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DOMESTIC VIOLENCE & ABUSE
RESEARCH INITIATIVE

Responding to Domestic Violence and Abuse in Multiple Sclerosis Care:

A Toolkit for Healthcare Professionals

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Acknowledgements

This toolkit was developed through the collective efforts of researchers, healthcare professionals, and individuals with lived experience of multiple sclerosis (MS) and domestic violence and abuse (DVA).

We are grateful to the people with MS who shared their experiences, and to the healthcare professionals for sharing their insights. We also acknowledge the NHS safeguarding teams and pilot site collaborators at Leeds Teaching Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust for their input. We also want to thank the Horne Family Charitable Fund for supporting this project.

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Together, we hope this toolkit will support MS healthcare professionals in creating safer, more responsive environments for patients affected by DVA.

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Executive Summary

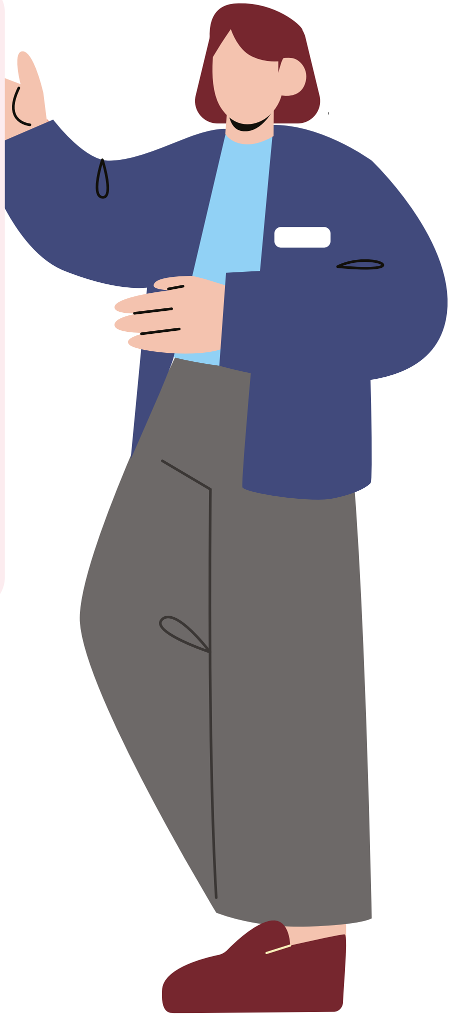
This toolkit has been specifically developed to support you—MS healthcare practitioners—in identifying and responding to domestic violence and abuse (DVA) among people with Multiple Sclerosis (PwMS). As professionals who regularly engage with patients in both clinical and home settings, you are uniquely positioned to detect signs of DVA and offer compassionate, informed support.

The toolkit is grounded in real-world clinical practice and was co-developed with input from PwMS, healthcare professionals, and NHS safeguarding teams. It incorporates evidence from pilot implementations at Leeds Teaching Hospitals NHS Trust and Nottingham University Hospital NHS Trust. While developed in England, the principles and practices outlined may be applicable across other regions, subject to local policy.

This toolkit will enable you to:

- Increase your awareness and understanding of DVA and its impact on PwMS.
- Safely and sensitively identify signs of abuse during routine clinical interactions.
- Respond appropriately to disclosures using trauma-informed approaches.
- Know how to explore the local specialist services available to help you create strong referral pathways and guidance/resources on how to develop safety plans tailored to victim-survivors' needs.

MS care presents a unique opportunity to address DVA due to the frequent and intimate nature of patient interactions. You often discuss sensitive topics such as sexual function and incontinence and may conduct home visits that provide insight into the patient's living environment. These interactions foster trust and create safe spaces for patients to disclose abuse.



The toolkit outlines a five-step approach:

You can click the steps to go jump to them in the toolkit.

Step 1: Ask

Use routine enquiry questions to initiate conversations about safety and relationships. Ensure privacy and avoid using family members as translators.

Step 2: Validate

Reassure patients that they are believed and supported. Use empathetic language and avoid judgment.

Step 3: Assess Immediate Risk

Evaluate the patient's safety, decision-making capacity, and access to essential care. Consider risks to children and other vulnerable individuals.

Step 4: Act

Collaborate with safeguarding teams and DVA specialists. Respect patient autonomy while fulfilling your duty of care.

Step 5: Record & Share

Document disclosures and actions taken using safe and confidential practices.

Key recommendations:

Display DVA awareness materials in MS clinics.

Refer to safeguarding policies and use risk assessment tools (e.g. Domestic Abuse, Stalking, Harassment, and Honour-Based Violence (DASH) risk assessment).

Consider introducing routine enquiry to normalise discussions.

Maintain thorough documentation to support future interventions.

Use patient-centred language and avoid pressuring disclosures.

Take care of your own emotional well-being and seek support if needed.

By integrating these practices into your routine care, you can play a vital role in safeguarding PwMS and improving their overall health outcomes. Your proactive engagement can make a significant difference in the lives of those experiencing DVA.

About this toolkit

This toolkit is for healthcare professionals (HCPs) who work with people with multiple sclerosis (PwMS).

The information and guidance within this toolkit will enable professionals to safely identify and respond to signs and disclosures of domestic violence and abuse (DVA). The toolkit also provides resources to help HCPs in signposting and referring their patients to specialist support if required.

The toolkit is grounded in real-world clinical practice and was co-developed in consultation with PwMS, HCPs, and National Health Service (NHS) safeguarding teams. This toolkit is further strengthened by insights and evidence gathered from HCPs during pilot implementation in the Leeds Teaching Hospitals NHS Trust and Nottingham University Hospital NHS Trust. The project was conducted in England, but the toolkit may apply to other nations: readers are advised to check country-specific policies and relevant guidelines.

The toolkit aims:

- **To increase MS HCPs' awareness and understanding of DVA**
- **To equip MS HCPs with the knowledge to allow them to safely identify and respond to signs of DVA within clinical settings**

Terminology

There are several terms, such as intimate partner violence,[1] domestic violence,[2] and domestic abuse,[2] which are often used to describe harmful behaviours in domestic settings and intimate relationships. The toolkit utilises the broader term **"domestic violence and abuse"** (DVA) to represent the wide range of violent or abusive experiences that are included in the diagram on page 10, including those that do not cause physical injury.

