SafeLives
Ending domestic abuse

Why we need a whole-health approach to domestic abuse in London

#WholeHealthLondon
31st March 2021

9.30 – 9.35	Introduction
9.35 – 9.45	R’s experience
9.45 – 10.05	Key findings
10.05 – 10.15	IRIS in London, Medina Johnson, IRISi
10.15 – 10.25	Migrant survivors’ experiences, Meena Patel, Southall Black Sisters
10.25 – 10.55	Q&A
10.55 – 11.00	Wrap up

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

R’s experience of accessing healthcare services in London

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

‘We only do bones here’ Key findings

31st March 2021

Jess Asato & Verona Blackford
Public Affairs team, SafeLives

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

About SafeLives

- We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good

- We are independent, practical and evidence-led, with survivor voice at the heart of our thinking

- We work with organisations across the UK to transform the response to domestic abuse

We want what you want for your best friend:

- Action before someone is harmed or harms others

- Harmful behaviour identified and stopped

- Increased safety for everyone at risk

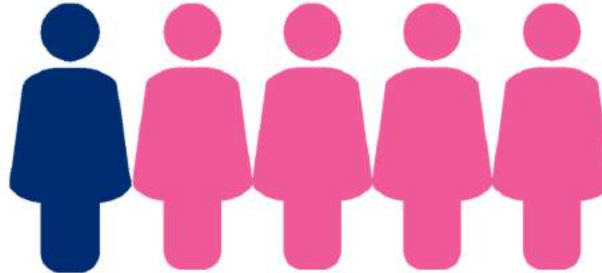
- The ability for people to live the life they want after harm has happened

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Context

The British Crime Survey found that only 1 in 5 victims of domestic abuse calls the police.



> *Coming to hospital equals [a] place of safety [where you can] expect confidentiality.*
> **A&E Doctor**

- ‘Cry for Health’ (2016): first UK multi-site evaluation of hospital-based Idva services
- Pathfinder Project (2020), led by Standing Together, evaluated a ‘Whole Health’ model

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

About the Whole Health London Project

- Funded by the City Bridge Trust – from July 2020 - June 2023
- Main aim: to provide survivor voice, data and evidence to continue to build the case for a 'whole-health' response to domestic abuse in London
  - increase knowledge of the effectiveness and evidence base for health-based DA interventions
  - identify gaps in provision across London and barriers to effective commissioning
  - bring together policy makers and commissioners from health and social care with DA frontline and policing
  - campaign for extra resources to fund interventions required to create a 'whole-health' approach, in a strategic and sustainable way.
  - ensure toolkits, materials and best practice is shared with commissioners so they can pursue a 'whole-health' approach across London's boroughs.

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Domestic abuse in London

We estimate **361,000 Londoners** experienced domestic abuse last year.

That would put health service costs alone at

£433 million.

We estimate around

88,000 Londoners

received medical attention following partner abuse in the last 12 months.

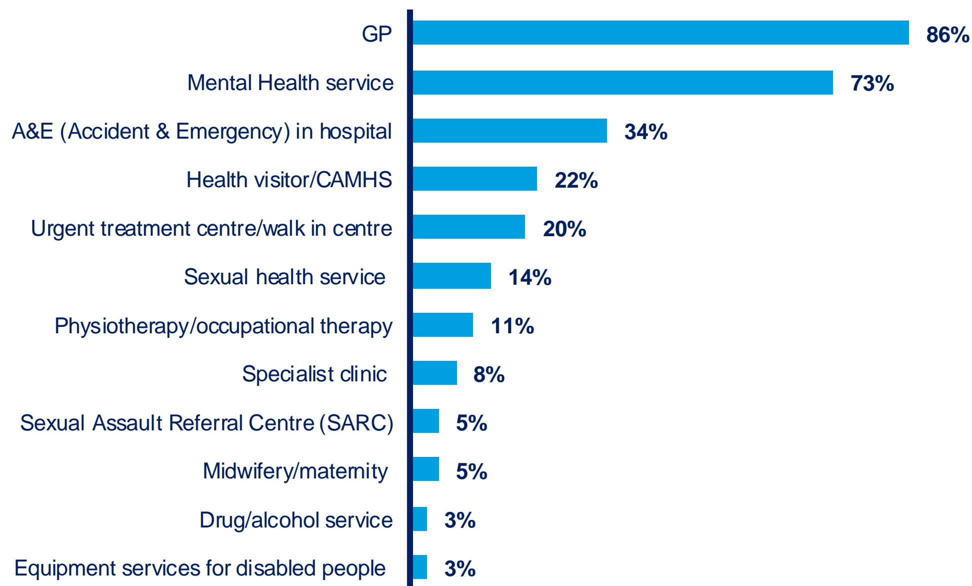
- We estimate 45,750 female survivors of domestic abuse are working for the NHS in London alone.
- One in ten offences recorded by the Met Police involves DA. There has been a 7.7% increase in DA incidents and 5.1% increase in offences since start of the Covid-19 pandemic.

