

## TELEHEALTH RECOMMENDATIONS TO SUPPORT SURVIVORS OF DOMESTIC VIOLENCE

### Why Should Telehealth Policy Consider the Needs of Domestic Violence Survivors?

- **Domestic violence is common.** According to the Centers for Disease Control and Prevention, about 1 in 5 women, 1 in 10 men, and 26%-61% of LGBTQ individuals (43.8% of lesbian women; 61.1% of bisexual women; 26.0% of gay men; 37.3% of bisexual men; 25%-54% of trans individuals) have experienced violence and/or stalking by an intimate partner.
- **Domestic violence impacts health, mental health, and substance use disorder treatment systems.** In addition to the physical health impacts, over 50% of survivors of domestic violence have experienced depression, PTSD, substance use, and suicidality. Research over the past 35 years has consistently demonstrated that people receiving services in mental health and substance use disorder treatment settings also experience high rates of domestic violence.
- **Abuse targeted toward a partner's mental health or substance use is frequent.** Preventing a partner from accessing treatment, attempting to control providers' perceptions, and trying to obtain information about a partner's treatment to use against them—particularly in relation to child custody—are common forms of domestic violence.
- **Technological abuse is part of domestic violence.** Domestic violence survivors commonly experience tech abuse from abusive partners (e.g., tracking access to technology, monitoring phone and internet usage, or location surveillance).

### Key Policy Principles and Priorities

The [National Center on Domestic Violence, Trauma, and Mental Health \(NCDVTMH\)](#) considers telehealth a valuable care delivery method for improving access to safe and timely services for survivors of domestic violence (DV) who need health, mental health, and substance use care. At the same time, given the safety risks survivors face, telehealth legislation should consider DV survivors as a special population with unique needs. Here are some specific principles and priorities to consider.

#### **Flexibility is necessary to provide safer access to more comprehensive services**

Accessing services from home when an abusive partner is present poses safety, security, and privacy risks to DV survivors and to other household members. At the same time, abusive partners often interfere with DV survivors' ability to access in-person services. Providing options and flexible access to services while maximizing safety, privacy, and confidentiality are critical. Policies should allow for a wide range of telehealth modalities so that patients' evolving personal circumstances and/or lack of access to technology, internet, or sufficient broadband infrastructure are not limiting factors for safer access to services and do not exacerbate existing disparities.

- **Extend access of audio-only communications to all survivors of DV accessing mental health or substance use disorder-related telehealth services.** Many individuals in need of services are not yet established patients; **therefore, requiring an in-person visit** before accessing care via telehealth, **or limiting access to audio-only telehealth services** to established patients only, **could present insurmountable and life-threatening service barriers for survivors of DV.** Additionally, the flexibility to extend the 6-month check-in to 12 months should not be limited to only existing patients.

- **DV survivor safety requires expanding the definition of originating site or removing the designation all together.** While originating site restrictions have been lifted for mental health and substance use disorder treatment, it is imperative that survivors are able to access necessary health, mental health, and substance use care from any location in which they feel safe. This includes **allowing established patients who have moved to a new state to continue to receive care from their trusted providers.**
- **Prohibit utilization management tools for mental health or substance use-related services.** Limiting the frequency of visits or restricting sites of service imposes unnecessary barriers to care and reduces the likelihood that DV survivors will be able to safely access needed services. Both of these obstacles place them at greater risk from abusive partners.
- Because survivors of DV are at increased risk for experiencing a range of mental health and substance use-related conditions, **policies should ensure parity of access to all necessary services.**
  - Invest in culturally competent resources and translation/interpretation services to support availability of telehealth services for all, including people with disabilities, people with limited English proficiency, and people who are Deaf or hard of hearing.
  - Guarantee that services are available in-person, via telehealth, or a combination of both.

