

IRIS



Identification & Referral
to Improve Safety



IMPROVING THE GENERAL PRACTICE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

A review of IRIS programmes in
England and Wales to March 2019

BEHIND EVERY IRIS REFERRAL
IS A WOMAN BEING PROVIDED
WITH VALIDATION OF THEIR
EXPERIENCES AND A SAFE
SPACE TO ARTICULATE
WHAT IS HAPPENING
TO THEM

Introduction

IRIS and this report

IRIS is a domestic violence and abuse (DVA) training, support and referral programme for general practices that has been evaluated in a randomised controlled trial (RCT). Core areas of the programme are ongoing training and education for the clinical team and ancillary staff, clinical enquiry and care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for all female patients aged 16 and above affected by DVA. IRIS is a collaboration between primary care and third sector organisations specialising in DVA. The model entails an Advocate Educator (AE) working

across an agreed patient population size in a number of general practices.

This report will detail how IRIS has progressed since November 2010 when the trial ended and national commissioning began. This is the sixth national IRIS data report and builds on the information published in 2018. Measures include the number of general practices trained by local IRIS teams, the number of patients referred and how both patients and trainees feel about the service. In all areas IRIS has excelled and the feedback reflects this.

We, at IRISi, strive to continuously improve and will use the findings reported here to do just that.

WRITTEN BY:
Estela Barbosa
Geisa D'Avó
Annie Howell
Medina Johnson

DESIGNED BY:
Paula Ragucci

**COLLABORATION
AND THANKS:**

Without the support and commitment of the following organisations, IRIS would not have been possible. Thank you on behalf of all professionals and patients who have benefitted from IRIS.



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

IRIS image (cover) from the Theoi Project website, <http://www.theoi.com/Gallery/P216B.html>
IRIS Athenian red-figured Iekythos C5th B.C.,
Museum of Art Rhode Island School of Design



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National IRIS Trends

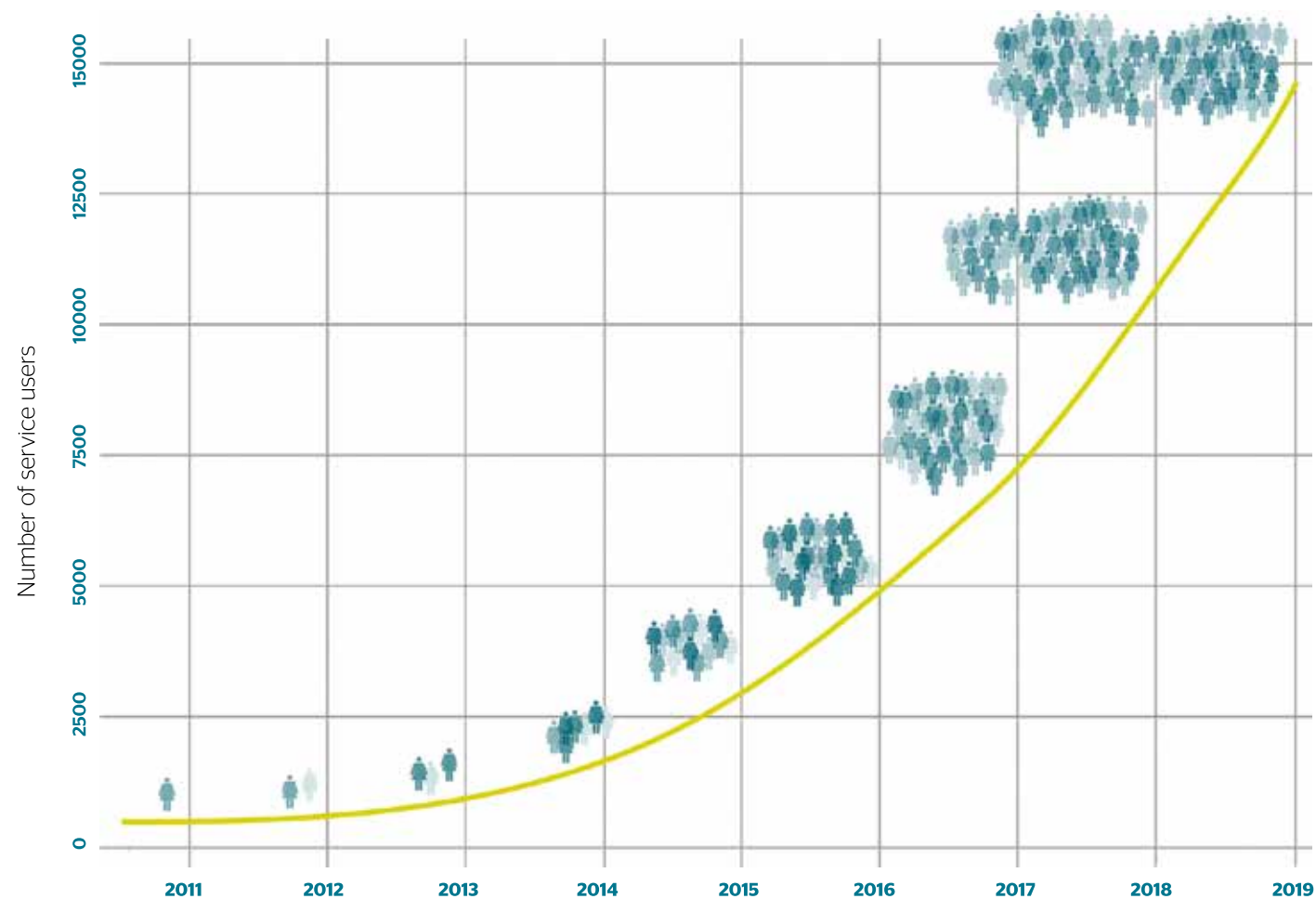
Since 2010-11, the numbers of IRIS referrals per year has increased 34 fold

National referrals

From just the two original trial sites, Bristol and Hackney there were 152 referrals in the first year of IRIS being commissioned (Nov 2010-Nov 2011). Year on year the number of sites increased and so the number of referrals. From April 2017-March 2018, there were 3,159 referrals from 36 localities, totalling 10,369 referrals up to April 2018. Since April 2018, there were 5,252 referrals from 39 localities, totalling 15,601 referrals.

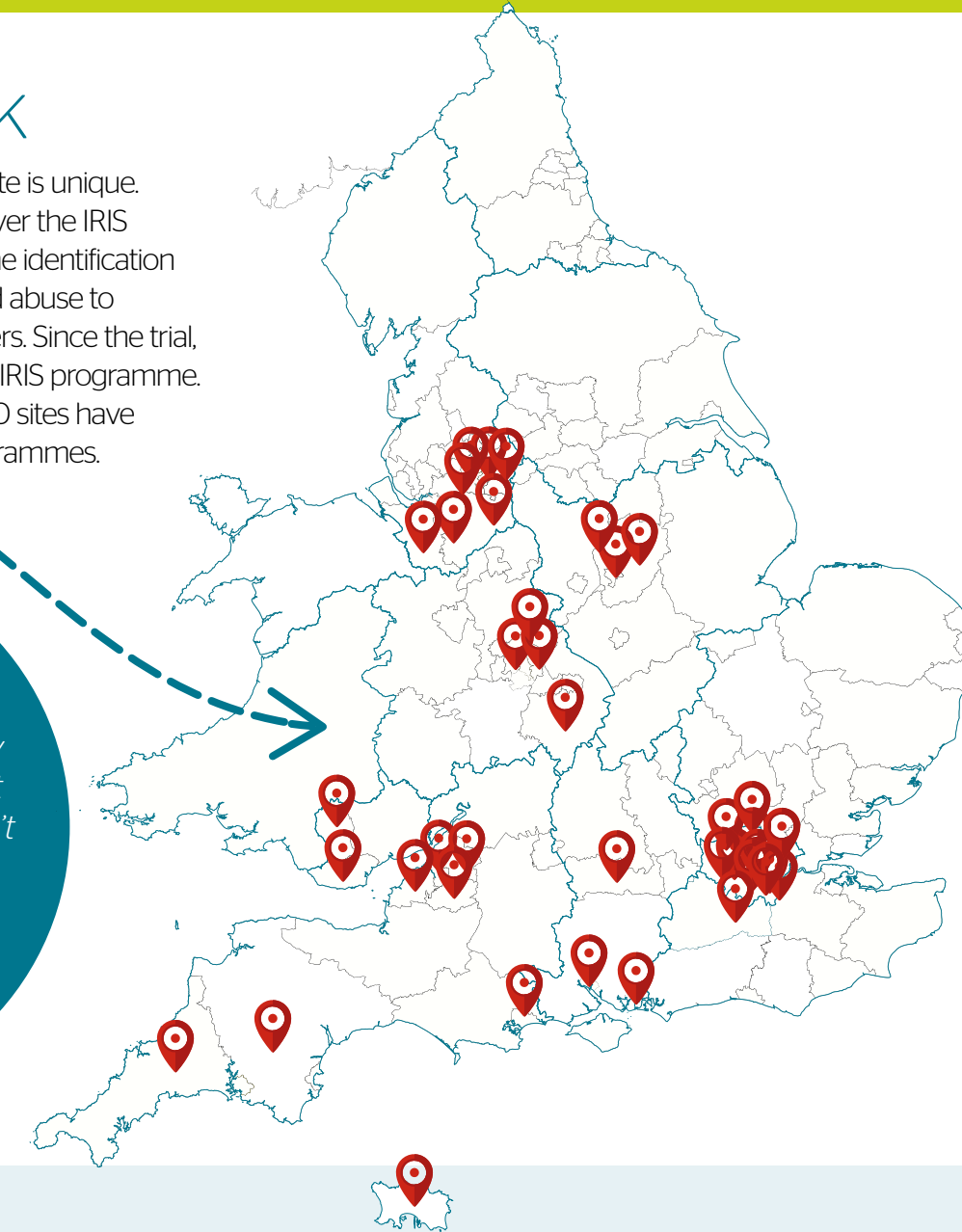
How we, at IRISi, use data

Due to difficulties in collecting data and our choice of only reporting raw data, with no imputation, some sites may present underestimates of their actual performance. This is particularly relevant for sites where there was disruption of service or commissioning.