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – survivor experience of healthcare response

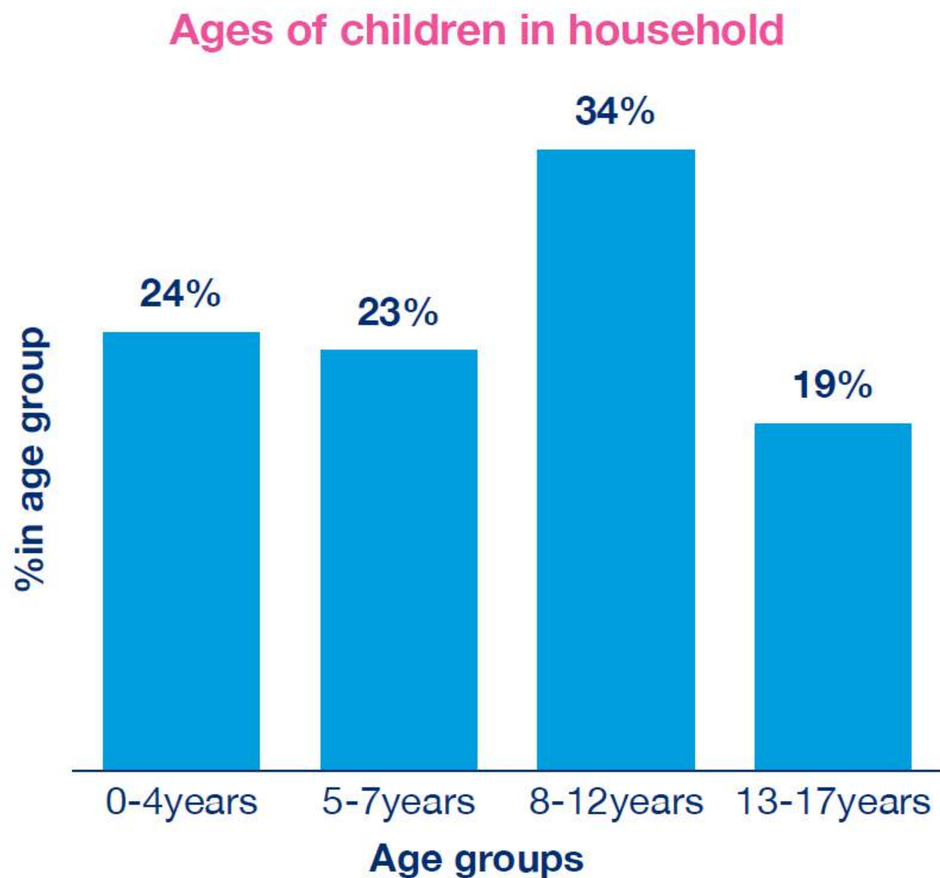
- Surveyed survivors between 13th November 2020-11th January 2021 who had used healthcare services in the last two years - 64 valid responses were analysed.
- 92% identified as women, 6% as men. 2% were transgender.
- 83% were heterosexual, 8% were bisexual, 5% were lesbian, 2% gay and 3% preferred to self-identify.
- 80% identified as White, 12% as Asian, 5% as Black, 5% as mixed ethnicity.



Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – children impacted by domestic abuse



Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

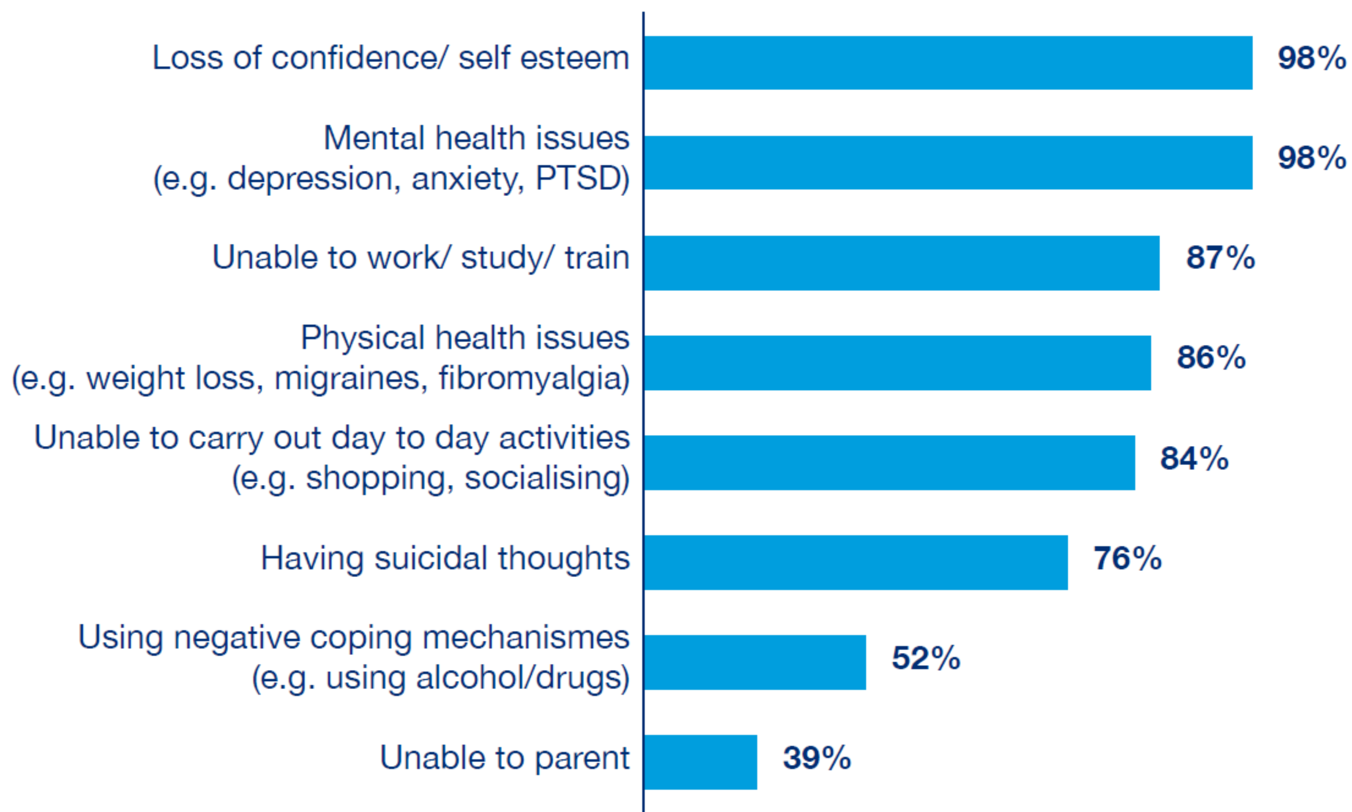
Key findings – forms of abuse experienced by survivors

Table 2: Forms of abuse experienced by survivors

Form of abuse experienced	per cent of survivors
Manipulating you psychologically (making you doubt your own sanity or reality)	94
Psychological/Emotional (creating rules, threats, shouting, name calling, stopping you from seeing friends or family)	90
Physical intimidation (using physical size to intimidate you, destroying your surrounding environment I.e. punching walls)	82
Economic/Financial (controlling money, taking away access to basics such as water/ food/sanitary products)	70
Stopping you from getting help from other people	68
Sexual abuse (forcing you to do something of a sexual nature)	59
Controlling medication	25
Stopping care agencies from coming to see you	16
So called 'honour-based abuse' (harm as a result of protecting or defending the honour of an individual/family/community)	8
Exploiting your immigration status	7

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – impact on survivors' health and wellbeing



Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – healthcare professional lack of awareness/understanding

- 76% of survivors who, at the time, were unaware or unsure if they were experiencing abuse said the health professional did not ask, "is everything OK at home?" or ask them if they had experienced domestic abuse.

