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The use of telecare in the prevention of domestic and post-separation violence

Wykorzystanie teleopieki w przeciwdziałaniu przemocy domowej i poseparacyjnej

Abstract

The use of telecare in preventing domestic and post-separation violence, while taking place, remains little recognized and widespread. Previous research shows that telecare, while not a panacea for the problem of violence, can help increase the sense of security in those who suffer from, or are exposed to, violence (post-separation violence). This text is a review paper, analysing selected results from a desk study and ongoing methodological and technological implementations in order to discover both the potential and weaknesses of telecare applied in the field of violence prevention and to identify conditions that enhance its effectiveness. In conclusion, the authors offered preliminary, framework recommendations on the conditions for developing a methodological framework for implementing a telecare model in this area of social work and social welfare. The development of such a model will require social research of an interdisciplinary nature, which will provide the data necessary for making analyses and proposing specific solutions in not only technological and organizational, but also methodological, educational and legal dimensions.

Keywords: telecare, mHealth, ICT, digital intervention, domestic violence, post-separation violence, violence prevention.

Abstrakt

Wykorzystanie teleopieki w przeciwdziałaniu przemocy domowej i poseparacyjnej, choć ma miejsce, to nadal pozostaje mało rozpoznane i rozpowszechnione. Dotychczasowe badania pokazują, że teleopieka, choć nie jest panaceum na problem przemocy, może pomóc w podniesieniu poczucia bezpieczeństwa u osób jej doznających, bądź narażonych na nią (przemoc poseparacyjna). W tym tekście analizuje się te badania w celu odkrycia zarówno potencjału, jak i słabych stron teleopieki stosowanej w obszarze przeciwdziałania przemocy oraz określenia warunków wzmacniających jej skuteczność. W podsumowaniu, autorzy zaproponowali wstępne, ramowe rekomendacje dotyczące warunków opracowania ram metodycznych dla wdrażania modelu teleopieki w tym obszarze pracy socjalnej i pomocy społecznej. Opracowanie takiego modelu będzie wymagało przeprowadzenia badań społecznych o charakterze interdyscyplinarnym, które dostarczą danych niezbędnych do dokonania analiz i zaproponowania konkretnych rozwiązań w wymiarze nie tylko technologicznym i organizacyjnym, ale także metodycznym, edukacyjnym i prawnym.

Słowa kluczowe: teleopieka, technologie mobilnego zdrowia, informacyjno-komunikacyjne technologie, interwencje cyfrowe, przemoc domowa, przemoc poseparacyjna, przeciwdziałanie przemocy.

Introduction

The domestic violence prevention system in Poland operates based on the Act of July 29, 2005, on combating domestic violence (Dz.U. z 2021, poz. 1249, z późn. zm., oraz z 2023, poz. 289 i 535). This Act obliges representatives at all levels of government and self-government to undertake actions within the specified scope. The law defines the forms of assistance and support for victims of domestic violence (Article 3), which include specialized counseling (medical, psychological, legal, social, professional, and family), crisis intervention, protection from further harm, and medical examinations. Despite nearly two decades of implementing legislative regulations, the problem of domestic violence, according to available statistics, remains at a relatively constant level.

Police statistics indicate that in the past decade, approximately 80,000 to 90,000 people in Poland annually "presumably experienced domestic violence"[1] (Police, 2023), and statistics from the Blue Line (Niebieska Linia) show that about

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[1] For several years, police statistics have included the term "persons suspected of being victims of violence and persons suspected of using violence" – Blue Cards, based on which reports of domestic violence are recorded. Blue Cards are not evidence of violence but rather evidence of the initiation of an investigative procedure.

20,000 conversations are held each year (all discussions relate to domestic violence) (Blue Line, 2023) (Table 2). These statistics only represent a fraction of the reality. Many individuals experiencing violence never disclose their experiences, while others go through a stage of disorientation regarding what is happening to them (denial, trivialization, rationalization) before seeking help (Heron, Eisma, and Browne, 2022, pp. 680–690). Therefore, the statistics include only those who have decided to disclose their experiences or those whose experiences have been reported by third parties[2]. Furthermore, Polish statistics do not account for the phenomenon of post-separation violence described in foreign literature (Nikupeteri and Laitinen, 2022, pp. 506–525; 2023, pp. 1165–1176; Spearman, Hardesty, and Campbell, 2023, pp. 1225–1246; Nnoli, Rogers, and Ali, 2023, pp. 113–124). Simply leaving the person who harms them often does not suffice to achieve peace and start a safe life.

