IRIS National Report 2016

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Outline

Introduction

IRIS is a domestic violence and abuse (DVA) training, support and referral programme for GP practices that has been evaluated in a randomised controlled trial. Core areas of the programme are ongoing training and education for the clinical team and ancillary staff, clinical enquiry and care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for all patients with experience of DVA. IRIS is a collaboration between primary care and third sector organisations specialising in DVA. The IRIS model entails a full-time Advocate Educator (AE) working with up to 25 practices.

This report will detail how IRIS has progressed since November 2010 when the trial ended and national commissioning began. This is the fourth national IRIS data report and builds on the information published in 2015. Measures include the number of GP practices trained by local IRIS teams, the number of clients referred and how both clients and trainees feel about the service. In all areas IRIS has excelled and the feedback reflects this. The longest running localities, Bristol and Hackney, continue to perform well, while the newest localities show great promise.

Between November 2010 and July 2016, IRIS received **5,446** referrals and trained fully an estimated **514** general practices in **31** localities nationwide. In the last year, between 1 July 2015 and 30 June 2016, an estimated **164** practices were fully trained, **2,352** clients were referred, and **9** new localities started to refer clients. In addition to fully trained practices, those where both clinical sessions plus the reception session have been delivered, many more practices have been partially trained,

Behind every one of these referrals is a woman being provided with validation of their experiences and a safe space to articulate what is happening to them.

National IRIS Trends

National Referrals

From just two sites (the original sites, Bristol and Hackney) there were **152** referrals in the first year of IRIS being commissioned (Nov 2010-Nov 2011); with the addition of three further localities, there were **595** referrals up to July 2013. Between July 2013-June 2014, there were **805** referrals from **13** localities, totalling **1,552** referrals up to July 2014. Between July 2014-June 2015, there were **1,541** referrals from **23** localities, totalling **3,093** referrals up to July 2015.

In the year July 2015-June 2016, there were **2,352** referrals from **31** localities, totalling **5,445** referrals up to July 2016.

The graph below shows the number of referrals nationally over time.

Comparison of IRIS localities

Referrals by locality

By counting referrals at each locality, we can make a comparison of the number of referrals received, for example, six months after the first referral. It is clear that some localities are referring more clients than other localities and we need to remember that not all sites are commissioned to work with the same number of practices or have the same amount of worker resource to support the programme.

Locality	First referral
Hackney	Nov/10
Bristol	Nov/10
Lambeth	Aug/11
Manchester	May/12
Nottingham City	Jul/12
Southampton	Nov/12
Portsmouth	May/13
South Gloucestershire	Jul/13
Berkshire West	Nov/13
Mansfield & Ashfield	Nov/13
Enfield	Dec/13
Cornwall	Jan/14
Camden	May/14
Tower Hamlets	Oct/14
Nottingham West	Nov/14
Vale Royal & South Cheshire	Dec/14
Cheshire East	Dec/14
Bolton	Jan/15
Islington	Feb/15
Cardiff & the Vale	Apr/15
Warwickshire	May/15
Sandwell	May/15
East Surrey	Jul/15
Poole	Jul/15
Bath and North East Somerset	Jul/15
Cwm Taf	Oct/15
Trafford	Oct/15
Birmingham	Oct/15
North Somerset	Jan/16
Southwark	Jan/16
Salford	Feb/16

However, despite the differences in demographics in each locality, most centres are referring roughly the same number of clients; this is exemplified by Bristol and Hackney, which show very similar numbers of referrals up to 4 years, and could indicate that even seemingly disparate localities have similar needs for the IRIS programme.

The table on the next two pages shows the total number of referrals and practices fully trained for each locality in quarters following the first referral to that locality, and yearly after that. Practices are trained at different rates, so the total number of referrals should consider the number of practices fully trained in each locality. To aid in this, localities with a small number of practices (1-10) are lightly coloured, a moderate number of practices (11-25) are coloured moderately, and a large number of practices (>25) are darkly coloured. Localities without information on number of practices trained remain uncoloured.

Following the table is a graph displaying the average number of referrals each locality receives at a specific number of months after the locality first started.

Note that some localities did not have an AE in post for the previous year, so data has not been collected from these areas: Berkshire West, Camden, Cheshire East.

Number of Referrals and Fully Trained Practices by Locality in Quarters/Years after First Referral

Locality		Quarter after first referral				Year after first referral			
		1	2	3	4	2	3	4	5
Bath and NE Somerset	Referrals	20	37	54	84				
	Practices	3	8	11	12				
Berkshire West	Referrals	7	15	26	43	71			
	Practices	-	-	-	-	-			
Birmingham	Referrals	26	96	139					
	Practices	2	6	10					
Bolton	Referrals	19	57	98	124	178			
	Practices	3	8	14	19	33			
Bristol	Referrals	23	48	63	81	160	244	340	427
	Practices	22	22	22	22	23	27	30	31
Camden	Referrals	39	80	120	149	174			
	Practices	1	3	5	7	19			
Cardiff & the Vale	Referrals	32	63	93	127	154			
	Practices	1	2	3	5	10			
Cheshire East	Referrals	7	13	14					
	Practices	1	1	2					
Vale Royal & S Cheshire	Referrals	21	38	47	47	82			
	Practices	1	1	2	2	6			
Cornwall	Referrals	2	5	5	5	5	9		
	Practices	1	3	5	7	7	7		
Cwm Taf	Referrals	6	48	90					
	Practices	3	10	15					
East Surrey	Referrals	9	18	22	30				
	Practices	1	3	4	4				
Enfield	Referrals	11	23	52	73	126	160		
	Practices	2	5	8	11	21	26		
Hackney	Referrals	16	35	55	75	157	257	398	571
	Practices	20	22	22	22	25	29	38	40
Islington	Referrals	12	25	37	51	70			
	Practices	1	1	2	3	15			
Lambeth	Referrals	2	14	38	67	142	223	355	473
	Practices	2	5	9	13	16	16	19	19

Key

Colour	Practices
	1 to 10
	11 to 25
	26+

Number of Referrals and Fully Trained Practices by Locality in Quarters/Years after First Referral

Locality		Quarter after first referral				Year after first referral			
		1	2	3	4	2	3	4	5
Manchester	Referrals	19	45	72	95	188	318	622	678
	Practices	1	1	1	1	8	12	18	39
Mansfield & Ashfield	Referrals	11	21	30	34	85	112		
	Practices	1	1	2	3	16	26		
North Somerset	Referrals	10	12						
	Practices	1	3						
Nottingham City	Referrals	14	24	36	45	100	199	274	
	Practices	3	7	11	15	23	30	45	
Nottingham West	Referrals	7	20	33	53	99			
	Practices	1	3	5	7	9			
Poole	Referrals	4	8	19	28				
	Practices	-	-	-	-				
Portsmouth	Referrals	9	27	44	59	164	242	247	
	Practices	1	1	2	3	7	7	7	
Salford	Referrals	2	5						
	Practices	-	-						
Sandwell	Referrals	7							
	Practices	1							
South Gloucestershire	Referrals	6	14	34	62	141	234		
	Practices	3	8	12	16	25	27		
Southampton	Referrals	15	35	69	97	218	309	360	
	Practices	2	6	10	15	27	39	41	
Southwark	Referrals	16	27						
	Practices	1	4						
Tower Hamlets	Referrals	49	90	131	170	292			
	Practices	3	8	13	18	20			
Trafford	Referrals	7	32	41					
	Practices	1	3	5					
Warwickshire	Referrals	7	27	53	82	94			
	Practices	-	-	-	-	-			

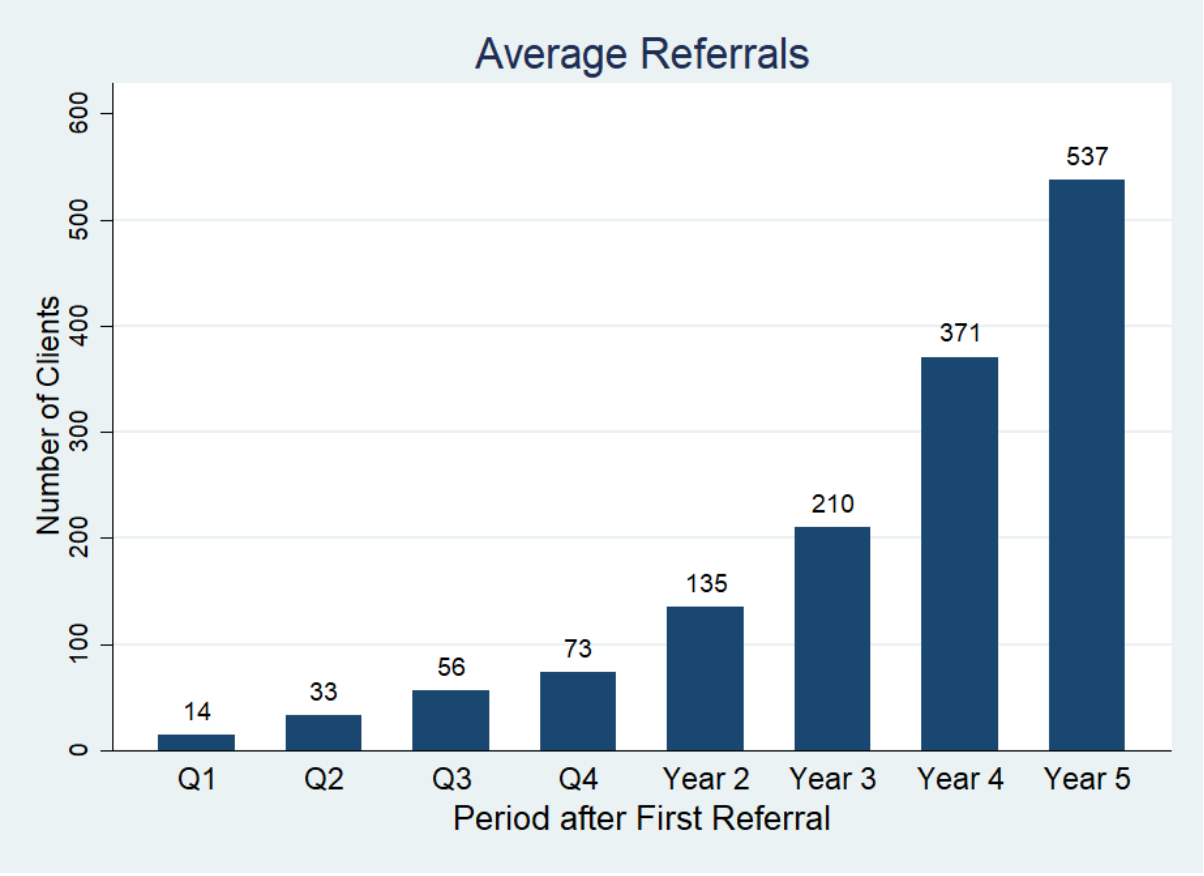
Key

Colour	Practices
	1 to 10
	11 to 25
	26+

Average Number of Referrals

The following graph shows the average number of referrals across all localities after the first referral was made in each locality. The number of clients referred is at the end of each period, and the first year is split into quarters Q1 to Q4, each composed of 3 months. For example, across all localities, there was an average of **56** referrals 9 months (Q3) after the first referral was made.

