

Remote consulting: domestic abuse and violence (11.5.20)

The COVID-19 pandemic has led to a multitude of changes through society and healthcare, and lockdown has led to significant challenges for many. People who are in abusive relationships have often been put in closer proximity to their abuser, and may find it much harder to seek help.

When they do seek help, remote consulting may make things even more tricky.

Faced with these challenges, how can health and social care teams best offer support to this vulnerable group?

This article offers some practical tips.

Headlines

- Calls to domestic abuse helplines have surged by up to 700% in a single day during the COVID-19 pandemic (reported by Refuge, April 2020).
- Alcohol sales have risen as people drink at home.
- The presence of the 'toxic triangle' – domestic abuse, substance misuse and mental health problems – markedly increases the risk of harm to children within the household.
- At present, primary care is predominantly consulting remotely (85% of consultations were via telephone or video in April 2020 vs. 10% prior to lockdown: RCGP April 2020).

Signs of domestic abuse during COVID-19 lockdown

As a profession, we are aware that we need to be on the lookout for domestic abuse, but current indicators might be different from the ones we are used to looking for.

'Standing Together Against Domestic Violence' produced some guidance in April 2020, published as part of the 'Pathfinder Toolkit' as a multiagency response (see link below).

Look out for the following:

Behavioural indicators
<ul style="list-style-type: none"> • Patient gives short/one-word answers to questions. • Frequent calls/requests for professional contact. • Frequent missed appointments/call backs.
Emotional indicators
<ul style="list-style-type: none"> • Patient mentions tense or uneasy home environment. • Patient mentions increase in anxiety/panic/depression.
Indicators of control
<ul style="list-style-type: none"> • Partner/family member/ex-partner requests access to health advice/information on behalf of another person. • Partner/family member/ex-partner repeatedly answers the patient's phone. • When you talk to the patient, you are aware that someone is in background dictating the direction of the call, e.g. speaker phone or hearing another voice. • Patient mentions strict routine they must adhere to. • Patient mentions that they are unable to take daily exercise, do the shopping or pick up medication. • Patient mentions that they have been unable to have phone/social media contact with friends/family.

If our suspicions are raised, how can we get more information?

Top tips for safely discussing domestic violence on the telephone

IMPORTANT:

- **If at any stage you are concerned for the patient's immediate safety or that of other household members, call 999 on their behalf.**
- **Remind them that they can leave the house during the lockdown if they feel they are no longer safe. Discuss places of safety with them, e.g. Accident and Emergency, local police station.**
- **Boots the Chemist is also offering a safe space in its consulting rooms (2600 locations across the UK) for victims to access help and support. To access this, individuals go to the counter and state that they wish to use the safe space.**

Here are some top tips for consulting about potential domestic violence on the telephone:

Username

abid.iqbal2@nhs.net

Chapter

COVID 19 Pearls

Topic

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Challenge	Action
You don't speak the same language.	<ul style="list-style-type: none"> • Call back using an independent phone translator of the same sex as the victim. • DO NOT USE A FAMILY MEMBER/FRIEND WHO IS IN THE HOUSE AS A TRANSLATOR; THEY MAY BE THE PERPETRATOR OF THE VIOLENCE.
Who's there? Where are they?	<ul style="list-style-type: none"> • Check whether the patient is alone in the property. • Find out who else lives there and whether anyone else is at risk. • Confirm their current location.
Who can hear?	<p>Check that the patient is not on speakerphone before asking: <i>I would like to ask you some questions about your safety. It's really important that you are alone and not overheard.</i> <i>Answering yes or no, are you alone?</i> <i>Again, answering yes or no, can you confirm that you are not being overheard.</i></p> <p>If they are not alone, arrange to call back.</p>
What if the perpetrator returns?	<ul style="list-style-type: none"> • Establish a phrase EARLY IN THE CALL that the victim can use to alert you, the caller, if the perpetrator returns. • Try: <i>thank you, I am no longer interested.</i> • Explain to the patient that if they use that phrase, you will hang up and call them back at a later date.
How to ask about domestic abuse.	<ul style="list-style-type: none"> • Use whatever sentence you feel comfortable with. • One example is: <i>Has anyone close to you made you feel afraid or hurt you?</i>
I'm worried that they might be overheard, e.g. they are talking upstairs and the perpetrator is in the garden.	<ul style="list-style-type: none"> • Use closed direct questions if you are at all uncertain that there is a risk of the victim is being overheard. • This is a big change: we would usually let the patient tell us what's been happening in their own words. • Keeping things to yes or no answers means that if they are overheard, the perpetrator won't be able to tell what the conversation is about.
How can I follow-up/check you are OK?	<ul style="list-style-type: none"> • Find out when it's safe for you to check up on them next and the best way to do that. • The perpetrator may leave the house to do the food shopping. If so, can you call them during this time? • Or would emails or texts be safer?
How should I respond if someone tells me they are experiencing domestic abuse?	<ul style="list-style-type: none"> • Validate what you are hearing – survivors of domestic abuse need to know that they are being heard and believed. • For example: <i>Thank you for telling me what has been happening to you. It's not your fault that they have done this and it's not ok that they have been doing that to you. I'd like to talk with you about some support and we can see what you'd like to do next. Is that ok?</i>

