

# IRISi

IRIS  
ADVISE

## interventions



## IMPROVING THE HEALTHCARE RESPONSE TO GENDER-BASED VIOLENCE

A comprehensive review of IRIS and ADVISE programmes in England, Wales, Channel Islands, and Northern Ireland to March 2023.

**WRITTEN BY:**

Sallie Barnes - Data, Research & Evaluation Manager  
Katie Smith - Data, Research & Evaluation Manager  
Geisa D'avo - Comms & Marketing Manager  
Lucy Downes - Network Director  
Medina Johnson - Chief Executive

**DESIGNED BY:**

Paula Ragucci (paularagucci@gmail.com)

**OUR GRATITUDE**

**TO THE IRISI NETWORK:**

All Clinical Leads, Advocate Educators (AEs), Service Managers, Commissioners, and many other professionals and partner organisations involved in the IRIS and ADVISE programmes.

**TO THE IRISI TEAM (2022-2023):**

Medina Johnson - Chief Executive  
Annie Howell - Development Director and Deputy CEO  
Lucy Downes - Network Director  
Sally Harrison - Office and HR Manager  
Molly Adams - Bookkeeper & Training Coordinator  
Shim Vereker - Contracts and Programme Manager  
Ellie Vowles - Business Development Manager  
Haniya Chaudhary - Network (IRIS and ADVISE) Development Manager  
Charlotte Chappell - ADVISE Lead & Senior Regional Manager  
Mel Goodway - IRIS Lead & Senior Regional Manager  
Emma Williamson - Regional Manager  
Hayley Ferns - Regional Manager  
Katie Smith - Data, Research & Evaluation Manager  
Geisa D'avo - Comms & Marketing Manager

**TO OUR BOARD MEMBERS (2022-2023):**

Donna Covey  
Daphne Amevenu  
Gene Feder OBE  
Andrew Wilson  
Jacqueline Gantley

The data used in this 2022/23 report are based on the data available to IRISI as of 1st July 2023.

# IRISI'S JOURNEY: Bridging gaps, changing lives



I am delighted to introduce you to the IRISI National Report, celebrating and sharing our work to date. As the driving force behind transformative healthcare interventions aimed at improving responses to gender-based violence (GBV), IRISI and our work have grown significantly since we launched as an organisation in 2017. Our flagship, evidence-based programme, IRIS, continues to offer best practice and cost-effective responses in primary care across the UK. Over the last two years our ADVISE programme, based in sexual health services, has made significant strides across England and there's more innovation on the horizon as we explore new models and opportunities within different healthcare settings.

What sets IRISI apart is our unique ability to bridge the gap between domestic abuse specialist services and healthcare professionals. This connection is at the heart of our mission: ensuring that victims and survivors of domestic and sexual violence and abuse (D&SVA) receive comprehensive, tailored support. In the past year alone, through our partnerships with specialist delivery partners, our programmes have received over 6,300 referrals.

Beyond the numbers, this national report pays tribute to every individual involved in our interventions. Each has tirelessly ensured that survivors are identified, referred, and supported on their path to healing. Thank you for joining us on our journey and we look forward to continued growth and impact in the years to come.

Warm regards,  
**Medina Johnson**  
CEO, IRISI

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# IRISi

## Improving the healthcare response to gender-based violence

### What do we do?

IRISi is a social enterprise specialising in developing and implementing evidence-based and cost-effective programmes to improve the healthcare response to Gender-Based Violence (GBV). We build the bridge between specialist services and healthcare professionals to provide tailored support to victims and survivors of Domestic & Sexual Violence and Abuse (D&SVA). We also provide expert advice and consultancy in the field of Domestic Abuse and health.

*Our vision is a world in which GBV is consistently recognised and addressed as a health issue.*

*Our mission is to promote and improve the healthcare response to GBV by working side by side with health and specialist services.*

### Expert advice and consultancy

We also provide training and awareness raising sessions that are tailored for specialist health settings like dentistry, ophthalmology and emergency medical services.



### The IRIS programme: Identification and Referral to Improve Safety

Our flagship programme, IRIS, improves the general practice response to Domestic Abuse (DA). The programme was evaluated in a randomised controlled trial and proven effective as an intervention for women patients aged 16+. IRIS is currently widely commissioned across the UK and the Channel Islands.

### Feedback we received

“We all agreed that the training was informative, organised, and presented with sensitivity. The content was pitched to our needs and the pace of the talks given was also just right.”  
- IRIS trained Clinician

“This has been a liberating journey, from wondering what I had experienced after talking with my doctor, to fully understanding the type of abuse that I had been experiencing for years. This has been the best service.”  
- IRIS Service user

“This programme is successfully reaching vulnerable people who would not otherwise have been recognised or supported.”  
Public Health Manager and Sexual Health Commissioner



### The ADViSE programme: Assessing for Domestic Violence and abuse in Sexual Health Environments

ADViSE is our second programme and adapted IRIS for sexual health clinics. ADViSE encompasses all patients, regardless of their sex or gender identity, and responds to Domestic and Sexual Violence and Abuse (D&SVA).

### Interpreting the data: what you need to know

In most areas the IRIS programme is commissioned as per the evidence base, i.e. as an intervention for women patients aged 16+. In around 1/3 of IRIS sites, the IRIS service is for all patients aged 16+ who are victims and survivors of DA. As a result, the referral data presented here are not only for patients identifying as women. Consequently, we tend to use gender-neutral language in this report. At the same time our choice of imagery is intentional to reflect the disproportionate impact of DA on women and girls.

Besides that, two IRIS sites included in this report, Devon & Torbay and Northern Ireland, use an adapted IRIS model that also encompasses Sexual Violence (SV). All other sites use the original IRIS model focussing on DA only. For simplicity, in this report we describe IRIS as a DA intervention.

Lastly, please note that when supporting survivors of D&SVA, it is not always possible for Advocate Educators to gather all data for every service user. Within this report (unless stated otherwise) percentages are based on the total known responses (i.e. the unknown responses have been removed).



# IRIS and ADViSE national trends

The IRIS programme is expanding its presence across England, Wales, Northern Ireland and Jersey. ADViSE has successfully extended its reach to key locations in England, including Greater Manchester, Bristol and South Gloucestershire. In 2023-2024, we will be launching our first two ADViSE sites in London.

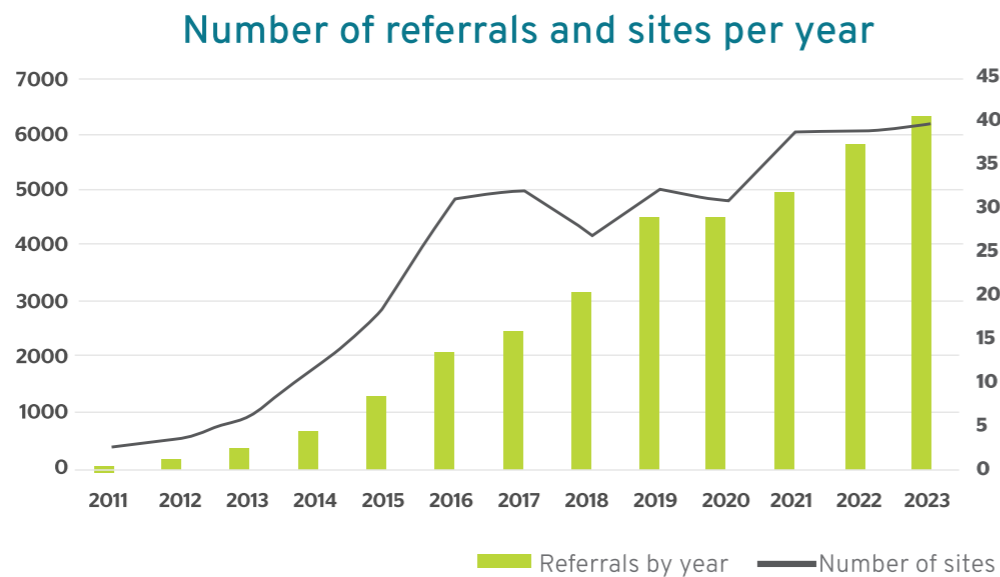
## Active areas commissioned and number of referrals

From April 2022 to March 2023, IRIS and ADViSE were actively commissioned and operational in 40 areas across the UK. During this timeframe we received a total of 6,333 referrals. This marks a significant milestone as it contributed to our grand total of 36,352 referrals since our first intervention, IRIS, was implemented in 2010.

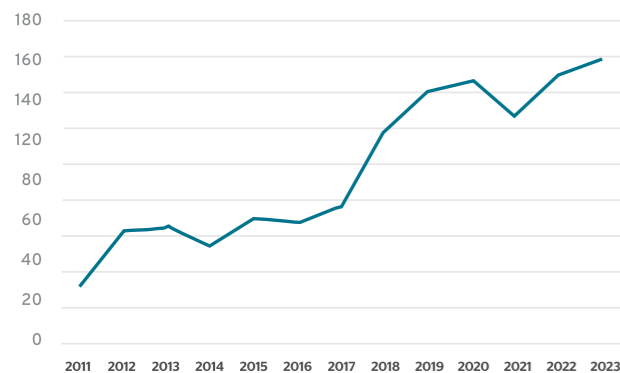
ALMOST  
**36,500**  
SERVICE USERS  
REFERRED TO IRIS AND  
ADVISE PROGRAMMES

## Sites and referrals over time

As the number of IRIS and ADViSE sites increase over the years, the total number of referrals made to the programmes also increases. This isn't an unexpected outcome.



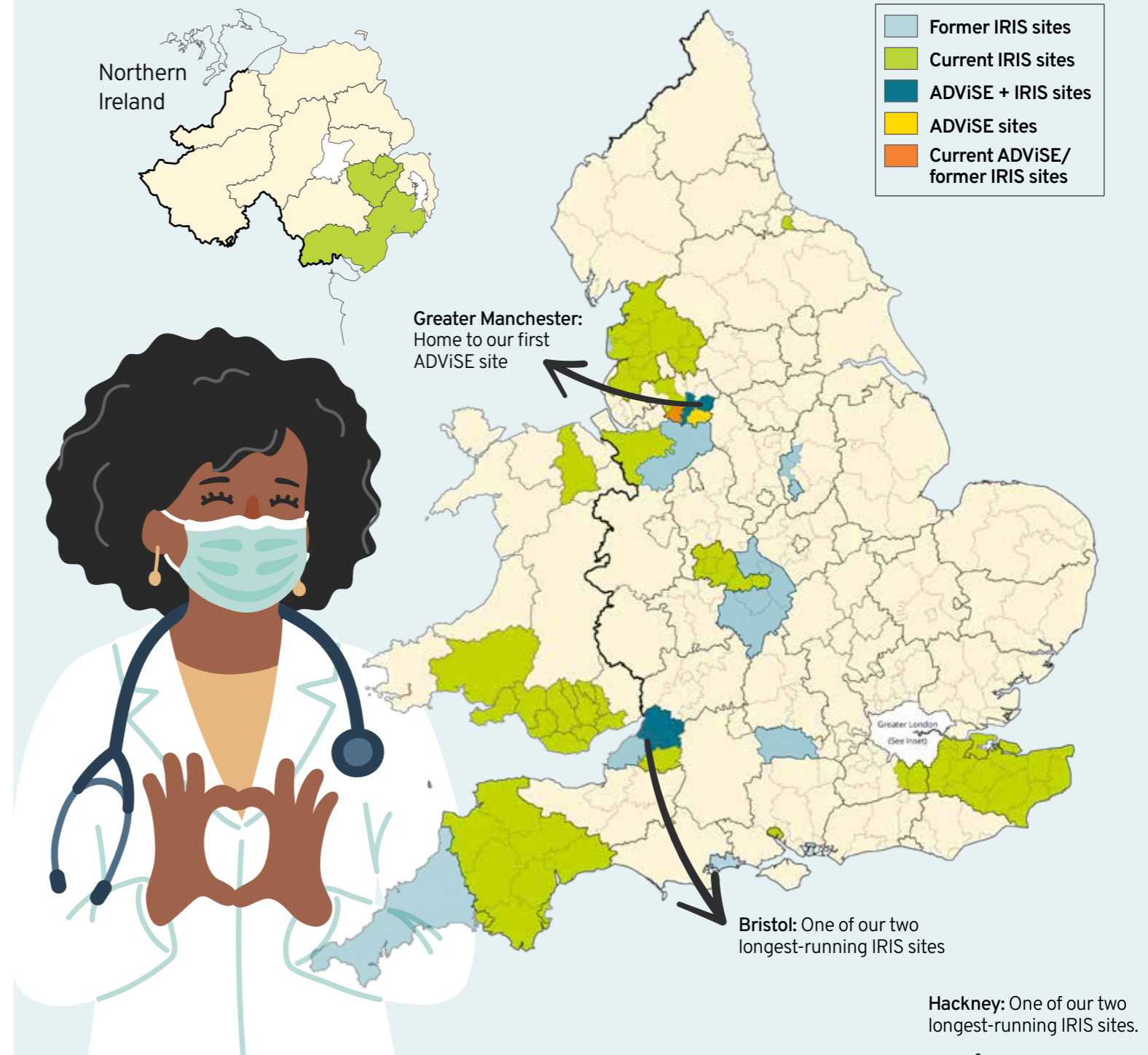
## Average referrals per site



What is more interesting, however, is that when we look at the data a little closer, what we see is that on average as the years progress, individual sites *also* receive more referrals.

This is informative because it tells us that sites themselves are getting busier over time. This emphasises the importance of securing multi-year funding commitments from commissioning bodies.

# Our sites across the UK



*"I'm so grateful that the GP was able to help me. I don't know what I would have done without the AE support. I felt like a prisoner. I thank her especially for the day that I escaped. She was the person who kept me together"*  
IRIS Service User

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## Number of referrals per fiscal year per area

IRIS AREAS	UP TO 2015	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	TOTAL BY AREA
BARKING AND DAGENHAM*							29	74		103
BARNET				1	61	51	91	108	115	427
BATH AND NORTH EAST SOMERSET		52	148	128	162	157	350	158	88	1243
BERKSHIRE WEST*	65	6								71
BIRMINGHAM AND SOLIHULL		90	222	286	419	164	689	725	942	3537
BLACKPOOL*					3	94				97
BOLTON	16	144	142	199	245	348	268	243	338	1943
BRENT*							3	56		59
BRISTOL	363	120	161	202	286	276	198	243	185	2034
BROMLEY			32	116	99	106	92	79	152	676
CAMDEN*	139	35	7	108	132					421
CARDIFF & THE VALE		119	132	133	156	267	3	239	266	1315
CARMARTHENSIRE									8	8
CHESHIRE EAST*	9	5								14
CHESHIRE WEST		10	25	95	101	96	95	117	114	653
CORNWALL*	5	1	3							9
COVENTRY					72	125	150	219	180	746
CROYDON*							30	82		112
CWM TAF		46	144	160	106	133	101	202	275	1167
DENBIGHSHIRE									20	20
DEVON AND TORBAY					154	357	241	311	337	1400
DUDLEY					29	110	105	107	110	461
EALING*							7	50		57
EAST SURREY		22	23	49	45	16	32	43	35	265
ENFIELD	94	42	107	134	112	172	117	99	145	1022
GREENWICH							15	63	34	112
GWENT								201	311	512
HACKNEY	462	191	127	123	99	122	160	176	197	1657
HAMMERSMITH AND FULHAM*							11	95		106
HARINGEY			15	50	55	63	47	100	79	409
ISLINGTON	6	52	49	84	132	79	64	7	43	516
JERSEY				1	38	32	43	16	19	149
KENT AND MEDWAY								1	1	2
KENSINGTON AND CHELSEA*						37				37
LAMBETH	321	113	39						87	560
LEWISHAM*			22	57	84	4				167
MANCHESTER	312	268	478	759	827	961	740	767	759	5871
MANSFIELD AND ASHFIELD*	52	45	15							112
MIDDLESBROUGH							3	41	93	137
NORTH SOMERSET*		9	3							12
NORTHERN IRELAND							23	125	141	289
NOTTINGHAM CITY*	138	115	21							274
NOTTINGHAM WEST*	17	60	22							99
POOLE*		19	9							28
PORTSMOUTH*	149	80	18							247
SALFORD		2	52	126	231	251	213	271	285	1431
SANDWELL			7	5	71	85	81	106	72	427
SOUTH GLOUCESTERSHIRE	118	88	132	60	189	49	116	109	90	951
SOUTHAMPTON	258	87	74	63	64	7	30	23	12	618
SOUTHWARK		9	65	13	65	46	38	57	34	327
SWANSEA BAY						11	60	114	53	238
TOWER HAMLETS	81	149	86	32	109		170	189	97	913
TRAFFORD*		31	52	87	18					188
VALE ROYAL AND SOUTH CHESHIRE*	26	21			82	112	49			290
WALSALL				36	153	31	97	107	139	563
WALTHAM FOREST							22	39	43	104
WARWICKSHIRE*		69	48	75	111	155	186			644
WESTMINSTER*							7	51		58
WOLVERHAMPTON									1	1
<b>TOTAL PER YEAR</b>		<b>2100</b>	<b>2480</b>	<b>3182</b>	<b>4510</b>	<b>4517</b>	<b>4776</b>	<b>5813</b>	<b>5900</b>	<b>35909</b>

