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research article

Challenges of using specialist domestic and sexual violence and abuse service data to inform policy and practice on violence reduction in the UK

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Specialist domestic and sexual violence and abuse support services routinely collect administrative data about victim-survivors' experiences of violence, interventions, and individual- and service-level outcomes. When used effectively, such information has the potential to enhance understanding of patterns of violence in society and ensure that responses are evidence-based. However, the extent to which insights from specialist services' administrative data can inform policy and practice on violence reduction is limited by three interrelated challenges: different approaches to the measurement of violence and abuse; the issue of disproportionate funding and capacity of services, and the practicalities of multi-agency working. This article contributes to a gap in knowledge by explicitly addressing the challenges of using such data. It is hoped that it will encourage further discussions into how services collect and use data, which would greatly enhance knowledge in this area. To gain a more accurate picture of violence and abuse, their consequent harms in society, and where resources and interventions should be targeted, it is vital that specialist services data is integrated with other sources of data on violence.

Keywords domestic violence and abuse • sexual violence • specialist support services • administrative data • violence reduction

Key messages

- Specialist domestic and sexual violence and abuse services' administrative data has the potential to enhance understanding of patterns of violence in society and ensure that responses are evidence-based.
- The nature of specialist services' administrative data creates challenges for using it to inform policy and practice on violence reduction.
- Additional resources, collaborative working and further research are required to better utilise specialist services' administrative data to inform understanding of patterns in experiences of violence and service use.

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Introduction

Domestic and sexual violence and abuse¹ (DSVA) has profound societal and health impacts on individuals: it is estimated that around one in three women and one in seven men in England and Wales have experienced domestic abuse (DA) in their lifetime ([Office for National Statistics \(ONS\), 2020a; 2020b](#)) and 23 per cent of adult women and 5 per cent of men have experienced some form of sexual violence (SV) ([ONS, 2021](#)).

While men also experience DSVA and women can perpetrate DSVA, research shows it is predominantly perpetrated by men against women, and women experience it at greater frequency and severity ([Ali et al, 2021](#)). In recognition of the gendered nature of DSVA and thus far inadequate policy responses, specialist support services for victim-survivors (hereafter referred to as ‘specialist services’) of DSVA and other forms of violence against women (VAWG) evolved from the 1970s onwards as part of the women’s movement ([Hague, 2021](#)). Definitions of specialist services vary between organisations depending on context, location and other factors. They commonly focus on the provision of victim-survivor centred support and safety, through specialist expertise in violence and abuse ([European Institute for Gender Equality, 2012](#)). In the UK, specialist services offer a range of services including refuges, outreach, counselling, legal advice, floating support, Independent Domestic Violence Advisor (IDVA) and Independent Sexual Violence Advisor (ISVA) support, children’s services, helplines, and others ([Council of Europe, 2010; NICE, 2014; Hagemann-White, 2019; Floriani and Dudouet, 2021](#)). Specialist services may campaign for policy change, undertake research, provide professional training and accreditation and raise public awareness – all of which can impact public policy and achieve social change ([Hague, 2021](#)). The nature of specialist services varies, with some based in traditional feminist third sector organisations and others in relatively new gender-neutral social enterprises ([Taylor-Dunn and Erol, 2021](#)). Services also vary by the specific population they serve, in terms of gender (for example, women-only, men-only and mixed-gender), ethnicity (for example, specific to Black and minoritised, or Asian people), sexual orientation (for example, specific to LGBTQ+ people), type of violence (for example, domestic violence and abuse only, sexual violence and abuse only, other types of VAWG) and whether they provide support to victim-survivors, perpetrators, or families. By-and-for services are those designed and delivered by people from the communities they aim to serve, such as Black and minoritised women, disabled women, LGBT women and so on ([Imkaan, 2018b](#)). The majority are run by local organisations, although some are delivered nationally (for example, the National Domestic Abuse Helpline). A handful of second-tier specialist services have evolved to support local services.

All specialist services collect data. Administrative data are collected routinely to provide insight into the demand, uptake and quality of services, enabling them to monitor their work and informing decisions on resource allocation ([Kendall, 2020](#)).

