

IRIS ADViSE

Identification & Referral to Improve Safety Assessing Domestic Violence in Sexual Health Environments

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Wellcome Trust Clinical Primer in Sexual Health



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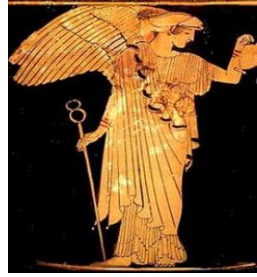


Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively

Issued: February 2014

NICE public health guidance 50

DVA: A public health issue



- 1 in 4 women, 1 in 7 men
- 2 women are killed every week in England/ Wales
- 69% of incidents of DVA result in injury
- WHO multi-country study, Ellsberg 2008
- Costs NHS 1.6 billion per year (Total £15.7 billion) , Walby 2009

**3 x more likely to be in regular contact with a
healthcare professional**

DVA, sexual & reproductive health



Most consistent, longest lasting and largest physical health difference

3x increased risk of gynaecological problems, with dose-response relationship and increased risk with combination of sexual and physical abuse (Campbell J et al 2002)

- STIs
- vaginal bleeding and infection
- painful intercourse
- chronic pelvic pain
- recurrent UTIs

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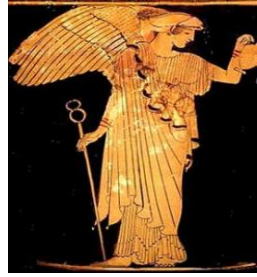
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Articles

Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial

Prof Gene Feder, MD  , Roxane Agnew Davies, PhD, Kathleen Baird, MSc, Danielle Dunne, MSc, Prof Sandra Eldridge, PhD, Prof Chris Griffiths, DPhil, Alison Gregory, BSc, Annie Howell, BA, Medina Johnson, MA, Jean Ramsay, PhD, Clare Rutterford, MSc, Prof Debbie Sharp, MD



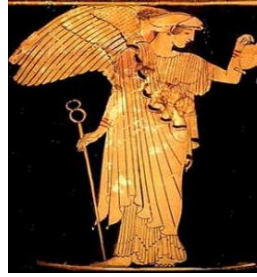
Aims & Objective

To pilot an IRIS-based training intervention on assessing for domestic violence in sexual health environments (ADViSE), and evaluate its feasibility and effectiveness.



Methods

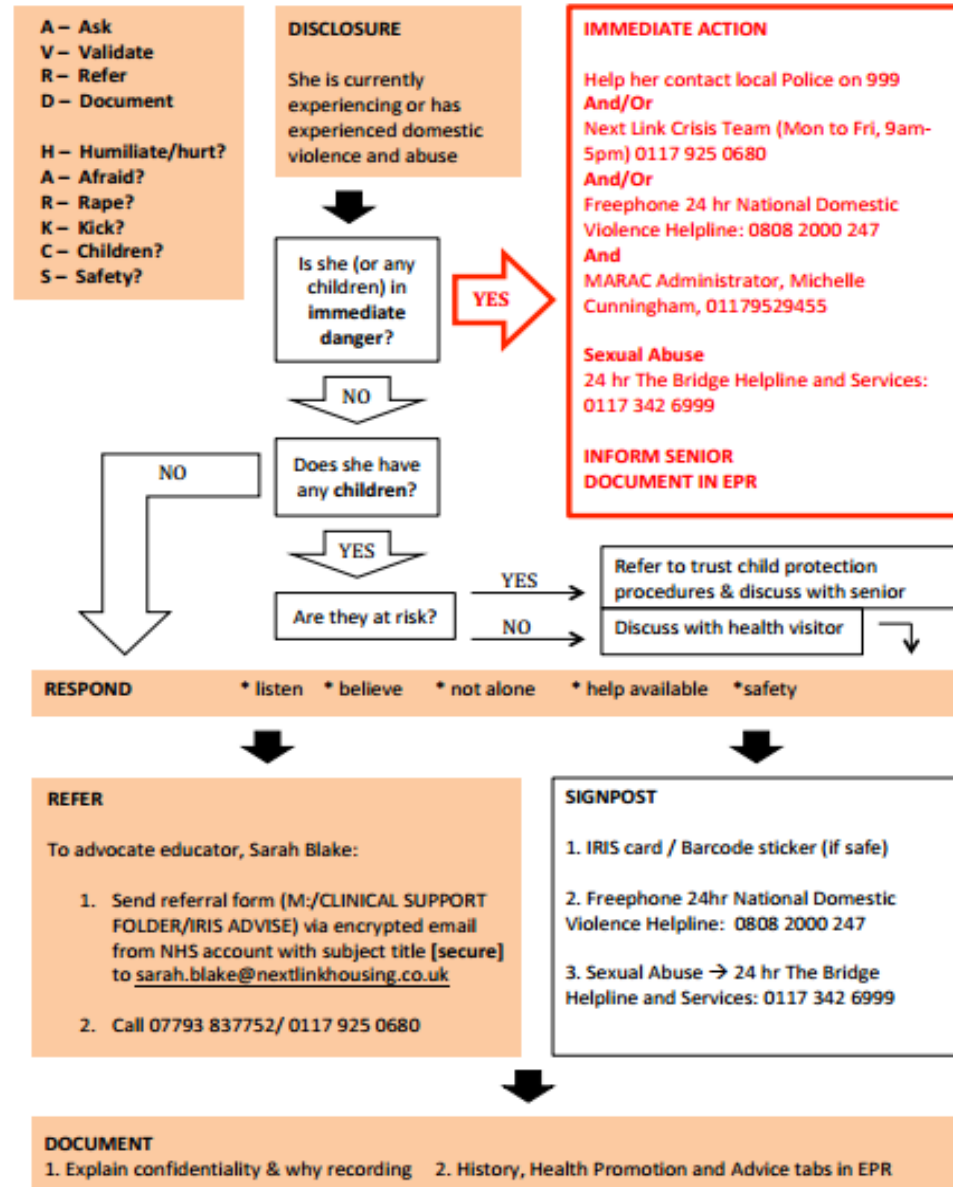
- 2 sites (7 and 12 weeks)
- Mixed methods design
- Quantitative analysis of electronic patient records
- Qualitative analysis of staff interview, written feedback and anonymised cases



