



Pathfinder

Enhancing the response to domestic abuse across health settings

COVID-19: Guidance on how to respond to domestic abuse during lockdown for healthcare professionals

April 2020

Guidance to support healthcare professionals in acute health settings respond effectively to patients subjected to domestic abuse. The guidance is relevant to all health professionals and includes a condensed version of key information which can be disseminated to frontline staff in Appendix 1. This guidance has been produced by Standing Together Against Domestic Violence¹.

STADV are the lead partner on the Pathfinder project which has aimed to establish best practice responses to domestic abuse in health settings. Partners include Against Violence & Abuse (AVA), SafeLives, IRISi and Imkaan. We will be publishing a comprehensive Toolkit for local authorities, CCGs, commissioners and strategic leads in NHS Trusts looking to improve their local response to domestic abuse later this year. If you are interested in receiving the Pathfinder Toolkit on publication [contact us](#).

¹ With input from DVIP, Chelsea & Westminster Hospital NHS Foundation Trust, Victim Support and Advance Charity.

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The purpose of this guidance

The Government's stay at home advice in response to the COVID-19 Pandemic can create new challenges for people subjected to domestic abuse and for those who support them. Self-isolating while living with an abuser may also increase the risk of harm. Survivors may be at home with their perpetrator and unable to escape from the abuse. Perpetrators may have more free time and less barriers prohibiting them from abusing survivors, leading to them increasing the frequency or severity of their abuse. Your response to domestic abuse is therefore even more important during these times. We have produced guidance on how you can offer safe responses to your patients where it's known they are living with domestic abuse or where new concerns arise.

The National Domestic Abuse helpline has seen a very significant increase in calls and online requests for help since the lockdown (25% increase as of 10/04/20).

Professionals may be required to adapt how they support survivors due to COVID-19 response measures. This may alter the advice that you provide survivors, for example, safety planning advice may need to be tailored to encompass self—isolation. Also, how professionals support survivors may now have changed, for example, support may now be taking place over the phone.

It is important to remember that specialist domestic abuse services are best placed to work with survivors of domestic abuse and will collaborate with them to create safety plans. Most services are operating and accept referrals in the same way as before. If you are not sure about how to respond to those living with abuse you can reach out for advice.

What is domestic abuse?

The cross-government definition of domestic abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological (including coercive and controlling behaviour)
- physical
- sexual
- financial*
- emotional

It includes coercive control, which is ‘an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

*This can also include economic abuse, which is when an abuser restricts how their partner or family member acquires, uses and maintains money and economic resources, such as accommodation, food, clothing and transportation.

Signs of domestic abuse to be aware of during COVID-19 isolation measures

It is essential that health and social care staff remain aware of the indicators of DA. In response to the COVID-19 pandemic, it may be that services have altered their way of working with patients and service users, for example, there may be decreased face to face contact and support may be taking place over the phone. In addition, self-isolation and other COVID-19 measures may result in perpetrators using a range of different tactics as part of their abuse. Professionals should be aware of additional indicators of abuse.

In addition to general indicators of DA that staff should remain aware of (outlined in Appendix 2) further indicators of DA at this time may include:

Behavioural Indicators:

- Patient giving short or one-word answers to questions
- Frequent calls or requests for professional contact by the patient
- Frequent missed appointments and check-ins

Emotional Indicators:

- Patient discussing a 'tense' or 'uneasy' home environment or feelings of fear
- Increased feelings of anxiety, depression and/or panic

Indicators of Control:

- Partner/ex-partner/family member requesting to have access to health advice/information or prescriptions on the behalf of another person
- Partner/ex-partner/family member repeatedly answering the patients' phone
- Indicator that someone in the background of a call is dictating or controlling the conversation with the patient, for example a sense that you are on speaker phone or hearing another voice in the background of the call
- Patient discussing a strict routine that they must stick to
- Patient discussing that they are unable to take daily exercise, go grocery shopping or pick up medication
- Patient discussing that they are unable to have phone/social media contact with friends/family

Speaking to survivors and enquiring over the phone

During this period it is likely that most of your communication with patients subjected to domestic abuse will take place over the phone. When discussing domestic abuse over the phone, considerations need to be made to ensure safe and clear communication.

In all phone communication:

1

Confirm whether you speak the same language as the patient.

