Virtual or Remote-Based Delivery of Domestic Violence & Sexual Violence Interventions

A Handbook for the Anti-Violence Sector

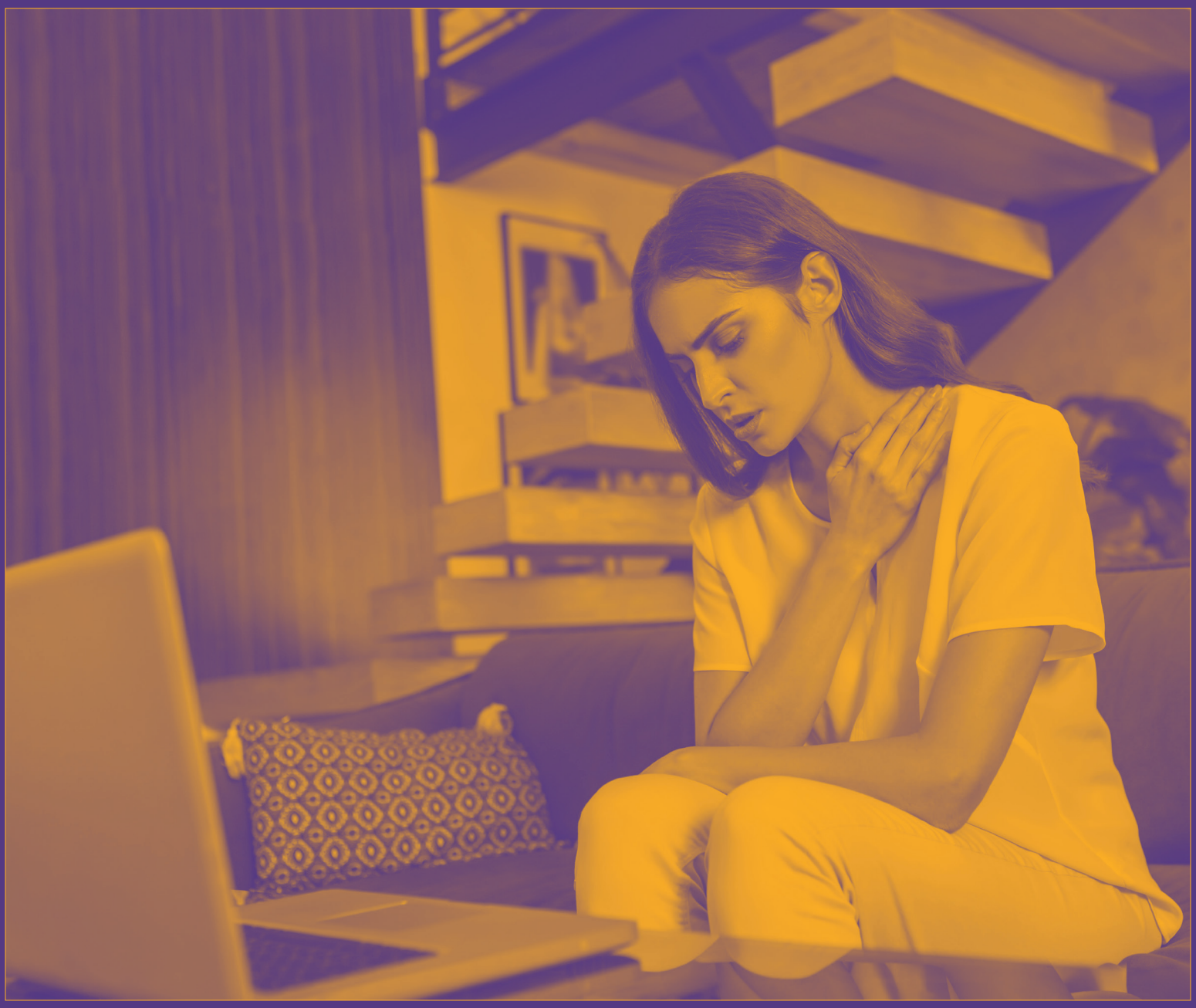

Table of Contents

IMPACT | DOMESTIC & SEXUAL VIOLENCE

UNIVERSITY OF ALBERTA
SCHOOL OF PUBLIC HEALTH

Acknowledgments

The information in this Handbook has been developed for the anti-violence sector in Alberta, in cooperation with the Working Group on Remote Delivery of Services at IMPACT. IMPACT is a provincial collective impact initiative to eradicate domestic violence and sexual violence in Alberta. The initiative brings together a network of service providers and anti-violence workers to address shared issues, enhance services and supports across Alberta and identify opportunities for large scale change.

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About this Handbook

This Handbook provides evidence-based guidance on how to deliver virtual or remote-based interventions for individuals and families experiencing, at-risk, or survivors of domestic violence and sexual violence.

To assist you, this Handbook includes:

- guidance on planning for and assessing whether virtual or remote-based delivery of interventions are suitable for people and families experiencing, at-risk, or survivors of domestic violence and sexual violence;
- planning for virtual or remote-based delivery of interventions (i.e., resources for organizations to support training and capacity-building for service providers and anti-violence workers on virtual delivery, and how to support clients to use virtual services);
- promising practices for trauma-informed virtual or remote-based interventions;
- recommended toolkits and resources for organizations and service providers, developed by the anti-violence sector in other jurisdictions and internationally;
- suggested strategies for creating safe environments online or virtually for all clients;
- information on assessing risk and lethality of domestic violence and sexual violence during virtual consultations or visits; and
- how to safely respond to disclosures of people experiencing violence and abuse during virtual consultations.

This Handbook is intended for organizations and service providers across the anti-violence sector who directly provide domestic violence and sexual violence-focused interventions and supports. The anti-violence sector in Alberta includes a range of service providers: sexual assault centres, mental health counselling centres, women's shelters, transition houses, settlement services, victim services, and primary care clinics, who all provide a range of domestic violence and sexual assault-focused interventions and services, such as specialized counselling; shelter or temporary housing to individuals fleeing violent relationships; crisis support and information including safety planning tools to ensure that those experiencing or at risk of experiencing violence or assault have a clear understanding of where they can go if they need help or support; education and training about violence and healthy relationships; and assistance in navigating complex systems, including immigration, criminal justice, housing, social services, perpetrator services, and healthcare.

Why this Handbook was Developed

To address the domestic violence and sexual violence crisis during the COVID-19 pandemic and provide physically distanced care, there has been a major accelerated move towards the adoption and implementation of virtual or remote-based interventions and services. Crisis and mental health counselling sessions are being conducted virtually by phone or videoconferencing; and digital tools and web-based applications for safety planning tools and mental health support are increasingly being used [1, 2]. As the pandemic continues, virtual delivery is increasingly becoming the "new normal."

The pandemic has highlighted many understandable concerns about the appropriateness and accessibility of such virtual or remote-based interventions to clients who are experiencing violence, including survivors. Some individuals may face multiple barriers to effectively participate in virtual or digital services such as, a lack of access to technology (computers or smart phones), data plans, sufficient bandwidth in rural or remote areas, and privacy constraints/limitations (in terms of privacy to virtually connect with a service provider from their home).

As virtual care interventions and services expand across the country and across sectors, there is a growing demand for resources and educational materials to support organizations and service providers with the adoption and implementation of virtual interventions. Since the start of the pandemic, we have seen an increase in virtual care guidance documents [3], toolkits [4], clinical practice guidelines [5], and other educational resources for service providers that have been primarily developed for the healthcare sector, including primary care [6-9]. Despite the paucity of resources available to the healthcare sector in particular, there is a gap in resources tailored specifically for the anti-violence sector, which is comprised of community and social service agencies and organizations that directly provide domestic violence and sexual violence interventions, services and supports.

Purpose

1. To support evidence-based practice and decisions on the delivery of virtual or remote-based domestic violence and sexual violence interventions for the anti-violence sector in Alberta, with consideration for interventions that incorporate gender-responsive approaches to trauma (e.g., cultural, historical, and immigration-related trauma) and strategies for addressing digital exclusion.
2. To build capacity among organizations offering virtual or remote-based interventions to individuals and families experiencing, at risk, or survivors of domestic violence and sexual violence.
3. To identify promising virtual or remote-based interventions for individuals and families experiencing, at-risk, or survivors of domestic violence and sexual violence, with a particular consideration of challenges encountered during the current pandemic context in Alberta and into the future. ▶

How to Use this Handbook

This Handbook is a resource that service providers within the anti-violence sector can use to guide the adoption, implementation and uptake of virtual or remote-based interventions. We suggest that service providers and organizational leaders determine how best to utilize this Handbook to guide virtual delivery of domestic violence and sexual violence interventions.