Although the number of GP surgeries fully trained in any location at any time after the locality was brought online is variable, the broad trend is an increasing number of referrals from each locality over time. This means that there is no reduction in the value of IRIS over time, even after 5 years.



General Practices Trained by Locality

For all localities, new practices have been trained constantly from the initial training. For the past two years, the total number of training sessions (reception, and two clinical sessions) that have been delivered were reported. Any practice that has received all three sessions will be fully trained. It is difficult to estimate the number of partly trained practices, as any practice could have received the first clinical session, the reception session, or both. We will report the minimum number of practices that received some training, as well as those that received full training.

In total, a minimum of **260 practices** received some training between July 2015 and June 2016**,** of which **164 practices** were fully trained. This increased the number of fully trained practices from **350** in July 2015 to **514** in July 2016, and the total number of practices that have received full or partial training from **462** in July 2015 to **678** in July 2016.

This increased the number of fully trained practices from **350** in July 2015 to **514** in July 2016, and the total number of practices that have received at least clinical session 1 training from **418** in July 2015 to **678** in July 2016.

The table below shows the number of total number of training sessions delivered to general practices for each locality delivered up to July 2014, then the years to July 2015 and July 2016. The grand total is the number of training sessions completed up to July of each year; as the reporting was different prior to 2015, only the **203** practices known to be fully trained were added to the total number of training sessions. It is unknown how many refresher sessions were delivered prior to 2015, and so no sessions are added here.

Number of Training Sessions Delivered in Total to Practices by Locality										
	July 2014	July 2015				July 2016				Total
Training Type:	Full	Reception	Clinical 1	Clinical 2	Refresher	Reception	Clinical 1	Clinical 2	Refresher	Full
Bath & NE Somerset						11	12	12	0	12
Berkshire West		1	6	0	0	0	0	0	0	0
Birmingham						19	26	11	0	11
Bolton		20	22	22	9	3	11	11	11	33
Bristol	30	0	0	0	10	2	3	3	15	33
Camden	8	16	11	13	0	0	0	0	0	21
Cardiff & the Vale		5	10	5	0	8	5	7	0	12
Cornwall	7	0	0	0	0	0	0	0	0	7
Cwm						19	24	15	0	15
East Cheshire		7	7	3	0	0	0	0	0	3
Enfield	12	11	2	10	1	1	0	4	4	26
Hackney	38	8	2	2	9	12	0	0	10	40
Islington		7	9	3	0	11	11	15	0	18
Lambeth	16	7	6	3	18	0	0	0	0	19
Lewisham						1	3	1	0	1
Manchester	13	5	5	5	3	26	29	25	0	43
Mansfield & Ashfield	3	15	17	14	0	6	8	10	4	27
North Somerset						12	9	9	0	9
Nottingham City	23	14	14	7	0	23	23	17	0	47
Nottingham West		14	16	7	0	1	0	4	0	11
Portsmouth	7	0	0	0	0	0	0	0	0	7
Salford						1	2	0	0	0
Sandwell		13	14	10	0	0	0	0	0	10
South Gloucestershire	18	6	8	8	1	1	1	1	15	27
Southampton	28	8	11	13	2	0	0	0	11	41
Southwark						8	9	6	0	6
Surrey						8	11	4	0	4
Tower Hamlets		27	29	20	0	0	0	0	0	20
Trafford						8	9	5	0	5
Warwickshire		13	19	0	0	55	55	0	0	0
Vale Royal & S Cheshire		8	7	2	0	13	9	4	0	6
Total for the year	**203**	**205**	**215**	**147**	**53**	249	**260**	**164**	**70**	**514**
Grand total	**203**	**408**	**418**	**350**	**53**	**657**	**678**	**514**	**123**	**514**

Demographics of IRIS Clients

Women referred via the IRIS programme are asked to provide demographic information when seen by the Advocate Educator. In addition, the type and length of support that are offered to each client are recorded. The data collected include:

- Age
- Ethnicity
- Religion
- Number of children
- Pregnancy status
- Mental/Physical health, including disabilities and alcohol/drug use
- Types of abuse experienced
- Relationship with the perpetrator
- Length of contact
- Type(s) of support offered
- Referral to other services

Full data or partial have been obtained from **31** localities; data was not available for all clients and many clients did not provide full information. For the sake of clarity, collective national data will be reported and data that were missing or unknown will not be included in the graphs.

Each graph displays the summarised data from all localities from all years; individual differences between localities were explored, and any key differences are discussed (localities with few clients were not compared, as they didn't have enough information to draw firm conclusions).

Summary Demographics

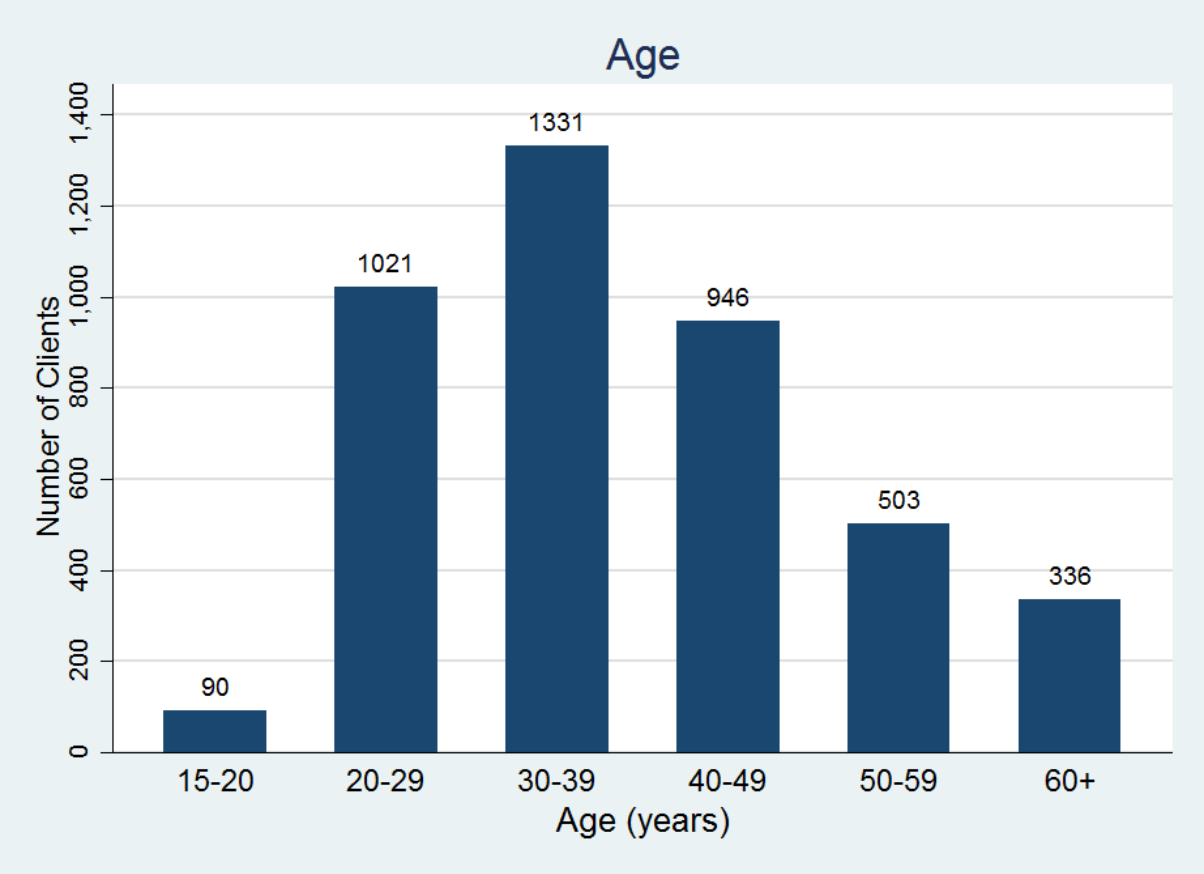
- The mean age of clients was **39** years; **26%** of clients were aged less than 30 years, **54%** were aged 30-49 years, and **20%** were aged 50 and above.
- **51%** of clients classified themselves as White British, **16%** of clients as Asian, and **13**% of clients as White (other).
- Almost all perpetrators (**90%**) were current or former partners.
- **53%** of perpetrators were current partners, **38%** were former partners and **8%** were family members. This is at odds with other national data where more perpetrators are ex-partners, and so could indicate that IRIS is enabling earlier intervention.
- **67%** of clients reported experiencing mental ill health, generally experiencing depression and/or anxiety, with several clients reporting self-harm and some suicidal thoughts.
- Across all localities, **39%** of clients reported having no children. Similar to previous years, this is a substantially different from national data showing **50%** of survivors had no children. It appears that women with children are more likely to access their general practice and seek support or disclose DVA. This could indicate that IRIS could be facilitating access to an essential source of support for children.
- The number of clients who self-reported drug (**5%**) and alcohol use (**10%**) and/or described themselves as disabled (**15%**) was fairly low. This is not representative of the national picture and will be taken forward as a training need for IRIS teams.
- The most common support provided included emotional support (**62%**) and advice/information (**58**%).

Age

In total, **4,227** clients had information about their age. Clients were most likely aged 30-39 years (**31%**), with a mean age of **39** years across all localities. Many clients were older or younger than this though; **20%** were aged 50 and above, and **26**% were aged less than 30 years.

IRIS appears to reach an older demographic of women who we know are largely under-represented in specialist DVA services. It is positive that IRIS is reaching an otherwise invisible group of survivors.

The graph below shows the number of clients in each age group.

