



**Topic: Domestic Abuse: Identifying, caring for and supporting women at risk of/victims of domestic abuse During COVID-19**

According to the Home Office, **domestic abuse** is 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. Domestic abuse can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

**Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour (Home Office, 2013).

**Coercive behaviour** 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 (Home Office, 2013).

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. Domestic abuse is one form of violence against women and girls, including so called 'honour'-based abuse, forced marriage and female genital mutilation. Pregnancy can be a trigger for domestic abuse and abuse is likely to have negative consequences for the woman and her child (Women's Aid, 2019).

**Potential impact of COVID-19 in this topic area**

Measures to control the spread of COVID-19 mean some women will be more vulnerable to domestic abuse. Many victims of domestic abuse may be trapped in abusive households with very little or no opportunity to contact health professionals, speak to them in private, call the police, or escape. Children are equally at risk.

**Current key guidance for this topic – clinical care and advice for women**

**Practical tips**

- Be vigilant, especially where in person appointments are reduced. Prioritise women who are vulnerable and known to be at risk of domestic abuse for in person appointments away from the home.
- If a woman about whom you have concerns hasn't been in touch or has failed to attend an appointment, follow up to make contact and arrange another appointment.
- Ensure women can contact maternity services by providing the designated telephone number. Check the woman's preferred contact number and/or email address if sending any information.
- Before asking about domestic abuse during telephone consultations, ensure the woman is not on speaker phone. Introduce any staff who are in the room, but off camera, and ask the woman to do the same.

- If you do not feel confident in identifying domestic abuse and supporting women, approach your supervisor and/or your Trust or health board safeguarding team for support. Your Trust should provide information on referral pathways, how to access specialist advice, and protocols for sharing information.

### **Follow the Safe Lives (2020) five R's approach – Recognise, respond, risk assess, refer, record**

#### **1. Recognise and ask**

Remember, during virtual appointments, before engaging in any discussion about safety or domestic abuse, **re-establish that it is safe to do so** by asking 'closed' questions which allow them to give 'yes' or 'no' answers. For example:

- 'Am I on speaker phone?'
- 'Are you alone?'
- 'Is it safe to ask you some questions about your relationship with \_\_\_?'

If a woman is accompanied to physical appointments, try to find an opportunity to be with her alone. If it is safe to do so, explain why you need to ask, and respectfully ask direct questions, for example:

- 'Are you ever afraid at home or in your relationship?'
- 'You've mentioned that you're scared of your partner. Would you like to tell me more about that?'
- 'You've mentioned a few things to me about your son that sounded concerning, for example, he won't let you go on walks or pick up your own prescriptions. Would you like to talk about that?'
- 'I heard your partner shouting in the background, are you feeling safe at the moment?'

In some circumstances, it may not be possible to ask routine safety questions, consider other ways to explore safety. For example:

- How are you coping?
- Are there any money worries?
- How is your partner coping?
- Is there family or social support you can call upon?

#### **Warning signs**

A victim of abuse might indicate abuse in several ways. For example, they might say:

- '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, 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 able to identify abuse based on what you see/hear. Some examples include:

- Noticing an inconsistent relationship with health services e.g. frequent appointments, frequently missed appointments, or noncompliance with treatment
- Witnessing abusive behaviour toward a woman by a partner or family member (aggressive, controlling, yelling, demeaning, belittling and bullying)
- Noticing that the person seems fearful of their partner/family member
- Noticing that the person is unable to speak with you alone or in detail about their current circumstances
- Noticing evidence of physical abuse, including injuries which cannot be explained, multiple injuries at different stages of healing, problems with central nervous system, unexplained pain, bladder infections, or unexplained reproductive symptoms like pelvic pain

- Noticing multiple unintended pregnancies, multiple miscarriages, delayed antenatal care, or recurring STIs
- Noticing psychological symptoms e.g., depression, anxiety, fear, PTSD, sleep disorders, self-harm, substance misuse.

## **2. Respond**

If a woman does disclose that she is experiencing domestic abuse, listen to her without judgement. Do not blame the woman for the abuse or excuse the perpetrator's behaviour. Do not ask her why she has not left or tell her to leave. Where survivors attempt to leave, this can increase the risk of violence. Reassure her that she is believed, validate what she is telling you. For example:

- 'I'm really glad you told me'
- 'This isn't your fault'
- 'You are not alone'.

Ask her what she needs and be guided by her.

## **3. Risk assess**

Undertake safeguarding assessments for the mother and other children in the household and make a personalised care plan; if appropriate seek advice/support of social services, especially where children are involved. [The Safe Lives Domestic Abuse, Stalking and Honour Based Violence \(DASH\) risk assessment tool](#) is a reliable method for your initial risk assessment.

Where there are serious concerns and to provide for immediate safety, to allow for a full health and social care assessment, consider offering the woman an admission to stay in the maternity unit.

## **4. Refer**

Make referrals as necessary, and signpost women to credible sources of specialist or online support (see below). Multiagency input is essential. Ensure that you advise the woman if you need to make any referrals to other services including social services, to ensure she understands why you are doing this and what support she is then likely to receive. Before making a referral, discuss the case with a safeguarding professional and consider what immediate actions you need to take to support the victim, and children involved, to increase their safety.

Let survivors know that it is still ok to call 999 in an emergency and the police are attending calls during lockdown and other COVID restriction levels. Let them know they are allowed to leave home to seek help during lockdowns or COVID restrictions if their homes are not safe places.

Advise women at risk about the [Silent Solution system](#): the woman should call 999 and remain silent, then dial 55 when prompted. The woman will then be transferred through to a police officer who will assess the situation by asking yes or no questions.

## **5. Record**

If a patient discloses domestic abuse, it is important to record this information, which may be needed for criminal proceedings, immigration cases, housing provision, and civil procedures. You should record the disclosure using phrases like 'the woman says/describes' and use direct quotes. Avoid phrases like 'the woman alleges'. You should record:

- who else was present in the consultation
- the victim and perpetrators relationship, name of perpetrator
- who else is in the house including children and their ages
- nature of abuse and any injuries, description of abuse and reference to specific incidents

- whether this is the first episode or whether the abuse is continuing
- a pragmatic assessment of immediate risk, and ongoing risk or results of risk assessment
- actions you have taken or plan to take including referrals or signposting.

Even if a woman does not disclose domestic abuse, you should document any concerns you have, as well as enquiries made.

Information should be documented in a way that will keep this information hidden from a perpetrator and/or any third parties who may attend appointments with the woman. Information on domestic abuse should not be recorded in the hand held notes. If a woman requests printed records, details of domestic abuse should be redacted. Data protection regulations exempt information from being released which would be likely to cause serious harm to the relevant person (Department of Health and Social Care, 2017).

It is vital information on domestic abuse is kept confidential to protect victims from injury or death. When sharing information about adults, confidentiality must be based on consent unless there is a public interest or legal justification e.g., where there is a risk of harm or where required to provide such information by a court. [The NHS Code of Practice](#) sets out the standards required for confidentiality of patient information and consent (Department of Health and Social Care, 2003). Only ever consider giving information to reputable agencies, not individuals. If you have concerns about recording or sharing information, contact your safeguarding team for support.

### **What to do in an emergency**

If you believe there is an immediate risk of harm to the victim or anyone else, encourage them to immediately call 999 and refer to the information above regarding the [Silent Solution system](#) or if they are hearing or otherwise impaired, the [emergency text service](#).

If they are unable to call the Police and you are worried about their immediate safety, get as much information as you can regarding their location and call 999. Do not call the police if there is no immediate risk and the survivor has not asked you to, as this may alert the perpetrator to the survivor's disclosure.

You can also report a crime by calling the Police on 101, or anonymously report a crime by calling Crime Stoppers on 0800 555 111 or online.

