Intimate Partner Violence: Promoting Safety on Telehealth Platforms

During the COVID-19 pandemic, many public health nurses have rapidly transitioned from providing in-person home visits to delivering services via videoconferencing or telehealth platforms. This resource provides practice-informed guidance to promote increased safety on telehealth platforms for individuals experiencing intimate partner violence (IPV)[1].

Practice Challenge

When information is delivered by telephone or videoconferencing, it may be difficult for a nurse to be fully ascertain if it is safe to initiate a discussion about IPV. For example, in a virtual encounter, the nurse may not be able to observe the environment, who else is present or the client's full body

Prior to talking about IPV, it is imperative to ensure that these discussions occur in private, and that no other individual (over the age of 18 months) is present or can overhear the discussion.

Tips and Strategies for Prioritizing Safety

Prior to the telehealth encounter

- Whether a planned "virtual" home visit or contact tracing, it is difficult to know when a client may choose to disclose an experience of IPV. Always be prepared to actively listen and respond without judgment.
- Be prepared to conduct a brief risk assessment if required.
- Have contact information for local crisis phone lines, women's shelters and advocacy services handy and ready to share.

When scheduling or confirming the telehealth encounter

- When confirming the date/time for the encounter, only provide information about visit logistics. Do not include personal health information. Always be aware that their partner may have access to their device and passwords.
- When possible, provide the client with choices with respect to the different modes of connecting (e.g., walking visit, driveway visit, text, videoconference, telephone). This provides the client with agency to assess their current situation and determine an option that prioritizes their sense of physical safety.
- When possible (or feasible), explore the option for a videoconference. Access to both visual and audio cues helps to assess if it is safe to proceed with discussions about IPV.

At the beginning of a telehealth encounter

- Assess if it is still a good time for the client to connect and have a short "visit." A partner who uses violence may be present but out of sight. Listen and watch for cues that the client is feeling unsafe, editing their comments or glancing frequently away from screen.
- Ask about the location of the child(ren). "Is it a good time for us to talk now? Where are your children right now?"
- If you suspect that a client may be experiencing IPV or if you are unsure if it is safe to talk, one strategy may be to hold up a note to the screen that says, "Is this a safe time to talk?"
- If available, encourage your client to wear headphones during the encounter. You may also consider wearing headphones to normalize this action and to reassure the client that other people on your end of the call also will not overhear their responses.

Normalize having discussions about relationships and health. Open the conversation with a general statement and permission to talk about different relationships, e.g., "*I talk to all new mothers about the different relationships in their lives and how they may be impacting their health. Would today be a good day to talk about the different relationships you have with family members?*"

If you sense any hesitancy, this may be a cue that "today" is not a good opportunity to assess or discuss topics related to IPV.

Discretely assess if other people are present in the room/home. Nonchalantly ask to speak to another person in the family.

"During this pandemic, there have been frequent changes to the recommendations on how to keep your family safe. I'm wondering how your family is doing with the changes. I haven't met your (husband/partner/mother) yet? Is (name) home today? I would really like to say 'hi' to them as well and see how they are doing."

During the telehealth encounter

- When asking about IPV or other sensitive issues, this may be a situation when it is appropriate to ask close-ended questions and to prompt the client to answer by saying or nodding "yes" or "no."
- If this is an ongoing nurse-client relationship, and there is knowledge of current or past IPV, when possible, establish a code word or hand signal that the client can use to indicate to you that they are in danger or unable to speak privately.
- Be cautious if communicating through the "chat" function on video conference platforms. It is not always possible to delete the chats. If their partner walks in and sees the screen, they might be able to see the written discussion.
- Always assess the safety of the children. If there are concerns about suspected or observed child maltreatment, follow local policies for when and how to communicate this information to the local child protection agency.

Plan ahead if a call/video suddenly disconnected

Disconnection may occur due to poor internet connectivity or a client purposefully ending the call if someone enters the room or if their safety is threatened. When working with individuals experiencing IPV, it is good to discuss ahead of time:

- ☐ Who is responsible for re-initiating the call? The nurse or the client?
- ☐ When should the call be re-attempted? Should the nurse wait for the client to call back or re-initiate the call?
- ☐ Develop a plan if it is not possible to re-establish the connection. This may include: contacting client via alternate means, calling a friend, family member or neighbour to check on the client (and children's safety) or permission from the client to call 911.

Trauma-and-Violence-Informed Care Principles

1. Provide anticipatory guidance
2. Foster opportunities for choice
3. Prioritize emotional and physical safety

"When initiating a therapeutic relationship with a new client, I inform them about the types of assessments we do throughout different times in the program. This way they are aware that IPV is a topic we can discuss. I also reinforce that they can talk to me about anything that is important to them, that way they feel in control about what is discussed."

-Public Health Nurse

Ending the telehealth encounter

- If you have provided information about a community resource or referral for the client, ask how this information can be safely transmitted to the client.
- As partners who use violence may monitor the client's devices, use extreme caution when sending information via text messaging or email.
- In working with women experiencing violence, it might be safest to limit use of these modes of communication for sharing information; perhaps only using to schedule or confirm an appointment.
- However, if the client asks for the information to be sent via text, mail, or email, explore with the client their strategies for safeguarding the information. Confirm that they are the only person who has access to their phone, device, mailbox, etc. "I am concerned about the privacy of your information. Is there a chance that your partner or anyone else has access to your device or messages?"
- If client confirms it is safe to send information via text, email or mail, ask how they will safely save the information "Once you receive my text message with the contact information for (name of community agency), do you have a safe place to store that information, so it won't be found by your partner?"
- If scheduling another encounter, re-assess the safest time/day to connect, the safest mode of connection and recommendations for actions that the client would like the nurse to take if they are unable to reach the client.

[1] Jack, S.M., Munro-Kramer, M.L., Williams, J.R., Schminkey, D., Tomlinson, E., Jennings Mayo-Wilson, L., Bradbury-Jones, C., & Campbell, J.C. (2020). Recognising and responding to intimate partner violence using telehealth: Practical guidance for nurses and midwives. Journal of Clinical Nursing. https://doi.org/10.1111/jocn.15554

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