



THE IRIS ADVISE PROGRAMME

Assessing for Domestic
Violence and Abuse in
Sexual Health Environments

Overview of webinar

- **Welcome** – Medina Johnson, Lucy Downes
- **Opening comments** – Nicole Jacobs

ADVISE

- **The intervention** – Medina Johnson
- **Evaluation of implementation** – Dr. Jeremy Horwood
- **In practice and in action** – Dr. Judith Berry
- **Questions** – Lucy Downes
- **What next?** – Medina Johnson

IRISi - Who are we and what do we do?

Vision

A world in which gender-based violence is consistently recognised and addressed as a health issue

Mission

To improve the healthcare response to gender-based violence through health and specialist services working together

Why do we need a specific health sector response to domestic abuse?

- Domestic abuse is a violation of human rights and a society-wide challenge

- Evidence for effectiveness

- Health impact of domestic abuse

- Survivors' expectations of health care professionals

Health Impacts

PHYSICAL HEALTH

- Gynaecological
- Pregnancy
- Chronic health conditions

MENTAL HEALTH

- Depression
- PTSD
- Suicidal thoughts
- Drug & alcohol use

FAMILY HEALTH (ESP. CHILDREN)

What do survivors want from health care professionals?

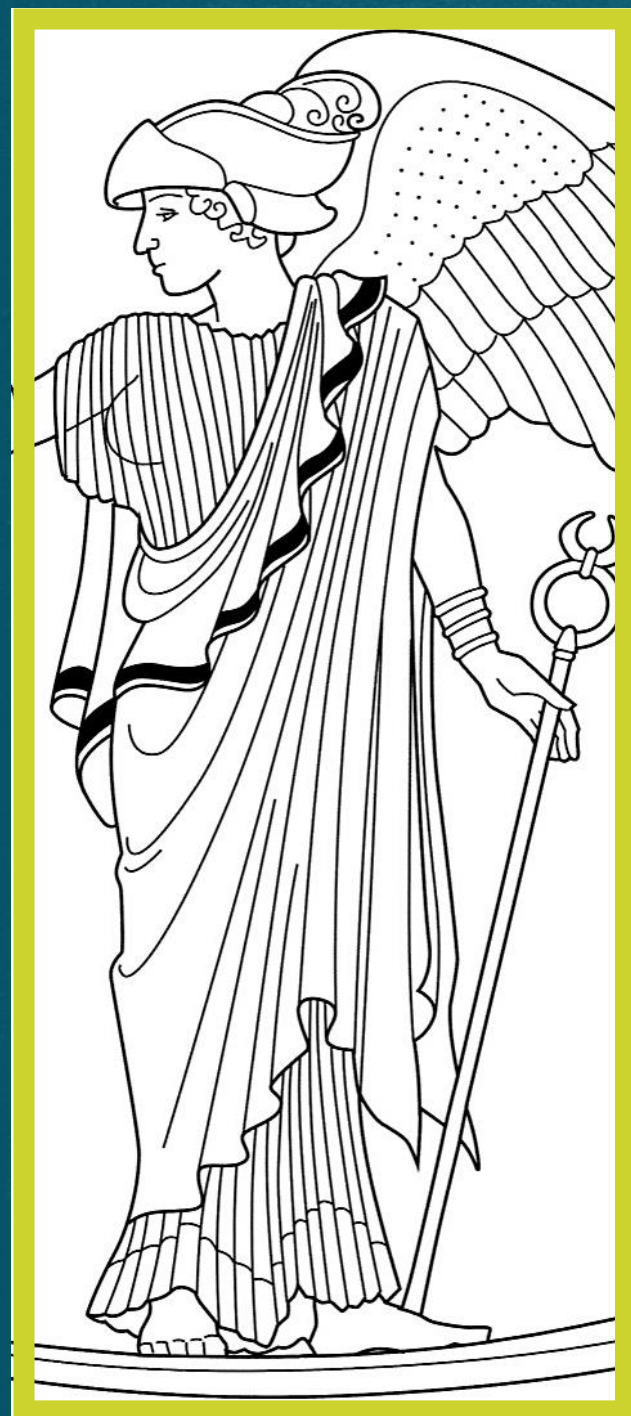
To feel comfortable and supported to disclose






An immediate response to disclosure

To be asked directly – low threshold for clinical questioning

A response in later consultations – continuity of care

IRIS: Our flagship programme



-  A general practice based domestic violence and abuse training and referral programme
-  Recognise; Ask & Risk Check ; Respond; Refer; Record
-  Increases identifications and referrals
-  Improves clinical practice
-  Improves quality of life for patients

What is IRIS ADViSE?