[I told the health professional] that I was afraid of my ex-husband…I had so many medical and mental health issues because of the abuse it was all documented but never was I asked or signposted only when I fled I told my GP his reply was "why didn't you just leave?"
Survivor, Havering

When I went to A&E. the doctor told me, 'we only do bones here, not that relationship mental health stuff.' But didn't offer to refer me to somewhere that did.
Survivor, Southwark

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – healthcare professional lack of awareness/understanding

- A third of comments said health professionals didn't understand dynamics of domestic abuse.

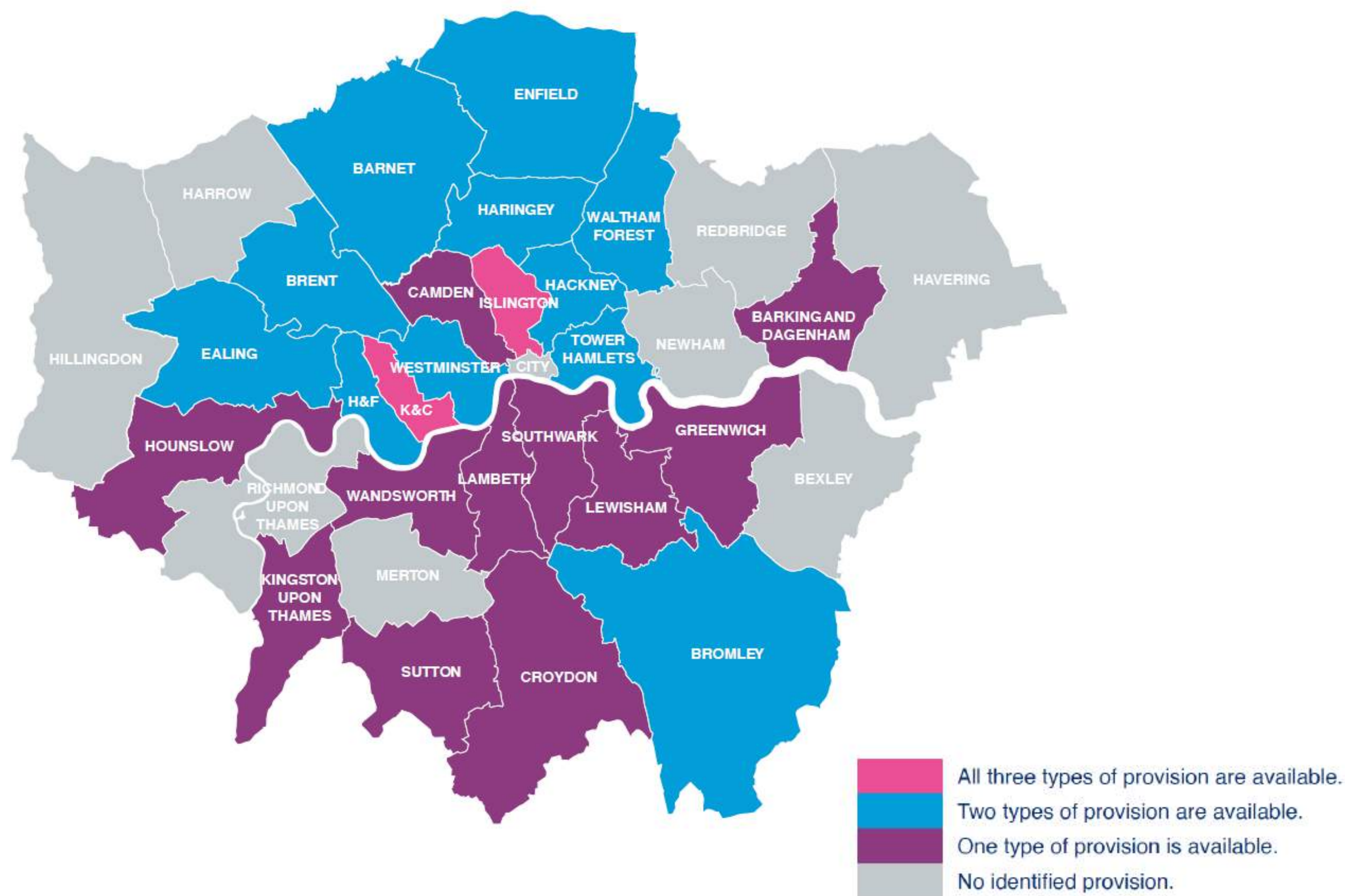
“ *GP and surgery failed to report abuse and involve local services, including social services. Abusive partner found evidence of me trying to get help from social services to leave to protect myself and the children…I feel like I've left the relationship - and yet I'm still being abused and I'm not protected by anyone.*
Survivor, Kensington

