ADViSE

Assessing for Domestic Violence and Abuse in Sexual Health Environments

COMMISSIONER PROSPECTUS

WWW.IRISI.ORG

IRISi interventions

IRISi interventions

IRISi is a social enterprise established to promote and improve the healthcare response to domestic abuse.

Our flagship programme is IRIS.

www.irisi.org

University of BRISTOL

NIHR | Applied Research Collaboration West

Development of the ADViSE intervention was funded by University of Bristol's Enterprise and Impact Development Fund and by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care West (CLAHRC West) now recommissioned as NIHR Applied Research Collaboration West (NIHR ARC West). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

BASHH

This guidance is endorsed by the British Association for Sexual Health & HIV (BASHH)

GLOSSARY

IRIS: Identification and Referral to Improve Safety.

ADViSE: Assessing for Domestic Violence in Sexual Health Environments.

AE: Advocate educator (key member of a local IRIS team who delivers training to sexual and reproductive health service teams and supports patients affected by domestic abuse who are referred to her by sexual and reproductive health service clinicians).

CL: Clinical lead (key member of a local IRIS team who uses her/his contacts to engage sexual and reproductive health service with the ADViSE programme, and co-delivers training with the AE).

DVA: Domestic violence and abuse.

MARAC: Multi-agency risk assessment conference.

STI: Sexually transmitted infection.

ADViSE
Assessing for Domestic Violence and Abuse in Sexual Health Environments

What is ADViSE?

ADViSE supports sexual health clinician identification and response to patients affected by domestic violence and abuse and facilitates referral to specialist services.

INTRODUCTION

ADViSE has originated from a successful, evidence-based programme in general practice which responded to patients affected by domestic abuse, IRIS (Identification and Referral to Improve Safety). Whilst the positive impact of IRIS was rapidly expanding, it was recognised that there were some diverse and harder to reach patient populations who may not come into contact with general practice or other primary care services. Sexual health services were seen as a potential avenue to bridge this gap and an adapted version of IRIS was developed: **ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments)**.

HOW IT WORKS

ADViSE supports staff teams to recognise and respond to patients affected by domestic violence and abuse (DVA), offering them a direct referral into specialist services via a simple, local care pathway. Each local team includes an Advocate Educator (AE) and a Sexual Health Clinical Lead (CL.). ADViSE has been co-developed with clinicians, commissioners, IRISi, DVA agency staff and DVA survivors.

The AE is a named specialist based in a local DVA advocacy service who runs training for the team and is the point of contact for referrals for patients who would like support and advocacy around DVA.

The CL is a local, sexual health practitioner who is committed to improving the staff response around DVA which improves the response for patients affected.

ADViSE was piloted at two sites. In Tower Hamlets over seven weeks there was a 10% DVA enquiry rate, a 4% disclosure and eight patient referrals were made. In Bristol over 12 weeks there was a 61% enquiry rate, 7% DVA disclosure and eight patient referrals.

In the three months prior to the pilot, there were no DVA referrals at either site. The networks formed during the pilot and increase in referrals have continued since the pilot in Bristol despite the end of dedicated funds and support. For all genders, 12 months post the ADViSE training, the clinic reported a 55.9% DVA enquiry rate, a 3.9% disclosure rate and a 4.2% referral rate, equating to 28 direct referrals for patients.

ADViSE increases DVA enquiry, response and referral, and staff confidence regarding DVA. It strengthens local networks between sexual health services and the DVA and can increase safety for those patients affected by DVA.

HOW ADVISE WORKS

Local ADViSE Sexual Health Clinical Lead

- Co-deliver training
- Champion cause
- Staff support and debrief

Local ADViSE DVA Advocate Educator

- Co-deliver training
- Patient advocacy
- Staff support and feedback

Training for sexual health clinical staff and reception staff

DVA enquiry prompt (embedded in Electronic Patient Records system)

Staff materials (e.g. referral pathways, safety planning sheets, useful contacts)

Patient materials (e.g. posters, discrete contact cards, website links)

DOMESTIC ABUSE. WHO IS AT RISK?