IRIS across the UK

At IRISi, we understand that each site is unique. Together with our partners, who deliver the IRIS programmes, we strive to increase the identification and referral of domestic violence and abuse to improve the safety of our service users. Since the trial, 39 localities have commissioned the IRIS programme. Between April 2018 and April 2019, 30 sites have actively referred women to IRIS programmes.



“It’s the first time I have felt comfortable talking to someone about my situation. The doctor thought you could help me, but I wasn’t sure. Thank you so much, I feel like I have life inside me again.”
(Translated from Urdu)

IRIS service user

Start date

From 2010 to March 2019, 41 localities have commissioned the IRIS programme.

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
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 & 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

*These sites are no longer commissioned due to funding ending and further funding not being found locally. Performance was not the issue.

Comparison of IRIS localities

The data shows the intervention is sustainable over time

Referrals by locality

By counting referrals at each locality, we can make a comparison of the number of referrals received over time, for example, six months after the first referral. It is clear that some localities are referring more service users than other localities and 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. All data is reported as received so no imputation is used for missing data.



Average Number of Referrals

The following graph shows the average number of referrals across all localities after the first referral was made in each locality. The number of service users referred is at the end of each period, and the first year is split into quarters Q1 to Q4, each composed of 3 months. For example, across all localities, there was an average of 55 referrals 9 months (Q3) after the first referral was made.

The broad trend is an increasing number of referrals from each locality over time. This means that there is no reduction in the value of

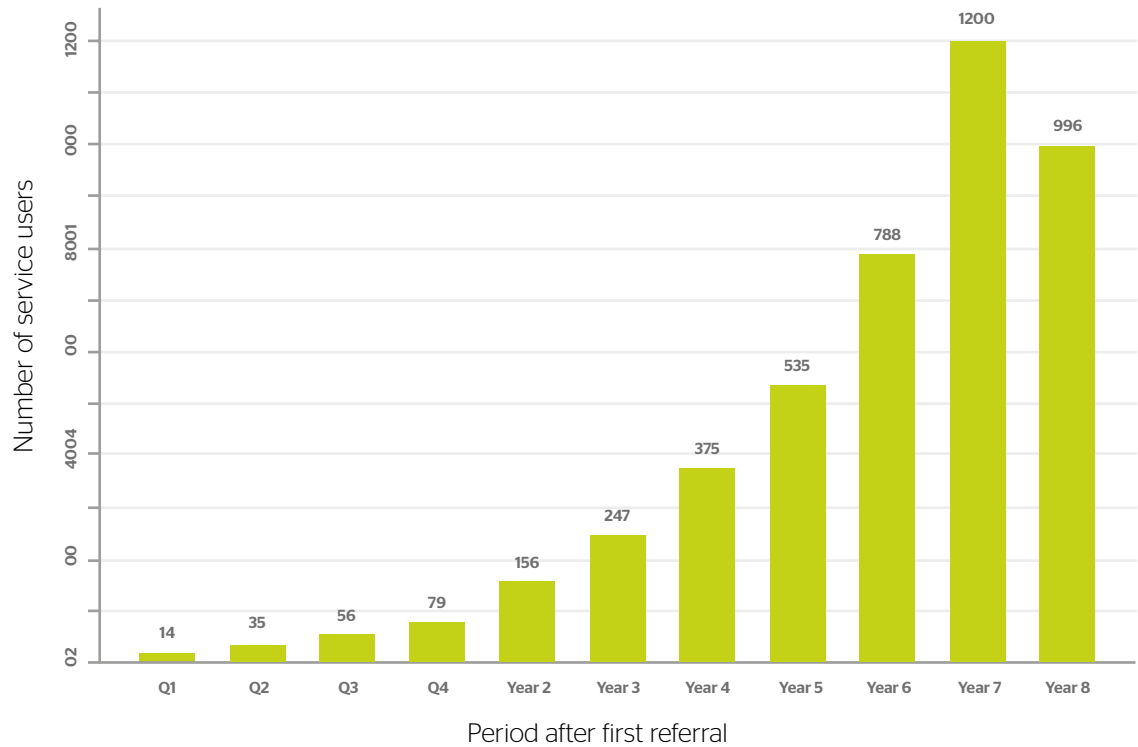
IRIS over time, even after 8 years.

Note that year 7 is larger than year 8 because of Manchester and its large reach and so large number of referrals.

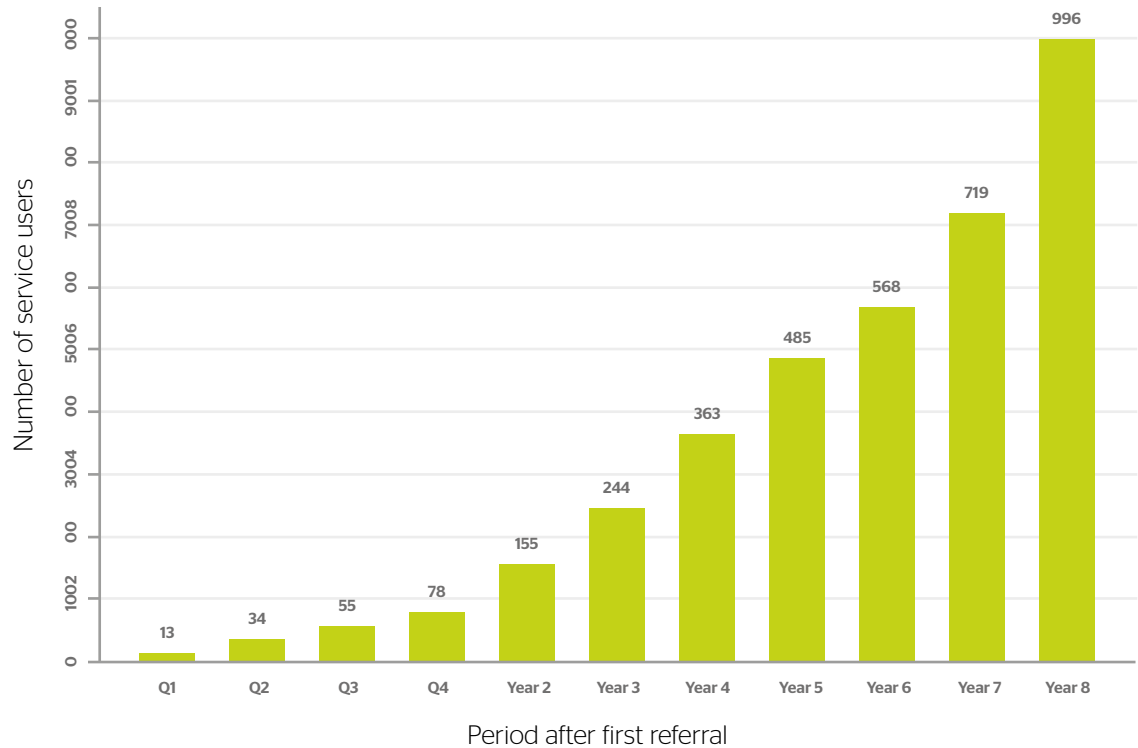
Despite the differences in demographics in each locality, most centres are referring roughly the same number of service users; this is exemplified by Bristol and Hackney (see pgs. 8 and 9), which show very similar numbers of referrals up to 9 years, and could indicate that even seemingly disparate localities have similar needs for the IRIS programme.



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



Cumulative average number of referrals across all localities except Manchester for periods after the first referral



Cumulative Number of Referrals by Locality in Quarters/Years after First Referral

* Sites no longer running IRIS programme and/or data not available

LOCATION	YEAR 1 - Q1	YEAR 1 - Q2	YEAR 1 - Q3	YEAR 1 - Q4	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9
BARNET	7	20	31	52	55							
BATH AND NORTH EAST SOMERSET	20	37	54	93	255	359	490					
BERKSHIRE WEST*	7	15	26	43	71							
BIRMINGHAM & SOLIHULL	26	96	145	204	487	765	965	966				
BOLTON	19	57	98	124	264	444	687	753				
BRISTOL	23	48	63	81	160	244	340	427	555	770	1027	1124
BROMLEY	14	47	87	122	213	247						
CAMDEN	39	80	120	149	174	188	290	421				
CARDIFF & THE VALE	32	63	93	127	265	388	536					
CHESHIRE EAST*	7	13	14									
CHESHIRE WEST	10	35	35	35	122	218	231					
CORNWALL*	2	5	5	5	5	5						
COVENTRY	25	62	70									
CWM TAF	6	48	92	135	287	384	454					
DEVON AND TORBAY	17	102	113									
DUDLEY	1	28										
EAST SURREY	9	18	22	30	58	107	139					
ENFIELD	11	23	52	73	126	199	348	437	472			
HACKNEY	16	35	55	75	157	257	398	571	724	841	965	1002
HARINGEY	17	36	45	63	102	120						
ISLINGTON	12	25	37	51	100	179	297	308				
JERSEY	4	11	19	30	31							
LAMBETH*	2	14	38	67	142	223	355	473				
LEWISHAM	4	9	25	34	108	157						
MANCHESTER	19	45	72	95	188	318	622	1135	1891	2643		
MANSFIELD & ASHFIELD*	11	21	30	34	85	112						
NORTH SOMERSET*	10	12										
NOTTINGHAM CITY*	14	24	36	45	100	199	274					
NOTTINGHAM WEST*	7	20	33	53	99							
POOLE	4	8	19	28								
PORTSMOUTH*	9	27	44	59	164	242	247					
SALFORD	2	8	24	37	160	363	412					
SANDWELL	7	7	7	7	7	22	83	84				
SOUTH GLOUCESTERSHIRE	6	14	34	62	141	236	350	456	562			
SOUTHAMPTON	15	35	69	97	218	309	394	462	525	545		
SOUTHWARK	16	34	49	60	87	147	152					
TOWER HAMLETS	49	90	131	170	314	348	424	457				
TRAFFORD*	7	32	41	55	124	188						
VALE ROYAL & SOUTH CHESHIRE	21	38	47	47	47	47	96	129				
WALSALL	11	35	71	109	200							
WARWICKSHIRE	7	27	53	82	125	197	303					
AVERAGE	14	35	56	79	156	247	375	535	788	1200	996	1063
AVERAGE (NO MANCHESTER)	13	34	55	78	155	244	363	485	568	719	996	1063

At the time of production of this report, unfortunately only Q1 data was available from Trafford for year 3.

