

IDSVA Service at NDDH



Early Days

- **Ward rounds** — builds relationship with staff, opportunity to talk about patients they're worried about, gets your service/face known.
- **A&E register** — Identify known clients who've attended, reasons for attendance.
- **Briefing sessions** - signs & symptoms, asking about DA&V & referring,
- **Attending department meetings** — Introducing role, service, iron out any glitches, identify training needs.
- **Advertising, awareness raising** — throughout hospital, waiting rooms, toilets, radio, payslips, etc
- **Find a champion in each dept**
- **Info folder** — referral form, power & control wheel, types of abuse, how to ask, healthy relationship ticklist, our leaflet, business card
- **Page on Intranet** — BOB, linked to policies, etc
- **Feedback to referrers** — Gets them involved, they like to hear outcomes, evidence the positive effect their asking has had on the patients life.

Access

- Honary Contract -
- A&E register, systems,
- Patients notes/medical files
- NHS Badge
- NHS Email
- Access to locked wards, A&E, Maternity,

Training/briefing sessions

- Level 3 safeguarding training – refresher training DV only. Mandatory for all staff
- Public health training for midwives
- GP training
- Ward/department briefings

Meetings

- Safeguarding network meeting (quarterly)
- Multi Agency child sexual exploitation (monthly) — feed info into this.
- Child protection conferences
- Vulnerable pregnant women's group
- MARAC

Other bits...

- Feedback to referrers
- Lipsil's
- Taxi cards
- Dot on the pot
- Silent cards
- Write in hospital/patient notes



Themis overview

Aim

The prime aim of the research is to evaluate the effectiveness of Independent Domestic Violence Advisor (IDVA) services based in hospitals.

Sites

Multi-site NIHR-approved evaluation

- North Devon Against Domestic Abuse (NDADA)
- Bristol Royal Infirmary Emergency Department IDVA Service
- Cambridgeshire County Council IDVA Service
- WORTH Services in West Sussex.
- Newcastle Victim Support (stake-holder and IDVA service interviews only).

Summary of findings – Hospital IDVAs reach...

1. **More vulnerable victims**, who are experiencing more severe abuse, and more of whom have complex needs. More had previously been abused.
2. More **male** victims, more **pregnant** women, more people with **no children** at home, and more victims in their **50s**.
3. Victims at an **earlier stage** - still in a relationship with (and often living with) the perpetrator, and after a shorter period of abuse.
4. Victims who may be **hidden from other agencies** – fewer had called the police in the past year, and fewer of their perpetrators had a criminal record for DVA (despite more being violent to a previous partner/family member).