

Patient & staff perspective on screening for domestic abuse (DA) in people living with HIV (PLWH) during a COVID pandemic

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Introduction

- The importance of screening for DA in PLWH was highlighted due to the increased risks during the COVID pandemic.
- During the pandemic there was a 25-60% increase in calls to DA hotlines across Europe & 150% in access to online information (1-5).
- There is increasing evidence of DA in PLWH, resulting in poor health outcomes (6).
- Many PLWH are in risk groups more susceptible to DA, and the presence of DA impacts on clinical outcomes including physical and psycho-social consequences, as well as onwards HIV transmission.
- The move to virtual consultations during the pandemic increases the complexity of screening. Despite guidance on screening (7, 8) barriers remain e.g. privacy and confidentiality when inquiring, and inability to see non verbal communication clues.

Aim

- To assess the acceptability and feasibility of routine DA screening in PLWH by patients and staff at a London HIV service.

Methods

- All clinical staff were asked to routinely ask PLWH about DA, as part of a quality improvement project.
- Disclosures were managed by health advisors.
- Patient and staff feedback was undertaken to understand barriers and acceptability to screening.
- Patients were randomly selected, asked by a clinician to partake in informal in-depth interviews (IID) undertaken by a health advisor.
- All staff were asked to complete an online survey.

Results

Patient perspectives

Summary:

- 20 patients were originally asked, but 14 patients completed the IID.
- Patients were of varying demographics.
- 92% responded positively (13/14): One responded positively with minor reservations throughout.

"I can't think of a time when it wouldn't be relevant to ask. Ask at every attendance as things change"
Patient 1

"If someone I trusted had asked me back then it would have helped me get out of that situation sooner"
Patient 2

"I get asked routinely whether I have allergies and it doesn't bother me that I have to answer no each time. If I had allergies I would want to be asked as its part of my care. We should view DA questions in the same way."
Patient 3

Informal in-depth interview Q&A:

1) Do you feel comfortable being asked? n=14/14

- All felt comfortable being asked, citing rapport with clinician and feeling comfortable to open up as reasons.

2) Do you feel it is important to be asked? n=13/14

- Patients felt it was important due to personal links to DA, being aware of who turn to if in a DA situation and showing the clinicians cared.
- The patient who answered no, was not sure whether it was important unless within a DA situation themselves.

3) Do you feel the way it was asked could be improved? n=13/14

- Patients felt it was asked appropriately with comments including it being direct but sensitive, easier if there is a rapport with the clinician and that it was better to be asked than not to.

4) How often do you think DA screening should be asked?

- 59% (n=10) answered ever time, two suggested twice a year, citing circumstances changing, being aware of who turn to if in a DA situation and comparison to other routine questions.
- Two did not give clear answers, of whom one cited question fatigue.

5) Recommendations from patients:

- Mention confidentiality clauses when screening.
- Recognising it is difficult to discuss.
- Advising about support even if someone said "no."

"I was particularly grateful that she asked about domestic violence because even though not relevant for me, this will make a big difference for survivors of domestic abuse."
Patient 4

"People who have a problem with being asked don't understand the seriousness of DA"
Patient 5