- A quarter of comments said health professionals showed no professional curiosity, instead prescribing medication.

“ *I didn't get any one-to-one therapeutic support for PTSD for a long time. Indeed, it took them 18 months to acknowledge I even had PTSD. I had no previous mental health issues prior to this experience and they were all well aware of this. The treatment approach from the start was 'what is wrong with you' rather than what has happened to you and how can we help.*
Survivor, Lewisham

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – mapping London's health-based domestic abuse provision



Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – barriers to a Whole Health response

1. Lack of long-term, sustainable funding

- Many areas simply don't have funding, but when they do, it is for 1 year funding rounds
- Services told us constant cycle of rebidding for funding swallows up their capacity and reduces their ability to roll-out their services further.
- Losing funding from a service can impact clinicians' trust in the intervention itself

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – barriers to a Whole Health response

2. Lack of integration of health and domestic abuse commissioning

- Commissioning is fragmented and lacks coordination. MOPAC's uplift is welcome, but sits aside from local borough level commissioning of community-based specialist Idva services
- Very little commissioning of domestic abuse provision within mental health, and little to no provision in other settings such as health visiting, CAMHS, or community midwifery.
- Stakeholders felt that pharmacies and dentists, as well as links into new social prescribing networks would also benefit from clear referral routes into specialist services.

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Key findings – barriers to a Whole Health response

3. Commissioners' and health professionals' understanding of domestic abuse

- Lack of understanding frequently raised by survivors and domestic abuse practitioners – across society
- Over one third of survivors' comments noted that health professionals did not appear to understand the dynamics of domestic abuse.
- CCB is still too often ignored or downplayed, even when the survey results showed that survivors who experienced non-physical abuse experienced it for longer than those who experienced both physical and non-physical abuse.
- The survivor who told us their GP asked them why they didn't "just leave" the perpetrator is not alone in their experience
- Understanding of 'intersectionality' and needs of LGBT+, Black, Asian and minoritised, migrant, deaf and disabled, and older/younger particularly

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Recommendations – for London's commissioners

- MOPAC, the VRU, NHS London (incl ICSs) plus boroughs, should collaborate on a five-year strategy to ensure a 'whole-health' approach
- Annual funding for 36 acute trust Idvas (minimum) £1.8m, £1 million for MH trusts and £2.5m for IRIS programmes to extend to new boroughs = £5.5m vs £433m cost p.a. (Domestic Abuse Coordinators are also integral).
- Strategy must recognise intersectional needs of victims including Black, Asian and racially minoritised, LGBT+, and disabled and deaf victims
- In particular, must recognise the specific needs of migrant victims - all settings to allow patients to register and access free-of charge care even when they cannot supply identity documentation
- Culture-change training approach delivered by specialist DA sector incl. 'by-and-for'
- All healthcare providers to have DA policies for patients/staff

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

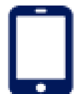
Recommendations – for Westminster government

- 2019 commitment by NHS England to give access to Idvas across the health service should be honoured, alongside the sustainable, multi-year funding required.
- Government to commit to shorter MH waiting times for victims of trauma, alongside a new strategy for improving the health of victims of trauma, including domestic abuse survivors.
- New Serious Violence Bill should ensure domestic abuse is considered to be part of a serious violence reduction duty.
- The Domestic Violence Rule and DDVC extended to all migrant survivors.
- Migrant survivors should be exceptions to the current NHS charging regime
- New statutory duty on PCCs, Local authorities and CCGs (and their replacement ICSs) to commission specialist community-based domestic abuse services will help to ensure provision for the whole family – all adult, teen and child victims of domestic abuse alongside perpetrators – to keep families safe sooner.