ADVISE AREAS	2021-22	2022-23	TOTAL BY AREA
BRISTOL & S. GLOUCESTERSHIRE		123	123
MANCHESTER	6	154	160
STOCKPORT		53	53
TAMESIDE	2	56	58
TRAFFORD	2	47	49
<b>TOTAL PER YEAR</b>	<b>10</b>	<b>433</b>	<b>443</b>

*“No question was disregarded during the training. I felt they really wanted to pass on their vast knowledge and experiences.”*

IRIS trained Clinician



# Interactions within healthcare settings

Providing training for both clinical and non-clinical healthcare staff is a central element of IRIS and ADVISE programmes. A minimum of 4,296 training spaces were filled across all our sites. During the 2022/23 period, our network hosted 728 training sessions, with a confirmed attendance of at least 3,450 individuals participating in one or more sessions. Some of our training data lack attendee numbers, suggesting that the total number of healthcare professionals trained is likely to be considerably higher. On average, these sessions typically had between 4 and 16 participants.

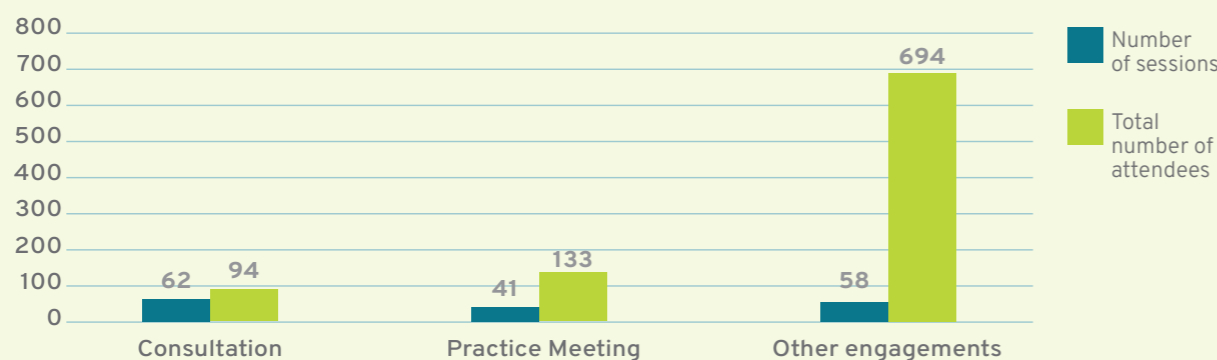
TYPE OF HEALTHCARE PROFESSIONAL	NUMBER OF SESSIONS (Number of attendees)				
	Clinical Session 1	Clinical Session 2	Clinical Refresher	Reception training	Reception refresher
Not recorded	89 (559)	53 (330)	35 (187)	66 (411)	11 (34)
General Practice staff	92 (633)	71 (403)	96 (459)	124 (782)	68 (309)
Other*	2 (11)	2 (8)	2 (15)	n/a	n/a
Sexual Health Clinic staff	5 (36)	6 (99)	n/a	6 (20)	n/a
<b>TOTAL</b>	<b>188 (1239)</b>	<b>132 (840)</b>	<b>133 (661)</b>	<b>196 (1213)</b>	<b>79 (343)</b>

\*The majority of training attendees who ticked 'other' recorded their job titles as either 'medical student', 'GP trainee', or 'social prescriber'



## Improving connections between health and the specialist DA & Violence Against Women and Girls (VAWG) sector

Alongside delivering training and establishing a referral pathway, the third strand of work that is integral to our interventions includes activities that improve the connections between the healthcare setting and the specialist DA & VAWG sector organisations. The improvement in connection can be measured through the different forms of engagement between the AE and the healthcare providers, such as providing advice and consultancy, attending practice meetings, or attending other types of events or meetings to promote engagement with the service. A handful\* of organisations recorded their engagement with healthcare providers, with an average of 14 practice meetings attended, 12 consultations and 12 other engagements per site.



\*5 specialist VAWG sector organisations recorded information about consultations, 3 about practice meetings and 5 about other engagements

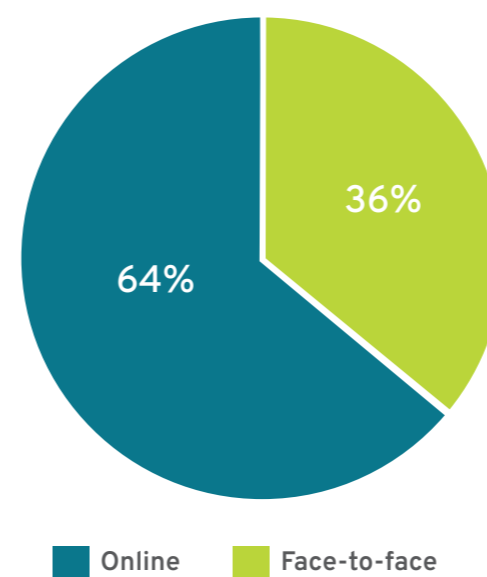
## Whole team approach

IRIS and ADVISE training sessions are designed for the whole practice/clinic team. The shape of the team in general practice has changed significantly since the IRIS Programme first launched; it's not just about doctors, nurses, and administrative staff anymore. Primary care networks (PCNs) and Neighbourhood Care Networks (NCNs) employ a far greater range of staff including allied health professionals such as physiotherapists, counsellors, and drug and alcohol workers, alongside pharmacists and social prescribers. Over 100 different types of healthcare professionals attended IRIS and ADVISE training sessions during 2022-23. We promote a whole team approach and encourage any healthcare professional who has one-to-one patient consultations to attend the clinical training.



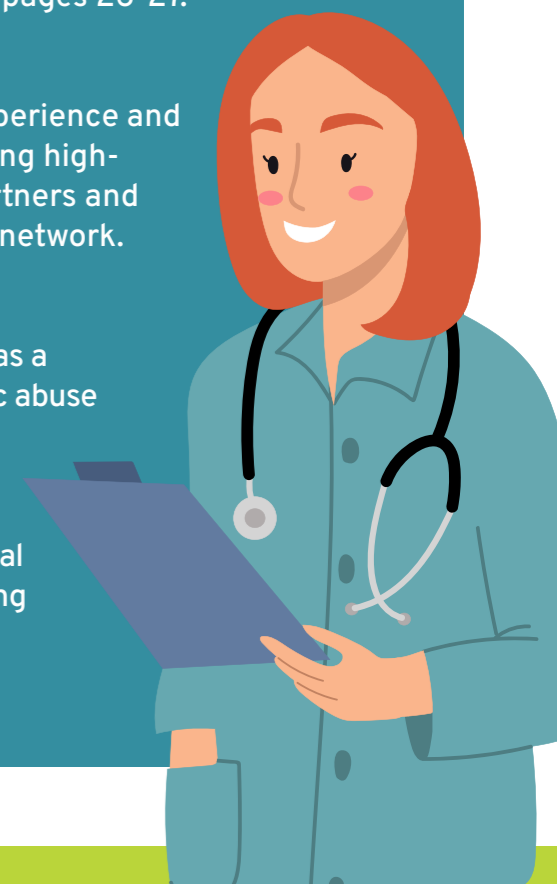
## Method of delivery

Nearly two-thirds of the training sessions were conducted online, with 36% held face-to-face. While hybrid training methods seem to be here to stay, and can enhance the accessibility of training for busy healthcare professionals, we know that there can be a trade off with participants' engagement. We are therefore pleased that there has been more than a threefold increase in the proportion of training sessions delivered face-to-face since the previous year 2021-22.



## Why is IRIS considered the gold standard?

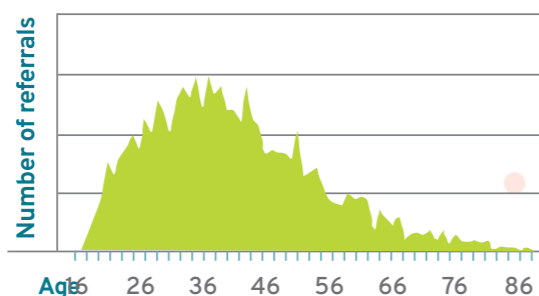
- Strong foundations in research**  
 IRIS is backed by robust research evidence, demonstrating its real-world effectiveness. The programme delivers positive Return on Investment and Social Return on Investment, making it a sustainable and viable choice. For more details, please refer to pages 26-27.
- Longevity and influence**  
 IRIS draws on 16 years of experience and research connections, creating high-quality resources for our partners and establishing a national peer network.
- National policy impact**  
 IRIS, facilitated by IRISi, acts as a vital bridge between domestic abuse specialist services and healthcare bodies. Our work efficiently channels frontline concerns into national discussions, ultimately exerting an influential impact on the policymaking process.



# Service users: who we support

## Service user age distribution

ADViSE serves a younger group of service users than IRIS. For ADViSE, two-thirds of service users are under 35 years old, whereas for IRIS just over two-thirds of service users are 35+. The IRIS Programme however, serves an older demographic than the majority of DA services. According to a Women's Aid report\*, only 4.3% of their service users were 61 and over (n=38,045), while this age group accounted for nearly 11% of referrals to the IRIS programme.



\*Source: Women's Aid. (2023) The Domestic Abuse Report 2023: The Annual Audit, Bristol: Women's Aid. P. 18.

## Mental health & problematic substance use

44% of service users who started and completed their support in the year 22/23 faced mental health challenges or problematic substance use. Of those asked, 2.7% of our service users had attempted suicide in the past year. It's important to note that this rate of suicidality is likely an overestimate (as Advocate Educators are more likely to document an attempt rather than its absence) but this still highlights a concerning level of distress.



## Supporting vulnerable migrant populations

Of the 6,333 service users referred to the IRIS and ADViSE programmes up to March 2023, 531 were migrants. This group included 30 refugees and asylum seekers, along with 9 undocumented individuals. These unique circumstances compound the challenges related to accessing safety and support. At a national level, IRISi collaborates with sector partners, advocating for comprehensive access to services and support for women with no recourse to public funds.



## Children are victims too

IRISi welcomed the Domestic Abuse Act of 2021 for recognising children in families affected by DA as victims. Among our service users, 54% (n=4300) were responsible for looking after children. Of these, they had on average 2 children in their care.



## The influence of location on the ethnicity of service users

Approximately one-third (31.4%) of service users referred to IRIS and ADViSE belonged to minoritised ethnic groups (n=4244)\*. This percentage exceeds the figure for England and Wales (Census, 2021). There may be many reasons for this, but potentially one is that our programmes are more often commissioned in urban areas rather than rural ones, and urban areas tend to be more ethnically diverse.



## Addressing the needs of disabled service users

Roughly one in five (19%) of service users referred to our programmes identified as disabled (n=4305)\*. This rate closely aligns with the data from the England and Wales Census (Census, 2021). However, considering that disabled individuals are at a higher risk of abuse, this might suggest an unmet need within our services.



\*See box on page 05, "Interpreting the Data".



# In focus: gender & sexual orientation

The ADViSE programme serves individuals of all sex and genders. Nevertheless, we observe a disproportionate number of referrals for women and individuals from other minoritised gender groups, which aligns with our expectations. Notably, we've observed a stronger representation from the LGBTQ+ community being identified and referred through this initiative when compared to the IRIS programme. This may be attributed, in part, to the targeted efforts of local ADViSE teams in collaborating with this community, including working with a trans-specific sexual health clinic.

	All	%	ADViSE	%	IRIS	%
Cisgender	3634	99.0%	389	95.8%	3245	99.4%
Transgender	40	1.0%	17	4.2%	23	0.6%
TOTAL	3674		406		3268	

Gender identity	All	%	ADViSE	%	IRIS	%
Woman	4347	94.2%	332	81.8%	4015	95.4%
Man	249	5.4%	62	15.3%	187	4.4%
Non-binary + other gender identities	19	0.4%	12	3.0%	7	0.2%
TOTAL	4615		406		4209	

Sexual Orientation	All	%	ADViSE	%	IRIS	%
Bisexual	120	2.8%	46	13.2%	74	1.9%
Gay/Lesbian	103	2.4%	38	10.9%	65	1.7%
Heterosexual	3996	93.9%	245	70.4%	3751	96.0%
Other	36	0.8%	19	5.5%	17	0.4%
TOTAL	4255		348		3907	



# IRISi's 6th year in review

6 key achievements in the year ending March 2023

## 01 The successful rollout of the IRIS programme in Wales

By November 2022, six out of seven local health board areas commissioned IRIS in Wales: Cardiff & the Vale, Cwm Taf, Swansea Bay and Gwent Health Boards commission the programme across all or nearly all of their general practices. IRIS is also commissioned in Carmarthenshire in Hywell Dda Health Board, and in Denbighshire in Betsi Cadwaladr University Health Board, where it is funded by the Office for the Police and Crime Commissioner (OPCC).

The first areas to implement the initiative were Cardiff & the Vale and Cwm Taf in 2015. From

2020 onwards, IRIS's expansion across Swansea Bay, Gwent, Denbighshire and Carmarthenshire marked a promising step toward its availability for the entire Welsh population.

Due to this strategic expansion, IRIS has achieved a substantial impact in Wales, with 933 service users referred in the country alone during the 2022-2023 fiscal year. This outcome not only showcases the programme's effectiveness in early identification and support but also underscores the critical importance of addressing DA within healthcare settings.

## 02 Domestic Abuse Statutory Guidance and NHS England recommend implementing the IRIS programme

The Domestic Abuse Statutory Guidance, issued by the Home Office under the Domestic Abuse Act in July 2022, offers guidance to statutory and non-statutory bodies dealing with DA victims and perpetrators, including the NHS. The document recommends: *"Implementing the IRIS programme. IRIS is an evidence-based intervention to improve the general practice response to domestic abuse (...). It is nationally recognised as best practice and has informed NICE guidance."*

At the same time, NHS England also produced and shared *"Domestic Abuse and General Practice"*, a rapid read to all general practices, safeguarding leads, Primary Care Networks (PCNs) and Integrated Care Systems (ICS) teams across England recommending the IRIS Programme model as a strategy to tackle DA during consultations.





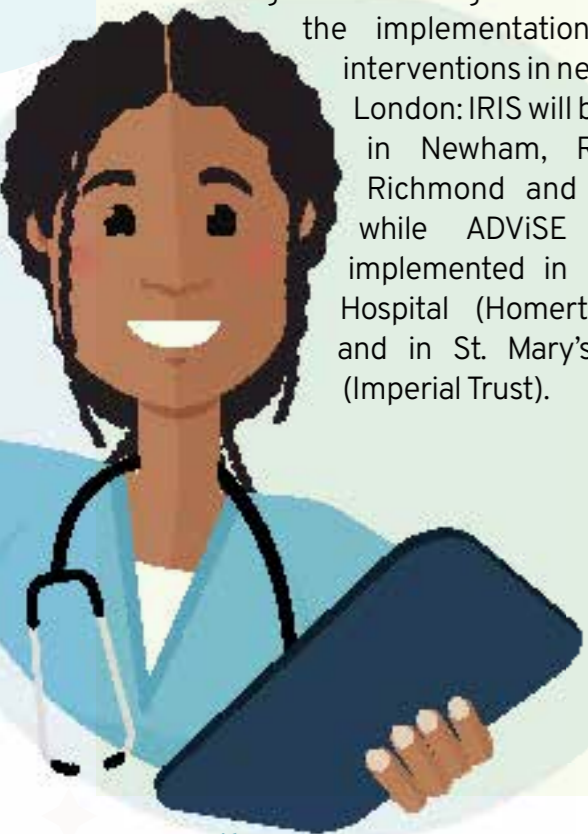
# 03

## IRISi and VRU: Partnering to transform London's healthcare response to GBV

The IRIS in 7B programme officially ended in June 2022, marking a significant achievement in seven London boroughs: Tower Hamlets, Croydon, Barking and Dagenham, Brent, Ealing, Westminster, and Hammersmith and Fulham.

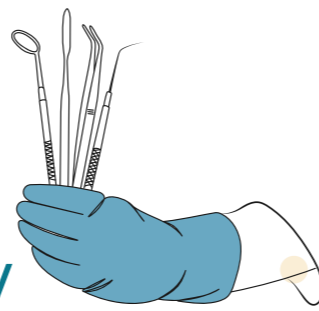
This initiative, funded by London's Violence Reduction Unit (VRU) since 2019, provided specialist DA training, support and referral services for General Practices in collaboration with local specialist services. These organisations – namely Asian Women's Resource Centre (AWRC), Advance, Bromley and Croydon Women's Aid, FJC, nia, and Solace Women's Aid – worked collectively to train 183 general practices and received a total of 838 referrals from clinicians.

Building on the success of the 7B programme, in August 2022 the VRU announced that it would commission IRISi to manage grant funding and oversee the implementation of two interventions in new areas of London: IRIS will be running in Newham, Redbridge, Richmond and Kingston, while ADVISE will be implemented in Homerton Hospital (Homerton Trust) and in St. Mary's Hospital (Imperial Trust).



# 04

## Consultancy and awareness training sessions in dentistry – and more to come!



In the year ending March 2023, IRISi again conducted awareness sessions for dental students at the University of Bristol, ensuring that the next generation of dental professionals can identify GBV signs. We also provided training to foundation and dental core trainees across the Southwest of England and participated in a session at the NHSE Dentistry and Safeguarding Conference, making a positive impact on a broader spectrum of dental practitioners.

Many of these lectures and training initiatives were commissioned by Health Education England, while others were undertaken in direct collaboration with dental schools.

Looking ahead, IRISi is actively engaged in developing an evidence-based model tailored specifically for the dentistry setting.

Soon, we're also preparing to expand our services, offering consultancy and awareness training sessions tailored to the needs of pharmacy and ophthalmology.

# 06

## IRISi welcomes a new chair: charting a path for growth and inclusion

The IRISi journey began in 2017, with the formal establishment of the social enterprise focused on improving the healthcare response to GBV. Our flagship

# 05

## “Through a Lens” sessions: empowering IRISi's network

IRISi proactively sought funding opportunities to collaborate with specialist organisations in creating and delivering training sessions focused on improving the skills of our network members. The “Through a Lens” sessions are designed to ensure that all IRIS and ADVISE Advocate Educators and Clinical Leads have access to valuable and practical knowledge in areas crucial to the delivery of these programmes.

As part of the “Through a Lens” sessions, in July 2022, we partnered with the Asian Women's Resource Centre (AWRC) to conduct sessions on “Recognising Harmful Practices in Health Settings”

– and here is the feedback:

**53 IRISi network members** registered for the sessions.

**91.3% of participants** rated the content as *very good* or *good*.

**91.6% found the presentation** *very good* or *good*.

**All participants** would recommend this training to others, most as it is and some with a few amendments.

### Overall rating



“Really insightful session! It provided the context around how this can happen to any woman, but disproportionately happens to certain communities as accepted cultural practice by perpetrators to control and silence women and girls.”

programme, IRIS, was already in operation across various UK regions, but a strategic plan was needed for sustainable expansion and the development of new interventions.

Key in this journey was the *Health Foundation* who supported our development of the social franchise model for IRISi's interventions.

In February 2023, Daphne Amevenu, former Head of Improvement Programmes

at the Health Foundation, was nominated as IRISi's new Chair, bringing her experience and passion for diversity and inclusion to the organisation. With her background in project management and business consulting, Daphne will help us to navigate the evolving healthcare landscape and promote IRISi's interventions in the face of uncertainty and pressure in the post-pandemic world.

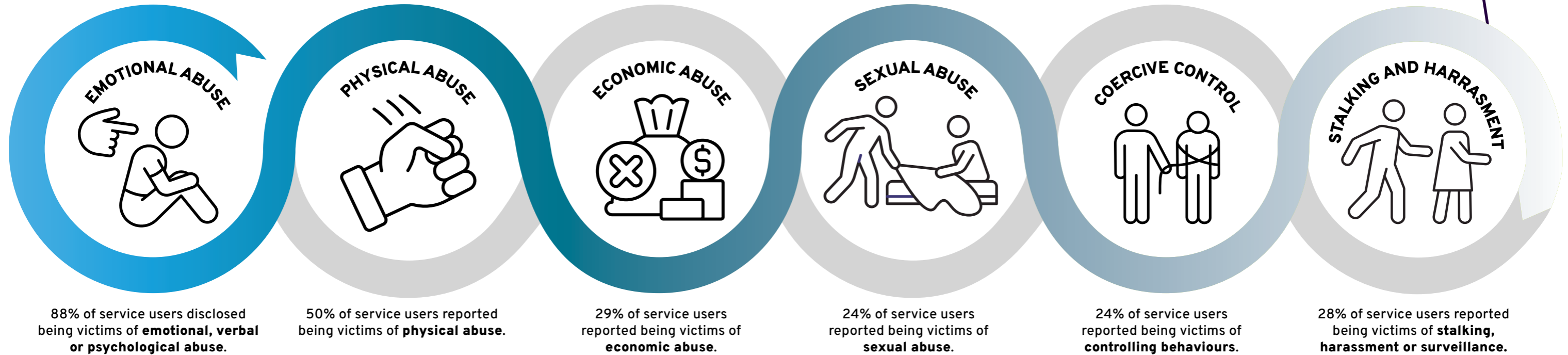
# Types of abuse

In the year ending March 2023, IRISi gathered data on abuse from 4,487 service users. Abuse manifests in various forms and in the majority of cases, victims and survivors will experience multiple types of abuse concurrently. This is the case of 87% of the service users referred to IRIS or ADViSE.

**227** service users reported being victims of "harmful practices". As defined by the UN, these practices constitute a form of GBV and may even amount to

torture or cruel, inhumane or degrading treatment. **4** individuals among the service users had either undergone or were at risk of **Female Genital Mutilation (FGM)**.

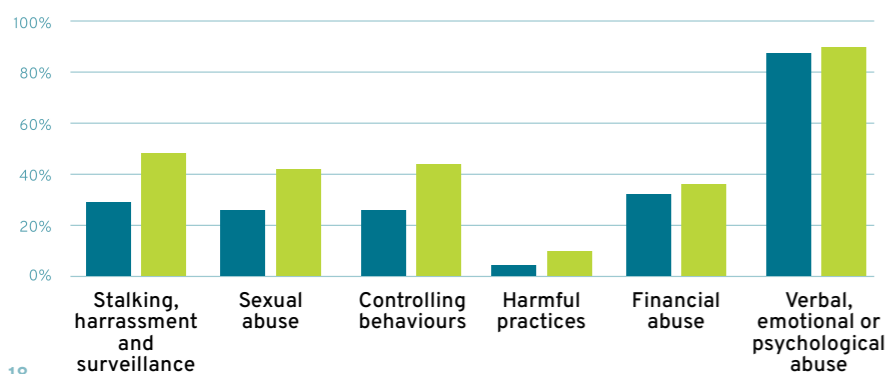
**34** service users were at risk of or had faced **forced marriage**. **204** service users were victims of so-called 'honour'-based abuse or violence.



## Focus on non-fatal strangulation

Following the introduction of the Domestic Abuse Act 2021, intentionally strangling a partner became a specific offence. Consequently, IRISi initiated new data collection to delve deeper into non-fatal strangulation. A total of 245 service users were recorded as having experienced non-fatal strangulation. Upon further investigation of this cohort, it was observed that those who had experienced non-fatal strangulation were also more likely to encounter additional forms of abuse compared to those who had not experienced non-fatal strangulation. This suggests that non-fatal strangulation is associated with an escalation of abuse.

Comparison between abuse types experienced by overall group (blue) and those that have experienced non-fatal strangulation (green)



## What do we know about the perpetrators\*?

Most perpetrators of abuse are **known** to the service user.

**87.9%** of primary perpetrators are **current or former intimate partners** of the service user.

A further **10.5%** of perpetrators are **family members**. Of these, **1 in 3** is an **adult child abusing a parent**.

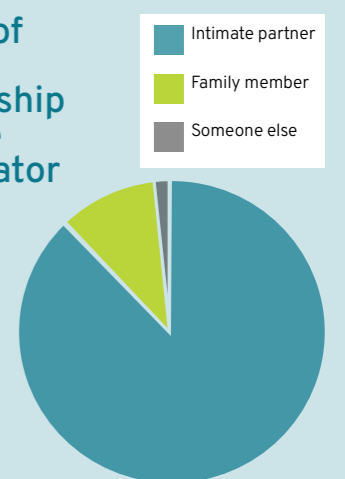
**1.6%** of perpetrators fall into the "other" category\*. In most cases, these will be some of the perpetrators from our ADViSE programme, which supports not just survivors of domestic abuse, but also **survivors of sexual violence**.

"Other" might mean **acquaintances, professionals or strangers**.