DISCLAIMER: **The Handbook assumes that users are already familiar with domestic violence and sexual violence interventions and how to provide trauma-informed care (TIC) to individuals experiencing, at risk, or survivors of domestic violence and sexual violence. *Reading this Handbook does not qualify someone as having acquired the necessary skills or competency to provide trauma-informed care (TIC).***

The Process of Developing this Handbook

A rapid evidence assessment was conducted by the research consultant team based at the School of Public Health, University of Alberta that examined the effectiveness, feasibility, and acceptability of a range of virtual or remote-based interventions for domestic violence and sexual violence. The review looked at international evidence in the context of a public health emergency. Promising practices on virtual or remote-based interventions and digital tools or programs were identified (see page 13). Validated digital tools include safety planning tools, and online support programs that facilitate empowerment and self-efficacy of individuals who are currently in a violent or abusive relationship. To better understand the challenges and opportunities with virtual delivery of interventions for organizations and providers in the anti-violence sector, 24 semi-structured interviews were conducted with service providers and organizational leaders across the anti-violence sector in the province of Alberta. A detailed knowledge synthesis report can be accessed HERE. Additionally, an environmental scan was conducted to support recommendations and considerations on three primary areas of virtual or remote-based delivery of domestic violence and sexual violence interventions: a) best or promising practices on virtual interventions, b) training resources for service providers, and c) capacity building across the anti-violence sector on virtual delivery of interventions (including services and online programs).

Methods & Approach

Rapid Evidence Assessment (REA)

REA provides a timely, valid and balanced assessment of available empirical evidence related to a particular practice issue [10]. The process is characterised by developing a focused research question, a less developed search strategy, and a simpler data extraction and quality appraisal approach of the identified literature [11]. Our REA was guided by the following practice questions: (1) What is known about best practices on virtual domestic violence and sexual violence interventions (e.g., evidence-based interventions and/or validated digital tools)?; and (2) What training and capacity building approaches or resources exist for service providers to assist with virtual or remote-based delivery of domestic violence and sexual violence-focused interventions?

Environmental Scan

Building on the evidence review described above, an environmental scan was conducted to identify toolkits, manuals, templates, training practices and/or guidance documents on virtual or remote-based delivery of interventions or services for organizations and providers. Given the paucity of educational and training resources that are available for the anti-violence sector (comprised of non-profit, community and social service organizations), we adapted educational resources and materials included in this Handbook that were primarily developed for the healthcare sector.

Consultations with IMPACT Working Group

The research consultant team met with the IMPACT Working Group on Remote Delivery of Services on three separate occasions for guidance and input on the development on this Handbook. At the first meeting, the researchers worked with the working group to review and refine the objectives and purpose of the Handbook. At the second meeting, a draft Handbook was presented, and further direction was provided to the research consultants. The third meeting was organized to review a penultimate version of the Handbook, and additional feedback was incorporated into the final version of the Handbook. ■

1. What You Need To Know

1.1 What are Virtual or Remote-Based Interventions for Addressing Domestic Violence and Sexual Violence?

Virtual or remote-based interventions are technology-enabled interventions and guided online support (as opposed to in-person face-to-face interventions such as group counseling and individual therapy) that prevent violence, increase the safety and decision-making of persons in an abusive relationship, and ultimately link them to trusted support *(see Section 2 for evidence-based virtual interventions)*. Technology-enabled interventions offer personalized real-time access to domestic violence and sexual violence screening, risk awareness, and support services. Virtual interventions also provide safer options for leaving or navigating an abusive relationship (e.g., safety planning tools).

1.2 What are Virtual Visits or Consultations?

Virtual visits or virtual consultations involve the use of technology to facilitate secure synchronous and asynchronous communications between a client via video or phone [12-14]. Virtual visits or consultations can include telehealth, telemedicine, and e-Mental Health [12, 13]. **[See Figure 1]** ▶

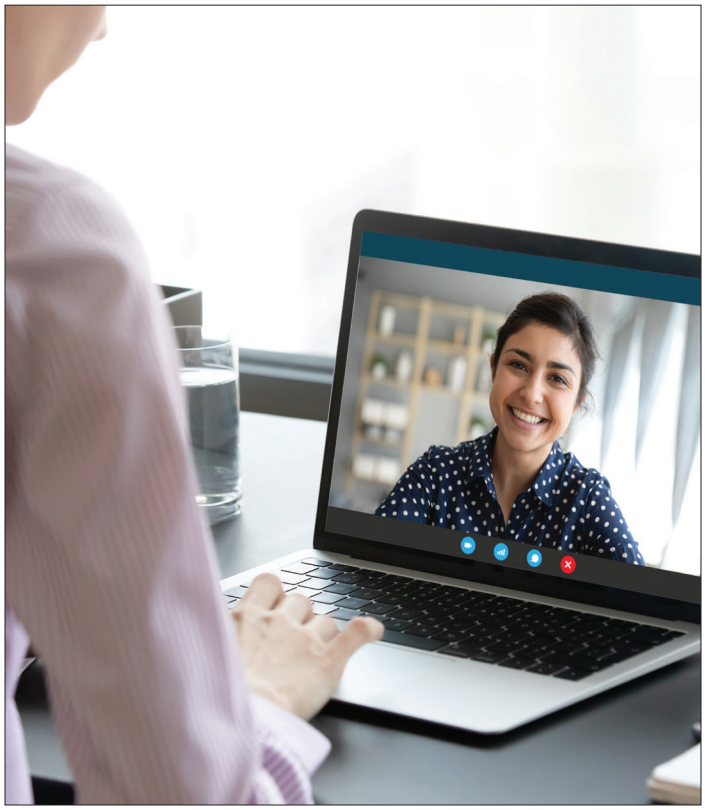
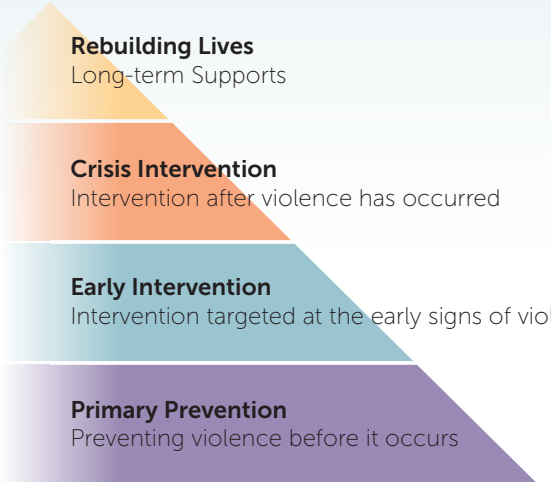


Figure 1: Points of Intervention for Domestic Violence and Sexual Violence *(adapted by Lana Wells based on a public health model for domestic violence prevention by Peter Jaffe and David Wolfe)* [1]

Public health prevention in both conventional and remote-based or online formats is defined at four tiers of intervention. When you look at the triangle, you can see a range of points or places to target interventions. *Primary prevention* reduces the incidence of a health threat by addressing underlying causes such as school or community-based healthy relationship programs targeting adolescents and families before violence occurs [15]. Primary intervention through educational tools may be more easily disseminated over the Internet and web-based applications that are already used by target populations [16]. *Early intervention* (sometimes referred to as secondary prevention) focuses on early detection after experiencing violence or abuse and subsequent treatment in order to triage any resulting negative health consequences or recurrent exposure. Early intervention programs addressing domestic violence and sexual violence include screening for domestic violence or sexual violence, online safety planning tools, and connection to virtual mental health or counselling (including e-mental health). Crisis intervention (sometimes known as tertiary prevention) includes strategies to mitigate the long-term impacts of previous or current experiences of domestic violence and sexual assault, such as crisis and support and information lines, short term crisis counselling and system navigation services for survivors. Lastly, *rebuilding lives* is critical to preventing domestic and sexual violence. Strategies that support long term health and invest in long terms supports (like housing, counseling, financial literacy) are important to supporting intergenerational change. ■



1.3 Challenges & Opportunities

Several benefits and challenges with virtual delivery of interventions to respond to domestic violence and sexual violence throughout the pandemic have been identified from previous research supporting the development of this Handbook [17]. It is important for service providers and organizations in the anti-violence sector to be aware of the opportunities and challenges presented when adopting and implementing virtual interventions or online/digital programs.

