

ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments)

Young people at VRU event

Key information

Publication type: General

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Description of programme

The ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments) programme launched in July 2023 in sexual health clinics at Homerton Hospital (Hackney) and St Mary's Hospital (Westminster).

Delivered in a partnership approach with clinicians, IRiSi and local domestic abuse organisations (Advance and Nia) the programme provides training to help staff identify and support individuals experiencing domestic and sexual violence and abuse (DVA/SVA) and a referral pathway into ongoing support within the community.

ADViSE builds on the IRiS model used in GP settings, offering in-house training and access to a dedicated Advocate Educator (AE) to support referrals and patient engagement.

Evaluation summary and methodology

The Violence Reduction Unit (VRU) commissioned Wavehill, who were supported by St Giles Trust, to conduct a process and impact evaluation to assess the programme's implementation and outcomes, with a particular focus on reaching diverse and minoritised groups, including young people, LGBTQ+ communities, and ethnic minorities. Building on the success of the GP model, the expansion into sexual health clinics was designed to reach young people more effectively and support early intervention and prevention.

Research shows that many young people do not always visit their GP when in crisis, yet they do attend sexual health services. By embedding ADViSE in these settings, the VRU aimed to ensure that young victims and survivors of domestic abuse could be identified earlier and receive timely, appropriate support.

The evaluation aimed to:

- measure performance (referrals, engagement, demographics)
- assess implementation through staff, stakeholder, and patient feedback
- understand the programme's impact on individuals and services
- identify success factors to inform future roll-out.

A theory-based, mixed-methods approach was used, including data analysis, semi-structured interviews with staff and stakeholders, and structured interviews with 14 patients.

Key Findings

The evaluation found the ADViSE model effective in:

- identifying and reaching previously unsupported individuals at risk of DVA/SVA, with 70 per cent of those supported for DVA and SVA never having accessed support before.
- enhancing multi-agency collaboration to better serve vulnerable groups.

The model demonstrated strong reach among minoritised groups, including ethnic minorities, LGBTQ+ populations and younger people, in comparison to the GP model.

Crucially, ADViSE has engaged individuals who had not previously accessed support, acting as an important first point of contact and enabling access to broader systems of support.

Patients consistently reported high satisfaction, citing improvements in mental health, emotional resilience and quality of life. The continued presence of Advocate Educators (AEs) played a crucial role in making patients feel heard and validated.

Patient-reported outcomes included:

- improved resilience, confidence, and self-esteem
- greater access to wider support services
- feeling heard, understood, and less isolated
- increased comfort in discussing abuse with family and friends.

Staff and stakeholder outcomes included:

- increased understanding and confidence in identifying and addressing DVA/SVA
- greater confidence in patient safeguarding and support
- strengthened multi-agency collaboration.

Emerging best practice

The role of on-site Advocate Educators (AEs) working alongside the clinical teams was central to success. Their presence increased staff capability, built patient trust and improved rates of disclosure.

Training delivered as part of the ADViSE programme has been a particularly impactful element of the pilot, with clear improvements in staff capacity to respond to DVA/SVA. Staff reported enhanced professional curiosity and awareness of cultural sensitivities, leading to more effective risk identification and communication. This demonstrates progress towards the prevention of future violence by reducing the opportunities for abuse by intervening earlier.

Challenges and lessons learned

- Key challenges included delays in recruiting AEs, largely due to the need for honorary NHS contracts, which compressed the programme's delivery timeline. High staff turnover in the early stages also impacted mobilisation.
- While staff expressed confidence in sustaining the programme's impact, they highlighted the importance of ongoing training to account for workforce changes and evolving patient needs.
- Based on the available evidence indicating the success of the pilot, the overarching recommendation would be to continue the delivery of ADViSE in sexual health clinics as a critical reachable moment for those experiencing domestic abuse and sexual violence, with delivery maintaining fidelity to the existing model.

Recommendations

Recommendations include:

- delivery teams should increase promotional activity for patients
- commissioners and delivery teams should embed capacity for advocate educators with specialist knowledge of the VAWG sector into safeguarding teams within clinics
- delivery teams should embed elements of ADViSE training provision into ongoing staff training within the clinic
- delivery teams and wider stakeholders should formalise an ongoing relationship with external providers to ensure patients have access to clear pathways into wider support
- delivery teams and commissioners should identify opportunities to streamline monitoring data.

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