The government defines DVA as being any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The context of fear is an important element in the understanding of domestic violence and abuse as a pattern of coercive control. It has been likened by experts to being taken hostage. It is a common breach of human rights. It affects individuals and has far-reaching consequences for families, children, communities and society as a whole. The best estimates suggest that in the UK just over 26% of heterosexual women, 32% of gay/lesbian women, 45% of bisexual women, 27% of gay men, 14% of heterosexual men and 80% of transgender people will experience domestic violence and abuse at some point in their lifetimes (ONS, 2018).

DVA can happen to anyone from any social or economic background. Often perpetrators of DVA will use people's vulnerabilities to exploit and manipulate them for their own gain. Everyone has vulnerabilities however there are certain groups who may have greater or more exposed vulnerability which increases their risk of being abused. These can include people from the LGBT community, young people, the elderly, people with disabilities, people of a different ethnicity from that of the country where they live.

WHY LOCATE DVA INTERVENTIONS IN SEXUAL HEALTH SERVICES?

Sexual health and gynaecological problems are the most prevalent and persistent physical health consequence of DVA. DVA is associated with increased sexual risk taking resulting in increased sexually transmitted infections, including HIV, and unintended pregnancy. Sexual health clinicians are already trusted by their patients with highly confidential, potentially stigmatising information and are particularly adept at working in diverse populations and with vulnerable groups, who may not access other health care services. Sexual health services are therefore in a strong position to support early recognition of undisclosed or unidentified DVA and offer an appropriate response. This can improve and save lives. The anonymity offered by sexual health services can support those affected by DVA who do not want to disclose to services where they are known.

> Without the sexual health service asking and referring her, she (young woman) may not have accessed any DVA support. She did not attend general practice very often and no other service was involved with her. Sexual health were ideally placed to identify and refer her on to specialist support with the ADViSE service.
>
> **ADViSE Advocate Educator**

Sexual Health Services are regarded as a favourable setting in which to discuss DVA with gay and bisexual men. Men regularly attend for check-ups as well as symptom-related visits and health professionals are accustomed to discussing sensitive issues including sexual risk behaviours

(Bacchus et al, 2018)

AN INTERVENTION RECOMMENDED BY NICE

The National Institute for Health and Care Excellence (NICE) guidance (2014) on effective responses to DVA recommends that health commissioners and their strategic partners develop coordinated commissioning strategies that include integrated training and referral pathways for patients affected by domestic violence and abuse.

NICE identifies sexual health services as a setting in which service users should be asked about DVA.
The British Association for Sexual Health and HIV (BASHH) guidance similarly recommends DVA enquiry but acknowledges that this is not without its challenges. Sexual health clinicians receive little training in DVA and may be unconfident about asking, uncertain about responding to DVA disclosure and lack knowledge about management and referral.

The NICE standards around DVA state that clinicians should:
- know how to ask about DVA
- know how to respond to disclosures
- refer survivors to specialist support services
- refer perpetrators to specialist support services.

ADViSE meets all of the above in one streamlined, evidence-based package.

ADViSE does not replace existing services. It is established within the local service provision and so enhances and supports existing practice. The ADViSE programme is hosted and delivered by a local third-sector DVA organisation (an 'ADViSE Partner') that employs and line manages the AE, thus strengthening and supporting existing relationships and referral pathways. ADViSE is a collaboration between health and the specialist DVA sector. It is essential for the programme to be centred on this partnership work which also promotes working within a multi-agency framework, linking with local processes including the MARAC process.

