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

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

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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
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

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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
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.
“...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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