

GEMs offer brief updates from general practice research tackling the challenges of front-line practice.

Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme.

Dr Alex Sohal

The clinical problem tackled by this research

Domestic violence and abuse (DVA) are frequent but often over-looked. There are barriers to primary care clinicians exploring potential DVA, including a lack of time, short appointments and excessive workloads. IRIS (Identification and Referral to Improve Safety) is a programme that embeds direct access for women in health settings to specialist trauma focused, DVA care, underpinned by training of the primary healthcare team. We aimed to determine if the IRIS programme improved doctor and nurse responses to suspected DVA when implemented outside a trial setting.

What this research tells us about the problem

- In 144 general practices, over 4-years, across 4 London boroughs, where the IRIS programme was implemented, there was a sustainable and significant 30-fold increase in the referrals received by DVA workers that did not occur in the comparator borough where IRIS wasn't implemented.
- These increased referrals represented a change in behavior by front line practitioners, with improved responses, more active listening, identification and discussion of patients' experiences of DVA.
- This research supports the funding of healthcare-based programmes for women affected by DVA that integrate direct referral pathways to DVA specialist services for patients.

The research team (*GPs)

Dr Alex Sohal* GP, Professor Gene Feder* GP, Dr Kambiz Boomla* GP (retired), Professor Chris Griffiths* GP, Professor Sandra Eldridge* (Biostatistics & FRCGP (Hons)), Professor Richard Hooper* (Medical Statistics), Dr Anna Dowrick* primary health care scientist, Dr Natalia Lewis* primary health care scientist, Dr Clare Robinson (Statistician), Medina Johnson, CEO of IRISi – a national, health-focused DVA social enterprise, Annie Howell, IRISi Programme Director

Suggested WISE Action

- At each patient contact when exploring the presenting complaint, be curious about the power differentials operating within patients' domestic relationships, firstly by noting who is present and who is telling the story.
- Clinicians should request the right commissioning for general practice specific training, by the right people (local clinicians & DVA specialists who have experience of the power & control inflictions of DVA).
- Not ignoring patients' experiences of DVA can facilitate an understanding of why they have presented in a certain way and can inform how to respond, without the clinician becoming overwhelmed. The balance between engaging and avoiding engulfment requires the ability to hand over to DVA specialists– the IRIS advocate-educators.

Where you can read more about this work

[Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme \(nih.gov\)](#)

[IRIS Research - IRISi](#)

[IRIS Commissioning Guidance - IRISi](#)

[COVID-19 Guidance and Advice - IRISi](#)

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