Table 1: Challenges and Opportunities to Delivering Virtual or Remote-Based Interventions for Individuals Experiencing or At-Risk of Domestic Violence and Sexual Violence

CHALLENGES	OPPORTUNITIES
Barriers with access to technology or reliable internet connection, especially for rural and remote communities.	Improved access for rural and remote communities
Security and privacy concerns	Increased comfort for some clients to share their feelings
Service providers' or anti-violence workers' inability to assess safety in the clients' environment	Convenience in the ability to provide and receive services from home
Challenges in making connection with new clients in virtual settings	Improved attendance rates and reduced no shows
The loss of human connection in virtual settings that is vital in healing trauma	Continuation of services when in-person contact is not possible
Additional work required to conduct virtual counselling and safety assessments, also referred to as "Zoom Fatigue"	
Clients' lack of safe and private space to attend virtual session	
The role that digital divide and social inequity (e.g., low socio-economic status and language barrier) play in accessing virtual care by a range of population groups	

1.4 Domestic Violence and Sexual Violence in Times of a Disaster or Crisis

- In the aftermath of a disaster or public health crisis, domestic violence and sexual violence increases.
- When responding in a pandemic context, your knowledge of domestic, sexual and family violence continues to apply.
- It is also helpful to be aware of the particular risks that exist for diverse individuals and families in a disaster or crisis situation.
- Public health directives on home isolation compound the danger for those living in violent and abusive situations, and abusers may monitor their devices to ensure that what is going on inside the home is not shared. This new reality requires new methods of communication to help those facing domestic violence and sexual violence.

Table 2: Understanding the Factors Contributing to Increased Risk of Domestic Violence and Sexual Violence During the COVID-19 Pandemic

HEIGHTENED RISK FACTORS OF DOMESTIC VIOLENCE & SEXUAL VIOLENCE DURING THE COVID-19 PANDEMIC

• Isolation and barriers to help-seeking [18-21].
  ° Increased challenges and barriers that priority population groups may experience when seeking support. This can increase the likelihood, impact or severity of violence and may be exacerbated by limited access to face-to-face services [21, 22].
  ° Increased risks for individuals and families experiencing violence and abuse within the context of COVID-19. As the drivers and reinforcing factors for the violence are exacerbated [23-26].
• Substance misuse and mental health issues resulting from isolation, loneliness, and uncertainty [27].
• Financial stress, unemployment and other economic vulnerabilities [28].
• Previous history of violence [29].

1.5 Virtual Delivery Approaches & Technological Requirements

Virtual care interventions are technology-enabled interventions and can be delivered via mobile devices, web-based (e.g., video-conferencing), electronic health platforms (such as online modalities), and app-based digital tools. The technology and equipment essential for each of these approaches are provided below. ▶

Videoconferencing

Videoconferencing requires at least one of the following devices: desktop computer, laptop, tablet, or smart phone. Most likely these devices are equipped with built-in webcam and microphone. However, it is highly recommended to invest in high resolution external webcam and microphone. Some virtual care guidelines recommend the following specifications for the external webcams: HD resolution 1920x1080 pixels (no higher needed), minimum 30 frames per second, automatic low light correction, noise cancellation system and integrated microphone, and lens cover for when not in use (privacy). [30]

***TIP:** Position the webcam on a desktop screen so that it's right above the image of the client this will ensure you are maintaining eye contact.*[2]

In order to improve productivity and facilitate smooth workflow, additional screen space is also recommended.[2]

In addition, it is important to invest in good quality speakers and headphones. Devices and connections have varying sound quality, thus good audio can help you hear your clients properly. Headphones can prevent the clients from being overheard by other people, and ensures privacy[2].

***NOTE:** it is recommended that you test your devices to ensure you are comfortable with their use and that they are working properly. Also, it is a good idea to be familiar with the specific adjustment settings* [3]

***TIP:** Some tools allow the user to add a virtual background. This is not recommended as this uses the processor of the device and could reduce the quality of the virtual care visit.*[2]

Internet Connection

Ensuring you have a fast and secure internet connection will be important to avoid any connectivity issues or disruptions during virtual visits or consultations. It is recommended that you run an online speed test from the same room where you will have your video sessions to find out the internet speed. Use the equipment you are planning to use for the most accurate test. You can use the site https://www.speedtest.net/ (Ideal is ~20Mbps to 50Mbps or more)[2].

Practical Tips to Improve Internet Connection[3]

- Bandwidth: Some areas of the province may not have the necessary bandwidth to support audio and video in the virtual tool. If you are receiving a broken signal, try turning off the video at one, then both ends of the conversation. If the audio is still broken, switch to a phone call.
- Ethernet cable: If possible, it is recommended to use an ethernet connection between the computer and the router as it is generally faster than a WiFi connection and provides greater reliability and security.
- Smart phone hotspot: You can use your smartphone's hotspot feature if the internet is not working. However, please note that you will be using the data on your plan.

Mobile Devices

Phone calls and text messaging require basic technology (telephone, smartphone or computer) and internet access (e.g., for WhatsApp messaging). It is important to keep in mind when you communicate with your clients through email or text there is the potential for the abuser or perpetrator of violence to read these messages[4]. ■

[1] Adapted by Lana Wells based on a public health model for domestic violence prevention by Peter Jaffe and David Wolfe. Wolfe, D. A., & Jaffe, P. G. (1999). Emerging strategies in the prevention of domestic violence. The Future of Children, 9(3), 133-144. https://doi.org/10.2307/1602787

[2] Information from the Virtual Care Playbook developed by the Canadian Medical Association.

[3] Information from the Doctors Technology Office Virtual Care Toolkit developed by BC Medical Association.

2. Promising Practices on Virtual or Remote-Based Domestic Violence and Sexual Violence Interventions

Our evidence review identified two types of virtual/remote interventions for individuals experiencing or at-risk of domestic violence and sexual violence, including survivors, that have been tested for efficacy and effectiveness: (1) web-app-based digital tools that support safety planning; and (2) trauma-informed virtual care interventions focused on psychological therapies and treatments for survivors of domestic violence and/or sexual violence.

2.1 Safety Planning Digital Tools and Programs

Safety planning is defined as a dialogic process that informs and supports an individual exposed to violence or abuse by identifying behaviors they can adopt to increase safety and decrease exposure to violence for themselves and their family at risk [31]. A few safety planning virtual interventions and tools are available for individuals experiencing domestic or sexual violence. These interventions are available in a web-based or mobile app-based formats. These tools have been used successfully with a range of diverse population groups (i.e., Indigenous populations, immigrant and refugee populations, LGBTQ2S+ communities, college students, pregnant mothers and female survivors residing in rural or remote communities).

iCAN Plan 4 Safety

A Canadian developed personalized safety decision support aid aims to help women who are experiencing abuse from a current or ex-partner assess their particular situation in terms of setting priorities and safety risks through the use of an online tool [32]. The tool also features exercises to help women take care of their health and well-being. The tool can be accessed HERE. Canadian researcher Ford-Gilboe and her team conducted a randomized controlled trial with 462 women from three provinces (ON, BC, NB) who were experiencing partner violence used iCAN. These participants came from varied and diverse backgrounds and living situations. As a randomized controlled trial, participants who used the personalized iCAN were compared to those participants who used a shorter, less personalized version of the online tool. Women in both groups reported improvements in mental health, confidence in safety planning, and decreased coercion from their abusive partners, with no evidence of harms.

For a video explaining ICAN and the study, please visit click here.

Online tool consists of three components:

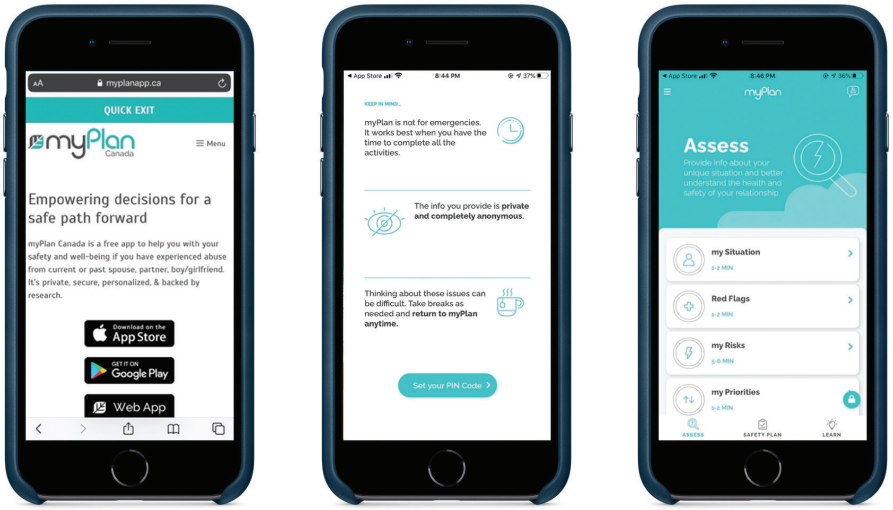
1. background questions about your living environment, relationship and health;
2. activities to help you better understand risks; and
3. an action plan.