The primary purpose of administrative data collected by service providers is to support their day-to-day work and meet contractual obligations to funders and commissioners (Wiley, 2020; Smith and Davidge, 2022). Specialist services have implemented monitoring and evaluation processes, case management systems and computerised case notes. This professionalisation and the increased resource pressures associated with excessive data collection has been criticised for distracting from the goal of ending DSVA (Macy et al, 2010). Nevertheless, monitoring and evaluation is an important tool to drive learning and service improvement, evaluate performance, inform the wider VAWG evidence base and influence social change (Imkaan et al, 2016). The existing academic literature drawing upon specialist services data is limited, often researching one type of service in one location only (Coy and Kelly, 2011); utilising older datasets (for example, Bowstead, 2020); drawing on additional data collected for research purposes (such as external evaluations or primary data for trials); containing little discussion about data collection processes and theoretical frameworks (Campbell, 2011a; Nichols, 2011); and predominantly from the USA, Canada and Australia. Few reflections on the logistics of using specialist services data for research have been published (for exceptions see Bowstead, 2019; Kendall, 2020; Smith and Davidge, 2022).

This article seeks to address a gap by reviewing the nature and purpose of specialist services' administrative data and the challenges of using it to inform policy. The current article focuses on the UK practice and policy context, therefore evidence from UK-based specialist services is primarily drawn upon. However, voluntary sector data is used across the globe (Macy et al, 2010; Laing et al, 2012; McMullin, 2023). There are some differences in practices by country, which have implications for data usage. For example, DSVA professions and services are less standardised/centralised and less often credentialed in the USA and Canada, compared to the UK (Bates and Douglas, 2020; Scott et al, 2023). Because DSVA advocacy is not a centralised support service in the US, they don't have national statistics comparable to that of those reported by the ONS in the UK. However, overarching parallels mean many of the issues discussed herein are relevant in an international context. Where evidence from the UK is lacking, studies from other national contexts are drawn upon throughout. Due to its focus on third sector services for those who have experienced DSVA, the studies selected in the current review are primarily of services located in the third sector that provide specialist support to victim-survivors of domestic and/or sexual violence and abuse. Where relevant to the discussion of key issues identified in this literature, studies utilising administrative data from statutory services and/or those that provide support for broader forms of violence and/or those based in other sectors are considered. The article will first review the common challenges of using administrative data produced by statutory and other organisations more broadly, before describing data collected by specialist services. The article will then critically review specialist services data as a source of evidence for policies on reducing DSVA by examining three key interrelated issues: differing approaches to measuring DSVA, disproportionate funding and capacity, and the practicalities of multi-agency working.

Challenges in using administrative data

Policy-makers endorse the wider application of existing administrative data as a time and cost-effective means to inform policy development and practice (Lyon et al,

2015). Administrative data collected by criminal justice, health and social services is used globally to understand trends in populations and evaluate interventions (Gibbs and Wildfire, 2007; Hamblin et al, 2018; Bailey et al, 2020). Large, multi-level administrative datasets enable researchers to develop and test increasingly complex conceptualisations of violence, its precursors and outcomes, and can be linked to data from other agencies (Hurren et al, 2017). However, the nature of administrative data presents challenges for researchers (Smith and Davidge, 2022; Yoshida et al, 2022).

First, administrative data is rarely deidentified, archived and made available for research (Bowstead, 2019). The application process is often lengthy and burdensome, and even where access is granted, data relating to violence tends to be under-recorded or missing (Dheensa, 2020). Second, the variables most pertinent to monitoring service provision are not necessarily the best for research (Smith and Davidge, 2022) and data are commonly collected by frontline staff with competing pressures and priorities, meaning errors are inevitable (Bowstead, 2019). This has implications for the depth and scope of analysis possible. Third, considerable data management and cleaning is often required before administrative data can be used for research, which can be complex and time-consuming. Furthermore, administrative records are typically fragmented, and these data are rarely linked to other data that would be useful for research and policy (Penner and Dodge, 2019). Finally, research using administrative data is often undervalued for not being representative of the population, as it only includes individuals who sought out a particular service (Fanslow et al, 2022). Multi-agency approaches, data sharing and integration are needed to address this and gain a more accurate picture of violence in society and its impacts, but are fraught with their own challenges (Davies, 2018).