<p>Do they feel safe to remain at home? Can they dial 999 in an emergency?</p>	<p>Share the Silent Solution with them:</p> <ul style="list-style-type: none"> • If the emergency services receive a 999 call from a mobile, no one speaks but the person calling dials 55, that call will be put through to a police call handler who will try and establish contact through yes/no questions. They cannot trace a location via a mobile call. • From a landline, dialling 55 will not have the same effect. Instead, the individual should hang on the line and, if possible, make even a small noise. The call handler will be able to note the location and send help. • The link to Silent Solution is at the end of this article, and you could text it to the patient if you are using a messaging/emailing service that links with consultations. <p>Alternatively, advise the patient to register for the SMS 999 service:</p> <ul style="list-style-type: none"> • This was originally developed for people who are hard of hearing or with a speech disability. It can also be used in situations where you cannot talk. You must register for it before you use it. The link this is at the end of the article.
<p>Confidentiality and information-sharing.</p>	<ul style="list-style-type: none"> • Explain confidentiality and information-sharing procedures. • If a child/children are at risk, you may need to do a safeguarding referral. • Explain this to the patient and discuss whether this escalates the risk level for them. • Check whether the patient has online access to their medical record and whether the perpetrator uses this to check their record. • If they do, you may need to come up with a strategy for recording information securely that does not put the patient at risk, e.g. confidential information recording.
<p>The perpetrator contacts you.</p>	<ul style="list-style-type: none"> • This can be a very difficult situation as you need to ensure that you don't share any information that might put the victim at risk. • You might already know this person and so may already have a relationship with them. • Avoid trying to get the perpetrator to confess as this can indicate to them that the victim has been in touch with you. • Opt for a listening approach, be respectful but also decide if any information you get means the situation needs escalating, e.g. a safeguarding referral needs to be made or a MARAC (Multi-Agency Risk Assessment Conference) application started.



Remote consulting: domestic abuse and violence

- This is a huge issue at the moment, and may present differently in remote consultations.
- Our first priority is to keep victims safe and signpost them to help.
- Consider whether a safeguarding referral is needed for other household members.



Consider updating the safeguarding section on your website:

Your social prescriber or a receptionist may be able to help with this!

Include all the local safeguarding numbers and advice about how to self-refer or refer anyone you are concerned about.

Add the phone numbers below and details of Silent Solution and SMS 999.

For your patient website/social media, here are some useful resources and patient information leaflets from the Home Office: <https://homeoffice.brandworkz.com/BMS/albums/?album=2039&lightboxAccessID=C8381A71-F29D-4FBC-9AE3C297B7ACFFD1>



Phone numbers to have at your fingertips and publish on your website

National Domestic Abuse helpline: 0808 2000 247

Your local DVA numbers: make a note of your local DVA number here

Refuge 24-hour helpline: 0808 2000 247

Men's Advice Line: 0808 801 0327

Scotland: Domestic Abuse & Forced Marriage Helpline (freephone 24/7): 0800 027 123

Wales: Live Fear Free Helpline (freephone 24/7): 0808 801 0800

Northern Ireland: Domestic & Sexual Abuse: 0808 802 141

Pathfinder toolkit: <https://www.pathfindertoolkit.org>

The Silent Solution – silent calls to mobiles that can be made by anyone in acute danger where speaking may increase the risk; make your patients aware of this:

https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/Silent_solution_guide.pdf

SMS 999 service (need to register beforehand): <https://www.emergencysms.net/>



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