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Keep in touch

www.safelives.org.uk



0117 403 3220

@safelives_

@safelives.uk

@safelives_

community.safelives.org.uk

linkedin.com/company/safelives-uk/

Jess Asato
Head of Public Affairs and Policy
jessica.asato@safelives.org.uk
07939 594 634

Verona Blackford
Public Affairs and Policy Officer
verona.blackford@safelives.org.uk
07593 584 442

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Whole Health London, 31-3-21

IRISi and IRIS in London

Medina Johnson, Chief Executive,
IRISi

IRISi interventions

WHO ARE WE AND WHAT DO WE DO?

Vision

A world in which gender-based violence is consistently recognised and addressed as a health issue.

Mission

To improve the healthcare response to gender-based violence through health and specialist services working together.

HEALTH IMPACTS

IRISi interventions

CHRONIC PAIN

SUBSTANCE MISUSE

GYNAECOLOGICAL PROBLEMS

LOW SELF ESTEEM

GASTROINTESTINAL DISORDERS

PTSD

MEMORY LOSS

STI'S

CARDIOVASCULAR RISK

DIZZINESS

DEPRESSION

IRISi interventions

IRIS: OUR FLAGSHIP PROGRAMME

A general practice based domestic violence and abuse training and referral programme.

Recognise; Ask; Respond; Refer; Record.

Increases identifications and referrals.

Improves clinical practice.

Improves quality of life for patients.

THE IRIS MODEL

IRISi interventions

INPUTS

- Training and on-going support;
- Care pathways including safeguarding children & adults;
- Medical record prompts;
- Recording and flagging system;
- Advocate educator;
- Clinical Lead;
- Health education materials;
- Clinical enquiry;
- Validation;
- Documentation;
- Immediate risk assessment.

OUTPUTS

- Identification;
- Referral;
- Advocacy;
- Emotional & practical support;
- Evaluation & monitoring.

OUTCOMES

PATIENT

- Improved quality of life;
- Improved physical & mental health;
- Reduction in abuse;
- Increased safety.

PRIMARY CARE PROFESSIONAL

- Improved DVA response;
- Provision of holistic care;
- Continued professional development.

PRACTICES

- DVA aware & resourced.

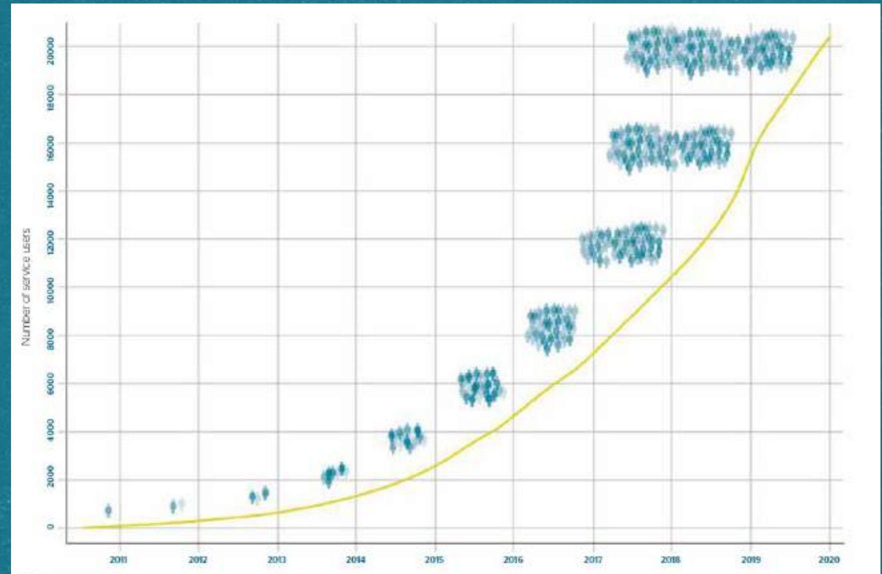
IRISi
interventions

THE IRIS NETWORK TODAY

48	Commissioned sites since 2010 and 36 active sites
81	Advocate Educators
59	Clinical Leads
1,036	Fully trained IRIS Practices*
20,544	Patients referred*

*Estimated number

NATIONAL REFERRALS



WHAT IMPACT DOES IRIS HAVE?