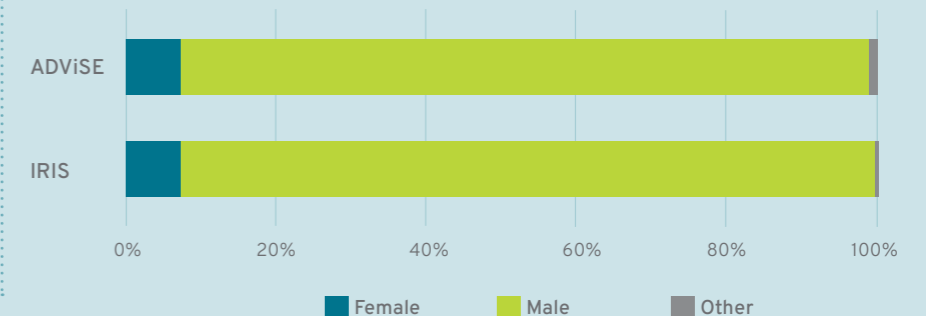
\*Most areas delivering our interventions deliver the traditional IRIS programme focussing on DA only. By definition, perpetrators of DA will be known to the victim. The ADViSE programme, and a couple of the IRIS programmes, also support victims and survivors of sexual violence, so not all perpetrators will be known to the survivor.

Our IRIS programme mostly provides support to female service users. Our ADViSE programme, on the other hand, offers support to all victims and survivors. Data on the sex of perpetrators reveal that both IRIS and ADViSE programmes primarily involve **male perpetrators**.

## Nature of abusive relationship with the perpetrator



## Sex of perpetrator



# How our programmes provide support


## The role of local specialist services


IRISi works in partnership with existing specialist domestic abuse and sexual violence support services operating locally. When our programmes are commissioned we support the preparation, launch and implementation of IRIS/ADViSE. We help local services (our IRIS and ADViSE partners, who become part of the IRISi network) to forge connections with key stakeholders in health and we train the local frontline services to deliver our programmes across their local area. In total, **34 different specialist services** collaborated with IRISi in the year ending March 2023.

## Tailored support based on risk levels

IRIS and ADViSE are designed to assist those who are classified as “standard” to “medium” risk. However, the level of risk can change, and as a result, service users may require a different type of support. In the year ending March 2023, our AEs have supported in:

 **584** MARAC processes.

 **309** adult safeguarding processes.

 **534** child safeguarding processes.

## Face to face, virtually or by telephone: different channels, same purpose

- **1,111** service users received in-person support, with **80** having more than 10 meetings.
- **489** service users received online/email support.
- **3,477** service users received telephone support.
- **828** service users received support through multiple formats.

## Top priority: emotional support

Just **over 3,300 service users** referred to the IRIS or ADViSE programmes received emotional support from their AE. Those who reported needing emotional support were over **3 times more likely** to mention having mental health or substance use vulnerabilities than those who did not require this support.

## Support for legal actions

Support was provided to **255 service users** seeking civil justice interventions, such as non-molestation orders, occupation orders and assistance with child contact matters. Additionally, Advocate Educators assisted **256 service users** in pursuing criminal justice interventions, which encompassed reporting incidents to the police including breaches of bail, assault, stalking, non-fatal strangulation and cases of malicious communications.

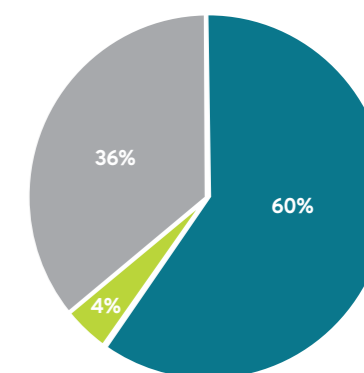


## Survivor-centred support: varied lengths and duration

The length of support is tailored to each service user’s preference. Nearly **1,500 service users** sought one-time assistance. On average, support lasted for **about 2 months**, though some service users received support for over a year.

## IRIS and ADViSE meeting unmet needs

Service users were asked if they had previously accessed support from domestic abuse/sexual violence specialist organisations. **The majority (n=2,912) hadn’t accessed support before.** This highlights that IRIS and ADViSE are reaching a group of people who wouldn’t have accessed specialist domestic abuse/sexual violence programmes.



*“You have supported me so much. I’m not a shell of myself. You have given me the confidence to do things my way and not to doubt myself.”*

IRIS Service User

*“The Advocate Educator was absolutely amazing. She was so patient and understanding with me, and really helped me change my perspective on things. Thank you so much for everything. I don’t think I emphasised enough how grateful I am for your help. It has really changed things for me.”*

ADViSE Service User

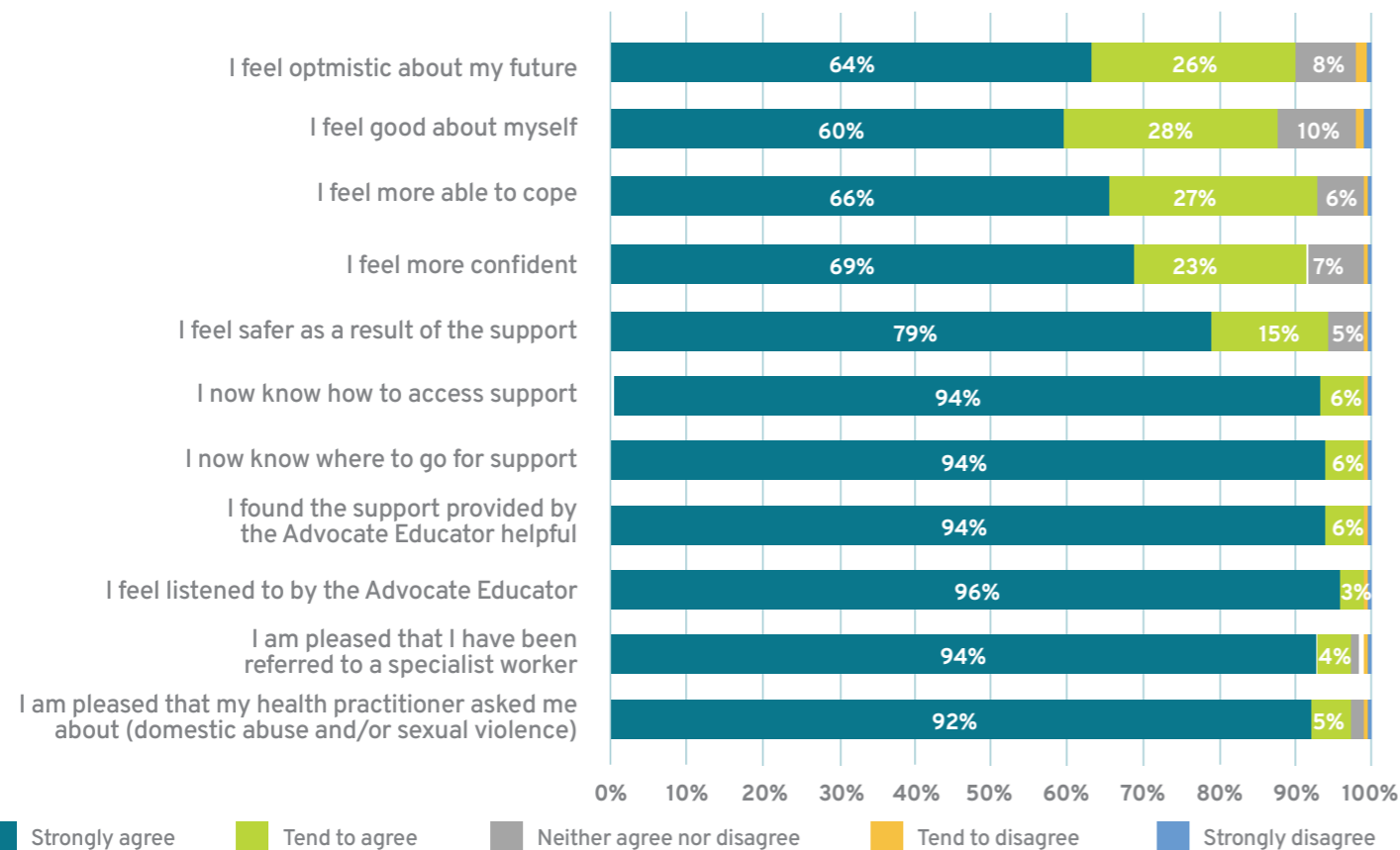
# Feedback from service users

At the end of the support period, we ask service users (n=631) to provide feedback on their experience with IRIS (n=524) or ADViSE (n=152). We recognise the difficulties in collecting this feedback, as service users may unexpectedly stop engaging with support or contacting service users may not be safe. Nevertheless, these data are crucial for us to continually enhance our services in a survivor-centred approach.



