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Strengthening the healthcare response to domestic abuse and sexual violence

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KEY TOPICS

- Overview of domestic abuse and sexual violence in the UK and health impacts.
- The critical role of general practices and sexual health clinics in supporting victims.
- Introduction to IRIS and ADViSE: How these programmes work and their unique approaches.
- Cost-effectiveness and financial benefits of these programmes.
- Real-life case studies showing the impact of IRIS and ADViSE on health outcomes.
- How IRISi can support your healthcare setting? How IRIS and ADViSE align with the Women's Health Strategy and the Domestic Abuse Act.

WHO ARE WE AND WHAT DO WE DO?

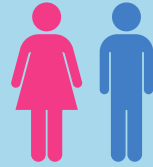
VISION

Our vision is a world in which GBV is consistently recognised and addressed as a health issue.

MISSION

Our mission is to promote and improve the healthcare response to GBV by working side by side with health and specialist services.

DASV PREVALENCE



1 in every 4 women and 1 in 6-7 men will experience DA at some point in their life. (CSEW, 2024)



In the year ending March 2024, the victim was female in 72.5% of domestic abuse-related crimes. (Home Office, ONS 2024)



In the year ending March 2022, 798,000 women and 275,000 men were victims of sexual assault. (CSEW, 2023)



Between the year ending March 2021 and year ending March 2023, 65.4% of victims of domestic homicide were female, and 74.9% of the suspects of these homicides were male. (CSEW, 2024)

* Crime Survey for England and Wales (CSEW).

ARE DOMESTIC ABUSE AND SEXUAL VIOLENCE HEALTH ISSUES?

Increased rates of sexually transmitted infections (STIs)

Requests for emergency contraception

Lower back pain

Direct disclosure of physical assault

Unwanted pregnancies

Increased HIV acquisition risk and poor HIV health outcomes

Avoiding smear tests

Repeated miscarriages and terminations

Menopausal symptoms

Chronic pain and endometriosis

Sexual function issues

Physical injuries

Sexual risk taking

Memory loss/dizziness

Depression and Anxiety

Stroke

Gastrointestinal problems

Suicidal ideation or suicide attempts

SV

DA

Women who experience DA are three times more likely to present with gynecological issues.

(Sacks et al., 2016); (Loke, 2008); (Coker et al., 2007); (WHO 2012)

DASV AND MENTAL HEALTH



Women who have experienced DA are*:

- 6.5 times more likely to attempt suicide.
- 4.9 times more likely to have suicidal thoughts.

The biggest impact on health outcomes is for women with experiences of both physical and/or psychological violence + sexual violence.



IRISI'S INTERVENTIONS

Our work and impact



- Ongoing training and specialist consultancy.
- Named DA specialist with a direct referral pathway.
- Supports patients and professionals.
- Increases identification and referrals.
- Improves clinical practice and quality of life for patients.

57

*Commissioned programmes
across the UK*

43,353

IRIS Referrals

1,051

ADViSE Referrals



WHAT OUR DATA SAYS

IRIS:

- Older patient cohort referred.
- Estimated at least 15,800 patients identified in 23-24.

ADViSE:

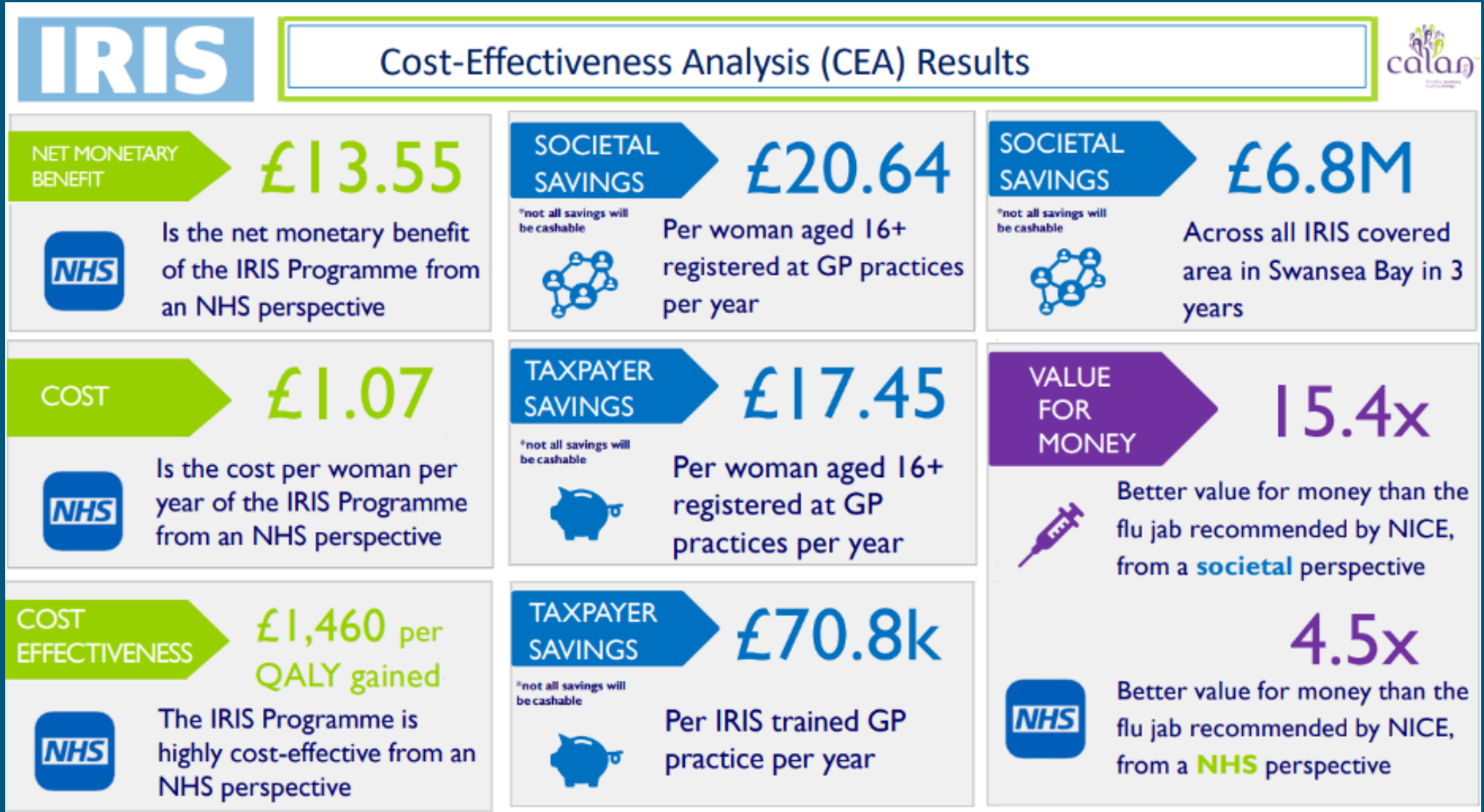
- 1 in 2 coming through with SV.
- Younger patient cohort referred.
- More LGBTQ+.

Overall:

- Longer term funding is needed.
- Gender based violence trends.
- Programmes are meeting an unmet need.
- Strengthening connections across healthcare and specialist services.
- Clear MH need in patients across both programmes.

An estimated 1.5 million women survivors able to access the IRIS programme in England and Wales, meaning one in five survivors are able to get support.

WHAT ABOUT COST?



WHY DO WE NEED A SPECIFIC HEALTH SECTOR RESPONSE TO VAWG?

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

Evidence for effectiveness

Health impact of abuse

Expectations of health care professionals/services to respond



THE IMPACT IN PRACTICE: CASE STUDIES

WHAT FEEDBACK DO WE GET?

Whatever you have going on with GPs is so important - that link is incredible - I am forever indebted to my GP for piecing it all together and for getting me that help."

IRIS service user

"I just mentioned it in passing. I didn't expect there to be any help provided but now I'm so glad I was asked."

ADVISE service user

"I am now convinced that violence against women and children is a major public health problem with long-term consequences for women and their families. As an experienced GP, the whole project has been nothing short of transformational."

IRIS GP

"I think it felt like a really good service because it was a direct person – it was a link that we could go to – it provided a pathway."