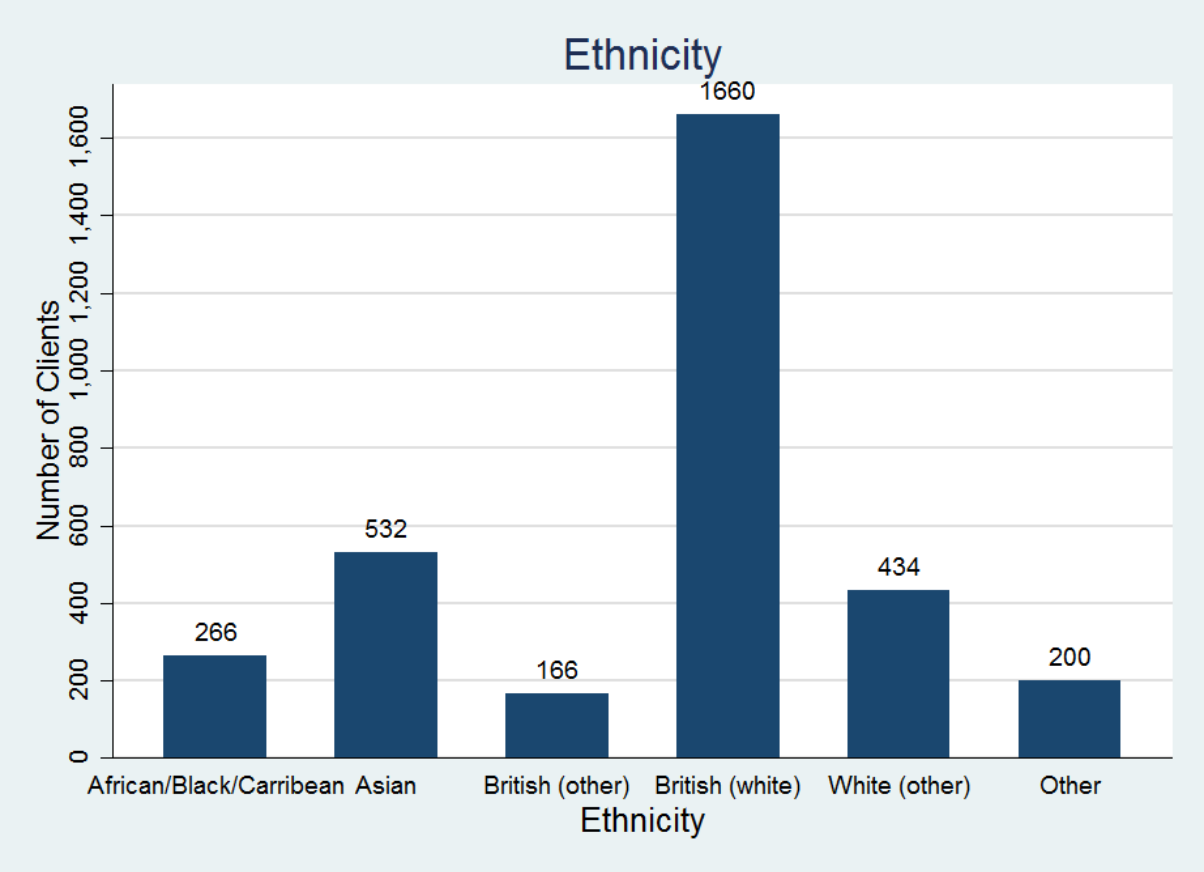


Ethnicity

In total, **3,258** clients had information about their ethnicity. Just over half of clients in all localities described themselves as white British (**51**%), while **16**% described themselves as Asian, and **13**% as white (other). Most localities were primarily white British, however there were exceptions – clients in:

- Birmingham, Camden, Hackney, Islington and Lambeth were very diverse, with no clear majority
- Enfield were primarily Asian (**21%**), African/Black/Caribbean (**21%**) and other ethnicities (**24**%)
- Manchester and Nottingham City were frequently Asian (**33%** and **24%**), as well as white British (**18%** and **53%**)
- Tower Hamlets were primarily Asian (**61%**)

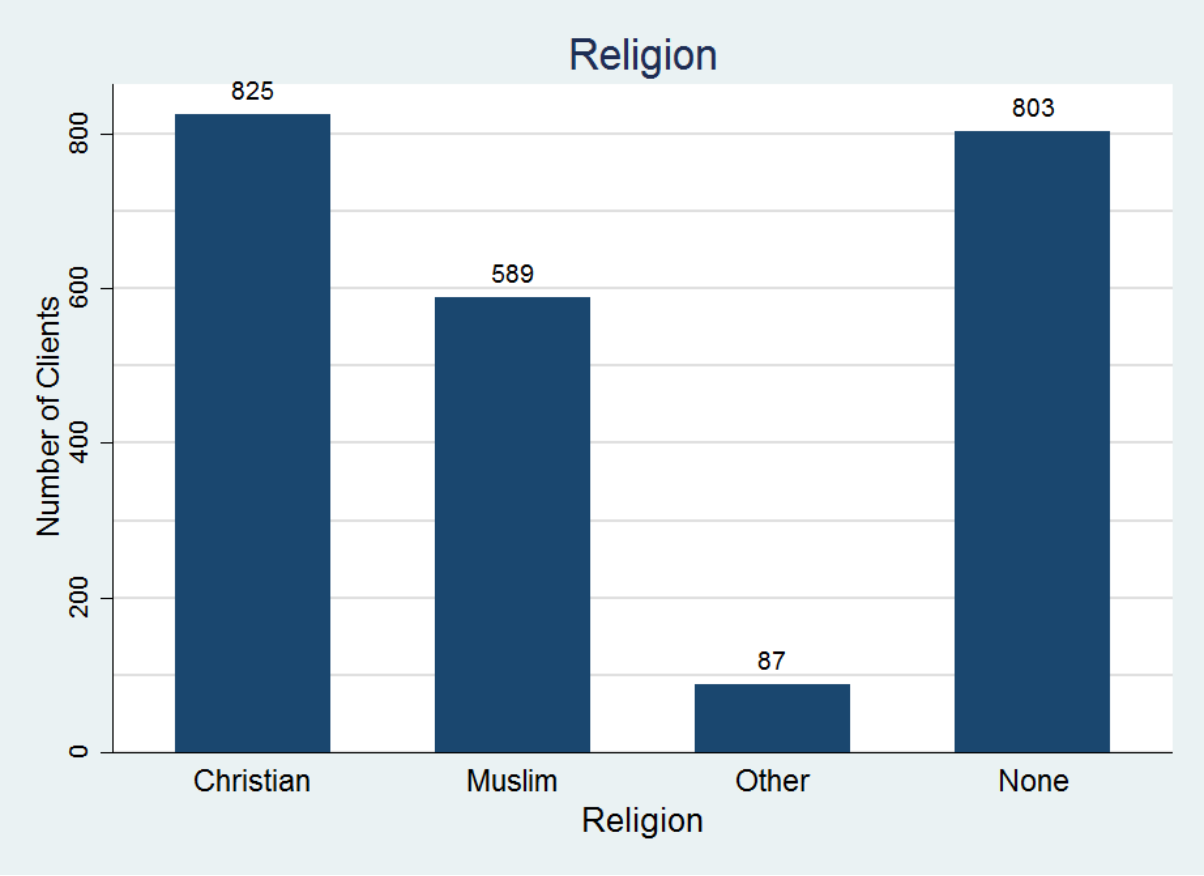
The graph below shows the number of clients of each ethnicity across all localities.



Religion

In total, **2,304** clients had information about their religion. Nationally, almost all clients described themselves as either Christian (**36**%), Muslim (**26**%) or of no particular faith (**35**%). Some localities showed some variability in religion: The majority faith was Islam in Birmingham (**40**%), Enfield (**46**%) Manchester (**43**%) and Tower Hamlets (**74**%)**;** other localities were more evenly split between Christianity, Islam and no faith.

The graph below shows the number of clients that reported they were of each faith across all localities.

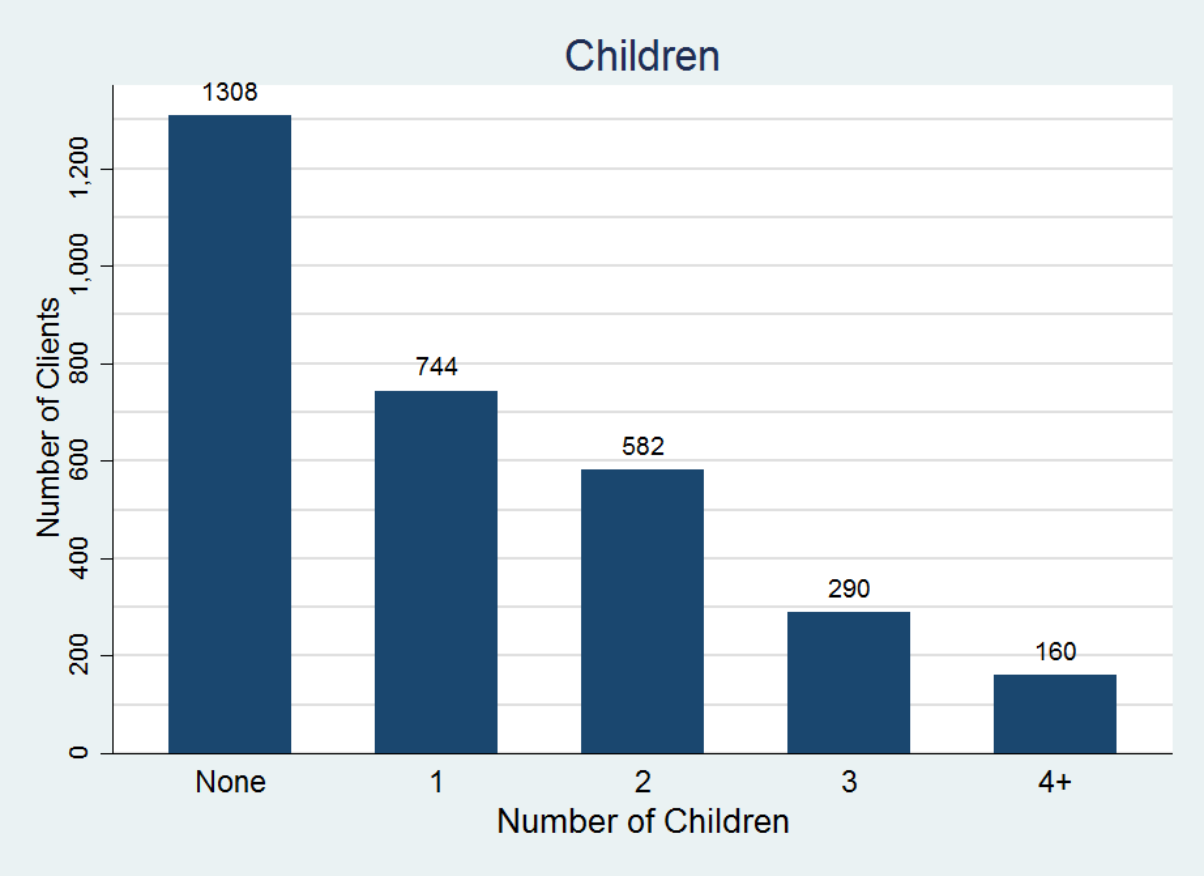


Children and Pregnancy

In total, **3,340** clients had information about whether they had children, and **3,154** women about whether they were pregnant. Nationally, **61%** of clients reported having at least one child, and **4%** of clients were pregnant at the time of referral to IRIS. There was some variation in having children or not across localities: fewer clients had children in Camden (**28**%) and Islington (**34**%), whereas more clients had children in Bath and North East Somerset (**72**%), Bolton (**72**%), Cardiff & the Vale (**74**%) and Southampton (**73%**). In total, **126** women were pregnant at the time of referral.

Similar to 2013, this is a substantially different from national data showing **50%** of survivors had children. It appears that women with children are more likely to access their general practice and seek support or disclose DVA.

The graph below shows the total number of clients with each number of children.