General Practices trained by locality

At least 309 practices received some training between April 2018 and March 2019

For all localities, new practices have been trained constantly from the initial training. For the past three years, the total number of training sessions (reception, and two clinical sessions) that have been delivered were reported. Any practice that has received all three sessions were fully trained. It is difficult to estimate the number of partly trained practices, as any practice could have received the first clinical session, the reception session, or

both. We report the minimum number of practices that received some training, as well as those that received full training.

In total, a minimum of 309 practices received some training between April 2018 and March 2019, of which 221 practices were fully trained. This increased the number of fully trained practices from 695 in April 2018 to 916 fully trained practices, with at least 1004 practices receiving some form of training.



Are you frightened of your partner or someone in your family?

“I’m grateful that the GP referred me, it was amazing. She listened and was really supportive. I think it’s brilliant for anyone that needs that support as you do feel you’re isolated. To know that you’re not [alone] and you’re not the only one going through it, going through a dark tunnel is a massive relief and you know there’s a light at the end.”

IRIS service user

Training sessions

The table on page 11 shows the number of total number of general practices that had been fully trained for each locality up to April 2018, and the breakdown of individual sessions for the year from April 2018 to March 2019. The grand total is the number of training sessions completed up to April of each year. It is unknown how many refresher sessions were delivered prior to 2015, and so no grand total is reported.

At the time of production of this report, only information for Q1 was available for Trafford.

General Practices Trained Each Year by site

APRIL OF YEAR	2013	2014	2015	2016	2017	2018	2019				TOTAL
TRAINING TYPE:	Full	Full	Full	Full	Full	Full	Clinical 1	Clinical 2	Reception	Refresher	Full
BATH AND NE. SOMERSET				7	5	0	0	0	0	0	12
BARNET							10	9	7	0	9
BERKSHIRE WEST*											0
BIRMINGHAM & SOLIHULL				8	16	5	51	22	39	4	51
BOLTON			12	15	15	7	10	12	2	10	61
BRISTOL	24	5	1	1	8	6	4	4	4	7	49
BROMLEY					8	17	1	0	6	0	25
CAMDEN		6	15	0	0	1	1	1	0	0	23
CARDIFF & THE VALE				11	2	2	10	7	7	3	22
CHESHIRE EAST*				3	0	0	0	0	0	0	3
CHESHIRE WEST				1	3	0	0	0	0	0	4
COVENTRY							24	17	25	0	17
CORNWALL*		6	1	0	0	0	0	0	0	0	7
CWM TAF				10	18	10	46	42	70	10	80
DEVON AND TORBAY							22	19	17	3	19
DUDLEY							10	7	16	0	7
EAST SURREY				4	1	1	0	0	3	0	6
ENFIELD		9	11	6	5	7	0	1	0	7	39
HACKNEY	26	9	5	0	0	0	2	0	3	2	40
HARINGEY						9	12	11	17	0	20
ISLINGTON				15	3	0	3	1	0	2	19
JERSEY							4	2	3	0	2
LAMBETH*	15	1	1	2	0	0	0	0	0	0	19
LEWISHAM					1	0	1	1	0	1	2
MANCHESTER	8	3	5	27	13	26	7	6	2	45	88
MANSFIELD & ASHFIELD*		2	6	16	3	0	0	0	0	0	27
NORTH SOMERSET*											0
NOTTINGHAM CITY*	13	9	2	16	7	0	0	0	0	0	47
NOTTINGHAM WEST*			2	9	0	0	0	0	0	0	11
POOLE											
PORTSMOUTH*	2	4	1	0	0	0	0	0	0	0	7
SALFORD						0	13	0	16	0	0
SANDWELL				10	0	0	11	12	16	4	22
SOMERSET				8	1	0					9
SOUTH CHESHIRE & V. ROYAL			1	1	0	0	5	0	1	0	2
SOUTH GLOUCESTERSHIRE		14	11	2	0	0	1	1	4	2	28
SOUTHAMPTON	12	14	15	0	0	0	0	0	1	13	41
SOUTHWARK				4	2	0	2	4	3	3	10
TOWER HAMLETS			11	9	0	1	0	0	0	5	21
TRAFFORD				4	7	3					14
WALSALL						11	26	41	27	0	52
WARWICKSHIRE						0	6	1	20	27	1
TOTAL FOR THE YEAR	100	82	100	189	118	106	282	221	309	148	916
GRAND TOTAL	100	182	282	471	589	695	977	916	1004	NA	916

Demographics of IRIS service users

IRIS service users: who are they?

Women referred via the IRIS programme are asked to provide demographic information when seen by the Advocate Educator. The data collected includes age, ethnicity, religion, number of children, pregnancy status, mental/physical health, including disabilities and alcohol/drug use.

Full or partial data have been obtained from 39 localities; data was not available for all service users and many did not provide full information. The graphs on demographics of IRIS service users collate collective national data. Data that were missing or unknown will not be included in the graphs.

Each graph displays the summarised data from all localities from all years, which includes between 6,857 and 12,482 women; individual differences between localities were explored, and any key differences are discussed (localities with few service users were not compared, as they didn't have enough information to draw firm conclusions).

Demographics summary

- **The mean age** of service users was 39.7 years; **25.7%** were aged less than 30 years, **52.7%** were aged 30-49 years, **12.5%** were aged 50-59 years, and 8.6% were aged 60 and above. This is similar to previous reports.
- **55.2%** of service users classified themselves as White British, **15%** of service users as Asian, and **10%** of service users as White (other).
- **97% of IRIS** service users report being heterosexual. This is not representative of the national picture, which estimates that between **85%** and **88%** of the population identifies as being strictly heterosexual (2017 BBC Generational Survey).
- **60%** of service users reported experiencing mental ill health, generally experiencing depression and/or anxiety, with several reporting self-harm and some suicidal thoughts.
- **Across all localities, 41%** of service users reported having no children. Similar to previous years, this is a substantially different from national data showing **50%** of survivors had no children. It appears that women with children are more likely to access their general practice and seek support or disclose DVA. This could indicate that IRIS could be facilitating access to sources of support for children and families.
- **The number of** service users who self-reported drug (**5%**) and alcohol use (**8%**) and/or described themselves as disabled (**13.5%**) was fairly low. This is not representative of the national picture and and the IRIS teams could encourage clinicians to recognise the link between drug and alcohol use as a coping mechanism for women affected by DVA.

IRISi strives to continuously improve its service so it is reflective of the reality in the UK.

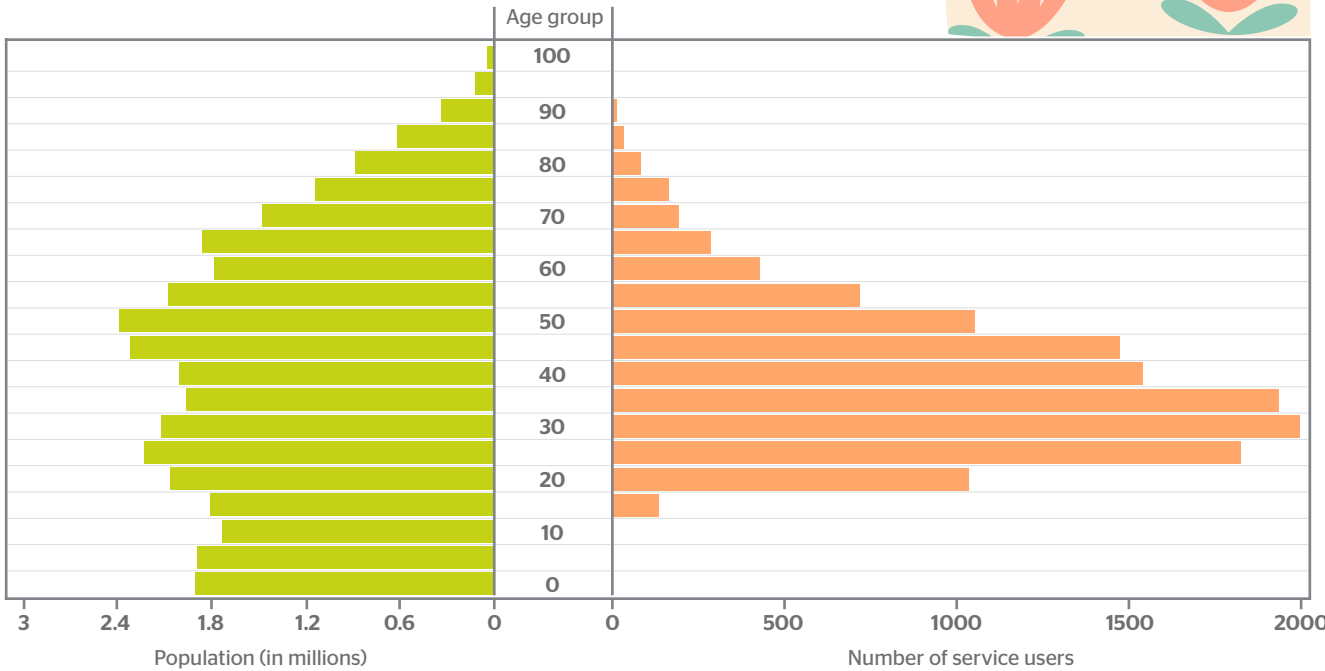
Age

In total, **12,482** service users had information about their age. Service users were most likely aged **30-39** years (**30.5%**), with a mean age of **39.7** years across all localities. Many were older or younger than this though; **21.5%** were aged **50** and above, and **25.7%** were aged less than **30** years. IRIS appears to reach an older demographic of women who we know are largely under-represented in specialist DVA services. It is positive that IRIS is reaching an otherwise invisible group of survivors.



