



Ministry
of Justice

Independent Sexual Violence Adviser

Statutory Guidance

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Contents

Contents	1
Background	2
Introduction	4
Chapter 1: The role, principles and functions of an ISVA	6
Introduction	6
Section 1: Role of an ISVA	6
Section 2: Functions of an ISVA	7
Section 3: Principles of an ISVA	10
Section 4: Settings in which ISVAs operate	12
Section 5: Training and qualifications for ISVAs	12
Chapter 2: Supporting the differing needs of victims	16
Introduction	16
Section 6: How ISVAs may respond to different needs	16
Chapter 3: Effective working between ISVAs and relevant professionals	20
Introduction	20
Section 7: Referrals to ISVA services	20
Section 8: Information sharing	23
Section 9: Effective communication	24
Section 10: Using the expertise of ISVAs	26
Section 11: Institutional advocacy	34

Background

Purpose and legal status

1. The Victims and Prisoners Act 2024 (“the Act”) requires guidance to be issued about victim support roles that are specified in regulations. This guidance is issued pursuant to Section 16 of the Act and the Victim Support (Specified Roles) Regulations 2025 which specify Independent Sexual Violence Advisers (ISVAs). It is intended to:
 - i. set out the role, functions and principles of ISVAs; the support they can offer victims through the criminal justice system; and expectations for the training that is necessary;
 - ii. provide guidance on how ISVAs should tailor their service according to victims’ different needs; and
 - iii. provide guidance on effective working between ISVAs and relevant professionals.
2. The Act requires persons who have functions of a public nature relating to victims or any other aspect of the criminal justice system (“relevant professionals”) to have regard to this guidance in the exercise of their functions. This duty excludes anyone acting in a judicial capacity (or on behalf of a person acting in a judicial capacity),¹ and devolved Welsh authorities.²
3. The term ‘relevant professionals’ includes the following bodies, when they are exercising functions of a public nature:
 - i. adult social care and children’s social care providers in England;
 - ii. Children and Family Court Advisory and Support Service (Cafcass and Cafcass Cymru);
 - iii. the Crown Prosecution Service (CPS);
 - iv. early years, childcare, schools, colleges, and higher education settings in England;
 - v. HM Courts and Tribunals Service;
 - vi. HM Prison and Probation Services;
 - vii. Integrated Care Boards & Integrated Care Partnerships in England;
 - viii. lawyers and legal services;
 - ix. local authorities in England;
 - x. local housing and homelessness teams, registered social landlords in England;
 - xi. NHS England, NHS Trusts & NHS Foundation Trusts;
 - xii. police forces and Police and Crime Commissioners (PCCs);³

¹The judiciary is independent from Government. It would therefore not be appropriate for Government legislation or guidance to apply to the judiciary. The Ministry of Justice (MoJ) continues to work with the Judicial Office to raise awareness of the role and benefits of ISVAs and IDVAs, and how they can support victims at court.

² These are listed in schedule 9A to the Government of Wales Act 2006.

³ Including Police, Crime and Fire Commissioners, and Mayoral Authorities.

- xiii. Registered Intermediaries (RIs) in the criminal courts and intermediaries in the civil and family courts;
- xiv. Youth Offending Services;
- xv. the Witness Service, and the London Victim and Witness Service;
- xvi. any other professional exercising functions of a public nature relating to victims or aspects of the criminal justice system.

- 4. This guidance applies to relevant professionals in England. It applies to relevant professionals in Wales insofar as it relates to matters in Wales that are reserved to the UK Government – this is primarily policing, and criminal, civil and family justice.
- 5. Relevant professionals may also have specific statutory duties to safeguard victims of sexual violence and sexual abuse. This guidance should therefore be read in conjunction with other relevant guidance and codes of practice, several of which are signposted within this guidance.
- 6. This guidance will also be relevant to ISVAs and ISVA services, as well as other sexual violence and sexual abuse services including ‘by and for services’, those working on violence against women and girls more broadly, services for men and boys, and other relevant third sector organisations.

Terminology

- 7. In this guidance, ‘sexual violence and sexual abuse’ means any recent or non-recent sexual violence or sexual abuse, regardless of whether a report about it has been made to the police. It can also include in-person and online sexual violence and sexual abuse as well as non-contact offences of a sexual nature.
- 8. In this guidance the term ‘victim’ includes those who have experienced sexual violence and sexual abuse but choose to describe themselves as another term, for example, ‘survivor’.
- 9. For the purposes of this guidance, a child is defined as an individual under the age of 18.

Introduction

10. This guidance contains three chapters.

- i. **Chapter 1:** The role, functions and principles of an ISVA – this section outlines the core role, principle and functions of an ISVA, including the role of ISVAs in supporting victims through a criminal justice process and the training necessary to undertake the role.
- ii. **Chapter 2:** Supporting specific needs of victims – this section focuses on how ISVAs should tailor their service according to the different needs and experiences of victims they support.
- iii. **Chapter 3:** Effective working between ISVAs and relevant professionals – this section sets out how ISVAs and relevant professionals should best work together to support victims, outlining key principles and best practice for effective collaboration.

11. This guidance is for the following.

- i. **ISVAs:** on the core role, principles and functions of an ISVA; how to understand the different needs of victims; and how to effectively work with relevant professionals to support victims, with key principles and best practice for effective collaboration.
- ii. **ISVA managers and providers of ISVA services:** on best practice service provision and appropriate support for ISVAs.
- iii. **Relevant professionals:** on working effectively with ISVAs to deliver support for victims.

12. This guidance may also support those who commission victim support services to ensure needs of victims in a local area are understood and met.⁴ Commissioners should consider how they resource and encourage ISVA services to meet the best practice recommendations in this guidance. For example, commissioners should consider the benefit of additional training beyond an ISVA's core role to gain specialised and advanced skills to support the specific needs of their local communities or their organisation's focus. Commissioners and funders should also

⁴ For further information on commissioning victims' services, see guidance: Ministry of Justice (2024), *Victims services commissioning guidance*. Available at: <https://www.gov.uk/government/publications/victim-services-commissioning-guidance/victim-services-commissioning-guidance>; Centre of Expertise on child sexual abuse (2025), *Funding and commissioning child sexual abuse services*. Available at: <https://www.csacentre.org.uk/research-resources/research-evidence/supporting-victims-survivors/funding-and-commissioning-guide/>

remain aware of the value and role of specialist support beyond ISVA services when assessing how best to distribute funding to support local need (see Section 6).

13. The principles and functions of an ISVA as set out in this guidance may overlap with other similar roles which operate under different titles, where this overlap occurs, the same the principles and functions in this guidance may apply.

Chapter 1: The role, principles and functions of an ISVA

Introduction

14. Chapter 1 is relevant to ISVAs, ISVA service managers and relevant professionals working with victims of sexual violence and sexual abuse. It sets out the role of an ISVA and the core minimum principles of training necessary to deliver that role. The aim is to ensure the ISVA role is consistently understood by those delivering ISVA support and by relevant professionals working alongside ISVAs.

Section 1: Role of an ISVA

15. For the purposes of the Victim Support (Specified Roles) Regulations 2025, the role of an ISVA is 'to provide independent support to individuals who are victims of criminal conduct of a sexual nature, where the support provided relates to that conduct.'
16. In practice, an ISVA should deliver specialist, victim-centred emotional and practical support to victims of sexual violence and sexual abuse, regardless of whether a victim has chosen to report an offence to the police, whether a criminal case has ended or whether they are victims of multiple offences.
17. ISVAs should be sexual violence and sexual abuse victim support specialists. They should have knowledge of the law and criminal justice processes relating to sexual violence and sexual abuse, including reporting processes, special measures and victims' rights.
18. Some ISVAs should have additional specialist skills and knowledge for working with victims with specific needs and vulnerabilities, for example Children and Young Persons ISVAs (CHISVAs) who support children and young people who have experienced sexual violence and sexual abuse.
19. ISVAs should provide advocacy to help relevant professionals understand the victim's perspective, where appropriate.
20. An ISVA can work with a victim until such time they no longer need support or until their needs would be better met by an alternative service. This may result in some victims being supported by an ISVA until the conclusion of a criminal trial, or beyond the court process, depending on the availability of ISVA services.

