed ethnicity (n=24) young people making up 3% and 1.5% of the research sample respectively. The research also explored the family composition and any disabilities of participants.

Overall, the study found that 25% of girls and 18% of boys reported experiences of physical violence, and 33% of girls and 16% of boys reported some form of sexual abuse in their intimate relationships. The study also highlighted that younger participants aged 13-15 displayed the same level of likelihood to experience some form of abuse as those aged 16 and over. The findings further highlight the importance of post-separation protection for young people, emphasising that “ending a relationship does not necessarily protect a young person from violence unless further safeguarding strategies are also put in place” (2009, p.196). Further, calling on a multi-agency, coordinated response from professionals within the children and young people’s sectors, including education and social care, as well as adult domestic abuse services. Similarities can be drawn here to the experiences of adult survivors, where research highlights post-separation to be a period of heightened risk of increased violence and domestic homicide (Desai et al., 2022). This can be used to emphasise the importance of adequate, accessible services for young survivors of abuse.

Youth Realities ran a peer-led, practitioner produced research project in 2018, *The Prominence of Abuse within Teenage Relationships*, which surveyed 303 young people aged between 18-25. The methodology included the distribution of virtual and printed copies of a self-completed survey, issued across Youth Realities’ social media platforms, and throughout the local community, including a university and nearby community spaces. The virtual screening stopped anybody from continuing with the survey if they detailed their age as below 18 or over 25, and/or living outside of the United Kingdom. Of those who participated, 76% were female (n=229), 24% male (n=71) and 3 participants chose not to disclose their sex. The survey asked only seven questions related to experience, two questions exploring impact and an optional qualitative section to provide any additional personal context to their experiences.

The research found that 41% (n=118) experienced sexual abuse, 16% (n=46) experienced financial abuse, 40% (n=113) experienced emotional and/or verbal abuse, and 37% (n=113) experienced coercive and controlling behaviour within their intimate relationships. Despite the depth of this data, the study interestingly highlights how language, definitions and labels impact how young people name their experiences of abuse. Only 37% (n=113) of respondents explicitly stated that they have been in an 'abusive relationship', despite a larger group disclosing experiences of abusive behaviour. This could be linked to how young people define abuse, as well as the social stigma associated with being a *victim* of abuse. This is a common barrier to support for survivors especially when trauma is experienced as children (Schomerus et al., 2021). This could arguably be one explanation for why 68% of 204 participants did not access any professional support for their experiences, despite 55% reporting that the abuse had a significant impact on their education and/or employment.

A key limitation to the study is that wider demographic data was not asked of the participants, enabling the exploration of intersecting experiences, such as heritage, class, sexuality or disability. This could have produced a greater understanding of how particular and marginalised groups of young people experience abuse in different or additional contexts to those not marginalised in the same way.

The most recent Office for National Statistics (ONS) data on domestic abuse in England and Wales for the year ending March 2022 found that 2.4 million adults (ages 16-59 for the purpose of the data), of which 1.7 million were women, experienced domestic abuse (ONS, 2022). Within this large random sample, 16-24 year olds were the age group most likely to experience domestic abuse, with 16-19 year olds making up 7.4% and 20-24 year olds making up 10.4%, of those reporting victimisation. This is "significantly higher" compared to all other age groups (ONS, 2022, p.3).

In conclusion, despite a lack of available research, the issue of IPA experienced by young people is repeatedly shown to be of high prevalence. There needs to be greater investment in research of this issue area, including by expanding the age to reflect the experiences of younger participants, to better understand the landscape and make the necessary changes required to address and reduce the harm young people experience in their relationships.

2.3 Support available for young people experiencing intimate partner abuse

There is a significant lack of targeted, adequate and accessible support specifically for young people experiencing harm in their intimate relationships. Young Women Against Violence Empowered (YWAVE), through a Children and Young People's Empowerment

Project (CYPEP), produced a research report analysing 22 domestic abuse organisations in Sheffield. They utilised both qualitative and quantitative methods to explore children and young people's understanding of domestic and sexual abuse, the support available to them and to identify the strengths and gaps in such services. To do this, they engaged young people in focus groups, interviews and a quantitative questionnaire survey. In total, they reached 288 young people, 258 in surveys and 30 in focus groups; the prominent group engaged across all methods were 16-19 year old heterosexual young women (CYPEP, 2016).

The study found that the support available is insufficient and not meeting the nuanced needs of young people experiencing harm. The generic nature of the support available, often forming a smaller part of wider youth work or mental health provisions, has resulted in increased barriers for young people getting the help they need. This includes high demand for support raising engagement thresholds, reduced service quality and shorter engagement periods. This is all contrary to the long term, trusted relationship-based support young people have said they require (op cit, p.22).

The study also highlights further gaps in available support and/or a knowledge base for some fundamental areas. These include accessible mental health services for young people who have experienced relationship abuse, work with young men as victims of harm, those experiencing abuse in same-sex relationships and services for young people using violence and abuse in their relationships (op cit, p.23).

SafeLives (2017) further highlighted the gaps in support available to young people, with those in need of support being forced to rely on adult IDVA services due to an absence of YPVA services. For example, IDVA provisions remain written into the Government's strategy to address violence against women, whereas YPVA provisions are not. This results in no clear, consistent and accountable pathway of support for young people (2017, p.15). There is a significant impact on there being no accountable, government issued guidance regarding the support provision made available for young people, despite the evidence of need. For example, young people under 16 have restricted access to non-molestation orders requiring them to seek and obtain permission from the high court before they can apply (SafeLives, 2017, p.16).

There have been some gradual changes to policy to better reflect young people's experiences. This includes the cross-government definition of domestic abuse being lowered to include 16-17 year olds in 2012, and national government-led campaigns to build awareness of violence within young people's relationships. Despite this, significant gaps

remain, and without available, accessible and appropriate referral pathways, young survivors face a greater risk of significant harm (O'Brien, 2016, p.2).

2.4 Adult domestic abuse services

The IDVA model was developed in 2005 following the expansion of MARACs as a priority to identify and manage risk, whilst improving criminal justice responses through Specialist Domestic Violence Courts (SDVC) (Robinson, 2013). Although advocacy for victim-survivors of domestic abuse had existed before the establishment of IDVAs, this was often delivered in a siloed and unstandardised way. The formalisation of IDVAs provided an explicit and nationally recognised effort to advocate for high-risk victims of abuse in a quality assured way (op cit, 2013).

Howarth et al (2009) completed a multi-site evaluation of IDVA provisions across the UK, which was the first study of its kind (2009, p.5). This study assessed seven IDVA services and heard from 2,500 women over two years. They sought to better understand the relationship between survivor's socio-demographic characteristics against the harm they experienced, the different interventions they engaged with and their effectiveness, and the sustainability of positive outcomes over time.

They engaged women who had experienced high risk domestic abuse from their intimate partners. They gathered data at the point of referral into the IDVA service, after 4 months of engagement or at case closure, whichever came first, and 6 months post-support (2009, p.26-27). However, the post-support data was only obtained from 9 months into the research onwards and therefore from a much smaller sample of women (n=34). The different IDVA services varied in size, geographical location and length of service operation. The data was collected through interviews completed by IDVAs from each service, either face to face or via telephone. Determination of who would be included in the research was based on a set criteria: the women are actively engaged in the support, are considered 'high risk' based on both professional judgement and a completed DASH risk assessment, and they provided informed consent (2009, p.110). A limitation here is that this sampling criteria could arguably result in providing a biased representation of the services, as the sampling is purposive. This does not reflect the opinions and experiences of women who were not 'engaged' in the work, losing any relevant understanding of why women do not engage, that could subsequently enable improvements to the provisions.

The study highlighted some gaps, including the 'lack of capacity to work at the highest level with all high risk victims', with only 65% of cases receiving 'intensive support' despite all victims being considered high-risk (2009, p.11). It was also evidenced that not all

victim-survivors received safety planning (81%) or MARAC (34%) intervention, which would be encouraged when supporting somebody considered high risk. Nevertheless, 57% of victim-survivors reported a cessation in the abuse following IDVA support (2009, p.11), though this was with an unrepresentative sample group (n=34). When further considering the time between the last IDVA and victim contact, and the follow up interviews 6 months later, it could also be argued that there is no longer a trusted relationship held between them, and they would therefore be less likely to disclose abuse had it occurred.

Overall, the research provided a strong evidence base that IDVA interventions improve survivor safety and wellbeing. The key improvement area is the need for increased capacity to ensure that all victim-survivors get the high quality support they need, and that this is offered over a longer period of time.

Madoc-Jones and Roscoe (2011) also conducted an IDVA study, speaking with survivors engaged in one rural local authority area in the UK. This study aimed to obtain a specific understanding of rural service user perceptions of IDVA delivery. The methodological approach utilised was qualitative, and sampling was also purposive; women were selected based on them being recently referred to MARAC, and then consent was obtained. Of 27 potential participants, 14 agreed to take part, and 9 were later successfully interviewed. This sampling could be problematic as it requires a victim-survivor to be identified as high-risk *and* referred into MARAC, of which 66% of referrals are from the police (SafeLives, 2022). This limits the likelihood of Black and minoritised women being represented in the study, both due to the historic barriers to reporting and engaging with police, and the police being less likely to refer Black women to MARAC under the racist assumption that they are in less need of help (Refuge, 2021). It is also less likely to represent the experiences of Black and minoritised women due to the rurality of the study, and the likelihood of a white majority demographic. However, I cannot draw this accurately against local demographic data as the geographic location was anonymised in the study.

Overall, the study highlights the value of an IDVA service on improving the safety and wellbeing of survivors, and that adopting a more flexible approach to the intervention is crucial for maintaining engagement. For example, having to travel to the homes of survivors opposed to expecting them to have accessible transport means, which may be the case in a non-rural environment. Demographic considerations should be acknowledged when applying the findings to work with women outside of a rural, and white majority context.