- Intervention to support sexual health clinicians to identify and respond to patients affected by domestic abuse
- Facilitates referral to specialist support via simple care pathway
- Adds capacity to local specialist third sector
- Meets an unmet patient need
- Strengthens local partnership work

IRIS clinical lead

**Local IRIS ADViSE Advocate
Educator (AE)**

Training for clinical staff and reception staff

- 2 hours + 1-hour multidisciplinary clinical staff
- 1-hour receptionists

Materials for staff

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

Materials for patients

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

**DVA prompt embedded in Electronic Patient Records
system**

- deliver training
- champion cause
- staff support & debrief

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DVA prompt embedded in Electronic Patient Records system



Implementation evaluation

Jeremy Horwood

Associate Professor of Social Sciences and Health

University of Bristol and NIHR ARC West

@JPHorwood



Evaluation methods

Piloted in two sexual health clinics in London and Bristol

Adaptive mixed methods design

- **Quantitative** - analysis of electronic patient records
- **Qualitative** - interviews with sexual health clinic staff
 - Doctors
 - Allied healthcare professionals – nurses, health advisors
 - Receptionists
 - DVA advocate workers

	Site 1 (7 weeks)	Site 2 (12 weeks)
Enquiry rate	267/2,568 (10%)	1,090/1,775 (61%)*
Disclosure rate	16 (6%)	79 (7%)
AE referrals	8 (50%)	8 (10%)

During the previous 3 months, there were no referrals to DA services at either site.

* Electronic patient record prompt used.



	Site 2 (12 Months)	
Enquiry rate	1,8107/3,2404 (56%)	Female 56% Male 44% Other 1%
Disclosure rate	660 (4%)	Female 88% Male 12% Other 0%
Referrals	28 (4%)	Female 100%*

12 months post the IRIS ADViSE training (no IRIS advocate educator support after the initial 3 months)

* Data from a female only DA specialist support service

Being asked about DVA acceptable

"... they (patients) have welcomed being asked about it (DVA), even if they've not ever been involved in an incident of domestic abuse themselves, that they appreciate that people are asking that question"

Sexual Health Nurse



ADViSE provided reassurance

"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.

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 Consultant

Sexual health first point of contact

"I believe that without the sexual health service asking and then referring her onto specialist help, she (the young female victim) may not have accessed any DVA support.

No other service apart from sexual health were involved with her as she was at an age where she had now left school and did not require other services. Therefore, sexual health were ideally placed to identify and refer her onto specialist support with the ADViSE service."

Advocate Educator

- ADViSE increased the number of DVA enquiries, disclosures and referrals to specialist support services.
- ADViSE viewed as important, appropriate, welcomed and liked by staff
- The majority of patients thought it positive that they were asked about DVA
- ADViSE increased staff confidence in asking about DVA and managing disclosures
- Staff valued ADViSE clear referral pathway to DVA specialist
- Annual staff training required



ADViSE refinement

Stage 1:
Development



Stage 2: Stakeholder
engagement



Stage 3: Patient/
Public Involvement



Stage 4: Production

ADViSE refinement

**Stage 1:
Development**



**Stage 2: Stakeholder
engagement**



**Stage 3: Patient/
Public Involvement**



Stage 4: Production



Additions to training

- More info and examples on how to ask
- More info on when to ask
- More advice on dealing with cases with an immediate risk of harm
- Expand role plays with real examples e.g. safeguarding
- Examples of patient responses
- More info on DVA support services
- More resources for men experiencing DVA