Specialist services data

Overview of data collected

Local DSVA services collect information about survivors' journeys as part of their daily work. Second-tier organisations collate data from local specialist services networks and may also collect their own primary data. Datasets typically include information about referral patterns, survivor demographics, experiences of abuse, perpetrator/s, support needs, support provided, service- and individual-level outcomes, and feedback and experiences of external services (for example, housing, legal services, local authority safeguarding, NHS, police) (Women's Aid, 2022). Much of the data collected is recorded as categorical structured variables, however, accounts of the experience of violence and associated circumstances are often collected in narrative summary forms (Walby et al, 2017).

Specialist services' data covers a broad range of abuse types, including non-physical forms of violence such as psychological, economic and technology-facilitated abuse, and forced marriage, honour-based violence (HBV), trafficking and sexual exploitation (Berry et al, 2014). Reliable information on these types of violence is not readily available from other sources, meaning that they are often underestimated in official statistics. Thus, specialist services hold vital information about the patterns within these types of violence. Information relating to each case is typically collected under a unique identification number, meaning individual journeys are documented and there is potential to analyse longitudinal data on the history of violence, associated

circumstances and service use (Campbell, 2011b). Rich information about victim-survivors' experience is recorded at each point of contact with the service, including the context (pattern of abuse, context of control and fear, resistance against a perpetrator), impacts (instil fear, cause physical or psychological injury or harm, restrict personal freedom) and duration of victimisation (pattern of repeated incidents, multiple perpetrators) (Myhill, 2017; Women's Aid, 2020). They also capture information about 'hidden' victims, such as older or LGBTQ+ people, those with disabilities and those who are homeless or in refuges. Data surrounding recourse to public funds and intersecting inequalities is also recorded. Many specialist services measure wide-ranging survivor-led outcomes, beyond traditional, 'hard' outcomes (for example, access to housing), such as resilience, empowerment and wellbeing (Smith and Davidge, 2022).

Some specialist services' administrative data is routinely published in impact and annual reports. Such statistics indicate the successes and challenges in facilitating victim-survivors' engagement with support services, and can be used to encourage necessary changes in policy and law (Hine et al, 2022). For example, data from Rape Crisis centres has been used to highlight inadequacies in the judicial system for prosecuting rape (Centre for Women's Justice et al, 2020). Specialist services recognised and were collecting data on coercive control as part of a pattern of abuse before it was legally defined and were key players in campaigning for the offence to be introduced. Academics have used specialist services' data for evaluations, reviews, and to answer specific policy-relevant research questions, for example on DA and suicide (Aitken and Munro, 2018) and HBV and forced marriage (Bates, 2021). Secondary analysis of specialist services' data is a safe and ethical practice that does not increase risk of further harm to the victim-survivor or subject them to any emotional distress or re-traumatisation (Smith and Davidge, 2022).

Strengths of specialist services data

The nature and scope of specialist services means that the data they collect carries advantages over other sources of data on violence, including police, health and survey datasets. Police data is limited to only violence that is reported and tends to be closer to meeting the criminal threshold, thus underestimating DSVa, a notoriously under-reported crime. Police data is by nature incident-based, is limited by counting rules which mean the frequency and severity of ongoing patterns of DSVa are underestimated, and is unsuitable for measuring domestic violence and abuse (DVA) repetition due to different units of measurement, inconsistent recording of personal details, misuse of DVA markers, and information being lost in free-text (Phoenix, 2021). It is hampered by not being fully disaggregated by sex and other protected characteristics, poor recording of ethnicity, and ill-informed labelling of 'victims' and 'perpetrators' within incidents that masks wider coercive and controlling dynamics (Police and Crime Committee, 2022).