If required, call back using an independent phone interpreting service. Request a female interpreter where possible. **DO NOT USE A FRIEND/FAMILY MEMBER AS AN INTERPRETER.**

2

Check the patient is alone in the property and confirm their current location (full address) before asking any questions.

For example: *“For the next part of our conversation, I want to ask you some questions about your safety. It’s really important that you are alone and not overheard. Answering ‘yes’ or ‘no’, is it safe to continue the conversation?”*

Specifically ask that they **not** be on **speakerphone**. **IF THE PATIENT IS NOT ALONE DO NOT ENQUIRE.**

- Instead, let the patient know you will **call them at a later date** and do so within **48 hours**. Reliable follow up calls are particularly important in this context as many survivors of domestic abuse will have experienced chronic trauma which can affect their memory and ability to trust others.
- If you have a concern that the person is being subjected to DA, **escalate it to your manager/safeguarding lead** to create a plan of action as a matter of urgency.

3

Establish a code word or sentence, which the survivor can say to indicate that it’s no longer safe to talk so they can end the call.

You could say: *‘If your situation changes and you’re no longer safe to talk, please say **‘thanks but I’m not interested’** and I’ll know you have to go. I will then try to call you back at another time’.*

4

Enquire safely about domestic abuse if the patient is safe to speak and you are concerned or routinely enquire as part of your everyday practice

Follow these steps to enquire safely:

- **Explain confidentiality and information sharing procedures.**
You could say:
“I don’t routinely share information without your consent. However, if you tell me that you, or someone else, is at a serious risk of

harm, I can't keep that information to myself. If I do need to share information, I will let you know who with and can support you to find out the answers to any questions you may have"

- **Frame the question** to explain rationale for asking, for example:

"Domestic abuse is extremely prevalent in society, affecting [1 in 3 women / 1 in 6 men]. Domestic abuse does not just include physical violence but also [...]"

"We routinely ask all women about domestic abuse because it is so common affecting approximately 1 in 3 women, with approximately 30% either starting or escalating in pregnancy. Domestic abuse does not just include physical violence but also [...]"

- Ask a **direct question** to clearly enquire about whether they are a survivor, for example:

"Has anyone close to you (family members or sexual partners) ever made you feel afraid, controlled or isolated, or physically hurt you?"

- **Validate** their experience and reassure the survivor that you believe them and the abuse they are being subjected to is not their fault. It is important to believe and respond to all disclosures of domestic abuse. Many people using health services, and particularly mental health services, will experience paranoid thoughts, delusions and hallucinations- disclosures in this context should still be responded to as described.

For example *"Thank you for telling me that. It is not ok for somebody to treat you that way. I am going to do what I can to get you the support that you want"*

Messages survivors need to hear include:

- Thank you for telling me
- I believe you
- This is not your fault. You are not to blame for your partner's violence...he/she alone is responsible, violence is a choice he/she makes

- Your safety at home and that of your children is our priority
- Everyone has a right to live free from violence
- I know someone you can talk to (DA service)

5

It's recommended that in all calls you gather the following information:

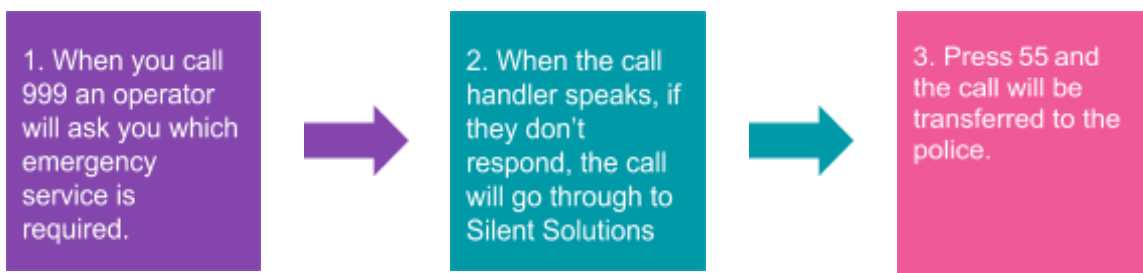
- Ask how you can safely check in with them next. Are there times when the perpetrator is out of the house such as if they leave to do the food shopping. Is there a time of day where they get out for exercise?
- Establish who is in the property and any additional risk they may pose?
- Is it safe to send text messages/emails? Do they have phone credit?
- Find out what the person is frightened of and/or worried about could/will happen
- Check that they have access to basic items e.g prescriptions/medication. Discuss what they can do if the perpetrator prevents access
- Ask if the survivor has any concerns about their children (if applicable) or other people living in the household
- Check if they are safe to remain at home and if they feel safe to call 999 in an emergency
- Find out what they want to happen and want to do next
- Let them know what essential shops will remain open as they may become safe places to flee to during an emergency. This includes food retailers, pharmacies, hardware stores, corner shops, petrol stations, shops in hospitals, post offices, banks, newsagents, launderettes and pet shops.
- Check if it's safe to offer information about specialist domestic abuse services. Check if it's safe to store the **National Domestic Abuse Helpline** number (see below), which they can do under a different name, like a hair salon or GP practice.