Age Pyramid

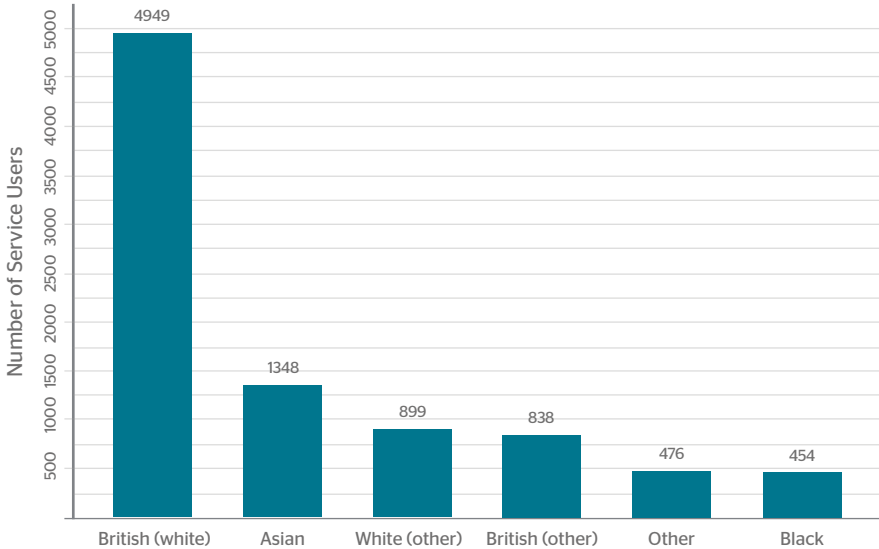
England and Wales female population vs. IRIS service users



Ethnicity

In total, 8,964 service users had information about their ethnicity. Just over half of service users in all localities described themselves as white British (55.2%), while 15% described themselves as Asian, and 10% as White (other). Most localities were primarily White British, however there were exceptions - service users in:

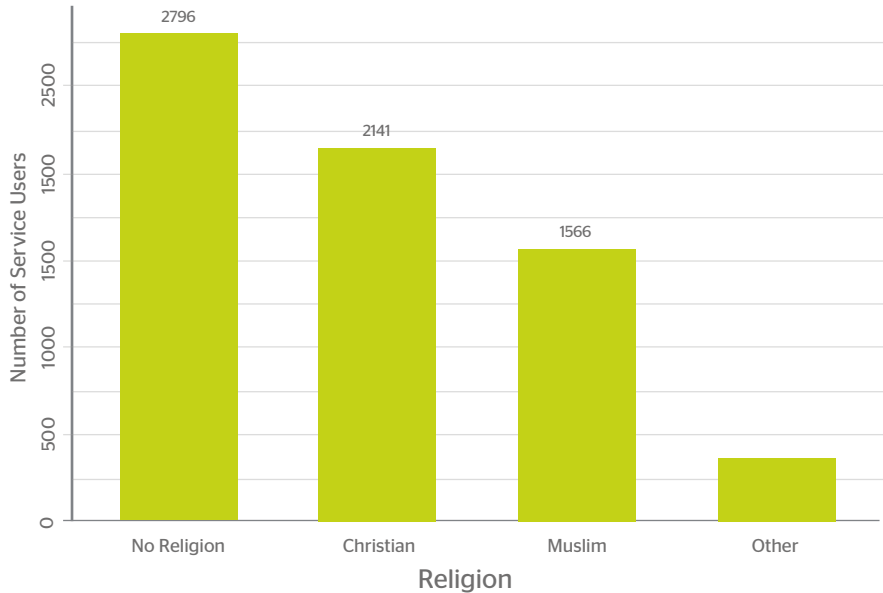
- Camden, Hackney, Islington and Lambeth had no clear majority;
- Southwark was primarily African/Black/Caribbean (31%) and White British (27%);
- Enfield were primarily Asian (21%), African/Black/Caribbean (21%) and other ethnicities (24%);
- Manchester and Nottingham City were frequently Asian (30% and 24%), as well as White British (43% and 53%);
- Tower Hamlets were primarily Asian (64%).



Religion

In total, 6,857 service users had information about their religion. Nationally, almost all service users described themselves as either Christian (33%), Muslim (22%) or of no particular faith (40%). This is in line with our previous reports.

Some localities showed some variability in religion: The majority faith was Islam in Birmingham & Solihull (43%), Enfield (42%) Sandwell (39%) and Tower Hamlets (75%); the majority reported being Christian in Barnet (41%), Berkshire (50%), Jersey (100%) and North Somerset (100%). Finally, the majority had no particular faith in Bath and North East Somerset (52%), Bolton (66%), Bristol (59%), Cornwall (100%) and Poole (64%). Other localities were more evenly split between Christianity, Islam and no faith.

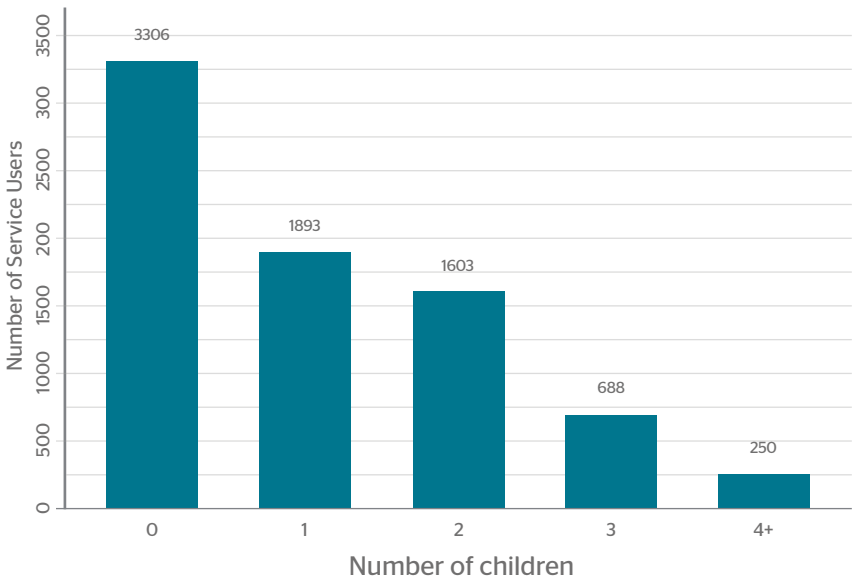


Children and Pregnancy

In total, 8,078 service users had information about whether they had children, and 9,065 women about whether they were pregnant. Nationally, 59% of service users reported having at least one child, and 3.6% were pregnant at the time of referral to IRIS. There was some variation in having children or not across localities: fewer service users had children in Camden (36%), Islington (44%) and Vale Royal (24%), whereas more service users

had children in Barnet (88%), Bath and North East Somerset (90%), Bolton (70%), Poole (72%) and Southwark (85%). In total, 328 women were pregnant at the time of referral, and 4,772 women had at least one child.

Similar to 2013, this is a substantially different from national data showing 50% of survivors had children. It appears that women with children are more likely to access their general practice and seek support or disclose DVA.

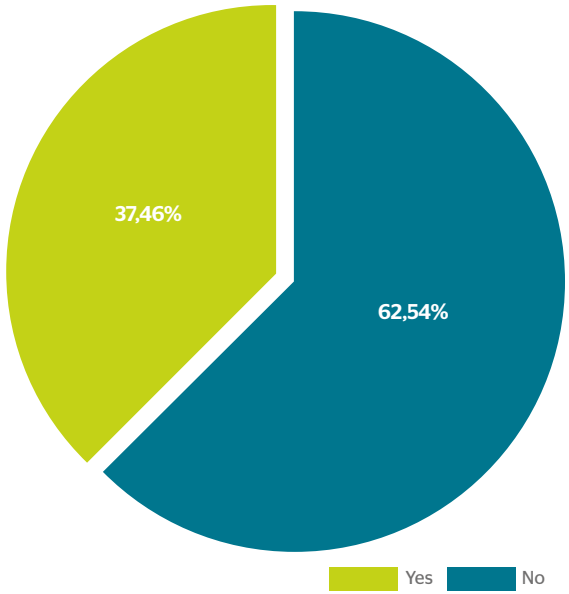


Physical Health

In total, 6,976 service users had information about their physical health. Nationally, 37% of service users reported ill health (excluding mental health issues), most of are chronic conditions. The recording of physical health varied widely by locality, with service users in places such as Coventry (100%), Cwm Taf (76%), East Surrey (83%), Jersey (100%), North Somerset (88%) and Poole (100%) reporting ill-health much more frequently.

