Shining a Light on Domestic Abuse (DA) in Ophthalmology:

Improving clinician confidence in discussing and managing DA in the acute Ophthalmic setting

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Background:

- Domestic Abuse is defined as "*The behaviour from one person to another that is abusive either physically, sexually, economically, or through violent or controlling acts, when there is a personal connection between the two persons involved." (1).*
- We define people who are 'personally connected' as: intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household (1).
- Of the limited data available, 45% of DA injuries involve the eye (2) and 1 in 12 visually impaired people in the UK are victim of DA (3)
- There is is paucity of research on DA and how it presents in the Ophthalmic setting. Ophthalmic presentations of DA are not often disclosed and this means many Ophthalmologists have limited experience in discussing this difficult topic or know what red flag signs to look out for. It is key to incorporate screening questions during history taking for all patients, particularly those with a traumatic presenting complaint to ensure the patient is given an opportunity to disclose.
- Safeguarding training is often limited to annual mandatory training with limited refresher courses available, and given the Royal College of Ophthalmologists (4) do not have DA specific sign offs for trainees there is less attention given to this important topic than others within the training years.

Issues Identified and Aims of this project:

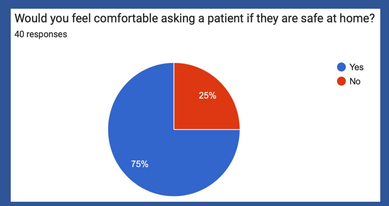
A few DA cases presented to our eye casualty within a few weeks and it became clear through informal feedback from clinicians that they were unsure how to handle these cases safely.
Issues that were identified at this point:

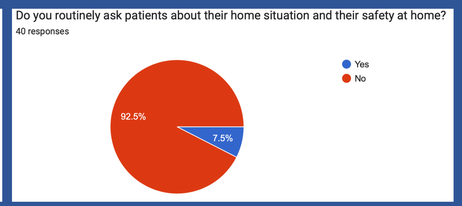
- **Unclear local guideline** on how to handle a disclosure of DA in the acute ophthalmic setting
- **Vague ladder of senior escalation** in the event that disclosure took place
- On literature review there is **a paucity of data** on signs and symptoms of DA in the ophthalmic setting therefore limited clinical presentations that may remind a clinician to ask about DA.

Pre-Teaching Results:

We collected data via an anonymous online questionnaire to all healthcare professionals (HCPs) including doctors, nurses and healthcare assistants (HCAs). We did not differentiate between these different groups as all members of the healthcare team interact with patients when they present in the acute casualty or clinical setting.

- 52% of HCPs were not aware of the DA guideline at our Trust
- 62% of HCPs were unsure when they should break confidentiality on DA disclosures
- Only 64% of HCPs were aware of the relevant escalation plan and who to report disclosure to within our department
- Reassuringly, 77% of HCPs were aware that consent was not required for a child safeguarding referral





Implementation of Teaching:

Regional Remote Teaching run by the Trust DA Co-Ordinator and ST trainee with interest in DA

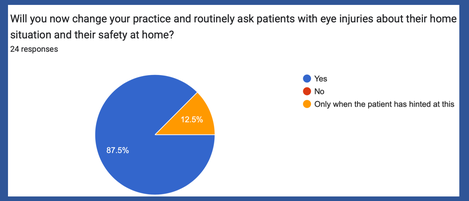
- Trainees from multiple hospital trusts were invited to attend theses teaching sessions therefore there was reasonable outreach of these sessions to multiple hospital sites.
- The sessions were only 1 hour long making them accessible. The scope of the teaching was kept to relevant information and protocol required for Ophthalmologists in the acute setting.
- Unfortunately, not all trainees that were invited to these sessions were able to attend.
- These sessions were only advertised to doctors who had protected teaching time during this sessions. Other HCPs were mostly unable to attend due to clinical commitments which clashed with these sessions.
- These sessions occurred remotely which can often lead to limited engagement with the material compared to in person teaching.
- DA is not part of the RCOphth curriculum in its own right (4) and therefore there is more limited engagement on this topic compared to other scientific or clinical areas.

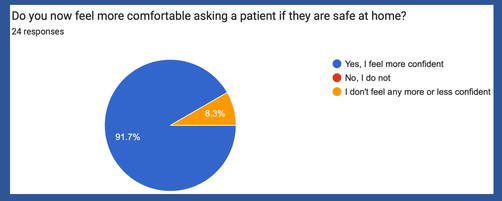
1 to 1 sessions with Nursing and HCA colleagues

- Increased outreach to other healthcare professionals that were unable to attend remote regional teaching.
- These sessions were cut down to a short presentation that could be done on the ward, in eye casualty or in the outpatients department and therefore meant HCPs did not have to take time off clinical duty to attend.
- This was a more labour intensive method of performing teaching as multiple teaching sessions were required to access the number of staff based in different areas of the hospital.
- These sessions were run by one doctor which was difficult to find time in between other clinical commitments

Post-Teaching Results:

- 100% of HCPs were aware of the local guideline
- 19 people were aware of where to find the Child Safeguarding form on our online clinical software (15 previously)
- There was no change in the number of people who were confident on when to break confidentiality
- Unfortunately, uptake of the post-teaching questionnaire was limited and we only received 24 responses to this, compared to 40 responses with the pre-teaching
- We did not differentiate between results of 1 to 1 versus group teaching sessions which may have helped use to decide going forward which type of teaching gave better outcomes.





References:
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Issues Going Forward:

Lack of interest in this area:

DA is innately an emotional and difficult topic which can be anxiety inducing for staff, and indeed triggering for some personal experiences.

Safeguarding is not a clinical or scientific topic in itself. It also does not specifically feature in the curriculum for trainees (4). It could therefore be seen to hold less importance than other scientific sections of the curriculum. This makes it is easy to sideline, which just further perpetuates ignoring this ever growing and important issue.

Lack of funding:

- Imperial Trust DA Co-ordinator position was only being funded for 1 academic year and therefore there is currently no have longstanding solution or named advisor to clinicians who need more expert help with complex cases.

Changing staff body due to trainees → **DA Ambassadors**

We created a new role in our hospital of permanent staff including matrons, consultants and eye casualty nurses who were on site daily as a point of call for other staff if a case of DA were to present.

New DA Guideline (below) → Poster in Eye Casualty and included in WEH Trainee handbook to give clear advice.

Our New Western Eye Hospital Guideline:

