IRIS

Identification & Referral
to Improve Safety

IMPROVING THE GENERAL PRACTICE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

How the IRIS programme can support your practice and your patients

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IRISi interventions

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

www.irisi.org

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

What is IRIS?

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices that has been positively evaluated in a randomised controlled trial. It is a partnership between health and the specialist DVA sector. IRIS provides in-house DVA training for general practice teams and a named advocate to whom patients can be referred for support. Since 2010, IRIS has received **10,369** referrals and fully trained an estimated **695** general practices in **36** localities nationwide.

Behind every one of these referrals is a woman being provided with validation of her experiences and a safe space to articulate what is happening to her.

The reality in general practice...

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One in four women will experience domestic abuse in their life time. Between 6% and 23% of women attending general practice will have experienced physical or sexual abuse from their partner or a previous partner in the preceding year. On average two women in England and Wales are killed by a male partner or ex-partner each week. *(The Health Foundation, 2011. Home Office, 2005)*

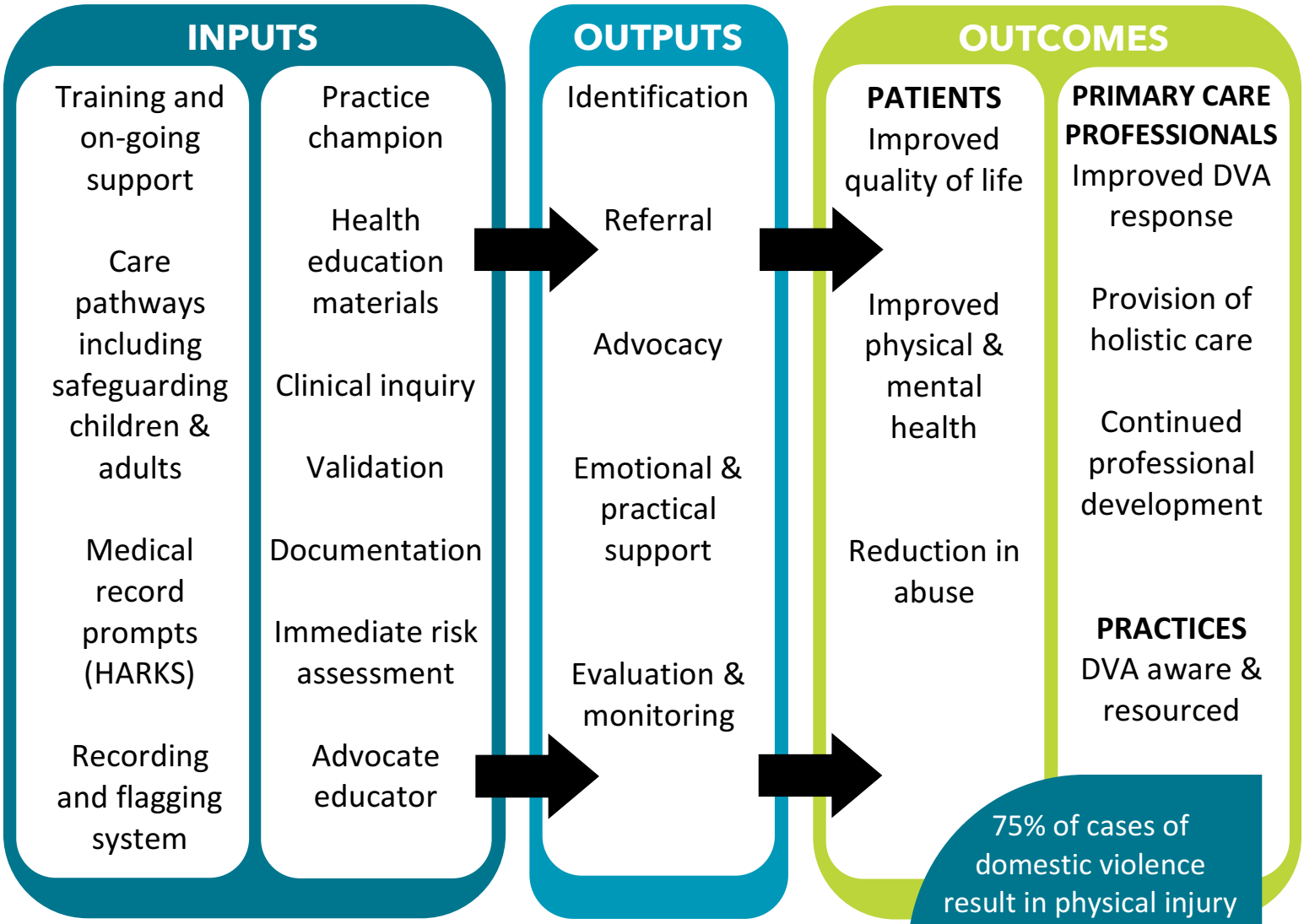
80%

Eighty percent of women in a violent relationship seek help from health services at least once (usually general practice) and this may be their first or only contact with professionals. *(Department of Health, 2000)*

15%

Domestic violence is a common problem that is almost invisible in primary healthcare, even though women would most like to receive support from their doctors. Only around 15% of women with a history of domestic violence have any reference to abuse in their medical record in primary care. *(Richardson et al, 2002)*