Whilst DVA affects mostly women (6.6% of women compared to 3.0% of men in the year ending March 2024), HCPs may also encounter men, non-binary and transgender people with MS who are experiencing DVA, as impairment is related to increased risk in these groups, too [3,4,5]. To acknowledge this breadth of experience, the neutral term of **"people with MS (PwMS)"** is used throughout this toolkit to refer to individuals who may be victim-survivors of DVA.

Domestic Violence and Abuse & Healthcare

What is Domestic Violence and Abuse?

According to the Domestic Abuse Act 2021 of England and Wales, domestic violence and abuse refers to a single incident or repeated instances of controlling, coercive, threatening, degrading, or violent behaviour, including sexual violence.[6]

This behaviour is often carried out by a partner or ex-partner, but it can also be inflicted by a family member or (in)formal carer. [7] In addition, we agree with Stay Safe East, a user-led organisation by and for disabled victim-survivors, who advocate that (in)formal carers should be included in the definition of domestic abuse to reflect the complexity of the abuse disabled people can experience.[8] We endorse this approach.

In the year ending March 2025, disabled people were significantly more likely to experience DVA (9.1%) than non-disabled people (3.9%).[5] Further, a significantly higher proportion of women were victims of each of the types of abuse than men during this time.[5]

Why is DVA a healthcare issue?

DVA has significant physical and mental health consequences, including increased risks of injury, substance misuse, depression, anxiety disorders, comorbidities and, in extreme cases, death.[9] It is particularly harmful for babies and children, with negative effects lasting a lifetime and affecting education and job opportunities, friendships, and mental and physical health. [10]

In 2013, the World Health Organisation (WHO) recognised DVA as an urgent public health priority as it may result in long-term physical and mental health consequences, including broken bones, pregnancy-related complications, and impaired social functioning.[11] As a result, individuals experiencing DVA are more likely to interact with HCPs. In the UK, statistics regarding the health impact of DVA have revealed that 80% of women in a violent relationship seek help from health services, usually general practitioners, at least once, and this may be their first or only contact with professionals.[12]

HCPs often serve as trusted confidants for patients experiencing DVA, making healthcare settings ideal for DVA identification and support.[13] The MSDVA Initiative has confirmed that patients with MS often see MS HCPs as trustworthy to disclose DVA if their HCPs ask questions safely and sensitively.[4,14]

MS care offers unique opportunities for identifying and responding to DVA

MS care allows HCPs to establish working relationships in which patients feel comfortable discussing various aspects of their health, including mental and physical well-being.[3] Frequent interactions, such as regular appointments with MS nurses and other allied health professionals, strengthen this rapport and trust.[15]

MS HCPs regularly engage in open and intimate conversations as part of routine care, such as discussing incontinence and sexual function.[3] People with advanced MS may receive home-based care, which provides HCPs with valuable insights into their home environment and circumstances.[3]

These factors offer MS HCPs opportunities to initiate conversations about patients' social and emotional well-being. Such discussions can create a safe space for patients to reflect on and share the dynamics of their relationships with partners, family members, or carers.

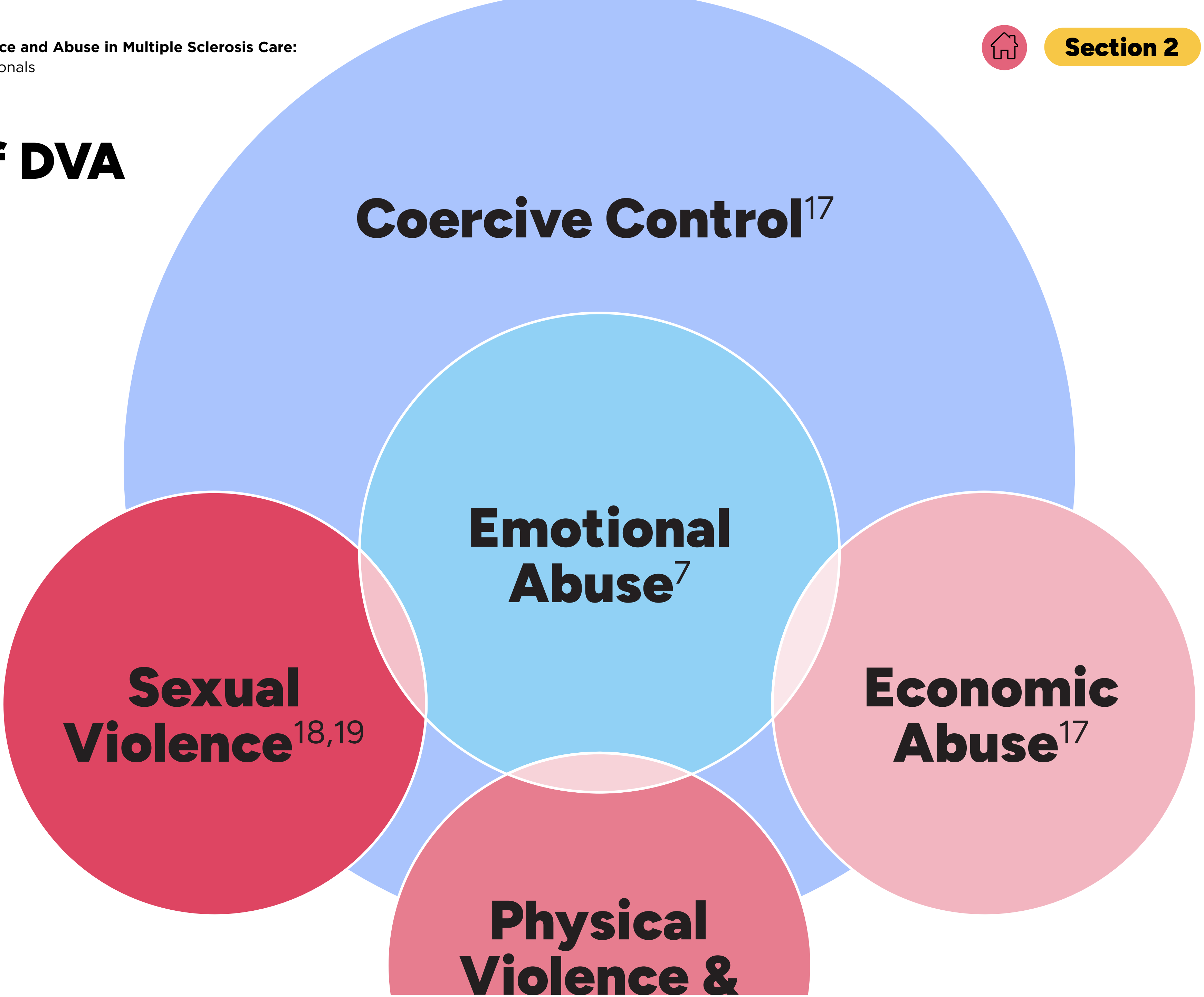
MS clinics can **raise awareness about DVA** and provide essential support to their patients by:[16]

Displaying posters and leaflets about DVA in infusion suites, toilets, clinicians' offices, and in outpatient clinics.