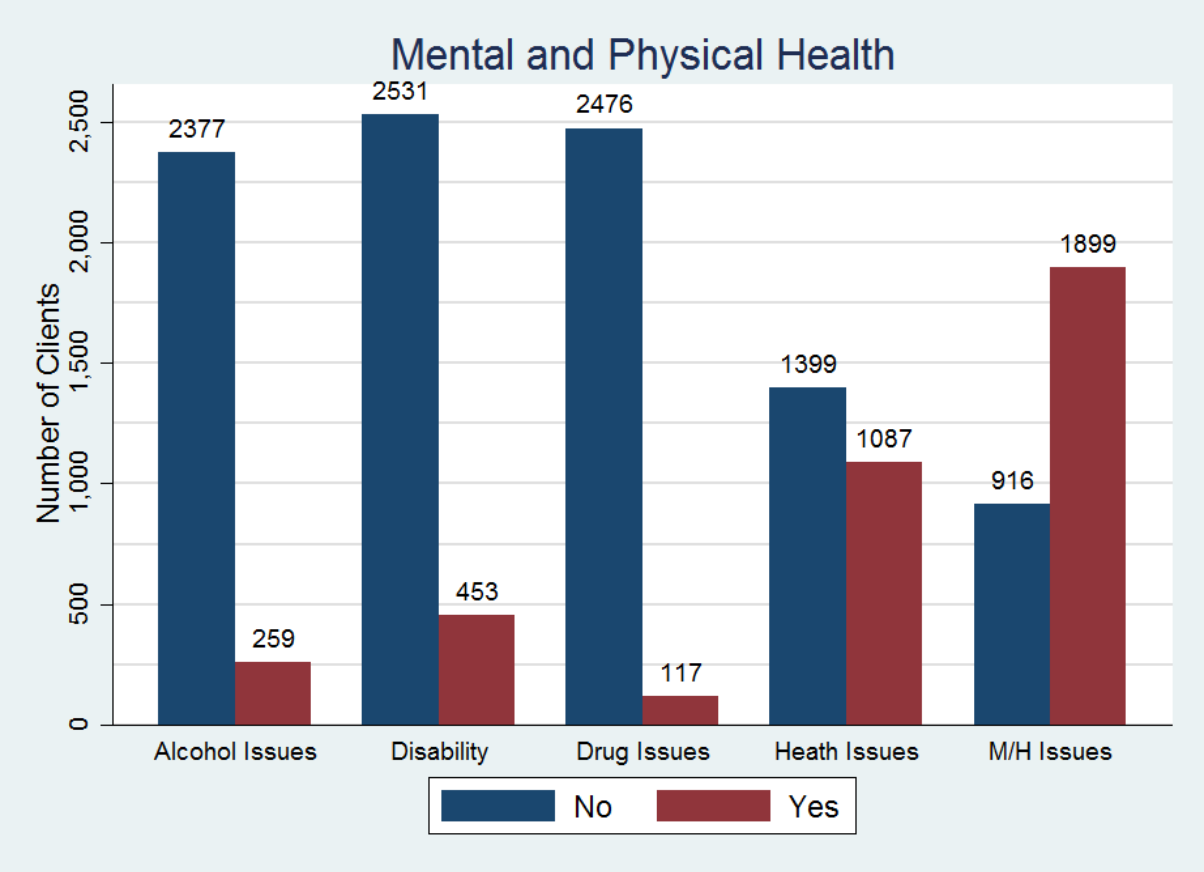


Mental and Physical Health

In total, between **2,486** and **2,984** clients had information about mental and physical health, as well as alcohol and drug use. Nationally, **67%** of clients reported mental ill health, most commonly depression and/or anxiety. Many clients also reported self-harm. In addition, **44%** reported physical health problems. The number of clients who self-reported drug (**5%**) and alcohol use (**10%**) and/or described themselves as disabled (**15%**) was very low. This is not representative of the national picture and will be taken forward as a training need for IRIS teams.

How each problem was recorded varied by locality, which may explain why some localities had higher rates than others. For instance, Tower Hamlets had fewer clients with mental health issues (**40%**) than other localities, especially Cardiff & the Vale (**82**%), Cwm Taf (**90**%), Mansfield & Ashfield (**81%**) and Southampton (**86%**). The same is true of physical health issues; in Enfield, only **14%** of clients were said to have a health issue, compared with **92**% in Cwm Taf and **100%** in South Gloucestershire. In Islington **57**% of clients were said to have a disability, compared with **3%** in Bolton and **4%** Tower Hamlets.

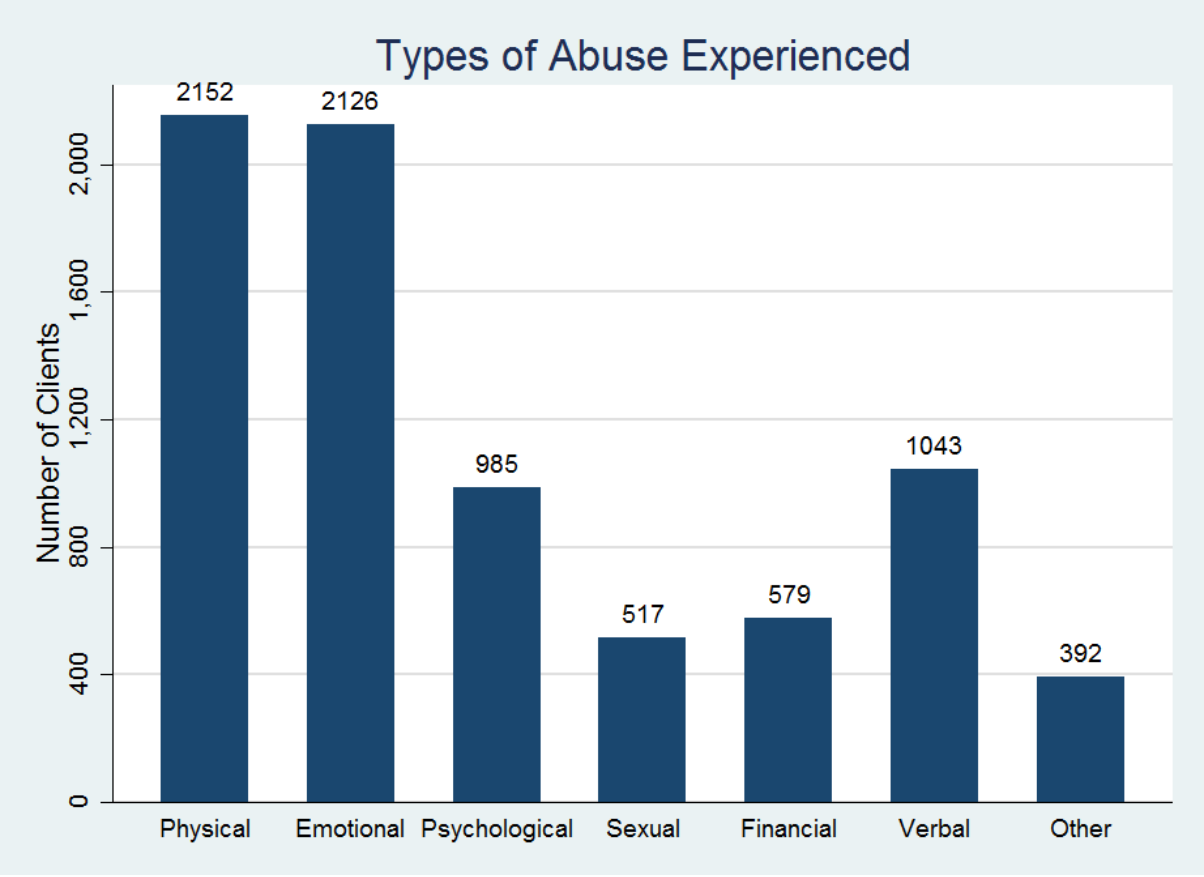
The graph below shows the number of clients who reported experiencing each issue (M/H issues = mental health issues).



Type of Abuse Experienced

In total, **3,226** clients had information on which type of abuse they suffered. Type of abuse was recorded differently by location, and some areas did not record this information. As such, differences between localities were not explored. Across all localities over half of clients reported physical abuse (**67%**) and emotional abuse (**66%**). Additionally, as is widely understood and documented, clients frequently experience multiple forms of abuse.

The following graph shows the number of clients who reported each type of abuse.

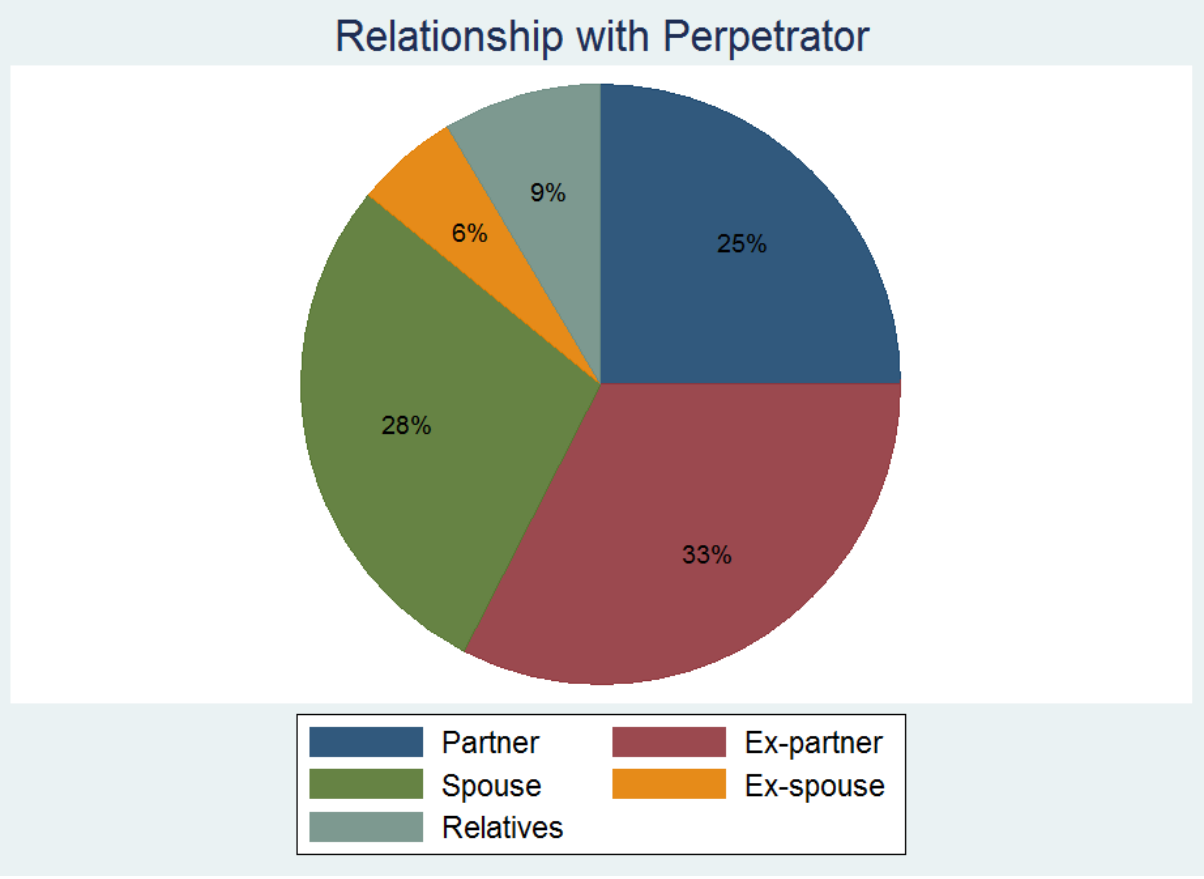


Relationship with Perpetrator

In total, **3,451** clients had information on who was the perpetrator of their abuse. Almost all perpetrators (**91%**) were current or former partners/spouses. Current partners and spouses (**53%**) were more likely to be the perpetrator than ex-partners and ex-spouses (**38%**). In **9%** of the cases the perpetrators were related to the client; parents, grandparents, children and siblings.

