IRIS

Identification & Referral to Improve Safety

IMPROVING THE GENERAL PRACTICE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

A review of IRIS Programmes in England, Wales, the Channel Islands and Northern Ireland to March 2021

IRISi interventions

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Thanks to the whole IRISi team and to all our partner IRIS sites who contribute to this report.

IRISi is a social enterprise established to promote and improve the health care response to gender based violence. IRIS is our flagship intervention.

Our **vision** is a world in which gender-based violence is consistently recognised and addressed as a health issue.

Our **mission** is to improve the healthcare response to gender-based violence through health and specialist services working together.

IRIS image (cover) from the Theoi Project website, http://www.theoi.com/Gallery/P21.6B.html
IRIS Athenian red-figured lekythos C5th B.C., Museum of Art Rhode Island School of Design

IRISi, the IRIS Programme and beyond

From primary care to other health care settings

Identification and Referral to Improve Safety (IRIS) is a Programme of training and support to improve the response to Domestic Violence and Abuse (DVA) in general practice. It has been proven effective and cost-effective in a cluster randomised controlled trial and in the real-world NHS. The IRIS Programme provides in-house training for general practice teams, DVA health education materials and ongoing support. Crucially, the programme also provides a direct referral pathway to a named advocate educator (AE) who is based within a local, specialist DVA/VAWG service. The AE is embedded in the work of each practice and becomes a peripatetic member of the practice team. Training is co-delivered by the AE and a clinical lead, who is a local clinician and a champion for IRIS within the practice. The IRIS Programme is commissioned across areas of England, Wales, the Channel Islands and Northern Ireland, where it is delivered by local IRIS teams.

IRISi is a social enterprise established to promote and improve the health care response to gender based violence. A national, not-for profit organisation, IRISi provides areas with the IRIS model, training package, updates to the training, and support to commission, implement and maintain the Programme.

In 2021, IRISi launched its second intervention, ADViSE, to support sexual health clinicians to identify and respond to women affected by Domestic Violence and Abuse (DVA) and Sexual Violence (SV).

IRISi is working to support the local commissioning, implementation, maintenance and growth of the IRIS Programme. Let us help you so you can help more women affected by Domestic Violence and Abuse.

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National IRIS Trends

Since being first commissioned, IRIS Programmes have received more than 25,500 referrals.

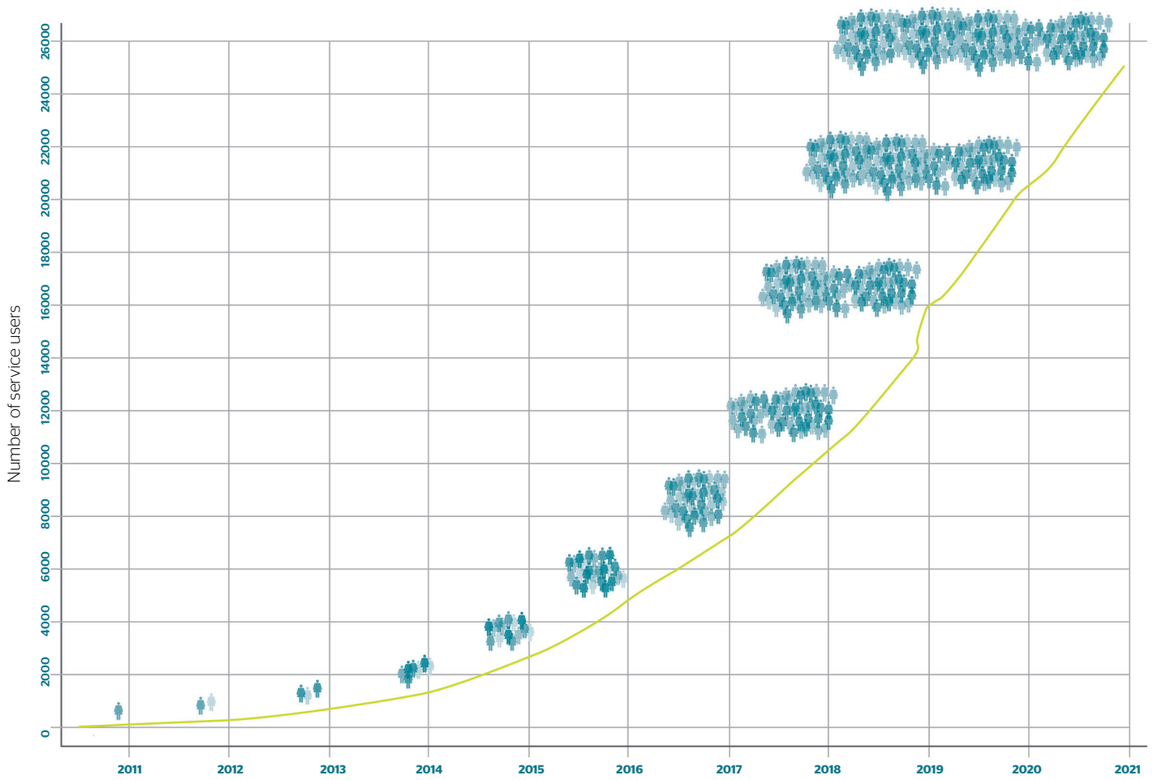
National referrals

Between April 2020 and March 2021, IRIS Programmes have received **4,979 referrals**, totalling **25,523 referrals**.

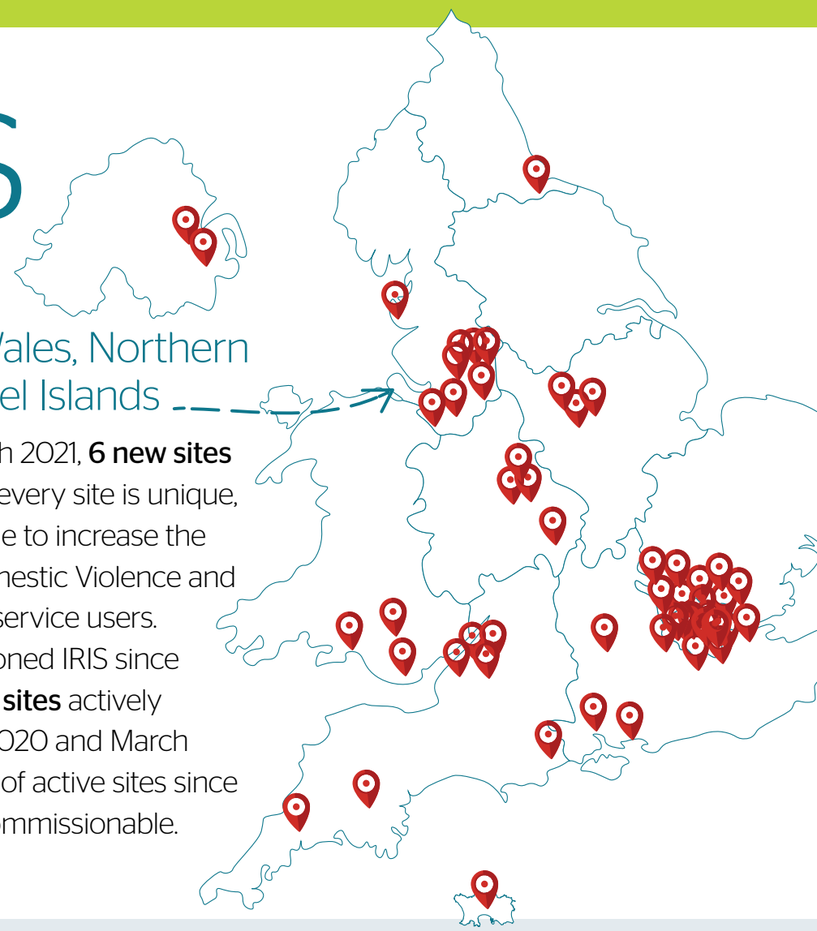
MORE THAN **25,500** WOMEN REFERRED TO THE IRIS PROGRAMME

UP TO	SITES COMMISSIONED*	CUMULATIVE REFERRALS
NOV-2011	2	152
APRIL-2013	6	640
MARCH-2014	12	1,304
MARCH-2015	19	2,631
MARCH-2016	32	4,738
MARCH-2017	35	7,210
MARCH-2018	36	10,369
MARCH-2019	41	15,601
MARCH-2020	48	20,544
MARCH-2021	54	25,523

*Not all sites were actively commissioned at the time of this report.



IRIS across England, Wales, Northern Ireland and the Channel Islands



In the fiscal year ending in March 2021, **6 new sites** have commissioned IRIS. While every site is unique, we continue to support each one to increase the identification and referral of Domestic Violence and Abuse to improve the safety of service users.
In total, **54 sites** have commissioned IRIS since November 2010. There were **39 sites** actively referring to IRIS between April 2020 and March 2021. This is the largest number of active sites since the IRIS Programme became commissionable.

Start date From 2010 to March 2021, 54 localities have commissioned IRIS

NOV 2010 Hackney	NOV 2010 Bristol	AUG 2011 Lambeth*	MAY 2012 Manchester	JUL 2012 Nottingham City*	NOV 2012 Southampton	MAY 2013 Portsmouth*	JUL 2013 South Gloucestershire
NOV 2013 Berkshire West*	NOV 2013 Mansfield & Ashfield*	DEC 2013 Enfield	JAN 2014 Cornwall*	MAY 2014 Camden*	OCT 2014 Tower Hamlets**	NOV 2014 Nottingham West*	DEC 2014 Vale Royal & South Cheshire
DEC 2014 Cheshire East*	JAN 2015 Bolton	FEB 2015 Islington	APR 2015 Cardiff & the Vale	MAY 2015 Warwickshire	MAY 2015 Sandwell	JUL 2015 East Surrey	JUL 2015 Poole*
JUL 2015 Bath and North East Somerset	OCT 2015 Trafford*	OCT 2015 Cwm Taf	OCT 2015 Birmingham and Solihull	JAN 2016 Cheshire West	JAN 2016 North Somerset*	JAN 2016 Southwark	FEB 2016 Salford
JUL 2016 Lewisham*	NOV 2016 Bromley	JAN 2017 Haringey	SEP 2017 Walsall	MAR 2018 Barnet	MAR 2018 Jersey	AUG 2018 Coventry	AUG 2018 Devon and Torbay
DEC 2018 Dudley	JUL 2019 Kensington & Chelsea*	JUL 2019 Blackpool*	NOV2019 Waltham Forest	DEC 2019 Northern Ireland	FEB 2020 Swansea Bay	MAR 2020 Barking and Dageham	MAR 2020 Croydon
DEC 2020 Greenwich	JAN 2021 Middlesbrough	JAN 2021 Westminster	FEB 2021 Hammersmith and Fulham	MAR 2021 Ealing	MAR 2021 Brent		

* These sites are no longer commissioned due to funding ending.
** Site relaunched as part of the VRU Programme.