Asking routine enquiry questions about DVA to normalise these discussions in the MS clinic. This can indicate that patients could seek support from MS HCPs if the need arose in future.

The diagram on page 12 highlights that DVA can manifest in various ways, with many perpetrators using more than one form of abuse. For pwMS, perpetrators may use their MS and associated symptoms to abuse them. These forms of DVA are highlighted in bold on page 13.

Types of DVA



Coercive Control[17]

Emotional Abuse[7]

Sexual Violence[18,19]

Economic Abuse[17]

Physical Violence &

Types of DVA

Coercive Control[17]

- Controlling Daily Life: Restricting aspects of the person's daily life, including where they go, whom they see, what they wear, and when they sleep.
- Isolating the person from friends, family and support by rejecting offers of formal or informal support.
- Coercing them to stay in a relationship. **For example, the abuser may convince them that there is no one else to care for them or no one else will love them.**
- Using intimidation, including smashing property, stalking, and using technology to stalk and harass.
- **Denying access to or removing mobility aids or assistive devices.**

Emotional Abuse[7]

- Gaslighting: Manipulating the person into doubting their memory or misinterpreting events.
- **Grandstanding: Abusers telling others that they are doing an excellent job of caring for the person with MS.**
- Calling the person hurtful names or using derogatory words.
- **Shaming or criticising the person for their MS symptoms (e.g. Increased fatigue).**

Sexual Violence[18,19]

- Sexual Coercion: **Forcing or coercing the person into sexual activity in exchange for care.**
- Sexual violence, including rape, sexual assault, and any sexual activity the person did not consent to. It can include forced kissing, touching, or penetration.
- Non-consensual choking during sex.
- **Continuing with sexual activities, when they exaggerate discomfort or pain related to physical impacts of MS.**

Physical Violence & Abuse[17,18]

- Punching, slapping, hitting, pinching, kicking, scratching, or biting
- Attacking or hurting the person with objects as weapons.
- **Withholding or failing to collect necessary medicines or prescriptions.**
- **Toileting abuse (leaving someone on the toilet too long or not taking them to the bathroom).**

Economic Abuse[17]

- Financial Manipulation: Coercing the person into creating a living will or power of attorney that benefits the abuser.
- Taking out debts in the person's name without their consent.
- Abusers control all the household income and keep financial information a secret.
- **Being stopped from accessing disability benefits they are entitled to.**[32]

Step-by-step Actions

Asking routine safety questions about DVA is **more than a tick-box exercise**. It aims to open a supportive and explorative conversation to understand patients' needs. Disclosure should never be forced; instead, adopt a compassionate and trauma-informed approach when engaging with patients about DVA.