There were many instances of multiple perpetrators, and in-laws also contributed to the domestic violence. The vast majority of clients (over **98**% of those where this data was recorded) were in heterosexual relationships.

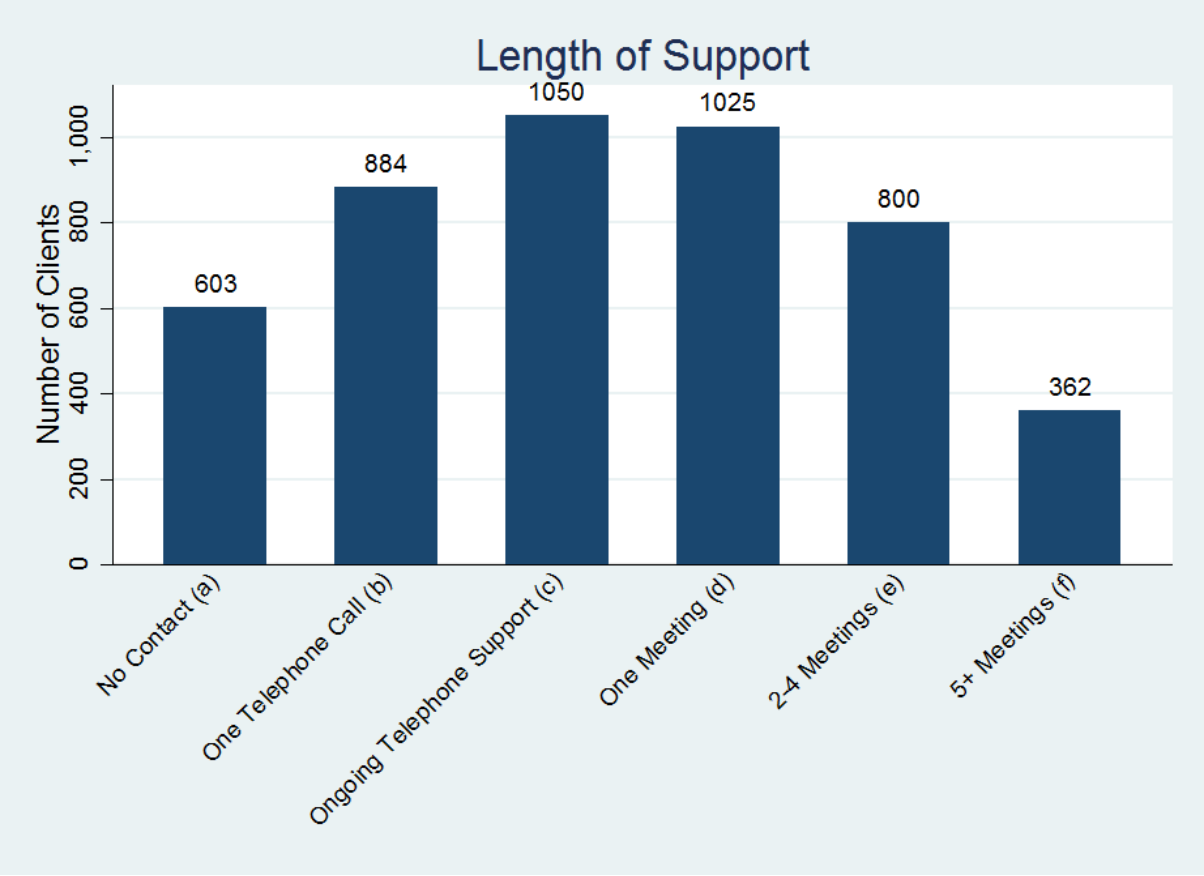
The graph below shows the percentage of clients and their relationship with the perpetrator.



Length of Support

In total, **3,883** clients had information of the length of their support. Clients were offered both telephone and face to face support. In total, **3,883** clients had details on the length of support they were given. Contact was made with and support provided to **3,280** clients referred to IRIS (**84%**) - contact was not established with **603** clients (**16**%). This is a low "no contact" rate with over 8 in 10 of all women referred to an AE across the IRIS sites receiving specialist support.

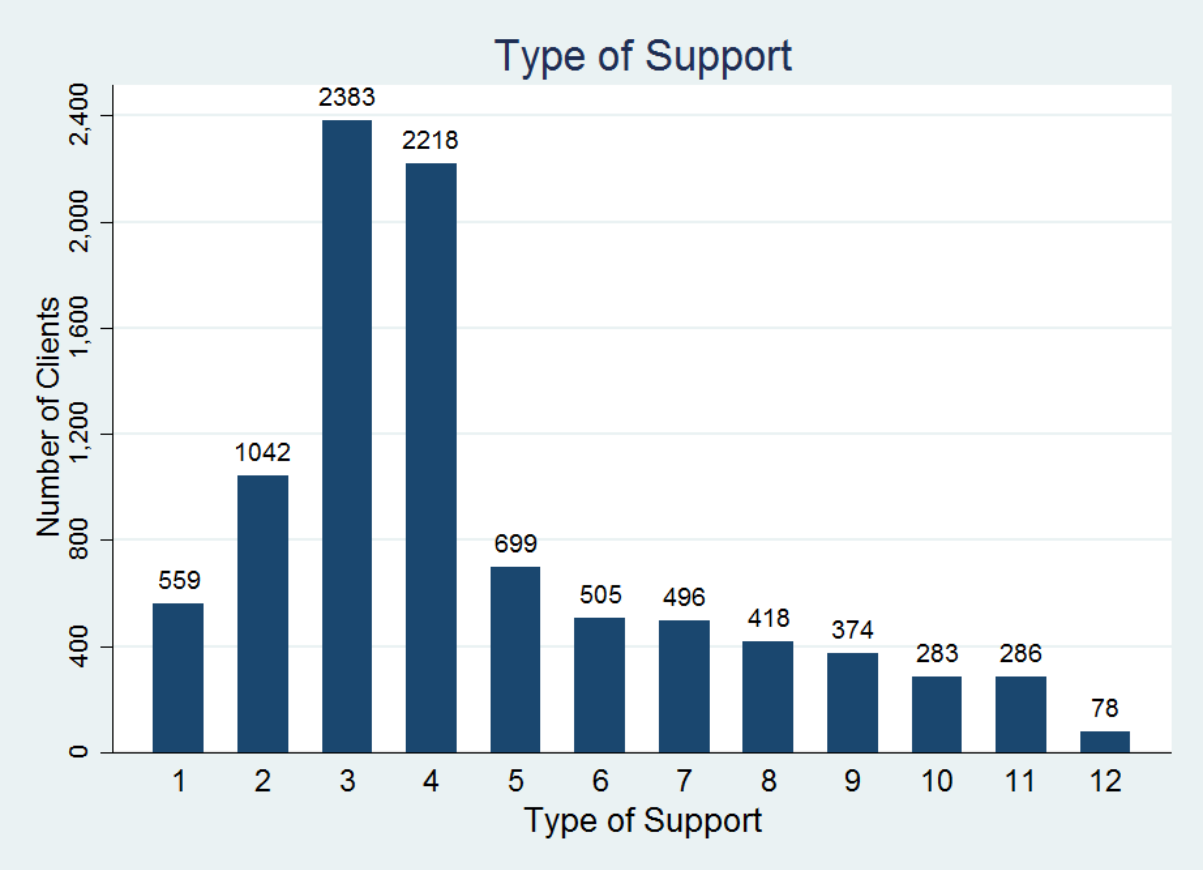
The graph below shows the total number of clients who received each form of contact. Many clients received telephone support if they also had meetings.



Type of Support

In total, **3,837** clients had information about their support type. A wide range of support was offered, with emotional support (**62%**) and advice and information (**58%**) being most commonly accessed. Many clients (**46%**) received multiple types of support and **37%** were referred to other services.

The graph below shows the total number of clients receiving each type of support. Each client could receive multiple types of support reflecting the complexity of DVA and the range of support necessary to best meet the needs of each client. The numbers above the bars represents the number of clients who have received each type of support. Clients were listed as receiving "other" support if they were engaging with other support teams, such as the Mental Health Intensive Support Team or Children and Young People's Services. Inappropriate referrals usually were because of the client's location and the need to then refer them on to a local service.



Type of Support:		
1 = No contact	5 = Referral to another service in-house	9 = Civil justice intervention
2 = Brief acknowledgement of experience	6 = Referral to an external specialist domestic violence support service	10 = Survivors' Group
3 = Emotional support	7 = Referral to another external agency	11 = Other
4 = Advice and information - including housing, welfare, legal	8 = Criminal justice intervention	12 = Inappropriate referral

Referral to Multi Agency Risk Assessment Conferences (MARAC) and safeguarding services

When a client is assessed as being at high risk of DVA, she is referred in to MARAC.

Where children are at potential risk, a CAF form (Common Assessment Framework now known as SAF) may be completed and/or a referral made to CYPS (Children and Young People Services). Referrals are also made to the MASH (Multi-Agency Safeguarding Hub) for both patients and their children.

Referrals are also made in to adult safeguarding services where a service user is considered particularly vulnerable. This has not been reported on this year.

Below is a table for the number of referrals to each service in the preceding year. In previous years, this information has not been well reported, so data from 2015 and before are not reported.