Responding to an immediate risk of harm

If you are concerned for your patient's immediate safety, call the emergency services on their behalf.

If there is an immediate risk of harm to the patient it is important to remind them that they should **call the police or leave their home** to access a place of safety **regardless of the COVID-19 isolation measures** in place. Their place of safety may be their local Accident and Emergency Department and they can still attend here if they feel at risk, regardless of COVID-19 restrictions.

If survivors feel afraid of further danger or escalation of harm if they are overheard calling 999 they can access emergency services using **Silent Solutions**. This involves:



Full guidance on Silent Solutions can be found [here](#).

Safety planning with patients subjected to DA

Key considerations for safety planning with a patient going into self-isolation include:

- **Safety is key.** Survivors should follow their safety plan regardless of isolation.
- **How to keep in contact with** family, friends, employer, neighbours and/or support workers & let them know if they are self-isolating.
- Help them arrange to **check in regularly with someone they trust at scheduled times:**
 - Think of justification for this, for example, saying that their employer is checking on all employees daily.
 - Plan what that trusted person should do if they can't reach them, for example, try again, call their support worker or call the police.



- **Create a code word** that the perpetrator will not understand. Code words could mean 'I am safe' or 'call the police'.
- Is there a neighbour nearby they trust that could call 999 if they hear shouting or unusual noises coming from the address. They could leave an **"emergency bag"** at the neighbour's with their important documents (passports, children birth certificates etc) in case they need to leave the property in an emergency.
- Think of excuses, such as 'feeling unwell', to take themselves away from the perpetrator, to another room or area of the property, if needed.
- If they feel scared, aim to **get to a room where there is a phone and/or exit. Avoid rooms which may be dangerous** such as the kitchen or bathroom.

Health related considerations

- Does the survivor have any medical conditions? Do they have access to their own medication? Has COVID-19 impacted their health condition? Are they able to seek medical attention?
- Is the survivor able to contact the GP/care coordinator safely instead of the usual face to face appointment?
- Can they maintain contact with their support network?
- Can they introduce routine to maintain their welfare and their children's by designating areas in the property for working and playing - watch advice video on ['how to stay positive during coronavirus crisis'](#)

Substance use related considerations

- Ask how the survivor is accessing support and substances during self-isolation? Identify risk in relation to withdrawal/detox?
- Direct them to Drug and Alcohol services who are still working remotely

Financial considerations

- Does COVID-19 change the survivor's financial circumstances, increase economic abuse and/or access to financial support?
- Do they have enough food/access to online shopping? Is this being controlled by the perpetrator?

Children (any safety planning considered for a survivor should include their children)

- Establish if children are at home due to COVID-19
- Establish a safe place in the home children can go to if they are asked by their mother or if they see something that makes them feel upset or scared



- Establish a safe person they can call who they can talk to (separately to their parents)- are they in contact with a teacher during isolation, another service or family member?
- Teach the child how to contact the police (if age appropriate and safe) and also use 55 service so that they do not have to say anything.

An IDVA can help you create a tailored safety plan and general safety planning advice can be found here:

www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan

Referring patients to specialist advocacy and support

It is important to know that specialist domestic abuse services are continuing to deliver services; some have adapted measures to continue offering face to face support whilst others offer online and telephone support only. This will vary from service to service. It's likely that survivors of domestic abuse may assume that these services have closed and sharing this information is crucial.