Table 1. Number of individuals with suspected experiences of violence (total)

Year	2012	2013	2014	2015	2016	2017
The number of people	76993	86797	105332	97501	91789	92529

Year	2018	2019	2020	2021	2022	
The number of people	88133	88032	85575	75761	71631	

Source: Own compilation based on:
Reports on the implementation of the "Blue Cards" procedure from 2012 to 2021 https://statystyka.policja.pl/st/wybrane-statystyki/przemoc-w-rodzinie/137709,Sprawozdania-z-realizacji-procedury-quotNiebieskie-Kartyquot.html (Accessed on: 23.10.2023);
Police Statistics: "Domestic Violence, data from 2021 onwards", https://statystyka.policja.pl/st/wybrane-statystyki/przemoc-w-rodzinie/201373,Przemoc-w-rodzinie-dane-od-2012-roku.html (Access: 23.10.2023)
"Report on the Implementation of the National Program for Combating Domestic Violence, for the period from January 1 to December 31, 2022" (draft), Ministry of Family, Labor, and Social Policy, Warsaw, August 2003.

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[2] This also includes individuals who falsely report experiencing violence, either to divert attention away from themselves and make accusations against the actual victim or for manipulative purposes in ongoing divorce proceedings.

Table 2. Number of conversations conducted within the "Blue Line," a Family Violence
         Victim Support Hotline, for the years 2012–2022.

Year	2012	2013	2014	2015	2016	2017
The number of people	13767	14373	13139	12833	10844	15826

Year	2018	2019	2020	2021	2022
The number of people	16778	22347	23857	23390	18634

Source: Own compilation based on the Nationwide Family Violence Victim Support Hot-
        line "Blue Line", https://www.niebieskalinia.info/index.php/badania-i-ana-
        lizy (Access: 23.10.2023).

In both cases, living with a person who perpetrates violence and after sepa-
rating from them, external assistance is necessary to break the destructive cycle
of violence. This assistance includes psychological support, legal aid, financial
support, effective interventions, and more.

One of the new forms of assistance for individuals experiencing violence is
telecare. It largely relies on the use of electronic or digital tools, among oth-
er things, to discreetly call for help (for example, through a "panic button"
built into a pendant, bracelet, or via an application), help in overcoming diso-
rientation, feelings of insecurity, and confusion in assessing one's life situation
(through apps that facilitate assessing one's sense of security in a relationship,
keeping a so-called violence diary, gathering evidence such as photos and re-
cordings). However, telecare is not just about tools. It is a relatively new practice,
and its use in combating violence is poorly understood.

Therefore, the basis of this work is the analysis of available information and
existing research on telecare used in the field of combating violence to uncover
both its potential and weaknesses as a form of assistance, and to determine fac-
tors that enhance its effectiveness.

1. What is telecare?

Telecare is known as a modern form of providing care for individuals re-
quiring continuous monitoring. It is primarily used for individuals with disa-
bilities or chronic illnesses. In Poland, it is associated with the use of personal
devices (most commonly bracelets) that monitor specific activities of daily
living and physiological conditions (e.g., pulse, blood sugar levels) connected
to a local medical emergency system. It also utilizes GPS functionality to mon-

itor the location of individuals with memory disorders (dementia, Alzheimer's) (Kanios, 2019, pp. 17–40; Pikuła, 2022, pp. 143–146). Telecare activities for the aforementioned groups involve not only equipping care recipients with devices that expedite crisis intervention but also providing access to psychological support (conversations with a consultant or virtual connections with other care recipients) and education (regarding coping strategies for specific conditions).

Telecare for individuals experiencing domestic violence and post-separation violence also involves the use of devices such as bracelets (key fobs, pendants), as well as digital applications. In the English-language literature, terms used to describe devices and applications used in working with individuals experiencing violence include: mobile health technology (mHealth) (Anderson *et al.*, 2021, pp. 870–884), information and communications technologies (ICT) (El Morr and Layal, 2020, p. 1372; Anderson *et al.*, 2021, pp. 870–884), digital interventions in domestic violence (DV) (Emezue, 2020, p. e19831), and digital self-help (Micklitz *et al.*, 2023, p. 1471).

Similar to individuals with illnesses requiring monitoring, telecare for individuals experiencing violence is more than just enabling a simple and fast connection to an intervener. It can also provide continuous access to psychological support through conversations with trained consultants (psychologists or so-called "rescuers"[3]), access to counseling, psychoeducation (on the issue of violence and also addictions), and the establishment of a support network (composed of individuals designated by the care recipient: family, friends, neighbours, as well as organizations cooperating with the telecare system, facilitating access to safe houses, shelters, etc.).

The first research reports on the use of telecare in combating violence date back to the early 21st century (Doughty and Clark, 2009, pp. 44–48). However, interest in this form of care increased during the pandemic when imposed isolation significantly exacerbated domestic violence while simultaneously limiting access to many support facilities. This situation was referred to as the "shadow pandemic" or the "double pandemic" (Anderberg, Rainer, and Siuda, 2020, pp. 1–12; Emezue, 2020, p. e19831; Bettinger-Lopez, Bro, and Nargund, 2020, pp. 1–7; Usher *et al.*, 2020, pp. 549–552; Piquero *et al.*, 2021, p. 101806; Kourti *et al.*, 2021, pp. 719–745; Leigh *et al.*, 2022, pp. 215–225; Thiel *et al.*, 2022, p. 874183).

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[3] In English-language literature, the terms "survivor" or "survivor of violence" are used to describe a person who has experienced violence. This is justified for two main reasons: 1. to avoid stigmatizing labels (such as "victim"), and 2. to apply a solution-focused approach that emphasizes an individual's resources. In the Polish language, the use of this term would be more appropriate for describing the situations of individuals who have already exited from abusive relationships.

2. Review of reports on the use of various telecare tools for individuals experiencing domestic and post-separation violence.

In a study on the use of telecare in combating domestic violence conducted among local authorities in England and Wales in 2009 (in the social services sector, organizations for the protection of women and children, the police, housing departments offering alternative accommodation), it was assessed that nearly all authorities had some form of telecare assistance available (most commonly helplines and remote video monitoring). However, the use of more advanced technologies was relatively rare. "Most of the leading users of telecare are located in London, in the administrative units in Wales or in northern England, especially if they also manage their own 24-hour telecare monitoring centre" (Doughty and Clark, 2009, p. 48). The research results also indicated that local authorities lacked emergency shelter facilities and faced difficulties in providing practical support within the first 24 hours. Researchers recommended closer collaboration between local authorities and support organizations. They emphasized that any technologies used to combat violence are particularly useful when accompanied by organized support that provides visitation and assistance when needed (ibid).

Example of application

Doughty and Clark described the possibilities of using specific advanced technologies within telecare for individuals experiencing domestic violence: *The most basic form of telecare involves a home unit and a small radio trigger that activates an identified alarm at the monitoring center, opening a two-way voice communication channel. The dialing of the number typically occurs silently, so the perpetrator remains unaware of the action. Trained monitoring center staff can then listen in and record the conversation. If they are concerned about an immediate threat of violence, they follow an established protocol, such as intervening to speak with the perpetrator or victim, or simply notifying the police about the situation. A second alarm trigger can be located near the door, allowing a potential victim to discreetly activate the alarm by opening the door. This device is similar to one that could be used as a detector. Automatic sensors can also be added to trigger the alarm. They can be activated by an intruder entering the property (...) [they can be - author's note] triggered by a high level of sound, allowing the opening of a communication channel without requiring the potential victim to take direct action* (Doughty and Clark, 2009, p. 47). These described solutions are useful within the residential area. If the threat persists outside the residence, location devices carried on one's person can be used (watches, e.g., Num8, pendant devices, e.g., Buddi) (ibid).

For individuals at risk of post-separation violence, mobile devices that send an alert signal when the perpetrator (subject to electronic monitoring, such as an electronic ankle bracelet) approaches the former victim at a distance less than that mandated by the court or appears in the vicinity of their residence or workplace can be useful. In such cases, an automatically triggered alarm allows for police intervention (iFrance, 2020).