The IRIS Programme in different areas: **sustainability over time**

Data shows that the intervention remains effective for more than 10 years.

The IRIS Programme has proven sustainable for more than 10 years across sites, despite local differences in size, patient population and number of advocate educators.

To enable some comparison, we counted the number of referrals received over time per area. While some sites are clearly referring more service users than others, 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.

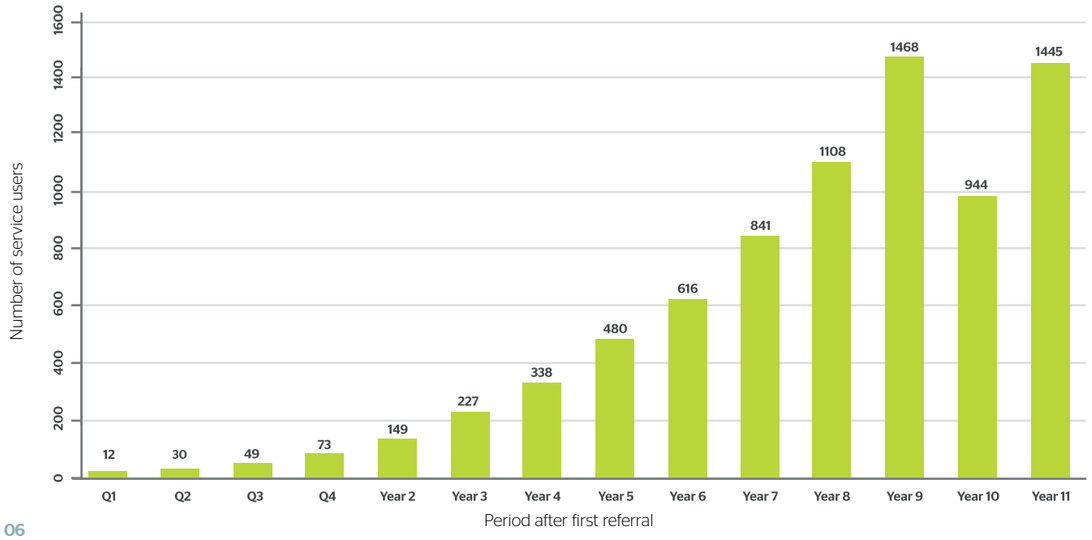
Average number of referrals

As per previous years, we have explored patterns in terms of the average number of referrals across all areas after the first referral was made. The number of service users referred is the total at the end of each period, and the first year is split into quarters Q1 to Q4, each composed of 3 months.

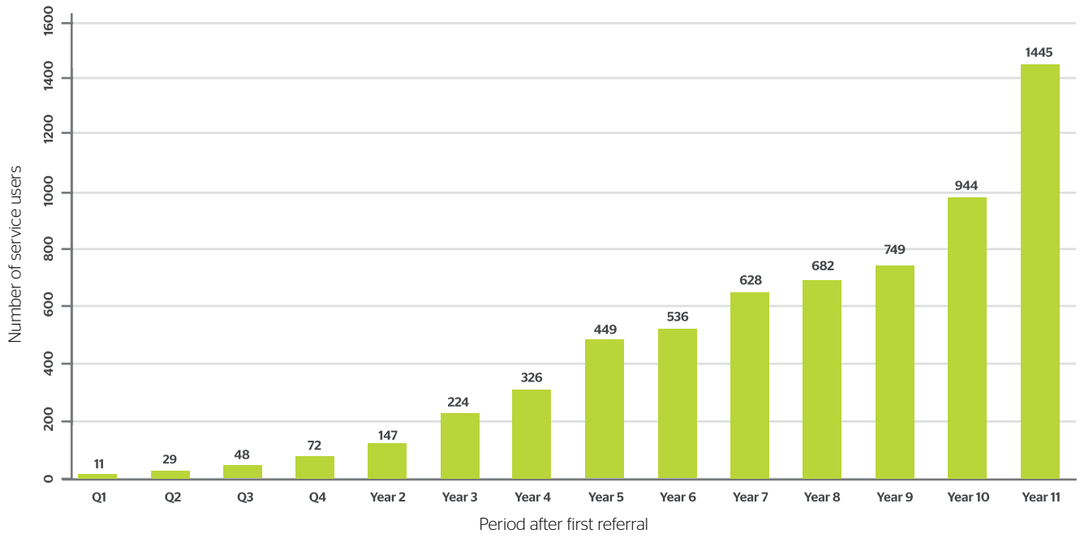
The broad trend of referrals continues to be increasing, suggesting the IRIS Programme remains effective for more than 10 years.

Due to the large number of referrals, Manchester, which was commissioned in 2012-13, influences the overall average. Thus, we also have produced a graph without Manchester's data to better understand the overall trend.

Cumulative average number of referrals across all sites for periods after the first referral



Cumulative average number of referrals across all sites except Manchester for quarters after the first referral



> *"My doctor said you would help. You have given me more confidence than I ever knew I could get. I never thought I could start to see a brighter future. I have enrolled to start my midwifery training!*
>
> **IRIS service user**

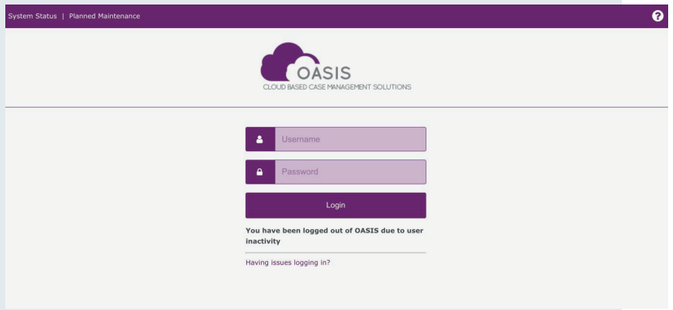
New Data Collection System: OASIS

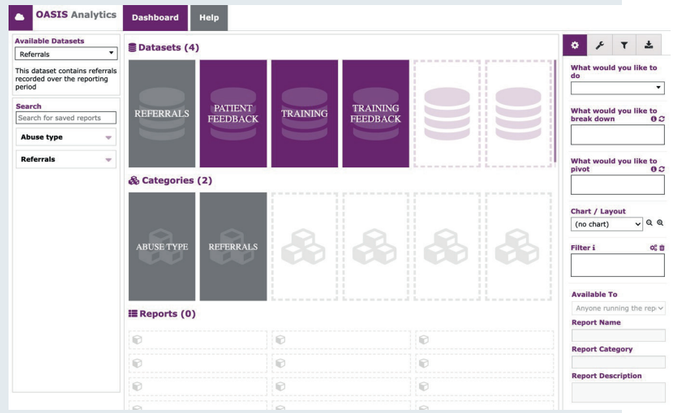
IRISi is delighted to have launched its new data collection system to replace the monitoring spreadsheets.

The system is hosted by OASIS and has refreshed, updated and streamlined the way we collect data on referrals, training, training evaluation and patient feedback in the same fashion as before. All data shared with us from referrals and clinicians remains fully anonymous.

The system also has a reporting tool and several reports have been pre-built to assist sites in their recommissioning process.

Login information and assistance on the new monitoring system are available from IRISi Regional Managers and Data Scientist.





Number of referrals per fiscal year per area

AREAS	BEFORE 2011	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	TOTAL BY AREA
BARKING AND DAGENHAM											29	**29**
BARNET								1	61	85	91	**238**
BATH AND NORTH EAST SOMERSET						52	148	128	162	157	352	**999**
BERKSHIRE WEST				11	54	6						**71**
BIRMINGHAM AND SOLIHULL						90	222	286	420	567	689	**2274**
BLACKPOOL									5	94		**99**
BOLTON					16	144	142	199	245	349	268	**1363**
BRENT											1	**1**
BRISTOL	40	75	75	83	90	120	161	202	286	276	198	**1606**
BROMLEY							32	116	99	106	92	**445**
CAMDEN					139	35	7	108	132			**421**
CARDIFF & THE VALE						119	132	133	156	267	104	**911**
CHESHIRE EAST					9	5						**14**
CHESIRE WEST						10	25	95	101	96	95	**422**
CORNWALL				1	4	1	3					**9**
COVENTRY									72	125	150	**347**
CROYDON											30	**30**
CWM TAF						46	144	160	106	133	103	**692**
DEVON AND TORBAY									154	358	243	**755**
DUDLEY									29	110	105	**244**
EALING											5	**5**
EAST SURREY						22	23	49	45	16	32	**187**
ENFIELD				13	81	42	107	134	112	172	117	**778**
GREENWICH											15	**15**
HACKNEY	25	88	84	110	155	191	127	123	99	122	160	**1284**
HAMMERSMITH AND FULHAM											11	**11**
HARINGEY							15	50	55	63	47	**230**
ISLINGTON					6	52	49	84	132	79	64	**466**
JERSEY								1	38	32	43	**114**
KENSINGTON AND CHELSEA										37		**37**
LAMBETH		25	86	85	125	113	39					**473**
LEWISHAM							22	57	84	4		**167**
MANCHESTER			84	91	137	268	478	759	827	961	840	**4445**
MANSFIELD AND ASHFIELD				16	36	45	15					**112**
MIDDLESBROUGH											3	**3**
NORTH SOMERSET						9	3					**12**
NORTHERN IRELAND											23	**23**
NOTTINGHAM CITY				31	52	55	115	21				**274**
NOTTINGHAM WEST					17	60	22					**99**
POOLE						19	9					**28**
PORTSMOUTH				59	90	80	18					**247**
SALFORD						2	52	126	232	251	213	**876**
SANDWELL							7	5	71	85	81	**249**
SOUTH GLOUCESTERSHIRE				31	87	88	132	131	189	178	116	**952**
SOUTHAMPTON			27	112	119	87	74	63	64	17	30	**593**
SOUTHWARK						9	65	13	65	46	38	**236**
SWANSEA BAY										11	60	**71**
TOWER HAMLETS					81	149	86	52	109		170	**647**
TRAFFORD						31	52	87	18			**188**
VALE ROYAL AND SOUTH CHESIRE					26	21			82	112	49	**290**
WALSALL								40	154	127	97	**418**
WALTHAM FOREST											22	**22**
WARWICKSHIRE						69	48	75	111	155	186	**644**
WESTMINSTER											7	**7**
TOTAL PER YEAR	65	188	356	695	1327	2107	2472	3159	5232	4943	4699	**25523**

