iris+
Enhanced Identification and Referral to Improve Safety

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Reaching Everyone Programme of Research On Violence In diverse Domestic Environments

Improving the general practice response to domestic violence

What is IRIS+

IRIS+ is a research study, part of **REPROVIDE**. It aims to improve the general practice response to all adult patients who experience or perpetrate domestic violence and abuse (DVA) and to their children.

We already know that IRIS can improve the identification and referral of female patients to DVA services. We are testing whether a modified and integrated training intervention is practical and acceptable to patients experiencing and perpetrating DVA.

What we did

We developed and successfully tested the feasibility and acceptability of the IRIS+ intervention in Bristol.

The pilot aimed to encourage general practice staff to ask patients whether they were experiencing or perpetrating DVA and to make referrals to the IRIS+ specialist service. IRIS+ included staff training and online resource for clinicians, patient information materials, and a simple referral pathway to a specialist advocacy service.

Our evaluation led to an understanding of factors enhancing and blocking the implementation of the intervention. It also revealed potential new mechanisms for strengthening the identification and referral of children exposed to DVA and men experiencing or perpetrating DVA.

At the end of the pilot we have successfully secured funding to further develop and test the feasibility of a reconfigured intervention in the second phase of REPROVIDE.

What we found

The IRIS+ intervention was highly rated by general practice clinicians, service provider professionals and patients participating in the pilot. Participants found focus on all family members (not just women) beneficial. The service provided by the IRIS+ advocate educators (AE) was praised by clinicians. A named AE was the key to the service's acceptability and feasibility.

'It was useful to know that there is support available for both victims and perpetrators. Having that more rounded view of trying to resolve or help people in domestic abuse situations…" IRIS+ GP

All clinicians reported that the IRIS+ service had been well organised and easily accessible and the intervention straightforward, easy to implement, relevant, safe and acceptable to patients. They also believed that IRIS+ had filled a service gap for male patients and children and young people (CYP) affected by DVA.

Clinicians agreed that IRIS+ takes time to implement and embed in practice. Clinicians felt significantly more prepared and more confident to identify, refer and support patients experiencing or perpetrating DVA and their children after training.

"It has altered the way I ask questions as well as my threshold to do so." IRIS+ GP.

Referral rate of women survivors of DVA was consistent with the original IRIS trial. The IRIS+ hub has also received referral of a substantial number of CYP alongside their non-abusive parent. The identification and referral of children exposed to DVA is a breakthrough in the general practice setting. The support was reported to have improved patients' wellbeing and confidence and child/parent and family relationships.

Although CYP were identified and referred by the pilot practices, more work needed to further improve the engagement of CYP exposed to DVA. We will do that by enhancing third party identification guidance in relation to children and by extending the training focus on support to CYP experiencing DVA.

"It felt like there was always someone there for us." IRIS+ child patient

Although clinicians felt more prepared to ask male patients about DVA following the training sessions, they reported many barriers to referring male patients to IRIS+ (few men were identified by their GPs as survivors or perpetrators and only two men were referred to the IRIS+ hub).

The study highlighted the currently untapped resource of third-party referrals to general practice. This apparent gap in training and guidance will be addressed in a reconfigured IRIS+. The further development of the IRIS+ intervention will have a special focus on enabling engagement with men who are victims and/or perpetrators (particularly those identified in third party reports).

Both service providers and general practice professionals stressed the importance of widening the scope of the IRIS+ intervention to include drug and alcohol workers and health visitors by joint training and enabling them to refer to IRIS+. This will potentially increase the referral of male patients and CYP.

What next?

We will further develop and test IRIS+ in a further eight general practices in two sites: Bristol and Cardiff. Our aim is to directly inform commissioning of IRIS+. The next study phase will allow us to ascertain whether the new IRIS+ model is useful and good value for money and whether it can be offered as a replacement for IRIS or should remain an enhanced IRIS intervention. (7th February 2019)

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