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Ethical and safety considerations in the use of virtual intimate partner violence (IPV) supports

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Abstract

Intimate partner violence (IPV) is a major public health and societal issue that has been further intensified by the COVID-19 pandemic. IPV impacts individuals, families, and communities worldwide, with women-identified people at highest risk. The COVID-19 pandemic has increased the need for virtual supports for those experiencing IPV, with service providers adjusting service delivery methods to allow for physical distancing. Virtual or online supports (email, text, videoconferencing, apps) can reduce isolation and provide remote IPV social support, advice, and counselling services, yet they remain an area for further study in practice. In particular, little is known about ethical and safety issues that can arise in providing virtual IPV services. Combining recent research and social work experience with people impacted by IPV, the authors present a commentary paper that summarises ethical considerations when using virtual IPV services. After overviewing recent research on virtual IPV services, the paper outlines five key concerns to consider in providing virtual IPV interventions: 1) service provider training and protocols for assessing safety; 2) protecting privacy and identities; 3) maintaining professional boundaries; 4) financial and access barriers; and 5) cultural and service preferences. The paper concludes with policy and practice recommendations for providing virtual IPV services.

Keywords:

Intimate partner violence; Virtual services; Online safety and ethics; Social work; Social policy

Introduction

Intimate partner violence (IPV) is a serious public health and societal issue that has been further exacerbated by the COVID-19 pandemic. Defined as physical, emotional, economic, or sexual violence and coercive control by an intimate partner or dating partner, IPV impacts individuals, families, and communities worldwide (Stark, 2009; World Health Organization [WHO], 2021). IPV disproportionately affects women in frequency and severity (Smith et al., 2017), with Black, Indigenous, and people of colour (BIPOC) and individuals identifying as two-spirit, lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and with additional sexual orientations and gender identities (2SLGBTIQ+) at increased risk (Cotter, 2021; Heidinger, 2021; Jaffray, 2021). Women with disabilities, experiencing social or economic disadvantages, and residing in rural areas are also at higher risk of IPV (Sasseville et al., 2022).

The impacts of IPV are devastating and pervasive. For those experiencing IPV, individual impacts can include ongoing and debilitating anxiety, depression, flashbacks, nightmares, living in continual fear, and posttraumatic stress disorder (PTSD) (Smith et al., 2017). Experiences of IPV have also been linked to chronic pain, disordered eating, gastrointestinal issues, physical injuries, sleep difficulties, suicide attempts, and substance use (Garcia-Moreno et al., 2013; WHO, 2021). For children who experience IPV in their families, possible later effects can include depression, substance use, PTSD, as well as the increased possibility of experiencing IPV as an adolescent or adult (Cisler et al., 2012; Mirick, 2014; Jaffe, 2018). However, the impact of IPV on children varies depending upon many moderating and protective factors, with one third of children experiencing IPV identified in research study samples doing as well as comparative children in the community (Chan & Yeung, 2009; Humphreys et al., 2018).

IPV also has numerous social and economic consequences that impact health and well-being and employment and economic security for families worldwide (Tarshis, 2022; WHO, 2021). Not all who experience IPV are impacted in the same way, with a range of moderating factors that influence outcomes including strong social support networks and access to community resources (e.g., safe housing, employment services, medical and mental health support) (Centers for Disease

Control and Prevention [CDC], 2021; Ogbe et al., 2020).

In this paper, we refer to individuals, persons, or those who have experienced IPV. We have chosen this terminology in an effort to use person-first language, and to denote the person as separate from the experience of IPV (Granello & Gibbs, 2016; Rizo et al., 2020). We also recognize that a range of terminologies (domestic violence, gender-based violence, interpersonal violence) and identities (victim of IPV, survivor of IPV, survivors) are often used in practice and preferred by those who have experienced violence and abuse, and encourage IPV service providers to choose terms that fit the experiences and identities of those they are working with (Rizo et al., 2020).

As social workers with research and practice backgrounds in IPV, we share a commitment to enhancing policies and programs to better support those experiencing IPV. We also share an interest in incorporating intersectionality into social work practice (Tarshis & Baird, 2021) and in harnessing technology in practice and in our programs of research on IPV (Baird et al., 2022). We hold privileged identities which impact our research, values, and beliefs. The first author (SB) identifies as a white, English-speaking, straight, cisgender woman of European Canadian background. The second author (ST) identifies as a white, straight, cisgender woman of Jewish descent. We acknowledge that our identities impact our research and practice, as these identities hold power, privilege, and unexamined biases.

The following paper, which is a commentary based on our prior scoping review research (Baird et al., 2022), recently published research in this area (Voth Schrag et al., 2022; Wood et al., 2020), and our practice experience, highlights ethical issues pertaining to IPV service providers. Our summary and analysis of relevant literature in this area is based in our own experiences, which may have influenced our understanding of ethics and safety including how we review pertinent literature and incorporate their findings into this paper. We strive to include and elevate the voices of those who experience violence and seek interventions that support all individuals and communities.

