IRIS 7 Borough Programme Survivor Consultation

Executive Summary

This report is an overview of the key findings following a consultation with survivors of domestic violence and abuse who engaged in the IRIS service in 7 London boroughs: Tower Hamlets, Barking & Dagenham, Croydon, Westminster, Hammersmith & Fulham, Ealing and Brent. This report captures the experiences and voices of survivors who engaged with the 7-borough programme.

Methodology

This report outlines the findings gathered from an online survey, 1-1 phone interviews, and online focus groups carried out over a one-year period (March 2021 to March 2022). A total of 34 survivors engaged in the consultation.

Findings

- Survivors felt that their General Practice [GP] generally had a good understanding of the different types of abuse, and knew how to ask the right questions, which led to domestic abuse being identified and support offered.
- Most survivors were referred by their GP and found their experience of referrals into IRIS clear and timely. For some survivors, their experience of GP's ability to respond to domestic violence & abuse changed as a result of engagement with IRIS.
- Overall, survivors reported being happy with the support they received from IRIS and that the service had a positive impact on their safety, wellbeing, and helped them to feel validated. This was true for survivors who were currently experiencing abuse as well as those who had experienced abuse in the past.
- Most survivors reported a preference for phone appointments with both their GPs and IRIS Advocate Educators [AEs]. Several survivors also reported wanting to be given the option of either face-to-face or phone appointments. It is safe to assume these preferences may be influenced by the consultation largely taking place during COVID-19 restrictions, which considerably limited opportunities for face-to-face appointments.

Recommendations

As a result of this consultation four key recommendations were highlighted to improve the IRIS service:

1. Key areas of improvement include ensuring that the referral process is clearly explained to survivors by GPs. This is particularly relevant when there is not a direct referral pathway between the GP and IRIS Advocate Educator[1].
2. AEs should undergo skills development to be able to provide more financial support[2].
3. Survivors are offered the option of face-to-face appointments.
4. Survivors also suggested opportunities for promoting the service in more informal spaces e.g. online forums and groups.

Conclusion

The findings suggest that GPs are an important first point of contact for survivors who may not directly disclose their experiences of domestic violence and abuse. Having a GP that understands abuse and its impacts, supports Clinicians ability to identify survivors of domestic violence and abuse. The findings also suggest that the IRIS service provides important support for survivors at different stages of recovery, this includes providing effective safety and wellbeing support for survivors post-crisis and for those who are currently experiencing domestic abuse.

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[1] *The IRIS process is a direct referral from the Clinician to the named IRIS AE - the fact that this did not happen in a couple of cases is being looked into to ensure that it does not happen again.*

[2] *AEs provide practical and emotional support including help around budgeting and applying for benefits. They would signpost to financial experts as required.*

CONTENTS

SECTION 1: INTRODUCTION

IRISi commissioned AVA (Against Violence & Abuse) to carry out a survivor consultation to capture the voices and experiences of a sample of survivors who have accessed the IRIS intervention.

IRISi is a social enterprise established in 2017 to promote and improve the healthcare response to domestic violence and abuse. The IRIS model works by providing in-house domestic abuse training to GP teams and a named advocate educator [AE] to whom patients can be referred to for support. IRISi received funding from The Violence Reduction Unit to roll out the IRIS service in seven London Boroughs.

The aims of the survivors' consultation were as follows:

- To ascertain the difference in having a GP team that is trained in and has awareness of domestic abuse and who asks the right questions of survivors.
- To document what survivors' previous experiences have been like in primary care. i.e. before they were referred to the IRIS programme, as well as their experience of the IRIS referral pathway.
- To capture if/how the support that survivors have received from the AE has impacted their safety and wellbeing, and that of their children.
- To understand survivors' experiences of receiving support (remotely and/or face-to-face).
- To gather suggestions and recommendations for improving the IRIS service from a survivor perspective, and understand survivors' preferences in how they would prefer to receive support (e.g. remotely or face-to-face).

SECTION 2: METHODOLOGY

Appropriate ethical considerations were made and adapted in line with the Data Protection Acts of 1998 and 2018. This included ensuring informed consent, safeguarding participants' well-being, anonymity and securely handling all data.

The consultation began March 2021 and ended in March 2022. The instruments used to collect feedback from survivors included an online survey, semi-structured phone interviews and focus groups.

1. Online consultation

Online questionnaire hosted by Survey Monkey platform, initially included 60 questions. This was reduced to 34 questions in July 2021. The survey was adapted because very few survivors completed the survey and feedback from AEs was that the length of the survey may be a potential barrier for survivors in engaging with the consultation.

AEs were asked to circulate the survey to survivors they supported, and only in cases where this was safe and appropriate to do so. In November 2021, further adjustments were made to this approach. To boost the engagement AEs educators were encouraged to provide survivors with the option to complete the survey with support from their AEs.

Borough	**Survey Responses**
Tower Hamlets	3
Westminster	0
Hammersmith and Fulham	1
Brent	8
Croydon	1
Barking and Dagenham	9
Ealing	1
TOTAL	**23**

2. Telephone interviews with survivors from each of the 7 boroughs [period July 2021 – March 2022]

The survivors who were interviewed were identified through either an expression of interest in the online survey or via their AE. The interviews were semi-structured and conducted by AVA staff members. They lasted between 20-30 minutes. Each participant received a £20

Love2Shop voucher for their time.

