



Identification and Referral to Improve Safety

Respond, Refer, Record

Welcome to the latest issue of **IRIS NEWS** – keeping you informed and up to date with the launch and implementation of IRIS across GP surgeries in Southampton.

The first sessions of IRIS training have now taken place in the City and the team diary is filling up well into the New Year. **The diary for 2012 is now full**, but don't worry; there are still plenty of spaces available for **2013** so now is the time to get your practice signed up for the programme. Join the surgeries listed to the right who have booked their training sessions and are on the way to becoming IRIS DV Aware practices.

If your practice isn't already signed up for IRIS (or if you just want to know more!), here are some useful (and pretty stark) facts & figures:

- **25%** of women have experienced domestic violence (Walby & Allen, 2004)
- Just over half of female murder victims aged 16 or over **were killed by their partner or ex-partner** (Home Office ,2011)
- DVA is a **major indicator of risk to children and young people**. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs (Department of Health)
- **75%** of DV incidents are witnessed by children. (Royal College of Psychiatrists, 2004)
- Black, Asian, Minority Ethnic and Refugee (BAMER) women identify general practice among the **top three agencies to contact** for help and support at the point of leaving the abuse. (IRIS Commissioning guidance, 2011)
- There is a higher incidence of self-harm and suicide amongst **young Asian Women** experiencing DVA. (Imkaan, 2008)
- GP's are the **second most likely source of support** accessed by perpetrators after that offered by helplines. (IRIS Commissioning guidance, 2011)

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"By becoming more aware of the signs and symptoms that suggest abuse – long term anxiety and depression, repeat visits to the surgery for minor symptoms, unexplained gynaecological problems – I became much more aware of patients who were living with abuse and the negative impact that this was having on their health outcomes. The penny drops and you realise the exact scale and extent of the problem amongst your patient population"

**IRIS GP, IRIS Commissioning Guidance, Bristol University
2011**

IRIS TRAINING UPDATE

Following our launch **11 surgeries** have already signed up to take part in the IRIS programme. In the last couple of weeks the team have enjoyed meeting and delivering IRIS session one to the teams at

Chessel Practice
and

Alma Medical Centre

Over the coming months we are looking forward to meeting and training the teams from:

**Weston Lane Surgery
Newtown Surgery
Regents Park Surgery
Bitterne Park Surgery
Old Fire Station Surgery
Stoneham Lane Surgery
Canute Surgery
Burgess Road Surgery
Bath Lodge Practice**

A further 3 practices have expressed an interest and are talking to the team about dates for training.

Keep your eyes open for the **IRIS roll of honour** in 2013 – practices that have completed their IRIS training and are now equipped to offer their patients a gold-standard service in relation to DVA.

To sign your practice up for IRIS please contact us using the details on page 2.

DID YOU KNOW?

On average two women in England and Wales are killed by a male partner or ex-partner every week – Home Office, 2005

Perhaps one of the best summaries of why DVA is a **crucial issue** for General Practice comes from Christopher Long, Chief Executive of Humber PCT cluster, who is quoted in the IRIS commissioning guidance:

“There are many powerful, coldly logical reasons for the NHS to take seriously the impact of domestic violence and abuse. We can talk about the cost, the public health impact and the social consequence. For me, the strongest case is the moral one – it is wrong and we all should act to address it. IRIS gives us the tools to do this.”

DON'T FORGET! IRIS also assists practices in complying with CQC standards and meeting safeguarding requirements in relation to DVA

Coming in December's issue: Feedback from the 2012 Southampton IRIS training sessions and client case studies

“She (GP) made it clear that she was available to talk. I did not feel pressured into making any decisions & wasn't just offered medication”
IRIS service user

Meet the IRIS Team

The IRIS Model focuses on partnership work and brings primary care and specialist third sector organisations together to deliver services. The IRIS team in Southampton consists of two Advocate Educators (AEs) and a Clinical Lead, and is supported by a well-attended steering group.

Georgina (Georgie) is one of the Advocate Educators:

Hi, I'm Georgie! I am a thirty something mother of two with a really rewarding day job. I work for Aurora New Dawn as an IRIS Advocate/Educator.

Previous to working at Aurora I worked in the Domestic Violence Sector as a PIPPA Support Worker. My role involved building good working relationships between Southampton Domestic Violence services plus organising and facilitating Domestic Violence training.

I am very friendly person who is passionate about helping others. I believe that it is this passion that has lead me to my role as an IRIS Advocate/Educator.

When I am not working, one of my favourite ways to spend a Sunday afternoon is curled up on the sofa, watching movies with my kids....and of course eating pizza! (Husband optional.)

If you are interested in becoming an IRIS practice or want more information we'd love to hear from you:

TEL: 023 80 332 669

EMAIL: iris.southampton@aurorand.org.uk

EMAIL (SECURE):

iris.southampton@aurorand.cjsm.net

You can find out more about IRIS at:
www.irisdomesticviolence.org