

WHO WE ARE

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 Abuse and Sexual Violence. We also provide expert advice and consultancy in the field of Domestic Abuse and health.

OUR MISSION

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

OUR VISION

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

OUR VALUES

- We are collaborative and work in partnership.
- We are committed to improving practice and to delivering high-quality services.
- We are committed to promoting equity, diversity and inclusion, and to cultivating a sense of belongingness.
- We are passionate and devoted to our cause.
- We believe that hope, strength and resilience are the foundation of our work.

WHY WE ARE DOING THIS

GBV is a violation of human rights and a significant public health issue, causing severe health consequences and imposing substantial costs on the National Health Service (NHS) across the UK. Survivors often hesitate to disclose their experiences unless prompted, highlighting the need for healthcare professionals to be ready not only to ask but also to address violence and abuse during consultations.

Moreover, research indicates that survivors want clinicians to be mandated to inquire about these issues and to be equipped to respond appropriately (Feder et al., 2006; Women's National Commission, 2010). Unfortunately, many patients are not asked about their experiences, resulting in missed opportunities during healthcare appointments to identify victims of violence and abuse, and refer them to specialised support services.

We have identified a number of challenges at different levels that lead to an inadequate healthcare response to Gender-Based Violence:

INDIVIDUAL LEVEL

Healthcare professionals frequently receive inadequate training and support to recognise GBV. They often lack the awareness, time or the necessary expertise to identify and respond appropriately to those affected by GBV.

GBV is commonly viewed as a social rather than a health issue, which may lead to it being considered outside their scope.

Stereotypes and misinformation about GBV, particularly regarding victims and survivors from marginalised backgrounds, can shape their perceptions and result in fewer affected patients being identified.

LOCAL COMMUNITY LEVEL

There is a gap between healthcare professionals and specialist GBV services. These organisations operate independently from the NHS, leaving healthcare professionals uncertain about safe and effective referral pathways.

This uncertainty extends to supporting victims' children and addressing perpetrators. This gap also results in fewer patients receiving the comprehensive support needed to ensure their safety.

SYSTEMIC LEVEL

Over the past five years, there have been advancements in UK policy and legislation concerning GBV, especially regarding domestic abuse and health. While there is government acknowledgement of the need for an improved health approach to GBV, this recognition alone – without dedicated and sustainable funding for the sector – is not enough. Government efforts and funding from various departments to address the health impact of GBV still appear fragmented and in the early stages. Questions continue to be asked about which GBV healthcare interventions are effective, cost-effective and should be adopted more broadly across the UK.

To respond to and mitigate these problems, our strategic priorities are to:

1. Scale across the UK our evidence-based commissionable interventions that bridge the gap between specialist third sector GBV services and health, specifically general practice through scaling the IRIS Programme, and sexual health services through scaling the ADViSE Programme.

2. Develop new programmes that will enable us to achieve our mission of creating a joined-up health and coordinated community response to GBV in other healthcare settings.

3. Strengthen collaboration and partnerships across the health and GBV sectors to enhance collective influence. This includes engaging decision-makers to influence policy and resource allocation.

4. Ensure no survivor is left behind by championing inclusion, securing essential support for marginalised groups through influencing national and local policies and promoting community-led initiatives.