ADViSE refinement

Stage 1:
Development



Stage 2: Stakeholder
engagement



Stage 3: Patient/
Public Involvement



Stage 4: Production



Two workshops – Bristol and London

- Sexual health clinicians
- Sexual health commissioners
- DVA agency staff

ADViSE refinement

Stage 1:
Development



Stage 2: Stakeholder
engagement



Stage 3: Patient/
Public Involvement



Two Patient/public groups

- Sexual health clinic attendees
- DVA experience

Stage 4: Production

ADViSE refinement

Stage 1:
Development



Stage 2: Stakeholder
engagement



Stage 3: Patient/
Public Involvement



Stage 4: Production



Development of
- Training package
- Commissioning guidance

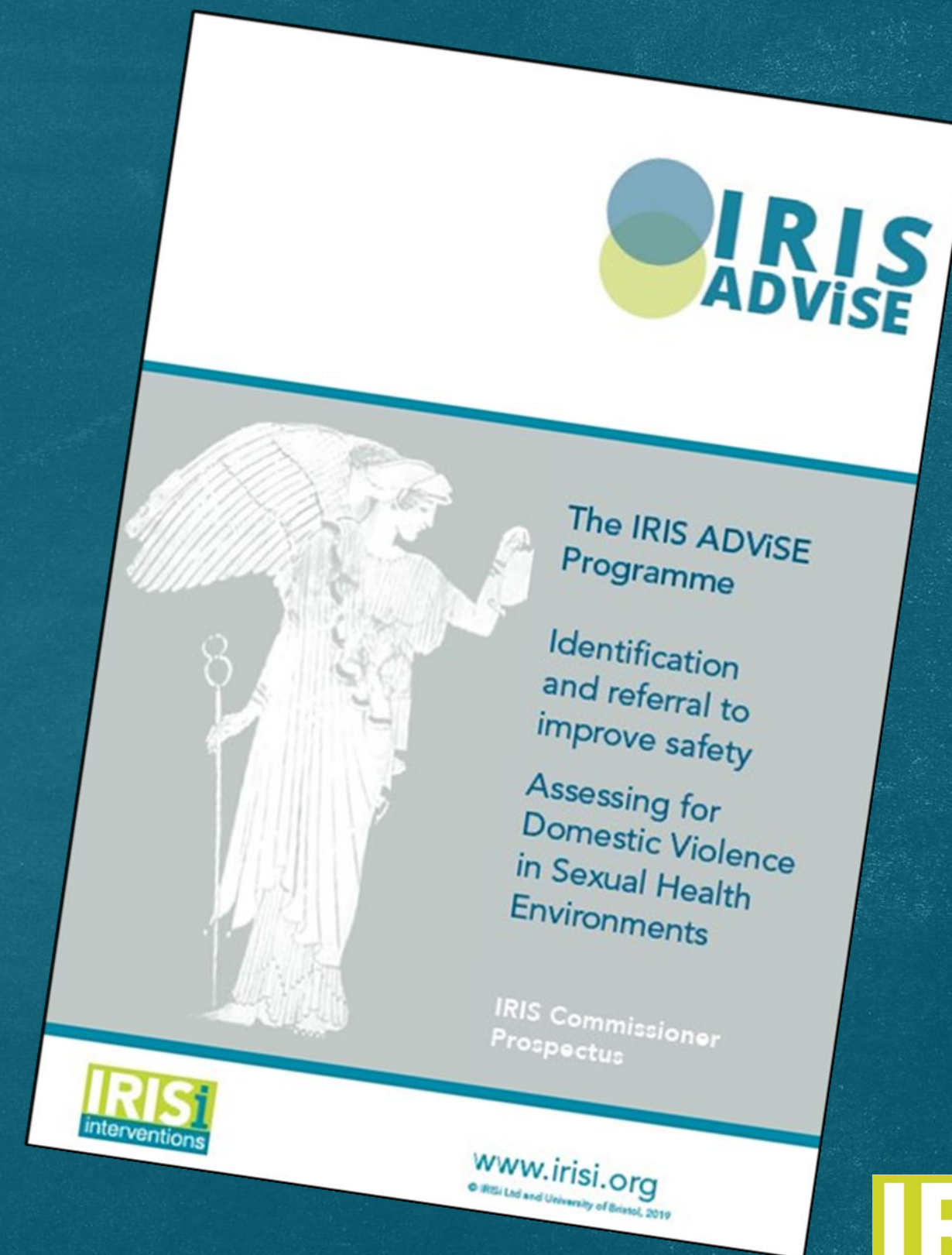


Acknowledgments

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Clinic Experience

Pilot site 2 Bristol

Dr Judith Berry,
Consultant
Unity Sexual Health



Pre-pilot

- Integrated sexual health clinic, with 32,000 attendances p.a.
- Domestic abuse training included in Safeguarding training.
- Routine DA enquiry in pregnancy advisory service.
- No routine enquiry in the Sexual Health walk-in service.