IRISi interventions

FOR PATIENTS

- Improves physical and mental health.
- Earlier intervention.
- Advocate Educator embedded in general practice.
- Improves safeguarding and safety.
- Enables victims/survivors to have an increased understanding of what constitutes an unhealthy relationship.

FOR CLINICIANS/ PRACTICES

- Improves quality of care for patients experiencing DVA (who may often be repeat attenders who clinicians struggle to support).
- Support to be able and confident to recognise and ask about DVA.
- Creates partnerships between specialists – clinicians and specialist DVA/VAWG sector.
- Improves London's health care response to COVID-19 by producing guidance, adapting programme.

FOR COMMISSIONERS

- Helps local bodies meet expectations and guidelines to develop coordinated commissioning strategies that include integrated training and referral pathways for patients affected by domestic violence and abuse.
- Reduces use of primary care resources.
- Increases opportunities to share good practice and learning with other localities.

IRISi interventions

But I know what I do when someone is depressed and now you're asking me to do something different?

IRIS

YES, I am.

WHAT DO PATIENTS SAY?

'"I feel like this service has helped me through one of the toughest parts of my life and it has given me the self-belief and courage to be me again."

- IRIS Service User

IRISi interventions

WHAT DO PATIENTS SAY?

IRISi interventions

Whatever you have going on with GPs in (name of area) is so important - that link is incredible - I am forever indebted to my GP for piecing it all together and for getting me that help

I have seen that there were agencies that could support people with abuse but I would never have called or seen anyone if it wasn't for my GP referring me to see someone in my surgery. What a difference this has made to my life and future.

My Doctor is one of the best , I have now had another very helpful and caring professional, it's like an extension of my GP. Thank you (name of AE) for all your hard work.

I feel my physical and mental health has improved, I visit the GP less, and I feel that my child is safer now.

IRISi interventions

AND WHO ARE WE MISSING?

What about me?

Only 12.8% of women described themselves as disabled.

What about me?

Less than 5% of women referred described themselves as Black Caribbean.

What about me?

Only 2.6% of women were in same sex relationships.

What about me?

Only 4.5% reported concerns about drug use and only 7.1% about alcohol use.

WHAT DO CLINICIANS SAY?

IRISi interventions

Great! Where was this years ago! Good to empower us as GPs to feel we can do more about this now.

A good application of real world data and 'what to do' compared to standard training which is easily done and forgotten.

Simple concept, easy to do and big impact.

IRISi interventions

WHAT ARE OUR BLOCKS AND CHALLENGES?

Clinicians don't want to invest time if the programme isn't sustainable – don't want to engage.

Unfair to set up something and then it disappears – what happens to patients?

Everyone thinks it's a good idea but no one wants to pay.

Interventions are more than training.

Short commissioning and funding cycles.

"IRIS IS EXPENSIVE!" - NO, IT'S NOT!

IRISi interventions

As we have shown...

IRIS provides a full intervention – training, consultancy, embedded specialist who supports patients, referral pathways..

Value for Money

Net monetary benefit – 4.8 x better value for money than flu vaccine!

Spend to save

Spending in primary care saves money elsewhere – A&E, acute care, mental health - so there is more £ in the health pot.

The local picture

New cost calculator currently being tested – large urban area showed societal savings of £42 per woman per year; cost of 2p for NHS per women per year (i.e. cost neutral).

CEA from research trial = positive.

NICE says we need to be cost effective not cost saving

CEA from "real world" ITS = positive

IRISi interventions

IRISI'S PARTNERSHIPS and IRIS work in London

SITES

Barnet, Bromley, Enfield, Greenwich, Hackney, Haringey, Islington, Southwark, Waltham Forest

Lambeth, Camden, Kensington & Chelsea, Lewisham.