Location	MARAC	TAF referrals	TAC referrals	Child Protection referrals	Vulnerable Adult referrals
Birmingham	2	0	0	2	0
Bolton	31	0	15	6	4
Bristol	23	0	0	10	0
Cardiff & the Vale	5	0	0	4	0
Cwm	1	3	0	2	0
Enfield	1	0	0	0	0
Hackney	36	0	1	14	0
Islington	9	5	5	9	3
Lambeth	3	0	0	2	5
Manchester	25	28	0	26	3
Mansfield & Ashfield	4	0	0	1	1
North Somerset	0	0	0	0	2
Nottingham City	16	0	3	2	1
Nottingham West	2	0	0	3	1
South Gloucestershire	13	0	0	6	2
Southampton	13	0	6	0	1
Southwark	3	0	3	0	1
Surrey	6	0	0	0	1
Trafford	6	0	3	0	3
Warwickshire	7	0	0	4	3
Vale Royal & S Cheshire	6	0	0	0	1
Total	212	36	36	91	32

Feedback from IRIS Clients

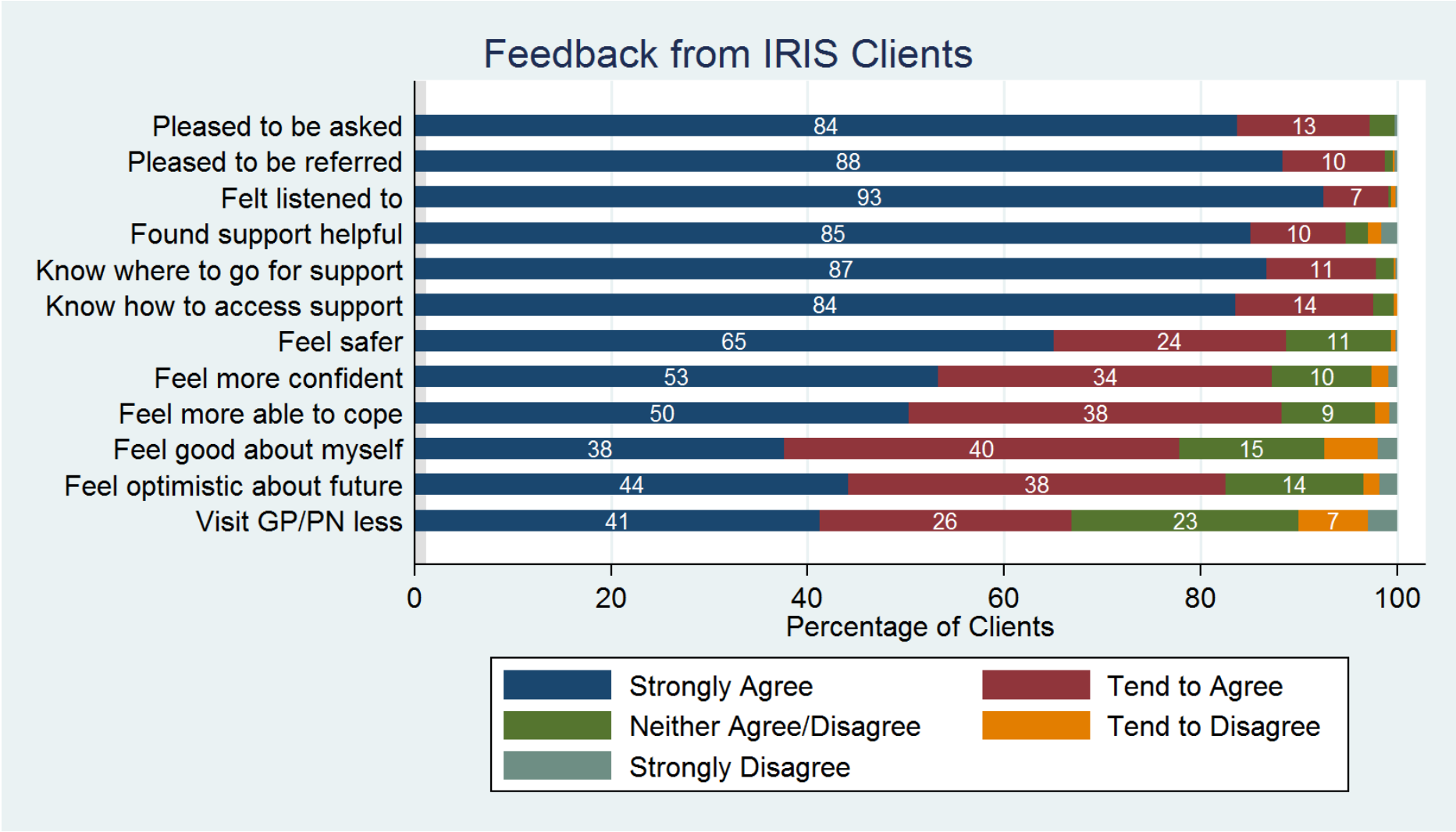
Clients were invited to complete an anonymous feedback questionnaire following IRIS support. Feedback has now been received from **765** clients (**393** in the previous year). The results show that similar to previous years, these clients were very pleased with the service provided. We acknowledge the challenges of collecting this data: women may not post or hand back completed forms; AEs may not know when their last session will be with a client or the client may cancel; and it may not be safe to post a final feedback form to clients.

Ongoing training with existing localities and training with all new localities will continue to reinforce the importance of collecting this data.

Below is a table summarising the feedback results; “strongly agree” and “tend to agree” have been combined to give the percentage of clients that agreed with the statement.

Client Outcomes	**Percentage of Clients That Agreed**
Pleased to be asked by their Clinician	97%
Pleased to be referred to the Advocate Educator	99%
Felt listened to	99%
Found support helpful	95%
Know where to go for support	98%
Know how to access support	98%
Feel safer	89%
Feel more confident	87%
Feel more able to cope	88%
Feel good about myself	78%
Feel optimistic about future	83%
Visit GP/PN less	67%

The graph on the following page provides more details of client responses to the above statements. For most questions concerning the IRIS service the clients “strongly agreed” to the statement. When questions related to the clients’ feelings about themselves agreement was weaker. The number in the bars represents the percentage of responses.


Feedback from IRIS Clients
Pleased to be asked
Pleased to be referred
Felt listened to
Found support helpful
Know where to go for support
Know how to access support
Feel safer
Feel more confident
Feel more able to cope
Feel good about myself
Feel optimistic about future
Visit GP/PN less
84
13
88
10
93
7
85
10
87
11
84
14
65
24
11
53
34
10
50
38
9
38
40
15
44
38
14
41
26
23
7
0
20
40
60
80
100
Percentage of Clients
Strongly Agree
Tend to Agree
Neither Agree/Disagree
Tend to Disagree
Strongly Disagree

Additional Client Comments

In addition to rating their agreement with statements, clients were offered the opportunity to comment on the service from both their health care provider and the IRIS Advocate Educator. A collection of comments is presented below from various localities; these comments offer a much better insight into how valuable IRIS is than statistics alone.

2015-2016

I want to thank you very much for listening so closely to me and reassuring me that the things that happened to me were not right or inconsequential.

I also hope that our practice will continue to use this service from (name of host agency) and maybe even increase it. The AE has a wealth of knowledge and understanding and she has jump-started my healing process.

I didn't know which way to turn and needed to get out. I knew I had to make a right decision for my kids and knew I had to pull my socks up. I did my best and now I have a job and feel more confident. I used to be scared about opening up my curtains and was worried about what people would think. I now feel better in myself and no longer worry about what they think. My relationship with my son has improved as well. I realised that I was saying no to him all the time and now I listen to what he is saying and we come to a mutual agreement.

This is a fantastic service I would have been lost without it. I can't say enough positive things about the project. Experiencing domestic abuse is a horrific experience and this is an invaluable service. I have had some bad experiences with the NHS, although this has restored my confidence.

The transition from the nurse to IRIS worker was very smooth. My IRIS worker has done a great job throughout the whole legal and healing process

I want to thank my worker and GP for the support and understanding. I now know I can get help.

This support has helped transform my life including my children's. The immense support has been phenomenal! The women working here are inspirational! The AE can contact me anytime! Thankyou!

Thank you so much for speaking with me, I can't tell you what a difference it makes to have somebody finally taking this seriously.

I can't stop smiling. Justice at last. You have been brilliant on my emotional journey and I can't thank you enough for your commitment, emotional and physical support. I wish every woman experiencing this type of violence had access to the service. Thank you so very much.

Thank you so much for being there and supporting me through this nightmare. You support me by your words and this makes me feel we are on the journey together. I don't know the outcome and this may involve more pain but knowing that your positive influence is there is guide me is the most important part of this journey.

I thank you again, If I had not met you at the time I did I may never have broken away of the torment I suffered in silence which could have lead me into taking my life into my hands. I may not be good at

expressing my gratitude or self as I've lost my person or confidence but I will forever be grateful for your support, kindness and patience which are very rare this days. I shall never forget what you have done for me you. with what I know now, if I get my residence permit I will study social care and do your sort of job, perhaps this is my true calling something I have struggled all my years to decide. My advocate has been very supportive and I don't know how I could have gotten through these last few days without her support. She has listened to me and was very encouraging. Before I met her, I felt alone and isolated but she has introduced me to a support system and people I can turn to. I didn't understand what was happening to me and was blaming myself a lot. I am a lot more hopeful and see things a lot clearer. I didn't know these supports were available and I am glad that they are available because it has been so instrumental in helping me to take back control of my life. She is super amazing and I am happy that other women in my situation get to meet her and get the help I was given because it's not a nice place to be in your life.

I don't know what I would have done without the support of IRIS and most importantly my advocate. She is wonderful and very supportive. Thank you.

I feel magical since leaving

Thank you so much from my heart for everything, it's so nice not to face things alone, I try to be strong, but behind the bravery it's hard. Without the AE, things would be even worse for women as people still don't realise what domestic abuse really is, and it does not stop after fleeing, nor can you 'pull your socks up' or 'get yourself together' easily it strips you of your soul, identity and innermost being.

Really, really, really thankful for the support given, I cannot even put in words to say "thank you"

I now have the confidence to ask people for support and feel comfortable talking to doctors and nurses- would like you to continue with the specific support you provided me with.

I feel more able to see what is going on and above all what is happening. I have not been optimistic about the future but do not feel scared as before

I would like to thank you for all your help, it has been invaluable and I am very grateful to you for your support and advice. Most of all you have enabled me to see clearly to start making better decisions and to begin making a better life for myself and my son. I cannot thank you enough for this. Wishing you all the best.

I feel content for the first time in a long time - that's me and my son

My advocate has been incredibly positive, friendly, professional, helpful, knowledgeable and supportive. Without her practical attitude, I would have found myself floundering and may well have taken my partner back.

The service I have received has been 1st class. I would not be where I am today without the practical and emotional support I have received. More advocates are needed to reach out to more women in situation. It would be better if advocates had more time to spend with clients

If my GP had not referred me I wouldn't have known where to go for help. I've realised if I didn't get this help I wouldn't have got this far

I didn't know this service existed or what domestic abuse was, I was so pleased that my GP asked and I was able to get your support

I was embarrassed that my doctor asked me, and so pleased at the same time, he knew there was another reason for my depression and anxiety

Even when I contacted you I didn't know what I was going through was abuse, with your support I was able to recognise it. I would not have sought support and ended the relationship if my doctor hadn't asked me

I went to my GP at a time when I needed someone to talk to, so I was I was glad to be asked

Before I was very sad and I was always thinking what will I do, now I am a confident person and a confident mum.

I didn't go to doctors to disclose [the abuse], but his questioning led me disclosing, he's a brilliant doctor and he is very kind, and had the time to listen. It was a relief.

Now I have less problems I definitely visit the Doctor less often.

Now I think I am less fearful and I know what to do and I feel better now, I am optimistic about my future. For 24 years I was suffering from abuse, but now I have hope for the future, now things have changed for the better

It was a lifesaver being referred.

The Advocate Educator was very helpful throughout, calling me regularly, checking to see how I was and if I needed any help. Speaking to her about the abuse and getting help made me feel as though I can now live my life and move on with my life

When I was asked about the abuse it gave me the confidence to talk about it to my doctor, knowing that I had some supporting me, alongside me - it made me feel stronger.