We recommend that you contact your local services to find out what services they are operating before contacting tenants/services users. To find your local specialist DA service, visit the [Women's Aid Directory](#) or call the National Domestic Violence Helpline on 0808 2000 247. Alternatively, you could download [Hestia's Bright Sky App](#). It is free to download on mobile phones and has been designed for practitioners to offer a UK-wide directory of specialist domestic abuse support services with contact details and links to further resources and information on topics on domestic abuse.

The patient may not be aware of what options are available and it may not be possible for them to investigate their options so they may need your help with this. They may also be limited in being able to access other services for help while in isolation.

In this instance, you could offer to:

- Find out what services their local authority department are operating and pass on their contact details, including emergency duty lines and an email address.



- If someone is about to be made homeless and in need of emergency accommodation, you could contact the local authority on the survivor's behalf either making a Duty to Refer referral (local authority website should hold this information) or simply contact prior to the survivor attending, supporting their application as to reduce the likelihood that they are turned away.
- Provide them with information about their local domestic abuse service and how and when their services are operating
- If you need to share information with other services such as Children's Services, it is vital that you tell the survivor who you will be sharing information with so they are aware that another service may contact them
- If they are worried this will negatively impact on their safety should the alleged perpetrator find out, it is crucial that this information is included in the referral so that steps can be taken by relevant agencies to avoid the perpetrator becoming aware that the survivor has disclosed domestic abuse

Multi-Agency Risk Assessment Conferences (MARACs)

A MARAC is a survivor focused information sharing and risk management meeting attended by key agencies to safety plan for people who are at **high risk of harm**. Your local MARAC meeting may move from face-to-face meetings to alternative arrangements to ensure safety is maintained and risk managed during this period. Contact your local MARAC Coordinator. If this isn't known, you should be able to find out who this is by contacting a lead from your local authority.

Other guidance on how to continue operating MARACs in a safe way during COVID-19 include:

- [Standing Together's MARAC Plan](#)
- [SafeLive's guidance for MARAC Forums](#)

A list of national DA specialist services you or your patient can call for advice can be found in Appendix 3.

Supporting staff and colleagues

Domestic abuse may also be experienced by staff and colleagues. Managers should take steps to ensure that their team members are supported whilst in self-isolation.



The support services and strategies mentioned in this document are applicable to everyone.

Please refer to your own internal policy and consider how new working from home arrangements may be useful in offering support to colleagues. For example, can you check in via work messaging facilities or during calls?

Many hotels and hospitality services are offering accommodation to NHS professionals to support them whilst responding to COVID-19. Health services can explore internally how this support can be offered to staff being subjected to DA who are unable to remain in their homes, as a short-term place of safety.

However, it is essential that this is provided in conjunction with the support of an independent domestic abuse service, to ensure that all accommodation options are explored with the survivor and carried out in a safe way.

Responding to perpetrators

There may be times where a perpetrator responds to the call or contacts you. Be prepared for this possibility and, if necessary, have a safe explanation ready.

Depending on your level of involvement and knowledge of the case you may already have a relationship with the perpetrator and so you may know safe ways to engage them. However, remember that these are new times and the situation you have been familiar with may no longer be the case. It is important that this contact does not increase any risks posed to survivors. Current advice and safe practice guidelines advise against trying to engage perpetrators in behaviour change work. This is a nuanced piece of work that requires careful consideration and training

Professionals can check in with perpetrators where it is clear that their (ex)partner is engaging with a DA agency. The focus of this should be on risk reduction/management, coping strategies and de-escalation strategies.

This might involve:

- Checking the perpetrator is able to speak privately



- Asking how they remain calm, how they give their partner space, what strategies they use to avoid conflict, what their personal and professional support networks are.
- Exploring how they are feeling, where appropriate, to identify their current level of stress and whether this is worsening.
- Ensure that you document any information you gather about the perpetrators pattern of behavior to be able to consider where there is escalation in their risk behavior and ensure that you are sharing any risk information with relevant survivor support service and/or child safeguarding representatives (either the lead for your service or Children's Social Care).
- If the perpetrator is aware that domestic abuse has already been disclosed, give the **Respect phonenumber (0808 802 4040)** and ensure they understand that this is a confidential information and advice line for people worried about their abusive behaviour.
- Be respectful but do not collude.
- Consider whether, after any disclosure, a safeguarding referral or MARAC referral for either an adult or child(ren) needs to be made.

