The Acceptability and Effectiveness of Virtual Care Approaches to Address Domestic Violence and Sexual Assault During COVID-19 in Alberta

The rapid shift to virtual care has meant that health professionals did not have the opportunity to benefit from an understanding of what the evidence says about what services can safely and effectively be delivered virtually. Towards this end, researchers at the University of Alberta and University of Calgary conducted rapid knowledge synthesis of the literature and interviewed 24 key stakeholders working with the domestic violence and sexual assault populations in Alberta to examine the effectiveness, feasibility and acceptability of virtual care interventions across a range of diverse domestic violence and sexual assault populations, including interventions that incorporate gender-responsive, cultural, historical and immigration-related approaches to trauma.



INNOVATIVE APPROACHES USED BY ALBERTAN PRACTITIONERS TO VIRTUALLY DELIVER TRAUMA-FOCUSED SERVICES TO DOMESTIC VIOLENCE AND SEXUAL ASSAULT POPULATIONS

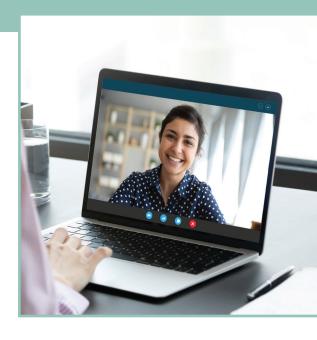
In Alberta, practitioners used the following innovative approaches to reach and deliver virtual care to the DV and SA populations during the COVID-19 Pandemic:

- One-on-one or group counseling sessions using videoconferencing or tele-health
- Online trauma-focused therapy and interventions
 - Online EMDR (Eye Movement Desensitization and Reprocessing)
 - Online DBT (Dialectical Behavior
 - Therapy)
 - · Online Safety-Planning
- Self-directed online programs
- Check-in Apps

Practitioners used a number of platforms to deliver their services: mobile apps, Doxy, Email, Google Meet, Microsoft Teams, Phone calls, Social Media platforms, Text, WebEx, Webinars, and Zoom.

DOMESTIC VIOLENCE (DV) AND SEXUAL ASSAULT (SA) DURING COVID -19

- Across the globe, the Coronavirus (COVID-19) pandemic has been linked to increases in domestic violence reports, crisis calls and shelter intakes.
- Across Canada, calls to domestic violence and sexual assault hotlines increased by 50% – 300% during the COVID-19 pandemic [1].
- In Alberta, calls to sexual assault hotlines during the pandemic have increased by 57% [2].
- Individuals experiencing or at risk of domestic violence and/or sexual assault were cut-off from community and support networks during the pandemic requiring the need for a rapid shift to virtual delivery of care and services to this population.



The Acceptability and Effectiveness of Virtual Care Approaches to Address Domestic Violence and Sexual Assault During COVID-19 in Alberta (cont'd)



CAN VIRTUAL CARE REPLACE IN-PERSON THERAPY?

Results from the Rapid Evidence Review

- Virtual care interventions for the DV and SA population are scarce and largely limited to online support tools that facilitate empowerment and self-efficacy of individuals who are currently in a violent or abusive relationship.
- Research evidence supports the provision of online psychological therapies for reducing psychological symptoms such as depression, anxiety and post-traumatic stress disorder (PTSD) resulting from domestic violence or sexual assault.
- Treatment provided via videoconferencing is comparable to traditional face-to-face care.



ACCEPTABILITY OF TRAUMA-FOCUSED VIRTUAL CARE INTERVENTIONS TO DV AND SA POPULATION

Results from Key Stakeholder Interviews

- Virtual delivery of care is largely accepted by practitioners and clients in Alberta.
- Many stakeholders felt that providing trauma-focused care to individuals experiencing or at-risk of DV and SA through virtual means alone is not effective – "it is one tool in a toolbox."
- Practitioners underlined some key concerns regarding effectiveness of virtual trauma-focused care. These include the comfort-level and preferences of the client and the practitioner in using virtual approaches of care, and the level of readiness of organizations to adopt virtual care in their practice.



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