The application of violence flags in health records is inconsistent (Dheensa, 2020). Research suggests DSVa is often not enquired about in health settings, and when it is, it is not recorded (Ward et al, 2013; Safelives, 2021). Health data likely overrepresents victim-survivors with physical injuries and diagnosed mental disorders, obscuring the wide range of other potential impacts of DSVa. Population-based surveys are more representative of prevalence of violence than administrative datasets, but exclude

anyone not in a settled household setting, including women staying in refuges, hostels or elsewhere due to escaping DVA. Furthermore, survey data provides only a 'snapshot' measurement of what is an ongoing and complex pattern of behaviour (Brooks-Hay and Burman, 2018), and has been criticised for obscuring the gendered nature of DVA (Myhill, 2015; Cooper and Obolenskaya, 2021).

Instead of events, specialist services have tended to use the victim-survivor as the unit of measurement to structure their data. This happens as support is based on victim-survivors' needs, thus, recording individual events may not be a priority or appropriate. Using the victim-survivor as the main unit of measurement offers simplicity in data collection and management. As case management systems used by specialist services have evolved, many now use the victim-survivors' journey through their services (that is, the period of support) as the unit of measurement. Doing so allows services to input information about the victim-survivors' experience of abuse each time they start accessing a service, thereby documenting their history of violence. Such datasets present opportunities to link administrative data to analyse survivors' and perpetrators' engagement with multiple systems across time, but these complex analyses are burdensome (Kendall, 2020).

Specialist services thus hold valuable data for researchers and policymakers, highlighting the complex, protracted and gendered nature of DVA. However, limitations of the data create unique challenges (Smith and Davidge, 2022).

Challenges in using specialist services administrative data

Differences in measurement

Specialist services' administrative data is important for establishing victim-survivors' needs, the cost of meeting them and informing future service provision and training gaps. Currently, such data are not collected consistently, and datasets differ in various ways. Policies and procedures, resourcing, funding requirements and survivor consultations all shape the data that are collected (Smith and Davidge, 2022). Women-only services often do not hold data about male victims; specialist by-and-for services collect data exclusively on the sub-populations they support, and those that provide perpetrator programmes collect outcome data on perpetrators (Kelly and Westmarland, 2015). Variation occurs within as well as across services, for example information may be added or removed over time due to changes to databases, funding requirements or relevant policy and legislation. How DVA is measured impacts upon how (and whether) it is possible to 'see' its nature and extent (Brooks-Hay and Burman, 2018).

The geographical distribution of specialist DVA services in the UK is complex and fragmented, contributing to differences in measurements (Coy et al, 2009). Data collection is often boundaried to authority areas or regions, meaning that it is not possible to identify individuals moving between areas and services and decisions about service provision are based on partial or skewed information (Bowstead, 2019). This creates challenges for merging and comparing data and limits the extent to which it can be used for longitudinal research (Hurren et al, 2017), where participants are followed-up multiple times over an extended period of time. Given the rapidly changing context of DVA and the multitude of factors that influence the services responding to it, longitudinal data are crucial for demonstrating the impact of services over time (Smith and Davidge, 2022).

Furthermore, prioritisation of simplicity in the systems and databases collecting data can mean some fields are overwritten when circumstances change and new information is recorded, and frequent changes in the sample as services open, close and expand means that it is difficult to run detailed cross-sectional analysis over many years (Smith and Davidge, 2022). Additionally, second-tier organisations collate data from the same local specialist services and these are often used in combination by local specialist services, meaning that the same victim-survivors and services may appear in multiple datasets, creating duplicates.

The role of risk assessment in responding to DSVa is contested, which impacts the data collected and how it is used (Hagemann-White, 2019). In England and Wales, professionals are often expected to assess the level of risk to a victim using the Domestic Abuse, Stalking and Honour risk assessment (DASH). While standardised tools are sometimes valued for being robust and evidence-based, some specialist services have adapted the DASH or developed bespoke tools to better reflect the needs of their clients (Callanan et al, 2012), leading to differences in the data collected to assess victim-survivor risk. Attempts at standardisation of risk assessment are difficult in practice due to differing approaches to support and prioritisation of assessing needs versus risk.