HELPP (Health, Education on Safety, and Legal Support and Resources in IPV Participant Preferred)

An online program which focuses on education on safety, self-reflection and self-evaluation of risk for mental health distress. The intervention is comprised of six modules delivered by e-mail once a week for 6 weeks [33]. A direct link to the online program is not available, however, the research project that used this program can be accessed HERE. ▶

myPlan App

A mobile application-based decision aid which can support your clients to make informed decisions about their safety and well-being [34]. The developers of this tool used a strength-based and empowerment focused approach which allows increased autonomy and agency in survivors. Once your client has completed a range of questions regarding safety concerns, the app then provides the user with various options of resources for counseling, support and advocacy. This app also provides education on healthy relationship characteristics, supports survivors with setting priorities for safety, provides specific information about safety approaches, and "designs a tailored safety plan based on the survivor's level of danger and achievable safety behaviors." [34] The *myPlan* mobile application can be accessed HERE.



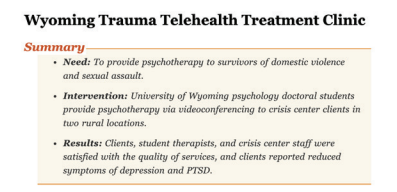
To prioritize privacy, the user does not create an account but uses a passcode. If the passcode is forgotten, the app will need to be uninstalled and reinstalled.

There are many great recommendations provided within this app. Remember that the goal of a safety plan is to create an individualized plan that works for you to increase your safety and privacy.

2.2 Virtual Psychological Therapies and Treatments For Survivors

Trauma-informed treatments such as cognitive-processing therapy (CPT), cognitive–behavioral therapy (CBT) and tele-psychotherapy have been virtually delivered to a range of population groups (e.g., survivors of sexual assault, children and adolescents at risk, and female survivors of domestic violence) [35]. These treatments and therapies are commonly delivered through mHealth and videoconferencing technologies [16, 35-44]. ▶

2.3 Virtual Programs and Projects

Wyoming Trauma Telehealth Treatment Clinic (WTTTC)  **Wyoming Trauma Telehealth Treatment Clinic** *Summary* • ***Need:*** *To provide psychotherapy to survivors of domestic violence and sexual assault.* • ***Intervention:*** *University of Wyoming psychology doctoral students provide psychotherapy via videoconferencing to crisis center clients in two rural locations.* • ***Results:*** *Clients, student therapists, and crisis center staff were satisfied with the quality of services, and clients reported reduced symptoms of depression and PTSD.*	• A successful program that delivers trauma-informed treatments using remote videoconferencing to rural survivors of domestic violence and sexual violence [38, 43]. • Effectiveness and feasibility of the program were tested, and large treatment gains were reported among clients on measures of PTSD and depression after receiving psychological services [37].
THRIVE: Health Education Mobile Application **Thrive: A Novel Health Education Mobile Application for Mothers Who Have Experienced Intimate Partner Violence**	• A smartphone based mobile application developed to address the unmet health needs and to improve the well-being of mothers who have experienced domestic violence [45]. • The program includes three sections: Myself (maternal self-care, stress coping skills), My Child (stress signs in children, talking to children about IPV, mother–child dyadic communication), and My Life (hospital and community-based resources). • The app is not yet available to the public, but the creator can be contacted HERE.
Telstra Safe Connections Program WESNET The Women's Services Network  **Telstra Safe Connections Program** *"In summary, Safe Connections is a shining example of multi-sector collaboration that is having a real impact on the lives of women and their children who have experienced family and domestic violence."*	• This is a multi-sector collaborative program that aims to support women who are experiencing domestic violence to stay connected safely. • The program was developed in collaboration between the Women's Services Network (WESNET) and Telstra. As part of the program, "Telstra donates smartphones with $30 of pre-paid credit to WESNET to give to women impacted by domestic and family violence. WESNET provides the phones through its network of specially trained frontline agencies across the country."[46]
Centre for Online Mental Health Support (COMHS) COMHS CENTRE FOR ONLINE MENTAL HEALTH SUPPORT	• COMHS provides rapid, interactive, and live mental health support online. The organization offers a domestic violence program comprised of 3 interactive online sessions. This is a closed group designed to offer support and information.

3. Getting Started: Planning for Virtual or Remote-Based Delivery of Domestic Violence and Sexual Violence Interventions

3.1 Assessing Whether Virtual Interventions or Services are Suitable for Your Client

Service policy and procedures for the anti-violence sector should generally preference face-to-face service provision rather than virtual visits where an anti-violence worker has identified concerns related to a clients' experience with violence or abuse. To assess whether virtual or remote-based intervention is suitable for a client there will be a range of considerations that anti-violence workers should consider. Including the following:

- Existing protective factors, for example:
  - If the client is not currently living with the perpetrator (noting that this should not be considered a protective factor on its own).
  - If they already receiving support from domestic violence or sexual violence services.
  - If they already have a strategy/plan in place to support safety, including access to safe devices for virtual consultations and communications.
  - If the client has a strategy to communicate safely while at home or if they able to leave the home and access safe devices/phones at a trusted friend's, neighbour's or relative's house.
- Client preference or inability to attend face-to-face services.
- Digital barriers among clients (e.g., barriers to accessing digital technologies that are experienced by underserved and vulnerable populations who are at a greater risk of domestic violence and sexual violence during the pandemic).
- Understanding of the risks and vulnerabilities related to violence and abuse during COVID-19:
  - That include a range of psychosocial factors. The presence of psychosocial risk factors can increase a person's vulnerability to experiencing violence, abuse and neglect; or contribute to an increase in frequency and severity of violence where it is already present.
- Consultation with the client regarding privacy and confidentiality, if safe to do so
  - This should highlight that whilst virtual platforms are secure, it is possible that sessions may be monitored within the home either by someone at the location or through the use of monitoring devices.
  - Where the client expresses concern, anti-violence workers should discuss with the client other options including, for example, telehealth services from a different location with safe devices.
- Reassessment of the suitability of virtual services following the disclosures or identification of domestic violence or sexual violence.

3.2 Assessing Readiness for Virtual Domestic Violence and Sexual Violence Interventions

Table 2: Checklist for Assessing Readiness for Virtual or Remote-Based Interventions

CHECKLIST FOR ASSESSING READINESS FOR VIRTUAL INTERVENTIONS
✓ Determine if (or how) virtual services or interventions would support, enhance, or extend your current services to specific population groups who are most vulnerable or at-risk ✓ Identify any barrier(s) that your clients may have in using virtual services and/or digital tools ✓ Assess whether your clients will be supportive of the virtual or remote-based intervention ✓ Become familiar with the virtual communication platform you will be using ✓ Create an evaluation plan for determining the effectiveness and appropriateness of the virtual or remote-based intervention

Table 3: Identifying digital exclusion and digital inequity among clients

QUESTIONS TO CONSIDER FOR IDENTIFYING DIGITAL EXCLUSION AND DIGITAL INEQUITY
• Are there any language barriers that could impact the virtual visit? If so, does the client have adequate support to participate? • Does the client live in a rural or remote area, where there is insufficient bandwidth? • How tech savvy is the client? Do they use an internet-enabled computer or smartphone and have email? • Is the home a safe place for the client to connect to a virtual visit with a service provider? • Are there pre-existing help-seeking barriers that prevent the client from using technology-enabled or digital services (e.g., past experiences with discriminatory or racist service could exasperate clients' willingness or ability to access services online)?

3.3 Supporting Clients Experiencing Technological Challenges[5]

- Be prepared to walk your clients through identifying the link in the invitation email, or to support them with other technical issues they are having when connecting to the tool.
- If the issue seems more challenging or time consuming, be prepared to switch communication medium to a phone call or other approaches that are comfortable for the client.
- Be prepared to coach your clients on how to turn on their webcam cameras, if they have it.
- It is recommended that other family members do not stream video or have video conferences at the same time as the client's virtual session, this helps to improve the quality of the virtual visit.

