

Executive summary

This report provides a detailed analysis of the work of the IRIS and ADViSE programmes during the 2023-24 fiscal year. The IRIS and ADViSE programmes improve healthcare responses to gender-based violence and abuse. The report highlights the work of IRIS and ADViSE teams to support health care professionals to identify patients affected by domestic abuse and sexual violence and refer them for support by specialist VAWG (Violence Against Women and Girls) services.

The IRIS programme, our evidence-based intervention to improve the general practice response to domestic abuse, launched as a commissionable model in 2011 and has grown significantly, supporting nearly 44,000 patients since its inception. Our second intervention, the ADViSE programme, started in 2021. ADViSE improves the response of sexual health services to address domestic abuse and sexual violence, and it reached its 1,000-referral milestone during the 2023-24 fiscal year. Despite nationwide funding challenges affecting the commissioning of both health and VAWG services, both programmes demonstrated a positive impact on improving healthcare practices and outcomes for victim-survivors. This summary outlines the key findings and recommendations based on the data presented.

KEY FINDINGS

1 PROGRAMME GROWTH AND REACH The network of IRIS and ADViSE programmes continues to grow, with significant geographical spread across the UK. As of March 2024, the IRIS programme has received 43,535 referrals for patients who have experienced domestic abuse, while the ADViSE programme has received 1,051 referrals. The wider impacts of our programmes extend past the number of referrals; we have been able to estimate that least 15,800 women will have been identified and supported as victim-survivors by IRIS-trained general practice staff during 2023-24. The data indicate a steady increase in referrals, especially for the IRIS programme. Despite challenges like funding delays, the programmes have shown a positive trend in referral numbers per site over time. ADViSE, being a newer programme, experienced a slower growth rate. This is expected; the IRIS programme is ten years ahead in terms of uptake and implementation.

2 CONNECTING SPECIALIST VAWG SERVICES AND HEALTHCARE In 2023-24, there were over 100 Advocate Educators (AEs) working to deliver the IRIS and ADViSE programmes across the country. These AEs were employed across 38 specialist service partners, and delivered 1,091 training sessions, improving the clinical practice of over 4,600 healthcare professionals to better respond to VAWG. Feedback from these sessions was overwhelmingly positive with reported improvements in knowledge and confidence in addressing DA and SV. Encouragingly, we saw that in the majority of aspects our ADViSE programme reflects the IRIS programme in terms of performance, evidencing that ADViSE is also a high quality, scalable programme.

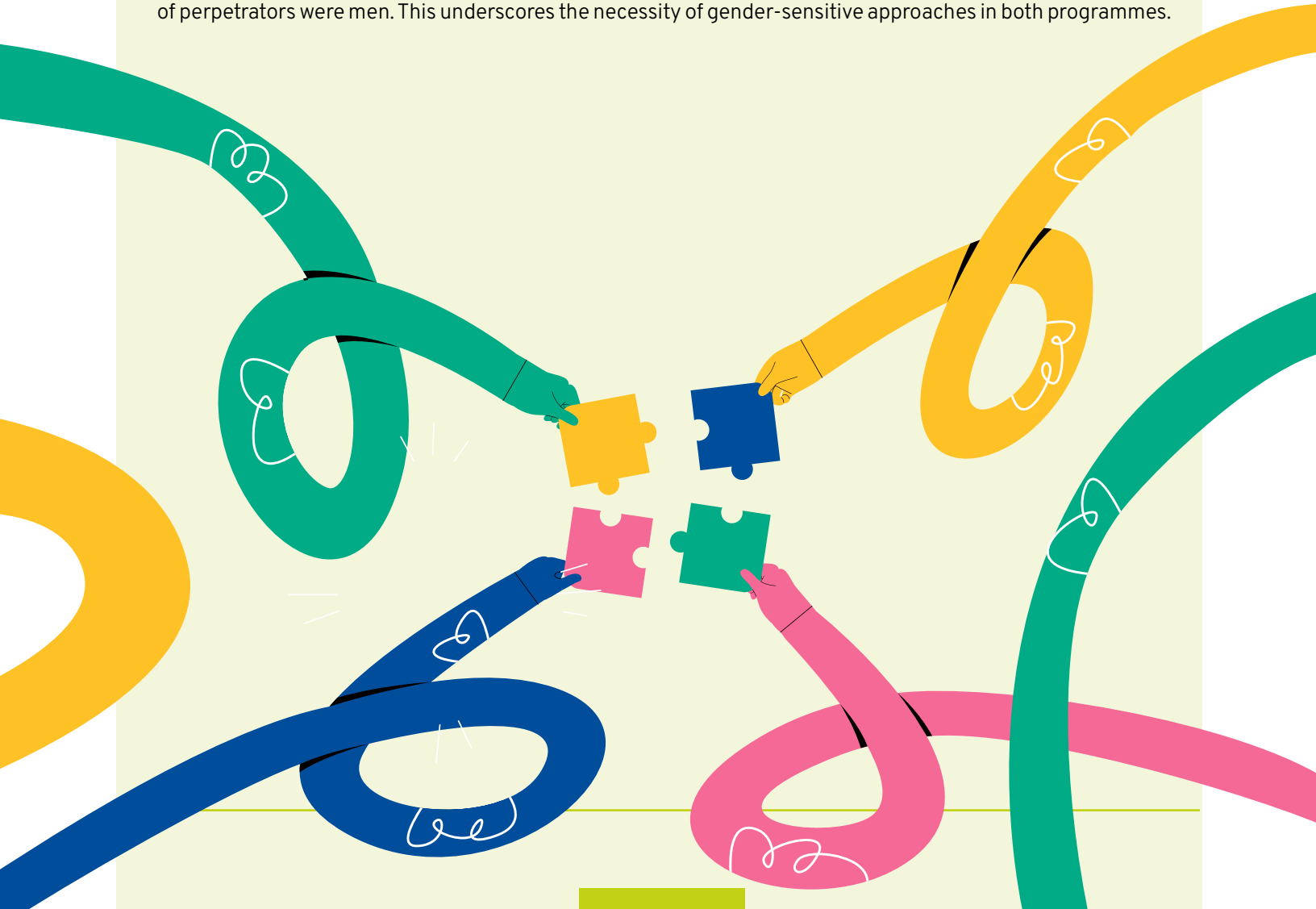
3 REACHING AN UNMET NEED IRIS and ADViSE service users are patients who have experienced domestic abuse and/or sexual violence, and who have been identified and referred by a general practice or sexual health clinician. The majority of service users supported by the two programmes had not been able to get support previously for the domestic abuse and/or sexual violence they had experienced. This highlights that IRISi interventions are meeting an unmet need in society. We also see that the two programmes reach different groups of people, and that this difference isn't driven solely by the differences in the referral criteria for the programmes. In particular, a real strength of the ADViSE programme is that it appears to be well-placed to support those from the LGBTQ+ community.

