How to Optimize Virtual Care Solutions to Reach Individuals Experiencing or At-Risk of Domestic Violence and Sexual Assault During COVID-19?

Overview

Across the globe, the Coronavirus (COVID-19) pandemic has been linked to increases in domestic violence reports, crisis calls and shelter intakes. The presence of domestic violence has significant long- term psychological consequences that range from stress, frustration and anger to severe depression and post-traumatic stress disorder (PTSD). The emergence of the COVID-19 pandemic, and the public health measures introduced to limit its transmission, have meant that most sectors abruptly pivoted to providing services virtually, with little to-no opportunity to plan for this switch. The rapid shift to virtual care across the health and social care sector has meant that providers 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. Concerns about the accessibility of such virtual services to clients, who may face barriers such as a lack of access to technology (computers or smart phones), data plans or sufficient bandwidth to participate in virtual care, and privacy constraints to safely and effectively participate in services speak to some of barriers with virtual delivery of services and/or supports for individuals experiencing or at-risk of domestic violence and sexual assault.

Virtual Stakeholder Dialogues

Representatives across health, social care, community, justice and government sectors across Alberta, including researchers and individuals with lived experiences participated in two virtual stakeholder dialogues. The dialogue sessions were led by University of Alberta researchers, Drs. Stephanie Montesanti and Peter Silverstone.

A total forty (N=40) participants attended the first stakeholder dialogue held on August 28th, 2020, which focused on a) identifying successful virtual care interventions in reaching diverse individuals and families experiencing or at-risk of domestic violence and sexual assault; b) the opportunities and challenges to delivering these interventions within their own practice or organization; and c) how to narrow the digital divide for providers and clients.

A total of forty-five (N=45) participants attended the second dialogue held on September 1st, 2020, which focused on key considerations for the implementation of virtual care solutions that are a feasible and acceptable to a range of domestic violence and sexual assault clients.

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Key Features of the Dialogue

- The dialogues focused on addressing practice and policy issues for optimizing virtual care delivery for individuals experiencing or at-risk of domestic violence and sexual assault during the pandemic;

- It was informed by a pre-circulated knowledge synthesis report that mobilized both global and local research evidence about the effectiveness, feasibility and acceptability of virtual care approaches to reach individuals experiencing or at-risk of domestic violence or sexual assault during an epidemic or pandemic; and findings from stakeholder interviews;

- It brought together many stakeholders who would be involved in or are affected by future decisions related to domestic violence and sexual assault;

- It ensured fair representation among stakeholders across the health, social care, justice and government sectors working at the coalface of addressing domestic violence and sexual assault;

- It focused on different features of the problem, including (where possible) how it affects particular population groups at greater risk; and

- The dialogues were facilitated virtually using Zoom videoconferencing.

Breakout Room Discussions

To explore pre-determined dialogue questions, participants were divided into breakaway groups using the "Breakout Room" feature on Zoom. Each small group had its own discussion facilitator. Participants then returned to the main meeting room and reported back to the larger group on what they discussed in their small group session.

Dialogue Questions for First Stakeholder Dialogue

1. How can the domestic violence sector optimize virtual care interventions that incorporate trauma-focused treatment to reach diverse individuals and families experiencing or at-risk of domestic violence during COVID-19?
2. What are some key recommendations for optimizing virtual care interventions for this population?
3. How can we narrow the digital divide for practitioners and diverse clients?

Dialogue Questions for Second Stakeholder Dialogue

1. What factors influence the uptake of virtual care solutions within primary health care and social sector?
2. What are some key considerations for the implementation of virtual care solutions that are a feasible and acceptable to a range of domestic violence and sexual assault clients?\
3. What types of support(s) do you need to scale virtual care solutions within your sector?

High-Level Summary of Stakeholder Dialogue Recommendations

Recommendations for optimizing virtual care interventions within the domestic and sexual violence sector

- Ensuring financial security and sustainable funding to support rural and remote communities through capacity building and resource sharing, and equitable allocation of funding and resources across domestic violence and sexual assault programs in the province;
- Supporting intersectoral networking and collaboration between organizations focused on sharing resources, data/information and fostering knowledge exchange and sharing on best practices;
- Leveraging existing capacity across the health and social care sector. Several dialogue participants echoed that *"success lies in working together"*; and
- Ensuring adequate supports are available to service providers working in domestic violence and sexual assault agencies, including access to resources, training on technology use and providing them with stress management tools. The notion of *"supporting the supporters"* was a central focus of discussion during the dialogues.

Recommendations to narrow the digital divide for providers and diverse clients

- Guaranteeing provincial funding for virtual or remote-based programs that respond to diverse client needs. In addition, continued evaluation and needs assessments are recommended to ensure virtual care interventions or programs are provided equally across the province of Alberta;
- Securing a commitment from internet providers (i.e., Shaw or TELUS) to lower the cost for internet services and expand bandwidth in rural and remote locations;
- Partnering with communication and tech companies to provide cell phones (with basic data plans) to underserved clients;
- Identifying safe and accessible spaces like "tech hubs" where clients and individuals at-risk of violence and assault could go to participate in virtual appointments outside their homes;
- Safely providing affordable, culturally-appropriate training sessions to specific population groups;
- Ensuring clients are aware of online resources available to them to safety plan; and
- Recognizing that it may be hard to completely narrow the digital divide for some populations, **it is important to continuously assess what is and is not going well in order to optimize virtual care delivery.**

Implementation Considerations for Virtual Care within Primary Heath Care and Social Service Sector

- Revising policies at the provincial and federal government levels especially in regards to funding structures. Dialogue participants highlighted the issue with the current funding structure that rewards organizations for activity-based care instead of outcome, and that may have an impact in delivery of virtual care services;
- Adapting organizational policies and procedures to integrate virtual care solutions. These include:
  › Updating insurance policies, updating operational policies, and understanding these new changes from a liability perspective;
  › Establishing COVID-19 work from home policies and privacy considerations;
  › Being aware and staying up to date with providers' licensing requirements and how that translates to virtual delivery of services for their profession;
  › Adapting the existing privacy laws such as the Health Information Act (HEA) to virtual settings; and,
  › Updating funding mechanisms for primary care providers to support compensation for services provided virtually.
- Providing clients with access to technology, stable internet, safe spaces and educational resources and supports on how to safely connect to virtual care services;
- Creating a therapeutic space virtually by adding a personal touch to make clients feel a sense of alliance and connection during a virtual session.
  › For example, having computer at eye level, taking off glasses to avoid glare, being aware of how service providers are using their body language and space on screen and ensuring to still ground clients even though service providers are not in the same space with clients.

The Types of Support Stakeholders Need to Scale Virtual Care Solutions within their Sector

- Funding support needs to be a priority for long-term sustainability and scalability of virtual care solutions. That includes changing the current funding scheme to make virtual care part;
- of the core initiative within funding and program designs;
- Providing access to timely technical support for service providers.
- Adding virtual delivery of care into the education system for future health practitioners where they get to practice the innovative models during their practicums;
- Facilitating a supportive system within all organizations in the sector where they all join forces, network, collaborate and support each other to scale virtual care solutions;
- Creating a "one stop shop" general point of entry for all individuals experiencing or at risk of domestic violence and sexual assault, along with customized/tailored supports for different population groups;
- Protecting and supporting clients when scaling up virtual solutions. As one dialogue participant states, *"we have to be sure to protect clients, protect them and make them feel safe. They are already traumatized, but we should be careful to not re-traumatize them with new technology."*