Particularly challenging in evaluating specialist services are differences in the outcomes measured (Macy et al, 2015). Measuring outcomes is important for determining the effectiveness of support, improving service delivery and evidencing impact to funders and the wider community. However, there is a lack of consensus around which outcomes to measure to meet these multiple and often conflicting goals. Differences arise from varying perceptions of what good looks like and how to evidence it (Westmarland et al, 2010). While many specialist services now use the same outcomes frameworks, there remain some differences. Various available frameworks include victim-reported, staff-reported, 'hard' (for example, being housed, suffering further abuse), and 'soft' (for example, changes in perceptions of safety, improved confidence, increased awareness of help-seeking opportunities) outcomes. Measuring different outcomes makes it difficult to assess the effectiveness of interventions delivered by specialist services and compare these to those delivered by non-specialist agencies.

Disproportionate funding and capacity

Funding is frequently identified as the biggest challenge faced by specialist services (Westmarland et al, 2010; Wiley, 2020; Safelives, 2021; Women's Aid, 2021a). The 2020 Spending Review saw the UK government commit £125 million of funding for local authorities to deliver support to DVA victims, with an additional £19 million for tackling DVA announced in the 2021 Budget (HM Treasury, 2020; 2021). However, third sector organisations campaign that this is not enough. Women's Aid estimated that £393 million per annum is needed to keep refuges and community-based services running, alongside ring-fenced funding for specialist services led 'by-and-for' Black and minoritised women, disabled women and LGBTQ+ survivors (Women's Aid, 2021b), while SafeLives estimates that £2.2 billion per annum is needed to cover all DVA services (Safelives, no date). Most specialist services receive resources via fundraising, grants and commissioning, a large proportion of which is local authority commissioning (Women's Aid, 2021a). Securing local authority funding tends to

involve a competitive tendering process, which often values cost-savings above quality of service delivery and tends to favour larger organisations that employ staff with fundraising expertise (Price et al, 2020). Funding increasingly being provided at a local level increases the likelihood of disparity between regions, as local authorities work within their own values and priorities (Price et al, 2020).

Collecting data requires considerable administrative labour of service staff, and this work does not end once the data are recorded. Inadequate resourcing and competitive funding limits specialist services' capacity to collect, share and use data. Larger, second-tier organisations often have research and evaluation teams, meaning that they have more capacity to undertake additional data analysis than is typical of the sector (Smith and Davidge, 2022). Still, such resources are not enough to meaningfully use and learn from the data which specialist services hold. Smaller by-and-for services supporting the most marginalised groups, who experience disproportionately more violence, typically have less funding and resources available for implementing quality data systems and conducting research (Colgan et al, 2014). A report by Imkaan, a second-tier organisation representing by-and-for services across the UK, estimated that the combined income of 15 BME services is less than the income of one single mainstream VAWG support service (Imkaan, 2018a). Furthermore, organisations with smaller local authority budgets suffer more substantial budget cuts than larger ones (Towers and Walby, 2012). Thus, the stability of by-and-for services is at risk due to having to compete with larger organisations for local authority contracts (Price et al, 2020). Disproportionate funding makes it challenging for the specialist by-and-for sector to deliver the services needed, let alone invest in data collection.

It is largely funders and commissioners who shape the data collected by specialist services. Local funding of programmes often means neighbouring local authorities provide different services and record different data in incompatible systems (Bowstead, 2019). Reductions to local authority budgets mean that the core funding is often insufficient to cover the full costs of delivering DSVa services (Women's Aid, 2021a). To make up for shortfalls in statutory funding, many specialist services rely on multiple additional, often short-term, sources such as specific grants or donations, and fundraising, to stay afloat (Ward et al, 2013). These other funding streams are often time consuming to source, which is particularly problematic for smaller organisations without dedicated grant writers. Once secured, every pot of funding comes with requirements for daily monitoring of activities and finances, which can require that new information is collected and/or accreditations are required to secure eligibility for funding (Wiley, 2020). The imperative to secure stable funding with its externally prescribed bureaucracy and performance measurements can conflict with the ethos of survivors' service provision, feminism and empowerment (Macy et al, 2010; Hague, 2021). The competitive funding climate is also at odds with partnership working and joint commissioning.

