

Primary care based intervention for women experiencing domestic violence probably cost-effective

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One in four women in the UK experience domestic violence during their lifetime, often resulting in injuries and an increased risk of chronic physical and mental illness. A programme of training and support for GPs, practice nurses and GP receptionists to improve the response of primary care to women experiencing domestic violence could be cost-effective, according to new research published today in BMJ Open.

The aim of the study was to find out if IRIS (Identification and Referral to Improve Safety), a training and support intervention to improve the response of [primary care](#) to women experiencing [domestic violence](#) (DV), is cost-effective. The research team was led by Gene Feder, Professor of Primary Health Care in the University of Bristol's School of Social and Community Medicine together with academics from Queen Mary, University of London; University of Exeter and the University of Technology Sydney.

Currently, most doctors have no training in how to deal with patients experiencing domestic violence, yet abused women identify doctors as the professionals from whom they would most like to seek support.

The Increasing Referral to Improve Safety (IRIS) trial tested the effectiveness of the training and support intervention for general practice teams, including training within the practice, a prompt to ask about DV embedded in the electronic medical record, a care pathway

including referral to a specialist DV agency, and continuing contact from that agency.

In a previous paper, the researchers reported an increased rate of referrals of women to specialist DV agencies from 24 general practices that received the IRIS programme with 24 general practices not receiving the programme (143,868 eligible women patients). The trial did not measure outcomes for women beyond referral to specialist domestic violence agencies. In this paper the trial outcomes were extrapolated to estimate the long-term health care and societal costs and benefits using data from other trials and epidemiological studies.

Gene Feder said: "Our research found that the IRIS programme is likely to be cost-effective and possibly cost saving. This is crucial evidence for the commissioning of this type of programme for improving the general practice response to domestic violence. However, we need a better understanding of the trajectory of abuse and of the benefit of domestic violence advocacy to support our findings."

Angela Devine, health economist at Queen Mary, University of London was a co-researcher. She added: "Unfortunately, domestic violence is very common and GP surgeries are often where women are treated for the resulting physical and [mental illness](#). Sometimes this happens without staff knowing that domestic violence is the cause. This study shows that training staff at general practices seems to be a cost-effective way to help tackle the problem."

This is the first economic evaluation of a domestic violence intervention in the context of a randomised controlled trial. The study found that the IRIS programme is likely to be cost-effective and possibly cost saving from a societal perspective and a health care perspective in the UK. The relatively modest costs of the primary care-based intervention and its projected long term cost benefits means this is likely to be the case in

other developed [health care](#) economies.

More information: 'Cost-effectiveness of Increasing Referral to Improve Safety (IRIS), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial' by Angela Devine, Anne Spencer, Sandra Eldridge, Richard Norman, Gene Feder in *BMJ Open* 22 June 2012.

Provided by University of Bristol

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