Another type of technology used in combating violence includes digital applications and internet tools designed to expand access to information about domestic violence, the available local support network, and assistance in making safety-related decisions. They are designed for individuals who may not seek help (for various reasons) but eventually reach out for assistance (myplanapp.org). Even before the Covid-19 pandemic, apps like myPlan (MyPlan. com, 2004; Glass *et al.*, 2015, p. 871; 2017, pp. 606–615), I-DECIDE (Hegarty *et al.*, 2019, pp. e301–e310), and iSafe, created for Maori women in New Zealand and subsequently adapted in other countries (Koziol-McLain *et al.*, 2018, p. e426; Emezue, 2020, p. e19831), were in operation. They are free and readily available, and their effectiveness has been studied using randomized controlled trials involving various groups of domestic violence survivors. (Lindsay *et al.*, 2013, pp. 368–388; Eden *et al.*, 2014, pp. 372–383; Constantino *et al.*, 2015, pp. 430–438; Glass *et al.*, 2017, pp. 606–615; Koziol-McLain *et al.*, 2018, p. e426; Littleton *et al.*, 2016, pp. 41–51; Alvarez *et al.*, 2018, pp. 145–155; Decker *et al.*, 2020, p. e002091; Peterman *et al.,* 2020).

Example of application

The myPlan application was developed and tested in 2010 by the Johns Hopkins University School of Nursing in Baltimore, Maryland (MyPlan.com, 2004). Similar to most digital DV interventions, its purpose is to educate individuals about "red flags" in relationships and the risk of fatality using a risk assessment component. It also aims to connect those in need with the support they deem appropriate (Emezue, 2020, p. e19831).

The website for the described application includes the following information:
- myPlan is a free app that helps make safety decisions if you or someone you care about is experiencing violence in an intimate relationship. It is private, secure, personalized, and research-supported.

- it is tailored to your situation. myPlan provides anonymous questions and assessments about you and your relationship, and your answers customize myPlan to your unique situation.
- myPlan has built-in safety features, including complete usage anonymity – no account is required:
- set your secure PIN code to maintain information privacy
- the "fake code" option hides the app's content if you ever need to enter the PIN
- a variable icon to hide the app on the home screen.

A warning is also included: *Remember: individuals using violence often monitor their partner's device activity. Having a relationship violence app on your device or in your history could put you at risk. If you're concerned that someone will discover myPlan: use myPlan on a device your partner with violence does not have access to, for mobile devices: delete the app when finished (but note that it cannot be removed from the purchase history on Apple devices), for browser apps: use private/incognito mode (MyPlan.com, 2004).*

In addition to providing education and decision-making support, applications can also be used for collecting evidence of abuse. For example, the American 2019 app called DocuSAFE App (*Safety Net Project*, 2019) and the Polish app "Twój Parasol" from 2019 (*Commoditech*, 2019) serve this purpose. There are also apps that help manage panic attacks (by suggesting breathing exercises) and offer advice on finding employment or shelter. An example is the Albanian app introduced to the market in 2019, "GjejZâ" (translated from Albanian as "Find Your Voice") (Koleka, 2019). Some apps allow for initiating interventions, such as calling the police patrol, like the 2018 Turkish app KADES "Kadin destek" (translated from Turkish as "Women's Support") (KADES, 2018). (*Kadın Destek Uygulaması (KADES)*, no date) and the above mentioned Polish application "Twój Parasol" (Kempińska and Rudenko, 2022)[4].

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[4] A fascinating digital initiative to combat domestic violence is also a fictional online cosmetics store: https://www.facebook.com/rumiankiibratki/, founded during the pandemic by Polish high school student Krystyna Paszko (Kubus, 2023).

Example of application

The DocuSAFE App, created by NNEDV (National Network to End Domestic Violence – funded by the U.S. Department of Justice), is a free application that *helps victims collect, store, and share evidence of abuse, such as domestic violence, sexual assault, stalking, online harassment, and dating violence. Survivors can document abuse by recording individual incidents, including photos, screenshots, or video documentation containing threats, harassing social media posts, unwanted repeated calls, or impersonation of other online abuses* (*Safety Net Project,* 2019).

Applications have also been created to help individuals at risk of experiencing post-separation violence, such as the American VINELink app (Victim Information and Notification Everday) designed to notify victims about changes in the perpetrator's arrest status. This includes information about the perpetrator's release from prison or transfer to another facility, case details, arrests, bail hearings, and other legal proceedings (*Equifax*, 2023).

Applications designed to combat domestic violence undergo systematic reviews (Draughon Moret *et al.*, 2022, p. e28959; Sumra *et al.*, 2023, p. 5246). Researchers highlight both innovative unique features of these applications (e.g., geo-fencing, accelerometer-based alerts, shock-based alerts, anonymous communication, and data encryption) as well as their shortcomings (e.g., lack of automation or the use of artificial intelligence to implement multimedia functions like image capture, text and mood analysis, speech recognition, and tone detection to assist in real-time situation analysis and accurate emergency alert generation) (Sumra *et al.*, 2023, p. 5246). They also point out the varying quality of applications available in the market and identify desired directions for their improvement (Draughon Moret *et al.*, 2022, p. e28959).

3. The potential and limitations of telecare used for individuals experiencing domestic violence and post-separation violence

The potential of telecare for individuals experiencing domestic violence and post-separation violence lies in the applications mentioned earlier, focused on: enabling safe and discreet calls for help (police intervention), educating about violence and rights, assisting in decision-making, planning solutions, collecting evidence of abuse, providing information about available support networks, as well as the status of individuals who have committed violence.

The benefits of utilizing telecare elements, such as digital applications, are also recognized by the users themselves. Some individuals who have experienced domestic violence prefer digital support and interventions (as opposed to in-person services like group counseling and individual therapy). They highlight the practicality and confidentiality of these interventions, which do not require face-to-face interactions with a helper (Alhusen *et al.*, 2015; Glass *et al.*, 2017, pp. 606–615; Koziol-McLain *et al.*, 2018, p. e426). Researchers emphasize the usefulness of online and digital support, especially in cases of limited access to traditional forms of assistance (low income, living far from support institutions, disabilities) or remaining in isolation with aggressive partners, for example, during a pandemic (Constantino *et al.*, 2015, pp. 430–438; Eden *et al.*, 2014, pp. 372–383; Glass *et al.*, 2017, pp. 606–615; Koziol-McLain *et al.*, 2018, p. e426; Micklitz *et al.*, 2023, p. 1471). Collecting evidence or maintaining a violence journal helps raise awareness of the problem, organize information about one's situation, and thereby make more informed choices, regaining a sense of control over one's life (Hegarty *et al.*, 2019, pp. e305–e309; Ford-Gilboe *et al.*, 2020, p. 260).

The potential of telecare is also highlighted by service providers (social workers and psychologists) whose opinions were taken into account in a study by Hanna Micklitz's team. They observe the growing acceptance of digital services, not only due to the COVID-19 pandemic but also because of the general societal shift towards digitalization. One of the respondents also emphasized the economic benefits of using such services, especially in the context of limited access to psychotherapy (for less affluent clients): *I think it would be a huge relief, especially for clients who I fear may not even make it onto the waiting list for psychotherapy* (Micklitz *et al.*, 2023, p. 1471).

The use of digital solutions in the context of telecare for individuals experiencing domestic and post-separation violence has certain limitations. The primary reservation expressed by both service providers and users can be expressed in the following words: *digital intervention should never replace but rather complement the work of advocates* [service providers – author's note] (Slupska and Lindsay Brown, 2021, p. 5), *digital interventions should ideally serve as a bridge to direct services that can provide this support (...) autonomous digital intervention is not sufficient for treatment and lacks personal interaction and support* (Micklitz *et al.*, 2023, p. 1471). This is related to two factors:

1. the irreplaceable value of a personal support relationship (built on trust and a sense of safety) becomes evident in situations where diagnostic and psychoeducational content provided in applications proves overwhelming (especially for individuals who are just coming to terms

with their situation) and exacerbates the anxiety and social isolation experienced (if not accompanied by continuous psychological support) (van Gelder *et al.*, 2022, pp. NP18357–NP18358; Fernández López *et al.*, 2022; Micklitz *et al.*, 2023, p. 1471). Moreover, it is challenging to develop trust in one's own intuition and a sense of autonomy for individuals experiencing violence. While these apps help them organize information and collect evidence, they cannot make good use of it without emotional and nurturing support (Slupska and Lindsay Brown, 2021, p. 5).