Multi-agency working and data sharing

Multi-agency working, whereby multiple public services, such as health and justice, and third sector agencies collaboratively provide programmes and services, has been supported by the National Institute for Health and Care Excellence (NICE) and the World Health Organization (WHO) and is considered key to effective interventions

(Notko et al, 2022). NICE guidelines highlight the crucial role of specialist services' expertise (NICE, 2014). In 2019, the UK government issued a resource for local systems leaders, co-produced by Public Health England, the Department of Health and Social Care and the Home Office, fostering a whole-system multi-agency approach to serious violence prevention (HM Government, 2019). These multiple government guidelines on multi-agency working aim to identify, prevent and reduce DSVA by setting out recommendations and whose responsibility it is to implement them. Recommendations cover local needs assessment and mapping, crossing local authority boundaries, encouraging disclosure of DVA, referral pathways, information-sharing protocols, and cross-agency training. Specialist services receive referrals across the health, social care and criminal justice sectors. How DSVA is defined within each, and how clearly this maps onto definitions within specialist services, has implications for the accuracy and efficiency of referrals, the support provided and the effectiveness of any subsequent policy developments (Robinson, 2017).

Research suggests that more referrals are made to appropriate specialist services when specialist training in DSVA is provided, for example in specialist police units (Rumney et al, 2020), and hospital (Halliwell et al, 2019) and general practice-based advocacy services (Szilassy et al, 2023). Often specialist services are involved in the design and/or delivery of such training. Examples of enhanced multi-agency responses include Specialist Domestic Violence Courts (SDVC), Multi-agency Risk Assessment Conferences (MARAC), which bring together statutory and non-statutory agencies to coordinate community responses to high-risk victim-survivors of DVA, and IDVAs who support victim-survivors through the criminal justice system (Cleaver et al, 2019). A multi-agency response to DSVA can promote better information sharing between multiple agencies, network building, and standardised early intervention referral pathways. This potentially enables support to be offered to victim-survivors who do not meet the criteria for 'high-risk' – something often required to access scarce resources (Hagemann-White, 2019) – and help to identify patterns of abuse and challenge different professional conceptions of risk (Cleaver et al, 2019). The importance of a coordinated response to DSVA is recognised across specialist services.

While multi-agency working is highly recommended, it is not without its problems. Different perspectives on violence and ethos and understandings of service provision means that multi-agency working can be burdensome on services and detract from person-centred service provision (Forbes, 2019). Tensions can arise between professionals who work with perpetrators and those who work with victim-survivors regarding resource allocation and service provision (Clarke and Wydall, 2013) and victim safety and risk (Davies, 2018). Research also indicates missed opportunities by statutory services to enquire about and support victim-survivors, underpinned by a lack of understanding and awareness of DSVA and training to identify and refer individuals to appropriate specialist support (Ward et al, 2013; Safelives, 2021). Different histories, knowledge bases, and organisational cultures between statutory and third sector services, along with ethical concerns and the aforementioned competitive funding landscape, present challenges to the development of effective collaborative work (Laing et al, 2012; Milbourne and Cushman, 2013; Cleaver et al, 2019; Notko et al, 2022). While multi-agency working presents opportunities for data sharing across multiple agencies, concerns around safety are a common barrier (Cleaver et al, 2019). Issues can arise if ethical principles of data protection, anonymisation and storage are not adhered to, or if data are misrepresented (Williamson et al, 2020).