The IRIS Model



75% of cases of domestic violence result in physical injury or mental health consequences to women. *(Department of Health, 2005)*

The advocate educator

- The model rests on one full-time advocate educator working with up to 25 practices.
- The advocate educator is a **specialist DVA worker** who is linked to the practices and based in a **local specialist DVA service**.
- The advocate educator provides **training** to the practice teams and acts as an ongoing **consultant** as well as the person to whom they directly refer patients for **expert advocacy**.
- The advocate educator works in partnership with a **local clinical lead** to engage with practices and co-deliver training.

How we help

Knowledge and training supports clinicians to recognise domestic violence and abuse

General practices receive:

In house training for the whole practice team	Clinical team training – Two training sessions, each lasting two hours. Content focuses on how to recognise DVA and how to respond, refer and record disclosures. Administrative team training – One training session, lasting one hour. The training focuses on understanding DVA, responding to patients, resource provision, confidentiality and safety. Refresher training and additional sessions for new staff are available to all practices.
Named contact for patient referrals	Victims and survivors can be referred to the advocate educator. The advocate educator provides emotional and practical support, carries out risk assessments, safety plans and advocates on behalf of the patient as appropriate.
Ongoing support and consultancy	The advocate educator will attend practice meetings quarterly to discuss all aspects of the programme and is available to support the entire practice and individual professionals on a day to day basis by phone, email and when in the practice.

The evidence base for the IRIS model is that it is effective for female patients. However, every practice that is IRIS trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors.