Do not:

- Discuss any safeguarding referrals for others made as a result of the disclosure with the perpetrators. This could place the survivor/s at greater risk.
- Discuss any disclosures made by the survivor unless you are absolutely sure the perpetrator is already fully aware of them.
- Try and obtain a confession from the perpetrators about their behaviour.
- Explicitly confirm what the survivor and/or children have told you.

Appendix 1: Condensed COVID-19 & DA guidance for health professionals

The Government's stay at home advice in response to the COVID-19 Pandemic can create new challenges for people subjected to domestic abuse and for those who support them.

The National Domestic Abuse helpline has seen a significant increase in calls and online requests for help since the lockdown. Survivors may be at home with their perpetrator and unable to escape from the abuse. The response of healthcare professionals to domestic abuse is even more important now than ever.

Ask

- When speaking to survivors on the phone, find out their location, check that they are alone and safe to talk and that you are not on loud speaker.
- **Do not enquire if the patient is not alone.** Advise the patient to say that it was the wrong number and let them know that you will call them on a later date, tell them to call 999 if they are in immediate danger and hang up. Speak to your manager afterwards and discuss an immediate plan of action.
- Confirm whether you speak the same language, if not, use a professional interpreter, **do not use family members or friends to translate.**
- If it is safe to talk to the patient, **establish a code word or sentence**, which they can say to indicate that it's no longer safe to talk and end the call.
- Explain **confidentiality and information sharing procedures** and be clear about when you would need to share information and how you would do this. Frame your enquiry by explaining the prevalence of DA before asking a more direct question.

Say: *"We routinely ask all women about domestic abuse because it is so common, affecting approximately 1 in 3 women..."* and then say: *"Has anyone close to you (family members or sexual partners) ever made you feel afraid, controlled or isolated, or physically hurt you?"*

Validate

- Validate their experience, state that you believe them and that the abuse is not their fault.
- It is important to believe and respond to all disclosures of domestic abuse. Many people using health services, and particularly those with mental health conditions, will experience paranoid thoughts, delusions and hallucinations.

Say: *"Thank you for telling me that. It is not ok for somebody to treat you that way. I am going to do what I can to get you the support that you want"*

Assess

- Assess simultaneously if the patient is in **immediate danger of further harm/death and the on-going risk**.
- It's recommended that in all calls you gather the following information:
 - How you can **safely check in** with them next. Are there times when the perpetrator is out of the house? Is there a time of day when they get out for exercise?
 - Establish who is in the property and any additional risks this may pose.
 - Is it safe to send text messages/emails? Do they have phone credit?
 - Find out what the person is frightened of and/or worried could/will happen.
 - Check that they have **access to basic items** e.g prescriptions/medication. Discuss what they can do if the perpetrator prevents access.
 - Ask if the survivor has any **concerns about their children** or other people living in the household.
 - Check if they are **safe to remain at home** and feel safe to call 999 in an emergency.
 - Find out what they want to happen and want to do next.
 - Let them know what essential shops will remain open and may become **safe places to flee** during an emergency. This includes food retailers, pharmacies, hardware stores, corner shops, petrol stations, shops in hospitals, post offices etc.

Action

- **If you are concerned for your patients immediate safety call 999.**
- Remind them that they should **call the police or leave their home** to access a place of safety if needed, **regardless of the COVID-19 isolation measures** in place. Their place of safety may be their local A&E Department, they can still attend here if they feel at risk regardless of COVID-19 restrictions.
- If survivors feel afraid of further danger, escalation of harm or being overheard calling 999, they can access emergency services using **Silent Solutions**. When calling 999, if you do not respond to the operator, the call will be put through to Silent Solutions, if you dial 55 you will be transferred to the police. Find full guidance [here](#).
- Specialist **domestic abuse services are continuing to operate**, some with adapted measures to continue offering face to face support and others offering online and telephone support only. This will vary from service to service. Contact your local services to find out how they are operating. Survivors may assume that these services have closed and sharing this information is crucial.