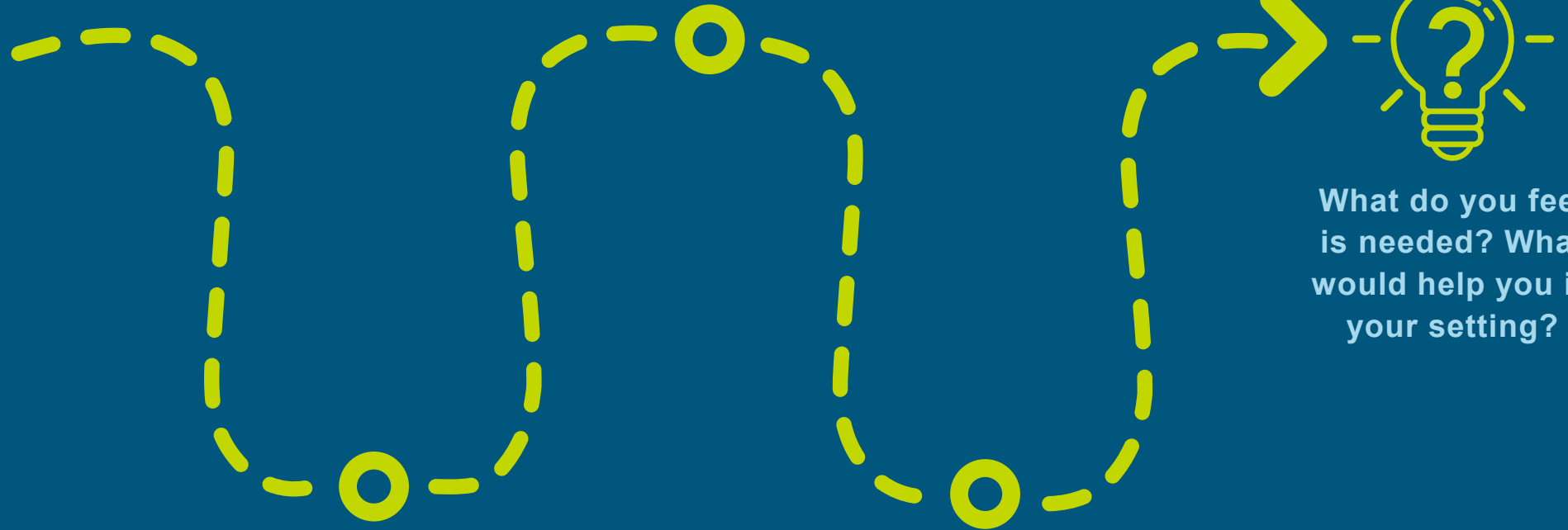
Sexual Health Nurse



HOW CAN WE HELP YOU?

Support bringing
IRIS/ADViSE to your area –
business cases/costings etc.

Domestic Abuse/
Sexual Violence
awareness raising



Consultancy for
DA/SV work taking
place in healthcare

Training for Advocates/DA
champion working in or
alongside health settings

What do you feel
is needed? What
would help you in
your setting?

WHAT'S NEXT?

USEFUL NUMBERS:

- 24-Hour National Domestic Violence Helpline – 0808 2000 247
- Men's Advice Line: For male victims – 0808 8010327
- Respect Helpline: For perpetrators of DA – 0808 802 4040
- Galop LGBT Helpline: 0800 999 5428
- Karma Nirvana - Helpline for 'honour'-based abuse and forced marriage: 0800 5999 247
- Women's Aid Live Chat: available Monday-Friday, 10:00-12:00, <https://chat.womensaid.org.uk/>
- Sign Health: A specialist service for d/Deaf adults and children who have experienced abuse.
To make a referral or ask for advice – Phone: 02039472600 Text: 07970350366 Email: da@signhealth.org.uk

IRISi website: www.irisi.org
Contact us on Info@irisi.org

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Thank you!

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The logo for IRISi interventions. The word "IRISi" is in white, bold, sans-serif font on a yellow rectangular background. The letter "i" has a small blue dot above it. Below this, the word "interventions" is in white, sans-serif font on a dark blue rectangular background.

IRISi
interventions