The COVID-19 Pandemic

The onset of the COVID-19 pandemic increased the need for virtual supports for those experiencing IPV (Slakoff et al., 2020). Beginning in March of 2020, many countries around the world implemented public health strategies including physical distancing, stay-at-home orders, and temporary closures of in-person services to reduce the spread of COVID-19 (Collignon, 2021; Voth Schrag et al., 2022). The implementation of these public health guidelines for physical distancing meant that IPV service providers had to rapidly adjust service delivery methods to meet the needs of those experiencing IPV (Heward-Belle et al., 2021; Wood et al., 2020). Service providers developed ways to connect virtually with those experiencing IPV and new procedures focused on the maintaining the safety of staff and service users (Emezue, 2020). However, despite the opportunities for support that virtual technologies such as online, internet-based, and/or smartphone applications (apps) provided, they also created new challenges as far as accessibility, cost, and assessing safety of service users (Boserup et al., 2020; Bradbury-Jones & Isham, 2020; Jarnecke & Flanagan, 2020).

At the same time as adapting to the need for virtual IPV supports, service providers were also responding to higher rates of IPV as a result of the pandemic. Rates of IPV are known to go up during epidemics and pandemics (Agüero, 2021; Roesch et al., 2020). There has been a range of rates of IPV reported during the COVID-19 pandemic, including up to a doubling or tripling of incidents of IPV (Allen-Ebrahimian, 2020; Gosangi et al., 2021; Piquero et al., 2021; WHO, 2020). However, IPV rates are likely underreported due to the difficulties in seeking help while home with abusive partners (Chandan et al., 2020; Piquero et al., 2021). During stay-at-home orders, those experiencing IPV are at a greater risk due to being locked down with their partners (Buttell & Ferreira, 2020; Hall & Tucker, 2020), and fewer interactions with family, friends, and community supports (WHO, 2020). Abusive partners have exploited the conditions of the pandemic by increasing their use of violence and coercive control by ensuring their partners stayed home and had little contact with anyone outside the household and controlling their activities and interactions (Smyth et al., 2021). In a study by Heward-Belle and colleagues (2021), the impact of coercive control was found to be so profound during the pandemic that the term “COVID-19 coercion” was proposed to describe this particular type of coercive control during the pandemic (p. 13). Additional pandemic stressors include the homeschooling and caring for children, coping with illness, losses, and death as a result of the pandemic, and additional mental health challenges (Kaukinen, 2020; Piquero et al., 2021; Usher et al., 2021). The COVID-19 pandemic has also created stressors related to maintaining employment, ability to work, and financial stability, which can impact rates of IPV (Evans et al., 2020; WHO, 2020).

Virtual IPV Supports

Service provider use of online and virtual supports has increased significantly over the last number of years. Inclusive of online, internet or web-based, smartphone apps, and videoconferencing, virtual services have been increasingly incorporated into social work practice (Cotter et al., 2013; Spencer et al., 2021). Use of email, text, and social media has also grown among social workers in their communication with service users (Fang et al., 2018; Mishna et al., 2021).

During the COVID-19 pandemic, virtual support services and information and communication technologies (ICTs) have provided remote social support, advice, and counselling services, which have helped reduce isolation for many individuals experiencing IPV (El Morr & Layal, 2020; Lyons & Brewer, 2021). Service providers have quickly incorporated videoconferencing, email, and text-based IPV supports into their work (Voth Schrag et al., 2021). Those experiencing IPV have also been using technology to gain support informally, such as through social media (Chu et al., 2021; Etherington et al., 2021; Voth Schrag et al., 2021).

A recent scoping review of virtual IPV interventions (Baird et al., 2022) revealed that empirically-researched virtual IPV interventions fall into three main areas of support: 1) safety interventions focused on providing resources and creating plans for responding to violence (e.g., Ford-Gilboe et al., 2020; Tarzia et al., 2018); 2) treatment modalities focused on psychoeducation or specific counselling techniques (e.g., Fiorillo et al., 2017; Gray et al., 2015; Nguyen-Feng et al., 2015); and 3) prevention and education programs (e.g., Choo et al., 2014; Ragavan et al., 2020). Virtual

IPV intervention types range from chatting or texting (Gloor & Meier, 2020; Voth Schrag et al., 2021), smartphone apps (e.g., Bloom et al., 2016; Ragavan et al., 2020), internet-based programs (e.g., Choo et al., 2016; Constantino et al., 2015; Creech et al., 2021), to live videoconferencing (e.g., Gray et al., 2015; Hassija & Gray, 2011).

Safety interventions, often referred to as safety decision aids, have been researched in internet-based and smartphone app formats, in several different countries and contexts (Bagwell-Gray et al., 2015; Ford-Gilboe et al., 2020; Koziol-McLain et al., 2018; Tarzia et al., 2018). Safety decision aids have been found to be particularly effective as a form of IPV support for those experiencing difficulties accessing in-person services (Bloom et al., 2014; Glass et al., 2017). Support interventions focusing on psychoeducation included techniques such as brief acceptance and commitment therapy (ACT) (Fiorillo et al., 2017), motivational interviewing (Choo et al., 2016), and stress management techniques (Nguyen-Feng et al., 2016).

Despite the rapid shift to synchronous virtual IPV supports (e.g., Zoom) necessitated by the pandemic, there has been limited research on synchronous IPV supports (Baird et al., 2022). Previous studies by Gray (2015) and Hassija and Gray (2011) found counselling provided to those who had experienced IPV through teleconferencing to be helpful in reducing anxiety and depression. However, an area for further research will be exploring in more depth how synchronous online counselling has met the needs of those experiencing IPV since the onset of the pandemic, and how service providers have responded to safety and/or logistical concerns of virtual services (Sabri et al., 2020).