General Practices **trained by area**

Continued training under different and somewhat difficult circumstances - the impact of COVID

The fiscal year 2020-21 was different in terms of training for most IRIS sites. Between April 2020 and March 2021, there were 3 national lockdowns restricting the ability of sites to deliver face-to-face training at general practices.

All trainings and materials had to be adapted for virtual settings. Despite the challenges, IRIS Programmes recorded the largest number of fully trained practices since commissioning began. There are currently 1,104 fully trained and actively referring practices. In total, 1,275 general practices have been trained across the UK since 2013.

IRIS Training Review

IRISi rapidly adapted all IRIS training materials at the beginning of the COVID pandemic and during the first national lockdown to enable safe, virtual delivery of IRIS during the pandemic. We have now completed our planned comprehensive training review which has been informed by the continuation of virtual GP consultations and the need to better address diversity.

The intense training rollout of all new IRIS training materials began in May 2021, ran over a period of six weeks and is now successfully completed. Approximately 75% of the IRIS network have been directly trained via our online delivery. The IRIS network is now able to access two additional trainings through focused workshops – "Looking Through the Lens: Perpetrators of Domestic Abuse'" and "Black Women and DVA". The session looking at perpetrators is run in partnership with Respect.

Recordings are available to those who were unable to commit to the training at the time and all Advocate Educators and Clinical Leads of the IRIS network have received copies of the training manuals to support training delivery.

General Practices Trained Each Year by site

APRIL OF YEAR	UP TO 2013	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
BARKING AND DAGENHAM									8	8
BARNET							9	2	21	32
BATH AND NORTH EAST SOMERSET				7	5	0	0	0	14	26
BERKSHIRE WEST							0	0	0	-
BIRMINGHAM				8	16	5	22	28	49	128
BLACKPOOL								2	0	-
BOLTON			12	15	15	7	12	1	0	62
BRISTOL	24	5	1	1	8	6	4	2	0	45
BROMLEY					8	17	0	2	0	27
CAMDEN		6	15	0	0	1	1	0	0	-
CARDIFF & THE VALE				11	2	2	7	5	22	49
CHESHIRE EAST				3	0	0	0	0	0	3
CHESHIRE WEST				1	3	0	0	0	39	43
CORNWALL		6	1	0	0	0	0	0	0	-
COVENTRY							17	7	11	35
CROYDON									10	10
CWM TAF				10	18	10	4	1	0	43
DEVON AND TORBAY							19	18	0	37
DUDLEY							7	17	2	26
EALING									1	1
EAST SURREY*				4	1	1	0	0	10	16
ENFIELD		9	11	6	5	7	1	1	0	40
GREENWICH									14	14
HACKNEY	26	9	5	0	0	0	0	5	0	45
HAMMERSMITH & FULHAM									0	0
HARINGEY						9	11	4	5	29
ISLINGTON				15	3	0	1	7	0	26
JERSEY							2	3	3	8
KENSINGTON & CHELSEA								2	0	-
LAMBETH	15	1	1	2	0	0	0	0	0	-
LEWISHAM					1	0	1	1	0	-
MANCHESTER	8	3	5	27	13	25	6	1	0	88
MANSFIELD & ASHFIELD		2	6	16	3	0	0	0	0	-
MIDDLESBROUGH									25	25
NORTH SOMERSET							0	0	0	-
NORTHERN IRELAND									5	5
NOTTINGHAM CITY	13	9	2	16	7	0	0	0	0	-
NOTTINGHAM WEST			2	9	0	0	0	0	0	-
POOLE							0	0	0	-
PORTSMOUTH	2	4	1	0	0	0	0	0	0	-
SALFORD						0	0	1	36	37
SANDWELL				10	0	0	12	5	10	37
SOUTH CHESHIRE & VALE ROYAL*			1	1	0	0	0	0	13	15
SOUTH GLOUCESTERSHIRE		14	11	0	0	0	0	0	0	25
SOUTHAMPTON*	12	14	15	0	0	0	0	0	0	41
SOUTHWARK				4	2	0	4	13	0	20
SWANSEA BAY									15	15
TOWER HAMLETS*			11	9	0	1	0	0	3	24
TRAFFORD				4	7	3	0	0	0	-
WALSALL						11	41	0	4	56
WALTHAM FOREST									5	5
WARWICKSHIRE						0	1	4	35	40
WESTMISTER									2	2
TOTAL FOR THE YEAR	100	82	100	179	117	105	182	132	362	1178
GRAND TOTAL	100	182	282	471	589	695	916	1035	1397	1321

For the sites not commissioned in the fiscal year 2020-21 a hyphen was used.

Demographics **of IRIS clients**

Working with women across England, Wales, the Channel Islands and Northern Ireland

Women referred via the IRIS Programme are asked to provide demographic information when seen by the Advocate Educator. This is helpful to identify each individual woman's needs and to show us who is accessing health care and being asked about DVA.

The data collected includes age, ethnicity, religion, number of children, pregnancy status, mental/physical health, including disabilities and alcohol/drug use.

All sites provided this data in part or in full.

Demographics summary

In the fiscal year ending on 31st March 2021:

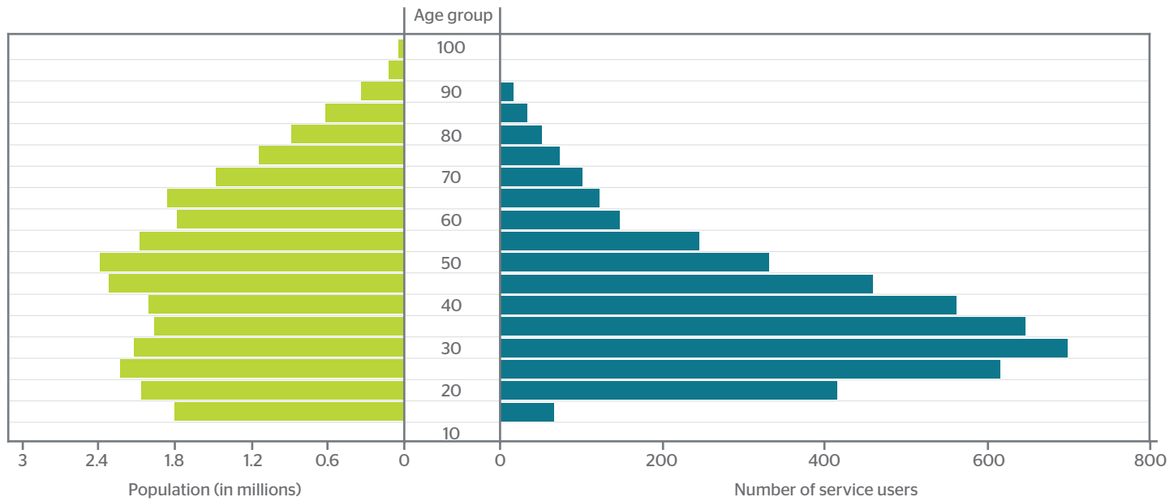
- **The average age** of women referred to IRIS was **40 years old**. Only 1.5% of women referred were younger than 20, while 13% were aged between 50-59 and 9% were older than 60.
- **52.5% of women** referred classified themselves as **White British**, while 18.2% classified as Black and Asian British, 12.5% Asian and 2.3% Black/Caribbean/African. This is a higher proportion of Black and minoritised women than in previous years.
- **97.4% of IRIS referred clients** report being **heterosexual**, in line with previous years.
- **46.8% of women** reported having **no children**, a decrease of 3 percentage points from last year and more in line with IRIS historical data.

Age

IRIS reaches an older demographic of women who we know are less well represented in specialist DVA services. It is a **positive** feature of IRIS being able to reach an otherwise invisible group of survivors.

Age Pyramid

United Kingdom female population *vs.* IRIS service users



Ethnicity and Religion

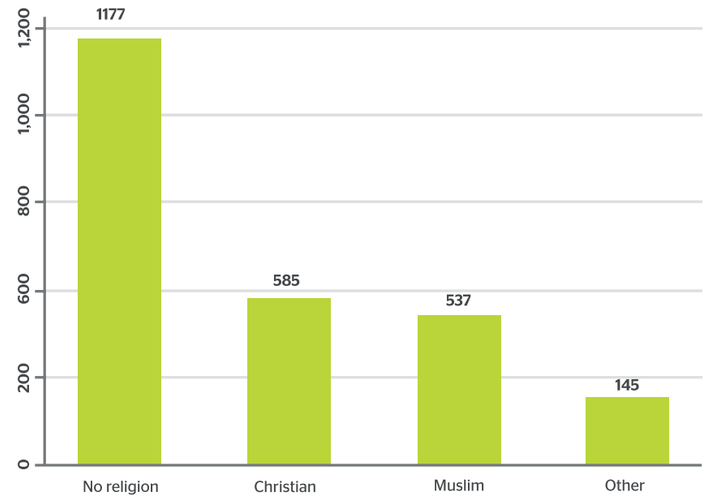
Supporting a broader range of women.