Training Sessions

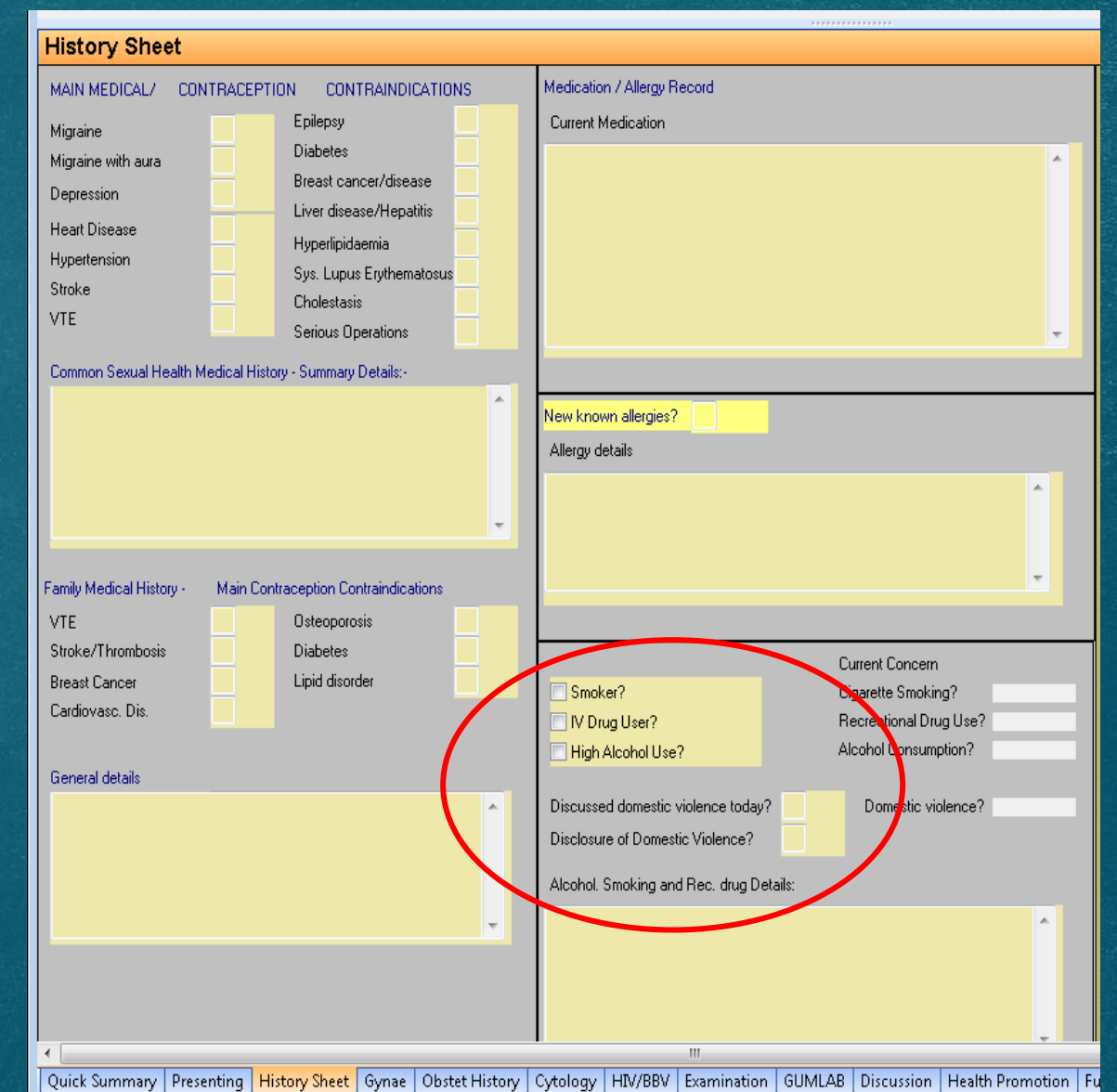
- 2 hour session for clinical staff delivered by advocate educator.
- Reception staff training.
- Tailored to sexual health setting.
- Improved knowledge of domestic abuse and the association of health presentations.
- Group work, case studies.