3.4 Choosing a Virtual Platform

Virtual counselling sessions or consultations can be delivered through videoconferencing, phone, and web-based portals. A number of platforms can be used to deliver virtual or remote-based services, these include mobile apps, Doxy, Email, Google Meet, Microsoft Teams, Phone calls, Social Media platforms, Text, WebEx, Webinars, and Zoom. Generally, the selected platform should usually be Health Insurance Portability and Accountability Act (HIPPA) and/or Freedom of Information and Protection of Privacy Act (FOIP) compliant.

Table 4: Considerations for Selecting a Communication Platform for Virtual Consultations or Visits

QUESTIONS TO CONSIDER WHEN SELECTING A COMMUNICATION PLATFORM[6]
• Do I want a tool that supports both provider and client-initiated virtual visits? • Does the tool have sufficient privacy and security safeguards? • Does the vendor for the virtual platform (e.g., Zoom, Doxy) offer sufficient training to ensure that I will be comfortable using the tool? • Does the vendor offer technical support and/or educational materials for me and my client? • How well does the tool/platform integrate with my workflow? • Is the technology reliable? • Is the tool easy to use for me and my client? • Is there a free trial period for the tool so that I can test it first? • What type of client devices is the tool compatible with? • Who are the different user types and what features do they need?

In addition,[5]

- Request information about the privacy and security measures built into their platform.
- Ask the vendors (e.g., Zoom or Doxy technical support team) to:
  - Confirm if the transmission of data is encrypted.
  - Do they store any information? If so, what information is stored?
  - Ask host servers in Canada. ▶

What is the Digital Divide?

Inequitable access to virtual or remote-based intervention has been characterized as the 'digital divide'[47-49]. Multiple barriers to accessing digital technologies are experienced by underserved and vulnerable populations who are at a greater risk of domestic violence and sexual violence during a disaster. There is ample evidence demonstrating digital exclusion among rural communities where broadband access is limited [48]. The experience of digital exclusion should be examined across intersecting factors of gender, sex, age, geography, disability, race, ethnicity, and culture. ■

[4] Information from the Virtual Care Playbook developed by the Canadian Medical Association.

[5] Information from the Doctors Technology Office Virtual Care Toolkit developed by BC Medical Association.

CHECKLIST FOR HOW TO PREPARE FOR A VIRTUAL CONSULTATION OR VISIT

(adopted from virtual care guides developed by Jack et al., 2020[6], Alberta Medical Association[7], Ontario Health[8] and Canadian Medical Association[9])

- ✓ Create a therapeutic space virtually by adding a personal touch to make clients feel a sense of alliance and connection during a virtual session (e.g., taking off glasses to avoid glare, being aware of how you are using their body language and space on screen and ensuring to still ground clients even though you are not in the same space with clients)
- ✓ Be professional; assume that you are visible and can be heard throughout the virtual session
- ✓ Place your workstation in a location that protects the virtual exchange from being seen, overheard or interrupted by others. That includes ensuring that there is no visibility of your screen(s) through a window
- ✓ Consider the space that the client will view during a virtual visit. Use a professional/neutral backdrop and good lighting
- ✓ If you use a separate web camera, position it so that the camera is directly above the computer window with the client's video image. This allows you to always be looking directly at the client
- ✓ Eliminate all distractions from your computer and surroundings. In particular, turn off all visible and audible computer notifications, which create noticeable distraction
- ✓ Make extra effort to engage with the client at all times and assure them that they have your full attention. This includes eye contact, body language and attentiveness
- ✓ Collect/create client education texts and weblinks to share after the encounter to replace what you can show to clients when you are seated in the same room
- ✓ Consider clarifying your actions to the client if you are not looking at them (e.g., typing up notes)
- ✓ Enhance the video display by avoiding erratic hand gestures or wearing clothing with loud patterns
- ✓ Reduce background noise, including tapping, rustling papers, and side conversations.
- ✓ Speak clearly and naturally

4. Considerations for Safety and Informed Consent

The safety and privacy of individuals and families experiencing or at-risk of domestic violence and sexual violence during the global COVID-19 pandemic remain an essential consideration in adopting virtual or remote-based interventions and digital tools. Providing services, treatment and support to clients through technology comes with benefits and potential risks. Prior to starting any type of virtual intervention or online program within your organization, the following are key considerations to protect your client's safety, including an informed consent process.

1. Safety: Communication via text, email, video call and online chat functions leaves a digital trail that if accessed could potentially increase risk to a client's safety and reveal that they are seeking help, as well as personally identifiable information. For example, some video call software automatically stores the call history, records the call and collects the personal information and location of the participant. If this information is accessed, it could undermine the person's safety and reveal confidential communications. As part of safety planning, the risks and benefits of communicating through technology should be discussed with a client. For example, if a perpetrator has access to a client's laptop, computer or phone through a shared password and finds out that they are communicating with an anti-violence provider online from home, will the risk to this individual's safety increase? ▶

During isolation at home, phone or videoconferencing with patients or clients often occurs in an environment where the perpetrator of violence is present. The Signal for Help campaign has a hand signal to allow for a silent request for help during video consultations. For more informaion, click HERE. The goal is to provide discreet communication strategies for clients who need help. ■

[6] Content directly from Telehealth Practical Guide for Nurses and Midwives developed by Jack et al., 2020 page 7

[7] Information from Alberta Virtual Care Toolkit developed by Alberta Medical Association.

[8] Information from Virtual Care Guidance developed by Ontario Health.

Depending on what type of digital communication modality your organization chooses (web chat/text, video call or phone), service providers will need to build in safety planning steps with their client such as:

- Establishing a password or "safety word" to ensure that the anti-violence worker is speaking to their client (See Signal for Help).
- Discussing what steps to take if the session is disconnected abruptly.
- Strategizing how to respond if the perpetrator comes into the room while the conversation is happening.

5. **Informed Consent:** The use of digital communication services should be included in your organization's informed consent forms.

5. Security and Privacy for Virtual Visits or Consultations

Clients accessing virtual interventions or services are entitled to expect their confidentiality and privacy to be guaranteed, including privacy of personal information and privacy of personal communications[10]. Organizations and anti-violence workers are encouraged to review and understand their legal and professional responsibilities in regard to client data security and privacy.

- The Personal Information Protection Act for the Province of Alberta can be accessed HERE; and
- The Health Information Act for Province of Alberta can be accessed HERE.

Potential Privacy and Security Risks to be Aware of [11]

- Appointment confirmation and/or reminder message could include private information
- Videoconference launching from unsecure location
- Video visit recorded without authorization
- Wrong client is invited to or attends the video visit
- Unauthorized persons are within earshot of a video visit
- Messages and/or communications sent to wrong clients

Safeguards that can be implemented to prevent privacy and security risks

(Information adopted from guidelines produced by Ontario Health[11], BC Medical Association[12] and Government of New South Wales [13])

A Checklist for Privacy and Security Protection

☑ Double check all messaging and correspondences with clients to ensure private information is not included; and that messages are being sent to the correct client

☑ Create and follow a standardized privacy breach protocol within your organizations

☑ Password-protect all devices and encrypt all files saved in work devices, and keep your firewall turned on. Do not export confidential information onto unencrypted portable storage such as USB flash keys, recordable CDs/DVDs, external hard drives, or personal devices

☑ Keep your device up to date with the latest security updates and anti-virus software

☑ Only use devices, equipment and mobile applications that are approved by your organization

☑ Make sure you are in a private space or use headphones to prevent unauthorized persons from hearing your session. If displaying information on your screen where unauthorized people might see it, then ensure that a computer privacy screen is used, or appropriate measures are taken to ensure the confidentiality of the information

☑ Place your device (desktop monitor or laptop) in a way that the clients' video cannot be seen by anyone in your surrounding or in case of someone inadvertently opens the door during your private session

☑ Make sure the virtual platform is secured in order to access the virtual session (e.g., enter a login and/or password)

☑ When hosting group sessions, enable the "waitlist" function to ensure only authorized clients are admitted into the virtual session

☑ Confirm the clients' identity before starting the session

☑ Ensure that any sessions that are recorded are properly secured

☑ Ensure that all devices/media are securely stored when not in use (e.g., in locked cabinet)

☑ Any devices/media containing client information that is lost/stolen/missing is immediately reported to your manager or supervisor.

Confirming Clients' Identity

- Service providers can determine a means of identification to be used based on the type of service provided and population served[14]. However, here are examples of ways to confirm clients' identity:
  - If you have new clients or if they are clients with whom you have not had many interactions with, ask them to display their government issued ID (or acceptable substitute)[15].
  - If it is safe to do so, keep clients' picture on file[15]. ■

[9] Information from the Virtual Care Playbook developed by the Canadian Medical Association.

