Introducing Routine Enquiry of Domestic Violence (DV) and Safeguarding Practices

in a Hospital and Community Setting into The West Yorkshire Regional MS Clinic

The Leeds Teaching Hospitals NHS Trust

Lucy Morgan, *MS Clinical Nurse Specialist*
Sarah Watson, *Advanced MS Champion*
Professor Helen Ford, *Consultant Neurologist*

Background

DV victims frequently attend health care settings and facilities, yet rarely disclose incidences of abuse (Heron et al 2022) Within the professional services many victims first and only point of contact is with Health Services (Heron et al 2022).

Evidence highlights that pwMS are at a heightened risk of DV due to MS specific social and situational factors (Morrison et al 2020). Hutchinson (forthcoming) findings suggest that MS HCPS's are often viewed as a trusted source to disclose DV too if they are asked about DV safety and sensitively. At Leeds the role of an Advanced MS Champion Sarah Watson (AMSC) will aim to support and provide the opportunity to do this in both a hospital and community setting.

Aims

- To pilot routine DV enquiry in the MS service in outpatient and community settings
- To help implement a DV Toolkit for MS health care professionals (HCP's)

Methods

The MS Clinical Nurse Specialist (CNS) team and AMSC established stronger links with the Leeds Teaching Hospital Trust (LTHT) and Leeds Community Trust (LCT) Safeguarding Teams. We completed additional safeguarding and DV training. The Safeguarding Teams provided us with leaflets, cards and contact details to signpost and onward refer. This included novel methods such a lip balms and trolley tokens.

We looked at other clinical areas at LTHT who have included routine screening in their practice. We also explored the screening questions and protocols they used to identify at risk patients, we then began to tailor screening questions appropriate to our client group. We then explored the acceptability of safety enquiry for pwMS and HCP's.

Hospital Setting Challenges

- **Patient attending with a potential perpetrator.**
- To enable us to do this we had to ensure the patient was alone this could be done by escorting them from the room to support with blood monitoring, toileting, or outcome measures.
- It became apparent to the team that when these questions were asked some patients reacted negatively to the questions. This could include being shocked or offended by the questions posed.
- **Telephone reviews.**
- You are unable to identify who is present with the patient.

Community Setting Challenges

- However, seeing someone in their own home environment enables the clinician to use their professional curiosity. The longer the appointment also allows more time to foster a trusting relationship with the patient.
- Another way to overcome the challenge of a potential perpetrator is making a note of when they are likely out the home such as at work or out running errands. This gives you time to contact the patient knowing they are on their own.

Tips for Healthcare Professionals

- Try to remain monotone when asking these questions. Try not to make light of the questions you are asking even if they feel unpleasant. You never know when or what response you may receive.
- Get comfortable with the uncomfortable. The questions can be awkward for both the practitioner and the patient.
- Have a good understanding of why they are required. This enables you to educate patients and fellow practitioners why they are important.

Conclusions

We recognise the importance of this project and the prevalence of violence and abuse in pwMS. We understand that this work will evolve and require regular training and updates. Overall, the intervention has been well received by pwMS. We are analysing qualitative feedback from pwMS and HCPs.

References

- *Heron, R.L., Eisma, M.C. & Browne, K. Barriers and Facilitators of Disclosing Domestic Violence to the UK Health Service. J Fam Viol 37, 533–543 (2022).*
- *Hutchison, K., (forthcoming). Domestic violence and abuse: exploring the experiences of people with multiple sclerosis and the implications for practice. Sociology and Social Policy. Leeds, University of Leeds. Doctor of Philosophy.*
- *Morrison, E.H., Sorkin, D., Mosqueda, L. and Ayutyanont, N., 2020. Abuse and neglect of people with multiple sclerosis: a survey with the North American Research Committee on Multiple Sclerosis (NARCOMS). Multiple Sclerosis and Related Disorders, 46, p.102530.*