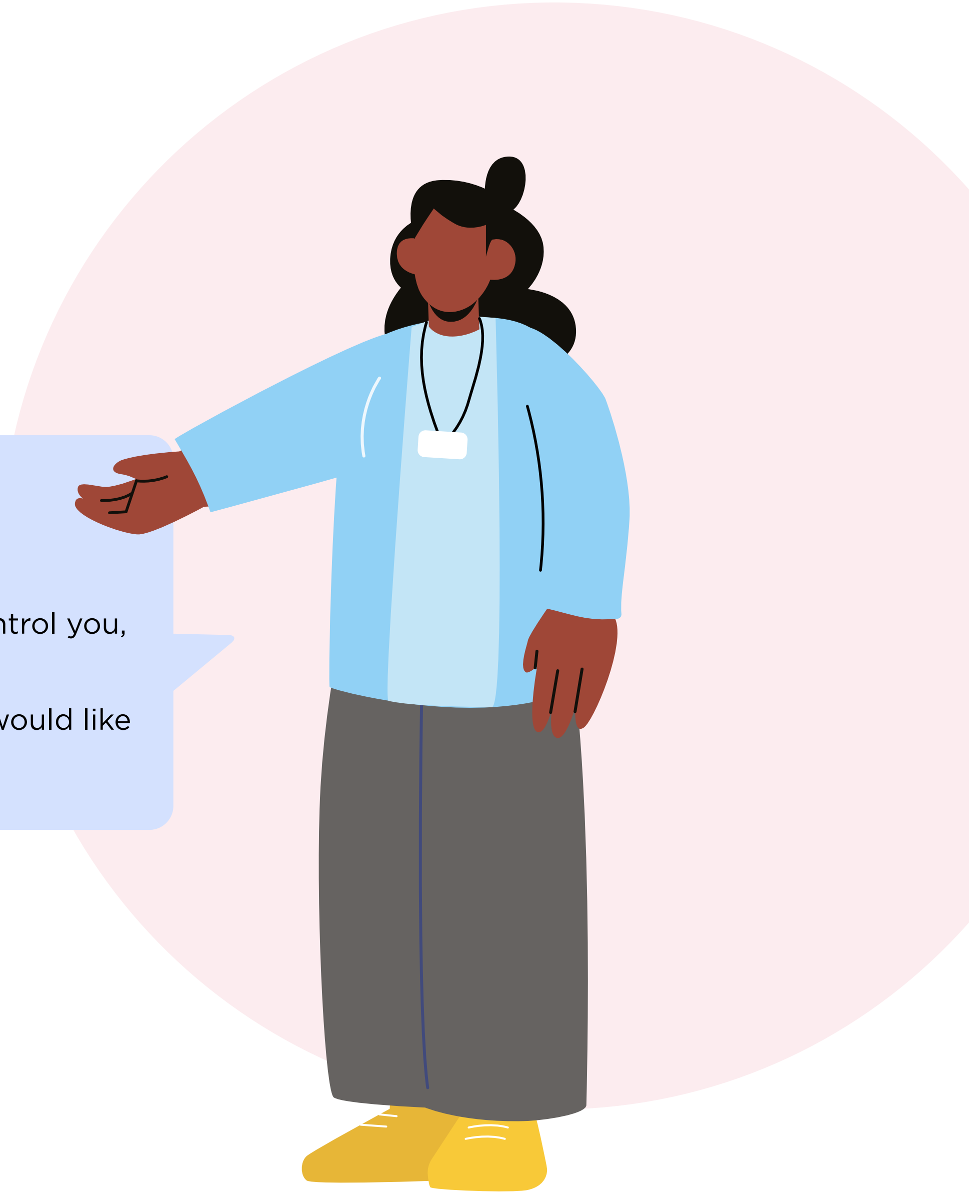
Step One: Ask

Routine enquiry involves screening all individuals for DVA when they attend a healthcare setting by asking specific questions about their safety and well-being at home and in their relationships.[20]

Research suggests that victims may disclose DVA when they are directly asked, and when they are asked more than once.[21] It is useful to label the conversation you are about to have with the patient to prepare them. To do so, consider prefacing the safety questions with: "We know many people are subjected to abuse at home..." This makes the patient feel that it is okay to disclose and that the questions are asked of everyone.

Opening questions

- Do you feel safe at home?
- Does anyone harm you, control you, or make you feel scared?
- Is there anything else you would like to discuss with me?



The safety questions should **always be asked when the patient is alone.** If someone accompanies them, ensure the conversation is private and confidential by creating a safe space. Never use friends, family members, or children as translators. Use only an independent, professional translation service for spoken or sign language needs.

In face-to-face appointments, creating a safe space could include:

- Taking the patient for a blood test or a urine sample.
- Observing their gait or performing a timed walk or hand function test.

In home visits, creating a safe space could include:

- Asking the patient if they could be seen in another room to look at transfers.
- Asking the carer to leave the room to find care package information or to bring equipment.

In online/telephone appointments, creating a safe space could include:

- Establishing a safe word or phrase that the patient could use at times when they can no longer speak freely or confidentially.
- Phone the patient when they are home alone by making a note of when the patient's partner or carer would be out of the home, such as at work or for other purposes.

Observing patient responses

Do they answer with silence or in one word?

- Silence or one-word responses may indicate hesitancy or fear.
- Avoid pressing the patient to speak further and reassure them that you are available to listen and support them when they feel ready.

Do they seem to be talking about a specific person's behaviour?

This may be an opportunity for you to ask follow-up questions about the dynamic of the relationship with a specific person and the patient's wider social support system.

If you notice any visible signs of discomfort...

You could initiate the conversation using the following example phrases on the image on the right.

When discussing DVA, **use the patient's language and terms.** If they disclose an experience of DVA, follow up with specific, direct questions.

Approaching routine enquiry

Please note: If you have concerns that discussing DVA will affect you, please request that someone else from your team poses the routine enquiry questions to your patients.

HCPs can help reduce stigma and normalise these discussions.

- Conduct routine enquiry with a sense of purpose and in a serious tone. Try not to rush the questions, even if they feel unpleasant.
- Let patients know that these questions are standard for all patients in every appointment to reassure them that they are not being singled out, helping to reduce anxiety or offence.
- Take any hesitancy seriously, reassure patients that this is a safe space, and let them know you are here to support them if needed.
- Inform them that disclosures are confidential, except in cases where safeguarding procedures apply. Make sure that you tell them that if a child under the age of 18 or an “adult at risk” is involved, you will have to speak to safeguarding professionals and other agencies.

Specific DVA training can further build confidence in identifying, inquiring about, and responding to DVA. Please see the **Resources for Professionals page** on the MSDVA website for additional resources.

Step Two: Validate

Validation is crucial in helping patients with MS feel confident and supported, especially if an abuser told them they would not be believed. HCPs need to reassure patients that they are believed.

Responding to DVA disclosures

The way you respond in the first moments of disclosure is crucial:

Avoid pressuring the patient to share more than they want to. Assure them that the door is always open for a future conversation when they are ready.

Be mindful that patients may feel anxious or fearful after disclosing their experiences.

Do not feel pressured to offer immediate solutions. In the first instance, be open and non-judgmental, and reassure them you are there to listen.

Consider using supportive phrases such as:

Some patients may not recognise or feel uncertain about describing their experiences as DVA.

Gently assist them in identifying their experiences while acknowledging that this can be challenging. You could say:

> **"What you have described sounds like a form of abusive behaviour. I understand this might be hard to hear, but have you ever thought of what you are experiencing as abusive? It is okay if you have not."**

You could also use a visual tool to help them identify their experience. This could include the Duluth Power and Control Wheel.

Maintaining empathy and respectful language

Don't judge or blame the patient

Use sensitive language, and avoid unintentional victim blaming by using questions such as 'What did you do?'

Avoid judging/criticising the abuser

Patients may feel complex emotions, including loyalty towards the abuser.

Refrain from using negative language about the abuser, as this can affect the patient's emotional state and potentially their trust.

Acknowledge the challenges patients with MS may face

For some patients with MS, leaving an abusive relationship may involve significant challenges, such as leaving a home that is adapted to their needs or leaving behind a job, support networks, children, or pets.

Be mindful of trigger words

Some patients may feel unsettled by terms like 'violence and abuse'. Use the terms used by the patient.

Do not pressure patients to leave

Ending a relationship or cutting ties, even with an abusive family member, can be complex.

Many patients face significant barriers to leaving an abusive situation or accessing support.

Do not judge success by the patient leaving. Instead, focus on the impact of your interaction and the possibility of helping patients realise they are in an abusive relationship and making plans to remain safe, including an exit plan.

Respect the patient's autonomy and work to maintain a supportive, trusting relationship.

Important:

If a patient expresses readiness to leave or end a relationship, DVA specialists are available to support them in doing so safely. You can help facilitate this support by following steps 3-4 in this toolkit.

The period when a victim-survivor is attempting to leave or has left a DVA relationship is a dangerous time with a significant threat of increasing violence[22]. **Work with your hospital or practice safeguarding team to ensure the safety of the PwMS.**

Step Three: Assess Immediate Risk

When a patient discloses DVA, it is important to assess the level of risk they may face. **Professional curiosity and judgement** are essential in gathering information from the patient to determine their level of risk.

When assessing immediate risk, it is essential to consider whether vulnerable adults or children are at risk. This is crucial for fulfilling your duty of care to these groups. If you are unsure, consult your safeguarding team, who will be able to advise you. Consider the following factors:

Risk of Serious Injury or Death

Evaluate if there's a risk of severe harm.

Physical Barriers to Safety

Consider whether mobility issues or inaccessible services could limit the patient's ability to escape harm.

Patient's Fears

Take the patient's fears seriously, especially if they express concerns about the abuser acting violently towards them or their loved ones, including children, pets, or family members.

Patient's Decision-Making Capacity

Consider any cognitive or emotional challenges, especially during periods of symptom exacerbation or relapse.

Please refer to the **Suggested risk assessment questions** on the next page, as well as to your healthcare trust or workplace's domestic abuse or safeguarding policy for guidance on specific risk assessment tools and procedures. For example, your trust may recommend using the Domestic Abuse, Stalking, Harassment, and Honour Based Violence (DASH) risk assessment (see here for an example DASH form).

Immediate concerns

Address any specific worries the patient may have, such as:

- Access to essential medications or healthcare services.
- Ability to manage daily living tasks if separated from their primary carer, who may also be the abuser.
- Immediate care needs, especially for those with advanced MS who may face barriers to accessing support, potentially increasing dependence on a carer who may also be the abuser.

Suggested risk assessment questions

Consider asking the following questions to assess immediate risks:

Do you feel safe going home? If not, is there somewhere safe you could go?

Do you have any immediate concerns about your safety, particularly if [insert name of suspected abuser] is your primary carer?

Is there anyone other than [insert name of suspected abuser] who assists with your care or whom you can rely on?

Do you live in an adapted home that allows you to rely less on others for support?

Is [insert name of suspected abuser] in possession of any medication you need?

Has [insert name of suspected abuser] made any threats, either verbal or physical, that concern you?

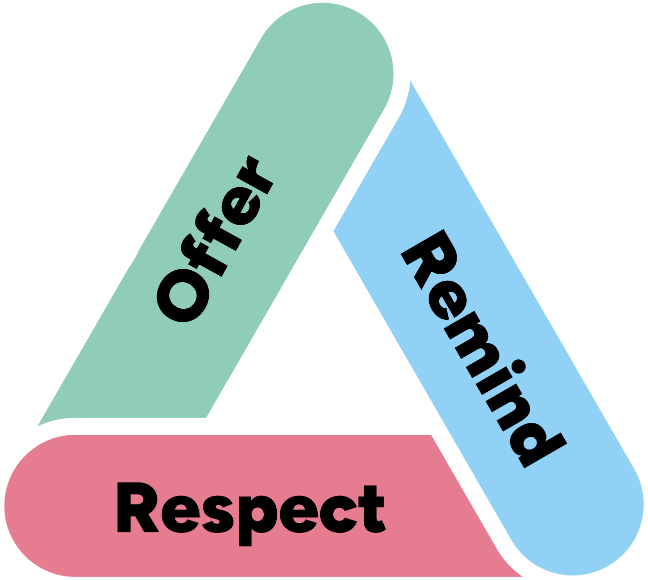
Have you noticed the abuse worsening, becoming more serious, or more frequent in certain situations?

Do you have any concerns regarding your finances?

Step Four: Act

Following any disclosure and risk assessment, use your professional judgment to decide the next steps, following these guidelines.

Prepare a safety plan for patients with MS if risk escalates. Follow safeguarding and domestic abuse policies, especially if a child or "adult at risk" is involved (as per the Care Act 2014).



Patient autonomy and consent

Offer
Offer to assist by referring them to the hospital safeguarding team and/or connecting them with a DVA specialist service.

Remind
Remind the patient that they have autonomy over their decision to stay or leave the abusive environment and reassure them that support from your team will always be available, regardless of their decision.

Respect
Respect the patient's decision if they choose not to proceed with further action unless there is a safeguarding risk to themselves, children, or other "adults at risk" in the household. In such cases, you may need to share the disclosure with the relevant authority after careful consideration, even without the patient's consent. **If you have confidentiality concerns, seek specialist advice from your safeguarding team.**

Safeguarding considerations

- Follow your trust or workplace's Safeguarding and Domestic Abuse policy for specific guidance. Policies may provide steps regarding consent, information sharing and documentation, and risk assessment.
- If a child associated with your patient may be at risk of DVA or have witnessed DVA, contact your Children's Safeguarding team.
- Locate workplace safeguarding contact numbers for in-hours and out-of-hours situations. Your workplace website may have these details and further guidance.
- For emergencies (e.g., life-threatening situations), call 999. For non-emergency police assistance, call 101.
- Discuss any safeguarding or emergency actions with the patient before proceeding.

Safety Planning

Develop a safety plan with your patient. Consider their specific needs. **Without a well-supported care plan, the patient may be at increased risk of harm.**

Please refer to our additional resources page, adapted from the Department of Health[23], for detailed information on safety planning.

If there are children or other dependents within the household who are at risk of experiencing DVA, please refer to the following link for detailed safety planning: Department of Health | Responding to Domestic Abuse: A resource for health professionals

DVA specialist services can assist by:

- Exploring options for support (e.g., accessing safe accommodation, mental health services, and support groups)
- Determining appropriate next steps
- Providing information on legal options, entitlements, and guiding patients through legal procedures

How you can support your patients

Locate Local DVA Services

To find out about local DVA specialist organisations in your surrounding area, please use the Women's Aid Directory:

https://womensaid.org.uk/womens-aid-directory/

Provide Signposting Information if Referral is Declined

If the patient declines a referral, signpost them instead by giving contact information for local or national DVA services (these can be found on our webpage MS Domestic Violence and Abuse Research Initiative).

See the Referral through

Follow up to ensure an appointment is offered and that the patient can access it, checking that they are satisfied with the support provided. If they encounter any issues, offer to follow up on their behalf.