Drawing focus to the importance of representing a diverse demographic, Coy and Kelly produced an evaluation of four different IDVA services in London. Those are based within a

police station, A&E department, community service and womens-only VAWG organisation (2011, p.7). Through a multi-method approach, they produced 73 surveys and nine interviews with survivors, 27 interviews with IDVAs, visited each site at least four times, observed four MARAC meetings and completed further interviews with stakeholders and national experts (op cit, p.12-13). The number of service users supported by the services over the 2 year study was 747, of which 97.9% were women (n=733), 1.9% were men (n=14) and 0.2% were transgender (n=2) (op cit, p.48). There was an overrepresentation of Black and minoritised women, amounting to just over half where ethnicity was recorded (n=292) (op cit, p.51). Of those, Black African and Black Caribbean women form the majority; 36% and 12% respectively. There were also relatively high rates of women experiencing No Recourse to Public Funds (NRPF), ranging between 4.6% to 13.7% at each service. Despite this, all services reported being unable to adequately support women with NRPF due to lack of available options, such as housing or legal aid, resulting in premature and unsafe case closure (op cit, p.53).

One area the study explored was the comparison of crisis intervention versus longer term support. Here, it was reported that all cases were short term, but reasons for cut off points varied. For example, due to 'pressure to keep taking on new cases' and achieving short-term, immediate outputs, such as making referrals into Sanctuary Schemes (op cit, p.40). The study also explored how 'holistic' each service was considered to be, with findings highlighting that although the term was widely used in relation to IDVA work, 'the nature of the role and pressure to accept large numbers of cases precluded a truly holistic focus' (op cit, p.41). It was also noted that all services shared similar challenges with staffing recruitment and retention, all producing difficulties with caseload capacity (op cit, p.23), further impacting their ability to navigate a landscape of work that balances crisis mitigation and holistic empowerment work.

Overall, the study evidenced some key challenges faced by organisations working with marginalised and minoritised women, and why a holistic approach is fundamental to meeting their needs. Drawing comparisons between the different settings each IDVA service was based in highlighted the importance of having a varied range of avenues for survivors to access support services.

2.5 Supporting women and girls experiencing intersecting oppressions

Continuing focus on supporting minoritised and marginalised women, Kelly and Dhaliwal (2019) draw on the experiences of 'by and for' Black and minoritised women support services. This study explores the specific challenges organisations face and how these

impact the women and girls they support. The paper was jointly written by 11 leading organisations, each sharing similar challenges, such as barriers to funding. Imkaan exposed the inequitable distribution of resources that resulted in the annual income of 15 Black and minoritised 'by and for' groups in London still amounting to less than that of one 'single mainstream VAWG organisation' (Imkaan, 2018, p.18).

Kelly and Dhaliwal (2019) recognise by and for services as the 'founders of wrap around, holistic support', developing a practice that goes beyond equality and is rooted in equity; working with 'the whole person', in complete consideration of their 'practical, social and emotional needs...from a place of solidarity' (2019, p.2).

The paper highlights that by and for services have to navigate additional and difficult circumstances that other mainstream, generic domestic abuse services may never have to face. These can include 'hostile' immigration laws, racist abuse, harassment and extreme poverty (op cit, 2019, p.3). Making this particularly more challenging is that these smaller, underfunded and less-resourced organisations are often the only specialists; having to carry the weight 'dumped' on them by larger organisations (op cit, 2019, p.3).

The authors emphasise the importance of working holistically with women with intersecting needs, taking into account the complexity of their various experiences of harm, that often transcend social, political and geographic boundaries. They emphasise that the women may have 'multiple perpetrators' and therefore exacerbated barriers to reporting and obtaining support; women need solidarity and spaces to build trusted relationships (2019, p.6).

O'Brien (2016) explores 'classed sexism'; the 'complex interrelationships between age, class, ethnicity, poverty, sexual orientation and social divisions' (O'Brien, 2016, p.1). This study utilised a qualitative methodology to engage with young women and practitioners from an economically disadvantaged neighbourhood in the North West of England. O'Brien spoke to eight women; four DVA surviving young mothers (aged 18-20), one older mother who experienced CAPVA and three service managers (aged between 40-58), all White British and heterosexual. Contrary to the intersectional focus of this research, O'Brien exclusively engaging White British women omits a crucial, racialised perspective and also sits outside the foundational definition of intersectionality, coined by Crenshaw in 1989, to describe how race, class and gender intersect (Crenshaw, 1991).

O'Brien also highlighted the economic challenges faced by DVA services and the gendered implications of the UK economic downturn creating increased experiences of structural

violence (op cit, p.6). The findings evidenced different barriers faced by the women, including being disbelieved and 'laughed at' by police when making reports of violence (op cit, p.12). The study also showed an inconsistent perception of risk across different agencies resulting in women not having access to the right support service for their level of risk (op cit, p.13). A final key finding from the study was victim-survivors not wanting to report their partner or child's abusive behaviour because of the lifelong economic impacts a custodial sentence will have, especially on people already experiencing poverty (op cit, p.14). This combination of social, political and economic hostility and the 'ignorance' of police, is 'prohibiting young disadvantaged women from reporting DVA incidents' and is a 'direct consequence of classed sexism' (2016, p.12,13,14).

The study calls for better investment in early intervention through healthy relationships education, supporting young people who use harmful behaviours before criminalising them and better investment in support services for young, teenage survivors. It is emphasised that this should be led by specialists that understand the nuances of their experiences as disadvantaged young women (2016, p.16,17,18).

2.6 The IDVA role

There is a significant lack of research into the experience and satisfaction of IDVA's working to safeguard and support survivors of DVA, with studies mainly evaluating the effectiveness of the work on victim-survivors, and not the impact on staff.

In 2021, SafeLives produced their sixth annual evaluation of domestic abuse services in England and Wales. This year had an extended focus on the impact of the Covid-19 pandemic on staff and services. The methodological approach was the use of an online survey, distributed to 500 organisations known to SafeLives, half of which had already engaged in a survey before (SafeLives, 2021, p.16). Over a 3 month data collection period, the survey obtained 153 usable responses, of which 126 services had an active IDVA, YPVA and/or DVA Outreach Worker provisions.

Findings showed that 9 in 10 services saw an increase in demand for support during the Covid-19 pandemic, and 41% of those services felt 'unable to keep up with the demand' (2021, p.8). Despite this demand for services, only 66% of the required number of full time equivalent IDVAs were in post, including a 4% decrease in IDVAs working with high-risk victims compared to 2019 (2021, p.32). One fifth of services also shared their concern for staff wellbeing due to the pandemic, with increased workload producing greater fatigue and burnout (2021, p.10). However, the survey does not ask any direct questions about staff

satisfaction or seek any qualitative data that could provide an account of the practical challenges faced by staff. This could have been beneficial to develop both an academic and practical understanding of what improvements can be made to increase staff satisfaction across the DVA sector.

Another gap is that there is no actual YPVA data included in the report due to the absence of YPVA specific services; therefore a decision was made 'not to underrepresent these types of frontline workers' (2021, p.40). However, as IDVA services can also engage survivors from the age of 16, it is possible that young people (ages 16-25) are still engaging with IDVAs within these services, just not via a separate, dedicated arm of support for young people. In which case, it can be argued that they are still accessing support, albeit not in a way that is shaped around the contexts of harm they may have experienced. There is no service user demographic data included in the study to support this claim.

2.7 Holistic methods of working with young women and girls

A holistic approach has been described as 'a persistent presence of wholeness' (Robinson, 2020, p.4), enabling the provisions of care to be based on a mutual understanding of the multi-dimensional experiences of a person (Valizadeh et al., 2017). However, for holistic interventions to work, it is key to adopt a model of collaborative working that 'cuts across organisational and agency boundaries' (Annison et al., 2019, p.395).

A key component to a holistic approach is the space to form safe and trusted relationships with survivors (Coy and Kelly, 2011). Lewing *et al* (2018) explored the importance of 'trusted relationships' in the lives of young people who have experienced abuse (the focus of this paper is CSA and CCE specifically). This study includes the review of existing literature, as well as interviews with practitioners from both the statutory (police, health, local authority) and voluntary sectors. Building trusted relationships with children who have experienced abuse is fundamental for their long term development, wellbeing, reduction of harm factors and is a 'key facilitator for disclosures of abuse' (2018, p.14). It is also important to work with children in multiple different contexts, for example, within school, the community, clinical and social environments. This enables the practical space for a more nuanced and holistic understanding of how environments shape the behaviour of the child, as well as what activities work better and less well when engaging them (2018, p.24). There is also benefit to children and young people voluntarily engaging with support, opposed to it being court ordered, or imposed upon them by an authority; this can be achieved if a young person feels safe, centred, in control and has an understanding of the boundaries of the work (2018, p.25). Axford *et al* (2023) further highlighted the importance of working with children and

young people 'holistically'; providing autonomy and listening with empathy and openness (2023, p.9). In order to do this, it requires 'long-term, consistent relationships' with practitioners who 'genuinely care', therefore enabling young people to share their emotional experiences and seek support (2023; Zlotowitz *et al.*, 2016).

2.8 Conclusion

There is an overall gap in knowledge and implementation of YPVA service provision, how young people with experiences of IPA need to be engaged, as well as a general awareness of IDVA staff satisfaction. Although there is value in the traditional IDVA model of crisis management and harm reduction, there are necessary improvements needed. All services supporting young survivors of harm need to be relationship-based, long term and resourced well enough to be rooted in quality, not quantity. I aim to address these gaps through my research questions and data analysis.

Chapter 3: Methodology

3.1 Introduction

This chapter sets out the methodological approach taken to explore and understand: 1) how IDVA staff working both for Youth Realities and other VAWG sector services experience their roles, and 2) the experience of young women and girls who have directly engaged with Youth Realities 1:1 YPVA service. This chapter presents the data collection methods, sampling, analysis and ethical considerations, as well as reviewing any limitations to the study.

This study was conducted as a form of practitioner research. Most commonly utilised within the education sector, this method enables practitioners to challenge the status quo through ‘the systematic, intentional study of one’s own professional practice’ (Fitchman Dana, 2016, p.1). I adopted this method in recognition of my relationship to the organisation and young people interviewed as part of this research. The ethical issues of this relationship are explored in the ethics section (3.5), however, this relationship also enabled positive contributions to the research. This includes the easier creation of safe spaces for the interviews with young women who, although some did not hold a direct relationship with me prior to the interviews, saw me as a trusted extension to the organisation they hold safe relationships with.

