

Help-seeking Journeys of Women with Multiple Sclerosis Experiencing Domestic Violence and Abuse (DVA)

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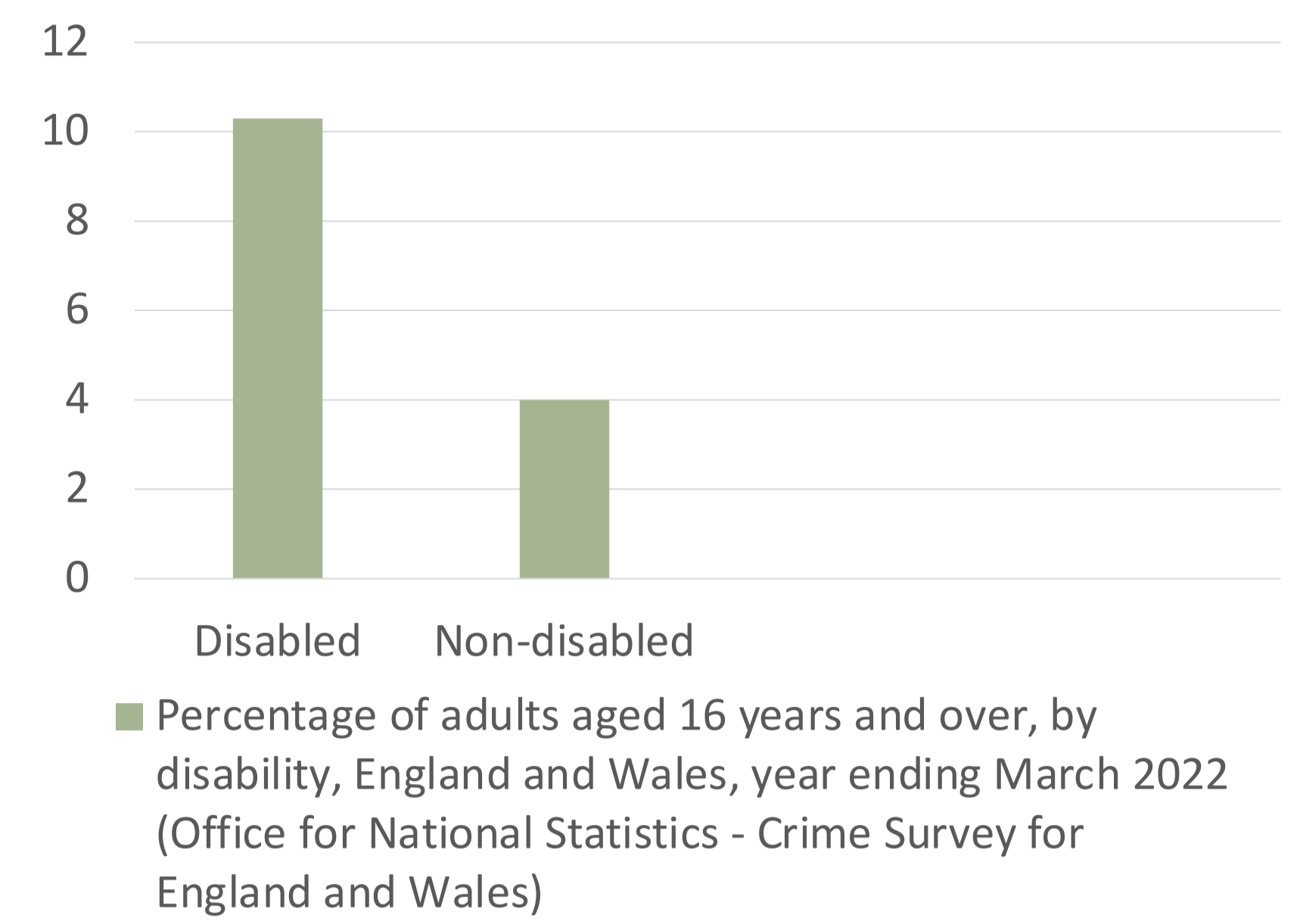
Background: Disability, MS, and Domestic Violence and Abuse

Disability and DVA

- Disabled people are more likely than non-disabled people to experience a variety of forms of violence throughout their lives including domestic violence and abuse (DVA).
- Disabled people experience **unique forms of DVA** ^{1,2}
 - Impairment specific abuse
 - Abuse by carers (paid and informal)
 - Abuse by partner carers
- Research has **homogenised disabled people** meaning very little is known about how experiences of DVA and support may vary by impairment type.

MS and DVA

- Research argues that the impairments pwMS experience increase their vulnerability of being abused by carers, family members, and partners/spouses^{3,4}
- Social factors including **social isolation** and **unemployment** have been highlighted as increasing risk⁴
- Physical abuse, economic abuse, sexual abuse, and psychological abuse have all been found ^{4,5}
- Lower education level, financial dependency, neurological impairment, and sexual dysfunction connected to experiencing DVA



Research Questions and Knowledge Gap

Knowledge Gap

- Available literature has so far failed to consider in-depth the experiences of women with multiple sclerosis and the causes of DVA beyond the individual's impairment.
- The available research has focussed on areas such as views on disclosing mistreatment or having taken a quantitative approach providing no information about how women with MS would like to be supported or the role of healthcare practitioners in their help-seeking journey.

Research Questions

1. What are the experiences of women with MS of accessing support in relation to DVA through healthcare practitioners and other services?
 - a. What barriers do women with MS encounter when seeking help?
 - b. What enables successful access to support?
2. How would women with MS like to be supported by healthcare practitioners and wider DVA services?