Asking the Question

- The training acknowledged existing skills of sexual history taking.
- Non-prescriptive: we were encouraged to develop our own words.
- Chance to practice in small groups and feedback.
- Follow up training allowed feedback on implementation.

Promoting Enquiry

- Added a mandatory box to electronic record to indicate if asked about DV.
- Box to indicate the response.
- Free text for details and referrals.
- Prompts to ask about safety and children.



The screenshot shows the 'History Sheet' form in the IRIS ADVISE system. The form is divided into several sections:

- MAIN MEDICAL/ CONTRACEPTION CONTRAINDICATIONS:** A table with checkboxes for various conditions.

MAIN MEDICAL/	CONTRACEPTION	CONTRAINDICATIONS
Migraine	<input type="checkbox"/>	Epilepsy
Migraine with aura	<input type="checkbox"/>	Diabetes
Depression	<input type="checkbox"/>	Breast cancer/disease
Heart Disease	<input type="checkbox"/>	Liver disease/Hepatitis
Hypertension	<input type="checkbox"/>	Hyperlipidaemia
Stroke	<input type="checkbox"/>	Sys. Lupus Erythematosus
VTE	<input type="checkbox"/>	Cholestasis
		Serious Operations
- Common Sexual Health Medical History - Summary Details:** A large text area for notes.
- Family Medical History - Main Contraception Contraindications:** A table with checkboxes for various conditions.

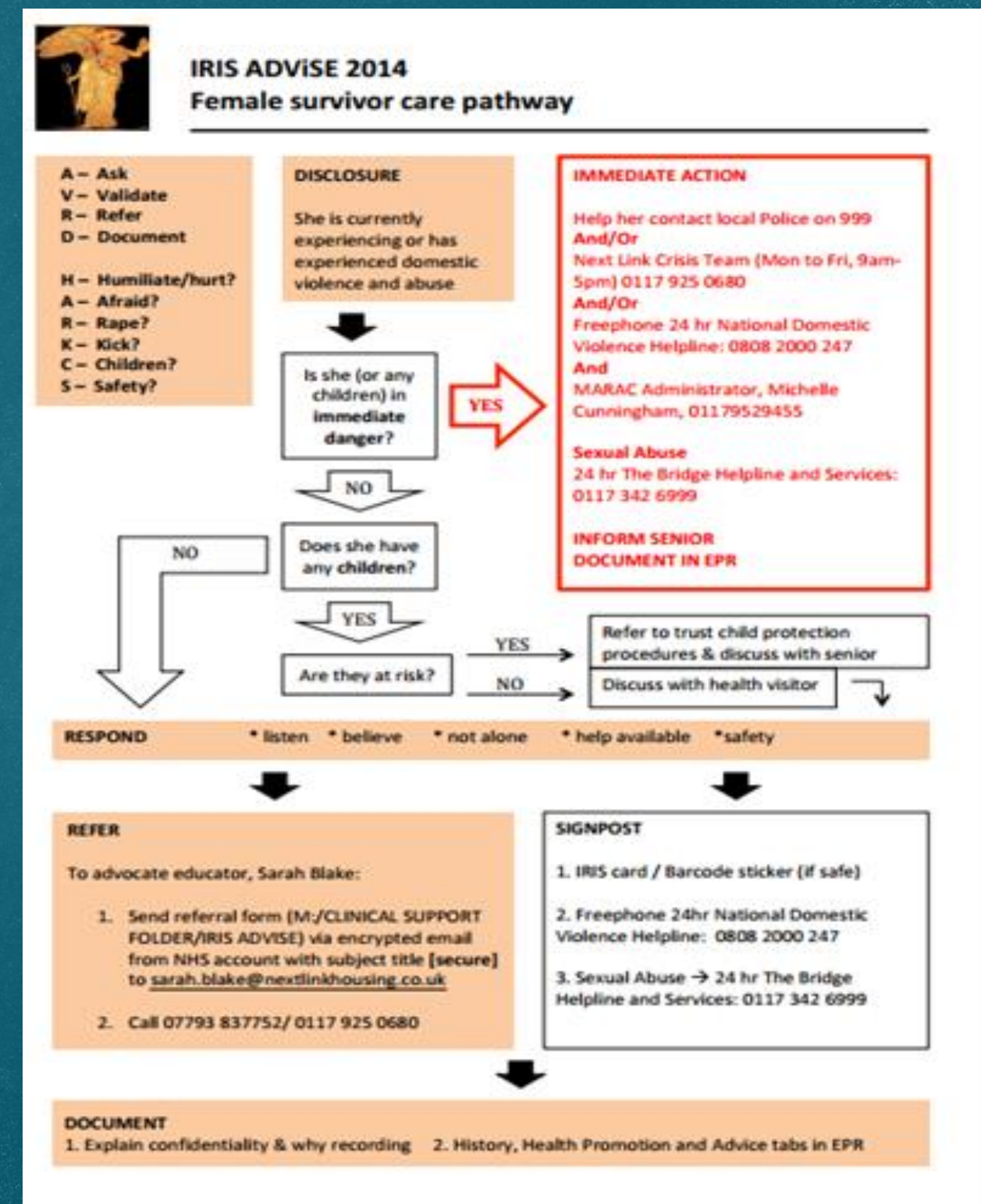
Family Medical History -	Main Contraception Contraindications
VTE	<input type="checkbox"/>
Stroke/Thrombosis	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>
Cardiovasc. Dis.	<input type="checkbox"/>
	Osteoporosis
	Diabetes
	Lipid disorder
- General details:** A large text area for notes.
- Medication / Allergy Record:**
 - Current Medication:** A large text area for notes.
 - New known allergies?** ☐
 - Allergy details:** A large text area for notes.
- Current Concern:**
 - ☐ Smoker?
 - ☐ IV Drug User?
 - ☐ High Alcohol Use?
 - ☐ Discussed domestic violence today?
 - ☐ Disclosure of Domestic Violence?
 - ☐ Domestic violence?
- Alcohol, Smoking and Rec. drug Details:** A large text area for notes.

