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Brokering Innovation Through Evidence

Improving the response to domestic violence in sexual health clinics



Women who have experienced domestic violence and abuse (DVA) are three times more likely to have gynaecological and sexual health problems such as sexually transmitted infections and unintended pregnancies. Forty-seven per cent of women attending sexual health services will have experienced DVA at some point in their lives.

These services can be the first point of contact for women who have experienced DVA, so sexual health practitioners can have a key role in supporting women to

access advocacy services. But most sexual health professionals haven't had much training in identifying and responding to DVA, despite National Institute for Health and Care Excellence (NICE) recommendations.

This project looked at the feasibility and acceptability of the [IRIS](#) ADVISE pilot in sexual health clinics in Bristol and East London. The pilot aimed to encourage sexual health staff to ask patients whether they were experiencing DVA and to make referrals to specialist services.

IRIS ADVISE included staff training, patient information materials, an enquiry prompt in the electronic patient record and a simple referral pathway to specialist DVA advocacy services.

What we found

In the east London clinic over seven weeks:

- **267** out of **2,568** women were asked about DVA
- **16** of those (4 per cent) said that they were affected by abuse
- **8** of the women affected by abuse (50 per cent) were referred to specialist services

In the Bristol clinic over 12 weeks:

- **1,090** out of **1,775** women were asked about DVA
- **79** of those (7 per cent) said they were affected by abuse
- **8** of the women affected by abuse (10 per cent) were referred to specialist services

During the three months before the pilot started, there were no referrals to DVA specialist services at either site.

We also interviewed sexual health clinic staff and DVA advocate workers in Bristol. All the people we interviewed felt that

asking about and referring women on to DVA services was appropriate and valuable in a sexual health setting. They responded favourably to the training, and felt more confident about asking about DVA and managing disclosures.

Staff said that patients:

“welcomed being asked about it, even if they’ve not ever been involved in an incident of domestic abuse themselves, that they appreciate that people are asking that question.”

The staff reported that some disclosures were considered relatively simple and easy to handle, where patients can be easily referred to the partner DVA organisation or provided with information.

However, cases with an immediate risk of harm to the patient or their children were more complex in terms of managing the patient’s wishes and navigating existing safeguarding procedures. This added to staff’s already limited time and busy workloads.

What next?

The study shows that it is feasible and acceptable to develop and implement the IRIS ADViSE training and referral package for sexual health clinics. At the policy and commissioning level, stronger recognition of the issues around DVA referrals, and more resources to support them, are needed.

Commissioners and local NHS trusts need to engage and commit to financially support IRIS ADViSE, for training of sexual health staff, overcoming the additional time pressure arising from disclosure of abuse and for the provision of linked DVA advocates to maximising the potential benefit of IRIS ADViSE.

Read the papers

[Improving the healthcare response to domestic violence and abuse in sexual health clinics: feasibility study of a training, support and referral intervention](#)

AH Sohal, N Pathak, S Blake, V Apea, J Berry, J Bailey, C Griffiths, G Feder
Sexually Transmitted Infections
doi: 10.1136/sextrans-2016-052866

[Assessing for domestic violence in sexual health environments: a qualitative study](#)

J Horwood, A Morden, JE Bailey, N Pathak, G Feder
Sexually Transmitted Infections
doi: 10.1136/sextrans-2017-053322

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