### **Ensure telehealth policy addresses safety, privacy, and confidentiality needs of survivors of DV**

DV survivors report consistent challenges to accessing care due to interference by abusive partners (e.g., monitoring or listening in on sessions, tracking phone or internet usage, trying to prevent or disrupt participation, threatening the treatment provider, attempting to access electronic health records).<sup>i</sup> These tactics—known as mental health and substance use coercion—are part of a broader pattern of abuse and control designed to undermine a partner’s sanity, trap them into using substances, control their ability to engage in treatment, sabotage their recovery, and use information about their mental health or substance use condition to discredit them with friends, family, service providers, and the courts. Threats related to child custody and retaliation for seeking help are additional tactics of control. Protecting the safety and well-being of DV survivors is a critical concern for telehealth policy.

### **In order to minimize the risk of retaliation for disclosing abuse and to prevent the misuse of personal health information, telehealth policies should**

- **Grant survivors additional protections to shield sensitive information and engage in DV-specific informed consent** that addresses DV safety, privacy, confidentiality concerns; centers survivors’ individual safety needs; and includes strategies to mitigate risks associated with disclosure of personal health information.
- **Maintain strict privacy and confidentiality protections** in all efforts to connect survivors to clinical and non-clinical services and supports.

### **Require technology and process safeguards to protect survivor safety**

Unauthorized access to personal information places a survivor of DV at substantial risk. It is imperative that policies expanding access to telehealth require sensible and potentially life-saving safeguards.

- **Establish stricter privacy standards for telehealth technology platforms.** While HIPAA compliant telehealth platforms offer important privacy protections, HIPAA protections do not necessarily include enhanced security features that are critical for people at risk from disclosure of personal information. Therefore, healthcare, mental health, and substance use disorder treatment providers serving survivors of DV should be required to use secure technology platforms that offer enhanced privacy protection (e.g., protective segmentation and restricted provider/patient-only access to

personal information, increased levels of encryption, advanced authentication tools with flags for when breaches occur, as well as liability for unauthorized access) in order to shield victims from unauthorized disclosure and minimize the avenues through which access to personal information can occur. Given that DV is highly prevalent and healthcare providers are often unaware that a patient is experiencing DV, a universal precaution approach is strongly advised.

- **Prohibit third-party vendors from accessing patient information.** Restrictions should include barring third-party vendors from being able to access, retain, data mine, or monetize personal information contained within the database they sell or support. To reduce access to sensitive information by anyone aside from the provider and patient, additional protections such as zero-knowledge encryption must be offered to providers by third-party vendors.
- **Require providers to receive training on safe use of telehealth,** including strategies to optimize safety, privacy, and access (e.g., timing, location, headphones, code words, safety plans) and strategies to address potential technology monitoring concerns (e.g., ensuring digital communications do not leave an online trail, enabling and rechecking privacy settings, using password protected devices and WiFi, and/or obtaining secure devices for patients to use during telehealth encounters).
- **Require the incorporation of DV-specific safety, privacy, and confidentiality concerns into informed consent processes.**
- **Authorize a study to identify best practices for both providers and DV survivors to minimize privacy risks when using telehealth.**

*If you have any questions, please contact Carole Warshaw, MD, Director of the National Center on Domestic Violence, Trauma, and Mental Health, at [cwarshaw@ncdvtmh.org](mailto:cwarshaw@ncdvtmh.org).*

*For nearly 30 years, the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) has enhanced agency- and system-level responses to survivors and their families through comprehensive training and technical assistance, research and evaluation, policy development, and public awareness. Emphasizing an accessible, culturally responsive, and trauma-informed (ACRTI) approach, we offer training and consultation to domestic violence and sexual assault advocates, programs, and coalitions; healthcare, mental health, and substance use treatment providers; legal and child welfare professionals; and local, state, and federal policymakers.*

<sup>1</sup> NCDVTMH, "Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability: Implications for Policy, Research, and Practice", <http://www.nationalcenterdvtraumamh.org/publications-products/su-coercion-reports/>