A red circle highlights the 'Current Concern' section, specifically the 'Domestic violence?' checkbox and the 'Alcohol, Smoking and Rec. drug Details' text area.

Care pathways

Female and male survivors

Flowchart for perpetrators



Resources for clinic

<p>You can get help to:</p> <ul style="list-style-type: none"> *Make your home safe *Know your rights *Build your confidence *Plan a safe place to go *Recover from the effects of domestic violence 	<p>Useful numbers</p> <p>Bristol Next Link 0117 925 0680 (9-5pm, ask for the IRIS worker for Bristol)</p> <p>National Domestic Violence Helpline 0808 2000 247 (24hr, freephone)</p> <p>Men's Advice Line 0808 801 0327 (freephone)</p> <p>In an emergency ALWAYS call 999</p>	<p>Domestic Violence Aware Clinic IRIS ADVISE</p> <p>Are you afraid of someone at home, being hurt by someone in your family or in a violent relationship?</p> <p>Show this card if you need help or talk to us here in private</p>
<p>What is domestic violence?</p> <p>Physical including being hit, kicked or attacked</p> <p>Sexual having to be sexual when you don't want to</p> <p>Emotional being called names, put down, made to feel bad or threatened</p> <p>Financial if someone takes or controls your money</p> <p>Isolation when someone controls who you see and when you go out</p>	<p>Everyone has the right to be safe at home</p> <p>It's not your fault</p> <p>We believe you</p> <p>We can help you</p>	<p>We know that domestic violence does damage to your health</p> <p>If you choose to talk to us we can:</p> <ul style="list-style-type: none"> *Support you *Put you in touch with someone who can help you <p>IRIS ADVISE Identification and Referral to Improve Safety Assessing for Domestic Violence in Sexual Health Environments</p>

IRIS ADVISE Identification and Referral to Improve Safety
Assessing for Domestic Violence in Sexual Health Environments



Domestic Violence Aware Clinic

Are you afraid of someone at home, being hurt by someone in your family or in a violent relationship?

If so, you can talk to doctors, nurses and other staff working here, in private.