### **Support for midwives**

Do not confront the perpetrator and ensure you take steps to protect your own safety. Talking to someone about their experience of domestic abuse can be distressing. It's important to care for your mental health. Some ways of doing this include:

- Debriefing with someone you trust in a way that maintains confidentiality
- If you can, take a break
- Set boundaries, be clear with the individuals you are supporting about when and how you can support them. Maintain your own privacy and confidentiality
- Be kind to yourself, talking to someone about their experience while being kind and non-judgemental and informing them of the available support is one of the best ways you can help them.

### **Links to online and virtual support and guidance**

#### **Getting help**

National Domestic Abuse Helpline - 0808 2000 247 or [webchat](#) (3pm-10pm Mon-Friday).

National LGBT+ Domestic Abuse Helpline – 0800 999 5428

Rape Crisis services - 0808 802 9999 – or [webchat](#)

Safe Lives staying at home guidance <https://safelives.org.uk/staying-safe-during-covid-19-guidance>

Women's Aid webchat <https://chat.womensaid.org.uk/> [Available Monday 10am -12pm]

For legal advice contact:

Asylum Aid - [www.asylumaid.org.uk](http://www.asylumaid.org.uk), 0207 354 9264 (Tuesdays 1-4pm)

National Centre for Domestic Violence - Free phone: 0800 970 2070; [www.ncdv.org.uk](http://www.ncdv.org.uk)

Rights of Women - [www.row.org.uk](http://www.row.org.uk), Family Law 0207 251 6577; Criminal Law 0207 251 8887; Immigration and Asylum Law 0207 251 6577; For women in London: 0207 608 1137

For advice and support on honour- based violence contact:

Forced Marriage Unit – <http://www.gov.uk/forced-marriage>, 0207 008 0151

HALO Project (for honour-based violence) <https://www.haloproject.org.uk/>, Emergencies – 08081 788 424 (free phone) or for advice 01642 683 045

Iranian and Kurdish Women's Rights Organisation – <http://www.ikwro.org.uk/>, 0207 920 6460

Karma Nirvana – <https://karmanirvana.org.uk/> 0800 5999247 or 01332 604098

**Getting help - Nation specific**

Northern Ireland 24-hour helpline: 0808 802 1414 Northern Ireland <https://www.womensaidni.org/>

Scotland 24-hour helpline: 0800 027 1234; Scottish women's aid <https://womensaid.scot/>

Wales 24-hour helpline 0808 80 10 800: Welsh women's aid <https://www.welshwomensaid.org.uk>

**Resources for midwives and survivors**

Brief guidance for safe enquiry about domestic abuse

<https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf>

Department of Health and Social Care - Responding to domestic abuse A resource for health professionals (go to p28)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/597435/DomesticAbuseGuidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf)

Institute of Health visiting virtual consultations guidance <https://ihv.org.uk/wp-content/uploads/2020/03/VirtualContacts-FINAL-VERSION-27.3.20.pdf>

Southall Black Sisters <https://southallblacksisters.org.uk/>

Women's Aid COVID resource hub <https://www.womensaid.org.uk/covid-19-resource-hub/>

Women's Aid safety and support resources (multiple languages and sign language)

<https://www.womensaid.org.uk/covid-19-coronavirus-safety-and-support-resources/>

### **Virtual learning for midwives**

Refresh your knowledge with the NICE webinar on asking about and responding to domestic violence and abuse

<https://www.youtube.com/watch?v=BL5ehPZzMgE&list=PLRbwbc3dfXUNefausjPRrYYDvkkKvfFeP&index=21>

Refresh your knowledge with RCM i-learn

<https://www.ilearn.rcm.org.uk/course/info.php?id=633>

You can also visit the TUC domestic abuse and coronavirus learning tool

<https://learning.elucidat.com/course/5e875ae4d0715-5e8c6417dfc28>

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