I used both qualitative and quantitative data methods: online, anonymous surveys for IDVA staff, and in-person or virtual interviews with young women. These methods worked well; an unobtrusive and time efficient method for busy staff, and a more personal approach for the young women. All young women opted for an in-person interview, though one person had to change this to virtual on the day due to personal commitments. These engagement methods produced positive response rates, with most (n=8 of 10) of the intended reach for IDVA surveys completed, and an above target number of interviewees (n=6 of 5).

3.2 Theoretical foundations

My research is grounded in standpoint epistemology, coined by Sandra Harding to establish a feminist approach that centres epistemic objectivity, ongoing reflection and self-critique (Harding, 1993). I apply this standpoint when exploring the professional experiences and personal consequences of work as an IDVA, and by centering the lived experience of the interviewees in acknowledgment of their various ages, socio-political and economic backgrounds, heritage and individual experiences of harm. As a feminist and survivor of

teenage relationship abuse myself, I have adopted a feminist research approach. My approach is rooted in both resistance to the dismissive political and social frameworks my abuse was enabled to exist and thrive within, whilst also utilising my experiences to create a safe, equitable and inclusive environment for the young women I engaged in the research. This method has been described as repairing the pseudo-objectivity of research by “starting from one’s own experience” (Reinharz, 1992, p.258,259). Feminist research upholds women’s experiences, needs, values and perceptions of the world in which they exist as women; enabling a greater understanding and unpacking of gender asymmetry through a feminist lens (Kaur and Nagaich, 2019). However, feminist epistemology is about the process and the integration of feminist principles throughout it; there is no specific feminist and non-feminist methodology, just feminist or non-feminist researchers with or without feminist values (Wilson, 2023). To ensure I integrated my feminist values throughout my methodology, I adopted the practice of reflexivity (op cit, 2023), regularly engaging in personal and functional self-reflection to ensure I was consciously aware of my role within the knowledge and research construction. Further, as I undertook practitioner research, it was important that my epistemological approach was also pragmatic, enabling me to ‘move beyond objectivist conceptualisations, and focus more on know-ing and learn-ing’ (Kelly and Cordeiro, 2020).

3.3 IDVA Survey

3.3.1 Sampling

When recruiting IDVA staff to participate in the survey, I sent emails containing a summary of the research (see Appendix 1) to potential participants, identified through my professional network. I also asked people to share with others they thought could contribute, utilising social media platforms such as LinkedIn. The email contained a link to the survey (see Appendix 2), which had a cover letter outlining in more detail the aims of the research, anonymity of participants and how data will be collected and managed. Youth Realities’ staff were also sent the same email and attachments. Demographic data was not collected for the purpose of this study, including age, heritage, geographical location or who their employer is. I did ask participants to detail whether they are an employee with Youth Realities or not, to enable comparative data analysis between the responses of YR and traditional IDVA staff members. I made the decision not to obtain demographic data to ensure greater confidentiality, based on the sensitive nature of the feedback I was seeking. I wanted to reduce the risk of perceived identification for the women who completed the survey. However, on reflection, not collecting this information meant that I was not able to further

explore the nuances of people's experiences and draw any similarities or differences based on their personal characteristics, such as age and heritage. Limitations to this are further explored throughout this chapter.

3.3.2 Survey Design

Due to the importance of maintaining confidentiality for participants the surveys were produced on Google Forms (see Appendix 2), a secure and encrypted tool that is free to access for participants and the author. The survey asked sixteen questions, comprising 13 multiple choice and three open text box questions. The multiple choice answers offered 'Yes', 'No' and 'Sometimes' with one question (Appendix 2, question 11) offering 'Healthy', 'Relative' and 'Poor' as an answer in relation to the emotional health of participants. The qualitative questions asked for greater context to their answers, such as 'if yes, please tell me how?' and 'How could your wellbeing be better supported as an IDVA/ YPVA?'.

I asked these questions in order to develop a strengthened understanding of how their role as IDVAs within their respective workplaces impacted four key areas: workload, staff support, service delivery and emotional wellbeing (see Appendix 2). I have explored this in detail in Chapter 4.

In obtaining consent for survey completion, I wrote into the email and cover letter of the survey that by completing the survey, participants were consenting to participate in my research study. All participants also stated that they were over the age of 18 and were able to consent freely.

3.3.3 Completion rate

The surveys were live for 2 weeks in April 2023 and received 8 total responses; 2 YR and 6 traditional IDVA staff.

3.3.4 Data analysis

I analysed the data by downloading the responses and manually uploading the findings into an Excel spreadsheet (see Appendix 6). I used this method to produce statistical findings from the data and enable comparison between YR and traditional IDVA staff. The spreadsheet broke the data into categories per multiple choice question, highlighting what number of YR IDVAs and traditional IDVA staff provided what answer to each question. This method enabled me to compare the dataset both between and amongst YR and traditional IDVAs. I was able to develop a broader understanding of staff satisfaction and what impacts this, such as higher caseloads, access to employee support and workplace culture.

3.4 Young Women's Interviews

3.4.1 Sampling

The initial invite to engage in the interviews was sent to the young women by their allocated YR IDVA, who had been sent the full Information Sheet (see Appendix 3), Consent Form (see Appendix 4) and a copy of the interview questions (see Appendix 5). I shared the interview questions with YR IDVAs to enable them to make an informed decision on who they believed was in a safe and ready enough space to be engaged in the research. As Youth Realities is a small charity, it is common for one young person to hold relationships with multiple staff members, myself included. However, I specifically prioritised the engagement of young women with whom I held a more detached relationship with. Only one of the young women engaged in interviews had been directly supported by me in a 1:1 capacity, and all but one young woman, who was unknown to me completely, were known to me in a more distant organisational capacity.

At the time of the interview, the youngest participant was 15 years old, and the eldest was 25. The youngest age of initial engagement with Youth Realities was 14 and the oldest was 22. The participants were of various heritages: Black African (n=2), White British (n=1), White other (n=2) and Middle Eastern (n=1). Each young woman had experienced relationship abuse and/or other forms of male violence and had become engaged with Youth Realities through an even split of professional (n=3) and self (n=3) referrals. The three professional referrals were from a school, a sexual abuse service and the police. Most participants have been engaged with Youth Realities for two years (n=4), with one person known to us for 6 years and the other for one. This range of time spent being supported by and/or engaging with the charity enabled an accurate, reflective detailing of their experiences from a diverse range of perspectives.

3.4.2 interviews

The interviews took place between April - May 2023, all bar one were held in person in the Youth Realities community space. The other interview was held virtually via phone call. All participants were offered virtual or in-person interview formats, and all preferred an in-person format. This was also my preferred method to encourage relationship building and create a more personal environment. Further, in an attempt to reduce the power disparities between myself and the participants, I offered the interviews from a place of safety identified by them, emphasising the importance of putting them in control of the spaces they enter (Kumar, 2005; Kirby, 2004). All young women opted to use Youth Realities' community space.

The interview guide covered eight key themes (see Appendix 5) and some of the participants were sent the questions in advance, if they wanted this. These themes were chosen to enable a journey through the support experiences of the young women, looking at their position prior to engagement, throughout and post-engagement with the service. I have explored these themes in detail in Chapter 5.

The format was semi-structured and flowed in a conversational manner, enabling the participants to talk at their own pace and I would move past questions that they had already answered during the answering of a previous question, to reduce them having to repeat themselves. Adopting a semi-structured approach felt more relaxed and authentic. I would also ask additional questions, for example “can you tell me more about that experience?” or “how did that make you feel?”, following an example shared by the participant.

All interviews were audio recorded, with prior consent, and transcribed before being deleted.

The interviews each took between 14 and 35 minutes. The shortest interview was with the participant I had no relationship with, which may have led to her feeling less comfortable opening up and sharing her experiences (Lewing et al., 2018). She was also the youngest participant. The average time spent in an interview was 26 minutes. Qualitative, semi-structured interviews tend to take between 30 minutes to over an hour (Jamshed, 2014), so 26 minutes is considered short. This could be linked to the open-ended nature of the questions asked, resulting in some answers covering questions I had planned for further into the interview, and me not wanting to ask the interviewee to repeat themselves. For example, when asking participants what they thought the support with Youth Realities would be like, answers would often lead to them discussing their experiences engaging with the work, touching on whether they felt the support was different to their expectations, and how it made them feel. This resulted in less questions needing to be asked and the process becoming shorter. Other factors to consider were the times the interviews took place, being after school/ work hours (4pm onwards), except the one phone call which took place in the earlier afternoon. This could have meant participants were more tired, hungry and had less energy to engage in a longer conversation.

3.4.3 Data analysis

I analysed the data by manually transcribing the voice recordings taken during the interviews, and thematically coding the findings into eight higher order concepts. Coding is the process of ‘identifying segments of meaning’ from data (Linneberg and Korsgaard, 2019)

and summarising it into a category or code. This enabled me to effectively navigate the knowledge and efficiently identify the interconnectedness of different ideas and experiences (Bachmann, 2023), while remaining loyal to the data (Linneberg and Korsgaard, 2019).

3.5 Ethics

There are three main areas of ethical consideration for my study: age, experience and lines of power. Consent is explained within and informed by all of these considered areas.

3.5.1 Age

Although Youth Realities works with young women ages 11-25, for the purpose of this research I only sought to engage those aged 13-25, and anybody under the age of 16 needed to obtain carer consent. In recognition of the dynamics of harm and abuse, it may not have been safe for some carers to know of their child's engagement with this work. Therefore, if safe carer consent could not be obtained, they were automatically excluded from the potential participants pool. This decision was informed by the allocated IDVA and Designated Safeguard Lead for Youth Realities. Only one participant was under the age of 16 and her carer signed a paper consent form printed and given to her by her daughter's allocated IDVA, who already held a positive relationship with the family. Goredema-Braid (2010) speaks about 'ethical absolutes - informed consent, avoidance of harm and guaranteed confidentiality and anonymity' (2010, p.48) when conducting research with young people.