You can also call **Next Link**
domestic abuse services on

0117 925 0680

(ask for the Bristol IRIS worker)

Or call the 24 hour National
Domestic Violence Helpline on
freephone 0808 2000 247

If you are a man who is a victim of
domestic violence contact the
Men's Advice Line on
0808 801 0327

If you have been violent or are
worried about your own
behaviour, call Respect on
0808 802 4040

Everyone has the right
to be safe at home

It's not your fault

We believe you

We can help you



Role of the Advocate-Educator

- Supported staff managing disclosures.
- Rapid response to referrals-with an option to meet patients in clinic.
- Able provide reassurance patient had been in contact.
- Feedback on outcomes.
- Maintaining staff commitment to project as a member of our team.

Our Experience

- Training sessions very well received.
- Improved staff confidence in asking the question and managing disclosures,
- Majority of patients welcomed being asked.
- Safeguarding issues involving children needed additional consultation time.
- 8 referrals to advocate made in pilot.

Post Pilot

- We are still asking the question.
- The prompts remain and flow charts have been updated.
- Our referral route is the standard route into other agencies.
- Our training in domestic violence is standard Trust safeguarding training with updates from local domestic violence agencies.
- We have a new role of Safeguarding nurse (full-time).

Domestic Abuse in 2020

	Bristol 12 months	Bristol 2020
Enquiry rate (all genders)	18,107/32,404 (56%)	11,920/30,121 (40%)
Disclosure rate	660 (4%)	295 (2.5%)
Referrals	28 (4%)	Not recorded 69 safeguarding discussions relating to DA

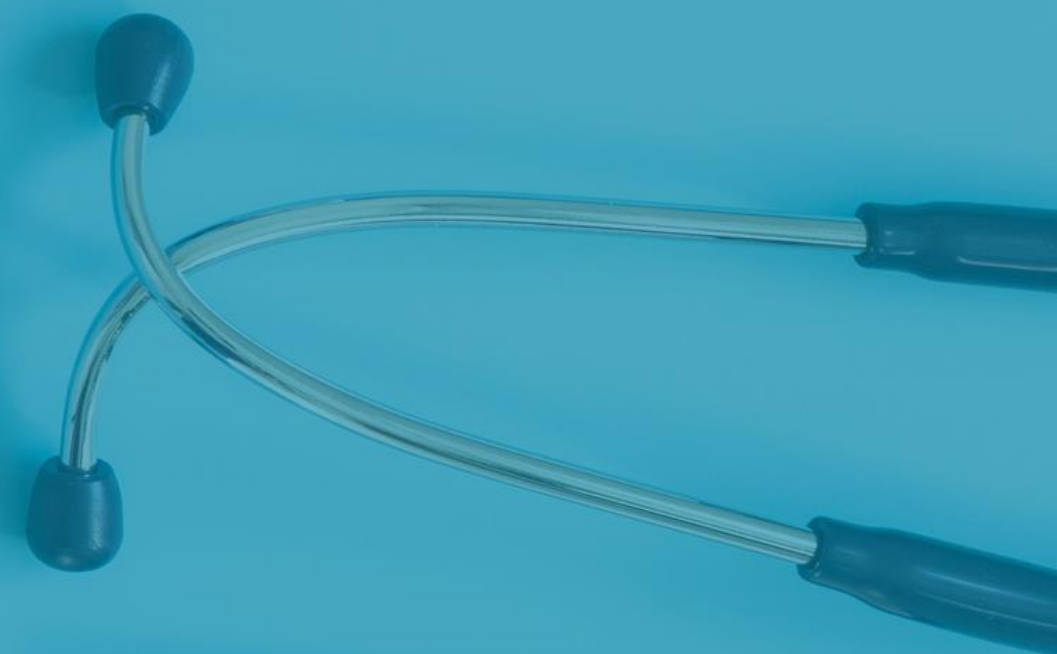


Summary

- IRIS ADViSE Pilot has had a lasting effect in the clinic with change embedded for many staff but we need to do better.
- We now lack the invaluable link with advocate educator.
- We would welcome the chance to refresh our skills and be supported by IRIS ADViSE specialists.
- Timing is critical with the increase in DA during the pandemic.



Questions?





What can you do next?

Raise awareness about domestic abuse and ADViSE amongst your colleagues. Ask us questions at IRISi!

Identify opportunities for training, learning, improving response for patients++

Support the implementation of specialist programmes—by attending meetings, sharing materials with key contacts and inputting to local strategy



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