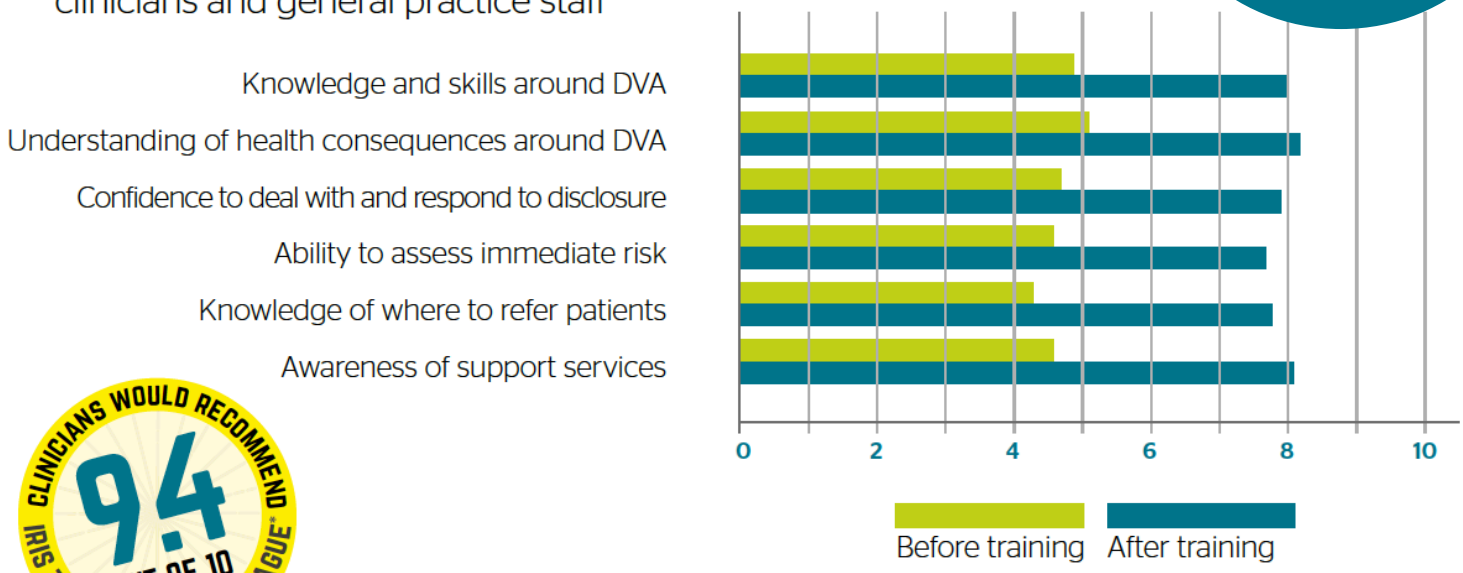
Referral pathways for perpetrators of domestic abuse are also provided.

Victims and survivors attending an IRIS trained practice are six times more likely to be referred to an advocate.
(Feder et al, 2011)

How clinicians feel about IRIS DVA training

"What an excellent clinical teaching session – one of the best I've been to in eight years of medicine"
IRIS trained clinician

What has improved according to clinicians and general practice staff



**Data collected from the Manchester IRIS team*

How does IRIS DVA training benefit you?

Ultimately the whole programme is to the benefit of **patients**, **practices** and **practice teams**. It:

- Improves safety, quality of life and wellbeing for your patients and their children.
- Provides access to advocacy which benefits victims and survivors of DVA.
- Develops DVA aware practices with fully informed, resourced and equipped practice teams.
- Saves general practices and the wider NHS time and resources.
- Provides holistic care thus achieving better patient outcomes in terms of improved quality of life, physical and mental health and wellbeing.

"I'm 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

Don't have enough time for training?

Clinical team training consists of two sessions, each lasting two hours. In the long term, this investment of time could save hours of appointment time as 70% of service users report visiting their GP less after being referred to an advocate educator. Also, IRIS training can count towards clinician's level 3 safeguarding training requirements, if an agreement is reached locally.

How is IRIS different from other DVA referral pathways?

IRIS provides a referral to a named contact, the advocate educator. This referral is made by the clinician, not by the patient, providing a pro-active approach that patients tell us they prefer. Patients can be referred regardless of their level of risk, or whether she wants to leave the relationship or not. Referring clinicians are notified when the advocate educator has received their referral. The practice will also have ongoing support and consultancy, provided by the advocate educator.

What happens to the patient after they have been referred?

Referring clinicians receive updates from the advocate educator, including information about the support their patient is receiving and other services to which they have been referred. This sharing of information enables monitoring of risk and safety planning.

How does IRIS help your patients?

Service user outcomes *(IRIS national data report, 2018)*	Percentage of service users that agreed
Pleased to be asked by their clinician	95%
Pleased to be referred to the advocate educator	98%
Felt listened to	99%
Found support helpful	95%
Know where to go for support	97%
Feel safer	86%
Feel more confident	85%
Feel more able to cope	83%
Feel good about myself	76%
Feel optimistic about future	81%
Visit GP less	70%

"Hugely grateful that the Dr referred me. I wouldn't have done myself. I was in a very bad place. I was really lonely and she didn't push anything at me, but made it clear there were options."

IRIS service user

"I have slowly got my freedom back and am so happy to be making my own decisions, planning my own way in life. This is not just for me, it's for my children and women like me out there."

IRIS service user

What next?

To find out more and sign up for training contact your local IRIS team: