

GUIDANCE FOR GENERAL PRACTICE TEAMS

Responding to domestic abuse during telephone and video consultations

We know that COVID-19 will have a detrimental impact on the safety and lives of patients affected by domestic violence and abuse (DVA) and their children. Home may not be a safe place for those affected by DVA. Weeks or months of self-isolation may be a dangerous and deeply difficult time for many, as their routes to support and safety will be shut down or limited. GPs and other general practice clinicians play a vital role in addressing DVA in the current COVID-19 pandemic and national lockdown. Usual routes of enquiring about and supporting patients experiencing domestic abuse are no longer an option. Phone and video consultations are currently being used by most practices in the UK in place of face-to-face consultations. This guidance aims to inform safe telephone and video consultations with patients who are known to be at risk of DVA, when you suspect DVA and in response to self-disclosures of DVA. As patients will speak with reception or triage staff before they speak to a clinician, it is important that all staff in telephone or video contact with patients have an understanding of the effect of domestic abuse on their patient population and the current risks during the COVID-19 pandemic. Clinicians should check whether a patient's medical record includes a Safeguarding/DVA code before conducting a telephone or video consultation.

ASK

- Prior to conducting any conversation around domestic abuse, ask the patient if it is safe to talk, saying a simple “yes” or “no” will do. If it isn't then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic.
- Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator 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, offer to do this instead.
- Consider use of 'closed' questions when asking about safety – questions with 'yes/no' answers may help your patient share that they are being harmed, even if they cannot talk freely.

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.
- Ask about what support the patient has and what support they might need.

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, call the police on 999.
- If there are also children in the home, make an immediate safeguarding referral.

GUIDANCE FOR GENERAL PRACTICE TEAMS

Responding to domestic abuse and sexual violence during telephone and video consultations

We know that COVID-19 will have a detrimental impact on the safety and lives of patients affected by domestic and sexual violence and abuse (DSVA) and their children. Home may not be a safe place for those affected by abuse. Weeks or months of self-isolation may be a dangerous and deeply difficult time for many, as their routes to support and safety will be shut down or limited. GPs and other general practice clinicians play a vital role in addressing DSVA in the current COVID-19 pandemic and national lockdown. Usual routes of enquiring about and supporting patients experiencing DSVA are no longer an option. Phone and video consultations are currently being used by most practices in the UK in place of face-to-face consultations. This guidance aims to inform safe telephone and video consultations with patients who are known to be at risk of DSVA, when you suspect DSVA and in response to self-disclosures of DSVA. As patients will speak with reception or triage staff before they speak to a clinician, it is important that all staff in telephone or video contact with patients have an understanding of the effect of DSVA on their patient population and the current risks during the COVID-19 pandemic. Clinicians should check whether a patient's medical record includes a Safeguarding/DSVA code before conducting a telephone or video consultation.

ASK

- Prior to conducting any conversation around domestic or sexual violence or abuse, ask the patient if it is safe to talk, saying a simple “yes” or “no” will do. If it isn't then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic.
- Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator 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, offer to do this instead.
- Consider use of 'closed' questions when asking about safety – questions with 'yes/no' answers may help your patient share that they are being harmed, even if they cannot talk freely.

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.
- Ask about what support the patient has and what support they might need.

RISK ASSESS

- Ask the patient if the abuse is getting worse (domestic abuse), or has the most recent incident occurred within the last 10 days (sexual violence forensic window).
- 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, call the police on 999.
- If the most recent incident of sexual violence occurred within the last 10 days, offer a referral to the local SARC (Sexual Assault Referral Centre).
- If there are also children in the home, make an immediate safeguarding referral.

REFER/
SIGNPOST

- Consider whether a safeguarding referral is needed if there are any children and/or vulnerable adults at risk and follow your usual practice safeguarding procedures.
- These cases can be challenging to manage – discuss with your Practice Safeguarding Lead, your colleagues or your local safeguarding professionals if you need further advice and guidance.
- Consider whether you, or one of your colleagues, can call the patient again, to continue to offer support and agree what timeframe for this is realistic and appropriate.
- If your practice is an IRIS Domestic and Sexual Violence and Abuse Aware Practice, please continue to refer patients to your IRIS Advocate Educator.
- If your practice is not an IRIS Domestic and Sexual Violence and Abuse Aware Practice or the patient doesn't want a direct referral, make sure you are aware of and can share information about the local domestic abuse and sexual violence services in your area or at least the local national helpline – details are at the end of this document.
- 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 some links below.

RECORD

- Make sure you document all enquiries, disclosures and referrals on the patient's record.
- Ensure you code any disclosure under the appropriate Read code (14XD = history of domestic abuse, TL01-1 = sexual assault, U3L = rape) (these are EMIS read codes. Use equivalent if using a different system). Hide the consultation from online access.
- Ensure you code any disclosure on the medical records of any children or vulnerable adults in the household (see the [RCGP national recording guidance](#) for more detail). Follow the same guidance for disclosures from children or vulnerable adults.
- Document any concerns that you have, even if the patient does not disclose domestic abuse or sexual violence.

ALSO CONSIDER

- If you are an IRIS-trained practice, consider including clear signposting information on your practice website so survivors can self-refer to the local IRIS service. Check the details with your local IRIS Advocate-Educator.
- Include clear signposting information on DSVA on your practice website for patients affected by DSVA can access information about specialist advice and support. This information could sit beside other COVID-19 information so victims of abuse can access it without it being obvious that this is what they are looking for.

USEFUL NUMBERS AND LINKS



- NATIONAL 24 HOUR DOMESTIC VIOLENCE HELPLINE – 0808 2000 247
- RAPE CRISIS ENGLAND AND WALES HELPLINE - 0808 802 9999
- ALL WALES LIVE FEAR FREE HELPLINE – 0808 8010 800
- SCOTLAND 24 HOUR DOMESTIC ABUSE AND FORCED MARRIAGE HELPLINE – 0800 027 123
- RAPE CRISIS SCOTLAND - 08088 01 03 02
- N IRELAND 24 HOUR DOMESTIC AND SEXUAL ABUSE HELPLINE – 0808 802 1414
- MEN'S ADVICE LINE – 0808 8010327
- RESPECT – 0808 802 4040
- GALOP – 0800 999 5428

<https://irisi.org/iris/find-your-local-iris-site/>
<https://www.womensaid.org.uk/covid-19-coronavirus-safety-advice-for-survivors/>
<https://www.womensaid.org.uk/information-support/useful-links/>
<https://rapecrisis.org.uk/>
<https://dsahelpline.org>

For more information please visit our website, and get in touch with the team if you have any questions.
<http://irisi.org>