4 FURTHER WORK NEEDED In keeping with IRISi's programmes being evidence based, we have used our data to highlight where further improvements can be made. Our data show that while Black and minoritised victims and survivors are over-represented in referrals, this rate appears to drop amongst the group of patients who engage with support. Without further data analysis, we cannot speculate on the cause. By understanding this further IRISi will be able to ensure that our programmes continue to meet the needs of all people.

5 PREVALENCE OF SEXUAL VIOLENCE We continue to see that those referred to the ADViSE programme have experienced sexual violence (outside of the context of domestic abuse, such as from a stranger, colleague or acquaintance). One in two service users needed support for sexual violence. Our data show us that ADViSE service users are more likely to experience self-harm and suicidal ideation than IRIS service users. The multiple needs of this group are reflected in the complexity of the casework undertaken by Advocate Educators.

6 HOLISTIC SUPPORT Our data highlight that there is a broad range of support sought by survivors of domestic abuse and sexual violence. We see that only a small minority of survivors wish to pursue criminal justice measures, whilst the majority of survivors want emotional support and advice. More than four in ten service users wanted onward referrals to other organisations, highlighting the importance of wide range of services being funded to provide holistic support to survivors.

7 GENDER-BASED VIOLENCE Gender continues to play a significant role in the experiences of abuse. Even with the introduction of the ADViSE programme which supports all genders, we continue to see disproportionately high numbers of women accessing the services. The data also show that in 2023-24, 92% of perpetrators were men. This underscores the necessity of gender-sensitive approaches in both programmes.



SUMMARY OF KEY RECOMMENDATIONS

By following these recommendations, those with decision making power across government (national, devolved and local), the health system and the VAWG sector, can continue to strengthen the impact of both the IRIS and ADViSE programmes, providing vital support to victim-survivors and improving the healthcare response to domestic abuse and sexual violence.

1 DOMESTIC ABUSE AND SEXUAL VIOLENCE MUST BE RECOGNISED AS HEALTH ISSUES VAWG must be addressed by the health system at every level as a health issue and government departments and bodies should work alongside the specialist VAWG sector to achieve this. Adequate and sustainable funding must be provided by central government to enable this to happen.