[10] Information from Telehealth Clinical Guidelines developed by BC Health Authorities.

[11] Information from Virtual Care Guidance developed by Ontario Health.

[12] IInformation from the Doctors Technology Office Virtual Care Toolkit developed by BC Medical Association.

[13] Information from the Violence, abuse and neglect and telehealth developed by Government of New South Wales, Australia.

[14] Information from Telehealth Clinical Guidelines developed by BC Health Authorities.

[15] Information from Telehealth Clinical Guidelines developed by BC Health Authorities.

6. Guidance for Service Providers on Delivering Domestic Violence and Sexual Violence-Focused Virtual Care Interventions

6.1 Training and Capacity-Building Resources

Validated tools and resources exist to support service providers in the anti-violence sector and clinical professionals in domestic violence and sexual violence identification and support. However, there is a paucity of tools and resources aimed at supporting service providers or anti-violence workers with virtual or remote-based delivery of interventions and digital programs.

Safer Technology for Women Training for Frontline Workers
This online course provides service providers within the anti-violence sector training on how to better support women experiencing technology-facilitated abuse. The training includes contents on practical ways to help clients to safely and securely connect to the internet, to use technology safely; to embed e-Safety planning in overarching client risk and safety planning, and to identify risks and implement strategies to mitigate those risks. More information on this training program can be accessed HERE. ▼

6.2 Toolkits and Resource Guides for Virtual Delivery of Domestic Violence and Sexual Violence Services

BC Society of Transition Houses Digital Services Toolkits	• The BC Society of Transition Houses developed toolkits and resources on technology safety for service providers within the anti-violence sector. • These resources include guidance on how to support women and young people experiencing technology-facilitated violence including strategic methods to use technology safely and incorporate them into safety plans. • The resources include information on best practices for virtual delivery of services and programs to the domestic violence and sexual violence population.
Technology Safety Digital Services Toolkit	• The National Network to End Domestic Violence based in the USA developed multiple tools and resources to support agencies and organizations within the anti- violence sector to provide virtual services. • The resources include readiness assessment worksheet, understanding and choosing virtual platforms, and best practices principles for virtual services. • This organization also provides toolkits for survivors on the use of technology. These tools include safety tips, information, and privacy strategies, data security and how to use safety apps safely. The tools that are specific for survivors can be accessed HERE.
Violence Abuse and Neglect Telehealth Guide	• This is resource developed by the New South Wales government of Australia to support service providers address and respond to the increased safety risks that individuals experiencing domestic violence face when accessing support virtually. • The guide provides support with increased awareness and understanding of the unique risks to the safety of clients, families and caregivers where virtual services are proposed or being delivered, deliver safe practices for responding to disclosures or suspected domestic and family violence and other forms of violence, abuse and neglect through the delivery of virtual services.

7. Professional, Legal, and Ethical Obligations When Conducting Virtual Services

7.1 Professional and Legal Obligations

For health and social sector providers (e.g., psychologists, social workers, and nurses)

- Be familiar and up to date with current recommendations from regulatory colleges within your professions.
  - The regulatory information for College of Alberta Psychologists can be accessed HERE.
  - The regulatory information for Social Works Profession can be accessed HERE.
  - The regulatory information for Licensed Practical Nurses can be accessed HERE.
  - The regulatory information for Registered Nurses can be accessed HERE.
- Generally, regulatory colleges recommend that members use their professional judgment to determine whether virtual or remote-based interventions are appropriate and whether it will enable the service provider to meet the standard of care. Ultimately, colleges will use the same standards to judge client services, whether it is in-person or virtual[18].
- Providing services virtually should essentially follow the same professional principles as face-to-face. That is service provider should provide adequate and informed care, when and if clients need additional support (i.e., interpreter services; communication support for individuals with disability; presence of family members; etc.). The service provider must ensure these services are available to them virtually[16].

7.2 Ethical Practices

(adopted from guidelines developed by BC Health Authorities[16], BC Medical Association[17], and Ontario Health[18])

Service providers should identify approaches to maintain the client-provider relationship in the virtual environment[16]. For example,

- Maintain the integrity and value of the therapeutic and workplace relationships
- Uphold professional standards governing specific professions within the anti-violence sector
- Meets the same standards of quality and safety as face-to-face services

It is important to develop backup plans and safeguards to reduce risk and protect clients' safety. Risk reduction and client safety strategies are included in the facilitating virtual services section below (on page 18).

Overall, service providers are required to follow the regulatory information and their professional practice standards when addressing ethical concerns and issues that arise due to the use of virtual platforms.

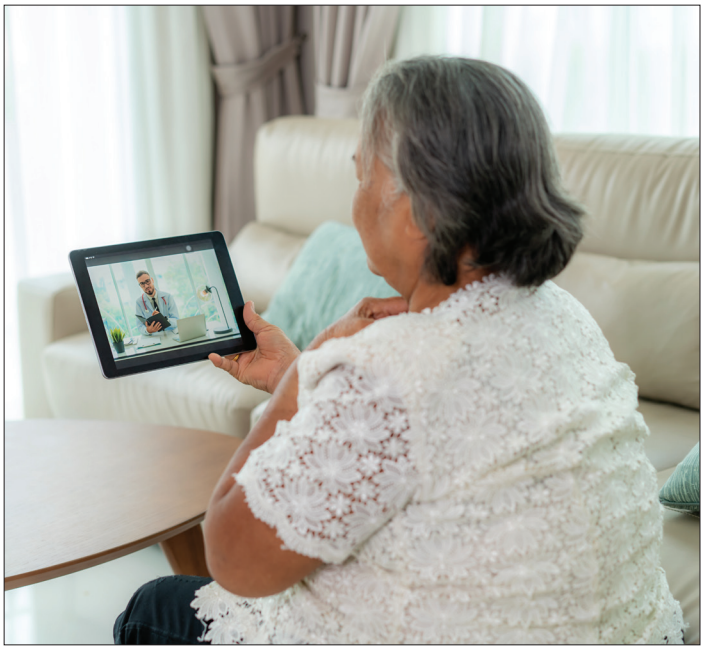
7.3 Consent Process

Obtaining informed consent is a requirement in any ethical professional practice. There are two types of consent: implied consent and expressed consent. It is the most common recommendation to obtain expressed consent from clients. Expressed consent can be provided either orally or in writing. Consult with your organization's management and your professional regulatory information to assess which type of expressed consent is most appropriate for your clients.

7.4 Informing Clients

As part of the informed consent process, clients must be informed of the following:

- Potential confidentiality, privacy and security risks; and
- Measures that are in place to protect these risks. ■



[16] Information from the Doctors Technology Office Virtual Care Toolkit developed by BC Medical Association.

[17] Content directly from Telehealth Practical Guide for Nurses and Midwives developed by Jack et al., 2020 page 7.

[18] Information from Virtual Care Guidance developed by Ontario Health.

[19] Information from the Virtual Care Playbook developed by the Canadian Medical Association.

8. Facilitating Virtual Consultations and Visits

(adopted from guidelines and resources provided by Canadian Medical Association[19], Ontario Health[20] and Jack et al., 2020[21])

Table 5: Checklist to Complete Before and During a Virtual Consultation or Visit ▶

8.1 Protecting Clients' Safety [22]

The following guidance are suggestions for assessing a client's safety during a virtual consultation or visit:

- Start by assessing client readiness to meet. Appreciate that an abusive partner may require the client to respond positively. Listen and watch for cues that the client is feeling safe, not editing their comments, or (when using videoconferencing) glancing at others before speaking.
- If client is ready to meet, discretely assess if others are present by asking if you can say "hi." This provides you with information about the presence of others and thus a precaution about initiating a discussion related to relationships, violence, or safety.
- Develop a plan on how to respond if the call/video is suddenly disconnected, including if, how and by who the call should be re-initiated by. While calls may be dropped due to poor connections, a client may abruptly terminate a connection if someone enters their space or their safety is threatened.
- If the call is not reconnected, explore if you can call a friend, family member or neighbor to check on their safety or to call the local emergency number (e.g., 911).
- Discuss having a code word or hand signal (for video) that the client can use to express that they are in danger or unable to speak privately.
- If a resource or referral has been suggested or requested (e.g., to access an advocate, seek shelter services), ask how this information can safely be transmitted to the client.
- If the client requests for the information to be sent via text message, explore strategies for safeguarding the information.
- If re-scheduling a follow-up visit, re-assess the safest time/day to connect, the safest mode for connecting, and recommendations for actions the client would like you to take if you can't reach them. ▶

CHECKLIST TO COMPLETE BEFORE AND DURING A VIRTUAL CONSULTATION OR VISIT

For Service Providers

- ☑ Be aware of your legal, professional and licensing obligations/requirements for delivering services virtually (e.g., confirm that the client is in a Province/ Territory where you hold a license to practice).
- ☑ Prepare with the right equipment (stable internet connection, webcam, microphone, headphones, speaker, etc.)
- ☑ Make sure you are in a private space to initiate virtual call, and that the connection is secure.
- ☑ Develop education tools for clients who may need technical support.
- ☑ Prepare a list of resources that can be shared safely with individuals about local resources/services to support individuals experiencing violence.[21]
- ☑ When confirming the visit, send only information about visit logistics. Do not include personal information. The client's partner may have access to their phone or passwords[21].
- ☑ When possible, plan a video conference as both visual and audio cues will help to assess if it is safe to proceed with conversations related to domestic violence and sexual violence[21].
- ☑ Many virtual/remote visits are being scheduled electronically through text messaging or email. The message language should suggest privacy if possible, but not make the wording such that clients who cannot get privacy are discouraged from making an appointment[21].