Useful contacts & links

- National Domestic Abuse Helpline - 24hr helpline for survivors and professionals seeking advice and support - 0808 2000 247
- GALOP - National LGBT+ domestic abuse helpline - Emotional and practical support for LGBT+ people experiencing domestic abuse: 0800 999 5428

Appendix 2: Health Related Indicators of DA in Adults

Physical Indicators		
<p>Common types of injury include:</p> <ul style="list-style-type: none"> • Bruising • Broken bones • Burns or stab wounds • Injuries to the breasts or abdomen • Injuries inconsistent with, or vague/changing, explanation of cause • Multiple injuries at different stages of healing • Injuries that appear to be hidden or in uncommon places 	<p>Physical symptoms related to stress</p> <ul style="list-style-type: none"> • Tiredness • Poor nutrition • Chronic pain • Develops or worsened: Asthma / Epilepsy / Digestive problems / Migraine / Hypertension / Skin disorders 	<p>A history of:</p> <ul style="list-style-type: none"> • Recurrent sexually transmitted infections • Recurrent urinary tract infections • Repeated miscarriage or termination of pregnancy • Frequent appointments with vague symptoms • Early self-discharge from hospital • Poor obstetric history
Behavioural Indicators		
<ul style="list-style-type: none"> • Patient is reluctant to speak in front of partner or family member • Patient is submissive or afraid to speak in front of partner or family member 	<ul style="list-style-type: none"> • Partner or family member is aggressive or dominant, talks for the patient or refuses to leave the room • Partner or family member always attends unnecessarily 	<ul style="list-style-type: none"> • Frequent attenders • Frequently missed appointments. • Non-compliance with treatment
Emotional Indicators		
<ul style="list-style-type: none"> • Depression, panic, anxiety, self-harm or psychosomatic symptoms • Suicidal thoughts or attempts • Feelings of dependency • Sleep disturbances 	<ul style="list-style-type: none"> • Loss of self-confidence and/or loss of hope • Feelings of anger and/or guilt • Eating disorders • Fearfulness • Low self-worth • Feelings of isolation 	<ul style="list-style-type: none"> • Post-traumatic stress disorder • Misuse of drugs, alcohol or prescribed medication • Patient appears fearful • An escalation in severity of existing mental health related symptoms
Indicators of Control		

- Non-compliance with treatment
- Frequent missed appointments
- Limited access to money, including for things like transport, leading to an enforced course of action
- Trying to hide injuries/signs of abuse or minimise their extent

Appendix 3: National DA Services

Other national specialist domestic abuse services you may want to let the survivor know about:

<p>NATIONAL DOMESTIC ABUSE HELPLINE 24hr national domestic abuse helpline. 0808 2000 247</p>	<p>GALOP National LGBT+ domestic abuse helpline Emotional and practical support for LGBT+ people experiencing domestic abuse. 0800 999 5428</p>
<p>KARMA NIRVANA Advice and support for victims of honour-based abuse and forced marriage. UK Helpline: 0800 5999 247</p>	<p>SOUTHALL BLACK SISTERS Advice and support for black & minority ethnic women experiencing all forms of gender-related violence. Helpline: 0208 571 0800 Enquiries 0208 571 9595</p>
<p>FORCED MARRIAGE UNIT Government office providing information and advice for British nationals forced into marriage. 020 7008 0151 (out of hours 020 7008 1500)</p>	<p>RESPOND Support for people with learning disabilities who have experienced trauma/abuse. 0808 808 0700</p>
<p>DEAFHOPE Domestic and sexual abuse support for the deaf community. 020 3947 2600 / text 079 7035 0366</p>	<p>MEN'S ADVICE LINE Support for male victims. 0808 801 0327</p>
<p>RESPECT PHONELINE Support for perpetrators (male & female) to stop using abusive/violent behaviour. 0808 802 4040 (RESPECT also has advice for staff working with perpetrators)</p>	<p>RIGHTS OF WOMEN Advice lines, there are a range of services available: https://rightsofwomen.org.uk/get-advice/advice-lines/</p>
<p>CHILDLINE Free 24-hour helpline for children in distress or danger. 0800 1111</p>	<p>JEWISH WOMEN'S AID Helplines offering support to Jewish women DA Helpline: 0808 801 0500 Sexual Violence Support Line: 0808 801 0656 Find out more: https://www.jwa.org.uk/</p>

