DISTANCE COUNSELLING FOR SEXUAL VIOLENCE SURVIVORS:

PROMISING PRACTICES

SAC Kingston

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ENDING VIOLENCE Association of Canada

RESEARCH METHODOLOGY

Distance counselling is any therapy that is not face to face, including by phone, videoconference and the internet.

With the onset of COVID-19, sexual violence counsellors and survivor-serving agencies were forced to inovate and improvise to deliver counselling by distance with little guidance and supports. This scoping study of existing evidence-based practices for delivering distance counselling was completed to bring forward and support current COVID-19 related distance counselling initiatives, as well as help prompt future research development of best practices for distance counselling with sexual violence survivors.

This document presents a summary of the following study:
Leroux, J., Johnston, N., Mihic, A., Brown, A.A., DuBois, D., & Trudell A.L. (2021). *Delivery of distance counselling to survivors of sexual violence: a scoping review of promising and best practices.* Manuscript submitted for publication.

WHAT WAS DONE

To carry out this study, a multi-disciplinary team of researchers conducted a scoping literature review. This included:

1) An intensive search of existing literature on delivering distance counselling to sexual violence survivors (937 returns distilled down through several stages of review to 12 articles)

2) A data extraction and coding process that focused on:
   a) Descriptions of research methods and conditions, survivor populations, and distance settings;
   b) Findings and interpretations related to distance counselling from the perspectives of survivor, counsellor, and organization, including insights related to the uses of technology for participating in distance counselling

3) A thematic analysis and synthesis of key themes in the extracted data

RESEARCH TRENDS

- Multiple models of distance counselling exist involving differences in technology and design, survivor and counsellor experience, and parameters of counselling programs (i.e. number of sessions, duration of sessions, phone or video)
- Early findings that home-to-home delivery as opposed to clinic-to-home or clinic-to-satellite clinic has been most widely used, but that this model can be more emotionally intense for counsellors because of a lack of physical boundaries, lack of privacy, and missing informal peer support mechanisms normally available in agencies
- Emphasis on how distance counselling addresses barriers to access in rural areas, and calls to draw on the experiential wisdom held by rural-facing survivor-serving agencies
- Lots of opportunity to further explore barriers to distance counselling, including how it can improve access for historically under-served and more vulnerable survivors

PROMISING PRACTICES

DO:

- Maximize choice for survivors
- Place less emphasis on certain forms of distance counselling (ex. Parameters of sessions, different modalities) and more focus on centering connection
- Prioritize best case scenario vs perfect case scenario
- Bring intersectionality into the discussion
- Look for opportunities to promote equity through distance counselling

DON'T:

- Assume distance is lesser – distance offers different possibilities
- Assume there are not harmful effects or downsides to distance counselling
- Assume universality in terms of accessibility or therapeutic alliance by distance for all survivors
- Put pressure to create a seamless shift from distance to face-to-face

Design distance to promote survivor control, privacy, anonymity, confidentiality, and flexibility

- Closer to home and in their home meant more in control, more comfortable sharing information concerning thoughts and feelings
- Participant preference for telephone contact over face-to-face: flexibility in being reached, feelings of partial anonymity

Survivor-centred modality choice and design will promote attendance, therapeutic alliance, sense of safety, therapeutic effectiveness

- Therapeutic alliance formed quicker with preferred language and preferred modality, culturally sensitive validation. Successful [distance therapy] requires two conditions: reliability of device, clients' willingness to access clinical service by distance
- Treatment components applied flexibly, depending on needs of client
- More adherence to attendance of sessions, less trauma avoidant, more able to build skills, increased perceptions of safety

The progression of the establishment of the therapeutic relationship may be different by distance – ie. More rapport building up front but then naturally shorter sessions, due to: i) less small talk or in-person formalities; ii) disinhibition effect – the feeling of being more anonymous and able to share more freely when not in the same physical space as another person (not feeling judged or being distracted by the non-verbal cues of the other person when sharing)

Distance sessions do not need to be replicative of traditional face-to-face sessions. For example, many counsellors feel pressure to use the same 60min format and cover the same content over the same progression. Distance counselling has different elements at play that need to shift practice:

- First sessions- information gathering and rapport building
- Consider structuring sessions differently (massing in beginning of treatment)
- Sessions re-scheduled within same week whenever possible; minimize attrition by collecting additional contact information, making reminder calls for sessions, ensuring flexibility of scheduling

Need for assessment and strong communication with each survivor to determine (continued) individual candidacy for distance modality

- Participation less likely if experiencing IPV from current partner
- May need additional education about role of avoidance in symptom maintenance, how [distance modality] can reinforce avoidance
- Clinicians should assess motivation to return after each session and discuss retention throughout course of treatment
- Beneficial to inquire and discuss client concerns regarding [distance modality]

Exclusion criteria:

- Active psychosis or bipolar disorder
- Dementia
- At risk of self-harm, suicidal, homicidal,
- Substance dependence

Have a backup contact plans in place between survivor and counsellor to minimize disruption. Technical difficulties are realistic possibility when providing services electronically - back-up plan for service provision should be discussed with the client to avoid interruption with service delivery (i.e., convert to phone if video interrupted)

If using "clinic-to-satellite site model" - the setting up of satellite sites, and considerations for survivor experiences of satellite sites is important and deserves attention and resources satellite site is an extension of the therapeutic experience

Technology is continuously evolving, distance programs must rapidly respond with resources, IT support, investment

- Technology underpins survivor safety, which is of paramount importance
- Secure, encrypted HIPPA compliant software and hardware [1]
- Several Tech Safety resources emanating from DV/IPV research (see *Additional Resources* below)

[1]HIPAA is a privacy regulation for the United States. Canadian Data Protection regulations include: Personal Information Protection and Electronic Documents Act (PIPEDA), and in Ontario the Personal Health Information Protection Act (PHIPA).

COVID-Specific Practice Considerations

Scheduling – ask about safety and privacy, (eg ask if they have a comfortable space to speak and a safe phone where the virtual visit can be completed without being monitored

Expand IPV screening to all clients and at all interactions

Consider the use of Counsellor/Survivor passcodes

Introduce new ways to share information and seek privacy

Technology means access to supports, but also introduces new and intensified threats to safety and security. Emerging forms of technology-based abuse have spiked (online stalking, zoombombing, cyberbullying, doxing, sexualized trolling, nonconsensual pornography, coercive behaviors; stay-at-home directs facilitates interception and round-the-clock surveillance of social media and mobile devices

Staff taking on brunt of mismatch between demand and capacity for transitioning to distance, require working flexibility, self-care, peer support, resources (training, IT support, protective equipment)

<u>Equity through distance counselling</u>

- **Distance counseling can improve the reach of services** – distance counseling not just beneficial for safety during the pandemic, or for preferences and convenience for survivors already accessing services in normal times, but *has the potential to open up access for other historically under-served groups of survivors.*

- **Differential access to – and comfort with - technology** – it will be important to design distance counseling services, so that the current situation does not exacerbate barriers to distal services due to the "digital divide".
    - Not all survivors*: can afford internet or cell phone minutes/data, have access to a private device (cellphone, tablet or computer), have reliable internet connection, are confident in their ability to securely log into remote service APPS or platforms*

Further Tech Safety Resources

National Network to End Domestic Violence

Technology Safety & Privacy: A Toolkit for Survivors

- *Several Resources under each of the following categories: Basic Technology Safety, Spyware & Stalkerware, Phones, Online Privacy & Safety, Personal Information & Data Privacy, Data Security, Internet of Things & Connected Devices; Technology & Sexual Assault; APPS (for Smartphones and Tablets)*

South Eastern Centre Against Sexual Assault

Technology-facilitated Violence Against Women Resource

Centre for Research & Education on Violence against Women & Children

Resources on GBV and the COVID-19 Pandemic – Technology and Remote Workplaces

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