Section 2: Functions of an ISVA

21. ISVA should fulfil the following core functions.

Information

22. **ISVAs should help victims to understand systems and processes** relating to areas such as victims' rights, health and wellbeing, reporting to the police, criminal justice processes, and access to support services. They can also support victims to access and navigate other support such as health or local authority services, including adult and children's social care services, where appropriate.

In practice, this may involve:

- signposting the services available to the victim both nationally and locally, making referrals;
- supporting victims to engage with or access services such as sexual health, education providers, housing services, benefits agencies, therapeutic counselling (including pre-trial therapy⁵), drug and alcohol and mental health services;
- outlining reporting options, such as attending a Sexual Assault Referral Centre (SARC);
- outlining the victim's entitlements as set out in the Victim's Code⁶, and providing information and support for a victim including to make a complaint or provide feedback about a criminal justice agency;
- assisting the victim to communicate with employers or schools, for example, in relation to time off to attend police meetings/court or relevant appointments, negotiating a phased return to work or school, or ongoing sick leave.

Identifying risk, need and support

23. ISVAs should undertake **needs assessments** which should be reviewed regularly. Where a victim has experienced other forms of victimisation, the ISVA should consider if they require additional support from other specialist professionals, including Independent Domestic Violence Advisers (IDVAs).

⁵ For more information on pre-trial therapy entitlements for adult and child victims, see guidance from the CPS: Crown Prosecution Service (2022), *Pre-Trial Therapy: Legal Guidance*. Available at: <https://www.cps.gov.uk/legal-guidance/pre-trial-therapy>; Bluestar Project (2025), *Bluestar Best Practice Standards for Pre-Trial Support Services*. Available at: <https://www.bluestarproject.co.uk/bluestar-best-practice-standards/>

⁶ Ministry of Justice, *Code of Practice for Victims of Crime in England and Wales (Victims' Code)*. Available at: <https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime/code-of-practice-for-victims-of-crime-in-england-and-wales-victims-code>

Needs assessments may cover:

- age;
- care experience;
- employment and education;
- disability or learning difficulty;
- finances and resources;
- friends, family, and community;
- future plans;
- health and wellbeing;
- immigration and residence;
- other experiences of victimisation (e.g., domestic abuse);
- other sources of support;
- safeguarding considerations;
- safety planning;
- other aspects of a victim's life, as appropriate.

24. ISVAs should undertake **risk assessments** to identify any ongoing risks to the victim or those in the victims' care.

Examples of risks that an ISVA should be required to contribute to managing include:

- any further risk from the perpetrator or potential perpetrator;
- community-based risks, such as 'honour'-based abuse;
- risks relating to sexual health and pregnancy;
- risk to the investigation or criminal court case, where applicable;
- safeguarding issues in connection with any children or vulnerable adults in the victim's care;
- safeguarding the victim's physical and mental welfare;
- risks to ISVAs themselves, such as lone working, vicarious trauma and burnout.

25. As a result of undertaking a risk assessment, ISVAs should ensure appropriate referrals are made and, where appropriate, ensure that support is provided to reduce the risks identified. This is alongside other risk assessments undertaken in other settings and act accordingly. ISVAs and relevant professionals should ensure identified risks are sighted to relevant partners. In conducting risk assessments with adult victims, ISVAs should also be alert to any risks to children and other dependents or relatives. Risk assessment should encompass the ISVA's specialist professional judgement and the victim's perceptions of risk, as well as any additional indicators relevant to minority groups and potential escalation.

26. ISVAs should develop support plans based on the individual risks and needs of the victim, as identified by these assessments. This should include what support will be provided by the ISVA, as well as any necessary onward referrals. This should be reviewed regularly, on an ongoing basis, following every contact with the victim as a

minimum. The support plan should consider 'planned exit' strategies from ISVA support, in addition to having appropriate regard to ongoing risk management.

27. ISVAs should not provide legal advice (see Section 10 on ISVA support at court). Where legal advice is required, ISVAs should signpost the victim to relevant support options provided by specialist legal advisers.

The ISVA role through criminal justice processes

28. **ISVAs can provide vital support to victims through criminal justice processes** including following a conviction or acquittal, or a police decision to take no further action. This support can include making the victim aware of their rights, under the Victims' Code, including as Victims' Right to Review or providing information about the Criminal Injuries Compensation Scheme (CICS).⁷
29. There are rules that require those supporting victims (including, but not limited to, ISVAs) to avoid discussing the facts of the case and evidence that can be used in criminal cases with the victim, who will be giving evidence as a witness in the criminal case. This is to avoid giving rise to a challenge by the defence that the supporter has told the witness what to say ("witness coaching"). These rules are set out in the Achieving Best Evidence (ABE) guidance. ISVAs should be aware of this guidance before supporting victims going through the criminal justice process.
30. This does not prevent ISVAs from understanding information about the victim's experience that is required to make an informed risk assessment, help assess support needs and develop a support plan.

⁷ More information available at: <https://www.gov.uk/government/organisations/criminal-injuries-compensation-authority>

In practice, when there is a criminal case ongoing, this may see ISVAs:

- discussing how the victim feels about what has happened and the emotional impact it has had on them – but not asking victims to recount the details of the specific sequence of events that they have reported to the police;
- supporting a victim to prepare to attend ABE interviews by talking through practical arrangements such as travel, childcare, and time off work;
- where a victim has indicated that they would like an ISVA with them when providing a witness statement or discussing their case, the ISVA service should consider using an alternative ISVA or witness supporter to do so. This would ensure the ISVA can continue to assist the victim moving forward and maintain their limited knowledge of the specific case evidence;
- notifying the victim that they have a responsibility to take a note of what is said and notify the police if the victim tells them previously undisclosed in-depth details or evidence relating to the case. Such details could include information about other evidence such as forensic results, CCTV footage, enquiries about other witnesses, and evidence on social media.

Section 3: Principles of an ISVA

31. ISVAs should demonstrate the following principles:

- Independence:** ISVAs are independent from the government and the interests of other organisations and statutory agencies, which is critical to their success. ISVAs should operate in a way which centres the victim's needs, rather than any particular organisation's purposes. ISVAs should only share information with the consent of the victim (subject to safeguarding responsibilities).⁸ Where ISVAs work in statutory settings, they should ensure their notes are kept confidential and stored on secure IT so that they are not accessible by other agencies or professionals.
- Work alongside other statutory agencies:** Where appropriate, they may work alongside relevant professionals or organisations, such as the police, health services, or adult and children's social care to ensure that the victim's voice is heard, and their needs are being considered (including advocating on their behalf, if this is in line with the victim's preferences). See Chapter 3 for information on effective multi-agency working.

⁸ Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents>; Care Act 2014. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents>; HM Government (2023), *Working Together to Safeguard Children*. Available at: https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

- iii. **Be trauma-informed and responsive:** Understand, recognise and respond to the impact from and responses to trauma, and actively seek to prevent re-traumatisation.⁹

In practice, this may involve:

- understand the impact sexual violence and sexual abuse can have on the victims, their families, wider society, and any professionals working with victims, including ISVAs themselves.
- provide a safe and non-judgemental space for victims.
- build trusting relationships with the victim by communicating and acting consistently and appropriately when providing support.

- iv. **Take a whole-person approach:** Consider and respond to the ‘whole person’, which means understanding a victim’s unique characteristics and circumstances in order to provide tailored and holistic support (see Chapter 2). This should mean that victims get the right support to build resilience to recover.
- v. **Work within professional boundaries:** When supporting victims, ISVAs should ensure the victim understands the role and remit of an ISVA including the professional boundaries they must work within.

In practice, this may involve:

- ensure any timeframes and limitations around support are clearly communicated and appropriately managed.
- adhere to any relevant statutory frameworks such as safeguarding, where appropriate, noting that safeguarding responsibilities should require collaboration from relevant professionals involved (see Chapter 3 for further detail on working with relevant professionals).
- adhere to confidentiality policies and procedures, noting the limits of confidentiality in the context of safeguarding concerns which should be made clear to the victim.
- refrain from assuming the responsibilities of others, such as mental health professionals, lawyers, and councillors or therapists.
- Where an ISVA is also a qualified counsellor/therapist (as in, dual trained), they should not provide counselling or therapeutic support to a victim to whom they are providing ISVA support.

