

Resource Document on Telehealth Services in the Context of Intimate Partner Violence (IPV) Addressing Potential Risks to Safety and Security

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Purpose:

Telehealth services are critical to ensuring that people who experience intimate partner violence (IPV) have access to needed mental health and substance use care. At the same time, accessing services from home when an abusive partner is present can pose safety, security, and privacy risks to survivors of IPV and other household members. IPV survivors report consistent challenges to accessing care due to interference by abusive partners (e.g., monitoring or listening in on sessions, trying to prevent or disrupt participation, threatening the treatment provider). Behaviors such as tracking access to technology, monitoring phone and internet usage, attempting to access electronic health records, impersonation, and location surveillance are common. Given the widespread adoption of telehealth services and efforts to support expanded access, it is crucial that telehealth services are both widely accessible and safe. This document is designed to highlight the ways in-home telehealth services can create safety and security risks for people experiencing IPV and to provide guidance on strategies that can be incorporated into telehealth practice to increase safety for IPV survivors and their families.

Questions to consider prior to engaging in telehealth encounters:

- Is your technology secure?
- Is the patient’s equipment secure?
- Are the patient’s physical location and communication method safe from monitoring, being overheard, or being controlled by an abusive partner or allied party?

Recommendations:

Use Secure Technology

Unauthorized access to personal health information places people who experience IPV at substantial risk. Psychiatrists can help reduce the risk of retaliation for disclosing abuse as well as prevent the misuse of personal health information by employing technology and process safeguards that offer additional protections for shielding sensitive information. For example:

- **Utilize telehealth technology platforms with the strongest possible privacy protections.** Federal laws that apply to providers of victim services (VAWA, VOCA, and FVPSA) mandate stronger privacy protections than those required for HIPAA. HIPAA protections do not necessarily include the enhanced security features that are critical for people at risk from disclosure of personal health information. Therefore, mental health and substance use disorder

treatment providers who serve survivors of IPV should use technology platforms that offer enhanced privacy protections (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). These protections are necessary in order to shield IPV survivors from unauthorized disclosure and minimize the avenues through which access to personal information can occur. Given that IPV is highly prevalent and treatment providers are often unaware that a patient is experiencing IPV, a universal precaution approach is recommended.

- **Use telehealth platforms that bar third-party vendors from being able to access, retain, data mine, or monetize personal information contained within the database they sell or support.** Whenever possible, seek additional protections from third-party vendors such as zero-knowledge encryption.
- **Maintain strict privacy and confidentiality protections for information sharing as well as** when connecting IPV survivors to other clinical services and non-clinical supports, including through service coordination platforms. See below for how to follow IPV-specific informed consent.

Incorporate IPV-specific safety, privacy, and confidentiality concerns into informed consent processes that center on the person's individual safety needs. Assessment of risk should take place prior to an initial telehealth session in order to determine the safest method of communication. Informed consent discussions should take place during the initial visit, be revisited, and include the following:

- **Develop strategies for optimizing safety** from an abusive partner during the provision of in-home services.
- **Discuss the most secure methods for participating in telehealth visits**, understanding that the optimal method may vary as the person's individual situation evolves.
- **Provide information about the technology being used and any potential risks** associated with it, including ways an abusive partner could potentially gain access to information about the encounter.
- **Learn about the person's concerns and discuss potential strategies for addressing them** (e.g., optimizing digital security, using alternate forms of communication if possible, stopping the session at any time).
- If the person decides to proceed with the visit after discussing potential risks, the consent process **should also include conversations about how they would want to handle any safety concerns that might arise** during the encounter, their preferred way(s) to be contacted, and what to do in the event of a privacy breach.

Maximize Digital Security

In addition to using secure videoconferencing platforms for survivors of IPV, providers can:

- Enable all available privacy and encryption modes for their videoconferencing platforms as well as for online chat and text functions (e.g., end-to-end encryption¹, multi-factor authentication, the ability to mute or turn off audio or video signals at any point, the option to choose whether or not to record the encounter, and the ability to set up individual user accounts and credentials that allow providers to limit access and verify participants). Encourage patients to do the same.
- Let patients know that they can create an additional level of security to their telehealth encounters by using a pre-determined alias to access sessions.
- Discuss the risks of using a patient portal and potential strategies to mitigate those risks.

¹ End-to-end encryption allows only the individual (the service provider) and the person with whom the individual is communicating (the survivor) to see what is being transmitted.

- Consider the use of telephone-only services to increase options for safety and increase access for people experiencing IPV.
- Become knowledgeable about digital forms of abuse and how to work with IPV survivors who have technology abuse concerns in order to increase their safety and privacy by observing tech safety precautions (e.g., checking phones, computers, tablets, and cars for tracking devices and spyware; ensuring that digital communications do not leave an online trail; enabling and rechecking privacy settings; using password-protected devices and Wi-Fi; and/or obtaining secure phones/tablets for use during telehealth encounters; see resources below for additional information).

Employ Strategies to Optimize Ongoing Telehealth Safety, Privacy, and Access

Optimizing safety involves strategizing with IPV survivors about safer ways to access telehealth, mental health, and substance use disorder treatment services based on their particular situation and knowledge about their abusive partner, in addition to ensuring that all aspects of care are IPV-informed. For example:

- Schedule sessions at times when an abusive partner will not be home; offer flexible appointment times and ensure ease of rescheduling.
- Plan to hold sessions from potentially safer, more private locations (e.g., inside a car, outside on a walk, in a stairwell, at another site, inside a bathroom with water running, or in another room with music or TV playing). Brainstorm with survivors about strategies for safely leaving home to communicate with their provider (e.g., needing to pick up groceries, go to a pharmacy, or drop off food or other supplies to a family member).
- Use headphones and chat functions to prevent being overheard.
- Utilize secure apps to text or chat.
- Develop coded communication strategies to address safety and security concerns (i.e., yes/no questions; safe words, phrases, or hand gestures, etc.; planned responses, e.g., call the police, call a friend or family member, do nothing until recontacted, etc.).
- Develop strategies to handle loss of connection or dropped calls.
- Identify safe ways to maintain contact.
- Be knowledgeable about local resources that support survivors of IPV.

Side Bar:

Background: Why Should Telepsychiatry Consider the Needs of IPV Survivors?

- IPV 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.
- IPV has serious mental health consequences. Abuse by an intimate partner significantly increases a person's risk for developing a range of mental health conditions, including depression, anxiety, PTSD, eating disorders, chronic pain, insomnia, substance use disorders, psychotic episodes, and suicide attempts.
- There are high rates of IPV among people accessing mental health and substance use disorder treatment. Across studies, lifetime IPV prevalence rates average 30% for outpatient settings, 33% for inpatient settings, and 60% for psychiatric emergency settings. Individual inpatient studies report significantly higher rates (e.g., 70% of women admitted for a first psychotic episode and 90% of women admitted for suicidal ideation). Among women accessing substance

use disorder treatment, 47%-90% reported experiencing IPV in their lifetimes and 31%-67% in the past year.

- Abuse targeting a partner’s mental health or substance use are common forms of IPV. These forms of abuse — referred to as mental health and substance use coercion — occur with disturbing frequency. Preventing a partner from accessing services, 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, not only jeopardize the well-being of IPV survivors and their children, but also compromise the effectiveness of mental health and substance use disorder treatment.
- Technological abuse is part of intimate partner violence. Survivors of IPV often experience technology and digital abuse from abusive partners (e.g., tracking access to technology, monitoring phone and internet usage, or location surveillance).

Resources

Enhancing Digital Security: HIPAA privacy standards are less protective than the federal privacy and confidentiality rules that outline best practices for serving IPV survivors and govern victim services programs funded by the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), and the Family Violence Prevention and Services Act (FVPSA).

- For more information on these distinctions, see the National Network to End Domestic Violence (NNEDV) [FAQs on HIPAA privacy and security](#) and [privacy comparison chart](#).
- For information on enhanced security necessary for secure digital communication with IPV survivors, see the NNEDV [Digital Services Toolkit](#). For a crosswalk of more secure videoconferencing platforms, see [NNEDV’s Video Conferencing & Digital Communications Platforms Comparison Chart](#).

Addressing Tech Safety:

- For more information about technology safety, see the NNEDV [Tech Safety App](#).
- For additional information on the use of spyware by an abusive partner, and tech safety more broadly, see NNEDV’s [Technology Safety & Privacy: A Toolkit for Survivors](#) that includes resources on [assessing for tech abuse](#) and on [developing a technology safety plan](#).

Patient-centered Safety Planning Resources:

- The National Domestic Violence Hotline offers phone (1-800-799-SAFE (7233)), [chat](#), and text (text “START” to 88788) support for people experiencing IPV as well as [online safety planning tools](#), including tools on Internet safety.
- [myPlan](#) is a free, evidence-based app designed to help with safety decisions for people experiencing abuse in their intimate relationships. The app is private, secure, and personalized.
- For a concise checklist on protecting patient/client privacy, see The Center of Excellence for Protected Health Information’s [Tips to Keep Your Telehealth Visit Private](#).

Addressing risks posed by an abusive partner in the context of telehealth encounters:

- For strategies to use when an abusive partner is trying to control access to treatment, see the National Center on Domestic Violence Trauma, and Mental Health’s (NCDVTMH) [Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings](#).

- For strategies to use when an abusive partner is trying to control telephone contact with a mental health crisis line or provider, see NCDVTMH's [Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence](#).

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