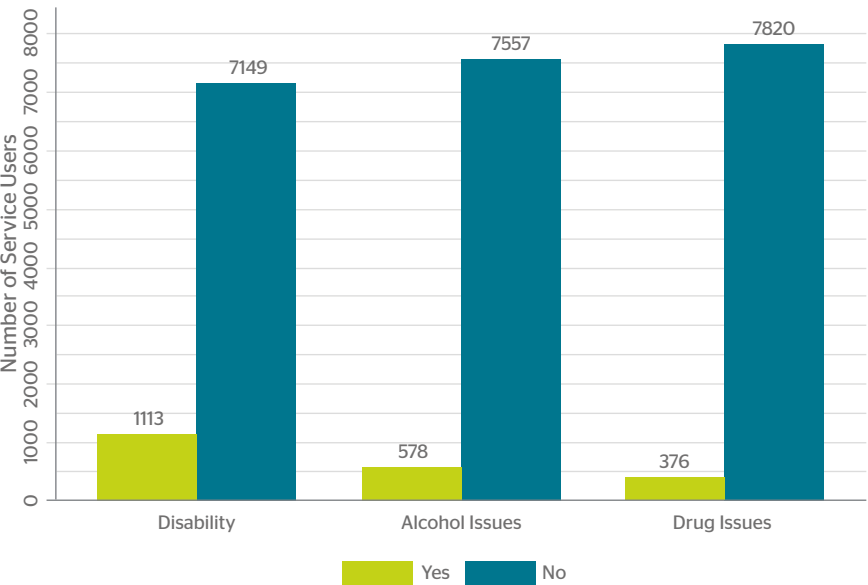
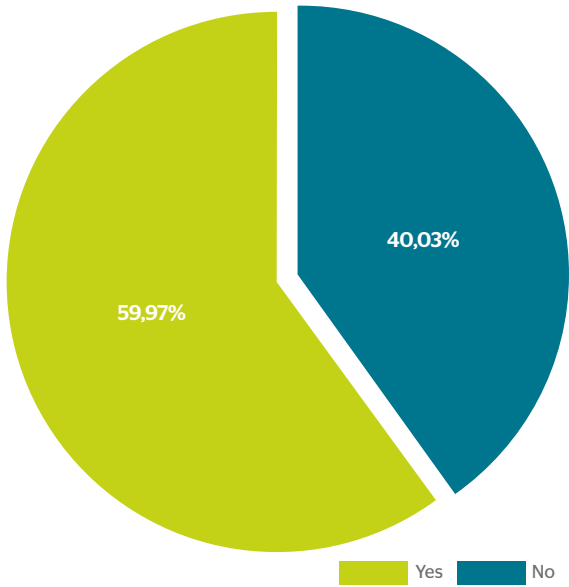
"I went from what felt like the gutter, a nobody, scared of my own shadow last year to now living a normal, happy safe life with an amazing job and the best thing is loving life again."

IRIS service user



Mental Health, Disability, Drug and Alcohol Use

In total, 8,616 service users had information about their mental health, with 60% reporting mental health issues, most commonly depression and/or anxiety. Many also reported self-harm. While reporting mental health issues is generally common in women who have experienced DVA, some localities report much lower incidence of mental health issues among IRIS service users. They are Bath and North East Somerset (23%), Bolton (15%), Bromley (15%), Camden (24%), Enfield (13%), Lewisham (17%) and Warwickshire (21%).

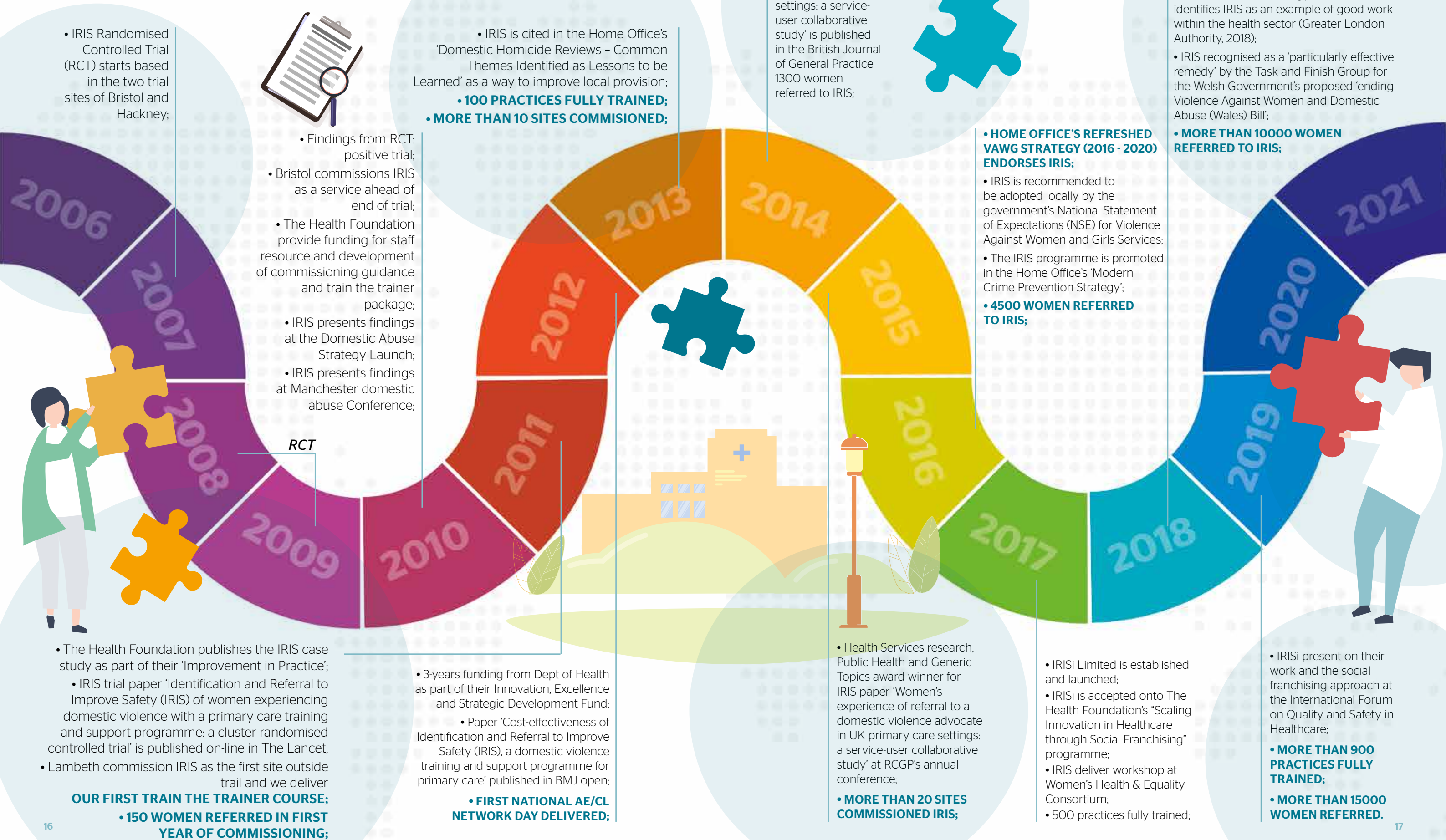


The number of service users who self-reported drug (5%) and alcohol use (8%) and/or described themselves as disabled (13%) was low. This is not representative of the national picture and will be taken forward as a training need for IRIS teams.