VRU

Phase 1 – Tower Hamlets, Croydon, Barking & Dagenham

Phase 2 – Brent, Ealing, Westminster, Hammersmith & Fulham

REACH

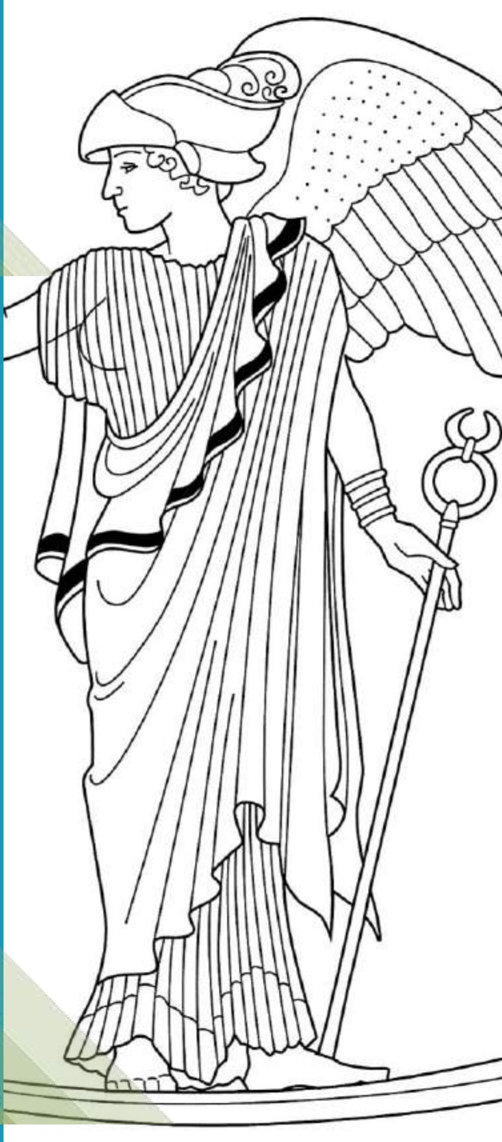
~ half (16) of London boroughs but none with secure, core funding despite showing net monetary benefit for NHS and society

REAL WORLD

Study of IRIS sites running in NE London for 2+ years showed practices with IRIS are 30 times more likely to make a referral to specialist support for their patients

AMBITION

Cross-capital commissioning and funding; growth of programmes – young people, sexual health; pharmacy, dentistry



IRIS in London: from 2007 to date

2007-10 IRIS randomised controlled trial – Hackney

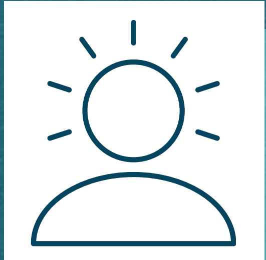
2010- IRIS commissioned in Hackney & Lambeth

2013 +1; 2014 +2; 2015 +1; 2016 +2; 2017 +1; 2018 +1; 2019 + 2; 2020 +8

Not securely funded and what about everyone else?

2080 before all patients England and Wales can access IRIS in their general practice

WHAT NEXT AND WHAT ARE OUR FACILITATORS?



Raise awareness about the IRIS programme amongst your colleagues. Ask us questions at IRISi!

Identify opportunities for commissioning and funding to sustain and grow IRIS in London - PCNs, ICSs ++

Support the implementation of the programme where it is running – by attending meetings, sharing materials with key contacts and inputting to local strategy

Medina Johnson, Chief Executive, IRISi

medina.johnson@irisi.org

07912 478011

www.irisi.org

IRISi interventions

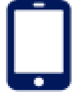
Migrant survivors' experiences of healthcare services in London

Meena Patel, Southall Black Sisters

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291

Keep in touch

www.safelives.org.uk



0117 403 3220

@safelives_

@safelives.uk

@safelives_

community.safelives.org.uk

linkedin.com/company/safelives-uk/

Ending domestic abuse

@ SafeLives 2021 Charity No 1106864 / Scottish Charity SCO48291