Ethical and Safety Considerations for Virtual IPV Service Provision

While the COVID-19 pandemic has meant that many individuals experiencing IPV have had to access supports virtually, research on virtual IPV services does not yet represent this new reality of service provision (Murugan et al., 2022). Given the change to virtual services and continued pandemic uncertainties, it is imperative to consider ethical and safety issues related to providing virtual IPV services (Heward-Belle et al., 2021).

The sections below outline challenges and considerations in virtual IPV service provision, as identified from our previous research in this area and our own practice experiences. The sections outline recommendations for IPV agencies and policy development. Five key concerns are described, including: 1) service provider training and protocols for assessing safety; 2) protecting privacy and identities; 3) maintaining professional boundaries; 4) financial and access barriers; and 5) cultural and service preferences.

Service Provider Training and Protocols for Assessing Safety

With the rapid shift to virtual services necessitated by the pandemic, an ongoing area for growth for organizations is adequate provision of specialized training for service providers on how to safely and ethically administer virtual modalities. The development of new protocols and procedures on responding to safety risks and suicidality when providing virtual services is essential, given the unique challenges in assessing and responding to risk virtually (Eden et al., 2015; Tarzia et al., 2017). As found by Voth Schrag et al. (2022), even when engaging live (e.g., through Zoom or text/chat) with those experiencing IPV, it can be difficult for service providers to assess safety and the environment the service user is in, challenges that service providers need additional training on how to navigate.

Additional training in the use of internet and technology may also be required for IPV service providers to learn to use new programs or apps, while maintaining confidentiality of those accessing them (Gloor & Meier, 2020). Finally, when considering safety assessment, many safety apps and virtual services provide an opportunity for those experiencing IPV to assess their own safety risk, which could impact the way risk is assessed – for instance, if risk is assessed differently when solely based on self-report compared to when assessed in discussion with a service provider (Messing & Thaller, 2015). Organizations must prioritize the development and implementation of protocols to guide service providers in how to support those accessing virtual IPV services in assessing safety and risk.

Protecting Privacy and Identities

An ongoing concern with the use of virtual services is maintaining internet security, safety, and confidentiality of those accessing them (McVeigh & Heward-Belle, 2020). Service providers can respond to this concern by focusing on internet privacy and making certain that those accessing services receive information on the importance of using a safe email address and on how to clear their browser history (Tarzia et al., 2017). Service providers can provide this information clearly on apps and websites, as well as when meeting virtually with those impacted by IPV. As found by Voth Schrag et al. (2022), a new challenge of virtual IPV service provision is finding ways to address technological safety, with service providers identifying that "tech safety is part of the work now," illustrating a shift in focus of IPV services, with "coaching about digital surveillance" now part of providing services (p. 7).

An unfortunate reality is the risk virtual supports can present to those experiencing IPV if abusive partners gain access to their devices (El Morr & Layal, 2020). For some individuals experiencing IPV, accessing virtual platforms may be difficult due to limited knowledge and comfort with the platforms, as well as uncertainty about how to safely use these services (Bloom et al., 2014; El Morr & Layal, 2020). For some, a challenge may be having the necessary technological or computer literacy to access these supports (Bloom et al., 2014; El Morr & Layal, 2020). This means that service providers must take time to discuss both the safety issues and the potential risks of virtual services when engaging with those experiencing IPV. Privacy protection (e.g., exit buttons, security of identity features such as code words) can also be built into virtual platforms when they are being developed. Additional safety concerns relate to using virtual technology as a form of abuse with risks of online stalking, harassment, and other technology-related abuse increasing (Freed et al., 2017). The risk of digital surveillance by partners remains an ongoing concern that service providers need to continue to assess and discuss with service users (Voth Schrag et al., 2022).

Maintaining Professional Boundaries

Virtual services can also create a need for clarity on boundaries and availability of services during off hours or holidays. If live, in-person services are not available at an agency or organization at certain times, this information must be clearly posted on websites and virtual apps, along with information on emergency services (Gloor & Meier, 2020; Tarzia et al., 2017). A change to virtual services may also mean that service providers have to assess their own boundaries in providing services, and in providing virtual services from their own environments. As discussed by Voth Schrag et al. (2022), IPV service providers have responded to this challenge by creating "a therapeutic virtual environment, including thinking about digital backgrounds, providing music or other sound cues, and using verbal check ins to help clients make sure their own environments were as comfortable as possible" (p. 6).

During circumstances such as the COVID-19 pandemic as well as community violence, war, and human-made and natural disasters, service providers and service users often experience shared trauma, when exposed to the same traumatic experience (Tosone et al., 2012; Tosone, 2021). It is not uncommon for service providers to experience difficulties with professional and personal boundaries at these times and may over-identify with service users during these circumstances (Tarshis & Baird, 2018; Tosone et al., 2012). This shared traumatic experience can result in greater compassion and empathy but can also make it difficult to draw the line of communication (e.g., being more available off-hours, meeting off-site, sharing personal contact information), which can blur professional-personal boundaries (Dekel & Baum, 2010).