Informed consent is defined by the British Educational Research Association as participants understanding and agreeing to their participation 'without any duress' (2010, p.49). To ensure consent was fully informed, I provided each potential participant with an Information Sheet, Consent Form and offered them access to a copy of the interview questions to enable them to preview what discussion would entail (see Appendix 3, 4 and 5). It was also made clear that should the young person need any support following the interview, a worker known to them will be present in the venue or available via phone call. To maintain confidentiality, the worker would not sit in on the interview. This was followed up by one participant who became teary during her interview, although stated she was happy and able to continue, benefited from having a conversation with her IDVA afterwards.

3.5.2 Experience

All of the young women engaged in the interviews have experienced male violence, in various and/or multiple forms. In deep consideration of this, prior to inviting participants to engage, I had a conversation with the YPVA team to determine a strict criteria of eligibility to

minimise any potential harm. This included not engaging anybody who was currently experiencing abuse or violence, not currently experiencing psychological safety (for example, in an active mental health crisis) or who may have been more likely to experience distress or re-traumatisation because of the interview. These considerations were made with and approved by Youth Realities' Designated Safeguard Lead and Senior IDVA.

Further, I did not want the participants to feel as though they were obliged to open up about any harm or trauma they have experienced. Therefore, I did not ask any questions that would explicitly require them to talk about this and made it clear in my introduction that any disclosures are entirely voluntary. Instead, I focused on their experience of the 1:1 Programme and other similar support they may have had access to. I also explained that should they want to reflect on their experiences, then I am a safe person for them to do this with. I shared my experience as a Youth Worker, my knowledge of the subject area, and that I am able to listen. I also made it clear that should they disclose any details of ongoing harm, I would need to discuss this with their IDVA and/or Youth Realities' DSL, to ensure they are being supported. No disclosures of current or ongoing harm were shared throughout the interviews. All young women did reflect on their experiences of harm, however these were historic and no immediate support was required in relation to them.

3.5.3 Lines of power

An important element of empowering women is through understanding how their knowledge is 'undermined and replaced' within society, and consciously rejecting this landscape by adopting a standpoint theory that enables the identification and challenge of otherwise unquestioned ways of knowing (Campbell, 2003, p.17). This consideration needed to be made in relation to both the young women's interviews and the IDVA surveys.

As the Founder and CEO of Youth Realities, I hold a significant amount of power over the shape, scale and delivery of all work. I am responsible for the budgets, recruitment (including contract termination) and have the final say on who the organisation supports or not. Some of the young women I interviewed know this, and know I am 'the boss' (their words, not mine), which must be considered in relation to them not wanting to 1) speak badly about work they know I had a role in shaping, whether I delivered it or not, and 2) speak badly about their IDVA who they know I hold the power over keeping in employment or not. If the young woman did not know my position in the organisation, I made this clear in my introduction, describing myself as the 'CEO'. I did this for the sake of transparency and to facilitate trust.

To mitigate these risks and try to create a less asymmetrical power structure, I gave them the full choice of where, when and how the interview took place. This power of choice enabled the young women to choose a place that safely permitted them to present as the most appropriate version of themselves. For example, if the interview had taken place at their home and their carer was able to listen in to the conversation, it could have produced a different interview outcome. Elwood and Martin (2000) talk about the importance of ‘placing’ interviews, and that the “microgeographies of interview locations situate a participant with respect to her own multiple identities and roles, affecting information that is communicated, as well as the power dynamics of the interview itself” (2000, p.653).

The lines of power between myself and the YR IDVAs required even greater consideration. I am the person directly responsible for their employment and hold a pivotal role in the development of the 1:1 Programme. To best mitigate any risk of participant bias or inaccurate data input, I made the surveys anonymous. However, as there were only two YR participants, the risk of me identifying who input what data was much higher. For example, being able to allocate the use of certain language in the qualitative questions more specifically to one person than the other. I made the conscious decision to stop myself from interrogating the data on this basis and to analyse it objectively. I am confident that I was not able to identify who input which survey. I also hold positive relationships with both staff members, having worked with them for 2.5 years at the time of the survey, which I hope would facilitate honesty in their feedback. However, I also recognise that the positive relationship I hold with them may also be a limitation as they may not want to risk impacting this by providing negative feedback. Despite this, I still feel confident that they were willing and able to answer the survey questions honestly.

I also had to consider lines of power between the research and the traditional IDVAs, including any risks partaking in the study could have on their employment and/or wellbeing. I do not hold any personal power over the traditional IDVAs. The surveys were anonymous, including all demographic data as outlined above. The survey invitations were distributed to more people than just those who completed it and there was no obligation for people to confirm once they had engaged. This made it impossible to accurately pinpoint any answers to any particular participant. I am therefore confident that there were no repercussions, economically or otherwise, as a consequence of any inequitable lines of power between myself, the research and the traditional IDVA participants.

3.5.4 Data protection

All data was collected and stored on a password protected phone (audio recordings of young women's interviews), password protected laptop and stored securely on an encrypted Google Drive system that only I have access to. Scans were taken of all signed consent forms, stored online and the hard copy given to the participant, should they want to keep it - any hard copies not kept by participants were shredded. Interviews were transcribed manually and audio recordings were deleted from my device once transcriptions and coding were complete. Completed surveys were downloaded and entered into an Excel spreadsheet (see Appendix 6), with the original surveys deleted once this was completed.

3.6 Reflections

Reflecting on my experience conducting the research, I think the chosen methodology enabled me to obtain accurate and protected data to explore my research questions. The main limitation to my methodology was not obtaining more demographic data for both the IDVA survey and interview participants. Although my thinking was to safeguard the confidentiality of participants, I believe I could still have done this whilst still being able to analyse demographic data which would have added value to the research.

Chapter 4: IDVA Survey Data Analysis

'high caseloads, stakeholder tick box targets putting pressure to limit support and close cases, poor staff supervision, workplace bullying and workplace toxic culture mirroring domestic abuse' (traditional IDVA, survey participant 6).

This chapter discusses the themes and findings from the IDVA surveys. The purpose of the survey was to explore whether there are differences between the experiences of staff working within a traditional IDVA model versus Youth Realities' holistic model, and how this contributes or creates barriers to staff satisfaction.

The key responsibilities of an IDVA are to address the safety of victim-survivors at high risk of harm from their intimate partners, ex-partners and family members over a short-medium period of time. This is done through using proactive advocacy, guidance and practical support to produce long-term safety (SafeLives, 2014).

4.1 Overview

The survey was created following themes of interest that I felt would offer a comfortable guide for the participant, whilst enabling a broader understanding of their experiences without being too time consuming. The themes were: workload, staff support, service delivery and emotional wellbeing (see Appendix 2). These themes were chosen after drawing on issues from studies highlighting high IDVA staff turnover, including for reasons of 'burnout' and the 'detrimental impact on staff wellbeing' (Forbes et al., 2023; Davidge and Magnusson, 2019). Throughout this analysis I will be referring to Youth Realities' staff as 'YR IDVAs' and to non-Youth Realities staff as 'traditional IDVAs'.

4.2 Workload

YR IDVAs had lower caseloads of young women compared to the traditional IDVAs. Youth Realities has capped IDVA caseloads at supporting up to ten young women at any one time. This was decided based on the average amount of time spent working with one survivor amounting to around four hours per week, however in situations of crisis this can be much higher. This includes in-person sessions, advocacy within meetings, safeguarding case reviews and other associated admin such as session monitoring and liaising with professionals and parents/carers. This will vary depending on the needs of each young woman at the time. It was therefore decided that it would be practically impossible to safely and effectively support more than 10 young women at any one time within the capacity of a 35 hour working week.

All but one of the traditional IDVAs has worked with more than 10 survivors at any one time: three with caseloads of 11-20 and two with caseloads of 21+. A SafeLives practitioner survey highlighted that some IDVAs are managing caseloads 'of up to 35-50 clients at a time' (SafeLives, 2021, p.25), which is far more than the current case management recommendation of 80-100 per year (2021, p.26). On reflection, it would have been helpful to ask the IDVAs their exact or highest caseload, opposed to the broader '21+' choice, to put into perspective how within or beyond the recommendations they were operating.

The next question addressed the manageability of their work, using a 0-5 scale. Both YR IDVAs scored 4, meaning their workload is more than manageable. All of the traditional IDVAs scored lower, ranging from 0 (n=1), 1 (n=1), 2 (n=1) and 3 (n=3), with the lowest scores being given by those with caseloads of 21+. When asked about their need to work longer hours to fulfil their workload, all traditional IDVAs stated that this is an often (n=2) or constant (n=4) occurrence, which also contrasts with half of them scoring their workload as '3 = manageable'. This inconsistency could be related to a normalisation of working overtime in the charity sector. A recent report found that 85.7% of people worked at least 10 hours of unpaid overtime, and of participants, 82% were women (Charity Comms, 2020). YR IDVAs stated that they 'rarely' and 'sometimes' have to work longer hours, which also highlights some less concerning capacity challenges that exist outside of just caseload management. It could have been helpful for me to add a follow up question exploring why each IDVA has to work longer and what the impact may be on their workload and/or survivors' safety, if they only worked within their contracted hours.

Another identified contrast in the findings is that despite often or constantly having to work longer hours, most of the traditional IDVAs (n=4) outlined that they still believe they have reasonable capacity to deliver a safe and effective support service. Both YR IDVAs also scored the same.

Overall, the survey findings identify that YR IDVAs, possibly due to holding much lower caseloads, find their work more manageable, are less likely to need to work longer hours and more likely to feel confident in their delivery.

4.3 Staff support

I asked two questions related to staff support, one regarding their professional development and the other regarding their feelings of safety and support whilst performing their duties as an IDVA. Both YR IDVAs responded yes to the questions, that they feel supported to develop

their learning and feel safe and supported within their roles. The responses from traditional IDVAs were varied, with only one answering 'no' to both questions, again being one of the participants who reported having a 21+ caseload. Two traditional IDVAs responded 'sometimes' to feeling supported to develop their learning and three answered 'yes'. In answer to the question on safety, three traditional IDVAs said 'sometimes' and two said 'yes'.

Upon reflection, it could have been helpful for me to ask a follow up question, such as 'if not, why not' or asking for a specific example of times they have felt unsafe within their role. This could have strengthened my understanding of the contexts they were working within.

4.4 Service delivery

These questions were focused on the practicalities of the different, respective services each IDVA works within, and how their work may have been perceived by the survivors they worked with.

When asked if their service model enabled the establishment of safe and trusted relationships with survivors, all YR (n=2) and most traditional IDVAs (n=5) responded 'yes'. One traditional IDVA said no. The traditional IDVA who felt unable to build trusted relationships within her practice is also one of the participants who said they have held a caseload of 21+. These were the same responses when participants were asked if they felt able to listen to and respond to the needs of the survivors.

When asked if the service they work for offers a 'holistic' and 'needs-based' approach, both YR IDVAs said 'yes'. Most traditional IDVAs (n=4) answered 'yes', one said 'sometimes' and one said 'no'. When asked 'if not, why not', the traditional IDVA who answered 'no' stated that this is due to *'high caseloads, stakeholder tick box targets putting pressure to limit support and close cases, poor staff supervision, workplace bullying and workplace toxic culture mirroring domestic abuse'* (Survey participant 6). The participant who said 'sometimes' said that this was due to *'sometimes the offer/support is limited. It isn't totally holistic ever because of lots of limitations in resources'* (Survey participant 7). Upon reflection, I could have further expanded this question by also asking 'if so, why', in order to obtain a better understanding of what 'holistic' and 'needs-based' meant to each IDVA, as well as any examples of how their service models this.

I next asked if participants felt restricted from doing more for the women and girls they supported. Both YR IDVAs said 'no' but most traditional IDVAs said yes (n=4), with one person saying 'sometimes' and another saying 'no'. Contrastingly, the traditional IDVA who

answered 'no' is also the same participant who stated their work offer is limited due to lack of resources.

Overall, the key differences identified here are that YR IDVAs always feel able to support the young women and girls within their practice, including the establishment of trusted relationships whilst listening and responding to their needs in a holistic and unrestricted way. In contrast, the mixed responses from the traditional IDVAs shows that depending on caseload, resource and service targets, this can impact their ability to offer safe, trusted and accessible services to survivors.

4.1.5 Emotional support

The emotional support section was quite an interesting split of answers amongst the traditional IDVAs, with one question also being the only one where YR IDVAs responded differently to each other.

An immediate limitation here is that I do not have demographic data to enable analysis based on intersectional positionalities such as age, heritage, class and other protected characteristics. It also would have benefited the research to know how experienced respondents were in the sector and other generational, cultural and social factors. Knowing the participants' related characteristics could have enabled a deeper exploration of the similarities and differences between the participants, especially in relation to individual wellbeing and how their intersecting identities may contribute to increased or reduced stress resilience, wider treatment in the workplace and community. For example, when asked to summarise their emotional health as an IDVA, half (n=3) the traditional IDVAs said 'healthy - the role, though challenging, makes me feel empowered/ inspired to come to work' and the other half said 'poor - the role makes me feel anxious, burnt out, overwhelmed'. Here is where the YR IDVAs answered differently, with one saying 'healthy' and the other saying 'relative - the role is manageable'.

There was also an even split between the traditional IDVAs when asked if they felt emotionally supported by their service: yes (n=2), no (n=2) and sometimes (n=2). Here, both YR IDVAs said yes. Both YR IDVAs also answered that they do not believe their roles have a negative impact on their lives. The traditional IDVAs provided a range of answers to whether their role negatively impacts their life: yes (n=2), no (n=3) and sometimes (n=1). In answer to the follow up question 'if yes, please state how', one of the traditional IDVAs said *'too burnt out at the weekend and after work to do anything and my overall quality of life declined'* (Survey participant 5) and the other said *'burn out and feeling of people being untrustworthy'*

(Survey participant 8). The traditional IDVAs who felt their role impacts their lives negatively, are also the same participants who stated they do not feel emotionally supported by their employers. This highlights the importance of supporting staff working in high stress environments in order to reduce the risk of burnout, physical or mental illness (Gabriel and Aguinis, 2022).

Finally, I asked participants a qualitative question on how their wellbeing could be better supported by their service. One YR IDVA did not answer this question, and the other said *'Wellbeing days solely around how the work affects you and discovering various ways of dealing with vicarious trauma'* (Survey participant 2). This answer reflects themes shown amongst the other participants feedback, which in summary were: more management supervision (n=1), access to clinical supervision and/or therapy (n=3), staff wellbeing activities (n=3), work to address vicarious trauma (n=3), a pay rise (n=1) and more achievable provision targets (n=1).

Overall, the data has highlighted how, absent adequate and accessible support, the emotional and psychological wellbeing of IDVAs is being negatively impacted by their roles, primarily due to overwhelming caseloads. For example, despite one of the YR IDVAs scoring her emotional health as an IDVA as 'relative', she also feels supported by Youth Realities and therefore outlined that the role is not having an negative impact on her life.

4.1.6 Reflections

Aside from the limitations identified in the survey design, the findings are a valuable representation of the shared experiences of IDVAs working within the VAWG sector. Traditional IDVAs are feeling overwhelmed, unsupported and working within unmanageable and potentially unsafe environments. This includes comparing a toxic workplace culture to "mirroring domestic abuse" (Survey participant 6). This culture has also been reported within leading VAWG charities like Refuge, where staff felt "bullied" and "overworked" (Preston, 2023). When comparing this to the feedback of YR IDVAs, it highlights the benefit of Youth Realities' low caseloads, long term and holistic model on the satisfaction of staff, as well as showing there is always room for improvement. For example, providing IDVA staff with a specific and ongoing focus on addressing and reducing the risks of vicarious trauma through wellbeing activities.

Chapter 5: *‘she took her time with me where a lot of people have given up on me’*: Exploring young women’s perspectives

The data explores the experiences of different young women who have engaged in Youth Realities’ 1:1 Support programme. I completed 6 interviews and all demographic data is available in section 3.4.1.

5.1 Overview

I chose to adopt an interview format to offer the young women an opportunity to storytell in their own words, producing more depth of understanding than a survey would provide (Dixon, 2015). To ensure I created a safe space for participants, I followed Kvale’s criteria for a successful interview, ensuring the delivery of questioning was accessible, sensitive and clear throughout (Kvale, 1996).

The interview guide was created following themes that I felt would enable the young women to feel safe and able to open up without feeling any pressure to speak on their experiences of trauma if they did not want to (see Appendix 5). Campbell and Wasco emphasise that feminist research ‘accepts women’s stories as legitimate sources of knowledge, and embodies an ethic of caring through the process of sharing those stories’ (2001, p. 778). For example, I did not directly ask the young women about violence or abuse they have experienced, instead asking what they ‘struggled with prior to accessing support’. This enabled them to disclose only as far as they felt comfortable or necessary to. In answer to this question, half (n=3) of the participants spoke directly about their experiences of abuse, and the other half responded more broadly about challenges they face with their mental health or wellbeing.

During my initial thematic analysis I manually coded the transcripts into 15 themes, taking key quotes from the material that helped me develop a deeper understanding of their experiences. I then further categorised the data into the following eight higher order concepts which form the structure for this chapter.

5.2 Experiences with other services

The young women were asked about their engagement with other support services related to the abuse and violence they have experienced. Two had direct experiences with other IDVA services, including one within a refuge, two had engaged with the police and five had

engaged with mental health support. The sixth young woman was awaiting mental health support but had been on the waiting list “for a year now” (interview participant 1).

All the young women spoke negatively about their experiences with other services, ranging from long waiting lists to the services feeling ‘too professional’. One young woman shared that her experience with her mental health worker felt “very public... it didn’t feel like a safe space” (interview participant 4). Another shared that her experience with IDVA support was “really bad - she wouldn’t reply and it felt like I was constantly chasing her up” (interview participant 5). She directly related this experience to her later choosing not to move forward with a police report against her abusive partner, finding it all “really stressful”. Another shared that her experience staying in a refuge was “traumatic” as she spoke of not being taken seriously. She reflected on being placed on the 4th floor in a house without a lift just months after giving birth via a caesarean: *“I felt like they didn’t understand how hard it was for me. I was scared of falling down the stairs. I was crying to them and they said there’s nothing they can do, but when my social worker called they said I could move downstairs”* (interview participant 6). Arguably, this experience could have been a consequence of the racist ‘strong black woman’ stereotype - minimising her clear experiences of pain and invalidating her requests for help on the basis that she is better able to care for herself (Abrams et al., 2020).

Three of the young women also spoke to the ‘strictness’ of services, especially in relation to the involvement of other agencies, such as the police. One shared that she felt “obligated to [engage] in a certain way” (interview participant 3) and another said she felt “pushed to get the police involved” (interview participant 6). All felt that if they didn’t engage in the way the service wanted them to, and not necessarily the way they felt they needed to, they wouldn’t receive any support.

5.3 Coming into Youth Realities

I thought people would think ‘that person is problematic’... so I was nervous at first, but then I felt at home (Young woman, interview 3).

The young women joined the 1:1 Support Programme through different avenues, including self and professional referrals, and having already engaged with the charity in other capacities. The young women all shared similar reservations about joining the programme.

One reservation was the stigma associated with being a ‘victim of abuse’, which can commonly lead to non-disclosure and avoidance of help (Schomerus et al., 2021). Some of

the young women shared that they first felt “awkward” and “nervous”, that other people would think they are “problematic” or “vulnerable” because they needed support. One shared that she thought by engaging with Youth Realities, people would assume she is overreacting about her experiences of harm and “making things a bigger deal” (interview participant 4). Reinforced feeling of self-blame are a ‘route to silence’ for victim-survivors of violence; negative reactions from professionals cause doubt about the effectiveness of future disclosures and negative reactions from friends and family can cause uncertainty about how ‘qualifying’ their experiences of violence actually are (Ahrens, 2006).

Another reservation was their fear of being ‘let down’ as they had been by other services. One young woman shared that she was “scared and had really low expectations” (interview participant 2), thinking there was a high chance that the support wasn’t even going to start because she has been “let down so many times in the past” (interview participant 2). Two others shared that they were worried the support would be too similar to counselling and therefore it wouldn’t be of any benefit to them. Another shared that at the point of entry into the programme, she was facing desperation and “didn’t know what to do, where to go or who to talk to” (interview participant 6); approaching Youth Realities was really her last effort to engage with professionals after her “traumatic” experience with previous domestic abuse services.

5.4 The meaning of support for young women

I just feel like she's always available...our sessions had finished and I reached out and said I needed someone to speak to and she fit me in the same afternoon. We had a whole session and she made time for it. (Young woman, interview 5).

All the young women shared similar descriptions of what support looks and feels like to them. The key theme that arose was togetherness, community and “not feeling alone”. These feelings of community existed both between the young women and their 1:1 worker, and the wider organisation. One young woman shared that “*even when I needed support with other things, the other staff showed up for me and I felt completely safe*” (interview participant 3). It was also outlined that they benefited from the feelings of community established between the other young women too, with one person highlighting that they enjoyed “*getting together with other young people...some people don't have family and I feel this is a good place for them to be themselves*” (interview participant 6).

Another sub-theme was the need to feel comfortable and be their authentic selves. They just wanted to feel safe and “normal” - to not be “treated like a victim” (interview participant 5). This was also expressed in the form of physical contact and how much it meant to some of the young women that they were able to hug their worker. One young woman shared that she cried when her worker hugged her because during that time she “didn’t have anybody to hug” and everything “suddenly felt brighter and less intense” (interview participant 4). Research has shown that supportive touch can be highly therapeutic for both children and adults. For people with complex needs, positive touch is “imperative for communication, attachment, support, self-worth and identity” (Green, 2016, p.782). All young women were also able to understand that “the boundaries are there” (interview participant 5) and that Youth Realities “has its systems in place” to safeguard them, but that this co-existed with feelings of “comfort”, “safety” and subsequently made the young women “feel at home” (interview participant 3).

There was also consensus that the support worked well because it was so accessible, made available at a time, location and frequency that suited each young woman. For example, one participant was facing insecure housing and often being moved around different boroughs. Youth Realities was able to support her with transport to and from sessions, or her worker would meet her at her home address “no matter how far”. She could also engage on the phone and “not feel pressure to have to show up” if this was too difficult for her (interview participant 6). Another young woman said that she and her worker had agreed to have bi-weekly sessions, which meant there was “no pressure every week to turn up” (interview participant 5). Placing power over the delivery of sessions with young people increases their autonomy, and is both a positive developmental task and ‘key aspect of resilience’ (Ishikawa et al., 2023). It is also important that Youth Realities maintains boundaries and sets reasonable expectations for how young women and girls will engage, within their capacities. For example, Youth Realities operates a 6 week engagement period once a young woman is referred or self refers into the service. Over those 6 weeks all efforts will be made to engage them in the support, through various avenues, however this is not always possible. This also applies if a young woman disengages for any reason throughout the programme. All efforts are made to help her re-engage; again, this is not always possible. After the 6 week engagement period has ended, the young woman will be informed that her place on the programme has ended. Should she wish to re-engage with the support, she can reach out and request this but that it depends on available capacity at the time. These boundaries are important to ensure that if a young woman’s circumstances change, which may impact her ability to engage, or she no longer wants the support, there is an adequate amount of time

put in place to map out an appropriate plan. This also ensures that there is enough capacity to engage other young women in the support too.

5.5 ‘The relationship’

There was a big understanding between us...our connection, I feel like it was much bigger than the support itself (Young women, interview 2).

The relationship between the young women and their IDVA was a primary theme throughout the interviews, with all young women reflecting on the importance of judgement-free, open and honest communication; being able to “tell her anything” and not worry about being misunderstood. Two young women referred to the relationship they held with their worker as “like a friend” and another said that her worker reminded her of her cousin, who is a close and important person in her life. Relatability is important for building safe and trusted relationships with young people; mentoring is more effective when workers and young people are matched based on similarities of interest and occupational or educational background (DuBois et al., 2011). One of the young women said that the relationship she established with her worker gave her the space to “take the mask off... to be myself *and* find myself” (interview participant 4).

Young women also reflected on the unrestricted nature of their relationship. Even though their formal sessions may have come to a close, they felt as though it never really ended as the relationship still exists and therefore they know that they are always welcome; reinforcing that their worker is ‘in it for the long haul’ (Lewing et al., 2018, p.27).

5.6 What is ‘a safe space’?

The term ‘safe spaces’ is commonly used in relation to the creation of harm-free environments for women and girls, defined as ‘formal or informal spaces where women feel physically and emotionally safe, absent of trauma, violence (including the fear of) and abuse’ (Hendessi and Higelin, 2020, p.3). The young women’s feedback speaks to how safe spaces exist beyond physical boundaries and are also a continuum of the relationships, feelings and accessibilities provided to them by their workers. None of the young women specifically spoke about the physical safety or accessibility of the space, except one who shared that she felt “like it was my room, I feel like I had total control” (interview participant 4). This implies to me that either physical safety was always implied and therefore not necessary to reflect on, or that within the context of the work, safety starts with the relationship and builds on from there. One young woman shared that she just “wanted somewhere safe; to just talk

to someone who can guide me, or even just listen to me and not push me to do something I wasn't ready for" (interview participant 6). Building on the importance of 'the relationship', safety is further found and built from judgement-free spaces, providing the young women with greater 'space for action' (Kelly, 2003), autonomy to make their own decisions and hold power over the support they are choosing to access. One young woman said that upon reengaging with her abusive partner she was able to continue accessing support with her worker until she was ready to exit the relationship. She felt there was "no judgement, just understanding" (interview participant 6). She further spoke about how this emphasis on her safety was extended to their virtual interactions. Her worker updated her Whatsapp display picture and name to disguise herself as a friend or informal contact of the young woman, as her partner often looked through her phone. This anonymity was maintained throughout her continued engagement and the young woman was able to reflect on this as a pivotal part of her trusting in and feeling safely supported by her worker.

5.7 Young women's understanding of 'holistic'

You literally was there for me from the jump...when I went to the doctors...you was there, when I was homeless you was there, when I didn't have a passport...and had to get citizenship...you were there. Even after being housed you was still there...through the pandemic...dropping me off shopping... allocating me to therapy...throughout the whole process, and you are still here. (Young woman, interview 3).

Only one of the young women actually used the word 'holistic' throughout the interviews, however all spoke about how they benefited from the flexibility, openness and unrestricted nature of the programme - in a way that was "*tailored for me*" and takes into account 'the whole person' (Kelly and Dhaliwal, 2019). The young women shared that they appreciated the informality and diversity of the sessions so that they weren't "the same every week" but what they were comfortable with. The participants reflected on the sessions offering everything from creative activities and the space to talk, to practical support like attending hospital appointments, house viewings and providing food bank deliveries throughout the pandemic. The service could be accessed over the phone, in person, weekly, fortnightly and enabling bringing young children to the sessions; "you catered to what we need so it feels unlimited because you go above and beyond for us" (interview participant 3).

Two of the young women spoke about the wrap-around community support provided outside of the 1:1 programme. They felt actively encouraged by their workers to engage in other

activities to increase their confidence and socialise; especially as “there are not many places young women can go to to feel safe and get together with other young people” (interview participant 6).

5.8 What is ‘the end’?

I asked each young woman why the 1:1 sessions had ended. Half of the young women said the sessions “hadn’t finished”, as they were still engaging just on a less frequent basis. Due to my role within Youth Realities, I am aware that each young woman I interviewed is no longer formally engaged in any 1:1 sessions. However, as they can still reach out if they need support again, I can understand why they wouldn’t consider the sessions as ‘finished’. For example, one young woman said “the sessions didn’t really finish, I’m still participating in activities but we don’t require 1:1 sessions” (interview participant 4).

Two of the three who recognised the sessions had finished said this happened only because they were ready for it to, not mentioning the formal time limit placed on the support (18 months). One said “I got to the final stages of where I needed to be in order to continue as my individual, independent self” (interview participant 3), and the other said “if I didn’t feel great the sessions wouldn’t have ended because she always checks up on my wellbeing” (interview participant 6). The final young woman said the sessions ended because she “had [completed] the full 18 months” (interview participant 2), not speaking to her readiness for case closure, which could imply had there been more time available she would have wanted or needed it to continue.

I also asked each young woman what was missing from the support, of which four said they would benefit from mental health support and/or increasing their confidence, and two said nothing. Needing access to adequate mental health support was a key theme in my findings, with those who had previously engaged in mental health services reflecting on them being negative experiences. One shared that when engaged in therapy in the past, she found it “too strict, programmed and systematic” (interview participant 3). Another young woman said that her experience with counselling was “quite patronising and like talking to a brick wall” (interview participant 5) with responses being generic and not tailored to her individual needs. Mental health challenges are interlinked with experiences of abuse and violence, with symptoms increasing parallel to the severity of abuse, primarily anxiety, depression and PTSD (Ferrari et al., 2016). To respond to the needs of young women, mental health interventions require holistic and trauma-informed responses in order to create the greatest impact (Paphitis et al., 2022). It was also highlighted that mental health interventions work better for survivors of abuse when provided over longer frequencies, enabling enough time

to address the multiple and complex needs present in their lives (op cit, 2022). Youth Realities can learn from this gap and explore a psychosocial model of delivery, by bringing mental health services into the community and delivered within the context of their holistic, long-term model.

5.9 Reflections

The interviews were supportive of developing an understanding of how the young women have experienced Youth Realities 1:1 Support, as well as identifying key gaps in the service, such as the need for holistic, long-term mental health support.

However, I am also aware that those willing to engage in interviews are more likely to have had a positive experience, and that this is therefore not entirely reflective of every young woman's view of the support. It would have been interesting to have gathered feedback from young women who were invited to engage and declined, though I am unaware of whether this happened at all. I could have also asked the IDVAs why they invited particular young women to engage over others - aside from the agreed safeguarding requirements previously discussed.

I also found it helpful to reflect and analyse my own use of language and tone when listening back to the interview audios, identifying points when I experienced my own nervousness during the interviews. When completing interviews in the future, I will alter my approach to enable a more natural conversation, as my interview style was more rigid than it could and should have been. For example, moving on to questions quicker than I needed to, to ensure I followed the planned interview format. By providing more time for participants to reflect on questions without rushing could create a safer and more accessible space for participants, however I do not think it was detrimental to the study findings.