> An easy referral route into a dedicated service saved time and created a fluid transfer into a specialist service. The offer of a named ADViSE Advocate Educator who could meet the patient in our familiar clinic setting helped some patients accept a referral. The specialist service provided was developed to incorporate the complexities that domestic abuse brings into the lives of victims and their children – physical safety, emotional wellbeing, safe accommodation, a co-ordinated support approach with criminal and civil justice systems. A quick referral could reassure the sexual health practitioner that a holistic specialised service would contact the victim and use this critical opportunity for an earlier intervention. Support and feedback from the Advocate Educator on outcomes for patients referred, reinforced the team's commitment to the intervention.
>
> **Sexual Health Service Consultant**

> "I think it felt like a really good service because it was a direct person- it was a link that we could go to – it provided a pathway. "
>
> **Sexual Health Service Nurse**

We are building a network of partners who recognise the vital role health services can play in supporting patients affected by domestic abuse

If you want to:

- Improve the local response to domestic abuse for sexual health staff teams and patients
- See the specialist DVA sector work collaboratively with health in your area
- Commission services that can offer an early intervention for patients affected by domestic abuse
- Provide a service which is located in a position to support hard to reach and potentially vulnerable patient populations
- Provide an effective, evidence-based service that is based on the gold standard for improving the health care response to domestic abuse
- Become an ADViSE site

Then we would like to hear from you!

Please contact us to find out more about the programme. Our aim is to provide the most up-to date evidence and information on local and national resources to help commissioners reach appropriate local decisions, to support with local business cases and to source expert, local services to deliver the specialist DVA support.

info@irisi.org
www.irisi.org

A SUMMARY OF THE IMPLEMENTATION OF ADVISE IN SEXUAL HEALTH SERVICES

Initial set-up

- IRISi supports to get "ADViSE ready"
- Commissioner/s adopt and fund ADViSE
- Tendering process to select host organisation takes place and recruitment takes place for AE and CL
- ADViSE AE and CL attend training course and induction
- A local, project steering group is set up
- Care pathways for patients affected, children and perpetrators are established

Implementation

- Sexual health practitioners are trained (by AE and CL) in two sessions to identify, ask, risk assess for immediate safety and respond. Training is also provided for the reception and ancillary team An electronic prompt is installed and tested
- Health promotion materials are displayed in sexual health service
- Referral processes are developed, agreed and implemented

AE support to victims of DVA

- Referrals are sent from sexual health advisor to AE
- Initial calls to patients by AE
- Initial meetings with patients in sexual health service or other safe location
- Risk assessment and safety planning
- Referrals made into relevant specialist services including: mental and emotional health support, drug and alcohol support, children's services and MARAC
- Multi-agency work with any relevant organisations such as housing, criminal justice service, civil courts
- On-going, flexible support package tailored to patients' requirements

AE support to sexual health service

- Feedback on referrals by AE to health practitioners
- Data collection at sexual health service and specialist DVA agency
- AE attendance at sexual health service team meetings
- Refresher training for service staff on at least a bi-annual basis

IRISi support to AE, staff and services

- AE and CL become part of a larger national network
- Networking and development days are facilitated by IRISi for ADViSE AEs and CLs
- National database for data collection
- Publication and dissemination of national reports

ADViSE

Assessing for Domestic Violence and Abuse in Sexual Health Environments

Key publications:

Blake & Johnson (2019), Commissioning guidance ADViSE full version

Sohal et al (2018), *Improving the healthcare response to domestic violence and abuse in sexual health clinics: feasibility study of a training, support and referral intervention* Available from https://sti.bmj.com/content/sextrans/94/2/83.full.pdf

Horwood et al (2018) *Assessing for domestic violence in sexual health environments: a qualitative study* Available from https://sti.bmj.com/content/94/2/88

National Institute for Health and Care Excellence (2014) *Domestic violence and abuse: multi-agency working NICE guideline* Available from https://www.nice.org.uk/guidance/ph50

Sacks et al (2016) *Responding to Domestic Abuse in Sexual Health Settings. BASHH Sexual Violence Group* Available from www.bashhguidelines.org

All IRIS-related publications are available from IRISi on request.

"No matter how you categorise society, no group or type is untouched by domestic abuse. We only know some of the effects and those are ruinous; huge health deterioration, relationship and job losses, the theft of future plans, financial destruction, addiction and sudden responsibility for looking after children, and we only know some of the effects, remember."

(Frank Mullane, MBE and CEO, AAFDA)

Contact us!

info@irisi.org
www.irisi.org

WWW.IRISI.ORG

IRISi interventions