- vi. **Be part of a wider organisation:** ISVA should be managed and supported by a support organisation, regardless of whether they work in other settings, such as an NHS service or police station.

⁹ Office for Health Improvement and Disparities (2022), *Working definition of trauma-informed practice*. Available at: <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>; Public Health Wales NHS Trust (2022), *Trauma-informed Wales: A societal approach to understanding, preventing and supporting the impacts of Trauma and adversity*. Available at: <https://traumaframeworkcymru.com/>

Section 4: Settings in which ISVAs operate

32. ISVAs may operate within a variety of organisations, including organisations which provide specialist sexual violence and sexual abuse support and Sexual Assault Referral Centres (SARCs). This may be alongside other forms of support for victims of sexual violence and sexual abuse, such as counselling or therapeutic services.
33. Where ISVAs are operating in statutory settings such as health settings or courts, they may not routinely deliver the full range of services which ISVAs operating in community settings do. However, they operate with the same principles and utilise the same expertise to support victims of sexual violence and sexual abuse. Where this occurs, they should still act independently from statutory services and on behalf of victims, with specific policies and procedures relating to the operational delivery of the ISVA service.

Section 5: Training and qualifications for ISVAs

34. This section is not intended to be an exhaustive guide or training manual but is designed to provide a starting point for ISVAs, commissioners and employers of ISVA services on what specialist training is necessary for ISVAs to undertake.
35. To effectively deliver the ISVA role as detailed in Chapter 1, ISVAs should receive specialist training so they have the right skills and knowledge to support victims. This involves undertaking a Level 3 regulated qualification at a minimum, which is relevant to their work supporting victims of sexual violence and sexual abuse. There will be variation in the name of the qualification and its assessment. Listed below are requirements which training should meet in order for these roles to be recognised as an ISVA.

Core principles of the ISVA role	<ul style="list-style-type: none">• Case management;• Communication;• Delivery of support;• Record keeping;• Referral processes.
Safeguarding	<ul style="list-style-type: none">• Safeguarding legislation (adults and children);• ISVA services' internal safeguarding protocols.
Safe Working Practices	<ul style="list-style-type: none">• Keeping themselves and others safe (for example, lone working, vicarious trauma and burnout);• Professional boundaries.

Understanding and addressing victims' intersectional needs	<ul style="list-style-type: none"> • Assessment and support of victim needs (including accessibility needs) and barriers or challenges to support (see Chapter 2).
Understanding civil, family, and criminal justice processes	<ul style="list-style-type: none"> • Knowledge of the law and criminal justice processes relating to sexual violence and sexual abuse; • The different court stages, types of hearing and special measures; • Civil and private family law proceedings including: Non-Molestation Orders, Occupation Orders, Child Arrangement Orders and divorce; • Police investigations; • The potential outcomes of hearings/trials; • The role of the Crown Prosecution Service (CPS); • The role of the probation service.
Understanding risk and support needs	<ul style="list-style-type: none"> • Understanding and assessing risk; • Developing and implementing safety plans.
Understanding the impact of sexual abuse	<ul style="list-style-type: none"> • Types and dynamics of sexual violence and sexual abuse; • Impact of sexual violence and sexual abuse on victims (including child victims); • Trauma-informed support.
Understanding the variety of options available to victims	<ul style="list-style-type: none"> • Understanding and providing information about relevant legislation and key processes, including: <ul style="list-style-type: none"> ○ civil, family, or criminal justice remedies; ○ housing options; ○ mental health support; ○ Sexual Assault Referral Centres (SARCs).
Working with relevant professionals	<ul style="list-style-type: none"> • Effective multi-agency working (see Chapter 3).

36. ISVAs who work with children and young people should receive specialist training to:

- i. appropriately respond to disclosures of violence and abuse from children and young people;
- ii. assess risk and safety plan in a multi-agency context;
- iii. communicate with children and young people, and their parents/carers where appropriate;

- iv. understand legislation relating to children, such as the Children Act 1989 and the Sexual Offences Act 2003;¹⁰
 - v. understand the legislation relating to information sharing and safeguarding;
 - vi. understand the dynamics of child sexual abuse.
37. Additional, specialised training may help ISVAs provide more specialist support to victims with specific needs such as older victims, disabled victims, male victims, or LGBT+ victims.
38. Where new professionals are in the process of being trained as an ISVA, they should be supervised and supported by trained colleagues when engaging with victims and be clear that they are an ISVA in training. They should access induction from the service they are employed by, receive training in risk assessment and safe working practices, have appropriate caseloads and be supported with their case management.

Continual professional development and support, supervision, and oversight

39. ISVAs should take opportunities to continue to learn and develop within the role following initial training to ensure they continue to have the knowledge and skills needed for victims to receive a quality service. This should include changes to relevant legislation and an opportunity to reflect on personal practice and effectiveness.
40. Many ISVAs will gather additional skills to support the delivery of this role beyond 'formal' training, such as on-the-job learning and development, as well as through formal training and qualifications. ISVAs and their employers should take joint responsibility for identifying and completing appropriate ongoing development and training opportunities.
41. ISVAs should be supervised by a senior practitioner or ISVA manager who should provide oversight of their caseload, development, and wellbeing. Appropriate support and supervision are important for ensuring that ISVAs feel safe and supported in delivering this challenging role, and that victims receive a consistent and high-quality service. ISVAs should feel confident to raise concerns with their line managers or via the organisation's whistleblowing policy.
42. It is important that ISVAs also receive regular, separate clinical supervision. This is distinct from management supervision in that it provides support for staff to identify, clarify and address the emotional and psychological impact of their work. It can be individual or group supervision and should be at least quarterly on a mandatory or opt-out basis. Best practice would see this delivered by an external provider to ensure a separation between the confidential relationship and management structures.
43. ISVAs and ISVA service managers should be familiar with their organisation's internal complaints policy and process. ISVAs should ensure victims are aware of the process and feel supported to raise a complaint against the ISVA service, where necessary.

¹⁰ Sexual Offences Act 2003. Available at: <https://www.legislation.gov.uk/ukpga/2003/42/contents>

44. The caseload for each ISVA should vary and is dependent on a number of factors, including the complexity of the needs of, and risks to, a victim and the resilience of a particular worker. The ISVA manager should consider these factors and determine a safe caseload structure.

Chapter 2: Supporting the differing needs of victims

Introduction

45. Chapter 2 is most relevant to ISVAs and ISVA service managers. It provides information to help ISVAs tailor their service according to the differing needs of the victims they support.
46. A victim's needs may be affected by relevant protected characteristics according to the Equality Act 2010, or contextual factors relating to life circumstances such as:
- i. Addictions or substance misuse;
 - ii. Being a victim of other offences, including modern slavery, trafficking, domestic abuse and sexual violence and sexual abuse;
 - iii. Being in care or previously looked after;
 - iv. Disabilities or learning difficulties;
 - v. English not being a first language;
 - vi. Having an offending history or being an offender;
 - vii. Homelessness, sleeping rough, or having no fixed address;
 - viii. Immigration status;
 - ix. Living in rural and isolated areas or away from local areas, family and friends;
 - x. Physical and mental health conditions;
 - xi. Socio-economic status;
 - xii. The nature of the sexual violence and sexual abuse they have experienced, and who the perpetrator is;
 - xiii. Their past experiences and interactions with support services or statutory systems, such as the criminal justice system or health and social care system;
 - xiv. Transitioning from children and young people's services to adult services.

Section 6: How ISVAs may respond to different needs

47. Below are some examples of how ISVAs may respond to the different needs to effectively support a range of victims.

Tailoring communication

48. It is important for ISVAs to acknowledge and appropriately tailor their communication to help build a trusting relationship with each victim and foster a safe environment for them to engage. ISVAs should ensure that their role, remit, and independence are clearly explained to reassure and set expectations with victims (and, where necessary, relevant professionals). They should communicate openly with accessible language,

adopting a non-discriminatory, non-judgemental and trauma-informed approach, and remaining considerate of the victim's experience, particularly with the following groups.