National DVA Helpline

For information or guidance on services, call the free National DVA Helpline 24/7 at 0808 2000 247.

Note:
Some areas offer specialised services for minoritised groups (e.g., for disabled, LGBTQ+, or minority ethnic individuals). These services may be especially valuable, as patients may feel more comfortable seeking help and engaging with services that understand their unique needs. **Always present options without assuming a patient's preference.**

Step Five: Record & Share

Health records are particularly important in cases involving DVA enquiries and disclosures, as these records may ultimately assist patients in living safer lives. For instance, thorough documentation could support a patient's application for a non-molestation or restraining order.

Documentation should be comprehensive, consistent, and shared as appropriate (e.g. to those involved in the patient's care or safeguarding) to help you and other professionals build a complete picture and effectively monitor risk.

For specific advice, follow your Trust or workplace domestic abuse, safeguarding, or record-keeping policies.

Guidance for documentation

In general, consider documenting the following:

- What you asked, including routine or triggered questions (e.g., questions about visible bruises or fractures) and the patient's responses
- Any suspected red flags relating to DVA, even if there is no disclosure. (see section 4)
- The relationship between the patient and the suspected abuser
- Presence of any children or other adults at risk within the household
- MS-related health conditions or comorbidities
- The history of DVA, noting whether it is the first instance or part of a pattern
- Information provided on local sources of support and any actions taken, such as referrals to DVA specialist services
- Details of referrals made without the patient's consent and the rationale for doing so

Documenting sensitive information

- Health records should be marked with DVA alerts where appropriate, ensuring that other HCPs working with the patient are aware of the potential for ongoing issues that may need attention.
- If you were unable to enquire about DVA or the patient does not disclose, please record this information, including reasons for not making enquiries (e.g., presence of family members or lack of private space). This record can be helpful if there is a future escalation in DVA-related risk.

Key considerations

- When you record information, always use phrases like ‘patient says’, ‘patient describes’, or ‘patient discloses’, followed by their own words.
- Ensure that documentation is not visible to anyone accompanying the patient during future appointments.
- When providing physical or printed copies of summaries (e.g., for hospital admission), take care to redact DVA information where appropriate to prevent the abuser from seeing it.

IRISi has produced guidance on safe documentation, which can be found here: IRISi Guidance on Safe Documentation.

Recognising Red Flags

Patients experiencing DVA may vary in their responses, so use **professional curiosity** to look beyond what is immediately visible.

Get comfortable asking sensitive questions, seek colleague support, and keep a "toolbox" of helpful questions ready. Although many HCPs fear offending patients by raising DVA, research shows most people do not mind being asked.[21]

Key elements include:

- Asking open, respectful questions and listening for what is said—and unsaid
- Observing body language, tone and the environment for clues
- Considering alternative explanations and thinking beyond the obvious
- Discussing concerns with peers or supervisors for another perspective

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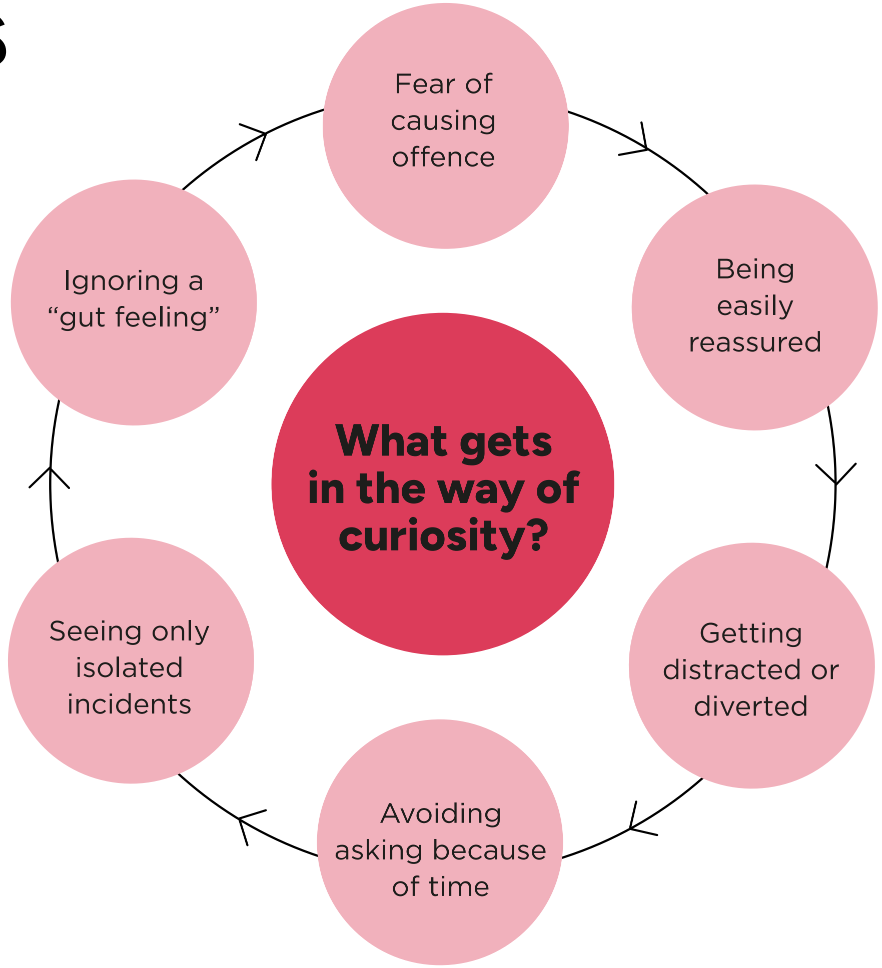
More tips and guidance are available on the MSDVA Research Initiative website.



What gets in the way of curiosity?

Fear of causing offence

Being easily reassured

Getting distracted or diverted

Avoiding asking because of time

Seeing only isolated incidents

Ignoring a "gut feeling"

Professional curiosity means actively trying to understand a situation by keeping an open mind, asking questions, and challenging your assumptions. It involves respectful uncertainty and recognising that abusers may hide in plain sight or even try to manipulate professionals.

As well as remaining professionally curious, you should also be alert to possible **red flags (indicators/signs of DVA)** that may present during health visits.

Unpredictable contact with healthcare[24,25,26,27]

DVA can lead to unpredictable contact with healthcare due to its impact on overall health and well-being.

Signs of unpredictable contact with healthcare may include:

- Frequent contact for vague symptoms not directly associated with their MS diagnosis.
- Regularly missing or cancelling appointments without providing clear reasons.[24]
- Delayed presentation of a decline in health due to avoiding the healthcare setting.

Mental health[25,26,29]

Potential signs observed in patients:

- Higher-than-expected levels of distress, fear, or hopelessness about their prognosis.
- Reports of sleep disturbances, such as insufficient or excessive sleep.
- Eating disorders.
- Alcohol/ drug misuse.
- Depression or post-traumatic stress disorder.
- Self-harm behaviours or a history of suicide attempts.

Physical health[24,25,26]

Potential signs observed in patients:

- Multiple fractures over an extended period.
- Bruising or injuries inconsistent with the reported causes.
- Unexplained pain or fluctuations in weight.
- Functional or stress-related conditions, such as chronic headaches and chronic pain.
- Poor skin condition or skin breakdown, such as rashes, bedsores, or open wounds, especially for patients with advanced MS who require bed-based care.

Reproductive and sexual health[28,29]

- Unintended pregnancies.
- Forced abortions.
- Pregnancy or childbirth complications.
- Miscarriages potentially associated with DVA.
- Presence of recurrent sexually transmitted infections.

Intrusive/controlling escort[24,25,26,27]

An intrusive/ controlling escort could be a partner, caregiver, or family member who accompanies the patient and may display overly controlling behaviours during a healthcare visit. It is important to **observe the dynamics between the patient and this individual.**

Key signs may include:

- Frequent attendance by the partner, family member, or caregiver, even when not necessary.
- The patient appears submissive or hesitant to speak in the presence of the accompanying person.
- Persistent direct contact from the partner, family member, or caregiver during the patient's appointments, by telephone or inpatient stays.
- The accompanying person dominates conversations, speaks on behalf of the patient, or refuses to leave the room.
- The patient requests contact when the partner, family member, or caregiver is absent or requests that letters should not be sent to their home address.

MS-specific signs

Possible indication that the patient's basic care needs are unmet. **This may include:**

- Poor diet/ malnourishment (especially in cases of people with advanced MS when they rely on carers for their basic needs)
- Neglect of needs regarding hygiene (e.g. using the bathroom/ bathing)

Improper medication management:

- Particularly when a patient with MS relies on their carer for administering/ providing medication.

Increased levels of social isolation:

- The patient relies on their partner/carer as their only source of support. This may indicate that the patient may be intentionally isolated from their support networks e.g. friends and family.

Healthcare Professional Tips

Keep your **threshold for suspicion low** and always ask to get as much information as possible from your patients before proceeding with further action.

HCPs must be aware of any **sudden, uncharacteristic fluctuations of usual, consistent symptoms** for their patient, as there is an overlap between MS symptoms and red flags e.g. chronic pain.

It is also essential to note that **DVA may sometimes be present even when no observable red flags exist,** as abusive individuals may attempt to project a positive image. Patients experiencing DVA, especially if their primary caregiver is involved, may downplay or conceal the situation to protect themselves or maintain privacy.

Consider the times in the PwMS's life when there might be an increased risk of DVA developing or escalating. The perinatal period is one such time.[27] Risks of DVA may also increase around menopause.[28] HCPs could choose to ask about relationships or even prioritise DVA enquiry at these times.

Speak to other professionals if you can. They may be thinking the same thing as you, or may have seen something that worries them. Perpetrators often try to play HCPs off against one another, so communicating with other HCPs is really important in understanding the whole picture.

Caring for Yourself

Vicarious trauma

When supporting your patients with their disclosures, it is important to consider your emotional well-being. It is normal to feel upset, shocked, or angry in response to your patients' experiences of DVA. For some people, these emotions may develop into vicarious trauma[3].

Vicarious trauma (VT) may occur when you engage empathetically with trauma survivors, leading to negative outcomes such as chronic stress or burnout.[28]

Some of the signs of vicarious trauma include:[30,31]

- **Prolonged anxiety or sadness**
- **Depression**
- **Difficulty sleeping**
- **Feeling less safe in the world**
- **Isolation**
- **Not being able to separate work from personal life**

If you think you may be experiencing VT it is important that you arrange to speak with your line manager or other available support within your workplace, such as the staff counselling service.

If you are not ready to ask questions about DVA due to your history or triggers, please do not pressure yourself. Speak to a member of your team or line manager to help support yourself and the patient.

HCPs interviewed for the MSDVA HCP study wanted to know how they could support colleagues if they were worried about DVA.[3] We have therefore included a resource for employers and workplaces in this section.

You may find the following resources helpful for self-care and support in the workplace:

Vicarious trauma: signs and strategies for coping

The BMA provides strategies for coping with VT as well as targeted training.

Visible-vicarious-trauma-web.pdf

Visible provides more detail about the signs and symptoms of VT as well as a self-assessment template and strategies for self-care.

Wellbeing-support-services-directory-september-2024.pdf

The BMA provides a directory of wellbeing support services across the UK.

Counselling service | Royal College of Nursing

If you are an RCN member, you can access free confidential advice and their counselling service.

Domestic Abuse: A toolkit for employers

Guidance on responding to DVA in the workplace.

The MS-DVA Research Initiative website hosts a variety of supplementary resources which can be used alongside this toolkit.

These include suggested follow up questions for DVA screening in MS and resources for referrals and wider support.

We have added links to further training and useful prompts for safety planning. There are also case studies for HCPs to use for training and discussion in your own MS setting. We trust you will find these useful as we continue to raise awareness of this important issue in MS care.

Scan the QR code to go to the MSDVA website.

Appendices: Additional resources

Suggested follow-up questions for screening DVA

If patients begin to disclose experiences of DVA or their responses to routine enquiry questions suggest signs of DVA, healthcare professionals may consider using some of the following questions to facilitate further conversation. These are examples of questions that can be adapted depending on the situation, allowing HCPs to select those most relevant to the context or to frame questions in their own words if more appropriate. The aim is to help patients share specific information about their experiences.