Preparing Clients for Virtual Visits

- ☑ Identify and respond to accessibility barriers that clients may have (i.e., limited access to digital devices, internet, phone data plan, etc.) and if possible, locate local community agencies who provide cell phones to individuals experiencing social or economic disadvantage or violence[21].
- ☑ Ask the client if there is a time when they have access to a quiet, comfortable, and private space where other people cannot overhear the conversation. Be prepared that they may not[21].
- ☑ If privacy is an issue, explore or discuss options (e.g., go for a walk, call from an outdoor location such as a park)[21].
- ☑ Provide choices and options for different modes of connecting. This provides the client with agency to assess their current situation and select other options that may enhance safety[21].

During the Virtual Session

- ☑ Confirm the client's identity – see page 14
- ☑ If available, and when possible, ask the client to wear earphones that connect with the device being used (e.g. phone, computer, tablet)[21].
- ☑ For telephone calls, recommend that the conversation not be broadcast over a speaker phone.
- ☑ Obtain informed expressed consent from clients

A Sample Script for Safety Assessment and Safety Measures Developed by Jack and Collogues [22]

"Is this still a good time for us to connect?"

"So much has changed with this COVID-19. I'm wondering how all of you are doing with the changes. I haven't met your partner yet. Is _____ home so I can say hi?"

"Once you receive my text message with the phone number for (name of agency), do you have a safe place where you can store that information and it won't be found by your partner?"

"Once you use or save the information, would you feel comfortable deleting the text so that my message won't be noticed if someone else picks up your phone?"

8.2 Documentation of Virtual Consultation or Visit

(adopted from virtual care guides developed by Ontario Health[23] and Canadian Medical Association[24])

The following guidance is provided on documenting your virtual consultation or visit:

- Virtual visit records must be kept to the same standard as in-person service. Service providers should also document specific details about the electronic aspects of the encounter.
- If you plan to spend a significant part of your time providing interventions and services virtually or remotely, consider acquiring document management software that allows you to process a scanned or photographed form, then complete, sign and encrypt it in a password-protected PDF document. Adobe and other companies offer subscription versions (about $25/month) that provide the functionality you need to securely perform these tasks. In contrast, free versions are usually less efficient and are more likely to pose a security risk to your systems and documents. ■

9. Cultural Safety in Virtual Settings

In order to ensure equity and inclusiveness in virtual delivery of domestic violence and sexual violence interventions, when/if possible, service providers should consider incorporating the following approaches for promoting the cultural safety of clients:

- Be aware and reflective of cultural differences among your clients. That is, understand that individuals from different cultures will have different perspectives and be respectful and receptive of various traditions, faith and belief systems.
- Be sensitive to clients' previous experiences and potential related compounded trauma.
- Consult with agencies and other providers who may have deeper cultural connection to your clients.
- Tailor or adopt your care approaches to your clients' traditional ways of being and knowing, this is especially important for Indigenous people. ■

10. Practicing Self Care

Given the impact of the COVID-19 on the mental and emotional well-being of service providers, it is vital to promote self-care and provide supports for service providers and anti-violence workers within the sector during this stressful time. Some ways organizations can support service providers and workers may include:

- Encouraging service providers to develop self-care plans (e.g., developing new routines, and spiritual practices such as meditation).
- Providing opportunities for supportive debriefing time, check-in time and small group support sessions within organizations.
- Facilitating a supportive system within all organizations in the sector where they all join forces, network, collaborate and support each other.
- When possible, allowing service providers or anti-violence workers flexibility in their work schedule to accommodate caregiver responsibilities or other personal circumstances.
- Providing innovative training opportunities for service providers and anti-violence workers.
- Providing access to timely technical support for service providers and anti-violence workers. ■

[20] Information from Virtual Care Guidance developed by Ontario Health.

[21] Content directly from Telehealth Practical Guide for Nurses and Midwives developed by Jack et al.,2020 page 7.

[22] Content directly from Telehealth Practical Guide for Nurses and Midwives developed by Jack et al., 2020 page 7.

[23] Information from Virtual Care Guidance developed by Ontario Health.

[24] Information from the Virtual Care Playbook developed by the Canadian Medical Association.

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Appendecies

Appendix A: Methods for Rapid Evidence Review

Screening and Inclusion of Sources for Rapid Evidence Assessment

51 sources that met our inclusion criteria were screened and 10 sources were included in our review and referenced in this Handbook. Sources were included for extraction if (1) the focus was on domestic/family violence and sexual violence; (2) virtual delivery of care was addressed; (3) if it provided any form of evidence or information on best practices and/or recommendations of virtual delivery of care to the DV/SV population; (4) it was published between 2010 and 2020; and (5) if it was published in English.

Search Strategy

We completed our searches in grey literature sources google search engine and specific organization and government sites (e.g., Alberta Medical Association, Alberta Health Services, Ending Violence Association of BC, BC Society of Transition Houses, Canadian Medical Association, Ontario Telehealth Network). Our first set of searches were conducted in google search engine using the following search terms: ("Domestic Violence" or "Family Violence" or "Intimate Partner Violence" or "Gender-Based Violence") AND ("Remote" or "Virtual" or "Online" or "Internet" or "Telehealth" or "Digital") AND ("Tool*" or "Manual" or "Guid*") specifically for each province in Canada (Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, and Nunavut). Next, the searches were conducted specifically for countries with similar socioeconomic and sociocultural profile to Canada (Australia, Canada, New Zealand, United Kingdom, and the United States). These first set of searches highlighted relevant websites that needed further examination. As a result, contents and resources in websites of the following organizations: Ending Violence Association of BC, BC Society of Transition Houses, the National Network to End Domestic Violence, New South Wales government of Australia, and The Women's Services Network were reviewed, and relevant information saved.

For our second set of searches, we aimed to identify training and capacity building resources on how to provide services specifically for practitioners within the domestic violence and sexual assault sector. We searched in google and google scholar and the websites specified above using the following search terms: ("Domestic Violence" or "Family Violence" or "Intimate Partner Violence" or "Gender-Based Violence") AND ("Remote" or "Virtual" or "Online" or "Internet" or "Telehealth" or "Digital") AND ("Capacity Building" or "Training" or "Education") AND ("Provider*" or "Frontline*" or "Practitioner"). Similar to the previous search strategy, these searches were conducted specifically for each Canadian province and the countries with similar socioeconomic and sociocultural profile to Canada (Australia, Canada, New Zealand, United Kingdom, and the United States).

For our third set of searches, we aimed to examine existing virtual care tools and guidelines in Canada that were developed more generally for frontline workers. Thus, we used the following search terms: ("Remote" or "Virtual" or "Online" or "Internet" or "Telehealth" or "Digital") AND ("Tool*" or "Manual" or "Guid*") in google search engine and in organization or government websites. These include Alberta Medical Association, Alberta Health Services, The College of Physicians & Surgeons of Alberta, Canadian Medical Association, Ontario Telehealth Network, Nova Scotia Health Authority, and Canadian Patient Safety Institute. The search strategies were adopted as appropriate to the specific features of each website. All searches were limited to English language.

