

FIVE R_s OF ASKING ABOUT DOMESTIC ABUSE

Brief guidance for safe enquiry about domestic abuse in 'virtual' health settings

WHO IS THIS GUIDANCE FOR?

This guidance is to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings for example on the telephone or online. It sets out five simple steps to help you identify and respond to people who might be at risk. It can be applied in services which use routine enquiry, for example maternity services, as well as services using clinical enquiry, such as general practice.

INTRODUCTION

Lockdown is difficult for everyone. However, for those living with an abusive partner or family member, it is dangerous, traumatic and relentless. While virtual consultations via phone and video can be more convenient, moving to a virtual setting may increase risk for victims living with their abuser. More than ever, everyone has a part to play to reach in to help families experiencing abuse. As a health professional, you might be one of few people able to safely signpost survivors to help – ensuring they know they are not alone. You don't need to be an expert in domestic abuse to do this. You can make all the difference by familiarising yourself with what domestic abuse is, knowing how to undertake safe enquiry in a virtual setting, and knowing where to signpost or refer victims. You can make every contact count.

WHAT IS DOMESTIC ABUSE?

Domestic abuse is defined in the UK as: *Any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse: psychological abuse, physical abuse, sexual abuse, financial abuse, emotional abuse.*

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.

Anyone can be a victim of domestic abuse, regardless of age, gender, ethnicity, race, sexuality, sexual orientation, disability, religion or socioeconomic status. However, domestic abuse is a gendered issue - women are much more likely to be victims than men, and are far more likely to experience repeated and severe forms of abuse, including coercive and controlling behaviour, sexual violence and violence which results in injury or death. Domestic abuse is one form of violence against women and girls, including so called 'honour'-based abuse, forced marriage and female genital mutilation. You can find more information here [Government's webpage on domestic abuse](#).

Abuse can be perpetrated by partners, ex-partners and family members, including children under the age of 18, adult children or siblings.



WARNING SIGNS OF DOMESTIC ABUSE

Because domestic abuse can take many forms, it is important to look beyond signs of physical injuries. You may come across patients who will clearly say they are being abused and need help, but it is far more likely that you will encounter coded disclosures. Some examples include:

- 'I don't feel safe right now'
- 'I don't feel safe at home'
- 'I'm scared/frightened of my (ex) partner/family member'
- 'My (ex) partner/family member won't let me out of the house' (or any other controlling behaviour mentioned, pick up prescriptions, do the shopping, go for a walk, see friends/family, go to work etc.)
- 'My (ex) partner/family member hurt(s) me'
- 'My (ex) partner/family member controls everything I do'
- 'My (ex) partner/family member is always putting me down/makes me feel worthless'

You may also be worried that someone you're in contact with is experiencing domestic abuse based on what you see and hear. Some examples include:

- Witnessing abusive behaviour (aggressive, controlling, yelling, demeaning and belittling, humiliating, bullying, verbal abuse)
- Noticing that the patient seems fearful of their partner/family member
- Noticing that the patient is unable to speak with you alone or in detail about their current circumstances
- Noticing that the patient's partner is always present
- Noticing evidence of physical abuse, including bruises and scratches

Some physical and mental health issues, such as anxiety, depression, chronic pain, difficulty sleeping, facial or dental injuries, chronic fatigue and pregnancy and miscarriage have a strong link to being a victim/survivor of domestic abuse. Patients who present with such symptoms should always be asked about abuse. In addition, in heterosexual relationships abusive perpetrators often exert control over a woman's reproduction; GPs should be alert to indicators such as urinary tract infections, unprotected sex, lesion of nipple, STIs, pregnancy and requests for a termination.

THE FIVE R'S OF ENQUIRY*



RECOGNISE AND ASK

- It's important to make sure that the patient you are in contact with is alone and safe before speaking with them about abuse. This is particularly the case when supporting them over the phone or online. Ask closed questions to establish this, allowing them to give 'yes' or 'no' answers. E.g.
 - 'Are you alone?'
 - 'Is it safe to ask you some questions about your relationship with ___?'
- If someone other than the patient answers the phone, ask to speak with the patient and then once they are on the phone ascertain that it is safe to proceed with the call by asking, "Are you alone?" and "Is it OK for us to continue with this call right now?". If not, suggest another time to call back again using closed questions such as, "I need to call back another time, is tomorrow morning at 10am OK?"
- 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. (e.g. 'No I'm not interested, thank you.' In which case you should call back later.)

