

# IRISi NEWS

**IRISi**  
interventions

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## 16 ways for the 16 days of action: how health care settings can improve their response to Violence Against Women and Girls

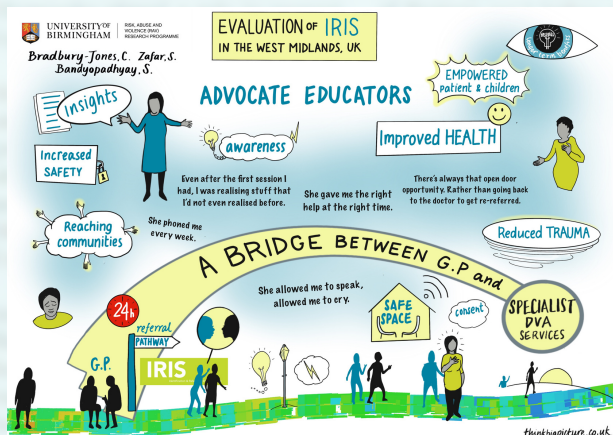
In 2021, IRISi's "16 Days of Activism against Gender-Based Violence" campaign was themed as "16 ways for the 16 days of action: how health care settings can improve their response to Violence Against Women and Girls". Our aim was to reinforce how and why health care professionals have an undeniable and fundamental role in identifying victims and perpetrators so we can end violence against women and girls. In order to do that, healthcare interventions such as the **IRIS** and **ADVISE** programmes, which were developed by IRISi to enable these professionals to recognise Domestic and Sexual Violence and Abuse, can make a big and lasting difference.

Starting our campaign, on the 25th November, we presented the results of the "*Evaluation of the Identification and Referral to Improve Safety (IRIS) Intervention in the West Midlands: A Focus on Health and Deprivation*", research led by Professor Caroline Bradbury-Jones from the Risk, Abuse and Violence Research Programme at the University of Birmingham.

We also invited our **Advocate Educators, Clinical Leads and Board Members** to share their experience of how our interventions can directly help women affected by DVA, a matter that can no longer be neglected by the decision-makers in our health system. The launch of the **IRIS Cost-Effectiveness Analysis tool** for local areas on the 6th December was also part of our campaign, as you will see on the next pages!



# University of Birmingham team evaluates the links between the IRIS programme, health and deprivation on service users



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Alongside Professor Siddhartha Bandyopadhyay and Dr Shazia Zafar, Professor Bradbury-Jones conducted a cross-Midlands’ evaluation to provide a fuller picture of IRIS programmes running in the area. The study took place between March 2019 and February 2021 and the evaluation comprised both quantitative and qualitative strands.

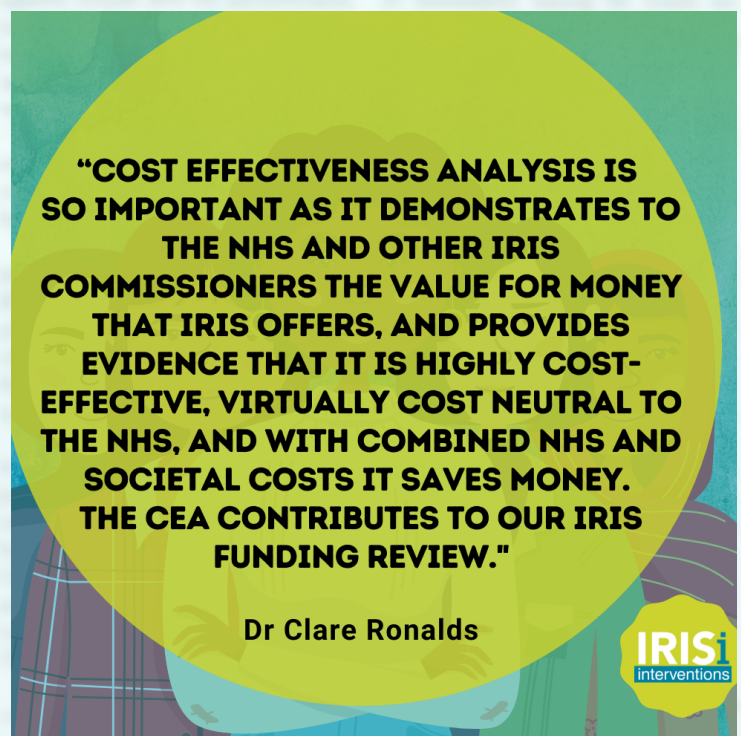
"This type of mixed methods research provides the best of both worlds as regards obtaining a full picture of the impacts of the intervention (IRIS). The quantitative approach provides factual evidence and the qualitative approach portrays lived experiences demonstrating powerful voices behind the facts." [. READ MORE>>](#)

## IRISi launches its IRIS Cost-effectiveness analysis tool

It is increasingly important that local IRIS sites are able to demonstrate to commissioners, in financial terms, the health benefits of the work they have done, so that IRIS programmes continue to be sustained into the future. The IRIS cost-effectiveness analysis tool has been created to help local sites to do just this and it's now available to all IRIS sites.

"The IRIS CEA tool should enable each local IRIS site to provide its funders with real life, locally relevant results. It should be helpful when building business cases for further funding or recommissioning", said Dr Estela Barbosa, data scientist at IRISi and the developer of the tool.

[. READ MORE>>](#)



## Would you like to give us a hand?

Do you have something to share about IRISi, IRIS or ADVISE - such as the impact of the intervention, suggestions or feedback? We would love to hear from you! Please email us at [geisa.davo@irisi.org](mailto:geisa.davo@irisi.org).



# HIGHLIGHTS

## ADVOCATE EDUCATORS

The structure behind IRISi's interventions is essential, since it provides not only training to health care professionals enrolled in the intervention, but also a clear referral pathway for the women identified as victims of DVA during a consultation. At the other end of this pathway, there is always an Advocate Educator (AE), a professional who is a specialist in supporting all the patients referred by practices and clinics.

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16 ways for the 16 days of action

**IN YOUR EXPERIENCE AS AN ADVOCATE EDUCATOR, WHY IS IT SO IMPORTANT TO IDENTIFY AND RESPOND TO DOMESTIC VIOLENCE AND ABUSE IN HEALTH CARE SETTINGS?**



16 ways for the 16 days of action

**IN YOUR EXPERIENCE AS A CLINICAL LEAD, WHAT ARE THE MAIN CHALLENGES THAT NEED TO BE UNDERSTOOD AND ADDRESSED SO HEALTH CARE SETTINGS CAN IMPROVE THEIR RESPONSE TO DOMESTIC VIOLENCE AND ABUSE?**



## CLINICAL LEADS

A Clinical Lead is a practising local GP who is usually appointed by the IRIS and ADViSE programmes to be responsible for co-delivering the training and for offering peer support for clinical colleagues in each practice. Since our Clinical Leads have a profound understanding of the obstacles in addressing Domestic Violence and Abuse (DVA) in health care settings, we also invited them to join our campaign.

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## BOARD MEMBERS

How have interventions like IRIS and ADViSE become paramount to improve the health care response to Domestic Violence and Abuse? To finish our 16 days campaign, we invited our board members to talk about the relevance of our interventions. [READ MORE>>](#)

**WHY WE DO  
WHAT WE DO**