Chapter 6: Conclusions

This closing chapter returns to my research questions, providing a summary of the findings and what recommendations I believe are crucial for establishing a model of best practice when operating an IDVA service for young women and girls. These recommendations will offer improvements to both the experience of young women and girls and the satisfaction of their workers.

My research question is to explore the difference Youth Realities' holistic approach to 1:1 YPVA support makes to the lives of young people, and the satisfaction of their workers. Sub questions of this research are outlined below, forming the structure for this chapter.

6.1 What is the effectiveness of Youth Realities' holistic YPVA model on the needs of young women and girls?

Operating a holistic model is the most effective way of supporting young women and girls impacted by abuse and violence. It enables freedom, flexibility and autonomy, all of which are crucial aspects of support for survivors of abuse who have been subjected to isolation and control. My study has shown that providing a holistic IDVA approach when supporting young women and girls has been fundamental to their long-term engagement and development. Through flexible and accessible provision and building trusted relationships that enable safer participation, we increase the chances of outcome fulfilment for each young survivor.

As outlined in the literature review (see Chapter 2), being holistic is about applying a multi-dimensional lens on the work, enabling young women and girls to show up as their whole selves. This was reflected throughout my interview findings as the young women spoke of needing to be heard, understood and given space to be themselves; free from pressure placed on them to engage in a particular, and often inaccessible, way. This approach has proven to be effective as the young women spoke highly of the support enabling them to grow as individuals, build their skills, confidence and ultimately, find safety away from their abusers. The findings also showed that despite the young women and girls engaging in different ways, lengths of time and with different workers, they all shared similar feelings about the programme and its person-centred approach.

However, to provide a multi-dimensional approach, requires a multidisciplinary range of skills, resources and capacities. As highlighted in the findings, there are still gaps in support

the young women were able to access, almost exclusively for their mental health. This was identified as an ongoing need for most of the young women post-support with Youth Realities and there are some reflections here on how much more could have been done. For example, to further help the young women to access mental health support, or for Youth Realities to expand their service to include this as an in-house offer by adopting a one stop shop, psychosocial approach. This approach would require a substantial increase in resource and capacity.

6.2 What are the support needs of young women and girls impacted by teenage relationship abuse, and any areas of improvement?

This research also contributed to an increased understanding of what young women and girls impacted by abuse and violence need in order to thrive, and whether Youth Realities' model fulfils this. The young women spoke of needing support that is tailored to their requirements based on the contexts and nuances of harm they were subjected to. They need the space and time to develop and maintain authentic relationships with staff who accommodate them as individuals. They appreciate staff having a specialist perspective of their experiences while creating an environment that has aspects of friendship but upholds boundaries and professionalism. The wrap-around support Youth Realities provides was highlighted as helpful for building these relationships, throughout and beyond the 1:1 support offered. For example, by engaging simultaneously with different support provisions on offer e.g group activities and workshops, or having engaged in other support prior to the 1:1 programme. By having access to this, the young women and girls were able to establish trust for the organisation as a whole, including those that represent and engage with it. This strengthened opportunities for care and benefit beyond just the 1:1 programme.

There's a lot of work to be done to address the barriers that prevent young women and girls from engaging with support services. The reservations prior to engagement shown in the research speak to two important improvement areas: social stigma and negative experiences with other services. Socially, there is a need to deconstruct negative associations with help seeking and help taking. Most of the young women spoke of feelings of awkwardness and fear of cynical social opinions prior to engaging in support, including that they do not need any help at all. This social normalisation of harm and rejection of help is a cause and consequence of the epidemic that is violence against women and girls in all forms. The young women having negative experiences with previous service providers also shapes how they foresee other services to be able to help them or not.

6.3 How is IDVA staff satisfaction impacted when working within or outside of a

holistic model?

Youth Realities' IDVA staff presented a positive experience of their roles, ability to form relationships, act within safe boundaries and maintain healthy personal wellbeing.

However, the research brought attention to some significant concerns regarding the safety, wellbeing and ability to operate a well-rounded service for staff working within a traditional IDVA model. This requires urgent attention and will be explored further in my recommendations below.

The key difference between the experiences of traditional and Youth Realities' IDVA staff is caseload capacity. Youth Realities maintaining manageable caseloads enables space for a higher quality of work with each individual survivor, lower rates of stress and a decrease in the likelihood that staff will experience burnout. Staff aren't having to consistently work longer than their contracted hours, and subsequently have a better work-life balance. Ultimately, IDVA staff don't need more capacity to accommodate their workload, they need a more accommodating workload around their reasonable and contractual capacity.

The research findings reflect literature that has highlighted how IDVA staff are exposed to and experiencing vicarious trauma and burnout. However, the literature is often shaped from the perspective of management and not from IDVA staff directly. Subsequently, there is an absence of sector-wide literature that seeks to understand and document the experiences of IDVA staff, and is able to provide an evidence-base for improvements in practice.

6.4 Limitations to the study

Throughout my study I have highlighted some key limitations that would have improved the knowledge base and outcomes of my research. The two key limitations are the absence of obtaining key demographic data from IDVA survey participants and my proximity and power within the organisation. This includes my relationship with the YR IDVAs and how these lines of power may have implicated the honesty of their feedback, as well as that of the interview participants.

As outlined throughout the study, these limitations have resulted in gaps in my knowledge base and potential participant bias. However, I do not believe these limitations are significant enough to negatively impact the findings and recommendations made below.

6.5 Recommendations

1. Better mental health support for young survivors of abuse and violence

Young survivors need access to adequate mental health services to enable them to heal and thrive post-abuse. Mental health professionals need access to training in order to provide support that is rooted in a specialist understanding of young people's experiences of IPA. This support needs to be long term. To support this, I recommend a psychosocial model that provides mental health specialisms from within a holistic community service, such as Youth Realities.

2. The space to form long term trusted relationships

Staff supporting young women and girls need to be accommodated by their organisations to provide purposeful, trusted and unrestricted care. This care should be long term and centred around the establishment of trusted relationships between survivors and their workers. To do this, requires adequate investment of resources to ensure services aren't bound by short-term targets, and are able to prioritise quality over quantity of care.

3. Urgent attention to IDVA staff caseloads, internal and external staff support

Reduce IDVA staff caseload capacity to within reasonable and safe boundaries, and keep it this way. Prioritise staff wellbeing over the delivery of targets and outputs. If your service is at capacity, close your referrals. While I acknowledge that there may be women and girls who are subsequently unsupported as a result of referral closures, I thoroughly believe that if a service cannot operate safely, then they should not be operating at all.

To support this, there needs to be greater investment in women's services, but fundamentally in services for young women and girls.

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Appendices

Appendix 1: IDVA email invitation to engage in research survey

Dear [Insert name]

Thank you for agreeing to explore/ complete this, I appreciate it! 😊.

I would like to invite you to participate in a research study I am conducting for my dissertation to complete the MA Women and Child Abuse at London Metropolitan University.

My research project is titled: **What difference does Youth Realities' holistic approach to 1:1 Young Persons Violence Advocacy (YPVA) support make to the lives of young women and girls, and the satisfaction of their workers?**

You have been invited as you are a current or previous IDVA/YPVA, employed by Youth Realities or another VAWG sector organisation.

I am asking you to complete an online survey which should take around 15 minutes, about your experiences as an IDVA/YPVA. I will be exploring your workload, service delivery, the known women and girl's experiences of the work and your emotional wellbeing.

There is no obligation to participate, it is completely voluntary. You will not be disadvantaged if you choose not to participate. You will not be asked for any identifiable information in the survey. A summary of the research can be shared upon completion, just let me know.

You can access the link to the questionnaire [here](#). **The link will only remain live until April 14th 2023.** I would really appreciate it if you could find time in the next few days to complete it. I suggest you find a place and time where you have some privacy.

Please read the first page of the survey carefully as by continuing, you are providing your consent. If you have any queries or concerns regarding this study, please let me know.

Best wishes,
Talia Kensit

Appendix 2: IDVA survey questions

1. What is the highest caseload of women/ girls you have supported at any one time?
2. Please summarise your experience as an IDVA/YPVA in relation to how manageable your workload was:
0 = unsafely unmanageable
3 = manageable
5 = extremely manageable
3. Do/ did you ever need to work longer than scheduled to complete important tasks?
0 = I never have to work longer than planned
5 = this is a constant occurrence
4. For the most part, do/ did you feel as though you have reasonable capacity to deliver a safe and effective support service?
5. Do/ did you feel supported and enabled to develop your skills and learning?
6. Do/ did you feel safe and supported when delivering work as an IDVA/YPVA?
7. Does/ did your service delivery model enable you to build safe and trusted relationships with each of the women or girls you support? *
**This does not mean you are always successful, just that you are enabled to try.*
8. Do you feel able to listen to the needs of women and girls and respond effectively?
9. Do you believe the service is able to provide a 'needs-based' and 'holistic' approach to women and girls?
 - a. If no, please tell me why you think you are are not able to do this
10. Do/ did you ever feel like the service restricted you from doing more with the women and girls you supported?
11. For the most part, how would you summarise your emotional health as an IDVA/YPVA?
12. Do you feel emotionally and psychologically supported by the organisation you work for?
13. For the most part, does your work as an IDVA/YPVA have a negative impact on your personal life?
 - a. If yes please tell me how
14. How could your wellbeing be better supported as an IDVA/YVPVA?

Appendix 3: Information sheet for young people to engage in interviews

Research into Youth Realities 1:1 Support Information sheet

Hi!

I am Talia, the CEO of Youth Realities and also a student at London Metropolitan University. I am studying a Masters in Women and Child Abuse and I need to do a dissertation - a research project - as the final part of my degree.

As somebody who has recently, or are currently, engaged with Youth Realities, I am inviting you to participate and discuss how you have found it, whether and how it has helped you. It is your choice to take part, only participate if you want to, and feel safe and comfortable to do so. This information is to help you make that decision.

You can ask me any questions directly on Whatsapp/ text/ call: 07551 022 824 or email thk0276@my.londonmet.ac.uk.