2. access to dedicated services for survivors (shelters, healthcare, assistance in finding employment, childcare, effective protection from the perpetrator of violence) – this factor is crucial when individuals experiencing violence decide to take action: seek help, report to the appropriate social services.

A barrier to the free use of telecare can also be the lack of private and secure space (constantly being with the perpetrator of violence, awareness of being under surveillance): *perpetrators of violence use digital tracking devices, GPS, and spyware to secretly and openly monitor the victim's online presence. They may impersonate the victim and gain access to spaces that are supposed to be safe, especially on internet forums, by using fake social media accounts and false pretexts* (Emezue, 2020, p. e19831; see also: Freed *et al.*, 2018, pp. 1–13; 2019, p. 202:1–202:24; Micklitz *et al.*, 2023, p. 1471).

Other concerns regarding telecare for individuals experiencing domestic and post-separation violence relate to internet access – its weak coverage in some areas. Additional concerns are related to the so-called deep digital divides among people due to technological illiteracy and disparities in access to devices (material situation, resistance to using new technologies) (Slupska and Lindsay Brown, 2021, pp. 2–5). For some individuals, difficulty may arise in simply finding the appropriate application, considering the current infrastructure of app stores, keyword prioritization, and user rating distinctions. It is important for service providers to have knowledge about how to browse and recommend suitable applications according to each case (Draughon Moret *et al.*, 2022, p. e28959).

The quality of "anti-violence" applications available on the market is also varied. The potentially ongoing violence, different stages of awareness and psychological abilities, as well as the diversity of individuals experiencing violence, make developing a digital intervention suitable for the target group a serious challenge (Micklitz *et al.*, 2023, p. 1471).

4. Factors Enhancing the Effectiveness of Telecare

The effectiveness of telecare can be enhanced when planning and implementing it takes into account the specific needs of individuals experiencing domestic and post-separation violence, their preferences, and the insights of professionals working on a daily basis to combat domestic and post-separation violence. The research team led by Nicole van Gelder collected and organized information on the aforementioned topics (van Gelder *et al.*, 2022, pp. NP18341–NP18375). These factors can be categorized as those that improve the quality of eHealth Interventions[5]: ensuring safety, providing a personalized approach to survivors (personalization of the service), education, acilitating self-help (enabling contact with other survivors), maintaining updated databases of verified organizations and institutions, disseminating information about eHealth Interventions[6].

1) Ensuring the safety of individuals experiencing violence is a fundamental requirement for effective assistance. Various actions, both by designers of anti-violence applications and professionals working with individuals experiencing violence, contribute to this goal. These actions include:

- To limit potential online surveillance, Freed and colleagues recommend that application designers and providers establish security measures at the interface level that can distinguish the perpetrator from the victim based on behavioural cues, keystrokes, or context. They also suggest using hidden authentication and verification protocols (e.g., emergency exit buttons or app locking/data erasure after failed password attempts), employing access codes for mobile applications, and enabling one-click access to "hotlines" (Freed *et al.*, 2018, p.10). Nuttall and colleagues have prepared a guide called "Coercive Control Resistant Design" that contains principles for designers creating technologies to support the prevention of domestic violence in a way that makes it more difficult for them to be exploited to the detriment of users (Nutall, 2020).
- In addition to recommendations and guidelines for designers, guidelines for digital users of technologies themselves on the safe use are also published (*Safety Net Project*, 2014; Emezue, 2020, p. e19831).
- There are also guidelines for healthcare professionals who, during the Covid-19 pandemic, interacted with patients - potential victims of violence who were staying with the perpetrator. The guidelines pertain to conducting conversations in a way that facilitates the disclosure of vi-

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[5] In the mentioned study, the term "eHealth Interventions" was used, which can be understood as telecare.

[6] The mentioned categories were identified and named by the author of this article.

olence, assesses the level of danger, and safely expresses the need for external support (Simon, 2021, p. 2307). Such guidelines are especially useful in telephone contact and should be known to all responders and consultants involved in telecare.