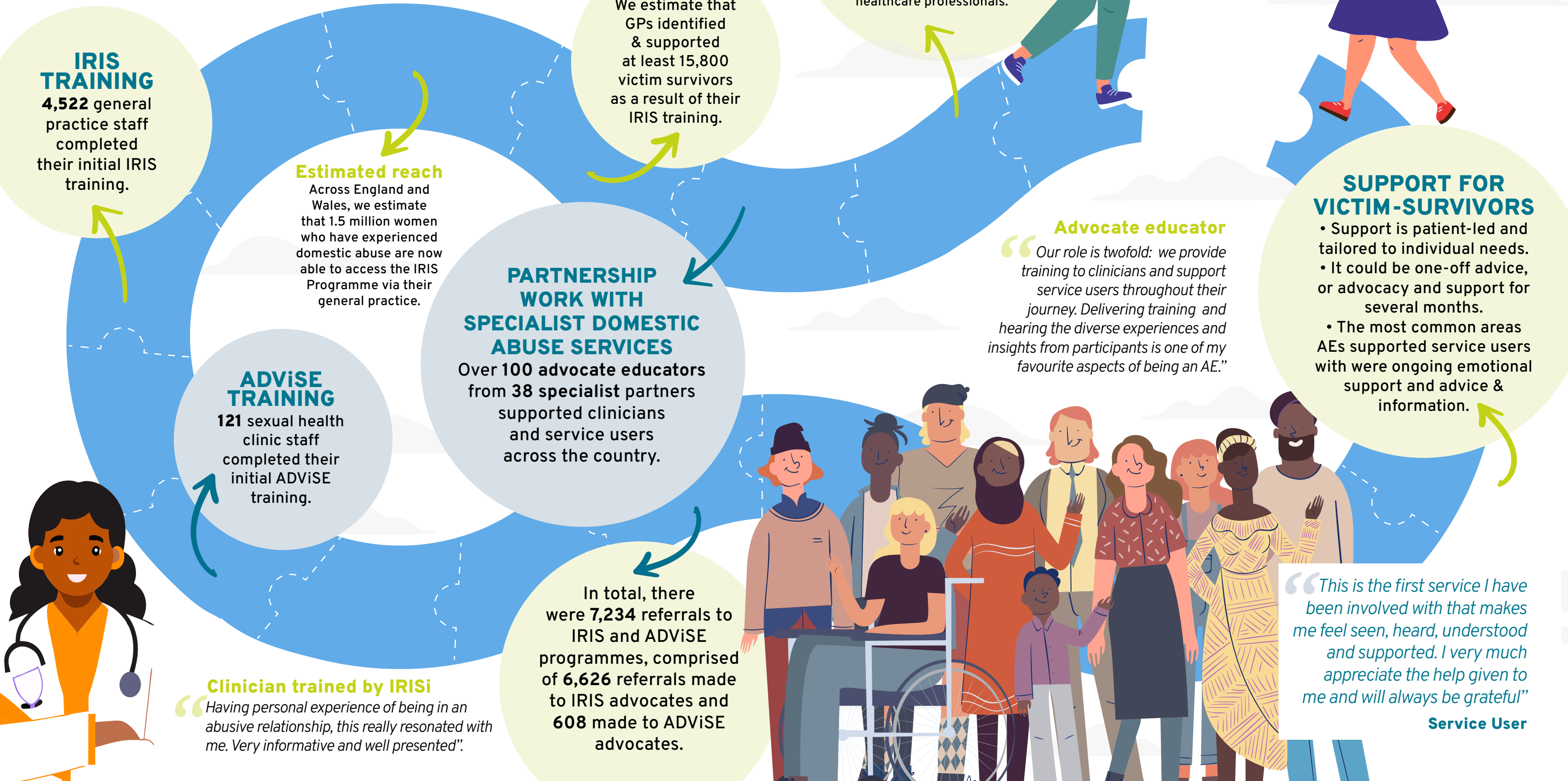
2 EXPANSION OF THE IRIS AND ADVISE PROGRAMMES Local health commissioners should commission effective, evidence-based interventions to improve the health response to domestic abuse and sexual violence and award longer contracts for this work to be undertaken. Expanding the programmes to cover more geographical areas would help reduce the current postcode lottery, ensuring that more survivors can access the necessary support. The success of the IRIS programme's scalability provides strong evidence that ADViSE could also scale successfully. Currently commissioned areas need secure, multi-year funding at safe levels. Funding gaps lead to disruptions in service delivery, impacting referral numbers and healthcare professionals' confidence in making referrals. Regular reviews of and potential increases in funding should be prioritised to ensure the retention of delivery teams and uninterrupted programme delivery to best support the responses to VAWG within our health system.

3 ENHANCED DATA COLLECTION IRISi should work with its network to refine its programme and training materials and to improve its data collection in order to provide more nuanced analyses in the future. Improvements in data collection processes, particularly around the recording of healthcare connections, are crucial for better understanding the full impact of the programmes. Structural updates to the IRISi database would enable more comprehensive tracking of training attendances, referrals, and ongoing connections between specialist VAWG services and health care services.

4 EVIDENCE LED TAILORING OF PROGRAMMES IRISi will further monitor differences between the IRIS and the ADViSE data and adapt the ADViSE programme accordingly. This will include reviewing training materials for healthcare staff and reviewing what practice development will enable Advocate Educators to better be able to support victim-survivors.

IRISi's interventions:

Bridging the gap between healthcare and the specialist Domestic Abuse and Violence Against Women and Girls sector



Network Report 2023-24

IRISi

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IRISi is a social enterprise established in 2017 to promote and improve the healthcare response to gender-based violence. We work collaboratively with partners to develop innovative, evidence-based healthcare interventions for those affected by gender-based violence.

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