In the fiscal year ending in March 2021, there was an increase in the number of Black and minoritised women referred to the IRIS Programmes. While we celebrate this, we know we need to do more and determine how women from all ethnicities and backgrounds can be better supported.

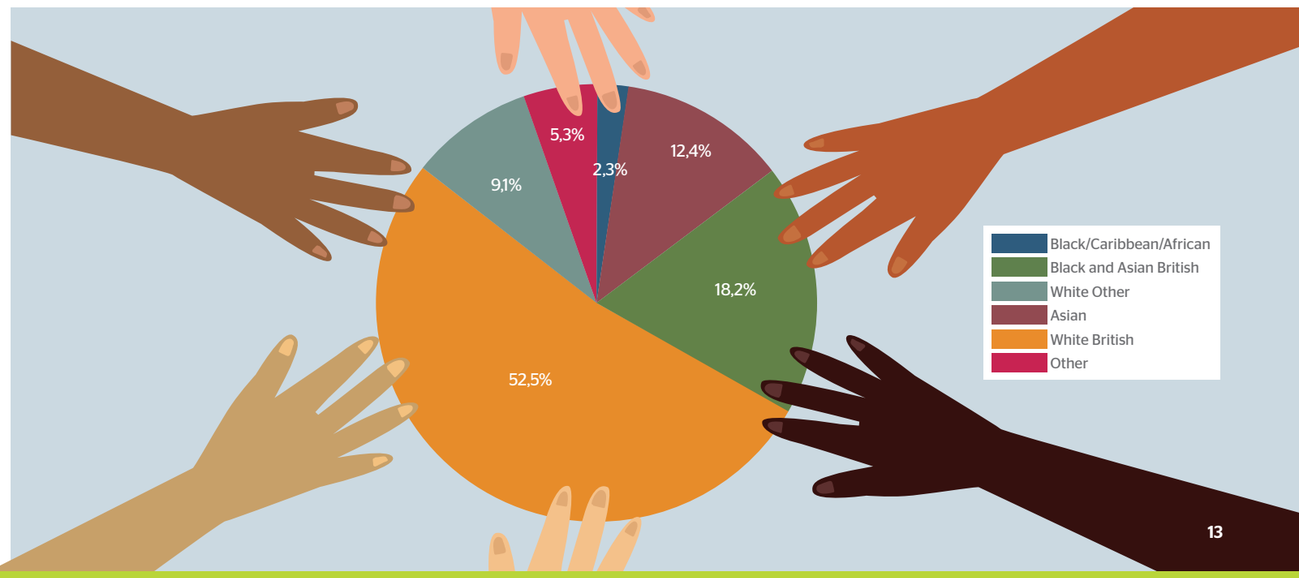
> *"I feel a big weight has been lifted off my shoulders since talking to you and I don't feel alone anymore.*
>
> IRIS service user

Religion

Compared to last year, there has been an increase in the proportion of women reporting no faith (**48%** for 20/21 compared to 43% in 19/20). Additionally, 24% reported being Christian while 22% were Muslim.

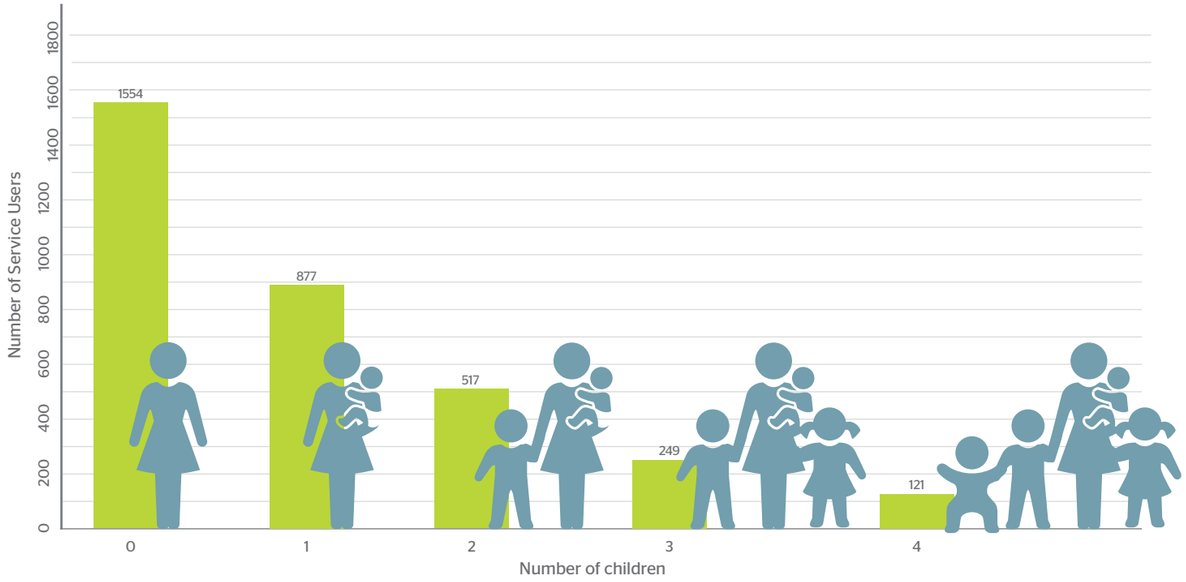


Ethnicity



Children and Pregnancy

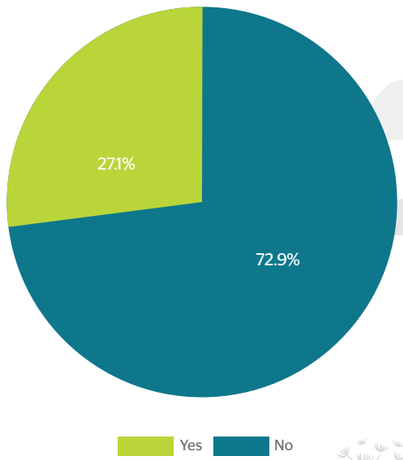
In the fiscal year ending in March 2021, a smaller proportion of women referred reported having children (**53.2% in 20/21** compared to 56.2% in 19/20). In terms of pregnancy, **2.7%** of service users were pregnant at the time of referral to IRIS, confirming the downward trend already observed last year. This is in line with the decreasing birth rate in the UK.



> *A very humble thank you to everyone involved. I may not be 'perfect' but I have finally come to the conclusion that is an unattainable quality and that 'my best', whether that varies from week to week, is absolutely enough. As am I.*
>
> **IRIS service user**

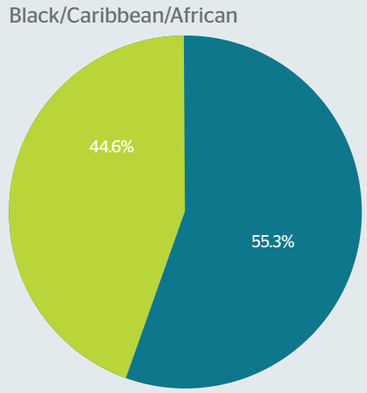
Physical Health

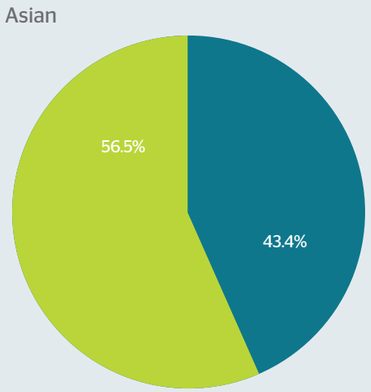
More than 1 in 4 women referred to the IRIS Programme reported physical health problems (**27%**). Most often, the problems reported were gynaecological, respiratory (including asthma and COPD) and neurological (including spinal problems and nerve-related issues). Many of these physical health problems are caused or exacerbated by their experiences of abuse.

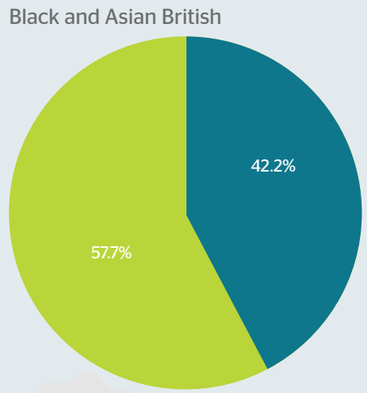


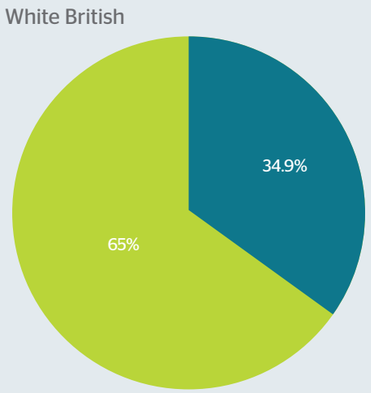
Mental Health

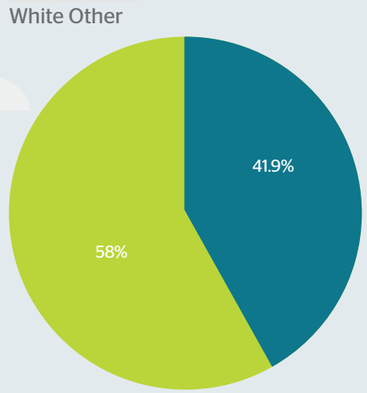
On average **54.3%** of services users reported mental health concerns. The most common concerns reported were anxiety, depression, personality disorders and PTSD. Although the prevalence of mental-ill health was high across all groups, there was significant variation by ethnic group. Black, Caribbean and African women were less likely to disclose living with mental ill health and White British women more likely to disclose such problems.

