

Violence Against Women and Girls.

A health issue?

Victoria Hill

Violence Against Women and Girls Strategic Lead



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Context

- **£8.3 million**
- DV > high blood pressure, obesity and smoking
- 19 – 44yrs DV > greater than cancer, war and motor vehicle accidents
- Under recognised and under treated in primary care

Prevalence in the consulting room

- 1207 women 16+ in 13 practices in Hackney completed a survey. Medical records reviewed.
- 41% exp physical violence, 74% exp controlling behaviour and 46% had been threatened
- In previous 12 mths 17% exp physical violence and 35% felt afraid
- Only 15% had reference to DV in medical record.



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GP referrals to DV services

Referral figures April 2014 – October 2014

Agency name	Number of referrals made by GPs
Hearthstone	7
MARAC	2
Solace WA floating support	1
Victim Support	0
Nia IDVA	0

Note Nia IDVA delivers Project IRIS in LB Hackney. For the same period they received 72 referrals from Hackney GPs.

Domestic Homicide Reviews

- 54 completed DHRs reviewed
- Common theme was the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals. The report mentions cases where disclosures of DVA were not followed up or where clinicians did not know what to do.
- IRIS cited as an example of action that can be taken locally to improve the response.



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NICE Guidelines

- NICE published guidance on ‘Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively’ (Feb 2014)
- IRIS meets recommendations 15 &16.



Outline of IRIS

- Systematic introduction of an evidence based approach to addressing domestic violence and abuse (DVA) in primary care
- DVA training, support and referral programme for primary care staff
- Targeted intervention for female patients aged 16+ who are experiencing or who have experienced DVA from a partner, ex-partner or adult family member.



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Elements of IRIS

- Advocate educator
- HARKS diagnostic template
- Clinical Lead
- Whole practice approach
- Simple referral pathway

Identification and Referral to Improve Safety of women experiencing Domestic Violence with a primary care training and support programme: a cluster randomised controlled trial. The Lancet October 13 2011



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Aims of IRIS

- Increase identification of victims of DVA in primary care
- Earlier intervention
- Provide primary care practitioners with the skills and tools to identify, respond, refer on and record disclosures of DVA from their patients.

Advocate Educators

- Advice, info and support – advocacy for victims
- Safety plan and risk assessment
- Signposting to services
- Ongoing consultancy with primary care staff

IRIS Impact

- 22 fold difference in the discussion of referrals between clinicians and their patients resulting in a six-fold increase in actual referrals for patients being received by the specialist service
- 3 times more likely than those attending control practices to have a recorded identification of DVA in their medical record

IRIS GP comments

I'm now convinced! As an experienced GP, the whole project has been nothing short of transformational!

IRIS is a well presented, simple approach, and although is one of the many new services that we offer, it is one that stood out as useful because it works.



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IRIS GP comments

We have been able to pick up more cases and have been able to help women who had previously been unable to talk about their abuse.

I am much more aware of patients who were living with abuse and the negative impact that this was having on their health. The penny drops and you realise the exact scale and extent of the problem amongst your patient population.



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IRIS patient comments

Thank you for your patience and kindness for without you where would people like me be?...when I am down I think of your words of encouragement and feel strong again.

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.



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IRIS outcomes

Patients	Primary care professionals	Practices
Improved quality of life	Improved response to DV/A	DV/A aware
Improved physical health	Provision of holistic care	DV/A resource available to access
Improved mental health	Continued professional development	
Reduction in abuse and repeat victimisation		
Increase in victim safety		



Cost savings

Societal saving - £37 per year per woman registered at the practice. Total = £116, 735 savings per practice per year. Approx £2.9 million across commissioned site (the model of one AE for 25 practices)

NHS saving - £1 per woman registered at the practice per year, this equals £3,155 per practice. Approx £78,875 across a commissioned site.



IRIS costs

1 full time AE for 25 practices

- 1st year **£69, 037**
- 2nd year **£46, 087**
- 3rd year **£46, 475**

(plus London Salary weighting)

- IRIS model is an effective intervention and will help to reduce NHS costs



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