49. **Children and young people** will have different communication needs to adults and may find it difficult to articulate their needs, particularly where the violence or abuse has happened or is happening in a family setting. ISVAs working with children and young people, including CHISVAs, should use age-appropriate communication with children to ensure that they are providing information in an accessible way.
50. **Victims who have been abused by people in positions of power, trust or authority** may struggle to trust institutions and authorities when seeking support. ISVAs should be clear to emphasise their independence and that they will present impartial options for the victim's consideration.
51. **Victims from ethnic minority backgrounds** may feel unable to share their experiences fully or accurately due to past discrimination or racism. ISVAs should be sensitive to this in enquiring about the victim's needs by asking considerate and non-judgemental questions.
52. **Victims awaiting an immigration decision** may fear having their information shared with statutory services and perpetrators may exploit this as part of their abuse. ISVAs should clarify that victims do not need to make a report to the police in order to access victim support services and should explain when support services must share data with statutory agencies or organisations.
53. **Deaf, hard of hearing, blind or visually impaired victims** or those with a speech impediment or have a learning disability may need additional support to understand processes and procedures. ISVAs may adapt a communication plan to include easy-to-read documents, locate translated versions of documents, or engage with translation services, including British Sign Language interpretation, where available.
54. **Victims whose first language is not English** may require independent interpretation and translation support. Translation through the use of family or community members is not appropriate. ISVAs should check that the victim does not know the translator in advance of their name being shared with the translator. ISVAs should consider the victim's preference for the sex and gender of a translator to prevent further victim re-traumatisation.

Maintaining a flexible service

55. Some victims will have different needs or preferences around how they interact with ISVAs. Tailoring the ISVA service may require flexibility, this could include:
 - i. providing support outside of standard working hours;
 - ii. meeting in different venues, such as a health centre or community centre, a child victim's school or other educational setting;

- iii. using technology such as video calling, instant messaging, or other adaptive equipment such as text-to-speech systems with those who are unable to attend in-person appointments;
 - iv. considering religious practices, such as times of prayer or periods of fasting, and celebrations might impact when victims can engage with support services.
56. ISVAs should consider flexible approaches to support victims with multiple needs. This could include providing the victim more opportunities to contact services before closing a case or working with other services which may have more regular contact with the victim, such as community centres, foodbanks and shelters, to provide holistic, wrap-around and ongoing support.

Practical support

57. Listed below are some examples of additional considerations ISVAs may need to consider when delivering practical support to address a victim's needs.
- i. Some adult victims may be in the care of, or the primary carer for, a perpetrator, which could impact their options for support. This may be the case particularly with older victims or victims with disabilities. ISVAs should take this into account when providing impartial information, exploring options, and considering safeguarding issues.
 - ii. Older victims may have a Lasting Power of Attorney (LPA) arrangement, which provides an individual with the legal authority to make decisions on behalf of another person if they lose mental capacity.¹¹ ISVAs should work closely and collaboratively with the Office of the Public Guardian where appropriate, as well as with adult social care and other relevant professionals on matters such as consent, decision making, communication, and information sharing.
 - iii. Some victims may prefer to be supported by a support worker of their own sex and may prefer to access single sex services where these are available.¹²
 - iv. Some victims with disabilities may require adapted services, for example: step-free access to buildings, appointments to be scheduled at certain times of the day. ISVAs should proactively ask what victims need to engage with services, rather than the onus being on the victim to make this known.
 - v. Pregnant victims may require practical support making or attending medical appointments and accessing trauma-informed pre-natal care.

Working with friends, family and wider support networks

58. Where appropriate, and with the consent of the victim, an ISVA may be required to support the victim's friends, family or wider support network.

¹¹ GOV.UK (n.d.), *Lasting power of attorney: acting as an attorney*. Available at: <https://www.gov.uk/lasting-power-attorney-duties> [accessed 13/02/25]

¹² Equality Act 2010, *Part 7: Separate and single services*. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3/16/20/7>; Council of Europe (2011), *Convention on preventing and combating violence against women and domestic violence*. Available at: <https://rm.coe.int/168008482e>

59. ISVAs working with children and young people, including CHISVAs, may need to adopt a 'whole family approach'. This approach recognises that sexual violence and sexual abuse can impact the entire family unit which may require support from the ISVA or from other specialist services, as appropriate, in order to create a safe environment for the child or young victim. ISVAs cannot provide support to family members who are also witnesses in the victim's case and should, instead, signpost or refer them to appropriate support.

In practice, this may involve:

- helping the family to understand the potential impact of sexual violence and sexual abuse;
- outlining civil, family and criminal court processes;
- signposting or referring to other appropriate support services, such as counselling or therapy;
- assisting communication with the victim's employer or school, for example, to arrange time off for appointments.

60. An ISVA may also need to work with a child or young person's school or college (for example, with the Designated Safeguarding Lead) to help them understand the traumatic experience of the child, so that they may make adaptations for the child accordingly.

61. Some victims face community-based risks, especially when experiencing honour-based abuse. In addition, some people may not have disclosed their sexual orientation or gender identity to their friends, family, or wider community. ISVAs should keep victim information confidential and only disclose information with consent or when relevant to a safeguarding context (see Section 8: Information sharing).

Other specialist support provision

62. ISVAs are one type of advocacy support for victims of sexual violence and sexual abuse. There are other important forms of support for victims, and differing interventions may be more appropriate to address the needs of some victims, depending on their unique characteristics, circumstances and experiences.

63. ISVAs should be aware of other local and national specialist services and the support they can provide. For example, by and for services that are led, designed, and delivered by and for people who are affected by these crimes with specific backgrounds or protected characteristics. These services and roles enable victims to see themselves reflected in the staffing, management and governance structures. In some cases, victims may be better supported by ISVAs working within or alongside by and for services, or referring victims on to these services.

Chapter 3: Effective working between ISVAs and relevant professionals

Introduction

64. Chapter 3 is relevant to ISVAs, ISVA service managers and relevant professionals working with victims of sexual violence and sexual abuse. This chapter sets out how ISVAs and relevant professionals should best work together to support victims of sexual violence and sexual abuse, outlining key principles and best practice for effective collaboration. The aim is to improve multi-agency working and raise awareness of the ISVA role among relevant professionals.
65. This chapter should be considered alongside locally identified best practice and existing frameworks for working with ISVAs.

Section 7: Referrals to ISVA services

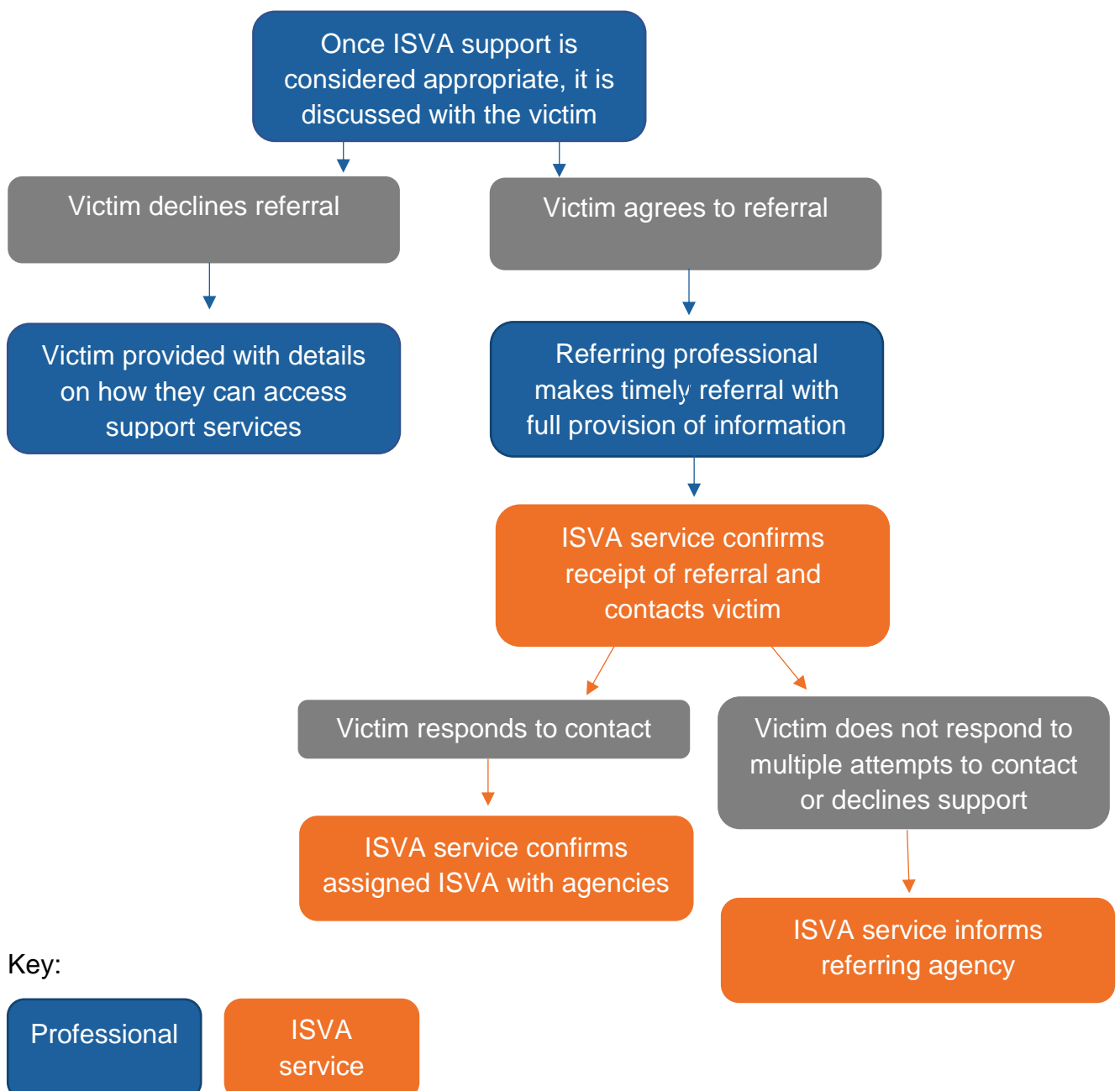
66. If a victim consents to a referral for ISVA support, the referring professional should make a formal referral as soon as possible. A victim can be referred into the ISVA service at any time, by any professional engaging with them. Some ISVA services accept self-referrals by victims themselves, which some victims may prefer.
67. Professionals considering referrals for children should contact the ISVA service to check whether they provide CHISVAs or other specialised services for child victims. If they do not, the referrer should seek or ask to be signposted to a service which suits the child's age and needs. If a professional is concerned about a child's safety, they should notify local authority children's services. For further advice about child safeguarding, professionals should seek advice from their local multi-agency safeguarding child partnership and see *Working Together to Safeguard Children*.
68. The following steps should be helpful when referring a victim into an ISVA service (see also Figure 1). Where ISVAs work in statutory settings, there may be alternative processes for making referrals.

Seeking consent and clearly explaining the ISVA role	<p>Professionals should seek consent from the victim to make a formal referral. For child victims, it may be necessary to seek consent from a safe parent or guardian.</p> <p>When seeking consent, professionals should explain in full the role and benefits of the ISVA support so that the victim can make an informed decision.</p> <p>Where a victim chooses not to be referred to an ISVA service, professionals should make clear that the victim can change their mind at any point. They should provide the victim with information on how they can access support services in the future.</p>
Including sufficient information within referrals	<p>To make a referral, professionals should follow the local ISVA service referral protocol. If a referral form is required, the professional should ensure it is fully completed. This should ensure all relevant information is included and the victim can be appropriately safeguarded and supported. This helps to avoid victims having to repeat their story, in line with adopting a trauma-informed approach.</p> <p>The referral should include, but is not limited to:</p> <ul style="list-style-type: none"> • information provided by the victim about their contact preferences and when it is safe to contact them. For child victims, it may also be appropriate to include the contact details for a safe parent or guardian; • information about disability or accessibility requirements (including the need for an interpreter); • a needs/risk assessment or safeguarding plan (if conducted). <p>For further clarity about what information is useful, professionals should contact a relevant ISVA service provider. If safe to do so, the referrer should share the information included in the referral with the victim to ensure accuracy and transparency.</p>
Ensuring the victim is kept up to date	<p>Professionals should make the referral as soon as possible. They should inform the victim when they have made a referral and explain the next steps.</p>
Confirming receipt and action to be taken	<p>ISVA services should confirm with the referring professional when they have received and actioned</p>

the referral. They should securely share the details of the allocated ISVA with the referring professional. If the victim consents, the ISVA should proactively reach out to any services that are working with the victim to make it known that they are the victim's allocated ISVA.

ISVAs should consider multiple attempts and methods to contact the victim, with consideration of their communication preferences. Where the ISVA has not been able to contact the victim, they should inform the referring professional.

Figure 1: Process map for referrals into ISVA services



Section 8: Information sharing

69. Relevant professionals and ISVAs should consider the need to securely share appropriate information throughout their support of the victim. Importantly, data protection regulations should never be a barrier to justified information sharing in the context of safeguarding. Instead, they provide a framework for this information to be shared as long as it is necessary, relevant and proportionate to the intended purpose.¹³

Understanding information sharing requirements

70. For detailed guidance regarding information sharing, relevant professionals and ISVAs should consult their internal policies. Where they are in doubt about a decision to securely share information, they should seek advice from their manager or supervisor, or their organisation's Data Protection Officer, Caldicott Guardian, professional regulator or relevant policy or legal team.

71. Relevant professionals and ISVAs are bound by the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018, the common law duty of confidentiality (in relation to information shared by a victim with a professional with an expectation of confidentiality), the Information Commissioner's Office's (ICO) Data Sharing Code of Practice, and – where appropriate – guidance published by their professional regulator.¹⁴

72. Relevant professionals and ISVAs should be aware of the additional considerations when processing information about child victims. The Department for Education has produced additional guidance on data sharing for professionals providing safeguarding services to children, young people, parents and carers. Relevant professionals and ISVAs should also be aware of safeguarding responsibilities set out in legislation, such as the Children Act 2004, the Care Act 2014 and *Working Together to Safeguard Children*.

Lawful bases for sharing information

73. Relevant professionals and ISVAs should select the most appropriate lawful basis for information sharing. Consent is a lawful basis for sharing information under the

¹³ Department for Education (2024), *Information sharing: advice for practitioners providing safeguarding services*. Available at: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

¹⁴ Data Protection Act 2018. Available at: <https://www.legislation.gov.uk/ukpga/2018/12/contents>; NHS Digital (2013), *A Guide to Confidentiality in Health and Social Care: references – Section 2: The common law of confidentiality and consent*. Available at: <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care/hscic-guide-to-confidentiality-references/section-2>; Information Commissioner's Office (2022), *Data Sharing Code of Practice*. Available at: <https://ico.org.uk/media/for-organisations/data-sharing-a-code-of-practice-1-0.pdf>

principles set out in Article 5 of UK GDPR.¹⁵ However it is not the only lawful basis and, in cases involving safeguarding concerns, it may not be appropriate.

74. Where consent is not given, relevant professionals and ISVAs should be transparent with the victim about the limits of confidentiality and the circumstances in which they might securely share personal information with third parties. Where information is shared without consent, it is still best practice to inform the victim (unless doing so will put someone at risk) and explain why this information is being shared and what will happen next.

Developing and implementing information-sharing protocols

75. To facilitate effective information sharing, ISVA services and relevant professionals should establish protocols which set out what each agency can share and how. Where multi-agency information-sharing agreements are already in place, they should include ISVA services.

Section 9: Effective communication

Establishing frequency/method for communication

76. The extent to which ISVAs and relevant professionals will communicate are dependent on the needs and circumstances of the victim. On first contact, the ISVA and relevant professionals should establish how they will communicate going forward, including who they should remain in contact with (for example, for children, this may be a safe parent or guardian), the frequency (for example, after key decision points or on a regular basis), and the preferred method (for example, email or phone).

Establishing a single point of contact

77. Victims will often need to engage and communicate with several statutory agencies, organisations and relevant professionals. To simplify communication and prevent further re-traumatisation, some victims may benefit from someone acting as a single point of contact (SPOC). This could be the victim's ISVA, or the victim may prefer to liaise with the ISVA and other relevant professionals through another trusted worker. As a SPOC, this person may communicate with relevant professionals and advocate for the victim on their behalf, where appropriate.
78. During initial engagement, the ISVA should establish if the victim would like them to act as a SPOC to facilitate wider communication and engagement with other relevant professionals. The ISVA should make clear that the SPOC role can be changed at the victim's request and the ISVA should consider how they can empower the victim to advocate for themselves, where possible.

¹⁵ Article 5 of GDPR: Principles relating to processing of personal data. Available at: <https://www.legislation.gov.uk/eur/2016/679/article/5>

Where a victim consents and would like their ISVA to act as a single point of contact, the below actions should be followed.

The ISVA should:

- where possible, record this preference in writing with signed agreement from the victim. This may be known as a client contact agreement;
- agree with the victim about how to keep them informed about decisions and updates;
- communicate this to relevant professionals who are engaged with the victim and state on onward referrals;
- ensure that all relevant professionals are aware if they are no longer supporting the victim so that communication preferences can be updated.

Relevant professionals should:

- record and adhere to, where possible, the agreed contact preference;
- establish with the ISVA the best method for communication;
- communicate this to relevant professionals who engage with the victim and state on onwards referrals/handovers, for example, from the police to the Witness Service;
- note that this does not necessarily make the ISVA a lead practitioner responsible for co-ordinating support.

Where it has been agreed that the ISVA should act as a SPOC, relevant professionals should respect this communication preference.

However, it may not always be possible to reach the ISVA within the necessary timeframes to communicate with the victim, for example, where a victim needs to be urgently notified for safeguarding reasons. It may not be appropriate to share updates through them, for example, where there is a discussion of evidence or medical information, or to communicate the rationale for a “No Further Action” decision.¹⁶ In these circumstances, professionals should try to inform the ISVA so they can: advise on how best to communicate with the victim (for example, time of day to contact, preferred contact method); meet jointly with the victim and the professional; and/or provide support to the victim afterwards.

79. While the ISVA SPOC may communicate on behalf of the victim, they should not necessarily be responsible for coordinating all support services required by the victim. This role therefore differs from others, such as lead practitioners, who may also be involved if the victim has children and may coordinate support services for the whole family.
80. Where an ISVA is aware of risks to the victim’s child(ren), they should establish if there is a ‘lead practitioner’, such as a social worker, who is responsible for coordinating support around the family. Where there is a lead practitioner, they will often act as a

¹⁶ There will be certain instances where a victim requests for “No Further Action” decisions to be communicated via their ISVA and this should be discussed and agreed as part of the initial conversation between the ISVA and victim.

key point of contact with the victim and their family in relation to wider support services.¹⁷

81. Where an ISVA is aware that the victim has multiple support needs, such as around mental health issues, homelessness or substance use, they should establish who is the most appropriate practitioner with a relationship to the victim, who can coordinate support around these needs.

Providing simultaneous updates

82. Where a victim has not chosen for their ISVA to act as a SPOC, other professionals should explain to the victim their duty to share safeguarding concerns with the ISVA. They should establish whether the victim consents to their ISVA receiving simultaneous updates, where appropriate and practical. These updates ensure that an ISVA is aware of key decisions which may impact the safety of, and the support required by, the victim. This also removes the emphasis on the victim having to share updates themselves.

Section 10: Using the expertise of ISVAs

83. Relevant professionals should regard ISVAs as a key partner in the support of victims and have a clear understanding of the ISVA role, including their independence, as outlined in Chapter 1.
84. Relevant professionals should consider using the expertise of ISVAs to enhance the support provided to victims and ensure that their actions are informed by a clear understanding of sexual violence and sexual abuse. This can be at an individual case level, as set out below, but also on a strategic or organisational level (known as 'institutional advocacy'). Further information on institutional advocacy can be found in Section 12.

Drawing on an ISVA's insights

85. Relevant professionals should recognise and consider where they should actively use the ISVA's expertise and insight into the wider context and circumstances of the victim.
86. Making use of this expertise will help victims receive better support, including by developing relevant professionals' comprehensive understanding of how best to adequately safeguard, manage risk and provide appropriate trauma-informed support. ISVAs should also assist relevant professionals to conduct or develop needs or risk

¹⁷ For more information, refer to: Department for Levelling Up, Housing and Communities, Department for Education (2022), *Early Help System Guide*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078299/Early_Help_System_Guide.pdf

assessments, safeguarding plans or support plans. Relevant professionals should always be mindful of an ISVA's independence, as set out in Chapter 1.

Drawing on ISVA support

87. Through the relationship that an ISVA establishes with a victim, they will often have a unique and in-depth insight into how best to support a victim, whether this be through emotional reassurance, practical support and/or advocacy. This may be particularly relevant for victims who have experienced multiple disadvantages or have had negative experiences with statutory agencies in the past.
88. If the victim consents, it is always best practice for relevant professionals to consider including ISVAs when they need to directly engage with victims. This may include key meetings, appointments and visits. In circumstances (including those outlined below) where it is not deemed appropriate for the ISVA to be in the room for a meeting, appointment or visit, other professionals should share a clear rationale with the victim and ISVA, as well as sharing the time and location with the ISVA so they can provide support before and after, if needed.
89. Listed below are some examples of how relevant professionals can draw on ISVAs support, where the victim consents.
- i. **Parole hearings:** With the victim's consent, Victim Liaison Officers (VLOs) should make the ISVA aware of when a parole hearing will take place and when parole hearing decisions will be made, so that additional support can be offered at these stages. VLOs should also, with the victim's consent, make the ISVA aware of when an offender may be released.
 - ii. **Schools, colleges, universities and employers:** The ISVA may offer support to improve professionals' understanding of sexual violence and sexual abuse and the victim's safeguarding needs. For example, ISVAs supporting children should work closely with education safeguarding leads to enhance the young person's access to support and improve their safety and educational experience.
 - iii. **Witness statements:** Providing a witness statement for a police investigation can be a distressing time for victims. Officers should liaise with the ISVA to establish a convenient time for the victim to attend. However, where the victim would like their ISVA to continue supporting them through the criminal justice system, the ISVA should not be present while the statement is being taken but the victim may wish them to be present for support before and after, where appropriate. As part of the statement taking process, there should be a discussion with the victim about special measures. If the ISVA is attending in person, they should be present for this discussion.¹⁸ If they are not present, they should be informed of the special measures discussion which has taken place.

¹⁸ More information on special measures can be found in the CPS Guidance:

CPS (2021), *Special Measures*. Available at: <https://www.cps.gov.uk/legal-guidance/special-measures>

ISVA support at court

90. Court proceedings can be a particularly challenging part of the justice process for a victim and one where they can benefit from the practical support and emotional reassurance of their ISVA. ISVAs most commonly support in criminal court proceedings. However, there may also be circumstances where the victim requires support in the civil or family court.

91. Examples of how an ISVA might support a victim in the court setting are set out in the table below.

Supporting with protective orders	The ISVA should help the victim decide whether applying for civil or family court protective order might be appropriate to improve their safety. This may include a Non-Molestation Order, an Occupation Order, or a Prohibited Steps Order. ¹⁹
Meeting with the Crown Prosecution Service (CPS)	The CPS offer a meeting to adult victims of rape and other serious sexual offences once a 'not guilty' plea has been entered and it is known that a case will proceed to trial. ²⁰ The meeting provides the victim with an opportunity to discuss next steps and what to expect from the trial process, as well as discuss any applications for special measures to achieve best evidence. Guided by the victim's preference, the CPS should consider inviting the ISVA to be present at this meeting in order to best support the victim.
Support with pre-trial visits and arriving safely	<p>Pre-trial visits allow the victim to see the courtroom and to ask any questions they might have about the criminal court process. Witness Care Officers should make the relevant service aware that an ISVA is in place. The relevant service should then arrange a mutually convenient time so that the ISVA can attend the pre-trial visit to support the victim through the process. Alternatively, the ISVA should liaise directly with the Witness Service to organise a pre-trial visit.</p> <p>The ISVA should liaise with the relevant witness service beforehand (for example, at the pretrial visit, if applicable) to ensure they know which entrance and exits are appropriate to avoid having contact the perpetrator and any family/friends. The ISVA should work with the victim (and police, if applicable) to ensure the victim is able to get to and from court safely.</p>

¹⁹Information on how to apply and who can apply for protective orders can be found at:

<https://www.gov.uk/injunction-domestic-violence>; <https://www.gov.uk/looking-after-children-divorce/types-of-court-order>