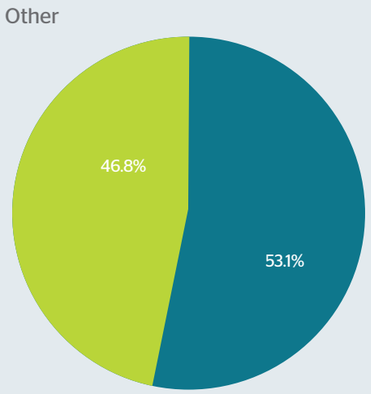












Disability, Drug and Alcohol Use

There was a decrease in the number of service users reporting drug (**3.7%**) and alcohol use (**5.0%**) and/or describing themselves as disabled (**10.7%**). This is not representative of the national picture and has been reinforced in the new training materials, so that clinicians remember to ask about DVA when patients present with these problems.

The ADViSE Programme

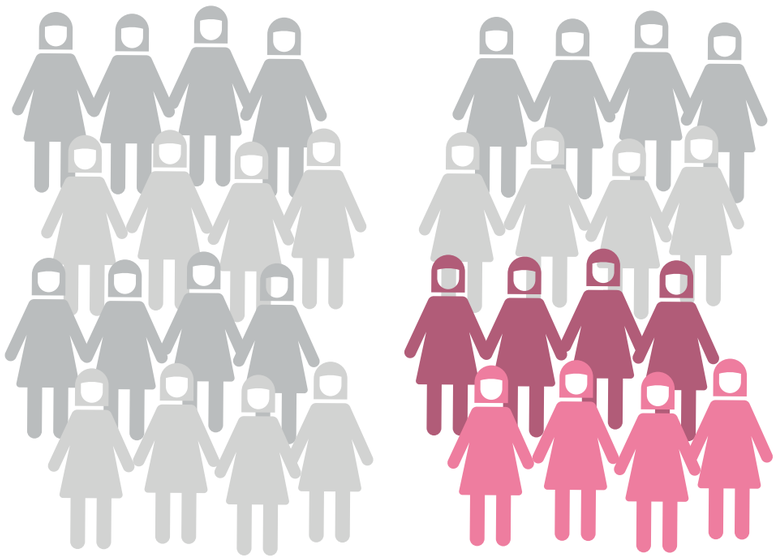
Assessing for **D**omestic **V**iolence and abuse **i**n **S**exual Health **E**nvironments

ADViSE: identifying and supporting women in Sexual Health Services

In 2021, IRISi launched its second intervention. Originating from the IRIS Programme, ADViSE supports sexual health clinicians to identify and respond to women affected by Domestic Violence and Abuse (DVA) and Sexual Violence (SV) and provides them with a simple referral pathway to specialist services.

ADViSE as a pilot

ADViSE was piloted at two sites. In the three months prior to the pilot, there were no DVA referrals at either site. In London, 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 were made (Sohal AH, Pathak N, Blake S, et al. *Sex Transm Infect*, 2017).

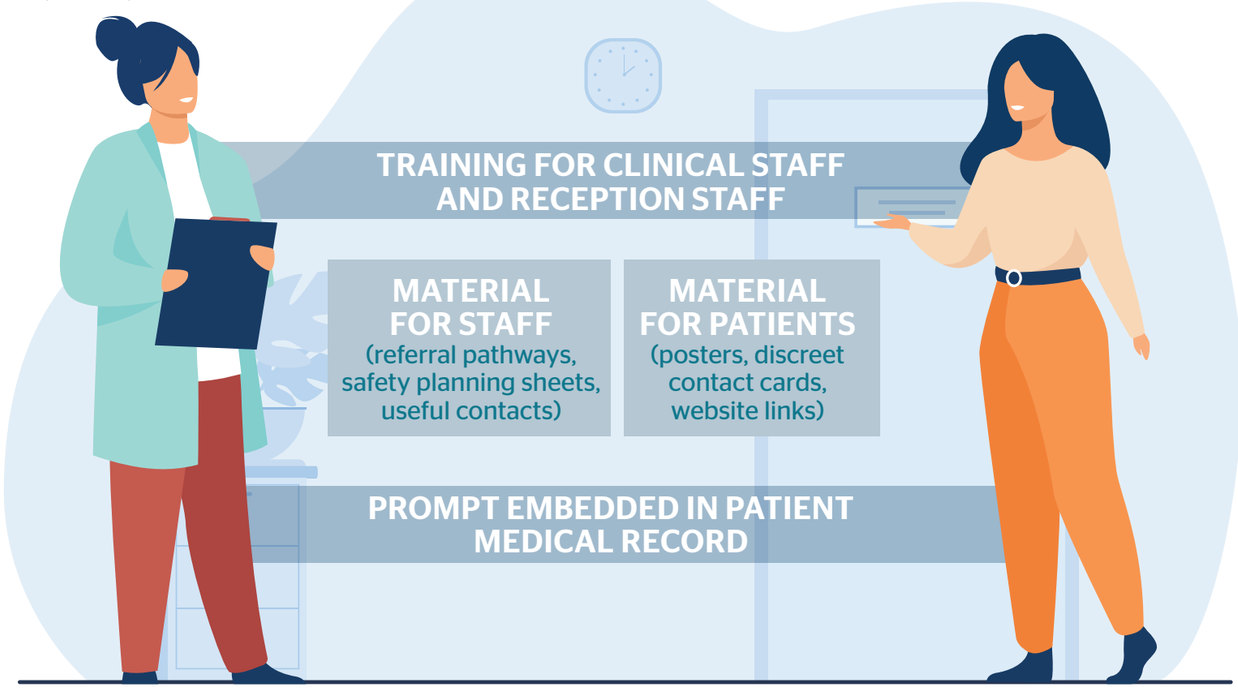


Four reasons why sexual health clinics need to improve their response to DVA and SV

- Sexual health and gynaecological problems are the most prevalent and persistent physical health consequence of DVA.
- Sexual health clinicians are already trusted by their patients with highly confidential, potentially stigmatising information.
- Sexual health services are in a strong position to support early recognition of undisclosed or unidentified DVA and offer an appropriate response. This can improve and save lives.
- 80% of women in a violent relationship seek help from health services and these are often a woman's first, or only, point of contact (Department of Health and Social Care, 2018).

How does ADViSE work?

ADViSE supports staff teams in sexual health clinics to recognise and respond to female patients affected by DVA and SV, 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.).



What do ADViSE professionals say?

> *"I believe that without the sexual health service asking and then referring her onto specialist help, the female victim may not have accessed any DVA support. Therefore, sexual health was ideally placed to identify and refer her onto specialist support with the ADViSE service."*
>
> ADViSE Advocate Educator

> *"Patients have welcomed being asked about DVA, even if they've not ever been involved in an incident of Domestic Abuse themselves, they appreciate that people are asking that question"*
>
> Sexual Health Nurse

> *"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."*
>
> Sexual Health Consultant

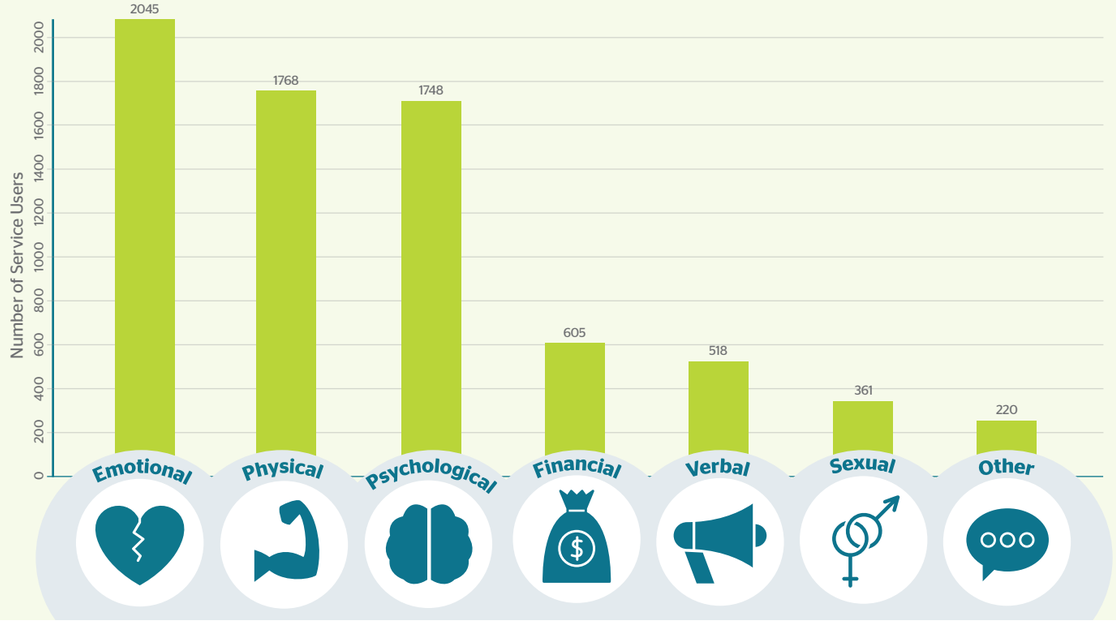
Greater Manchester, the first area where ADViSE is already running!

A year long pilot of ADViSE is running in four Greater Manchester districts, thanks to funding from the Greater Manchester Health and Social Care Partnership. In total, 10 sexual health clinics in Manchester, Stockport, Tameside and Trafford have been involved with the Programme since October 2021.