Safety can be understood not only in terms of potential surveillance but also in relation to the needs of individuals experiencing violence. In phone or online interactions with responders or support groups, these individuals may not want to feel in any way judged or pressured to make changes, etc. This is closely related to the issue of the substantive preparation of individuals engaged in telecare activities. Care must be taken in the choice of words and the tone of voice when conversing with a person disclosing violence, in order to avoid the phenomenon of so-called secondary victimization, which further reinforces their role as a victim: *To best serve someone who has experienced violence, advisors are trained to first believe them and secondly, to navigate the situation with trust in the survivor's perceptions of how to respond. Safety advice should be given in a way that takes into account the level of harm but does not overwhelm or disorient survivors and social practitioners providing services* (Slupska and Lindsay Brown, 2021, p. 4). Training materials for support services often provide specific guidance on how to interact with someone reporting violence (Sasal, 1998; Simon, 2021, p. 2307).

2) Providing **an individualized and personalized approach** in telecare contact is another important factor that enhances the effectiveness of telecare, following the assurance of safety. One of the individuals surveyed by Nicola van Gelder's team emphasized a significant need: *it is essential to feel a genuine connection rather than as if you were talking to a robot* (van Gelder *et al.*, 2022, p. NP18361). The options for assistance presented to female users of digital tools *should be broad to cater to different needs. They must be tangible and relevant for different types of situations involving violence* (ibid, p. NP18368). Therefore, it is valuable to consider various scenarios with which users can identify and allow for the fulfillment of their diverse needs (e.g., the need to be understood, gain knowledge, break social isolation, make decisions, develop an assistance plan, act at their own pace – commensurate with their awareness of their situation, their psychological skills, and their circumstances: potential ongoing violence/post-separation violence).

3) The effectiveness of telecare largely depends on **education**. Through so-called psychoeducation, awareness of one's own situation increases, and individuals regain their orientation regarding what is normal and what is unacceptable in intimate relationships, such as partnerships and marriages, as well as in relationships with children. In Nicole van Gelder's study, there were calls for *edu-*

cating women about what is (un)normal and/or (un)healthy in relationships, so they can recognize warning signs in their own relationships (...) educate women about the impact of partner violence on their children, so they are aware that it is also dangerous for their children (van Gelder *et al.*, 2022, p. NP18369). Education offered as part of telecare can go beyond the strictly violence-related topics and also touch on areas such as child-rearing, professional activity, culture, health protection, and more: *provide information, advice, and options on various aspects of life* (ibid). Educational materials can be provided not only in text form but also as audiobooks, podcasts, webinars, or short films.

4) Facilitating **contact with other individuals who have experienced violence (creating a self-help environment)** is another element that determines the effectiveness of telecare. Above all, it breaks the sense of isolation and promotes the building of social bonds (Micklitz *et al.*, 2023, p. 1471). This is achieved through the establishment of interactive forums, chats where individuals can share their own stories, express understanding and support to one another. It is important to monitor comments (blocking those that are not supportive) and provide options for reporting or ignoring. It is useful to involve specialists in monitoring/coordinating activities on forums, who have themselves experienced violence in the past. They possess both professional knowledge, helping skills, and life experience that facilitate contact and strengthen their message.

5) Sharing continually **updated databases** (contacts for support organizations) is another element that not only enhances the effectiveness of telecare but is essential to its core. What would be the point of telecare if it did not enable access to stationary assistance in the form of protection from the perpetrator (police intervention, issuance of restraining orders), help finding employment, shelter, childcare, and financial aid? The ultimate goal of telecare for individuals experiencing domestic and post-separation violence is to help stabilize their life situations and regain a sense of safety and agency. Stopping domestic and post-separation violence requires external assistance – this is what students of pedagogy, social work, psychology are taught, and it's what individuals experiencing violence themselves talk about. That's why it's so important to improve the quality of social services (police, social workers, probation officers) and disseminate information about them. If these services are not of high quality, telecare will not be sufficiently supportive.

In the shared databases, it's also valuable to provide information about what to expect from specific services, organizations, and individuals.

