

## Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

### Instructions:

The [Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use](#) was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant [knowledge users](#). Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

Email completed report to [COVID19MH-COVID19SM@cihr-irsc.gc.ca](mailto:COVID19MH-COVID19SM@cihr-irsc.gc.ca) by **November 23, 2020**.

**Synthesis Title:** Examining the use of Virtual Care Interventions to Provide Trauma-Focused Treatment to Domestic Violence & Sexual Assault Populations

### Nominated Principal Applicant (name and affiliation):

Dr. Stephanie Montesanti  
Associate Professor, School of Public Health, University of Alberta  
3-266 Edmonton Clinic Health Academy  
Phone: (587)-968-1316 (cell)  
Email: [montesan@ualberta.ca](mailto:montesan@ualberta.ca)

### Authors (names and affiliations):

Dr. Peter Silverstone, MD, Professor, Department of Psychiatry, University of Alberta  
Prof. Lana Wells, Brenda Strafford Chair, Prevention of Domestic Violence, Associate Professor, Faculty of Social Work, University of Calgary  
Ms. Winta Ghidei, MPH, PhD Student, Project Manager, School of Public Health, University of Alberta

### For more information, please contact:

Dr. Stephanie Montesanti  
Email: [montesan@ualberta.ca](mailto:montesan@ualberta.ca)  
Phone: 587-968-1316

### Target/priority population(s) in synthesis:

- Individuals experiencing and/or at-risk of domestic violence and sexual assault

### **What is the issue?**

The COVID-19 pandemic has had a profound impact on the psychological and mental well-being of individuals and families, and the incidence of domestic and sexual assault has increased since the start of the pandemic. In Alberta alone calls to domestic violence and sexual assault hotlines during the COVID-19 pandemic have increased by more than 50%. With the rapid shift to virtual care during the pandemic there is a need 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 approaches to trauma (e.g., cultural, historical, and immigration-related trauma).

### **Key messages (max 100 words):**

- Virtual care interventions for this population is most effective when used to supplement or facilitate (rather than replace) in-person professional trauma-focused care.
- Provision of virtual care interventions is associated with a number of perceived challenges regarding privacy and confidentiality, client safety, and technological barriers.
- Stakeholder interviews conducted in Alberta highlighted several barriers to virtual delivery of care for the domestic and sexual violence population during a pandemic. These include the challenges in making connection with new clients in virtual settings; and the loss of human connection in virtual settings that is vital in healing trauma.

### **How was the synthesis conducted?**

A rapid review of the literature following the principles of rapid evidence assessment (REA) was undertaken from May–June 2020. REA provides a timely, valid and balanced assessment of available empirical evidence related to a particular policy or practice issue. To contextualize the findings of our rapid review we conducted semi-structured interviews with 24 stakeholders across the primary care and social service sectors caring for or providing supports to individuals and families at-risk of and experiencing domestic violence and sexual assault in the province of Alberta. Stakeholders include practitioners in the domestic violence and sexual assault sector and primary care settings. All interviews were conducted virtually and lasted approximately one hour. The qualitative, semi-structured interviews provided additional insights into the barriers or challenges experienced by practitioners in delivering virtual care to individuals at risk and/or experiencing domestic and sexual violence including survivors during the current COVID-19 pandemic.

### **What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):**

The findings from the rapid evidence review demonstrate that despite the broad range of negative effects associated with domestic and sexual assault, virtual care interventions that incorporate trauma-focused treatment 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. Available online interventions that incorporate trauma-focused treatment for this at-risk group are limited in scope, and effectiveness data are preliminary in nature. In the interviews, stakeholders shared their experiences and their clients' feedback in using virtual care technology to deliver and receive trauma-focused interventions during the COVID-19 pandemic. The rapid shift to remote delivery of care due to COVID-19 related restrictions was challenging to providers and organizations. However, these providers and organizations quickly adapted and provided their clients with virtual support. Several opportunities and challenges to delivering virtual services to domestic violence and sexual assault populations during this pandemic were also identified. The opportunities include (1) providing access to remote communities (2) convenience of virtual services; (3) improving client attendance rates; and (4) giving clients the

choice to receive in-person or virtual care. On the other hand, challenges with virtual delivery of care include (1) not being able to afford technology and access to reliable internet connection; (2) the loss of human connection in virtual settings; and (3) safety concerns (e.g. safely accessing care while abuser is in the house). Although, these delivery approaches are acceptable and considered feasible by practitioners, in-person delivery of services were largely considered more effective. Respondents provided further insight and understanding on 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.

### **What are the implications of this synthesis?**

- Virtual care interventions for this population should not be used to completely replace in-person professional care for trauma and are most effective when used to supplement or facilitate care or supports.
- Most of the research evidence on effective implementation of trauma-focused virtual care has been examined in rural and remote communities. Therefore, guidance from available evidence for how to deliver virtual care interventions across a range of diverse domestic violence and sexual assault populations, including interventions that incorporate gender-responsive approaches to trauma (e.g., cultural, historical, and immigration-related trauma) is not provided.
- The findings of our rapid evidence review, and stakeholder interviews demonstrated positive aspects from delivering care virtually to this population. This warrants future research to evaluate a range of virtual care interventions (including e-mental health) across diverse population groups to improve our understanding of their effectiveness and acceptability. This will also strengthen the evidence-base for virtual care solutions that benefit this at-risk population.
- There is strong evidence from Randomized Control Trials to support the provision of online psychological therapies for reducing psychological symptoms such as depression, anxiety and post-traumatic stress disorder (PTSD) among individuals exposed to domestic violence or sexual assault. These online therapies can be safely used to support individuals and families in violent or abusive situations.
- There is an urgent need to tackle inequities in digital access to care and treatment. Some policy measures to narrow the digital divide including funding broadband infrastructure and increasing digital health literacy for the most vulnerable clients.

### **List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:**

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- Domestic violence, sexual assault, virtual care interventions, remote-based care, e-mental health, trauma-focused treatment, mental health