The target was to interview 2 survivors from each borough - a total of 14. In total 16 survivors were interviewed in the following boroughs:

Borough	**Interviews**
Tower Hamlets	4
Westminster	1
Hammersmith and Fulham	1
Brent	2
Croydon	1
Barking and Dagenham	4
Ealing	3
TOTAL	**16**

3. Focus groups in each of the 7 boroughs [September 2021 – March 2022]

AVA set the target to conduct one focus group per borough and seek to capture the voices of a total of 15 survivors who have been supported by the local AEs. Unfortunately, only two focus groups were completed, one in Tower Hamlets and one in Barking & Dagenham as survivors from other boroughs did not engage or consent to taking part. This may be due to nature of this data collection tool. To convene a focus group, two or more survivors had to be interested in participating and also available at the same time to attend. Even though all focus groups were to be held online for easier access, this approach did not considerably boost participation. Feedback from AEs also suggests this may also be due to the nature of focus groups, which do not guarantee anonymity and some survivors may not have felt they could share their experience freely in this setting.

In total there were 3 survivors in each focus group, therefore a total of 6 survivors engaged in the focus groups. The focus groups lasted 40 minutes and each participant was given a £20 voucher as a compensation to their contribution.

Of the 23 survivors who completed the survey, 5 also completed 1-1 phone interviews. Meanwhile the 6 survivors who participated in the focus group had also previously completed a 1-1 phone interview. Therefore, a total of 34 survivors participated in the survivor consultation, with 11 sharing their experience and feedback in more than one way.

Challenges

COVID-19 restrictions posed a number of challenges for the consultation. The feedback suggests that living through and coping with the fallout of the pandemic has had a negative impact on both the interest as well as availability of survivors to participate in the consultation.

To still ensure participation the team adjusted the tools we used for data collection. The focus groups were moved to be delivered online, and there was an increased effort put into promotion of the online survey as well as the option of phone interviews. Most of survivors' appointments with GPs and AEs were also mostly done remotely, that is, carried out over the phone.

Furthermore, AEs fed back a range of challenges in engaging survivors in the consultation. These included lacking the opportunity to engage survivors who only engaged with IRIS for a short amount of time and were referred onto more appropriate services due to their specific support needs. In addition, the individual circumstances of survivors, underpinned by experience of domestic abuse, meant that, for some, engagement in the consultation wouldn't be appropriate e.g. might have triggered feelings of secondary victimisation and caused further harm. AEs also fed back that some survivors were put off by the large amount of paperwork required in order to take part in the consultation.

Limitations

- Survey respondents were not evenly spread across all of the boroughs. For example, there was a high uptake in Barking and Dagenham as well as Brent, but no uptake in Westminster. This limited cross borough comparison.

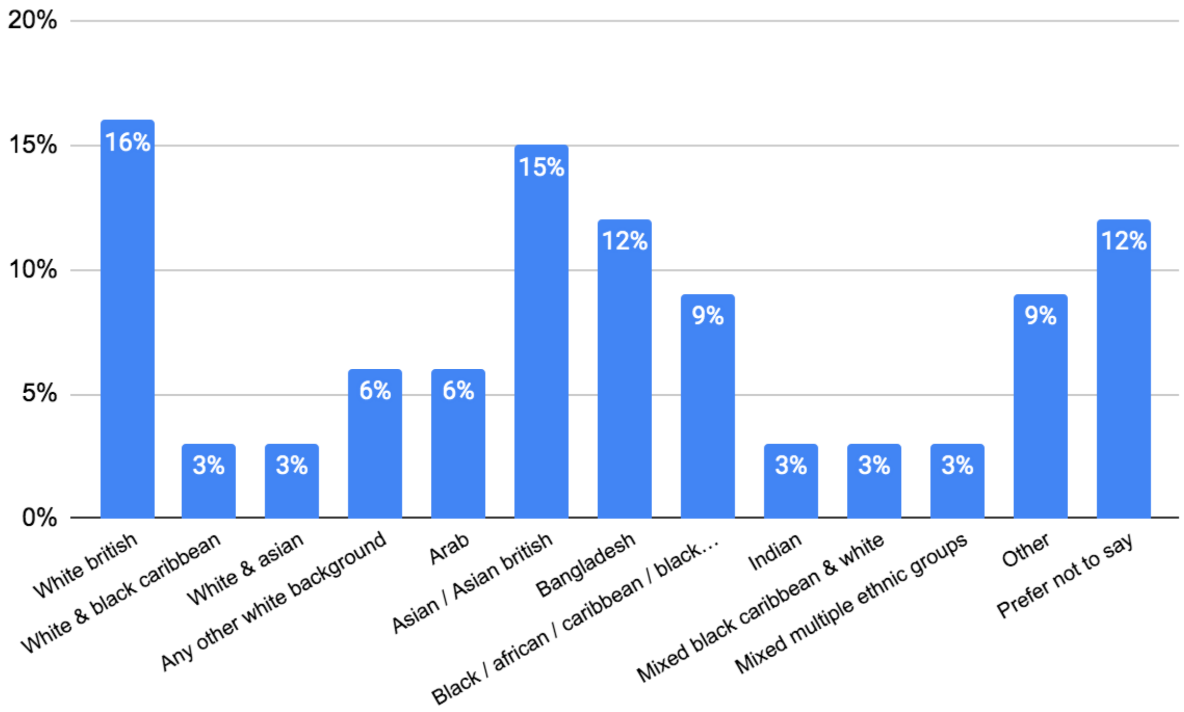
- Consultation was unable to offer face-to-face interviews and focus groups. It is likely that for that reason we only managed to capture voices of survivors who were able and had the necessary skills to fill in the on-line survey, or had access to phone / computer and confidential space to engage with us via phone or online focus groups.

Demographic Data

Anonymised demographic data was collected for all of the 23 survivors who responded to the survey and for 10 of the 16 survivors who participated in the 1-1 phone interviews.