IRIS timeline

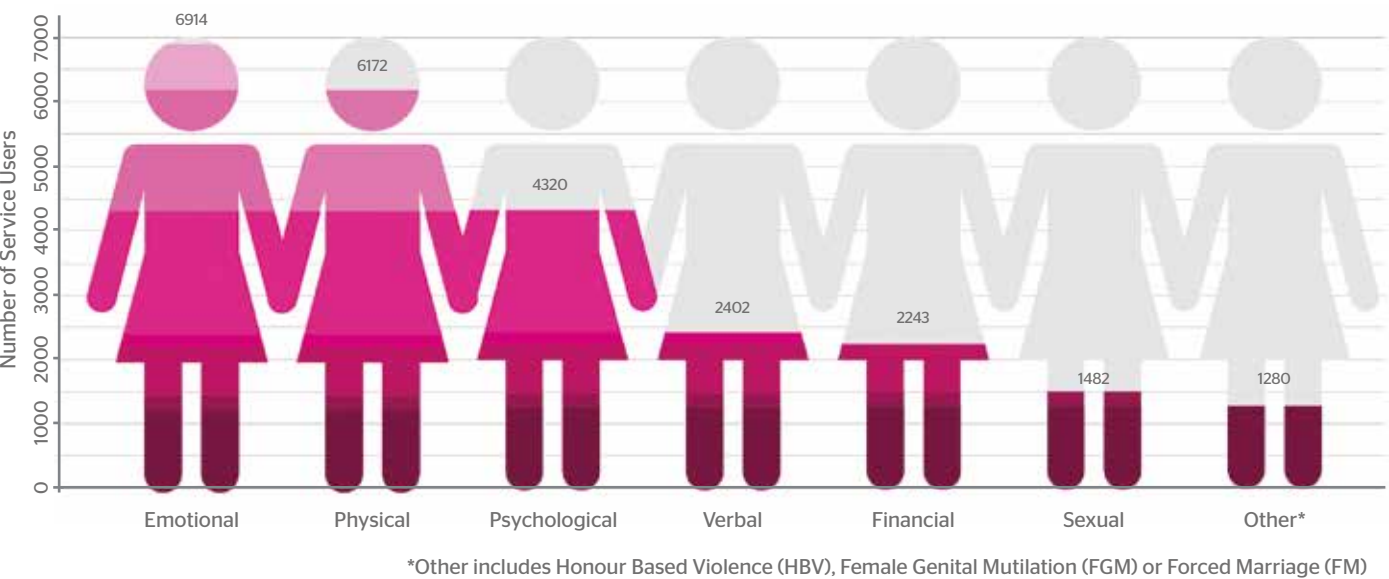
12 years and counting



Type of Abuse Experienced

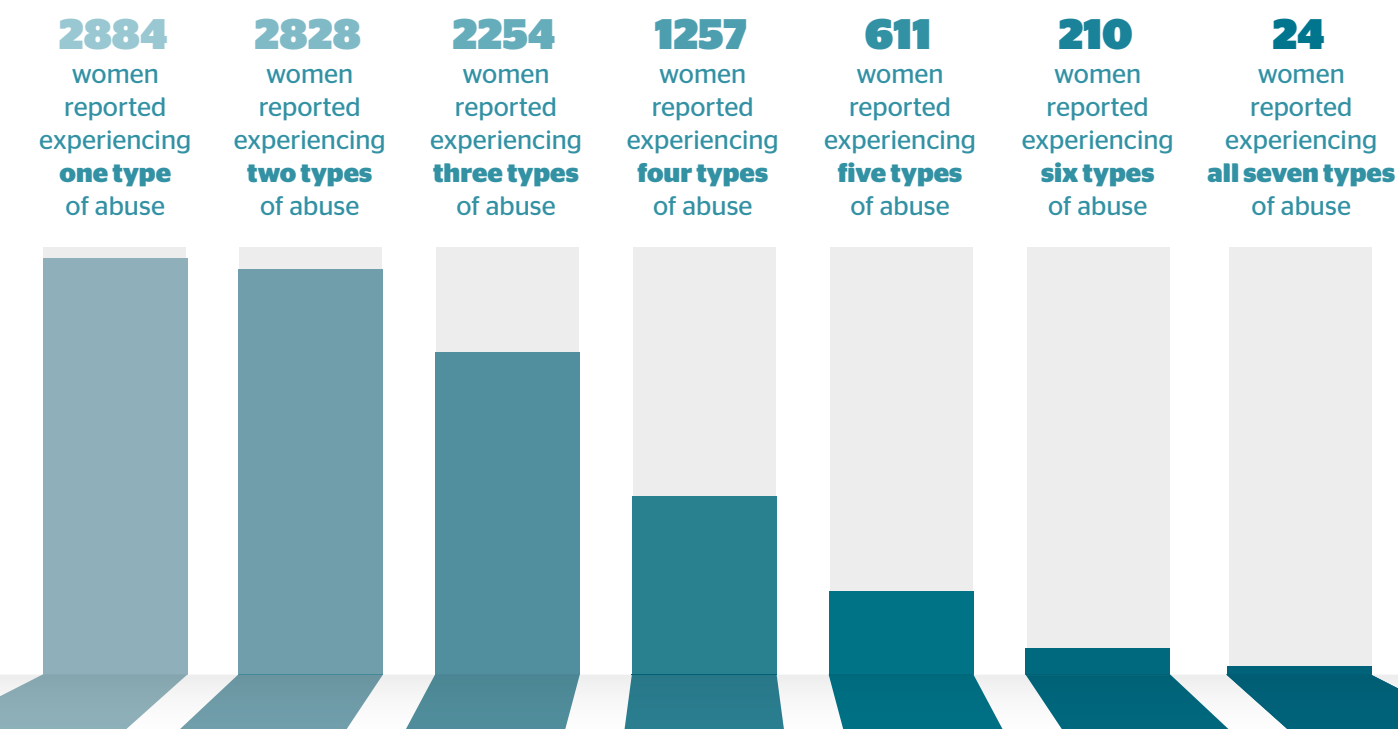
Physical and emotional abuse are the most common

In total, 10,068 service users had information on which type of abuse they suffered. Type of abuse was recorded differently by location, and some areas did not record this information. As such, differences between localities were not explored. Across all localities over half of service users reported physical abuse (61%) and emotional abuse (69%). Although each type of abuse is reported individually, **most women experience more than one type of abuse.**



Multiple Abuse

Consistent with findings from the ONS Crime Survey, we find that IRIS service users are also subject to multiple forms of abuse and repeat victimisation. Circa 72% of service users for which there is information on abuse have experienced more than one type of abuse.



“The transition from the nurse to IRIS worker was very smooth. My IRIS worker has done a great job throughout the whole legal and healing process.”
IRIS service user

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

Providing onward referral to high risk women and children

When a service user is assessed as being at high risk of DVA, they are referred to MARAC.

Where children are at potential risk, a CAF form (Common Assessment Framework, sometimes known as SAF) may be completed and/or a referral made to CYPS (Children and Young People Services). Referrals are also made to the MASH (Multi-Agency Safeguarding Hub) for both patients and their children.

Referrals are also made in to adult safeguarding services where a service user is considered particularly vulnerable. This has not been reported for 2018.

What is MARAC?

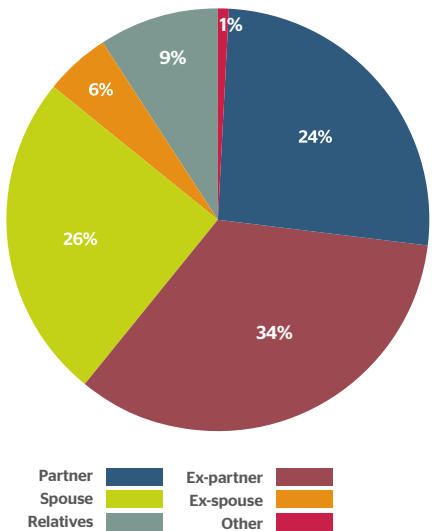
A MARAC, or multi-agency risk assessment conference, is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

LOCATION	MARAC	CHILD PROTECTION REFERRALS	ADULT SOCIAL CARE REFERRALS
BATH AND NE. SOMERSET	20	7	6
BARNET	4	4	0
BIRMINGHAM & SOLIHULL	6	8	1
BOLTON	37	3	1
BRISTOL	16	7	2
CAMDEN	1	0	0
CARDIFF & THE VALE	8	4	1
CHESHIRE WEST	6	-	-
COVENTRY	1	1	1
CWM TAF	9	11	1
DEVON AND TORBAY	5	8	1
DUDLEY	4	5	2
EAST SURREY	2	1	1
ENFIELD	16	5	1
HACKNEY	11	6	2
HARINGEY	11	4	2
ISLINGTON	3	1	0
LEWISHAM	11	8	0
MANCHESTER	47	51	18
SALFORD	22	29	7
SANDWELL	4	4	0
SOUTH GLOUCESTERSHIRE	3	2	1
SOUTHAMPTON	4	9	2
SOUTHWARK	11	8	3
TOWER HAMLETS	0	2	0
TRAFFORD*	2	5	0
WALSALL	24	9	7
WARWICKSHIRE	9	6	0
TOTAL FOR THE YEAR	297	208	60
TOTAL SINCE 2016**	912	575	151
AVERAGE (AS % OF REFERRALS) SINCE 2016**	8.4%	5.3%	1.4%

* At the time of production of this report, only Q1 data was available from Trafford for year 3.
** The total since 2016 does not include data for 2018 regarding adult social services.

Relationship with Perpetrator

In total, 9,910 service users had information on who was the perpetrator of their abuse. Almost all perpetrators (90%) were current or former partners/spouses. Current partners and spouses (58%) were more likely to be the perpetrator than ex-partners and ex-spouses (32%). This is a significant change from our previous report, which had found that 51% of the abuse was perpetrated by current partner or spouse, while 38% was attributable to ex-partners and ex-spouses. In another 9% of the cases, the perpetrators were related to the service user; parents, grandparents, children and siblings. There were many instances of multiple perpetrators, and in-laws also contributed to the domestic violence. The vast majority of service users (97% of those where this data was recorded) reported being in heterosexual relationships.