Before my husband's family were making me feel that I couldn't receive help, but now I know that I can and have ways to get help. I feel more confident, I feel stronger. My mother-in-law used to tell me that I didn't have any rights in the UK, but now I understand that I do have rights

Feedback from General Practice Teams

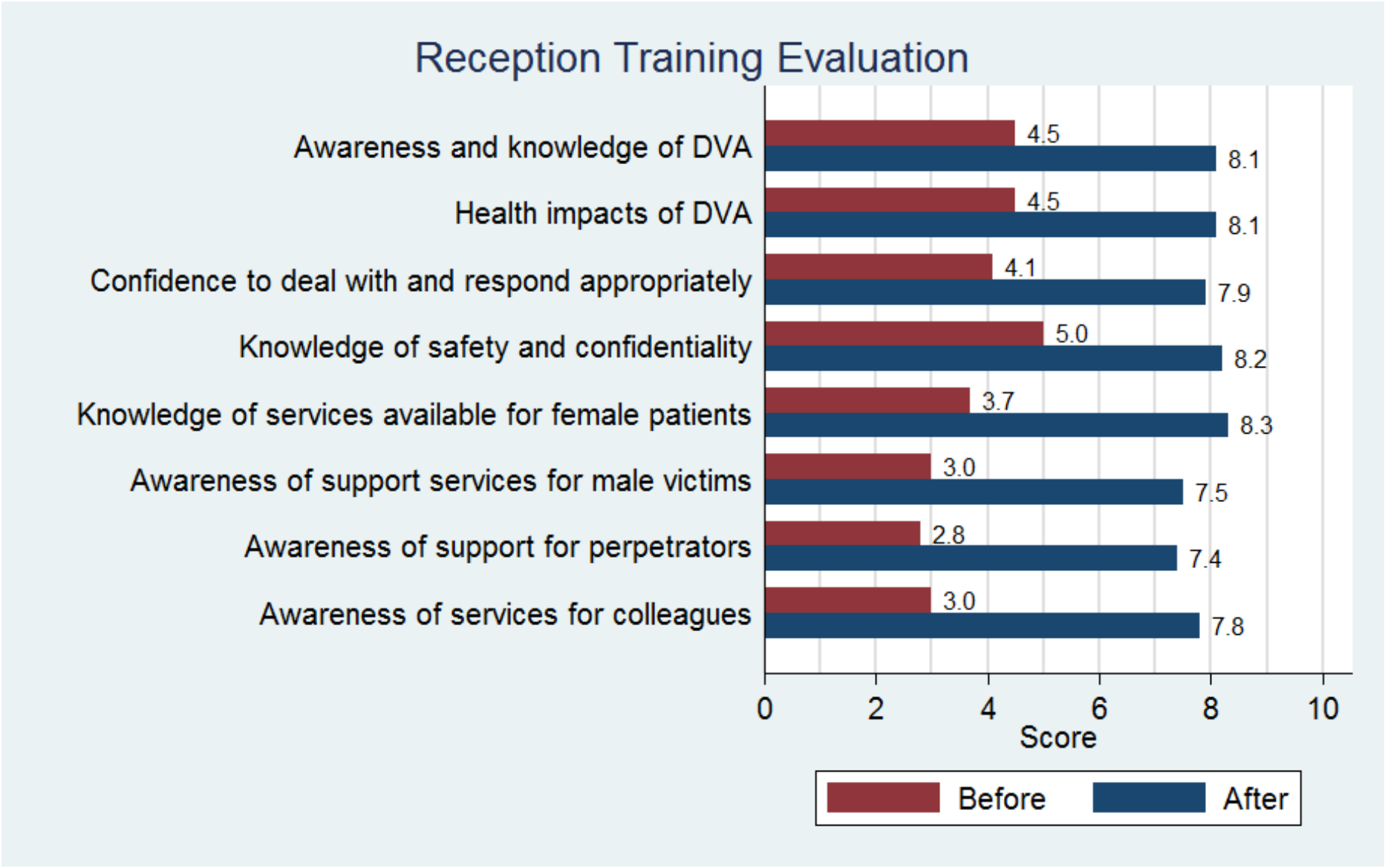
The IRIS model provides three, in-house training sessions for general practices to increase their awareness and knowledge of domestic violence. Two sessions, each of two hours, are delivered to the clinical team in each practice and include how to ask about DVA, how to respond to disclosures, offer a referral to the AE and how to record the discussion. One session, of one hour is for the ancillary staff team, focussing on awareness raising and confidentiality issues. Ongoing training and consultancy are also provided.

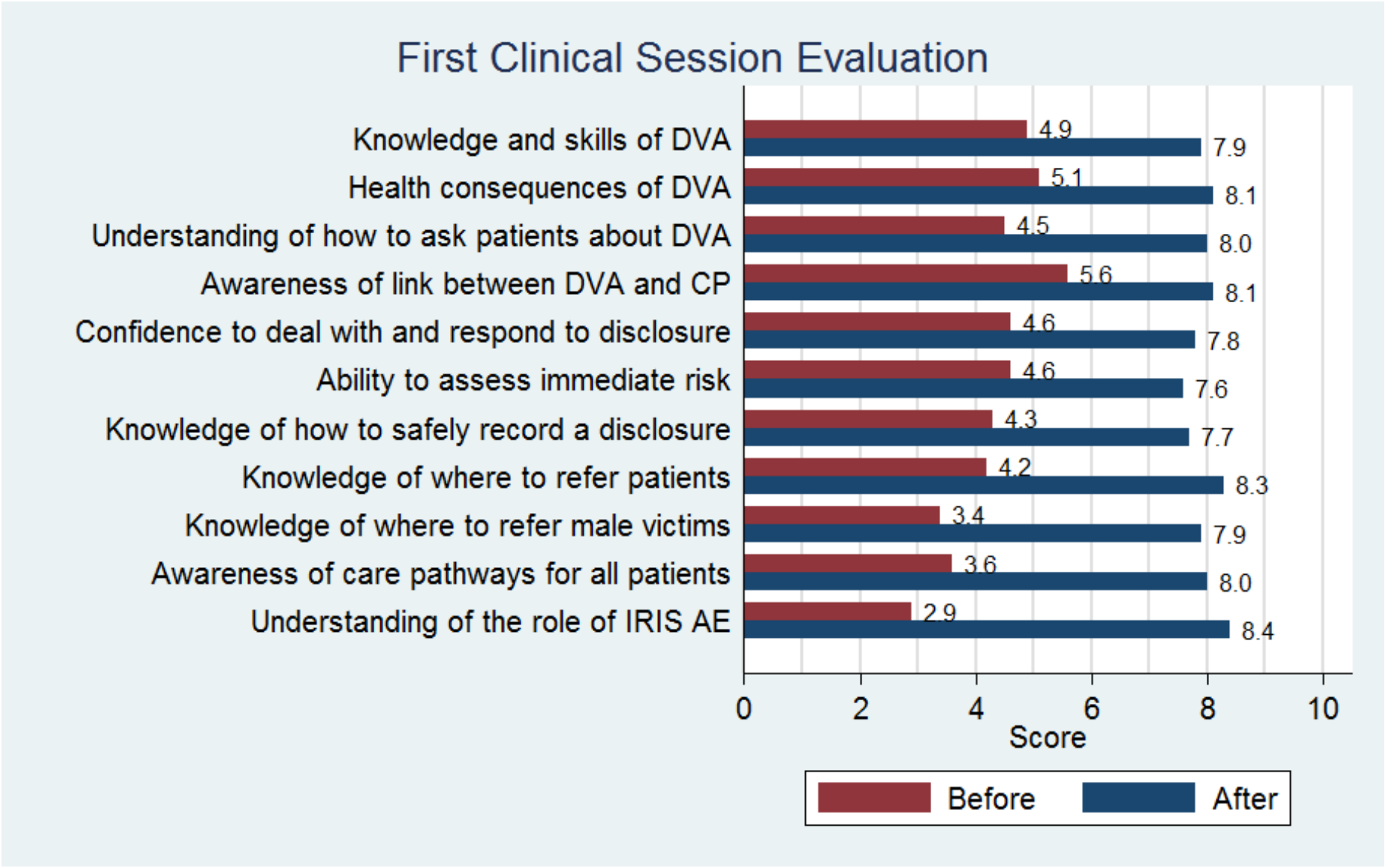
Participants complete a pre- and post-training form to rate their knowledge and understanding of DVA. The assessment of their knowledge was out of 10, with 1 representing no knowledge of a subject, and 10 representing complete knowledge of a subject.

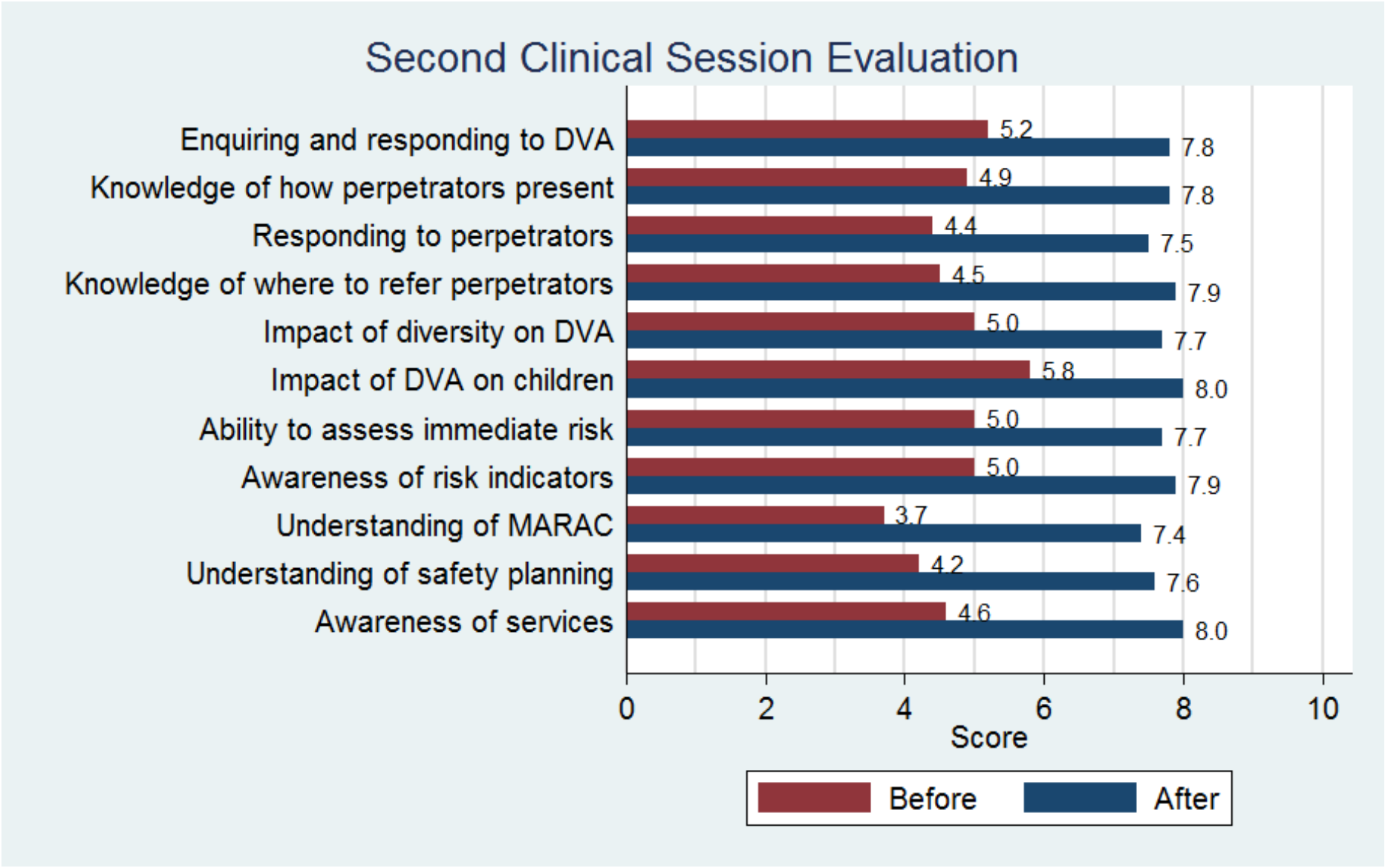
Across almost all categories of knowledge, training sessions and localities, there was a **3 to 4**-point increase in perceived knowledge. The highest changes were seen in understanding the role of the IRIS Advocate Educator, knowledge of care pathways and the services available for those with experience of DVA. As the aim of IRIS is to offer a simple referral into specialist support, this feedback is particularly pleasing and shows that IRIS is meeting its aims and objectives around training for clinical teams,

The reception training evaluation was completed by **4,083 participants (1,767** in the previous year**)**; the first clinical session evaluation was completed by **4,002 participants (1,637** in the previous year); and the second clinical session was completed by **2,488 participants (837** in the previous year).