Type of Abuse Experienced

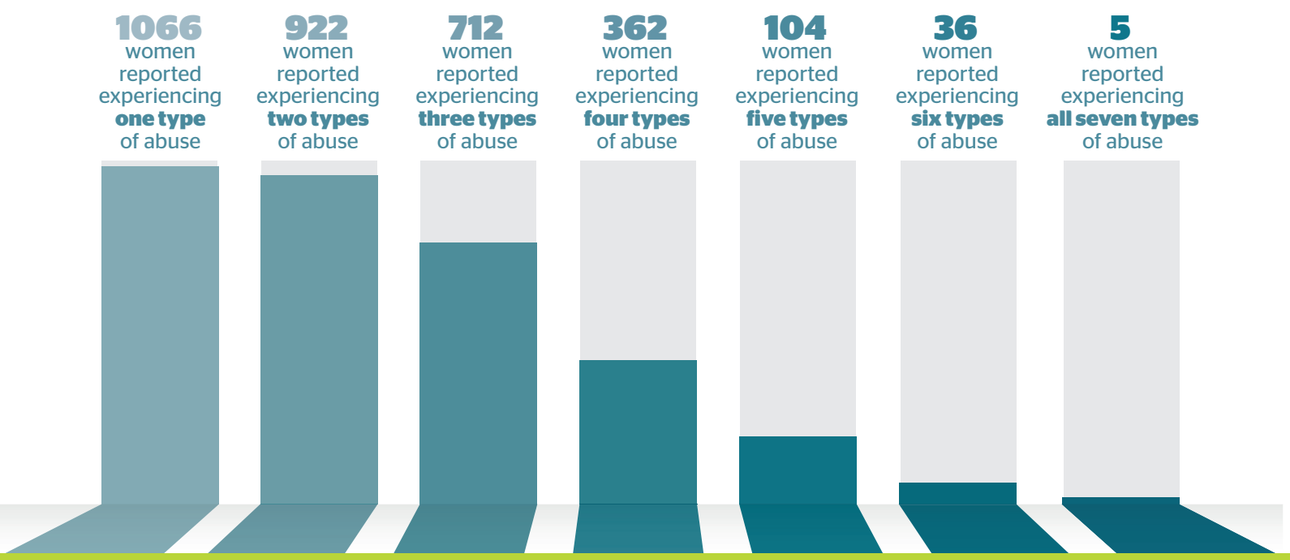
Physical and emotional abuse are the most common

In the fiscal year ending in March 2021, we received information on the type of abuse for 3,207 service users (**68.2%**). The type of abuse was recorded differently in different areas and sometimes recorded inconsistently. In line with previous years, the most frequent type of abuse experienced by service users was emotional abuse (43.5%), followed by physical abuse (37.6%) and psychological abuse (37.2%). This represents a significant decrease in women reporting emotional abuse and a significant increase in women reporting psychological abuse compared to previous IRIS data.



Multiple Abuse

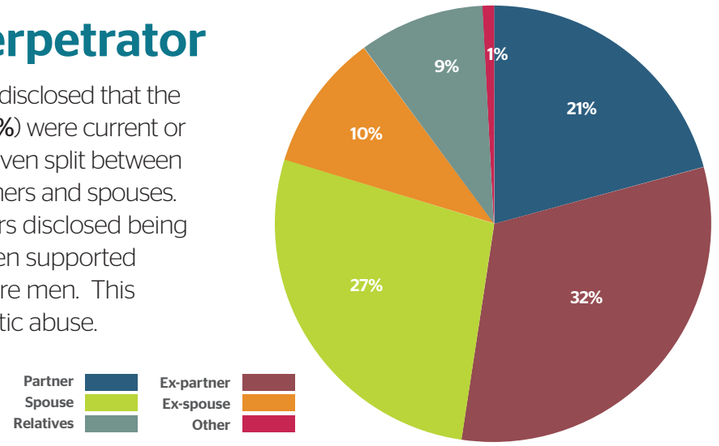
The burden of Domestic Abuse means that women experience more than one type of abuse before they seek support. This is also true for women referred into the IRIS Programme. For the year ending in March 2021, more than 3 in 4 women (77.3%) experienced multiple forms of abuse.



Relationship with Perpetrator

In line with previous years, service users disclosed that the vast majority of perpetrators of abuse (**90%**) were current or former partners/spouses. There is a fairly even split between current partners and spouses and ex-partners and spouses.

The vast majority (**97.5%**) of service users disclosed being in heterosexual relationships, so for women supported by IRIS Programmes, most perpetrators are men. This reinforces the gendered nature of domestic abuse.



> *"I cannot thank you enough, finally someone who actually understands what I am trying to say and to apologise when the police didn't get it, to feel that I was believed, to move on with courage!*
>
> IRIS service user

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

YEARS	MARAC	CHILD PROTECTION REFERRALS	ADULT SOCIAL CARE REFERRALS
2020-2021	452	346	173
2019-2020	277	185	44
2018-2019	297	208	60
2017-2018	308	185	*
2016-2017	307	182	91
TOTAL	1189	760	195

When a service user is assessed as being at high risk of serious harm or death, the Advocate Educator makes a referral to MARAC (multi-agency risk assessment conference), where information is shared on the highest risk Domestic Abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

The AEs also assess whether the children of women referred are at potential risk and whether children services need to get involved. For adults at risk of harm, the need for adult safeguarding services is also considered.

The fiscal year 2020-2021 saw a record number of MARAC referrals from IRIS Services. The number of referrals to child protection services and 'adult safeguarding' also increased nearly two fold and four fold respectively.

* The total since 2016 does not include data for 2018 regarding adult social services.

IRIS SUPPORT

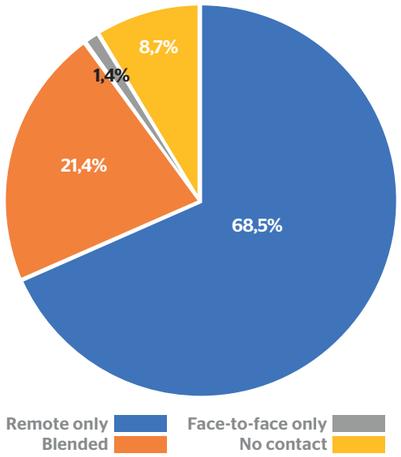
How we support women

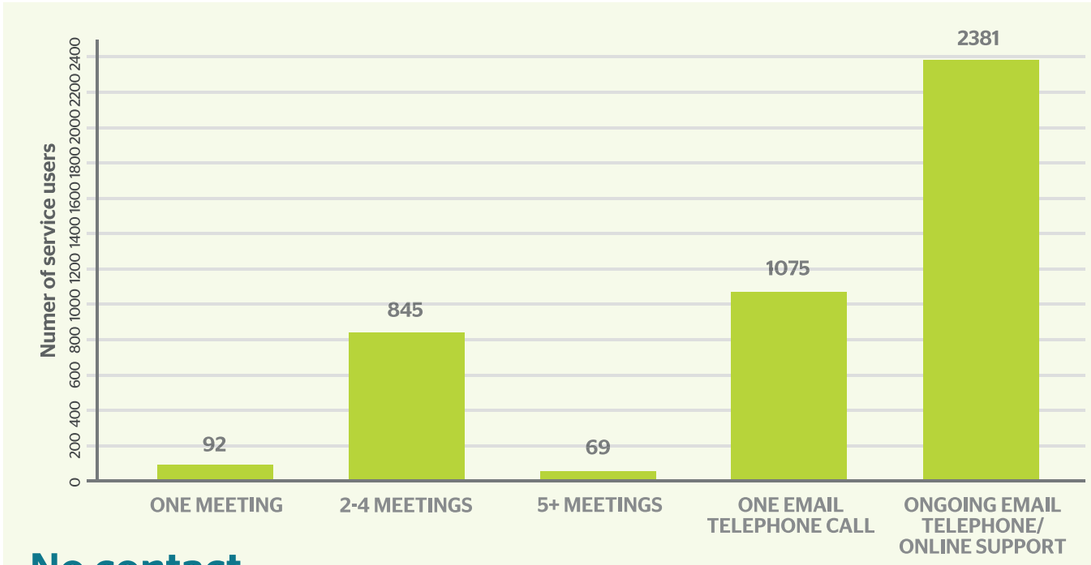
Supporting women face-to-face and virtually.

Contact and Length of Support

In line with previous years, a wide range of support was offered by IRIS AEs. From the beginning of the COVID pandemic, online, email and text support was offered to service users. Throughout the year, most women were supported remotely (68.5%), although face-to-face support began being offered again in line with government guidance. In total, just 67 women were supported in-person (1.4%), while 939 women acessed both in-person and virtual support (21.4%) - a blended approach.

Most service users stayed in touch with their advocate educator for many months. The mean length of support was four months.



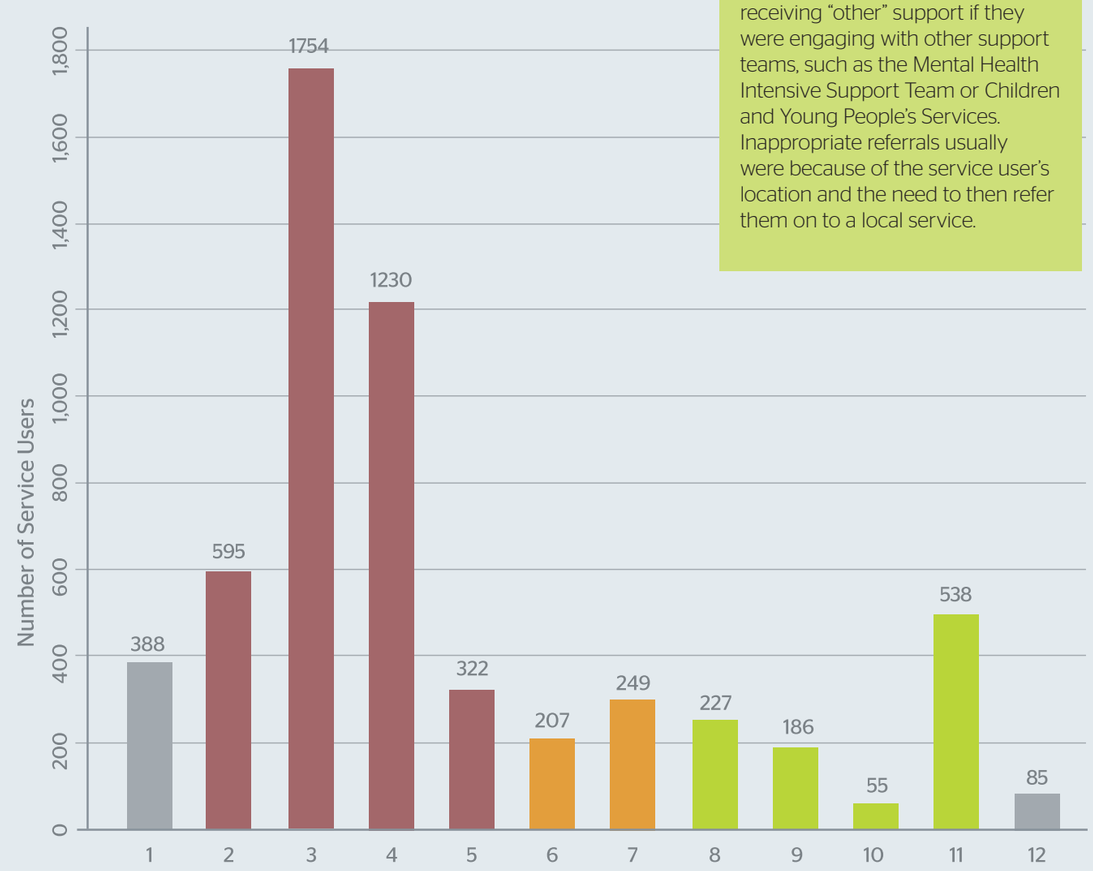


No contact

While producing this report, we realised some inconsistencies in reports of no contact with women referred to the IRIS Programme. With GP clinics less available for in-person meetings, AEs have been more mindful of women's safety, which was prioritised over support in case contact increased risk. This is reflected in the increased number of no contacts or inappropriate referrals reported for this year. We are keen to better understand this and will be interrogating the data in more detail to see what we can learn and if we can adapt or better support clinicians. AEs have been more mindful of women's safety, which was prioritised over contact in case it increased risk. We are involved in the PRimary care rEsponse to domestic violence and abuse in the COvid-19 panDEmic (PRECODE) study, which is a UKRI and MRC-funded rapid mixed methods research exploring some of these issues.

Type of Support

Note: Service users 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 service user's location and the need to then refer them on to a local service.



1 No contact
12 Inappropriate referral

2 Brief acknowledgement of experience
3 Emotional support
4 Advice and information - including housing, welfare, legal
5 Referral to another service in-house ie advocacy, counselling

6 Referral to an external specialist Domestic Violence support service or Domestic Violence helpline
7 Referral to another external agency - note the name of the service

8 Criminal justice intervention (police, MARAC)
9 Civil justice intervention (Solicitor)
10 Survivors' Group
11 Other

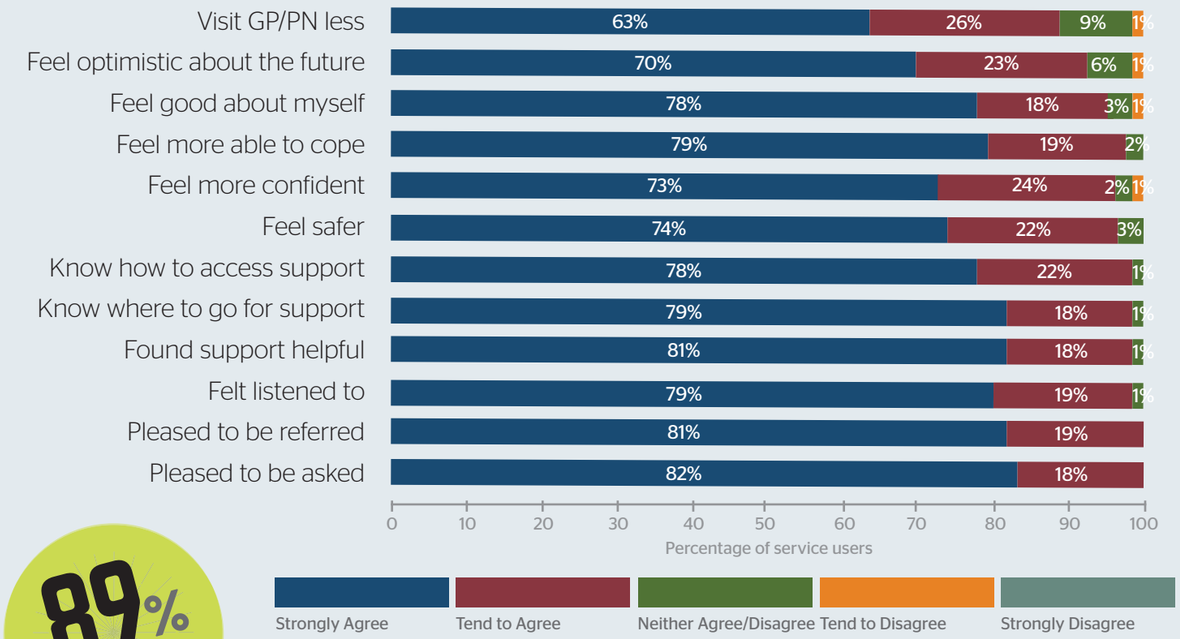
The most frequent type of support provided to service users was emotional support (37%), followed by advice and information (26%). This year a higher than average number of women were already in contact with other services (11%). As in previous years, many service users received multiple types of support (74%), reinforcing the complex nature of Domestic Violence and Abuse and the range of support necessary to best meet their needs.

Feedback from IRIS service users

Changing lives, one at a time

96% of service users felt safer

Feedback from IRIS services users



89% of service users visit GP less

We acknowledge the challenges of collecting feedback from service users: women may not post or hand back completed forms; AEs may not know when their last session will be with a service user or the service user may cancel; and it may not be safe to post a final feedback form to service users.
Ongoing training with existing localities and training with all new localities will continue to reinforce the importance of collecting this data and explore the best ways to collect it.

At 83 I never thought that the bad feelings I had would start to go away from what happened to me at aged 8, well they are going away with a new way of thinking, thank you for your kindness and understanding.

My advocate educator came into my life at exactly the right time, I could relate to what she explained and could see why I was doing what I was doing. I learnt different ways to look at things and this has been a game changer! Thank you.

IN THE YEAR 2020-21, MORE THAN 99% OF SERVICE USERS WERE PLEASED TO BE ASKED!

"From the start, I was very clear about what I needed to do: get a better job and move out with at least my youngest son. But it seemed impossible. I didn't have the confidence or the financial support to make the move. The AE helped to build me up and remind me that I was on the right track. She helped me feel heard and seen and legitimised in my experience of my reality. She confirmed that it was abuse. And that I did not deserve it – and that I owed it to myself and my children to model a new way of life.

IRIS service user

Thank you for listening and helping me realise that I could move away and be safer, this was the best thing I did, I feel safe and my children are happier.

Thank you, I never imagined feeling so much better in so little time, thank you for listening and helping me take positive steps forward, thank you for all your help and understanding, you have given me back my 'mojo'!

You have been brilliant and patient with me. I have learnt so much from the time we have worked together. I have left my husband and I am in a new relationship and I am happy. Thank you for your straight talking and humour! I am relieved knowing that I can call you again if I need to. Thank you.

I would never have called or seen anyone if it wasn't for my GP referring me to see someone in my surgery. What a difference this has made to my life and future.

I wouldn't have got through what I did, without you there guiding me and navigating me through. I really can't thank you enough for everything, your words and guidance, thank you.