*The exceptionally positive feedback on the support received from IRIS and ADViSE contrasts with how service users perceive themselves, indicating ongoing struggles to recover. This highlights the need for long term, patient-led support after experiencing DA.*

## Feedback from services users (IRIS and ADViSE)



## Comparing ADViSE and IRIS: are there differences?

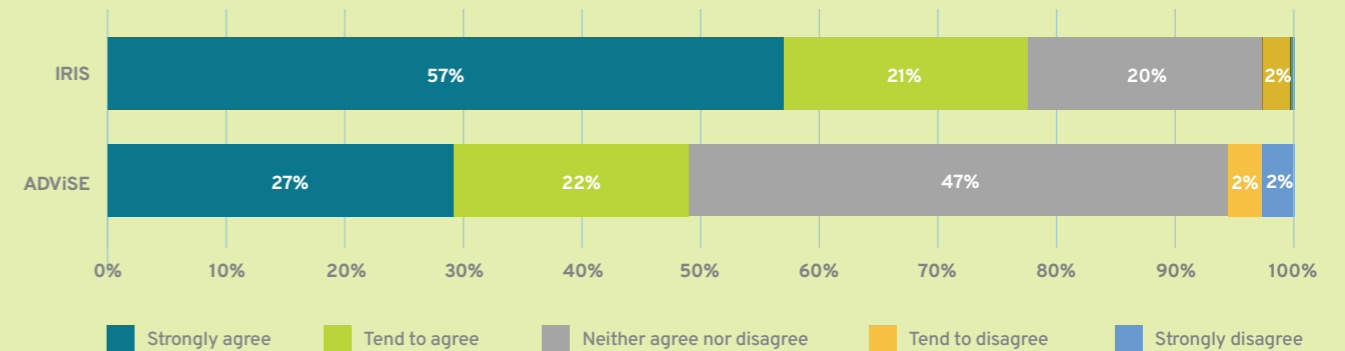
For the most part, we've seen very similar outcomes in both ADViSE and IRIS programmes. It's important to note, though, that we're dealing with relatively small numbers of ADViSE service users, so this could change in the future.

One particular area where we've noticed a difference is in the frequency of using different healthcare settings – general practice for IRIS and sexual health clinics for ADViSE. With our IRIS programme, it's clear that service users report using the GP less after

referrals - 78% of them tell us this. However, this isn't the case with sexual health clinics – most commonly service users (47%) felt that they neither agreed nor disagreed with the statement.

This makes sense, as we know that survivors at general practices often attend with chronic conditions and/or non-specific or non-responsive symptoms, whereas patients at sexual health clinics may be seeking a particular health check or treatment which wouldn't be affected by a referral to ADViSE.

### I visit my (relevant healthcare setting) less than before



## What do service users say?



*You've been really helpful. I felt that you listened well. I was pleasantly surprised by the speed of you getting in touch with me and am grateful for the onward referral to support.*

ADViSE Service User

*I just mentioned it in passing. I didn't expect there to be any help provided but now I'm so glad I was asked."*

ADViSE Service User

*This was quite a journey that I never would have had if I had not had the opportunity to explore this safely. The AE was such a good listener, never putting words in my mouth but helping me find a way to express myself and move forward.*

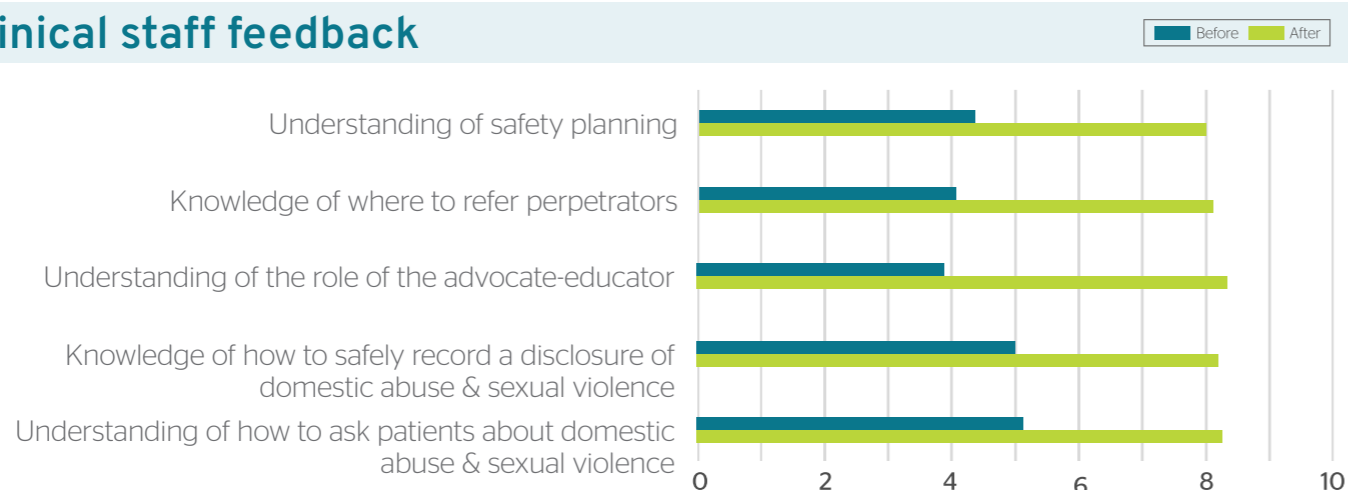
IRIS Service User

# Feedback from healthcare teams

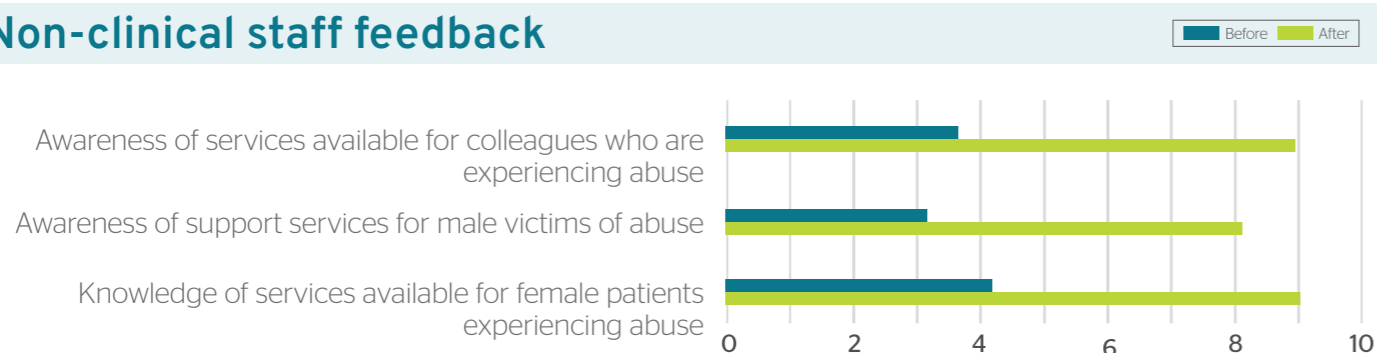
Out of 4,296 training attendees, we received feedback for 1,664\* of them, which accounts for approximately 39%. Participants are required to complete both pre- and post-training assessment forms, rating their knowledge and understanding of DA (for IRIS) and D&SVA (for ADViSE) on a scale of 1 to 10. In this scale, 1 signifies

no knowledge on the subject, while 10 indicates complete mastery. Participants are asked about various aspects throughout different courses. While knowledge increased in all areas, we've selected those where participants indicated they had gained the most knowledge over the course of their learning.

## Clinical staff feedback



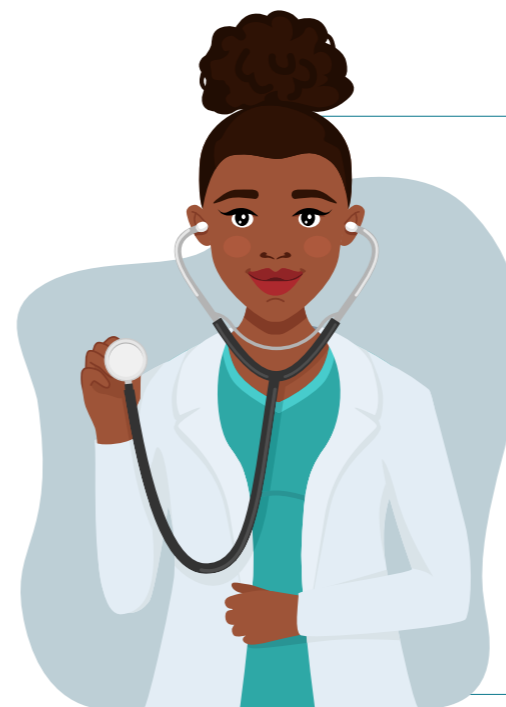
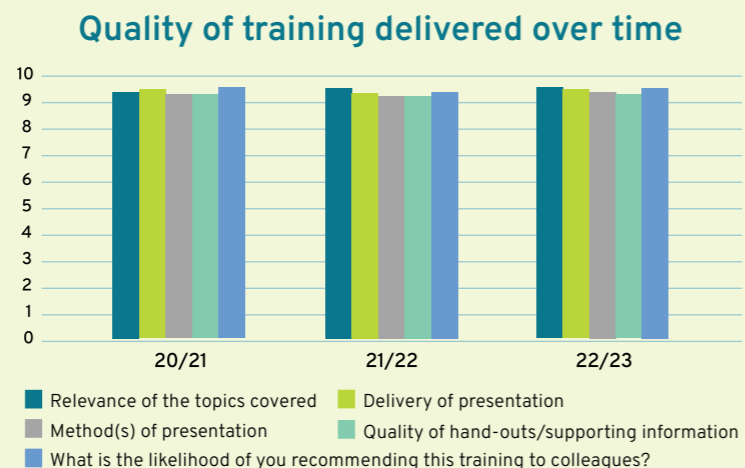
## Non-clinical staff feedback



\*This number includes partially completed surveys. Advocate Educators offered 8 different types of training session in 22/23 and each session type asks participants a different set of feedback questions. The above bar charts are produced from 6 of these types of sessions. The sample size for each set of before/after bars in the graphs vary (range n=283 to n=515) in line with how many people were asked the question.

## Quality of training

The training delivered across both IRIS and ADViSE programmes has received positive feedback year after year. When asked to rate the training on a scale of 1 to 10, healthcare staff consistently awarded an average rating of over 9 in all areas. This trend has persisted year after year.



“Well delivered course. Very informative and interactive. Has helped to increase my knowledge in this area.”  
IRIS trained Clinician

“Very relevant and it will increase my awareness when to consider DA. Helpful tips on how to introduce into conversation.”  
IRIS trained Clinician

“Delivery format was clear and the presenter was knowledgeable about the subject area and answered our questions with ease and confidence. The training will improve my practice in future.”  
ADViSE trained clinician

“The course has given me plenty to think about along with contacts/referrals that would be helpful for me, my colleagues, and my patients.”  
IRIS trained Clinician

# Feedback from commissioners and decision makers

“We are proud to support the work of IRISi. We recognise its innovative and established training programme that equips professionals working to support those when they need it most”.

Lib Peck, Director of London's Violence Reduction Unit (VRU)

“The results of the pilot [ADViSE] have been really impressive. I hope to see the programme roll out to help people across all of our city-region.”

Kate Green, Deputy Mayor of Greater Manchester for policing, crime, criminal justice and fire

“The ADViSE pilot demonstrates the impact of embedding a 'no wrong door approach' in order to reach diverse populations and vulnerable groups.”

Debs Thompson, spokesperson for the NHS Greater Manchester-funded pilot

“IRIS is a high-quality, holistic package of training, support and referral pathways, which will provide local GPs with an essential tool to help them to provide the right interventions at the right time”.

Sally Roberts, Chief Nursing Officer and safeguarding executive lead for NHS Black Country Integrated Care Board

“Our GP practices offer a safe haven for patients, who must be made aware of the strict non-judgmental and confidential role our clinicians and reception staff can offer to provide the support that they require at their most desperate time of need”.

Former Deputy Manager for primary care, at Cwm Taf Morgannwg University Health Board (CTMUHB)



# Measuring the effectiveness of IRIS: 7 key findings

## 1 IRIS is 4.8 times more cost-effective than the flu jab, saving £14 per woman

In a 2018 study, the IRIS programme was found to be highly cost-effective, saving **£14 per woman** aged 16 or older. An example to compare with IRIS is from the NICE recommendation for flu vaccination. From an NHS perspective, the net monetary benefit “for increasing vaccination by 5% for adults in clinical risk groups is £4.00 per targeted person, for pregnant women is £4.50 per targeted person, and for children in clinical risk groups is £2.40 per targeted person”. Therefore, IRIS is at least 4.8 times better value for money than the annual flu jab.

*Barbosa, Verhoef, Morris et al., (2018), 'Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: updated modelling based on an MRC phase IV observational pragmatic implementation study', BMJ Open. [Click here to access it]*

## 3 IRIS should have consistent funding and staffing for effective outcomes

A study assessed the effects of disrupting the IRIS programme in two London boroughs. In one, a six-month funding pause led to a **70% reduction in referrals** to DA specialist services that didn't recover. In the other, an AE's three-month absence caused a **49% drop in referral rates**, which rebounded upon their return. These findings clearly show how important it is for the IRIS Programme to be fully and consistently staffed. Moreover, this study also supports the argument for reliable, long-term, sustainable funding that allows for stability for staffing and service planning.

*Panovska-Griffiths et al., (2020), 'Disruption of a primary health care domestic violence and abuse service in two London boroughs: interrupted time series evaluation', BMC Health Services Research. [Click here to access it]*

## 2 Practices with IRIS were 30 times more likely to refer their patients to specialist support

A four-year study involving 205 general practices in northeast London compared the effectiveness of 144 practices participating with the IRIS programme with 61 practices which instead had a training-only programme. Those practices with access to IRIS were **30 times more likely** to refer patients for specialist DA support than those without IRIS. This provides evidence that while IRIS may cost more initially than a training-only programme, it is much more effective, and therefore more cost-effective in the long term.

*Sohal et al., (2020), 'Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme', BMC Medicine [Click here to access it]*

*Panovska-Griffiths et al. (2020), 'Northeast London IRIS referral analysis', Applied Research Collaboration North Thames. [Click here to access it]*

## 4 IRIS significantly improves women's health and well-being, both clinically and anecdotally

Between March 2019 and February 2021, a West Midlands evaluation of IRIS included interviews with women who had experienced DA and accessed IRIS. It also involved a review of GP records to assess patient health conditions before and after IRIS support. The study found that the programme had a significant positive impact on women's physical and emotional well-being. **Women reported a substantial increase in self-esteem and a significant reduction in mental health issues** like depression and anxiety after receiving IRIS support.

*Bandyopadhyay, Bradbury-Jones, Zafar (2021), 'Evaluation of the Identification and Referral to Improve Safety (IRIS) Intervention in the West Midlands: A Focus on Health and Deprivation', University of Birmingham. [Click here to access it]*

## 6 IRIS can successfully engage clinicians, change their practices and ultimately enhance outcomes for patients

The 7 Boroughs programme, funded by London's Violence Reduction Unit, implemented IRIS in seven London boroughs from November 2019 to March 2022. An independent evaluation conducted during the COVID-19 pandemic examined possible outcomes of the IRIS programme, including legal actions, women's return to work, children back in school, among other outcomes. The evaluation concluded that the IRIS programme can effectively **engage clinicians, change their practices, and improve outcomes** for women affected by DA.

*McNeish and Scott (2022), 'Evaluation of the IRIS 7 Boroughs project', DMSS. [Click here to access it]*

## 5 Investing in the IRIS programme offers significant potential returns

A year-long mixed-methods service evaluation of the IRIS programme across five sites revealed compelling results. **Return on Investment (ROI)** analysis indicated that for every pound invested, the programme generated a return of **£16.79**, while **Social Return on Investment (SROI)** estimated a social return of **£10.71** for every pound invested. These findings reinforce the value of the IRIS programme, which extends beyond conventional outcomes such as increased referrals to DA services and improved service users' lives.

*Dowrick, Hawking and Barbosa (2022), 'The social value of improving the primary care response to domestic violence and abuse: A mixed methods Social Return on Investment analysis of the IRIS programme'. [Click here to access it]*

## 7 IRIS has a significant impact on victims and survivors, especially those less likely to seek support elsewhere

Another report on the 7B programme funded by London's Violence Reduction Unit highlighted the essential role of general practices as a first point of contact for survivors of domestic violence and abuse. It underscored the importance of clinicians identifying and understanding survivors' experiences. The report revealed that the IRIS service provides valuable support across different stages of recovery, **enhancing safety, well-being and providing validation for victims and survivors**. These survivors expressed satisfaction with the support received from IRIS, stating that it led to significant improvements in their lives.

*AVA (Against Violence and Abuse) (2022), 'IRIS 7 Borough Programme Survivor Consultation'. [Click here to access it]*

80% of women in a violent relationship **turn to health services for help**, often marking their initial or sole point of contact (Department of Health). IRISi can provide the missing piece to **improve the identification and support** available for these patients.



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CONTACT US  
info@irisi.org  
[www.irisi.org](http://www.irisi.org)