- 24 % were in the 16-30, 70% were in 31-60 age group, and 6% were 61+ years old.
- 97% of respondents identified as heterosexual and 3% chose not to answer.
- 21% of respondents self-identified as having a disability.
- 82% reported having children.

Race and ethnicity backgrounds:



SECTION THREE: SURVIVOR CONSULTATION FINDINGS

1. Summary of the key findings:

Experience of GP / referral pathway:

- Survivors felt that professionals (clinicians) at their GP had a good understanding of different types of domestic abuse as well as the impact of abuse.
- GP's ability to ask the right question and identify symptoms of abuse led to successful identification of domestic abuse and resulted in support being offered.
- Some survivors reported experiencing barriers in accessing their GP for support around domestic violence and abuse, this, among other, included long waiting times and difficulties in getting an appointment.
- Prior to accessing IRIS, survivors were often not aware they could receive support from healthcare services.
- Over half of survivors would have preferred to speak to a GP face to face but only a quarter were offered face to face appointments to discuss domestic abuse. The limited options might reflect the impact of working in the pandemic.
- Most survivors were referred into IRIS by their GP and found that the GP had provided clear information on what to expect in terms of support.
- For most survivors their experience of GP's ability to respond and offer support for domestic abuse, has changed as a result of the IRIS intervention.

Experience of IRIS service

- Most survivors reported that they had timely access to the IRIS Advocate Educator.
- All survivors reported being very satisfied with the support they received from the IRIS AE
- Emotional and wellbeing support was often seen as an important element of the support offered by the AEs, including for those women who were no longer experiencing abuse.
- AEs' understanding of the long-term impacts of abuse encouraged and empowered survivors to start their journey towards recovery, process the trauma and move from victim to survivor.
- Survivors felt AEs asked the right questions and validated their experience which had a positive impact on their wellbeing.

- Survivors reported that AEs were respectful of their identity and understood how inequality /discrimination can impact people's day to day lives.
- Survivors reported feeling safer after being supported by their AE.
- Survivors valued the relationship-building and tailored and person-centred approach taken by the AEs.
- Most survivors reported preferring phone appointments with their AEs. This was mostly due to practical reasons. Several survivors also reported they would like to have been offered the option of face to face meetings.

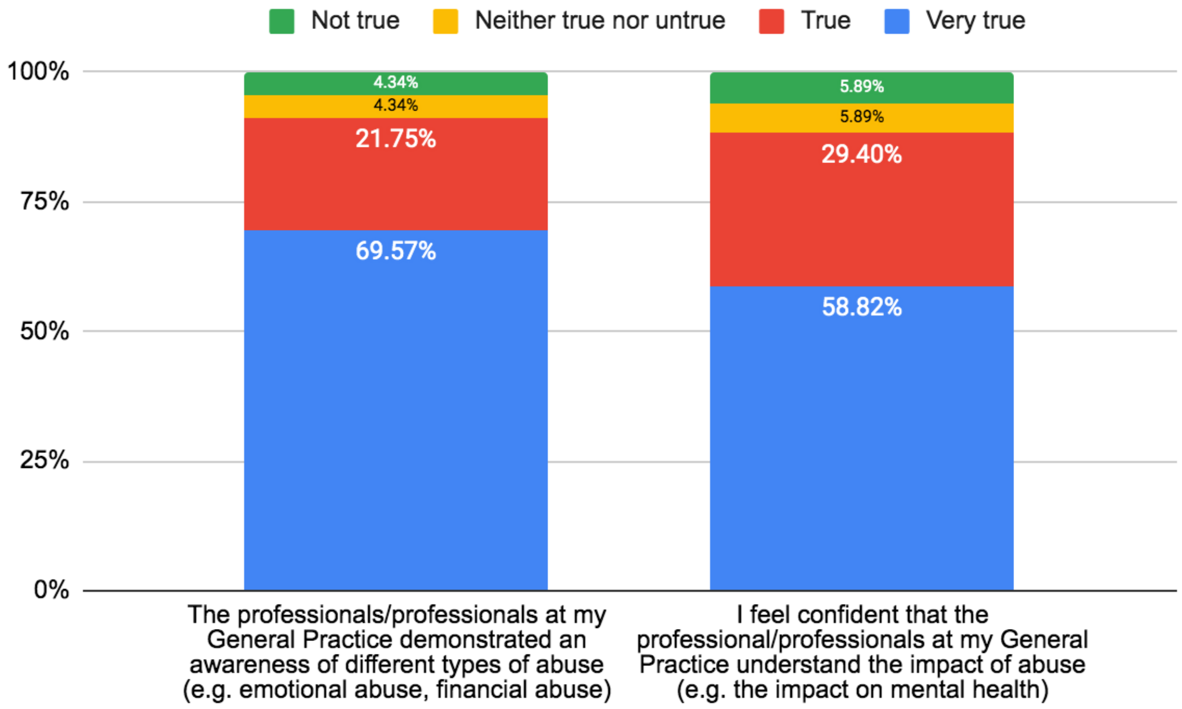
2. Experience of GP

Aims addressed:

- *To ascertain the difference between having a General Practitioner (GP) that is trained in and has awareness of domestic abuse and who asks the right questions has made to survivors. This will include insights into both remote and face to face support received.*
- *To document what the survivor's previous experience has been like in primary care before they were referred to the IRIS programme.*

Finding: Survivors felt that professionals at their GP had a good understanding of different types of domestic abuse as well as the impact of abuse.