Training Feedback from General Practice Teams

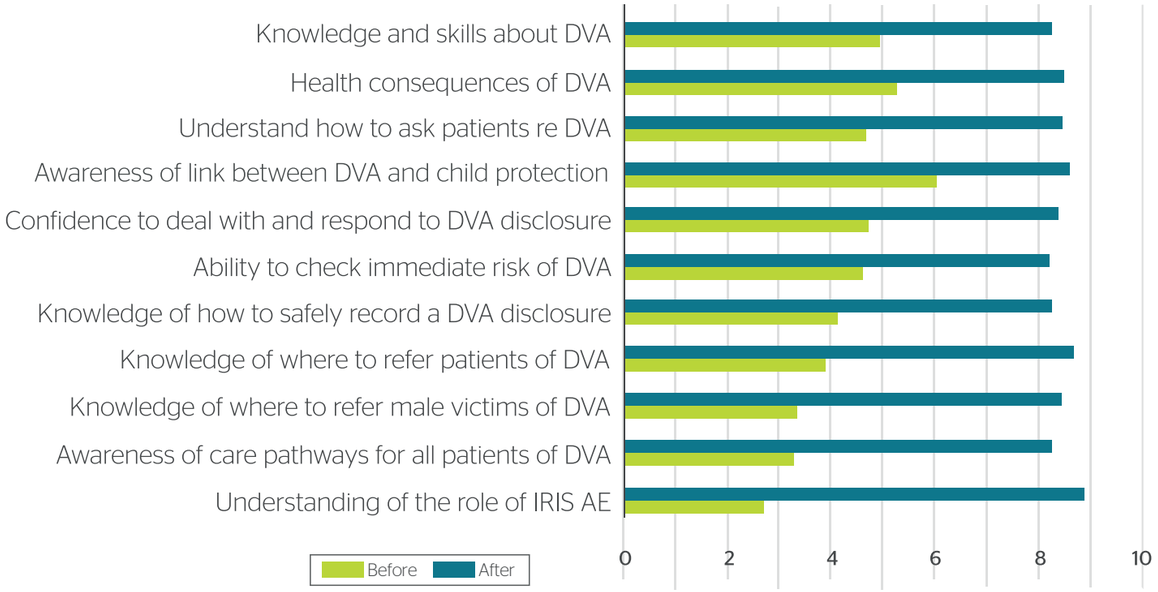
Findings from Training Evaluations

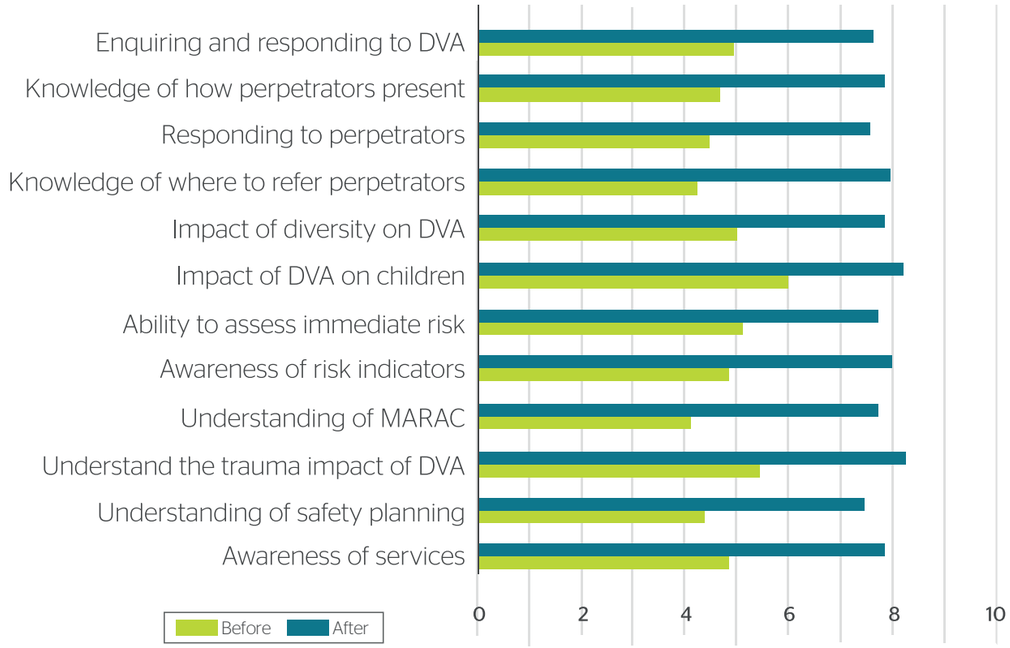
As we moved to online delivery of IRIS training due to COVID-19, we continued to ask clinical staff and reception staff that have attended IRIS training how they feel about it. Participants complete a pre- and post-training form to rate their knowledge and understanding of DVA. The assessment of their knowledge was out of 10, with 1 representing no knowledge of a subject, and 10 representing complete knowledge of a subject.

More than **4 point increase** in knowledge of where to refer DVA patients after training

> *"Very useful overview of this issue- raised my awareness significantly about prevalence and signs of DVA. I would feel so much more confident in discussing issues with patients if they raise them or what to do if I suspect there may be problems of this nature. This will be an asset to the surgery.*

Clinical 2 Training

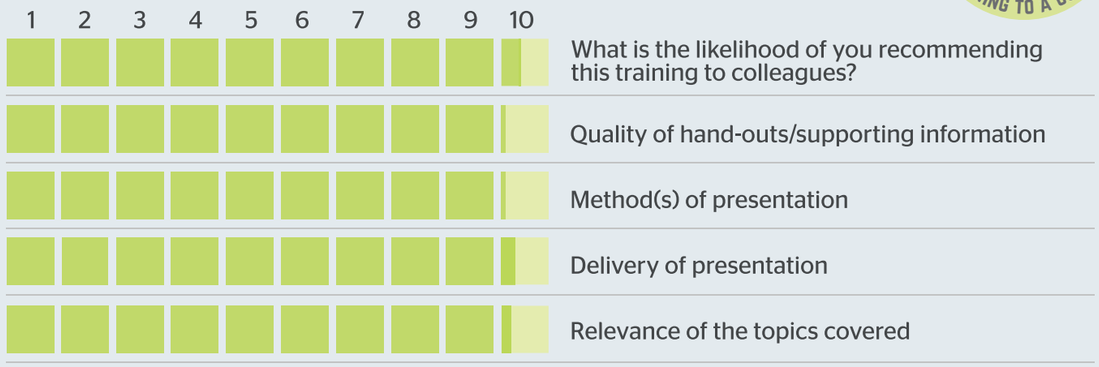




Delivery of Training

The vast majority of staff from general practice teams are very pleased with the training they receive. In their training evaluations, they also provide feedback on training delivery.

Clinicians would recommend IRIS training to a colleague: **9.4 out of 10**



> *"Fascinating training, definitely learnt a lot from today's session. Very informative and I now know what to look out for and how to deal with it.*

> *"Great service, amazing support available. Such an important area.*

> *"Really useful interactive session, clear pathway for all staff to follow after disclosure.*

> *"Excellent training completely relevant and complimentary to our safeguarding.*

> *"Very surprised at how common this is - eyes have been opened - thank you.*

> *"I am really grateful, these two sessions will make a big difference to my clinical practice, thank you.*

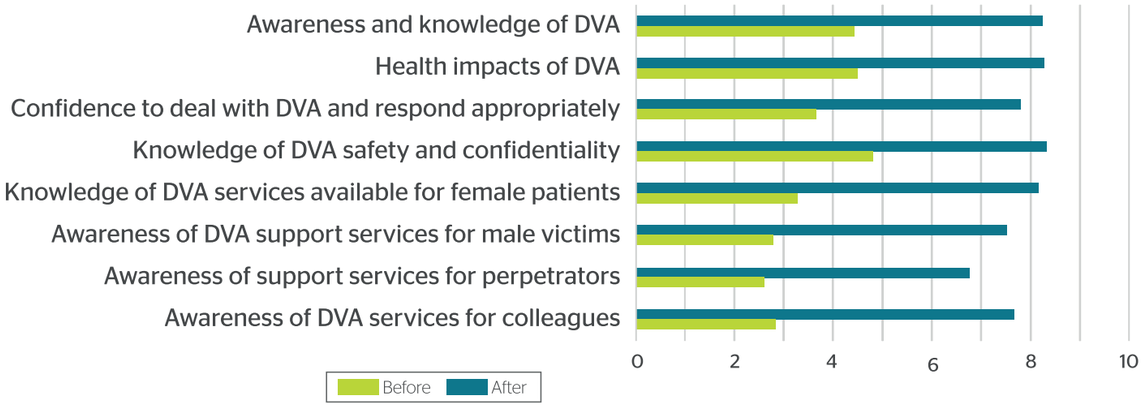
Feedback from non-clinical staff and refresher training

How non-clinical staff at general practices feel about IRIS training

Reception training and Refresher training

We have also received feedback on our training for GP Reception teams. Reception staff often also have to respond to patients experiencing DVA. It is pleasing to see that reception staff also feel confident to respond to Domestic Abuse.

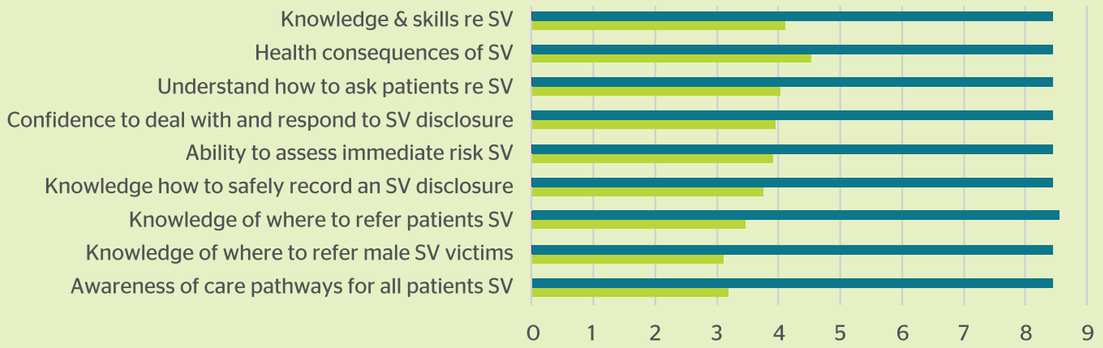
> *"Great training. Really well delivered, informative, educational and enlightening. Thank you."*
>
> **IRIS-trained staff**



Training GPs to identify, ask about and refer patients experiencing Sexual Violence (SV)

In recent years, some IRIS sites were commissioned to train and support victims of Sexual Violence as well as Domestic Violence and Abuse.

While the number of sites support women experiencing SV is relatively small, the training is adapted and has been very well received by general practice teams.



Meet the IRISi team

Working to promote and improve the health care response to DVA

MEDINA JOHNSON
Chief Executive

ANNIE HOWELL
IRIS Development Director

LUCY DOWNES
IRIS Network Director

MEGAN JOHN
Finance and Governance Director

DR SHIM VEREKER
Contracts and Programme Manager

MEL GOODWAY
Senior Regional Manager

GEISA D'AVO
Comms & Marketing Manager

ELLIE VOWLES
Development Manager: Social Franchising

ESTELA BARBOSA
Data Scientist

HAZEL GUMBS
Regional Manager

HEATHER GA
Regional Manager

*Our **vision** is a world in which gender-based violence is consistently recognised and addressed as a health issue. Our **mission** is to improve the healthcare response to gender-based violence through health and specialist services working together.*

"I have seen that there were agencies that could support people with abuse but I would never have called or seen anyone if it wasn't for my GP referring me to see someone in my surgery, what a difference this has made to my life & future".

IRIS Service User

IRISi interventions

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