Financial and Access Barriers

One of the primary ethical concerns in providing virtual services continues to be how to ensure equitable access to services. For service providers increasingly advertising or providing information about their services online, requiring online intake forms to be completed, or providing virtual services, a continued question must be – how is information and access available for all who have experienced IPV? Many individuals experiencing IPV may be impacted by financial barriers (Tarshis, 2022) that can limit their access to computers, smartphones, and internet. Given that an abusive partner may restrict access to finances and or devices as a form of control (Postmus et al., 2020), this is a key issue to consider in offering virtual services.

Many virtual IPV supports that have been researched require access to a computer or smartphone and internet (e.g., Eden et al., 2015; Fiorillo et al., 2017; Hegarty et al., 2019), which can create barriers for those accessing virtual interventions (Slakoff et al., 2020). Logistics of access issues such as these need to be addressed in service design and future research, by finding ways to ensure access to devices and universal access to stable internet to allow for these online connections (Ewings, 2020). Internet access becomes a particular barrier during lockdowns when those experiencing IPV are not able to access internet in the community, or to safely access devices out of sight from their partners. A reality is that some individuals experiencing IPV may require in-person services rather than virtual services due to these barriers to accessing virtual interventions (Etherington, 2021).

However, virtual services can also help remove barriers for some individuals seeking IPV services. As identified by Voth Schrag et al. (2022), virtual services can reduce barriers by eliminating the requirement to travel to an agency for services, eliminating childcare costs and scheduling difficulties, and by providing an accessible choice for those with physical or mobility difficulties. In addition, virtual services may help reduce the chance of questions from an abusive partner about where they went and may also “break down accessibility barriers for diverse populations” (Voth Schrag et al., 2022, p. 4).

Cultural Barriers and Service Preferences

For some individuals experiencing IPV, there are cultural barriers related to accessing IPV support services and possible stigma related to seeking help (Chisnell et al., 2019). This is important for service providers to keep in mind when suggesting virtual IPV interventions (Heward-Belle et al., 2021; Young-Hauser et al., 2014). Service providers should also review the online information that is provided about virtual interventions, the languages that service descriptions are provided in, and the words used to describe experiences of violence and abuse. Service providers must also consider the lens and experience through which information is developed. For instance, whose experiences was this information created out of, and whose experiences of IPV does this information fit? Internet-based interventions often provide general information to those accessing the services, which may not fit the experiences of all who are accessing services (Tarzia et al., 2018).

Previous research has identified that some individuals who access virtual IPV supports may prefer the flexibility of individualized, in-person supports (Tarzia et al., 2018). Given this possible preference, there is a need to make certain that virtual IPV services are provided in a trauma-informed manner that supports service user choice in determining for themselves the services that best meet their needs (Kulkarni, 2019). A potential concern for organizations to address going forward will be ensuring that service users continue to have this choice. Research by Murugan and colleagues (2022) found that shifting to virtual IPV services meant a change in quantity and quality of services in many cases, since online services cannot replicate the experiences of in-person services. Virtual services should not be implemented solely as a cost-saving or convenience measure, especially given the financial pressure that many agencies are under, and the previous investments in time and infrastructure into implementing virtual services (Cook & Zschomler, 2020; Voth Schrag et al., 2022). It is vital that service users continue to be offered choice in virtual vs. in-person services and in some cases, a hybrid model of service (Pink et al., 2022).

Trauma-informed services that respond to the possibility of trauma alongside experiences of IPV have become common in service settings (Kulkarni, 2019). In a review of the literature on pre-pandemic virtual IPV supports, Emezue (2020) recommends that all virtual aids should be trauma-informed and should prioritize the safety of those who have experienced IPV. However, while many virtual IPV interventions attend to aspects of trauma, few have specifically described incorporating a trauma-informed approach. An exception is a study by Ragavan and colleagues (2020) that evaluates a trauma-informed, user-friendly smartphone-based app that is tailored to the needs of those experiencing IPV, including components such as trauma-informed yoga and selfcare techniques, along with ways to support children exposed to IPV. This app specifically integrated key components of trauma-informed approaches, illustrating a way in which this can be incorporated into virtual services (Ragavan et al., 2020).

There has been limited research examining the fit of virtual interventions for individuals who experience IPV and identify as Indigenous, racialized, 2SLGBTIQ+, as immigrants or refugees, or with a disability (Baird et al., 2022). In addition, most research on virtual IPV interventions has been conducted in the United States or other high-income countries, which is important to keep in mind when offering these services (Baird et al., 2022). Heward-Belle and colleagues' (2021) study found that service providers highlighted the importance of attending to the diverse cultural and linguistic needs of service users, especially during the pandemic. Previous research also identified a gap in including perspectives of service users in the creation of virtual IPV services, particularly ensuring the inclusion of diverse experiences of IPV in creating the interventions (Baird et al., 2022). Next steps for creating and researching virtual IPV interventions must include more engagement of individuals with diverse identities from a range of communities and locations to understand how virtual interventions can best meet their needs. For instance, Bagwell-Grey et al. (2021) adapted a safety planning intervention to the experiences of Native American women experiencing IPV, illustrating how to adapt an intervention to meet the cultural needs of a population. A key concern in providing virtual IPV supports is ensuring services that meet the diverse and intersectional needs of those seeking services, rather than designing services according to a one-size-fits-all model (Lorde, 1984; Verloo, 2006).

However, virtual IPV services have also been found to support women in rural U.S. communities experiencing barriers to service access (Gray et al., 2015; Hassija & Gray, 2011). Since virtual services may also provide an option for services for those experiencing barriers to in-person services (e.g., ability, rurality, marginalized identity, gender identity, sexual orientation), there needs to be a balance in considering how to incorporate virtual services in a way that provides those impacted by IPV with service choices.

Social Work and Social Policy Implications

The ongoing need for virtual services means that policies to ensure equitable access for those impacted by IPV to internet and technology are paramount. Government funding should be allocated to agencies providing services for those experiencing IPV, to support technological access for those requiring this. Specifically, funding could support agencies to hire internet technology professionals to develop secure apps and websites and to ensure service users have access to devices and internet (Emezue, 2020).

More broadly, government funding for expanding the capacity needed to support internet access in rural and remote areas, is necessary. In Canada, for instance, broadband internet access in rural areas is needed to increase speed and reliability to ensure equitable access to virtual IPV services, which is an important step for increasing safety for those experiencing IPV (Moffitt et al., 2020). In addition, a short-term measure could include the creation of national foundations to support those experiencing IPV to access internet and a device (Kaukinen, 2020).

At the organizational level, policies and procedures should be developed to determine how virtual services will be provided alongside in-person services. Specific procedures are needed to guide social workers on how they will integrate both modes of service and provide choice to service users, while addressing the different safety and ethical considerations of both virtual and in-person services (Clark, 2021). Further research is also required to identify best practices in how to provide virtual IPV services such as individual counselling and support groups in tandem with in-person services (Etherington et al., 2021). For instance, by including virtual interventions as a choice for those experiencing barriers to accessing in-person services while finding ways to address barriers to virtual services (e.g., language, cultural, financial), more comprehensive IPV services can be provided (Chisnell et al., 2019; Spencer et al., 2021).

Conclusion

Despite growing use of virtual IPV interventions, there has been limited research related to how to provide them safely and ethically. In response, this commentary paper presents ethical and safety considerations when providing virtual IPV services that were informed by the authors' prior research and practice experiences. We hope this conceptual paper will be useful for IPV service providers incorporating virtual approaches in understanding challenges to consider and next steps necessary to provide equitable services. By focusing on ensuring privacy, accessibility, and training for service providers, and by responding to changing boundaries and the cultural fit of services, organizations can ensure ethical provision of virtual IPV services. This paper illustrates the need for policy and funding investment to ensure access to internet and personal devices for those experiencing IPV, to make certain that virtual IPV services do not exacerbate access inequities. Finally, this paper illustrated how essential it is that those accessing IPV services are provided with choice in how services can best meet their needs – through virtual or in-person supports.

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References

Agüero, J. M. (2021). COVID-19 and the rise of intimate partner violence. *World Development, 137*, 105217. https://doi.org/10.1016/j.worlddev.2020.105217

Allen-Ebrahimian, B. (2020, March 7). China's domestic violence epidemic. *Axios*. https://www.axios.com/china-domesticviolence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afddb76ecfb28882.html

Bagwell-Gray, M. E., Loerzel, E., Dana Sacco, G., Messing, J., Glass, N., Sabri, B., Jock, B. W., Arscott, J., Brockie, T., & Campbell, J. (2021). From myPlan to ourCircle: Adapting a web-based safety planning intervention for Native American women exposed to intimate partner violence. *Journal of Ethnic & Cultural Diversity in Social Work*, *30*(1), 163–180. https://doi.org/10.1080/15313204.2020.1770651

Baird, S. L, Tarshis, S., Messenger, C., & Falla, M. (2022). Virtual support and intimate partner violence services: A scoping review. *Research on Social Work Practice*, *32*(8), 878–897. https://doi.org/10.1177/10497315221087232

Bloom, T., Gielen, A., & Glass, N. (2016). Developing an app for college women in abusive same-sex relationships and their friends. *Journal of Homosexuality*, *63*(6), 855–874. https://doi.org/10.1080/00918369.2015.1112597

Bloom, T. L., Glass, N. E., Case, J., Wright, C., Nolte, K., & Parsons, L. (2014). Feasibility of an online safety planning intervention for rural and urban pregnant abused women. *Nursing Research, 63*(4), 243–251. https://doi.org/10.1097/NNR.0000000000000036

Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, *38*(12), 2753–2755. https://doi.org/10.1016/j.ajem.2020.04.077

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing, 29*(13-14), 2047–2049. https://doi.org/10.1111/jocn.15296

Buttell, F., & Ferreira, R. J. (2020). The hidden disaster of COVID-19: Intimate partner violence. *Psychological Trauma, 12*(S1), S197. http://dx.doi.org/10.1037/tra0000646

Centers for Disease Control and Prevention. (2021). Risk and protective factors for perpetration. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

Chan, Y.-C., & Yeung, J. W.-K. (2009). Children living with violence within the family and its sequel: A meta-analysis from 1995–2006. *Aggression and Violent Behavior*, *14(*5), 313–322. https://doi.org/10.1016/j.avb.2009.04.001

Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharakumar, K., Kane, E., & Bandyopadhyay, S. (2020). COVID-19: A public health approach to manage domestic violence is needed. *The Lancet Public Health, 5*(6), e309. https://doi.org/10.1016/S2468-2667(20)30112-2

Chisnell, C., Peter, S., Merchant, R., Luscombe, T., & Tua, J. (2019). Community-led prevention of domestic violence: An innovative initiative of couples-based course in Aotearoa New Zealand. *Social Work & Policy Studies: Social Justice, Practice and Theory, 2*(1). https://openjournals.library.usyd.edu.au/index.php/SWPS/article/view/13091

Choo, E. K., Ranney, M., Wetle, T., Morrow, K., Mello, M., Squires, D., Garro, A., Tape, C., & Zlotnick, C. (2014). Attitudes toward computer interventions for partner abuse and drug use among women in the emergency department. *Drug and Alcohol Dependence*, *146*, e247–e247. https://doi.org/10.1016/j.drugalcdep.2014.09.137

Choo, E. K., Zlotnick, C., Strong, D. R., Squires, D. D., Tapé, C., & Mello, M. J. (2016). BSAFER: A web-based intervention for drug use and intimate partner violence demonstrates feasibility and acceptability among women in the emergency department. *Substance Abuse*, *37*(3), 441–449. https://doi.org/10.1080/08897077.2015.1134755

Chu, Su, Y., Kong, H., Shi, J., & Wang, X. (2021). Online social support for intimate partner violence victims in China: Quantitative and automatic content analysis. *Violence Against Women*, *27*(3-4), 339–358. https://doi.org/10.1177/1077801220911452

Cisler, J. M., Begle, A. M., Amstadter, A. B., Resnick, H. S., Danielson, C. K., Saunders, B. E., & Kilpatrick, D. G. (2012). Exposure to interpersonal violence and risk for PTSD, depression, delinquency, and binge drinking among adolescents: Data from the NSA-R. *Journal of Traumatic Stress, 25*(1), 33-40. https://doi.org/10.1002/jts.21672

Clark, V. E. (2021). Victim-blaming discourse underpinning police responses to domestic violence: A critical social work perspective. *Social Work & Policy Studies: Social Justice, Practice and Theory, 4*(1). https://openjournals.library.usyd.edu.au/index.php/SWPS/article/view/14959

Collignon, P. (2021). COVID-19 and future pandemics: is isolation and social distancing the new norm? *Internal Medicine Journal*, *51*(5), 647–653. https://doi.org/10.1111/imj.15287

Cook, L. L., & Zschomler, D. (2020). Virtual home visits during the COVID-19 pandemic: Social workers' perspectives. *Practice*, *32*(5), 401-408. https://doi.org/10.1080/09503153.2020.1836142

Constantino, R. E., Braxter, B., Ren, D., Burroughs, J. D., Doswell, W. M., Wu, L., Hwang, J. G., Klem, M. L., Joshi, J. B. D., & Greene, W. B. (2015). Comparing online with face-to-face HELPP intervention in women experiencing intimate partner violence. *Issues in Mental Health Nursing*, *36*(6), 430–438. https://doi.org/10.3109/01612840.2014.991049

Cotter, A. (2021). Intimate partner violence: Experiences of visible minority women in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics,* 1-16.

Cotter, K. L., Bacallao, M., Smokowski, P. R., & Robertson, C. I. (2013). Parenting interventions implementation science: How delivery format impacts the Parenting Wisely program. *Research on Social Work Practice*, *23*(6), 639-650. https://doi.org/10.1177/1049731513490811

Creech, S. K., Pulverman, C. S., Shin, M. E., Roe, K. T., Tzilos Wernette, G., Orchowski, L. M., Kahler, C. W., Shea, M. T., & Zlotnick, C. (2021). An open trial to test participant satisfaction with and feasibility of a computerized intervention for women veterans with sexual trauma histories seeking primary care treatment. *Violence Against Women*, *27*(3–4), 597–614. https://doi.org/10.1177/1077801219895102

Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: a new challenge for social workers. *The British Journal of Social Work*, *40*(6), 1927–1944. https://doi.org/10.1093/bjsw/bcp137

Eden, K. B., Perrin, N. A., Hanson, G. C., Messing, J. T., Bloom, T. L., Campbell, J. C., Gielen, A. C., Clough, A. S., Barnes-Hoyt, J. S., & Glass, N. E. (2015). Use of online safety decision aid by abused women: Effect on decisional conflict in a randomized controlled trial. *American Journal of Preventive Medicine, 48*(4), 372–383. https://doi.org/10.1016/j.amepre.2014.09.027

El Morr, C., & Layal, M. (2020). Effectiveness of ICT-based intimate partner violence interventions: A systematic review. *BMC Public Health*, *20*(1), 1372–1372. https://doi.org/10.1186/s12889-020-09408-8

Emezue, C. (2020). Digital or digitally delivered responses to domestic and intimate partner violence during COVID-19. *JMIR Public Health and Surveillance, 6*(3), e19831. https://doi.org/10.2196/19831

Etherington, N., Baker, L., Ham, M., & Glasbeek, D. (2021). Evaluating the effectiveness of online training for a comprehensive violence against women program: A pilot study. *Journal of Interpersonal Violence*, *36*(1-2), 160-183. https://doi.org/10.1177/0886260517725734

Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A pandemic within a pandemic—Intimate partner violence during Covid-19. *New England Journal of Medicine, 383*(24), 2302-2304. https://www.nejm.org/doi/10.1056/NEJMp2024046

Ewings, S. J. (2020). Unique challenges facing older Australian women in the early 21st century. *Social Work & Policy Studies: Social Justice, Practice and Theory, 2*(2). https://openjournals.library.usyd.edu.au/index.php/SWPS/article/view/14074

Fang, L., Tarshis, S., McInroy, L., & Mishna, F. (2018). Undergraduate student experiences with text-based online counselling. *The British Journal of Social Work*, *48*(6), 1774–1790. https://doi.org/10.1093/bjsw/bcx111

Fiorillo, D., McLean, C., Pistorello, J., Hayes, S. C., & Follette, V. M. (2017). Evaluation of a web-based acceptance and commitment therapy program for women with trauma-related problems: A pilot study. *Journal of Contextual Behavioral Science*, *6*(1), 104-113. https://doi-org.proxy.library.carleton.ca/10.1016/j.jcbs.2016.11.003

Ford-Gilboe, M., Varcoe, C., Scott-Storey, K., Perrin, N., Wuest, J., Wathen, C. N., Case, J., & Glass, N. (2020). Longitudinal impacts of an online safety and health intervention for women experiencing intimate partner violence: Randomized controlled trial. *BMC Public Health*, *20*(1), 260–260. https://doi.org/10.1186/s12889-020-8152-8

Freed, D., Palmer, J., Minchala, D., Levy, K., Ristenpart, T., & Dell, N. (2017). Digital technologies and intimate partner violence: A qualitative analysis with multiple stakeholders. *Proceedings of the ACM on Human-Computer Interaction*, *1*(CSCW), 1–22. https://doi.org/10.1145/3134681

Garcia-Moreno, C., Pallitto, C., Devries, K., Stockl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of* *intimate partner violence and non-partner sexual violence*. World Health Organization. https://fctc.who.int/publications/i/item/9789241564625

Glass, N. E., Perrin, N. A., Hanson, G. C., Bloom, T. L., Messing, J. T., Clough, A. S., Campbell, J. C., Gielen, A. C., Case, J., & Eden, K. B. (2017). The longitudinal impact of an internet safety decision aid for abused women. *American Journal of Preventive Medicine*, *52*(5), 606–615. https://doi.org/10.1016/j.amepre.2016.12.014

Gloor, D., & Meier, H. (2020). Does online counselling provide better access to victim services? Insights and reflections from a Swiss pilot evaluation. *Journal of Gender-Based Violence*, *4*(1), 123–131. https://doi.org/10.1332/239868020X15794803790621

Gosangi, B., Park, H., Thomas, R., Gujrathi, R., Bay, C. P., Raja, A. S., Seltzer, S. E., Balcom, M. C., McDonald, M. L., Orgill, D. P., Harris, M. B., Boland, G. W., Rexrode, K., & Khurana, B. (2021). Exacerbation of physical intimate partner violence during COVID-19 Pandemic. *Radiology, 298*(1), E38-E45. https://doi.org/10.1148/radiol.2020202866

Granello, D. H., & Gibbs, T. A. (2016). The power of language and labels: “The mentally ill” versus “people with mental illnesses.” *Journal of Counseling and Development*, *94*(1), 31–40. https://doi.org/10.1002/jcad.12059

Gray, M. J., Hassija, C. M., Jaconis, M., Barrett, C., Zheng, P., Steinmetz, S., & James, T. (2015). Provision of evidence-based therapies to rural survivors of domestic violence and sexual assault via telehealth: Treatment outcomes and clinical training benefits. *Training and Education in Professional Psychology*, *9*(3), 235–241. https://doi.org/10.1037/tep0000083

Hall, B. J., & Tucker, J. D. (2020). Surviving in place: The coronavirus domestic violence syndemic. *Asian Journal of Psychiatry, 53*, 102179. https://doi.org/10.1016/j.ajp.2020.102179

Hassija, C., & Gray, M. J. (2011). The effectiveness and feasibility of videoconferencing technology to provide evidence-based treatment to rural domestic violence and sexual assault populations. *Telemedicine Journal and E-Health*, *17*(4), 39–315. https://doi.org/10.1089/tmj.2010.0147

Hegarty, K., Tarzia, L., Valpied, J., Murray, E., Humphreys, C., Taft, A., ... & Glass, N. (2019). An online healthy relationship tool and safety decision aid for women experiencing intimate partner violence (I-DECIDE): a randomised controlled trial. *The Lancet Public Health*, *4*(6), e301-e310. https://doi.org/10.1016/S2468-2667(19)30079-9

Heidinger, L. (2021). Intimate partner violence: Experiences of Indigenous First Nations, Métis and Inuit women in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics,* 1-21.

Heward-Belle, S., Lovell, R. C., Jones, J., Tucker, H., & Melander, N. (2021). Practice in a time of uncertainty: Practitioner reflections on working with families experiencing intimate partner violence during the COVID-19 global pandemic. *Affilia,* 1-19, https://doi.org/10.1177/08861099211055519

Humphreys, C., Healey, L., Kirkwood, D., & Nicholson, D. (2018). Children living with domestic violence: A differential response through multi-agency collaboration. *Australian Social Work*, *71*(2), 162–174. https://doi.org/10.1080/0312407X.2017.1415366

Jaffe, P. (2018). *Children exposed to domestic violence: Current issues in research, intervention, prevention, and policy development.* Routledge.