Survey respondents were asked to think about their most recent contact with their GP and how true or not true they found a series of statements. Two of these statements related to the GP's awareness of the types of abuse as well as the GP's understanding of the impact of abuse:



As the table above demonstrates, most survivors (91%) felt that it was very true or true that the professionals at their GP demonstrated an awareness of different types of domestic abuse.

One participant noted the importance of the way in which the information about domestic abuse support was presented to her, highlighting that having choice and control of her care enabled her to feel more comfortable in accessing support:

> "*[The] doctor just said take the first phone call, she was very reassuring, take the first phone call, see how you go, they are there to help you and if you don't feel comfortable and don't want to talk to them you can finish at any time you want. She sort of reassured me and I thought maybe you know what this time around I should actually talk to someone and try and get some kind of support with it*." (Quote from survivor in Barking and Dagenham)

Finding: GP's ability to ask the right questions and identify symptoms/signs of domestic abuse led to identification of abuse and support being offered.

Of the 23 respondents to the question, '*How has your GP practice become aware of your experience of domestic abuse?*', 61% (n=14) reported that they disclosed this information directly, 17% (n=4) were asked by a professional at their GP practice, 9% (n=2) were not sure, whilst the rest did not answer.

While, 61% of survivors disclosed domestic abuse directly, findings from interviews also suggest that, in some cases, those who did not contact GP with the intention to disclose abuse, presented to their GP as experiencing stress, anxiety and other physical and mental health issues as a consequence of the abuse. For these survivors, the GP's ability to ask the right questions and identify symptoms of abuse led to identification and support being offered.

> *"The GP was very good, I actually called [the GP] as I was suffering from depression and anxiety… she called [sic] me a various set of questions to get to the bottom of the anxiety and depression. I explained to her that I had come out of a relationship and what the relationship was like, and she was very straight on with it. She requested, and said that she would like me… to sign up to the IRIS [programme] to have someone talk to me, I just agreed and we went from there."* (survivor, Barking and Dagenham)

> *"My blood pressure has been extremely high. That was the reason I was pushed to go to [the] GP. I just didn't know what kind of support I would get."* (survivor, Hammersmith and Fulham)

One participant approached their GP because they felt 'something' was wrong, and felt that when 'something' was wrong one should turn to their GP. At the point of reaching out, they did not realise that they were experiencing domestic abuse.

> *"[The] GP are the ones that helped me get support for IRIS, I didn't call asking for support around domestic abuse I called up with the symptoms and they asked the right questions."* (survivor, Brent)

Feedback from interviews highlights that although some survivors presented to GPs for mental health needs, professionals were able to link their mental health needs to experiences of domestic abuse. This suggest that in those cases GP's had a good understanding of the impacts of abuse and were able to provide support. This is also substantiated by the findings from the online survey, where 88% of participants reported that it was true or very true that professionals at their GP understood the impact of abuse (e.g. the impact on mental health) and were able to spot the signs.

Finding: Some survivors reported experiencing barriers to accessing GP for support around domestic violence & abuse

During 1-1 interviews, 14 of the survivors reported a positive experience of primary healthcare services. Specifically, survivors reported GPs being understanding and some highlighted the swift action taken by GPs once domestic abuse was disclosed/identified as a positive experience.

"*[My GP was] responsible and kind. They care about us*."
(survivor, Westminster)

However, 40% (n=9) of survivors who responded to the survey reported experiencing barriers when accessing the GP for support around domestic abuse: 4 reported experiencing long waiting times, 6 experienced difficulty in getting an appointment, 2 reported negative staff attitudes, and 2 reported fear of consequences or retribution was a barrier for them.

One woman shared how difficult it was to seek help when she was experiencing domestic violence and abuse. She further talked about not feeling empowered, confident or knowledgeable about what help might be available. As is reflected in the below quote:

"You're not yourself, you're not brave enough"
(survivor, Tower Hamlets).

Finding: Prior to accessing IRIS, survivors were often not aware they could receive support from healthcare services

Although just over half of survivors said they disclosed domestic abuse to their GPs, the majority, 56% (n=13) of respondents were not aware that they could receive advice and support around domestic abuse within health services generally.

However, some survivors reported accessing their GP for support for domestic abuse, as they didn't know where else to go. This indicates that primary healthcare settings are valuable first points of contact for survivors experiencing domestic abuse.

> *"I didn't know this sort of organisation existed and that it [would] be so easy to get help, I wouldn't have gone looking for it."*
> (survivor, Brent)

Finding: Over half of survivors would have preferred to speak to a GP face to face but only a quarter were offered face to face appointments to discuss domestic abuse.

As a result of COVID-19 restrictions, GP consultations were largely moved to phone appointments. The majority of GP consultations were done over the phone 74% (n=17), and only 26% (n=6) of survivors were offered a face to face appointment to disclose and seek support for domestic abuse.

It's relevant to note that in the online survey face-to-face appointments, came on top and was the preferred option for survivors, as 56%, (n=13) chose this as the way they would like to engage with the GP over domestic abuse.

3. Survivors' experiences of the referral pathway

Aim addressed:

- *Understand the experience of the IRIS referral pathway.*

Finding: Most survivors were referred into IRIS by their GP and found that the GP had provided clear information on what to expect.

According to survey responses, the vast majority 83% (n=19) of referrals to IRIS were made by GPs.
Other less common referral routes included:

- Social workers
- Police
- Mental health workers
- Social prescribers
- Counsellors

In total 83% (n=12 strongly agree, n = 7 agreed) of survey respondents either agreed or strongly agreed that the GP practice provided clear information about the IRIS service and what to expect, further 17% (n=4) neither agreed nor disagreed.