DVA-Specific Questions:

- Does anyone belittle you, put you down, criticise you, or call you names?
- Does anyone control you or prevent you from doing things you would like to do?
- Does anyone threaten or intimidate you using your children or pets?
- Has anyone ever threatened or used physical actions against you? Thrown things at you? Damaged items in anger?
- Does anyone control or interfere with your finances?
- Has anyone ever touched you in ways you do not want?

In addition to these DVA-specific questions, asking MS-related questions can provide insight into specific barriers, help create appropriate safety plans and support referrals.

MS-Related Questions:

- Does anyone in your family, such as a partner, parent, sibling, or carer:
- Prevent or stop you from going out, using your MS as the reason?
- Prevent or stop you from caring for your children, citing your MS as the justification?
- Prevent or stop you from engaging in routine activities, claiming it is due to your MS?
- Tell you that you are incapable of doing things you know you can do, using your MS as justification?

Safety Planning Discussion Prompts

When assisting your patients in making a safety plan, encourage them to find solutions that fit their situation. Use these prompts to guide the conversation. You can fill this in with your patient.

Click the text box to write in them.

Where will you go if you need to leave quickly — a refuge, a friend's, or a family member's place?

Refuges and safe houses are available for men, women, and children experiencing DVA. Some are accessible for wheelchair users or those with limited mobility. Contact the 24/7 National Domestic Abuse Helpline (operated by Refuge) on 0808 2000 247 to find the nearest accessible refuge.

How will you leave? Do you need accessible transport? Could a refuge arrange transportation, or is there someone who could assist you?

Is there a trusted person who could help you leave quickly? Let them know about your safety plan and how you would like them to assist if needed.

Make a list of contact numbers for people who can help. Important contacts might include:

Police:

A trusted friend or family member:

A DVA support service:

Nearest accessible transport service providers:

Other:

Click the text box to add your own contacts.

Gather important items and documents for you and any dependents.

Store these in a safe place, either where you live or with a trusted friend, neighbour, or family member. Essential items may include:

- **A spare house key**
- **Bank statements or other financial records**
- **Photographs**
- **Set aside money in case you need a taxi**
- **Important documents (or copies) such as birth certificates and passports.**

Key people to consider if there is a suspicion of DVA

The following list outlines key personnel to engage when managing disclosure of DVA within a health setting in England and Wales, which aligns with safeguarding and domestic abuse policies. Relevant guidelines and frameworks include the Domestic Abuse Act 2021, the NHS England **Safeguarding Accountability and Assurance Framework** (SAAF) 2022 (updated 2024), the National Institute for Health and Care Excellence (NICE) guideline [PH50] 2014 and Working Together to Safeguard Children 2018 (updated 2023).

Whilst these considerations are intended to apply to health settings in England and Wales, we recognise that there are similar but specific guidance frameworks in Scotland and Northern Ireland. These are available on our webpage as an additional resource.

Key Personnel Involved:

Named Safeguarding Professional (e.g., Doctor, Nurse, Mental Health Practitioner)

The HCP receiving a DVA disclosure is responsible for initial risk assessment, safety planning, and referral to appropriate services. NHS England (SAAF) specifies that HCPs must be trained to recognise and respond effectively to disclosures of domestic abuse.[31,32]

Police

In high-risk situations or where there is immediate danger, healthcare providers may involve the police to ensure the safety of the patient and any family members. The Domestic Abuse Act 2021 and NHS safeguarding frameworks outline police engagement as crucial in cases with imminent risk of harm or when criminal investigations are required.

Key Personnel Involved:

Housing Support Services

If safe housing is needed, housing support services (Local Authority) can assist with emergency accommodation or relocation, as outlined in the Domestic Abuse Act 2021 and NICE [PH50] recommendations. These services offer practical solutions for individuals facing unsafe home environments.

Domestic Abuse Specialist or Advocate

In cases where DVA is disclosed, involving trained DVA specialists, such as Independent Domestic Violence Advisors (IDVAs)/hospital-based IDVAs or DVA coordinators/champions within your trust, can be essential.

These professionals provide guidance and safety planning, as recommended by NICE guidelines [PH50][32] and the Domestic Abuse Act 2021,7 which emphasise specialist advocacy within a coordinated response.

Social Care Services

When children or adults receiving care are at risk, the safeguarding lead may involve social care to assess risks and provide support, following the Working Together to Safeguard Children framework (2018).

Safeguarding Lead

The safeguarding lead ensures adherence to safeguarding policies and coordinates appropriate responses to DVA disclosures. Safeguarding leads play a critical role in managing and escalating safeguarding concerns across health services.

If there are disagreements between the HCP and the safeguarding lead regarding the next steps in managing a case, escalation to senior management or the designated Safeguarding Board may be required. This board includes a multidisciplinary group responsible for reviewing complex cases.[32,33]

Building your list of contacts

The toolkit has highlighted several key professionals whom you can turn to for help. The HCPs interviewed for the study spoke about the importance of creating connections and knowing what was available in your trust and the local area.

To aid you in organising a list of these professionals and their contact details, we have created this table, which you can fill in and refer to when needed. Your trust may not employ all the roles listed below or your local area may not have all the suggested services available, so please fill in what applies to you and add anything else that you have found useful.

Key Professionals	Contact Number
Adult safeguarding (in hours)	
Adult safeguarding (out of hours)	
Children's safeguarding	
Hospital-based IDVA service or DVA coordinator	
Local Women's Aid or similar DVA service	
Local DVA service for men	
Local DVA service with accessible refuge	
Disability specific DVA service	

Click the text box to add your own contacts.

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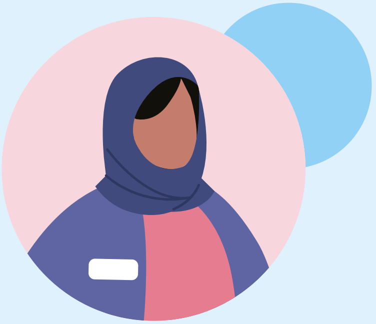
DOMESTIC VIOLENCE & ABUSE

RESEARCH INITIATIVE



This is the latest version of the toolkit that the Multiple Sclerosis Domestic Violence and Abuse (MSDVA) Research Initiative has been developing for healthcare professionals. We welcome your feedback on our toolkit, so that we can further develop it as a resource and ensure it provides practical and implementable support.

If you have any feedback, please send it to **MSDVA@leeds.ac.uk**

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