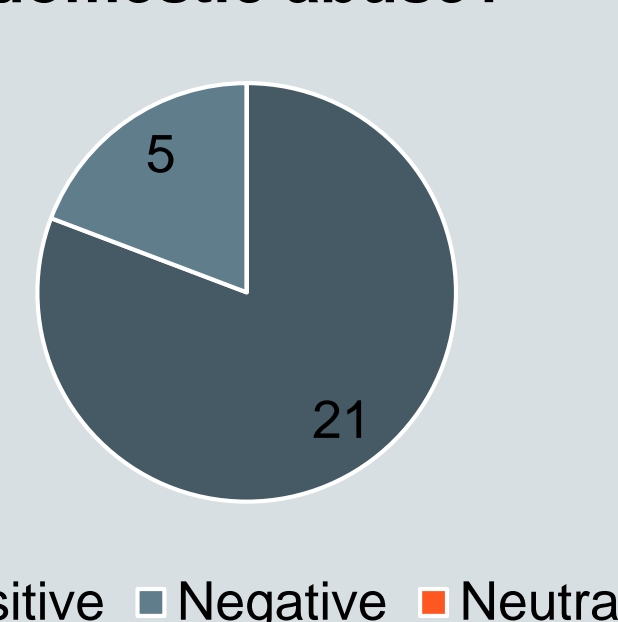
"Considering those stable on meds attend/speak approx 4 times per year maybe ask every other appointment so we don't get fatigued with answering the question."
Patient 6

Staff perspectives

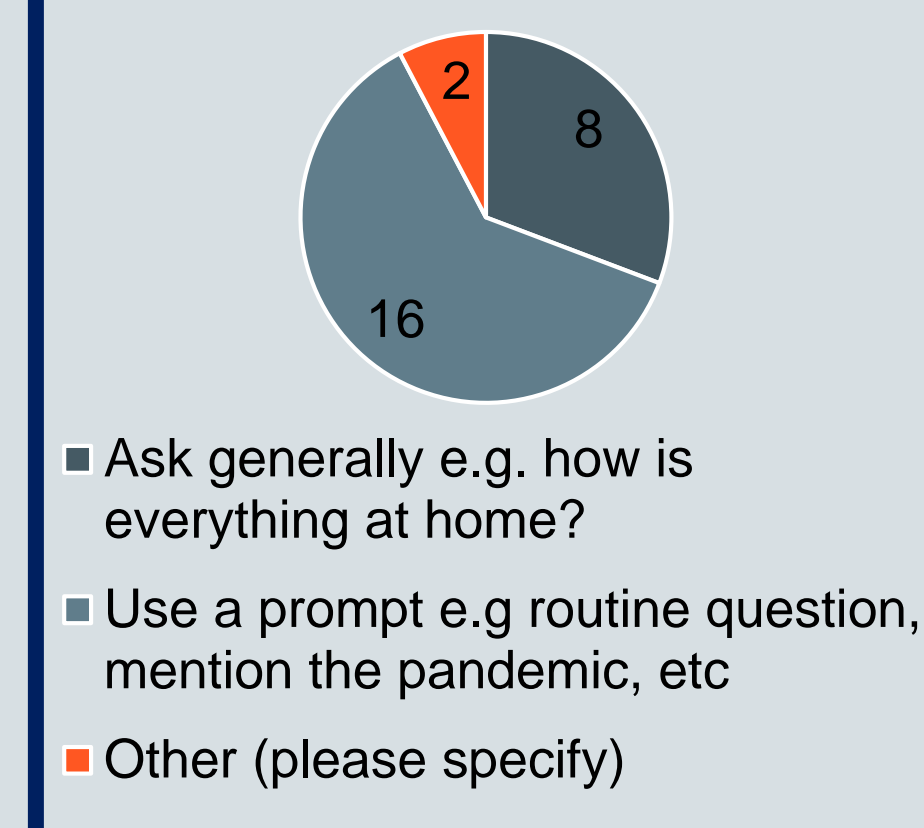
Summary:

- 26 staff members completed the survey (12 Consultants/Associate specialists, 4 specialist nurses, 3 psychologists, 2 STR/LAS, 2 health advisors, 2 staff nurses, 1 GPVTS).
- 81% (21/26) had positive responses from patients on screening.
- 73% (19/26) agreed screening should be asked at every opportunity by every staff member. All agreed screening should be asked in face to face and telephone clinics. 4 staff members felt healthcare support workers should not be expected to screen for DA.

Overall what has your experience been of patients reactions to you asking about domestic abuse?



How do you screen for domestic abuse?