What is the aim of the research?

I want to help myself and others understand if and why it is important to create services that are 'holistic', which means they respond to all the needs of each young person.

What will be the outcome of this research?

I hope this research will show that our model is useful and I can find out how Youth Realities can improve, to better respond to those needs.

What does my participation involve?

I will invite you to spend 30-45 minutes talking with me at a space and time you are comfortable with. To take part you need to sign the consent form attached, you can send this back or do it when we meet. If you are under 16 I will need to seek consent from a parent or carer, but will always talk to you first before contacting them. We can have the conversation online, but I would prefer to do it face to face, that way I can make sure you have support should you feel upset or uncomfortable.

Are there any risks?

I am a trained Youth Worker and have been supporting young people for over 5 years, so I hope to provide a space that is safe and comfortable. I will not ask any intrusive questions, I am interested in your thoughts and feelings about the support you have had. If at any point

you feel uncomfortable or distressed, we can take a break or stop and a known and trusted staff member will be on site ready to support you. You can stop at any point without needing to provide an explanation as to why.

Do I have to answer every question?

No, only answer the questions that you want to.

Will my answers be confidential?

Yes. I will not be sharing any identifiable information (such as your name or physical attributes) with any other third parties, including staff at Youth Realities, unless I believe you have disclosed information that would suggest you or another person is at risk of serious

harm. I will talk with you about this and then have to share this information with Youth Realities' Safeguard Lead, Bárbara Martinez.

Will my interview be recorded, and if so, who will hear it?

I would like to voice record the interview, so that I can type it up later and have your own words. I will not share this with any other person and it will be deleted once the recording has been transcribed. You can refuse to consent to a voice recording of your interview if you prefer, in which case I will take typed notes.

How will information be stored?

All notes taken will be kept electronically on a password protected account, within a password protected computer. Any voice recordings will be kept temporarily on a password protected phone until transcription is completed, and then immediately deleted. All data will be deleted within 6 months of the completion of the research.

Can I withdraw from the research if I change my mind?

You can withdraw your engagement at any time up until 7 days after your interview, after that I will type it up and it becomes part of the data for my project. Before then, your participation is completely voluntary and you can withdraw at any time.

Will I be able to ask questions?

Yes. I am more than happy to answer any questions you may have. Please feel free to contact me.

You can ask me any questions directly on Whatsapp/ text/ call: 07551 022 824 or email thk0276@my.londonmet.ac.uk

Appendix 4: Young people's Consent Form for interviews

Youth Realities 1:1 Support Research Project Consent form

London Metropolitan University requires that everyone who takes part in social research gives their consent to do so. Please read the list, tick the box if you agree and sign the form if you agree to take part.

- ☐ I freely and voluntarily consent to take part in this research.
- ☐ I consent to a face-to-face interview and I understand that I can refuse to answer particular questions.
- ☐ I agree to the interview being voice recorded. I understand that a transcript will be made available for me to read should I request this.
- ☐ I understand that my responses will be kept strictly confidential, my name will not be linked with the research materials, and I will not be identified or identifiable in any report.
- ☐ I understand I may stop the interview at any time without negative consequences.
- ☐ I have been given the opportunity to ask questions and my questions have been answered to my satisfaction.
- ☐ I have been informed that if I have any general questions about this project, I should feel free to contact Talia Kensit on 07551 022824 or thk0276@my.londonmet.ac.uk

I have read and understand the above and consent to take part in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Participant's Signature _____

Date _____

I have explained and defined in detail the research procedure in which the respondent has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

Researcher Signature _____

Date _____

Appendix 5: Young people's Interview Questions

1:1 Support Interview guide for Young People

Current age:

Age at time of engagement:

Period of time engaged for:

Reason for support ending:

Before the 1:1 Support

1. What were you struggling with before coming here?
2. Did you have someone you could trust to talk with?

Entry onto the 1:1 Support

1. How did you hear about Youth Realities of the 1:1 Support?
2. What do you think others thought of you when you first joined Youth Realities?
3. How did joining make you feel?
4. What did you expect it to be like?

Engagement within the 1:1 Support

1. Was it the same or different to what you expected?
2. What kept you interested/attending?
3. What did you enjoy?
4. What was difficult?
5. Has your sense of self changed?
6. Have your relationships with others changed?
7. What do you still want to change?

Feelings - scale

1. How did engaging with Youth Realities' 1:1 Support make you feel?
(0 being unsafe, 5 being safe & 0 being unhappy, 5 being happy)
 - a. Can you describe what made you feel that way?

Your support worker

1. How did your YPVA make you feel?
(Scale as above)
 - a. Can you describe what made you feel that way?
2. What's the most important thing that your YPVA said to you?

- a. Why did this matter to you?
3. What is the most important thing that your YPVA did for/with you?
 - a. Why did this matter to you?

Other support

1. Have you been offered other support?
 - a. If yes, how is Youth Realities similar or different to that?

Any other thoughts or reflections to share

1. Summarise Youth Realities' 1:1 Support in one word, action or sentence.

After the 1:1 Support - for those who have completed it:

1. Since completing the programme, how have you felt within yourself?
2. What have you been able to change in a good way in your life?
3. Are there any other things you still need support with?
4. What is the most important thing you learnt through Youth Realities?
5. Would you recommend Youth Realities to other young women?
 - a. If so/not why?

Appendix 6: IDVA survey data comparison sheet

Theme		Question	Multiple choice	YR staff	% of staff	% of total	Traditional IDVA staff	% of staff	% of total	Overall total	Overall total %
	1	What is the highest case load of women/ girls you have supported at any one time?	0-5								
Workload			6-10	2	100.00%	25.00%	1	12.50%	12.50%	3	37.50%
			11-20				3	50.00%	37.50%	3	37.50%
			21+				2	33.33%	25.00%	2	25.00%
Workload	2	Please summarise your experience as an IDVA/YPVA in relation to how manageable your workload was:	0				1	16.67%	12.50%	1	12.50%
			1				1	16.67%	12.50%	1	12.50%
			2				1	16.67%	12.50%	1	12.50%
			3				3	50.00%	37.50%	3	37.50%
		0 = unsafely unmanageable	4	2	100.00%	25.00%				2	25.00%
		3 = manageable	5								
		5 = extremely manageable									
Workload	3	Do/ did you ever need to work longer than scheduled to complete important tasks?	0								
			1								
			2	1	50.00%	12.50%				1	12.50%
			3	1	50.00%	12.50%				1	12.50%
		0 = I never have to work longer than planned	4				2	33.33%	25.00%	2	25.00%
		5 = this is a constant occurrence	5				4	66.67%	50.00%	4	50.00%
Workload	4	For the most part, do/ did you feel as though you have reasonable capacity to deliver a safe and effective support service?	Yes	2	100.00%	25.00%	4	66.67%	50.00%	6	75.00%
			No				2	33.33%	25.00%	2	25.00%
			Sometimes								
Employee support	5	Do/ did you feel supported and enabled to develop your skills and learning?	Yes	2	100.00%	25.00%	3	50.00%	37.50%	5	62.50%
			No				1	16.67%	12.50%	1	12.50%

			Sometimes				2	33.33%	25.00%	2	25.00%
Employee support	6	Do/ did you feel safe and supported when delivering work as an IDVA/YPVA?	Yes	2	100.00%	25.00%	2	33.33%	25.00%	4	50.00%
			No				1	16.67%	12.50%	1	12.50%
			Sometimes				3	50.00%	37.50%	3	37.50%
Service delivery	7	Does/ did your service delivery model enable you to build safe and trusted relationships with each of the women or girls you support? *	Yes	2	100.00%	25.00%	5	83.33%	62.50%	7	87.50%
			No				1	16.67%	12.50%	1	12.50%
		*This does not mean you are always successful, just that you are enabled to try.	Sometimes								
Service delivery	8	Do you feel able to listen to the needs of women and girls and respond effectively?	Yes	2	100.00%	25.00%	5	83.33%	62.50%	7	87.50%
			No								
			Sometimes				1	16.67%	12.50%	1	12.50%
Service delivery	9	Do you believe the service is able to provide a 'needs-based' and 'holistic' approach to women and girls?	Yes	2	100.00%	25.00%	4	66.67%	50.00%	6	75.00%
			No				1	16.67%	12.50%	1	12.50%
			Sometimes				1	16.67%	12.50%	1	12.50%
	10	If no, please tell me why you think you are are not able to do this					- Support is limited / lack of resources - High caseloads - Poor staff supervision - Unhealthy / toxic workplace				

Service delivery	11	Do/ did you ever feel like the service restricted you from doing more with the women and girls you supported?	Yes				4	66.67%	50.00%	4	50.00%
			No	2	100.00%	25.00%	1	16.67%	12.50%	3	37.50%
			Sometimes				1	16.67%	12.50%	1	12.50%
Emotional wellbeing	12	For the most part, how would you summarise your emotional health as an IDVA/YPVA?	Healthy	1	50.00%	12.50%	3	50.00%	37.50%	4	50.00%
			Relative	1	50.00%	12.50%				1	12.50%
			Poor				2	33.33%	25.00%	2	25.00%
Emotional wellbeing	13	Do you feel emotionally and psychologically supported by the organisation you work for?	Yes	2	100.00%	25.00%	2	33.33%	25.00%	4	50.00%
			No				2	33.33%	25.00%	2	25.00%
			Sometimes				2	33.33%	25.00%	2	25.00%
Emotional wellbeing	14	For the most part, does your work as an IDVA/YPVA have a negative impact on your personal life?	Yes				2	33.33%	25.00%	2	25.00%
			No	2	100.00%	25.00%	3	50.00%	37.50%	5	62.50%
			Sometimes				1	16.67%	12.50%	1	12.50%
	15	If yes please tell me how					- Burnt out (x2)				
Emotional wellbeing	16	How could your wellbeing be better supported as an IDVA/YPVA?				- Wellbeing activities focused on dealing with vicarious trauma	- Lighter & more manageable caseloads - Regular supervision from manager - More clinical supervision / access to therapy - Staff wellbeing activities - Pay rise - Addressing vicarious trauma. (Mental health)				