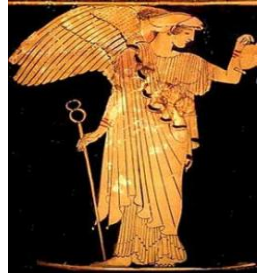
- 2 x 2 hours multidisciplinary training sessions
- Electronic prompts
- Clinic materials
- Referral to specialised advocate educator



IRIS ADVISE 2014 Female survivor care pathway



Results



Site 1

10% enquiry rate (N=267)

6% disclosure rate (n=16)

8 AE referrals

Site 2

50% enquiry rate (N=3527),

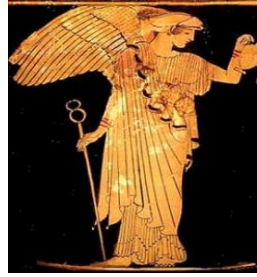
4.6% disclosure rate (n=162)

11 AE referrals.

Referred for counselling, Freedom programme, MARACs (repeat offender identified), refuges, ISVAs



Results



40% increase in self-rated knowledge on :

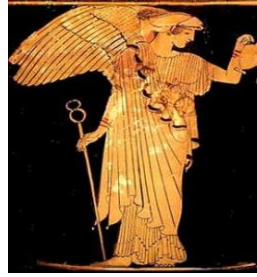
- health consequences of DVA
- enquiry about DVA
- responding to DVA
- how to refer patients for advocacy

"best ever training"

"feel less worried about asking the question"



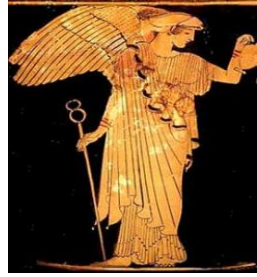
Things to consider



- Critical role of A-E
- Multidisciplinary approach
- Differences in disclosure rates achieved
- Support given to men



Conclusions

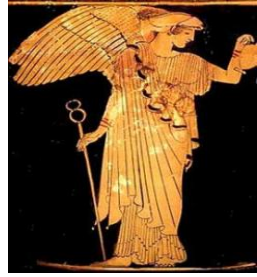


IRIS ADVISE can be successfully developed and implemented in sexual health clinics,
fulfilling an unmet need for DVA training.

Further evaluation through a larger multicentre study is now necessary.

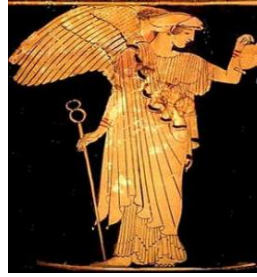


Survivors voices



“...the only doctor who ever asked...I was just so relieved that somebody just said something. And he gave me the box of tissues and I just sat and cried...and he said, tell me when you’re ready, he said, there is somebody out there to help me. I’m not on my own. And if I want help, it’s there and not to be ashamed of it. Which I was, really ashamed of it and he said, you’re not on your own. We can get you this help. And he did. He really did.”





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Any questions?

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