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VIOLENCE REDUCTION UNIT

The ADViSE Programme

What is ADViSE?

The ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments) programme is a pilot initiative developed by IRISi and funded by London's Violence Reduction Unit (VRU).

It ran in Homerton and Westminster hospitals and involved training within sexual health clinics to give clinical staff the skills to recognise service users experiencing Domestic Violence and Abuse (DVA) and Sexual Violence and Abuse (SVA).

As with other successful IRISi programmes, on-site Advocate Educators (AE's) worked in the sexual health clinics to provide a wide range of support to patients, including emotional, safety planning, and community referrals.

Why was it created?

ADViSE aims to help people who are experiencing SVA and DVA. It is part of wider work that IRISi do to try and reduce DVA working through GP clinics.

It was created to work in Sexual Health Clinics as SVA can lead to problems with sexual or gynaecological health.

Research also shows that more vulnerable people may use these services meaning it is important to work in these clinics to both identify and support patients experiencing SVA and DVA.

ADViSE also wanted to reach younger patients who might be using these services.

Key Figures

192 patients consented to being referred into the programme against a target of 110 across both sites

163 patients started their first session

91 clinicians were fully trained

82 were partially trained

> “Having somebody there that understood everything made a big difference and made me feel safe.”
>
> Patient

How it has helped

ADViSE has been effective at finding new patients who are at-risk and helping different services work together to better spot people who most need support.

The on-site AE was important in helping to improve patient support and staff capability.

The training they provided increased staff understanding and confidence, leading to higher identification of at-risk patients. AEs also played a vital role in building trusting trust, reducing barriers to disclosure, and engaging vulnerable groups.

The service is reaching the right people

This includes people from ethnic minority backgrounds, LGBTQ+ people, and individuals with mental health needs and younger people (under 25) who are more vulnerable to DVA and SVA.

ADViSE helped successfully identify patients who might not have received support otherwise

These were people who hadn’t accessed support before, and weren’t likely to do so through more traditional clinical routes like GPs. 27 patients were referred to a MARAC (Multi-Agency Risk Assessment Conference), which is a meeting where information is shared on the highest risk domestic abuse cases. This suggests operating in sexual health clinics is a good way to reach patients with experience of domestic abuse.

> “It has been a fantastic programme...I would not be where I am now without them.”
>
> Patient

Outcomes and Impacts

Outcomes for Patients

Increased resilience, confidence and self-esteem

Patients who were interviewed said that the support had helped them to feel more resilient, confident, and improved their self-esteem. As a result of these positive changes, patients reported improvements in overall quality of life, feelings of safety and reduced risk of physical harm.

Accessing other support services

Patients reported accessing wider support services such as mental health, financial, or housing showing that ADViSE can play an important role as a vital entry point.

Feeling heard and less isolated

Staff spoke about how valuable the emotional support on offer was, as it provided a safe space and filled a crucial gap in existing provision. Patients reported feeling heard, listened to, and less isolated.

Impacts for families and friends

Patients said they were more confident about discussing challenges they were facing and talking about these with their family and friends which helped them feel less anxious.

Outcomes for Staff and Stakeholders

Improved understanding

The training improved how well staff understood DVA and SVA and helped them to feel confident discussing these experiences with patients. This led to more patients being identified and referred, and meant risks were better identified and managed.

Increased confidence that patients would get the right support

An improved understanding also meant staff had a better awareness of support that's available meaning they were more confident they could refer patients to support that would help them. Having the AE on site also meant that there was support immediately available for patients. This was especially important for those who weren't in immediate crisis that might not be able to get support elsewhere.

Relationships formed with support organisations

Clinical staff have formed good relationships with the support organisations that employed AEs which will continue.

Additional capacity

Before the programme the safeguarding team were responsible for referring patients. Having the AE helped take some of the workload off these clinical staff allowing them to focus on providing clinical support to patients.

The future

The ADViSE pilot has come to an end because of funding limitations. While staff felt confident that learning from the programme would be sustained, they stressed the need for ongoing training as staff change over time and patients' needs will keep evolving.

The programme helped clinical staff to better identify patients at risk and ADViSE played an important role in supporting clinics to help patients experiencing SVA or DVA. The clinics have formed good relationships with the organisations that employed AEs and these will continue however they will no longer benefit from having AEs based in the clinics.

Recommendations

Embedding key components into standard practice

Embed capacity for advocate educators with specialist knowledge of the VAWG sector into safeguarding teams within clinics.

Embed elements of ADViSE training provision into ongoing staff training within the clinic.

Increase promotional activity for patients, for example, listing provision on clinic websites.

Contributing to a multi-agency approach

Formalise an ongoing relationship with external providers to ensure patients have access to clear pathways into wider support.

Consider the role the health sector can play in supporting and funding effective delivery models that strengthen pathways of support.

> "In sexual health settings, disclosure of abuse happens in real time, in moments of trust and vulnerability. Without immediate specialist support, those moments are lost - and so are survivors."
>
> Clinical staff member