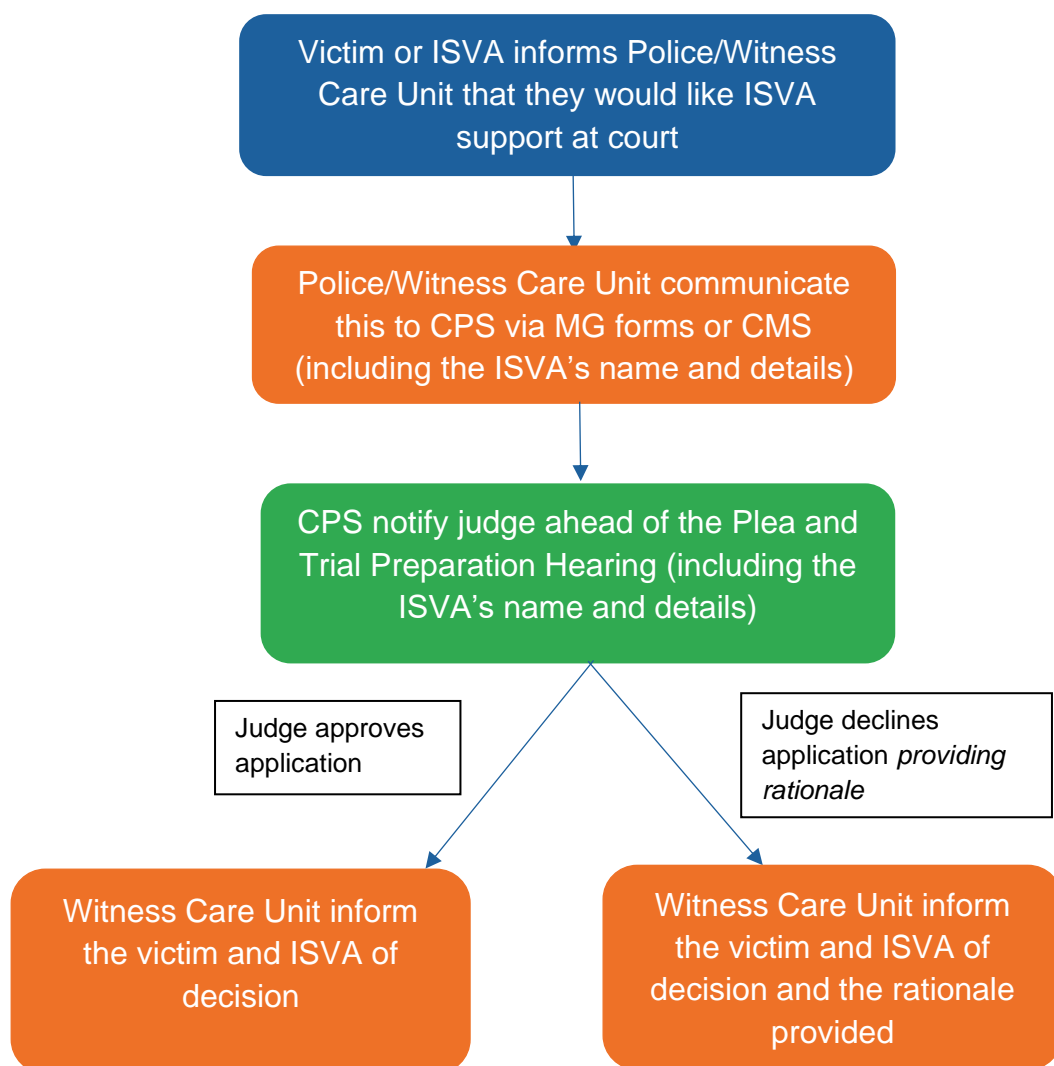
²⁰ Crown Prosecution Service (2024), *CPS pre-trial meetings for adult victims of rape and other serious sexual offences*. Available at: <https://www.cps.gov.uk/publication/cps-pre-trial-meetings-adult-victims-rape-and-other-serious-sexual-offences>

Providing practical support and emotional reassurance by sitting beside the victim while giving evidence in court or in the live-link room (subject to judicial approval)	<p>There are ‘court rules’ which set out the overarching principles for who can be in the courtroom. These rules set out that the family and criminal court will allow the ISVA to sit with or near the victim in the courtroom (if the courtroom layout allows) or any other place where the victim takes part, unless there is good reason for the judge/magistrate to refuse.²¹ Where a victim would like support of their ISVA, this should be requested in advance (see Figures 2 and 3).</p> <p>While an ISVA may sit next to the victim, they must not speak on behalf of the victim in the courtroom or interrupt the hearing; they must also refrain from discussing the evidence (with the victim or anyone else). See Section 2 for more information.</p>
Explaining the court process, and aiding interaction, where appropriate, with professionals	<p>ISVAs should help support victims’ understanding of what is happening during the court process. This can include supporting engagement between a prosecutor and the victim, advocating for the victim’s wishes in meetings with a prosecutor or family lawyer, and helping to challenge a lawyer if a decision taken could increase the risk faced by the adult victim and/or any child victims. When relevant professionals need to interact with the victim, it is best practice to ensure the ISVA is present, with the victim’s consent.</p>
Keeping the victim updated on how the case/trial is progressing	<p>ISVAs should work closely alongside court staff and the Witness Service to keep the victim updated on how the case/trial is progressing, including when they will give evidence.</p>

92. For cases heard in the criminal courts, witness services are present to provide support for all victims and witnesses attending court. Due to the relationship the ISVA will have developed with the victim, they may be best placed to support the victim in court giving evidence, rather than witness services. However, the ISVA and witness services should ensure they work closely together due to the operational knowledge of the courts the witness services will have. The ISVA and Witness Service should agree with the victim who is best placed to provide this support.

²¹ Family Division (2023), *Practice Direction 27C – Attendance of IDVAs and ISVAs*. Available at: https://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/practice-direction-27c-attendance-of-idvas-and-isvas; The Criminal Procedure (Amendment) Rules 2024. Available at: <https://www.legislation.gov.uk/ukSI/2024/62/rule/4/made>

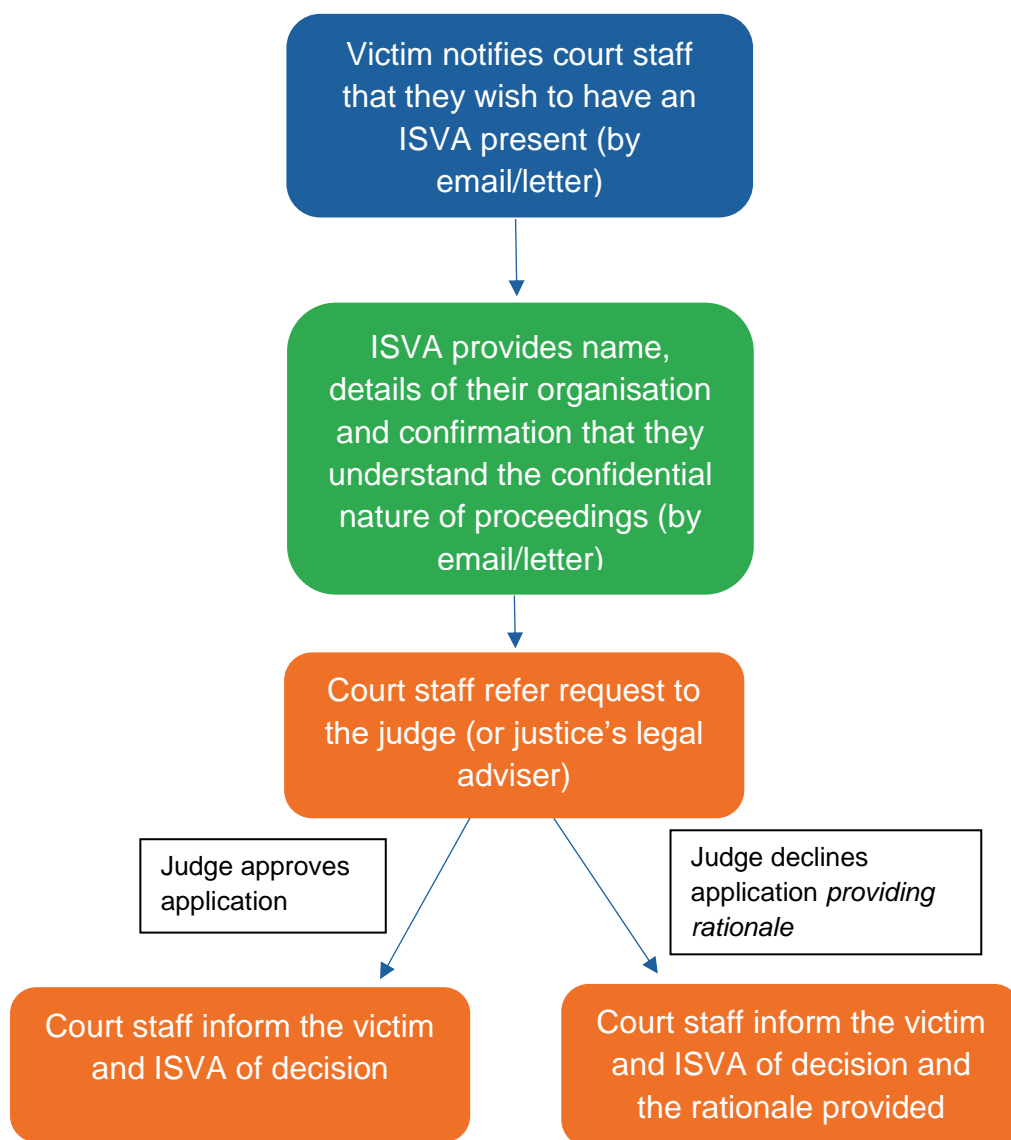
Figure 2: Flow chart for notification of ISVA support in criminal court