Finding: Most survivors, once referred to IRIS, felt that they had timely access to the IRIS Advocate Educator.
In total 78% respondents strongly agreed (n= 12) or agreed (n=6) that once they had been referred, they had timely access to the IRIS Advocate Educator. Further 9% either disagreed or strongly disagreed with this.

Although experiences of referral process were generally positive, some survivors felt that there was too long of a time lag between initial contact with the GP and starting with IRIS intervention. This was mostly reported in cases when intermediary organisations were involved in referral processes, rather than when referred directly by the GP.

One survivor reported she had been asked a number of times for information about her situation, and then had to wait several weeks to be assigned an IRIS Advocate Educator:

> *"[It] took time to get started into IRIS [because of] the in-between organisation, between [the] GP and [the] IRIS worker. It takes a lot of courage to speak up, there was no apology for taking so long or not calling, [I] kept getting passed on, saying someone else will call you next week. I was angry at myself that I opened my mouth and looked for help at that time…no one shared the process with me."*
> (survivor, Hammersmith and Fulham)[3]

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[3] IRIS service is meant to be a direct referral from GP to the IRIS AE. We have asked the partner agencies to look into this an ensure it does not happen again.

In addition, it's worth highlighting that a small number of survivors reported not understanding how they had ended up being referred to the IRIS service. Three of these survivors spoke English as a second language, and some reported not always having access to interpreters during the referral process.

Finding: For most survivors their experience of GP's ability to respond and offer support for domestic abuse, has changed as a result of the IRIS intervention.

In total 52% of survey respondents felt that their opinion of their GP and its ability to respond effectively to survivors of domestic abuse improved since they had the support of their IRIS Advocate Educator. Further 30% said their opinion did not change, and the rest (18%) were not sure or did not answer this question.

A similar number of survivors also reported an improvement in their GP's ability to respond to domestic abuse, with around half (56.5% n=13) of survey respondents reporting that they had noticed an improvement in the last 6 months in the way their GP had been responding to domestic abuse.

This data indicates that there may be some impact of the IRIS referral pathway on survivors' opinion of General's Practices ability to respond to domestic violence and abuse. When asked about trust in the wider health care system, 93% (n=30) of survey respondents reported that the following statement was true or very true:

'*My IRIS AE has built my trust in the wider health care system*.'

Just under half (48%) of survey respondents had only been registered with their respective GP for six months. For this group, this might not be enough time to notice changes in the way the practice responds to domestic abuse.

4. Survivors’ experience of the IRIS service

Aim addressed:

- *To capture if/how the support that the survivor has received from the AE impacted on their safety and wellbeing, and that of their child/ren. This will include insights into the impacts of both remote and face to face support received.*

Finding: All survivors reported being very satisfied with the support they received from the IRIS AE

All of the survey, focus group and interview respondents reported being satisfied with the support they received from the IRIS Advocate Educator. Furthermore, all participants also confirmed they were treated with respect and have felt safe to talk about their experiences of abuse and violence:

> *“I used to feel humiliated, and still do sometimes, but [I] also feel like I can stand up and be empowered.”*
> (Barking and Dagenham focus group)

Finding: Emotional and wellbeing support was often seen as an important element of the support offered by AEs, including for women who were no longer experiencing abuse.

Survivors were supported in a range of practical ways:

- Processing police complaints
- Applying for benefits
- Setting up injunctions
- Safety planning
- Liaising with children’s schools
- Referrals to counselling
- Providing handbooks and exercises around domestic violence and self-care
- Weekly check-ins
- Signposting/raising awareness of support options

The support given by IRIS AEs to the survivors have not only increased their confidence to access support services, but has also enabled them to navigate through the systems in place and hold those conversations they needed to have with various professionals.

One woman reported that the support from her IRIS AEAE felt “holistic” and went “beyond” support around experiences of domestic abuse. This survivor was supported with all elements of re-building their life, including applying for jobs.

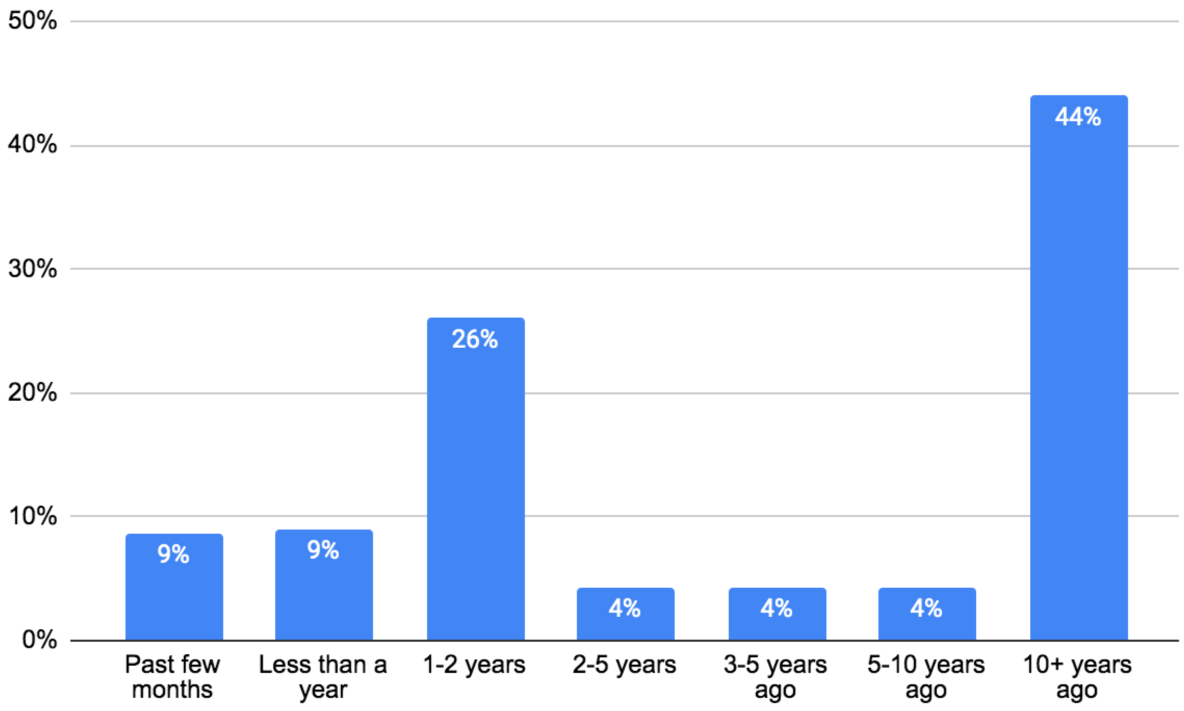
Even though practical support as listed above, was part of the service, it was emotional support from AEs that was often referred to as the most beneficial or sought after by the survivors:

> *“When I spoke to the advocate it helped release the pressure valve, helped to relieve anxiety, opportunity to release finally, she gave me pointers like journaling.”*
> (survivor, Hammersmith and Fulham)

> *“The emotional support provided involved having someone to speak to and talk through feelings and at other times involved more practical aspects such as techniques for managing triggers.”*
> *(survivor, Brent)*

Finding: AEs’ understanding of the long-term impacts of abuse encouraged and empowered survivors to start/continue their journey towards recovery, process the trauma and/or move from victim to survivor.

Of the 23 respondents to the survey question ‘How long have you experienced abuse?’, 44% (n=10) of respondents had last experienced abuse 10+ years ago, as seen in the graph below.



Many survivors who engaged in the interview reported how valuable the IRIS service was for their mental health and wellbeing, even though they were no longer in the abusive situation.

"The support was great because we were talking about how I feel rather than everything that has happened to me - it's not just what's happened to me it's my feelings as well. [It] helped to reframe my experience."
(survivor, Ealing)

"[The Advocate Educator] was very kind, gave me more energy, [and] helped me move on from what happened to me."
(survivor, Westminster)

Survivors also reported the value of AEs understanding the long-term impacts of abuse:

"The mental scars from the abuse you've experienced are very deep.
Not everyone understands this."
(survivor, Ealing)

"I thought I was over stuff and I'm not, something happened last year that triggered all these memories and took back 15 years.
Pandora's box all over again and I had to deal with it."
(survivor, Brent)

Finding: Survivors felt AEs asked the right questions and validated their experience. This had a positive impact on survivors' wellbeing.

Overall survivors reported the value of feeling validated by AEs that had an in-depth understanding of domestic abuse. Respondents noted the kindness and support of their AE, reflecting on how much they had appreciated someone taking the time to listen to them, encourage them, and validate their feelings and experiences. This was particularly important as many respondents had low self-esteem and self-confidence as a result of domestic abuse, and felt ignored and/or gaslighted.

"They helped to relieve my stress and worries.
They told me that I was not to blame for anything and it wasn't my fault."
(survivor, Barking and Dagenham)

"At first I was blaming myself, it's my fault, it must be me, I met the wrong people and that's on me. So I had that in my head for quite a long while. So they helped me, for me to see that it isn't me, it wasn't my fault, I still have that inkling in the back of my head to say is it you? But I just push that back now."
(survivor, Barking and Dagenham)

In fact, many survivors used the word 'validated' to describe their experience of their advocate:

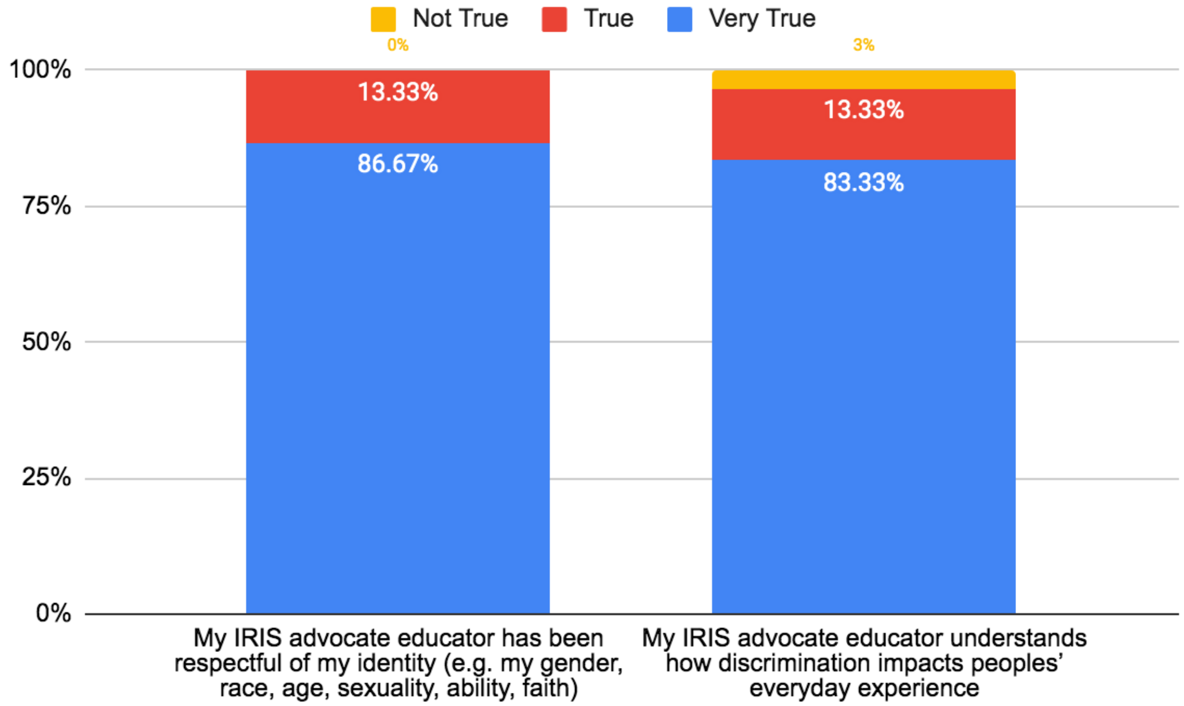
"[The IRIS advocate] helped to validate my experience.
It wasn't just something that was in my mind."
(survivor, Ealing)