IRIS support

How we support women

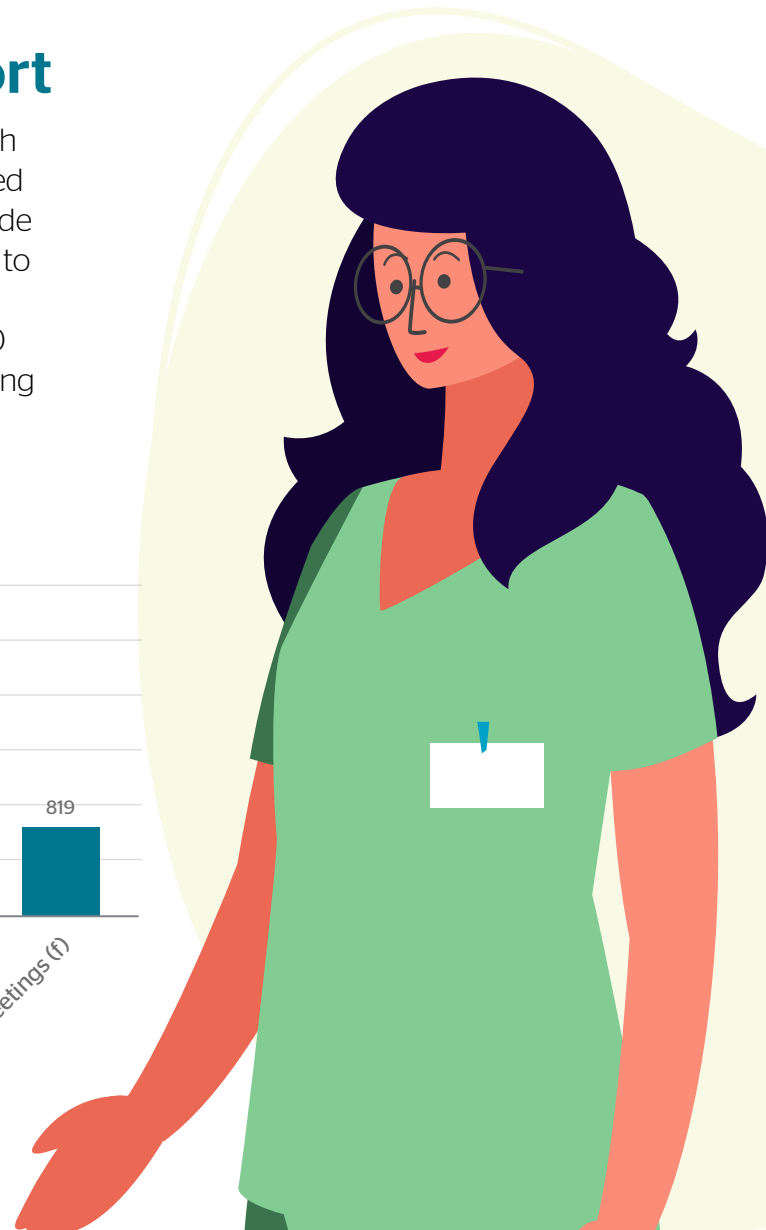
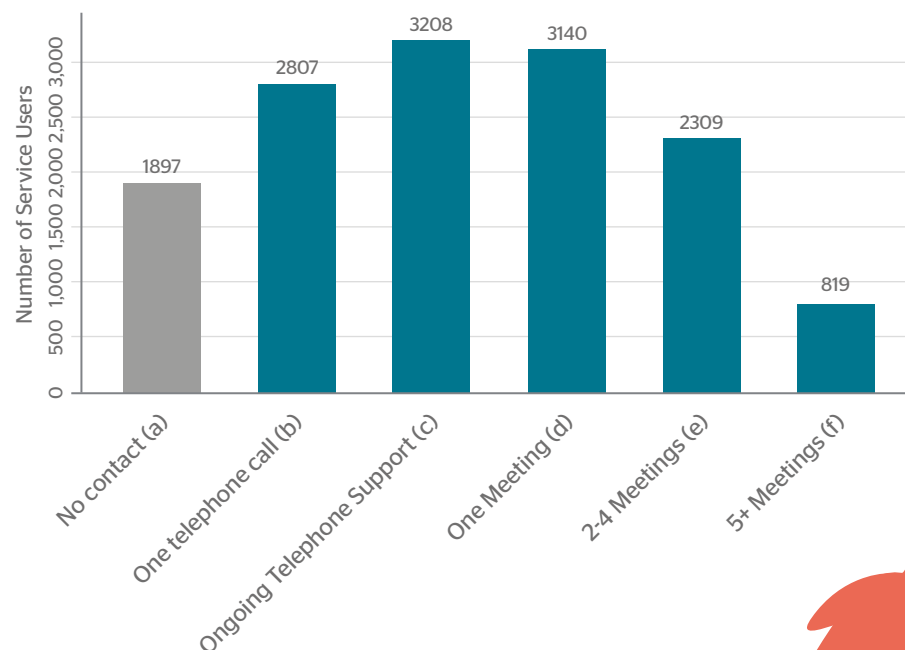
In total, 11,886 service users had information about their support type. A wide range of support was offered, with emotional support (60%) and advice and information (55%) being most commonly accessed. Many service users (49%) received multiple types of support and 27% were referred to other services.

The graph on the next page shows the total number of service users receiving each type of support. Each service user could receive multiple types of support reflecting the complexity of DVA

and the range of support necessary to best meet the needs of each service user. The numbers above the bars represents the number of service users who have received each type of support. 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 users' location and the need to then refer them on to a local service.

Contact and Length of Support

In total, 11,560 service users had information of the length of their support they were given. Service users were offered both telephone and face to face support. Contact was made with and support provided to 9,663 service users referred to IRIS (84%) - contact was not established with 1,897 service users (16%). This is a low "no contact" rate with over 8 in 10 of all women referred to an AE across the IRIS sites receiving specialist support. Many service users received telephone support as well as had face-to-face meetings.

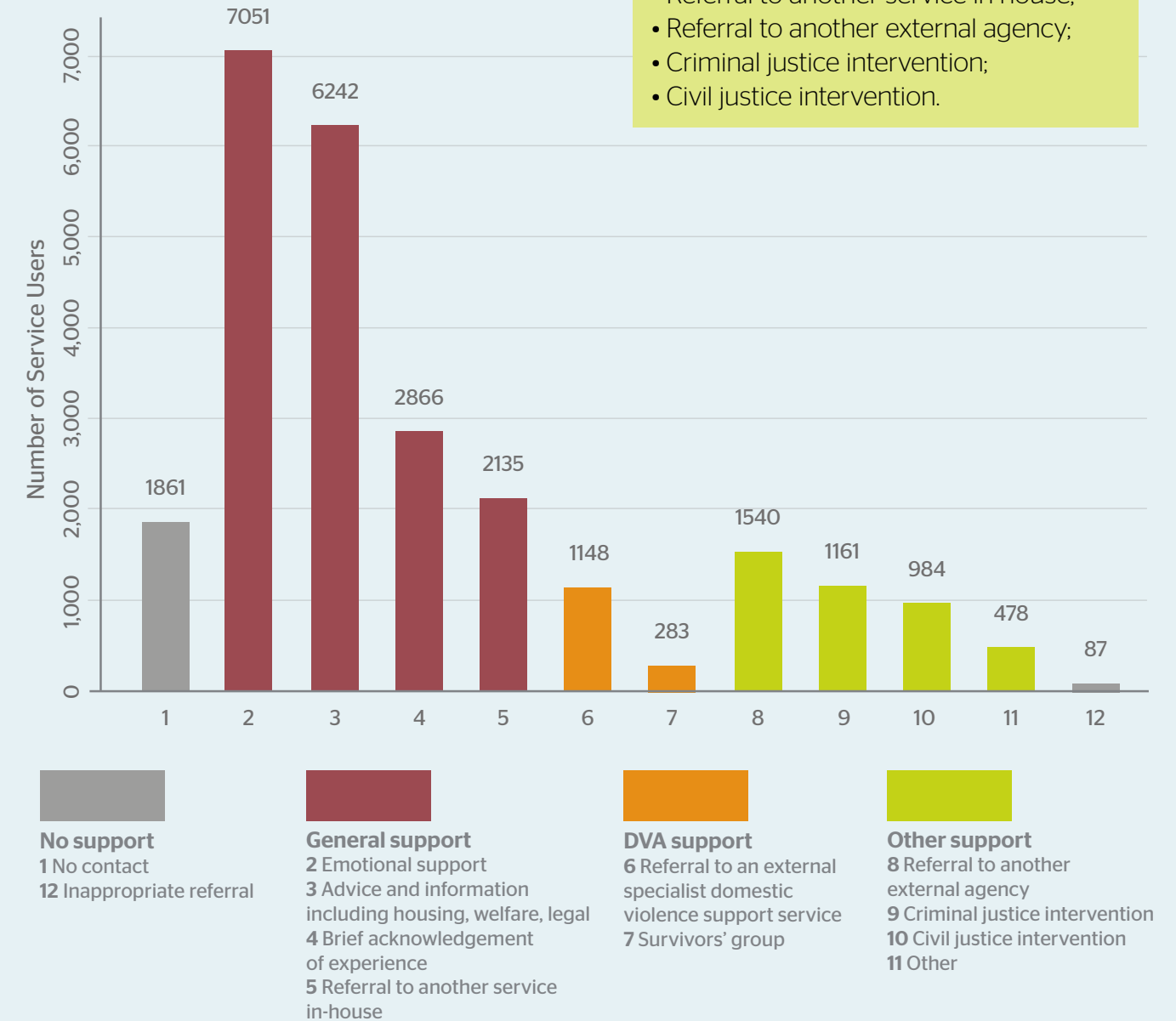


Type of Support

Local IRIS teams offer a wide range of support and services to the women who are referred. These include emotional and practical support, onward referrals to specialist DVA support and other external support.

Support offered includes:

- Brief acknowledgement of experience;
- Emotional support;
- Access to survivors' group;
- Advice and information - including housing, welfare, legal;
- Referral to another service in-house;
- Referral to another external agency;
- Criminal justice intervention;
- Civil justice intervention.



“Thank you, I couldn't have done this without you. I know this is your job, but you went above and beyond. I didn't want to live, I tried to die, and I would be dead now if it wasn't for your support. You believed in me when the whole world was against me. You got me the right help, you cared and because of that I have hope of a future for me and my boys. I want to live, and to help others the way you have helped me. Thank you.”