Key:



Figure 3: Flow chart for notification of IDVA support while giving evidence in family court



Key:



Involving the ISVA role in multi-agency settings

93. To assist with communication and improve outcomes for victims, relevant professionals should routinely include ISVAs in all relevant multi-agency meetings. ISVAs should determine whether they should attend on a case-by-case basis. When in attendance, ISVAs should have parity of status with other relevant professionals. Such forums include but are not limited to those listed in the following table.

Multi-Agency Risk Assessment conference (MARAC)	The purpose of the MARAC is to manage risk and increase support and safety of victims of high-risk domestic abuse. This is achieved through risk management plans, comprehensive information sharing, and action planning processes. MARACs are held between representatives of local police, health, child and adult social care, housing practitioners, IDVAs, probation and other specialists from the statutory and voluntary sectors to share information and create a coordinated action plan. The action plan is aimed at reducing the risk posed to victims, including children, as well as other family members. ISVAs may be present at these forums where sexual violence and sexual abuse has occurred.
Multi-Agency Public Protection Arrangements (MAPPA)	Through MAPPA, the police, HM Probation and Prison Services and other agencies work together to manage the risks posed by violent, sexual and terrorist offenders living in the community, in order to protect the public.
Multi-Agency Tasking and Coordination (MATAC)	MATAC is focused on identifying and tackling serial perpetrators of domestic violence and domestic abuse. This forum aims to safeguard adults and children at risk of domestic abuse, prevent further domestic abuse related offending, and change offender behaviour.
Multi-Agency Safeguarding Hub (MASH)	The MASH allows organisations with responsibility for the safety of vulnerable people to work together. Organisations share information and co-ordinate activities, often through co-locating staff from the local authority, health agencies and the police. Most safeguarding partner agencies support these arrangements so that they can identify risks to vulnerable children early.
Child Protection Conferences and Child in Need meetings	A Child Protection Conference or Child in Need meeting is a meeting between families and professionals held when there is a concern about the safety of a child. This forum seeks to make decisions and plans about a child's future safety, health and development. It may not be appropriate or safe for a victim or ISVA to meet with the perpetrator/suspect so professionals should consider separate meetings.

Child Social Service Strategy Meetings	Child social service strategy meetings are a gathering of professionals involved in the care and protection of a vulnerable child or young person. The purpose is to agree next steps for safeguarding the child, which includes deciding whether the case meets the threshold for a child protection investigation.
Team around the Family meetings	Team around the Family meetings bring together groups of professionals and volunteers who work alongside the family to improve outcomes. They are led by a Lead Practitioner but all members are active participants and their contribution equally valued. The team will be able to demonstrate good communication and co-ordination based on the family's plan and the family's feedback on the support provided should reflect this.
Multi-agency child exploitation (MACE) meetings	MACE meetings bring together agencies, including children's services, police, youth services and education professionals, to develop and maintain strategies to address and prevent child exploitation. The purpose is to gather, share and understand information and intelligence in order to identify potential risks and to put in place strategies for prevention.
Local Scrutiny and Involvement panels	CPS Local Scrutiny and Involvement panels provide a platform for criminal justice agencies to work with community sector representatives to scrutinise decision-making and actions taken. Through this, agencies identify and share best practice to inform policy, and improve activity and victim outcomes. The purpose of these panels is not to discuss active cases. CPS areas facilitate the panels. ISVA service providers should identify if they attend a scrutiny panel and, if not, should determine the value-add in their attending, and contact the local CPS Area to enquire about participation.
Substance/ Mental Health Multi-Disciplinary Treatment	A multi-disciplinary approach to drug and alcohol or mental health treatment brings together individuals from different disciplines to determine appropriate patient pathways, interventions or management plans. It may be appropriate for ISVAs to attend where the victim has substance or mental health needs.
Primary Care / General Practice Safeguarding Meetings	<p>Practice safeguarding meetings allow practice staff to share information, identify concerns and agree management plans for complex safeguarding cases.</p> <p>There may also be an opportunity to meet with multidisciplinary partners who can help safeguard the practice's registered patients.</p>

94. Where the suspect or perpetrator is due to attend the meeting, relevant professionals should consider the safety of the ISVA and the victim, the victim's ability to discuss their experiences openly, and the benefits of holding separate meetings, in particular, for child protection meetings.
95. There may be occasions within these settings where it is necessary to withhold information from the victim (for example, personal information relating to the suspect). The professional sharing this information should make it clear where this information should be withheld.

Section 11: Institutional advocacy

96. Institutional advocacy is the term for providing advocacy support and advice at an institutional, rather than individual, level and covers activity ISVA services may carry out which involves raising systemic issues that impact victims' experiences. This should help statutory agencies and organisations improve their practices, by learning from shared best practice. It should also increase agencies' understanding and awareness of sexual violence and sexual abuse. ISVA services have a unique, multi-agency perspective as they support victims to navigate different systems. They are, therefore, well equipped to recognise the gaps and barriers which victims may face, and to advocate for improvements to ways of working.
97. Depending on the availability of staff and their relevant expertise, ISVAs, ISVA service managers or other professionals working in the ISVA service may carry out institutional advocacy.
98. Where ISVA service availability allows, institutional advocacy may include a variety of activities, such as:
 - i. if suitably qualified, providing training to other organisations on recognising and understanding sexual violence and sexual abuse;
 - ii. highlighting issues at senior or strategic level to make overall improvements, such as where multiple victims are experiencing issues with a particular referral pathway;
 - iii. contributing specialist knowledge to the development of strategic plans, and service design and development. For example, ISVAs can help shape improvements where particular groups of victims are facing barriers to support because of their language, race, sex, or gender;
 - iv. where appropriate, ISVA services can support the inclusion and trauma-informed participation of victims in relevant forums.
99. While institutional advocacy can be reactive, in direct response to arising issues, it is particularly effective within set forums or partnerships at a strategic level. In these settings, statutory agencies and ISVAs should work together to draw on expertise and identify opportunities to implement best practice. Statutory agencies should strongly consider inviting ISVAs and/or ISVA service managers to attend local strategic forums, including, but not limited to, the following:

- i. Community Safety Partnerships;
- ii. Integrated Care Partnerships;
- iii. joint commissioning groups;
- iv. Local Criminal and/or Family Justice Boards;
- v. local Multi-Agency Safeguarding Arrangements (MASA) for children and adults;
- vi. place-based partnerships;
- vii. scrutiny panels.

100. Outside of such forums, statutory agencies should also consider utilising strategic leads or single points of contact to enable ISVAs to raise issues and suggestions.