6) For telecare to be effective, it needs to be known to social services, non-governmental organisations working to combat domestic violence, as well

as in mental health care, and then **disseminated** among at-risk groups (those experiencing domestic and post-separation violence) and individuals who have experienced such violence.

Summary

In light of the presented review of positions and ways of implementing telecare in the field of combating violence, the following preliminary recommendations regarding the prospects of its development within the Polish social support system are justified.

1) Regardless of the level of technological advancement, of the individual solutions that can be applied, telecare should complement a well-functioning system support (psychological, social, legal assistance). In this regard, it can be a significant tool enabling social work for victims of domestic and post-separation violence, with a particular emphasis on the prevention and prevention of violent incidents.

2) Educational practice in the field of social work methodology will need to take into account the effects of technological changes to a significantly greater extent. This applies to issues of digital violence (threats, online harassment, unauthorized surveillance, etc.) experienced by victims, as well as the potential use of remote techniques for prevention and intervention with perpetrators. This will certainly require educational efforts within groups vulnerable to domestic and post-separation violence, but social service workers are the natural providers of such competencies. In this regard, it is necessary to not only modify undergraduate education programs (in the fields of social work and pedagogy) but also consider the need for "lifelong learning" and the enhancement of professional competencies for active social workers (postgraduate studies, courses, specialized training).

3) A key element responsible for the functionality, effectiveness, and efficiency of telecare system implementation will be the establishment of operational-alarm and intervention centres integrated into a model of interinstitutional cooperation. These centres will involve the collaboration of social welfare centres, the police, the healthcare sector, and NGOs working to support victims of violence. These centres should provide both psychological and legal intervention support. In the legal domain, technology enables a kind of outsourcing of legal advisory services to external specialized law firms, which can operate either on a com-

mercial basis or *pro bono* – as it is a prevailing best practice in the legal profession, both globally and in Poland. When developing the technical infrastructure, organization, and integration of such centres in Poland, it is advisable to draw not only from international experiences but also from existing technological solutions in Poland in the field of telemedicine. These solutions should be integrated with applications such as "TwójParasol."

4) While the establishment of a unique corps of certified professional social work supervisors in Poland (based on the Regulation of the Minister of Family and Social Policy dated December 2, 2016) marked a milestone in the implementation of social work supervision in social welfare centres, particularly in its educational dimension, the potential implementation of a telecare system will require the expansion of the supervision methodology with new elements and increased accessibility to the support provided by supervisors.

5) The implementation, especially on a larger scale, of telecare for victims and potential victims of domestic and post-separation violence, will require adapting the proposed system to the currently applicable legal regulations regarding the acquisition, storage, and potential sharing of personal data and so-called sensitive information, including information that may have evidentiary value in civil and criminal proceedings. The legal nature of these findings, as well as their organizational aspects, will also have an impact on the scope and nature of the integration of information systems available to various state institutions (in particular, the Police and social welfare centres). Developing comprehensive and well-founded recommendations *de lerge ferenda* in this regard goes beyond the scope of this study. Nevertheless, two suggestions appear to be fundamentally important in this context. First, defining the category of post-separation violence at the legislative level, based on scientific research and analysis, would provide methodological justification for data collection on this form of violence and allow for the development of legal safeguards for victims in procedural terms. The second key legislative recommendation relates to incorporating telecare as one of the methods of social work for which social welfare institutions are responsible for implementation and development.

Developing a coherent model for the implementation of telecare as a supportive element for social work with individuals affected by domestic and post-separation violence requires adopting a specific methodology. Solutions related to

the implementation of telemedical care may be crucial in this regard, both in terms of technology and methodology, as they expand the range of support for medical and nursing staff, as well as for medical social workers. Developing such a model will also require conducting diagnostic social research and SWOT analysis, identifying potential methodological, technological, and even psychological opportunities and barriers on the part of potential future users of telecare systems. Methodological research of this nature should consider the perspectives of various social actors, including victims of domestic violence, as well as intervention staff in social welfare institutions, police officers, psychologists, and social workers employed in non-profit organizations. The authors of this article are currently preparing a pilot research project in this area, with a local scope in the Pomeranian and Greater Poland voivodeships.

<div align="right">Translated by Michalina Trybuś</div>

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