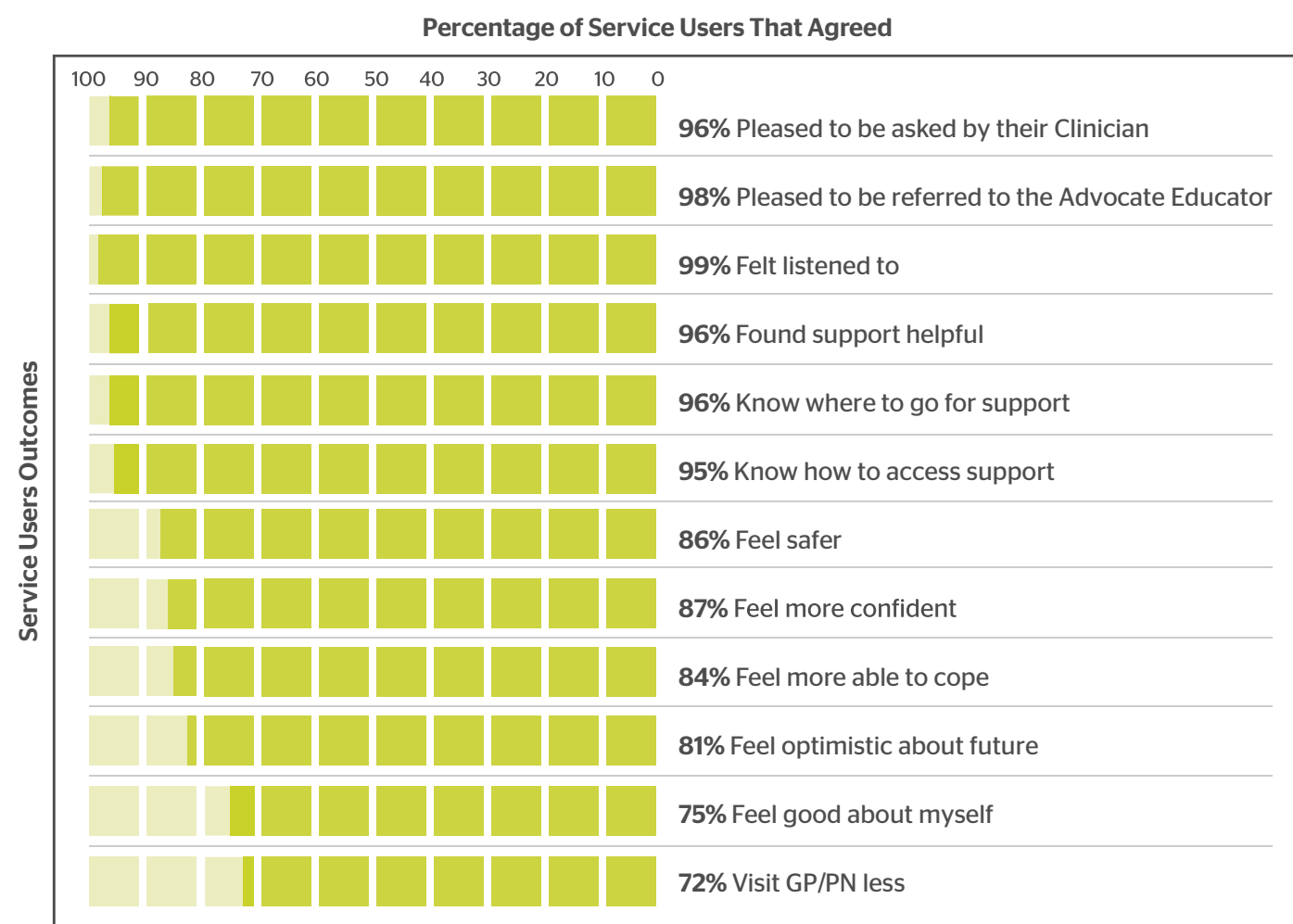
IRIS service user

Feedback from IRIS service users

How do service users feel about the IRIS service?

Service users were invited to complete an anonymous feedback questionnaire following IRIS support. Feedback has now been received from **more than 1,000** service users. The results show that, similar to previous years, these service users were very pleased with the service provided. We acknowledge the challenges of collecting this data: 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 users 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.

96% of women were
pleased to be asked by
their clinician
and referred to the
Advocate Educator



“It’s the first time I have felt comfortable talking to someone about my situation. The doctor thought you could help me, but I wasn’t sure. Thank you so much, I feel like I have life inside me again.”
(Translated from Urdu)

“I’m grateful that the GP referred me, it was amazing. She listened and was really supportive. I think it’s brilliant for anyone that needs that support as you do feel you’re isolated, to know that you’re not [alone] and you’re not the only one going through it, going through a dark tunnel. It is a massive relief and you know there’s a light at the end.”

“The transition from the nurse to IRIS worker was very smooth. My IRIS worker has done a great job throughout the whole legal and healing process.”

“Had it not been for my GP referring me, I would still be stuck in the relationship and wouldn't recognise DVA.”

“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 and future.”

“You’re the best thing that has ever happened to me. Dr D kept insisting I talk to you, now I can finally now see the light at the end of the tunnel.”

“I would not have even thought I was experiencing abuse if my doctor didn’t ask me. He was great and explained it to me, and introduced me to you. From then on, I feel like I get stronger every single time I walk into my surgery. Thank you.”

“I went from what felt like the gutter, a nobody, scared of my own shadow last year to now living a normal, happy safe life with an amazing job and the best thing is loving life again. I would happily tell my story if it even helped one woman escape.”

“*Didn't know
where to get help.
Glad doctor asked me.*”

“Thank you, I couldn’t have done this without you. I know this is your job, but you went above and beyond. I didn’t want to live, I tried to die, and I would be dead now if it wasn’t for your support. You believed in me when the whole world was against me. You got me the right help, you cared and because of that I have hope of a future for me and my boys. I want to live, and to help others the way you have helped me. Thank you.”

“The help I have received has literally saved my life. I am so grateful. Thank you!”

What do clinicians and practice staff think about IRIS training?

Participants completed 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. On this page, we have feedback from clinical session 1; on the next page, feedback from clinical session 2.

The IRIS model provides three, in-house training sessions for general practices to increase their awareness and knowledge of domestic violence. Two sessions, each of two hours, are delivered to the clinical team in each practice and include how to ask about DVA, how to respond to disclosures, offer a referral to the AE and how to record the discussion. In short, clinicians get the skills and confidence to ask patients about experiences of DVA. One session, of one hour is for the ancillary staff team, focussing on awareness raising and confidentiality issues. Ongoing training and consultancy are also provided.

“Very useful to have information about referrals and especially care pathways... it is great to know that the AEs are there and we can just do the referral form and send it off to you...and then that’s a weight off of our shoulders, we know the patient is being looked after and has specialist support from you guys.”

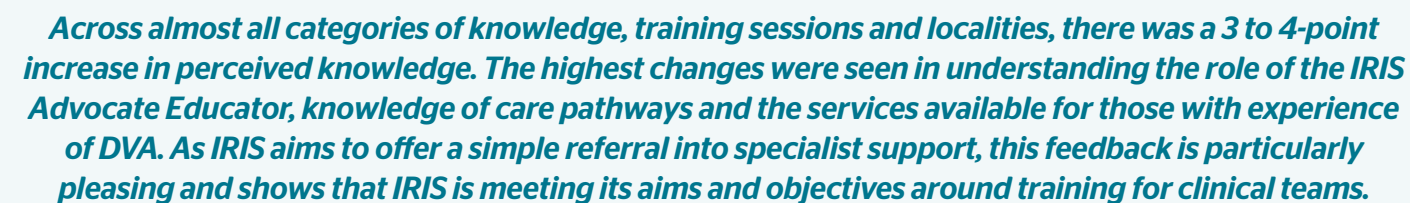
Fabulous training. 33 years in nursing and it has never been covered before re health issues and DVA. Thank you."



Topic	Before	After
Knowledge and skills of DVA	4.9	8.0
Health consequences of DVA	5.1	8.2
Understanding of how to ask patients about DVA	4.5	8.1
Awareness of link between DVA and CP	5.6	8.2
Confidence to deal with and respond to disclosure	4.7	7.9
Ability to assess immediate risk	4.6	7.7
Knowledge of how to safely record a disclosure	4.3	7.8
Knowledge of where to refer patients	4.2	8.4
Knowledge of where to refer male victims	3.4	8.0
Awareness of care pathways for all patients	3.6	8.0
Understanding of the role of IRIS AE	3.0	8.4

“Extremely clear, powerful and useful session. Should be compulsory teaching!”

IRIS-trained clinician



“This training has been extremely useful and has definitely increased my knowledge of domestic violence. I am far more likely to incorporate this into a consultation.”

“Very helpful and informative.
Should be done by all GPs.”

“Very informative.
Previous experience - as a clinician,
a child and victim. This is useful.”

Topic	Before	After
Enquiring and responding to DVA	5.3	7.9
Knowledge of how perpetrators present	5.0	7.9
Responding to perpetrators	4.5	7.6
Knowledge of where to refer perpetrators	4.6	8.0
Impact of diversity on DVA	5.0	7.8
Impact of DVA on children	5.8	8.0
Ability to assess immediate risk	5.1	7.8
Awareness of risk indicators	5.1	8.0
Understanding of MARAC	3.8	7.6
Understanding of safety planning	4.2	7.7
Awareness of services	4.6	8.1

“I am so glad I have been on this training: Life changing.”

IRIS-trained clinician

Reception training and Refresher training

“I found this course so informative; I was never sure what to do if someone came up to me but now, I am confident how I can help them.”

IRIS-trained staff

Reception*

Quite shocked to find out how much domestic abuse was going on, but feel with the training I would be able to speak to a victim and show them support and believe them and refer them on to IRIS."

*Course delivered in an engaging way.
Tutor knowledgeable and subject delivered respectfully and interesting.
Now know how to refer and what to look out for"*

Very, very informative training sessions. Advocate Educator was so kind with such a gentleness about her. I think this service will really help our community. Thank you for coming today to provide us with so much information. Very valuable!"

*Reception training is an hour for all administration and ancillary staff

“Helpful
update with
new important
information.”

IRIS-trained staff

Refresher**

Great update.
I have used your services and
clients have been able to make
changes and feel supported."

** All practice teams have refresher training a minimum of every two years

Meet the IRISi team

Working to promote and improve the health care response to DVA



MEDINA JOHNSON
Chief Executive



ANNIE HOWELL
Programme Director



LUCY DOWNES
Project Lead
Social Franchising



MEL GOODWAY
Regional Manager



ALLIE BAILEY
Comms & Events Manager



ELLIE VOWLES
Development Manager:
Social Franchising



ESTELA BARBOSA
Data Scientist

HAZEL GUMBS
Regional Manager

RUTH O'LEARY
Project Manager - Pathfinder

CHERYL BAKER
National Support Officer

(Some of our team prefer to not include their photos)

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.

*“If we all
work together
it will make a
difference”*

IRIS trained clinician



CONTACT US

info@irisi.org

www.irisi.org