Survivors reported the benefits of working with someone who understood the dynamics of abuse, particularly when it came to identifying and understanding coercive control and other non-physical types of abuse:

"I've sat with professionals through work and heard them say oh they should have just left… so important for people to have an understanding .. they need to understand why you end up staying for years."
(survivor, Barking and Dagenham)

"I was quite paranoid and anxious, but the way they asked questions and the questions they asked made me feel relaxed."
(survivor, Ealing)

Finding: Survivors reported that AEs were respectful of their identity and understood how discrimination/inequality can impact survivors' day to day life.



Finding: Survivors reported feeling safer after being supported by AEs.

Participants were asked if/how the support that they had received from their IRIS AE had impacted their safety and wellbeing, as well as that of their children.

"She [the IRIS Advocate Educator] was great at putting my mind at ease and help[ing] me understand my options in order to be able to make an informed decision and provide a home for my son and I."
(survivor, Tower Hamlets)

"I was encouraged to call the police if I felt unsafe, just that reinforcement to call the police helped, not to be embarrassed or scared to do it."
(survivor, Ealing)

One woman described how she felt safe knowing that she would have a weekly phone call from the Advocate Educator, even when she wasn't taking up any further support.

"Just having someone to call me to check I'm alright to check if I'm still breathing"
(survivor, Tower Hamlets)

Another survivor who participated in the Barking and Dagenham focus group reported feeling safer knowing what her options were. Even if she wasn't ready to take any of the options, they were there for her when she was no longer able to cope with her situation.

"The AE has [had a] great impact on me and my life… [and] my children. I felt so supported, [my] AE did her best to keep me safe and I'm here today safe because of her."
(survivor, Barking and Dagenham)

Finding: Survivors valued the relationship building and tailored and person-centred approach taken by the AEs.

"When they keep calling me I feel like I have a family. I have someone that I can trust and someone will believe me."
(survivor, Ealing)

Survivors reported that they valued the tailored approaches taken by the IRIS AEs. They particularly valued that the AEs took the time to build the relationship with them. This helped build strong trust and rapport between the survivors and their support system, the AEs:

"It was just like, the first few phone calls were about getting to know me as a person and me talking to her and building a relationship I suppose so that I felt comfortable enough to talk with her about things…
there was just so much information they supplied and support given."
(survivor, Barking and Dagenham)

One woman reported being spoken to for a long period of time during her first phone call. This helped her open up a lot more than she had with her GP:

"*Made me feel like she [the Advocator Educator] wanted to listen to me, [she] didn't rush me*."

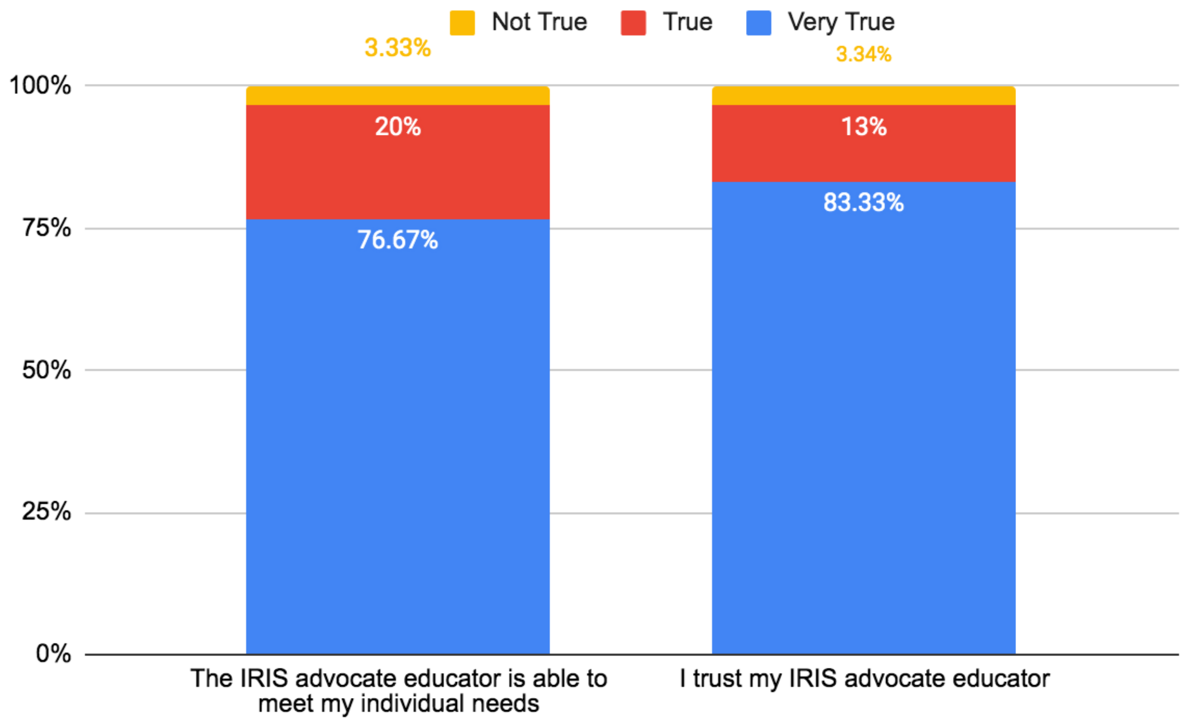
Survivors also valued being asked what their needs were along with being guided on how to take ownership of their circumstances and the recovery process:

"They would always ask me what support I wanted, [what] my current situation was, what my needs were. It's good like working like a team, someone guiding you and you do some research."
(survivor, Tower Hamlets)

Another woman described that the tailored approach taken by IRIS AEs involved exploring and understanding her needs rather than automatically putting her in a group with other survivors who had also experienced domestic abuse.

Overall the support survivors received from AEs was reported as overwhelmingly positive. The online survey findings suggest almost all participants (97%) chose 'true' or 'very true' in response to the statement 'The IRIS AE is able to meet my individual needs'. Furthermore 96% of respondents chose 'true' or 'very true' in response to the statement 'I trust my Advocate Educator.

This demonstrates that the ability to meet survivors needs and build trusting relationships is key in survivors feeling supported in their journey to recovery.



Finding: Most survivors reported preferring phone appointments with their AEs due to practical reasons, but many would like to be offered the option of face to face support.

Aim addressed:

- *To understand survivors' experiences of receiving support (remotely and/or face to face).*

Most survivors reported preferring phone appointments to face to face appointments. This was largely due to difficulties in getting time off work/studies, childcare needs, and anxiety around leaving the house.

However, there were some that preferred face to face appointments. A small number of survivors who preferred phone appointments noted that they would have liked to be given an option for either form of appointment.

Survivors who preferred face to face appointments did so because they felt anxious speaking to someone on the phone, didn’t have a safe and/or private space for the phone conversation, or preferred to build a relationship with their advocate face to face.

Two survivors reported that it was particularly challenging to secure a face-to-face appointment during lockdown, even when they were explicitly asking for one. One survivor joined an in-person domestic violence and abuse group whilst they received IRIS support ‘to be with other ladies’ and because they preferred in-person support.

SECTION 4: RECOMMENDATIONS

Aim: *To gather suggestions and recommendations for improving the IRIS service from a survivor perspective, and understand survivor’s preferences in how they receive support (e.g. remote or face to face support).*

Financial support

In a few instances, there was a need for more detailed financial advice from AEs. This included support to navigate the complex benefits system, and to understand what survivors are entitled to. This was particularly important for survivors who were newly arrived in the country. Indeed, one respondent reported that she would have liked more support around budgeting as her experience of domestic abuse included restricted access to financial resources, resulting in long term dependency on her partner.

Phone vs. face-to-face support.

As highlighted throughout the report, support from both GPs and IRIS had largely shifted to phone appointments due to the pandemic. This consultation found that, although survivors preferred phone appointments, they would like to be offered the choice of either phone or face-to-face appointments. This is particularly important for survivors who struggle to engage on the phone or do not have a safe space, confidential space to have phone conversations in.

Explaining referral pathways

The findings suggest, several survivors reported not knowing how they had been referred to IRIS. This was particularly so, when there was an intermediary between the person who initially suggested the IRIS service and the IRIS advocate. Survivors reported not feeling held in the process when there were several steps involved before they could access support. In addition, some survivors reported not understanding how they had ended up being referred to the IRIS service. Often these survivors were survivors who spoke English as a second language and some reported not always having access to interpreters during the referral process.

Greater Awareness about IRIS

Some survivors highlighted that they didn’t always know that they could get support for domestic abuse. A small number of survivors mentioned the use of online peer support groups, and suggested that these sites could be important spaces to promote services like IRIS. Many respondents were keen for other survivors in similar positions to receive support from IRIS. Furthermore, one respondent suggested that the service could be improved by raising awareness of the scope of domestic abuse because “a lot of ladies are not aware.” She suggested that this could also be extended to “getting the men to understand.”

Moving on from IRIS

This evaluation did not focus on transitions out of the IRIS service as the majority of survivors interviewed were still accessing the service. This is an area that would require further exploration in future evaluations. However, the focus group held with survivors based in Barking and Dagenham did highlight a significant gap between the end of support with IRIS and starting new support with different services. This was largely due to long waiting lists for support, specifically for mental health support. Furthermore, a small number of participants reported feelings of sadness and anxiety about moving on from IRIS, one explaining that it’s “hard to let go.”

SECTION 5: CONCLUSION

This consultation sought to understand survivor's experiences of the IRIS service in seven boroughs of London. Overall, the experience of survivors that took place in the consultation of both primary healthcare and the IRIS service was a positive one. Some key areas of improvement were identified to improve access to the services as well as service provision.

The findings indicate that the IRIS service has had a positive impact on GP's ability to support survivors of domestic abuse. Findings also indicate that GP is an important first point of contact for survivors and GP's ability to understand domestic violence and abuse and its impacts results in more survivors accessing support. The IRIS service also provides support for people who are currently experiencing abuse, improving their safety and wellbeing, but it also supports people who are experiencing the long-term mental health impacts of historic abuse.

> *"I want to thank you a lot, for the support I'm having, and I feel more protected, with more hope, to have support, thank you."*
> (survivor, Brent)