Methods

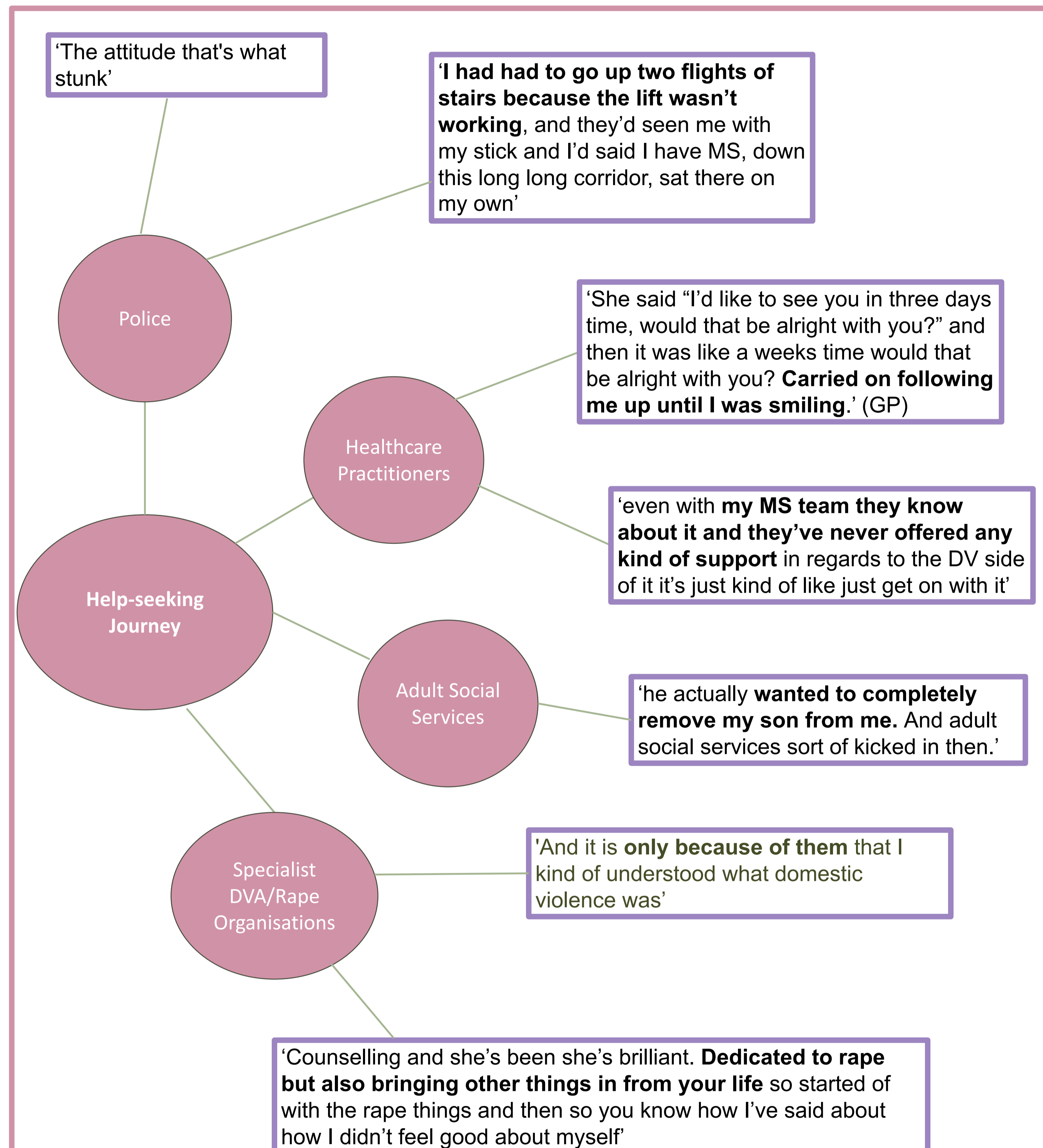
Stage One: Semi-structured interviews

- In-depth semi-structured interviews conducted so far with 6 women with MS who have experienced/are experiencing DVA
- The interviews consider their experiences of DVA as a woman with MS with a particular focus on how they would like to be supported, including what facilitates good access to support and who they would like to be supported by.

Stage Two: Co-production workshops

- The second stage of the research will utilise co-production workshops with women with MS who have experienced/are experiencing DVA
- Will discuss the non-sensitive findings from the interview stage and will then utilise **creative methods in the form of mind-mapping** to explore the women's ideas regarding what support they want from healthcare practitioners and from DVA services.

Preliminary Results: Help-seeking Journey



Discussion and Conclusion

- Mixed experiences of support with most women identifying both barriers to accessing support and support which was easily accessed.
- Barriers included:
 - Long-wait times
 - Inaccessible information
 - Disabling barriers (i.e no lift available, failure to understand MS specific needs)
- Enabling factors included:
 - Quick access to services
 - Independent Domestic Violence Advocates
- Most women reported either neutral or very negative experiences with the police

Healthcare Practitioner's (HCPs) Role

- Some women reported very positive interactions with HCPs which reduced isolation, ensured their needs were met, and most importantly believed them.
- Others expressed not viewing HCPs as a first point of contact discussing not knowing what support HCPs can provide.
- Most women view HCPs as being able to play an important role in their support journey particularly as empathetic people to speak to and direct them to support.

References

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