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 they 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).

*Ending domestic abuse*
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).