Particularly, issues around data protection and legislation such as General Data Protection Regulation (GDPR) in the European context are a cause for concern for DSVAs, universities and other agencies, and are often not well understood (Baxter and Fancourt, 2020; McMullin, 2023). GDPR poses an additional barrier for data sharing, with specialist services being particularly cautious. The UK regulator has recently issued a warning regarding victims of domestic abuse and their data, emphasising the need for adequate training and appropriate data systems to avoid data breaches (Information Commissioner's Office, 2023). Training for researchers and transparent discussions with (and between) services providing/sharing data can dispel myths, increase understanding and trust and enable co-produced data sharing agreements (Davies, 2021). In the context of fear around the state using data and policies to inflict further harm on victim-survivors, the importance of ethical issues when using specialist services' data cannot be overemphasised (Voolma, 2018). Data protection and other ethical issues with the use of specialist DSVAs' data (such as privacy and confidentiality, informed consent, safety and referral of victim-survivors to and between service providers) can be addressed via, for example, cross-sector training, 'safe researcher' accreditation processes such as those developed by the UK Data Service (UKDS), the development of Trusted Research Environments (TREs), ethical oversight committees, pseudonymisation of data, and commitments to co-production and collaboration including stakeholder involvement in the interpretation of findings. Guidelines on collecting and using data on violence and abuse ethically and safely have been provided by academics, the World Health Organisation and within the health, police and justice sectors (Downes et al, 2014; Haarr, 2018).

Discussion

While the utilisation of administrative data to improve the intervention and prevention of DSVAs has attracted the attention of data scientists, practitioners, funders and commissioners and policymakers alike (Hsieh et al, 2018), missed opportunities largely attributable to inadequate funding and resource have persisted. Analysis of administrative data by dedicated research teams allows for the creation of new knowledge without further burdening frontline staff (Smith and Davidge, 2022). However, not all organisations have the financial or operational capacity to do this, and implementing procedures for meaningful data collection in the busy environment of DSVAs is challenging even for those that do, meaning contributions to an already limited evidence base are missing (Stark et al, 2022). Ethical considerations also come into play, for example, obtaining consent from survivors for their data to be recorded is a highly ethical practice, but risks the needs of certain populations being missed due to disproportionate refusal of consent among socially disadvantaged populations (Kendall, 2020; Smith and Davidge, 2022).

While evaluations of specific interventions have proliferated, there remains gaps in evidence around the effectiveness of DSVAs interventions (Stark et al, 2022), particularly for 'underserved populations' such as the LGBTQ+ community (Bates and Douglas, 2020). Many evaluations provide inadequate information on data collection, methods and analysis, and suffer from small sample size (NICE, 2014). Methodological details are often missing or inaccessible, making it difficult for researchers to compare or replicate results or extract data for systematic reviews and meta-analyses. Findings from evaluations are reported in silo and synthesis of findings on effectiveness for the various types of interventions is rare (Stark et al, 2022).

Prioritisation of national statistics derived from police and crime survey data to inform policy-related decisions on DSVAs means the rich contextual detail of violence and abuse captured within specialist services' data, which would likely influence conclusions, are lost (Myhill, 2017; Myhill and Kelly, 2021; Fanslow et al, 2022). Also often missing is input from those with lived experience of DSVAs, who are the meaningful experts on 'what works' for victim-survivors.

Inconsistent data collection across specialist services means the process of synthesising data on DSVAs for national scale analysis is difficult (Kendall, 2020). To piece together the national picture, specialist services data could be linked with that from other agencies to develop statistical estimations of the prevalence of DSVAs within particular populations (Gath et al, 2021). The variable quality of specialist services' data and differences in measurement and recording of DSVAs create challenges for comparing and linking data (Robinson and Hudson, 2011; Lyon et al, 2015). However, a recent UK study of women's relocation journeys to escape DVA demonstrated the potential for administrative data to be linked over time, geographic regions and to the national level, revealing previously hidden trends, flows and patterns (Bowstead, 2019).

Caution must be exercised when linking or sharing data on individuals because it has been used to oppress and cut funding. Thus, specialist services, particularly by-and-for services, are understandably sceptical of sharing data on vulnerable populations (Day and Gill, 2020). Endeavours to link disparate administrative datasets must be accompanied by political will, the further development of safe practices for ensuring anonymity and confidentiality (Lyon et al, 2015) and commitment to equal and fair partnership working. For findings from analysis of specialist services' data to be translated into meaningful change, investment from multiple stakeholders is needed.

Implications for future research

Collaboration and co-production between academic researchers and specialist services can provide additional analytical capacity. This can include access to shared resources, guidance and advice, workshops and training to improve data collection methods, data quality and upskill staff, as well as co-produced policy recommendations. To ensure research is truly co-produced and collaborative, key stakeholders (including those working in third sector specialist DSVAs services and those with lived experience of accessing services) should be involved at all stages of the research process, from developing ethics and data sharing agreements, to data processing, to interpreting findings from the data, through to dissemination and knowledge exchange activities. Crucially, academic-third sector-lived experience partnerships should be mutually beneficial and focus on improving services and outcomes for the victim-survivors whom they support. Forming steering/working groups with stakeholders and holding regular meetings/workshops can facilitate opportunities for co-production. These relationships take time to develop, and trust and transparency between partners is vital to produce high-quality research. The challenges of using specialist services' data are not insurmountable, as demonstrated by examples of successful data sharing projects (Hester et al, 2020) and mapping studies (Coy et al, 2009; Bowstead, 2019). Maintaining ethical standards outlined earlier in this article, such as establishing trusted research environments (sometimes known as data safe havens), can increase collaborative research, and the co-production of research outputs can ensure the principle that

research does no harm is upheld (Bows, 2017). Research must consider the motives, consequences and context in which abuse and interventions take place; that structural inequality affects experiences of DSVAs and the effectiveness of responses, and allow for meaningful victim-survivor participation (Williamson et al, 2020).

Future research could explore whether simpler and more consistent data collection across funding and commissioning contracts increases accuracy and reduces onerousness (Macy et al, 2010; Callanan et al, 2012). Significant gaps in knowledge remain regarding who is being turned away from services, and who has not reached the stage of seeking support (Bryce et al, 2016). Data gaps around inequalities in experiences of violence, and the severity and duration of its harms, introduce bias into the evaluation of interventions. Further research is needed on the types of DSVAs and harms that are excluded, under-estimated, or under-specified in existing studies, including how violence is gendered in unique ways across intersections of inequality such as ethnicity, immigration status, sexuality, gender identity, age and motherhood (De Coster and Heimer, 2021). Research should move beyond pre- and post-evaluation of discrete programmes to investigate coordination of multiple services and support for victim-survivors of DSVAs as a complex system (Burnett et al, 2016), accounting for the fact that some interventions that reduce one aspect of violence can have perverse effects of reducing resilience to violence in others (Kimball, 2022).

Conclusion

This article has critically reviewed the literature on the challenges of using administrative data held by DSVAs specialist services. Specialist services' data could uniquely contribute to knowledge on violence by addressing two of the biggest gaps in the field – the dearth of longitudinal studies and robust evaluation studies (Campbell, 2011b; National Institute for Health and Care Excellence, 2014). The data contains important information on the effectiveness of DSVAs services, which can be used to produce policy-relevant research that can provide the evidence base for improving support for victim-survivors. While the focus of the current article is on the UK service delivery and data collection context, many of the challenges and implications discussed are applicable to other national contexts.

DSVA is a health, social and legal issue requiring a range of multi-agency and multidisciplinary responses. More resources and collaboration are needed to better understand and realise the potential of administrative data held by DSVAs specialist services (Smith and Davidge, 2022). Such work requires cooperation, trust and transparency between multiple agencies, service providers and researchers to maximise policy impact. The article has shown that undertaking robust and ethical research requires time, resources and compromise. Given the benefits individuals and society stand to gain, this is a worthwhile endeavour.

Notes

¹ The current article focuses on DSVAs, and includes specialist services that offer support to male victim-survivors. However, it is acknowledged that DSVAs falls within the wider remit of violence against women and girls (VAWG) and gender-based violence (GBV), and disproportionately affects women and girls (Williamson et al, 2020). Working with perpetrators to change their behaviour also falls within this remit (Imkaan et al, 2016).

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Conflict of interest

The authors declare that there is no conflict of interest.

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