*This is based on IRISI's model: <https://irisi.org/iris/about-the-iris-programme/> and should be credited to them if repeated or used elsewhere

- If it isn't a safe time then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic. It is important to always follow up and call back later or ask a colleague to call back if someone terminates a call abruptly. Following through is important in building trust with patient. Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator of the abuse may be in the house or enter the house and ask the patient to terminate the call if the perpetrator of the abuse comes into the room.
- Ask if the patient feels safe and if there is any immediate danger. Always advise calling 999 if there is any immediate danger. If the patient is unable to do this, but wants to, you can offer to do this for them. Remind the patient that if they are in danger they can still access healthcare services despite COVID-19 restrictions.
- If the patient does not speak English, ensure that an independent interpreter is available. Do not use family members or friends as translators.

RESPOND

- Validate the patient's experience with phrases like 'I believe you' or 'this is not your fault.' A patient will be in an extremely vulnerable situation if self-isolating with the perpetrator of abuse.
- Ask about what support the patient has and what support they might need.
- 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 domestic abuse before asking a more direct question. For example: "We routinely ask about domestic abuse because it is so common, affecting approximately 1 in 4 people..." or: "Has anyone close to you (family members or sexual partners) ever made you feel afraid, controlled or isolated, or physically hurt you?"

RISK ASSESS

- Ask the patient if the abuse is getting worse.
- Ask if the patient feels unsafe to stay in the home/is in immediate danger.
- If the patient says yes, they feel unsafe to stay in the home/are in immediate danger offer to call the police on 999 and do so if they want you to.
- Consider whether a safeguarding referral is needed if there are any children and/or vulnerable adults at risk in the home and follow your usual safeguarding procedures.

REFER

- These cases can be challenging to manage – discuss with your Safeguarding Team, your colleagues or your local authority safeguarding professionals if you need further advice and guidance*.
- Consider whether you, or one of your colleagues, can call the patient again, to offer support and agree what timeframe for this is realistic and appropriate.
- Make sure you are aware of and can share contact details for the local domestic abuse services in your area or at least the local national helpline – details are at the end of this document.
- Refer to local services if the patient consents to it and ensure there is a safe means to contact them. Be aware that it is very common for perpetrators to check victims' phones and laptops etc, which is why it is important to ascertain a safe way to contact the victim.
- Make patients aware of online support; you can either signpost them to relevant websites or text/email the details if safe to do so. We have provided links below.

RECORD

- Make sure you document all enquiries, disclosures and referrals **on the patient's record but in a way to hide it from online access in case a perpetrator is able to access their victim's record.** If a patient requests printed medical records, details of domestic abuse must be redacted.
- Document any concerns that you have, even if the patient does not disclose domestic abuse.

RESOURCES



If someone is in immediate danger, call 999 and ask for the police. Silent calls will work if you are not safe to speak – use the Silent Solution system and call 999 and then press 55 when prompted.

If the patient is not in immediate danger, the following numbers might be helpful:

England: Freephone 24h National Domestic Abuse Helpline: **0808 2000 247**

LGBT+ Domestic Abuse Helpline: **0800 999 5428** help@galop.org.uk

Men's Advice Line (for male domestic abuse victims): **0808 801**

0327 info@mensadviceline.org.uk

Karma Nirvana, UK Helpline for 'honour'-based abuse and forced marriage: **0800 5999 247**

Victim Support National 24 hour Supportline: **0808 1689 111**

Respect phonenumber for perpetrators: **Freephone 0808**

8024040 <https://respectphonenumber.org.uk/>



For online support for domestic abuse victims go to <https://chat.womensaid.org.uk/>



For Deaf victims: BSL Health Access is a new way to support communication in British Sign Language so that Deaf and hearing people can communicate more easily. www.BSLHealthAccess.co.uk enables you to connect to a qualified BSL interpreter online so that you can place a phone call, or even use the interpreter to support in-person conversation.

REMEMBER.....

You might not get a disclosure the first time you ask, victims may respond defensively or dismissively due to fear, or the perpetrator may have entered the room or be listening in. That doesn't mean there is no abuse, and they may make a disclosure later down the line if you provide those opportunities. Remember to revisit your concerns if you have them.