When/how often do you think domestic abuse screening should be asked?



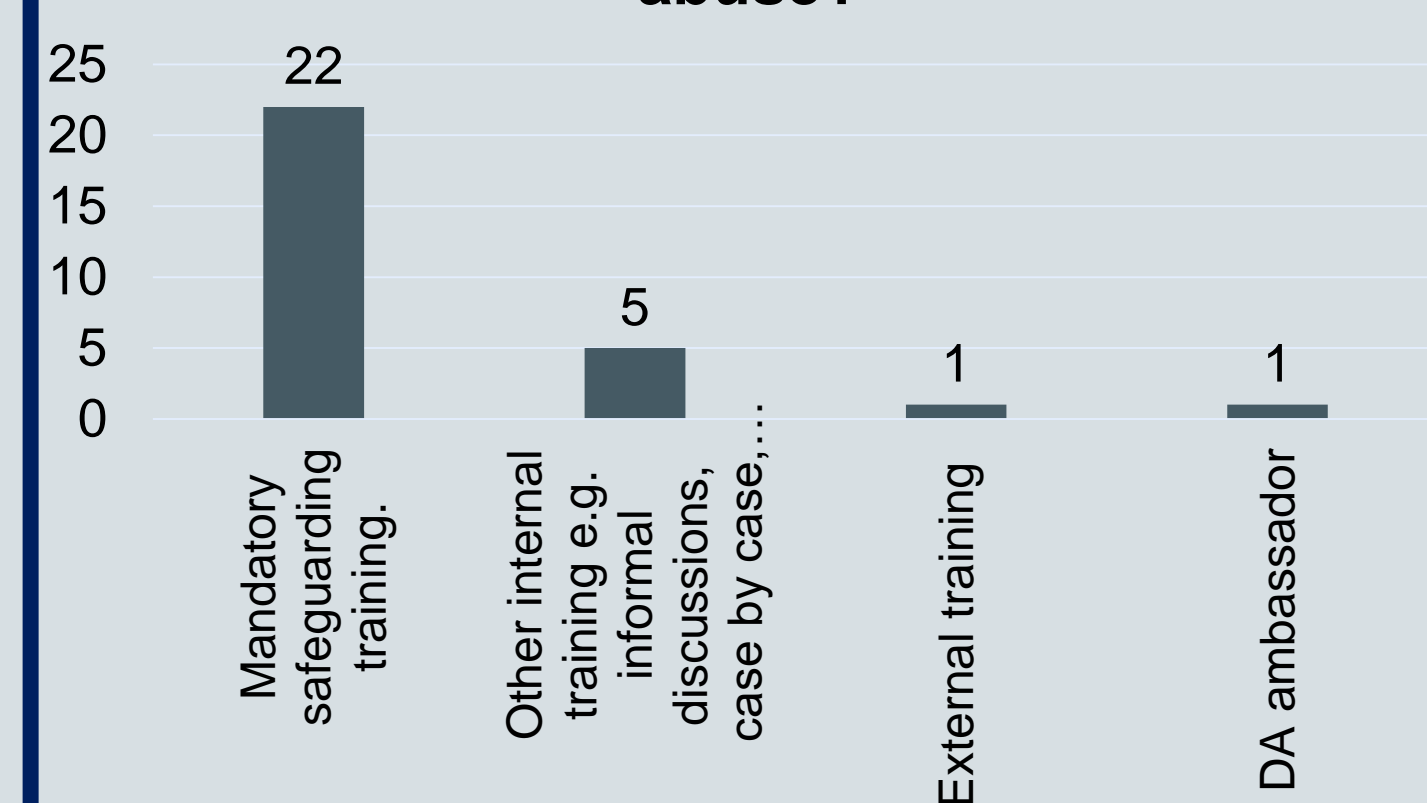
Survey Q&A:

Staff confidence, impact and support

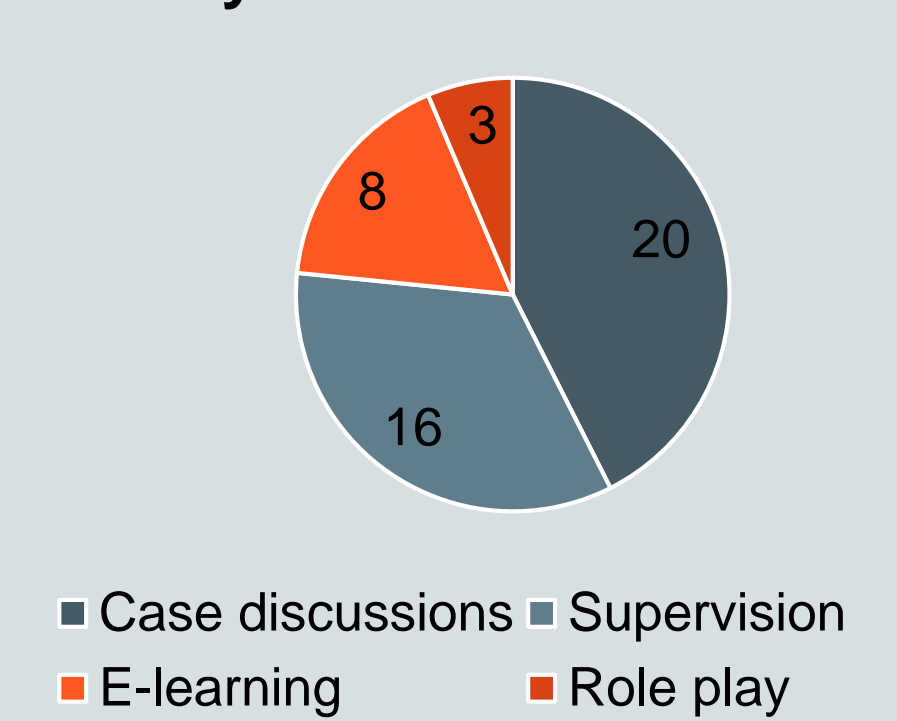
- All but one felt extremely, very or somewhat confident/comfortable asking about DA. One staff nurse answered "not so."
- 10/26 who received a disclosure of DA felt screening had an impact on them. Reasons cited included personal impact on well-being, understanding of importance of screening, impact on the patient, impact on clinic given time taken to manage a disclosure.
- All of those who received a disclosure felt supported by the health advisors, safeguarding as well as wider team.

Training

What training have you received screening and managing domestic abuse?



What type or additional support/training about domestic abuse would be helpful for yourself or others?



Conclusion

- DA screening in PLWH provides the opportunity to prevent the escalation of DA to serious consequences.
- Both patients and staff were overwhelmingly positive about DA screening in PLWH. With recommendations to screen at every opportunity.
- Ongoing support and training is crucial for supporting DA screening in PLWH to continue
- The perspectives of patients and staff support improvement efforts to promote early identification and support for patients experiencing DA.

References

(1) <https://www.gov.uk/government/news/new-definition-of-domestic-violence>; (2) <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsendlandandwales/yearendingmarch2019>; (3) <https://www.nationaldahelpline.org.uk/>; (4) <https://apps.who.int/iris/bitstream/handle/10665/341602/WHO-SRH-21.9-eng.pdf>; (5) <https://www.bmj.com/content/369/bmj.m1872>; (6) Siemieniuk RA, Krentz HB, Gish JA, Gill MJ. Domestic violence screening: prevalence and outcomes in a Canadian HIV population. AIDS Patient Care STDS. 2010 Dec;24(12):763-70. doi: 10.1089/apc.2010.0235. PMID: 21138382; (7) British HIV Association monitoring guidelines 2020; (8) <https://www.bashh.org/bashh-groups/special-interest-groups/sexual-violence/>