Screening and Inclusion for Environmental Scan

Resources were included if (1) they were from countries with similar socioeconomic and sociocultural profile to Canada (Australia, Canada, United Kingdom, and the United States); (2) they were providing relevant information on *how to provide virtual services*; and (3) the types of documents were frameworks, toolkits, manuals or playbooks. The first set of searches (domestic violence + virtual care + toolkits) resulted in a limited number of resources. In Canada, the only available resources were from British Colombia (n=2). Ten resources were identified and included from USA, however, eight of these were from the same organization (the National Network to End Domestic Violence). Two resources were identified from Australia. No other relevant resources were identified in the first set of searches. The second set of searches (domestic violence + virtual care + training + practitioner) only resulted in one resource from Australia. The third set of searches (virtual care + toolkits + primary care) resulted in 16 resources. These resources were obtained from Federal Government of Canada (n=4), Alberta (n=7), Ontario (n=4) and Nova Scotia (n=1). In total, thirty resources were included, and the types of resources include privacy and safety tools and guidelines, virtual care manuals for physicians, virtual services toolkits, virtual care regulations and guidelines, and technology safety and privacy toolkits for survivors. ■

Appendix B: Client's Safety Assessment During Virtual Care[1]

1. Start by assessing client readiness to meet. Appreciate that an abusive partner may require the client to respond positively. Listen and watch for cues that the client is feeling safe, not editing their comments, or (when using videoconferencing) glancing at others before speaking.
2. If client is ready to meet, discretely assess if others are present by asking if you can say "hi." This provides you with information about the presence of others and thus a precaution about initiating a discussion related to relationships, violence, or safety.
3. Develop a plan on how to respond if the call/video is suddenly disconnected, including if, how and by who the call should be re-initiated by. While calls may be dropped due to poor connections, a client may abruptly terminate a connection if someone enters their space or their safety is threatened. If the call is not reconnected, explore if you can call a friend, family member or neighbor to check on their safety or to call the local emergency number (e.g., 911)
4. Discuss having a code word or hand signal (for video) that the client can use to express that they are in danger or unable to speak privately.
5. If a resource or referral has been suggested or requested (e.g., to access an advocate, seek shelter services), ask how this information can safely be transmitted to the client.
6. If the client requests for the information to be sent via text message, explore strategies for safeguarding the information.
7. If re-scheduling a follow-up visit, re-assess the safest time/day to connect, the safest mode for connecting, and recommendations for actions the client would like you to take if you can't reach them.

Script for Safety Assessment and Safety Measures Developed by Jack and Collogues[1]

"Is this still a good time for us to connect?"

"So much has changed with this COVID-19. I'm wondering how all of you are doing with the changes. I haven't met your partner yet. Is _____ home so I can say hi?"

""Once you receive my text message with the phone number for (name of agency), do you have a safe place where you can store that information and it won't be found by your partner?"

"Once you use or save the information, would you feel comfortable deleting the text so that my message won't be noticed if someone else picks up your phone?" ■

[1] This content was directly obtained from Telehealth Practical Guide for Nurses and Midwives developed by Jack et al., 2020 page 7.

Appendix C: [Template] Consent to Use Virtual Communication

This is a template consent which should only be used as a base and adopted to fit the needs of your organization, practice and clients. Ensure your approaches are in line with provincial and your professional regulations.

Information Sheet
Our organization/agency has started offering virtual care services to our clients starting in April, 2020. This means we will be using video or audio communication technologies to provide our services. The communication platform that we will use is hosted by (Zoom/Microsoft Teams).

Client Rights
As the client of [Organization/Agency NAME] you have the following rights regarding the confidentiality of your personal information and communications with [Organization/Agency NAME] staff and volunteers:

- Your information will be kept private and confidential to the greatest extent possible.
- You may choose what information you would like to share with our staff and volunteers.
- You will not be denied access to services if you choose to not provide certain identifying information.
- Your information will not be shared with other organizations, agencies or individuals without your consent.
- You may choose to withdraw the option of communicating electronically, at any time.

Security and Privacy
As previously stated, we will do everything within our capacity to protect the confidentiality and privacy of information you share with us during the virtual session, these include:

- Using secure platforms.
- Using secure and private internet network
- Saving all your private information in a password protected, encrypted and firewall protected devices and networks.
- Making sure service provider is in a private space during the virtual session to prevent unauthorized persons from hearing your session.

However, no video or audio tools are ever completely secure. The security and privacy risks associated with audio or video technologies include the following:

- Discussing confidential information over the phone or using video technologies can increase the risk of such information being disclosed to third parties.
- Audio or video communications can be hacked or intercepted, thus conversations can be heard, stored or circulated without the knowledge of users.
- Electronic messages such as emails, text messages and instant messages are at higher risk of being intercepted or received by unintended user.

How can you support us protect your privacy and confidentiality?

- Make sure you are in a private space during the virtual session
- If possible, do not use someone else's device as they may be able to access your information
- If possible, try to connect using a secure internet access (e.g. do not use open guest wi-fi connection)
- Use headphone and do not put phone calls on speaker to make sure your conversations are not overheard.

If you are concerned about using video or audio technologies for virtual services or if you want more information, please contact [CONTACT PERSON AND CONTACT INFORMATION].

Client Acknowledgment and Agreement:
I acknowledge that I have read and fully understand my rights, and the risks with using virtual communication technologies.
I understand and accept the risks outlined in the information sheet associated with virtual communication technologies.

Means of Electronic Communication Used:

Client Name:
Client's Contact Information:
Client's Signature and Date:

Service Provider Name:
Service Provider Signature and Date:

Appendix D: Privacy and Security Checklist for Virtual Visits

Platform Used

- Make sure the platform used is compliant with Alberta's privacy and security requirements

Technology Safety and Security

- Use secure private network to connect to the Internet
- Make sure all your devices, folders and files are encrypted and password protected. Do not share your password with unauthorized users.
- Make sure all your devices, applications and systems are behind a firewall.
- Keep your device up to date with the latest security updates and anti-virus software
- Use devices, equipment and mobile applications that are approved by your organization.

Client Information Safety and Security

- Confirm client's identity before starting the session.
- Place your device (desktop monitor, laptop) in a way that the clients' video cannot be seen by anyone in your surrounding or in case of someone inadvertently opens the door during your private session.
- Make sure the virtual platform requires client authentication to access the virtual session (e.g., enter a login and password).
- When hosting group sessions, enable the "waitlist" function to ensure only authorized clients are admitted into the virtual session.
- Make sure you and your client are in a private space, and all measures are taken to ensure conversations are not overheard (e.g. use headphones).
- Beware of who is in the clients' space (who is in the room with the client).
- Do not leave the video connection unattended. ■

Appendix E:
Virtual Services Platforms[1]

[1] This resource was developed by Alberta Medical Association and the Alberta Virtual Toolkit can be accessed HERE.

Virtual Care Tools	Cost*	Video	Video Multiple Attendees	Secure Messaging	Online Booking	Patient Portal	EMR Integration	Servers in CAN	Encryption	Alberta PIA Submitted
Advancare		✓	✓	✓		✓		✓	✓	
Alevia Virtual		✓	✓	✓	✓	✓		✓	✓	
Brightsquid Secure-mail				✓		✓	Telus	✓	✓	✓
Doxy.me (Free)		✓							✓	
Doxy.me (Paid)		✓	✓	✓					✓	✓
Facebook Messenger		✓	✓							
Facebook WhatsApp		✓	✓							
Google Hangouts										
Healthquest dr2dr		✓	Coming Soon	✓	✓	✓	Healthquest	✓	✓	✓
iCareHub			✓	✓	✓	✓			✓	
LiveCare			✓	✓	✓	✓	Oscar	✓	✓	✓
Medeo		✓	Coming Soon	✓	✓	✓	Accuro	✓	✓	✓
PurposeMed		✓	Coming Soon	Coming Soon	✓	✓		✓	✓	✓
Regular Email										
Skype for Business / Microsoft Teams	$	✓	✓	✓				✓	✓	
Sphygmo Telemonitioring				✓				✓	✓	
TELUS Health EMR Virtual Visits		✓	✓	✓			MedAccess PS Suite Wolf	✓	✓	In Progress
TELUS Health with Health Myself patient portal		✓		✓	✓	✓	MedAccess PS Suite	✓	✓	In Progress
TELUS Health Wolf Patient Portal		✓	✓	✓	✓	✓	Wolf	✓	✓	✓
TELUS Health with Cognisant MD					✓		PS Suite	✓	✓	✓
TELUS Health with Chronometriq					✓		MedAccess PS Suite	✓	✓	✓
Text Messaging										
Vidyo	$	✓	✓	✓			Epic	✓	✓	
Zoom (Free)		✓	✓							
Zoom Enterprise (AHS)		✓	✓					✓	✓	

**During the pandemic many vendors are offering their solution free for a limited a time. Please check with each vendor for further details.*