The graphs in the following pages show the pre-training ("before") and post-training ("after") assessments for all localities combined.


Reception Training Evaluation
Awareness and knowledge of DVA
Health impacts of DVA
Confidence to deal with and respond appropriately
Knowledge of safety and confidentiality
Knowledge of services available for female patients
Awareness of support services for male victims
Awareness of support for perpetrators
Awareness of services for colleagues
4.5
8.1
4.5
8.1
4.1
7.9
5.0
8.2
3.7
8.3
3.0
7.5
2.8
7.4
3.0
7.8
0
2
4
6
8
10
Score
Before
After


First Clinical Session Evaluation
Knowledge and skills of DVA
Health consequences of DVA
Understanding of how to ask patients about DVA
Awareness of link between DVA and CP
Confidence to deal with and respond to disclosure
Ability to assess immediate risk
Knowledge of how to safely record a disclosure
Knowledge of where to refer patients
Knowledge of where to refer male victims
Awareness of care pathways for all patients
Understanding of the role of IRIS AE
4.9
7.9
5.1
8.1
4.5
8.0
5.6
8.1
4.6
7.8
4.6
7.6
4.3
7.7
4.2
8.3
3.4
7.9
3.6
8.0
2.9
8.4
0
2
4
6
8
10
Score
Before
After


Second Clinical Session Evaluation
Enquiring and responding to DVA
Knowledge of how perpetrators present
Responding to perpetrators
Knowledge of where to refer perpetrators
Impact of diversity on DVA
Impact of DVA on children
Ability to assess immediate risk
Awareness of risk indicators
Understanding of MARAC
Understanding of safety planning
Awareness of services
5.2
7.8
4.9
7.8
4.4
7.5
4.5
7.9
5.0
7.7
5.8
8.0
5.0
7.7
5.0
7.9
3.7
7.4
4.2
7.6
4.6
8.0
0
2
4
6
8
10
Score
Before
After

Additional Comments from General Practice Teams

Participants were also given the opportunity to comment on the training that they received. In addition to many comments about how useful and informative the sessions were and how the speakers were excellent in the presentations, many participants gave more detailed comments:

Reception Training

All staff were shocked by the enormity of the problem and found the training very interesting, all felt nervous with how to deal with it but felt safe to talk to doctors should they see anything untoward.

Good to gain an understanding of what help and support is available, I liked that it was interactive. All relevant and concise

Highlighted pathways for covering appointments for IRIS - very valuable

I have learnt a lot. Certain things I thought were not important are. Very informative really enjoyed getting up to date and being more aware of DV

I really enjoyed the IRIS training & it's good to know that it's been successful in the last 3 years, hopefully going on to make more impact on women's life as a whole, well done

It was a really good insight into DV. My awareness went up 10-fold. What a good lecturer.

It's good knowing that there are other people outside apart from the police e.g. IRIS care pathway and drop in centres that people can go to.

Really useful session, great trainer. Passion and enthusiasm shone through.

The training was very good. I feel more well informed about the services regarding domestic violence.

This was very useful training that does make you open your eyes as an individual, as to the different types of DVA. Glad there is help and support for DVA victims and perpetrators

Very informative, enough information to look out for DVA, now more aware and more confident. It was good that it was interactive and open for discussion

Very informative, good for admin staff to be aware of the issues around DV and what they can do to help a patient who may be experiencing DV.

First Clinical Session

Best, most informative and inspirational training I been on in 30 years, Fantastic service, give me hope for humanity, you're doing an amazing job.

Brilliant teaching/course- similar tutorials more on a theoretical basis. Yours was very explicit, has empowered me to start appropriately directed questions. The clarity of explanation enables me to understand the service there I will be able explain well to patients and hopefully increase service use.

Even though the training was very intense and an eye opener I didn't realise it was such a big problem. Very informative slides and video taught me a lot

Excellent training, really made an impact. Good to know what services are available and where/ how to access them. Having a talk by a survivor was very emotional but powerful

Good training, really increased my confidence and thinking about DV more frequently, now happy with referral system and how to deal with a disclosure

It was a great session and it was great to hear the different resources and agencies that we can utilise especially your services and having a name to a face always aids us to give the patient confidence to confide in you if we can say we actually know you to talk too.

Just wanted to say how much everyone benefited from the training today, they said you were a brilliant trainer and have really given them the confidence to ask questions and refer.

Really informative and useful session- feel much more informed and ready for next session. Still feel worried about attempting questioning but willing to "have a go"

Thank you very much. Good overview of the issues and how to approach the issues in a sensitive manner. Would also be useful for clinical medical students

This has been really informative. I feel more confident that I can ask the question should I have a suspicion of domestic abuse

Very interesting. Never had this kind of training before (so good!) I liked the handouts (a lot of information). I really liked the pathways. I'm really pleased with the training.

Very good course, useful resources and pointers. Gone through examples and ways of allowing women to disclose their experiences. Good review of available services. Very good resources, well presented, appropriate depth and information for my current practice. Good opportunity to share ideas and experiences with colleagues. I found the pathways, wheel of power and control and assessing risk most helpful.

Very informative. Film was difficult to watch but very relevant to enhance understanding. Good to have the support and understanding of what to do/who to refer to.

Second Clinical Session

Enlightening course. Made me aware of issues that previously would not have considered in usual consultation.

Excellent presentation. Good to know we have excellent services available to victims. Referral process is news to me! Previously all referrals I made were down a different pathway. Definitely easier to refer.

Good presentations, clear and concise. Clear understanding of how various organisations involving domestic abuse work. Give example cases also where perpetrators can get help and what the outcome was.

I enjoyed the session and learnt from it. Good content. Learnt many issues about domestic violence particularly about identification, about victim, perpetrators, affecting the children, their safety, where to get help from, referral. Good presentations, elaborate interactive session about DVA. Handouts helpful and will have a read later. Would like a training update and annual meeting in the future.

I think there should be more mandatory training on domestic violence and abuse. I have already identified a patient whilst sat here that would really benefit from these services. Excellent presentation.

I had very little knowledge of DV or how to help and despite wanting to help I didn't know how to. I now feel much happier to give it a go! Very knowledgeable trainers, very enthusiastic. Made a difficult topic extremely easy to understand. Gave us an ability to share thoughts and experiences. Handouts were very thorough and useful information was provided. The sections on How to deal with perpetrators was most helpful as I don't think I'd have known where to start. Also, other less obvious signs and symptoms to watch out for. More case studies would be useful as I find it good to learn from examples of what has happened. The training was spot on. Thank you very much for such a valuable and brilliantly delivered session.

It is a pity there are such cut backs to services for patients experiencing DV. In the current environment, it is therefore quite depressing doing the training and one wonders why so much money is being spent on primary care and not on frontline services. Thank you.

Just wanted to let you know how helpful I found these sessions. It's not something we normally get much training on and I learnt so much that I can put into practice.

This is helpful, makes me think more holistically when assessing my patients. DV is something that can affect patients emotionally as well as physically

Very useful in helping recognise signs of domestic violence and where to refer patients for help and support.

Appendix - Total Referrals by Location (up to start of month indicated)

Locality	2011		2012		2013		2014				2015				2016		
	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul
Bath and NE Somerset	0	0	0	0	0	0	0	0	0	0	0	0	0	19	33	52	84
Berkshire West	0	0	0	0	0	0	5	11	22	32	53	65	71	71	71	71	71
Birmingham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	90	139
Bolton	0	0	0	0	0	0	0	0	0	0	0	16	54	94	122	160	178
Bristol	18	56	102	127	167	216	253	273	303	331	350	363	385	412	442	483	514
Camden	0	0	0	0	0	0	0	0	19	60	102	139	174	174	174	174	174
Cardiff & the Vale	0	0	0	0	0	0	0	0	0	0	0	0	17	53	86	119	154
Cheshire East	0	0	0	0	0	0	0	0	0	0	3	9	14	14	14	14	14
Vale Royal & S Cheshire	0	0	0	0	0	0	0	0	0	0	3	26	47	47	47	57	82
Cornwall	0	0	0	0	0	0	0	1	5	5	5	5	5	5	5	6	9
Cwm Taf	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	46	90
East Surrey	0	0	0	0	0	0	0	0	0	0	0	0	0	9	18	22	30
Enfield	0	0	0	0	0	0	1	13	30	56	77	94	121	124	126	136	160
Hackney	11	51	87	131	173	220	275	307	339	378	432	462	489	540	597	653	694
Islington	0	0	0	0	0	0	0	0	0	0	0	6	17	29	46	58	70
Lambeth	0	0	10	55	93	135	174	196	217	235	281	321	342	368	401	434	473
Manchester	0	0	0	9	60	99	137	175	210	249	272	312	340	379	475	580	678
Mansfield & Ashfield	0	0	0	0	0	0	3	16	26	32	35	52	69	80	88	97	112
North Somerset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	12
Nottingham City	0	0	0	0	20	42	70	83	99	103	116	138	196	207	234	253	274
Nottingham West	0	0	0	0	0	0	0	0	0	0	5	17	24	43	60	77	99
Poole	0	0	0	0	0	0	0	0	0	0	0	0	0	3	8	19	28
Portsmouth	0	0	0	0	0	3	36	59	59	99	119	149	180	190	211	229	247
Salford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5
Sandwell	0	0	0	0	0	0	0	0	0	0	0	0	7	7	7	7	7
South Gloucestershire	0	0	0	0	0	0	12	31	57	80	100	118	139	159	179	206	234
Southampton	0	0	0	0	5	54	116	139	166	198	227	258	276	294	318	345	360
Southwark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	27
Tower Hamlets	0	0	0	0	0	0	0	0	0	0	40	81	123	159	192	230	292
Trafford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	31	41
Warwickshire	0	0	0	0	0	0	0	0	0	0	0	0	3	19	36	69	94
Total	29	107	199	322	518	769	1082	1304	1552	1858	2220	2631	3093	3499	4022	4738	5446