Jaffray, B. (2021). Intimate partner violence: Experiences of sexual minority women in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics,* 1-18.

Jarnecke, A. M., & Flanagan, J. C. (2020). Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support. *Psychological Trauma, 12*(S1), S202–S204. https://doi.org/10.1037/tra0000688

Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice, 45,* 668-679. https://doi.org/10.1007/s12103-020-09533-5

Koziol-McLain, J., Vandal, A. C., Wilson, D., Nada-Raja, S., Dobbs, T., McLean, C., Sisk, R., Eden, K. B., & Glass, N. E. (2018). Efficacy of a web-based safety decision aid for women experiencing intimate partner violence: Randomized controlled trial. *Journal of Medical Internet Research*, *19*(12), e426–e426. https://doi.org/10.2196/jmir.8617

Kulkarni, S. (2019). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence*, *34*(1), 55-64. https://doi.org/10.1007/s10896-018-0001-5

Lorde, A. (1984). *Sister Outsider: Essays and Speeches.* Crossing Press.

Lyons, M., & Brewer, G. (2021). Experiences of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence*, 1-9. https://doi.org/10.1007/s10896-021-00260-x

McVeigh, M. J., & Heward-Belle, S. (2020). Necessary and good: a literature review exploring ethical issues for online counselling with children and young people who have experienced maltreatment. *Children Australia, 45*(4), 266–278. https://doi.org/10.1017/cha.2020.59

Messing, J. T., & Thaller, J. (2015). Intimate partner violence risk assessment: A primer for social workers. *The British Journal of Social Work*, *45*(6), 1804–1820. https://doi.org/10.1093/bjsw/bcu012

Mirick, R. (2014). Engagement in child protective services: The role of substance abuse, intimate partner violence and race. *Child and Adolescent Social Work Journal, 31*(3), 267-279. https://doi-org.proxy.library.carleton.ca/10.1007/s10560-013-0320-6

Mishna, F., Sanders, J. E., Sewell, K. M., & Milne, E. (2021). Teaching note—Preparing social workers for the digital future of social work practice. *Journal of Social Work Education*, *57*(sup1), 19-26. https://doi.org/10.1080/10437797.2021.1912676

Moffitt, P., Aujla, W., Giesbrecht, C. J., Grant, I., & Straatman, A.-L. (2020). Intimate partner violence and COVID-19 in rural, remote, and Northern Canada: Relationship, vulnerability and risk. *Journal of Family Violence, 37*(5), 775–786. https://doi.org/10.1007/s10896-020-00212-x

Murugan, V., Weaver, T. L., Schafer, T., & Rich, Q. (2022). Crisis work embedded in a global crisis: the early phase impact of COVID-19 on survivors of intimate partner violence and service provisions. *International Journal of Environmental Research and Public Health*, *19*(8), 4728. https://doi.org/10.3390/ijerph19084728

Nguyen-Feng, V. N., Frazier, P. A., Greer, C. S., Howard, K. G., Paulsen, J. A., Meredith, L., & Kim, S. (2015). A randomized controlled trial of a web-based intervention to reduce distress among students with a history of interpersonal violence. *Psychology of Violence*, *5*(4), 444–454. https://doi.org/10.1037/a0039596

Nguyen-Feng, V. N., Frazier, P. A., Greer, C. S., Meredith, L., Howard, K., & Paulsen, J. (2016). Testing the efficacy of three brief web-based interventions for reducing distress among interpersonal violence survivors. *Translational Issues in Psychological Science*, *2*(4), 439–448. https://doi.org/10.1037/tps0000099

Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/mental health outcomes of survivors. *PLoS one, 15*(6), e0235177. https://doi.org/10.1371/journal.pone.0235177

Pink, S., Ferguson, H., & Kelly, L. (2022). Digital social work: Conceptualising a hybrid anticipatory practice. *Qualitative Social Work*, *21*(2), 413-430.

https://doi.org/10.1177/14733250211003647

Piquero, A. R., Jennings, W. G., Jemison, E., Kaukinen, C., & Knaul, F. M. (2021). Domestic violence during the COVID-19 pandemic - Evidence from a systematic review and meta-analysis. *Journal of Criminal Justice, 74,* 101806–. https://doi.org/10.1016/j.jcrimjus.2021.101806

Postmus, J. L., Hoge, G. L., Breckenridge, J., Sharp-Jeffs, N., & Chung, D. (2020). Economic abuse as an invisible form of domestic violence: A multicountry review. *Trauma, Violence, & Abuse, 21*(2), 261–283. https://doi.org/10.1177/1524838018764160

Ragavan, M. I., Ferre, V., & Bair-Merritt, M. (2020). Thrive: A novel health education mobile application for mothers who have experienced intimate partner violence. *Health Promotion Practice*, *21*(2), 160–164. https://doi.org/10.1177/1524839919890870

Rizo, C. F., Kim, I., Dababnah, S., & Garbarino, N. (2020). The intersection of intellectual and developmental disabilities with child exposure to intimate partner violence: Implications for research and practice. *Journal of Family Violence*, *35*(8), 899–909. https://doi.org/10.1007/s10896-020-00138-4

Roesch, E., Amin, A., Gupta, J., & García-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *British Medical Journal, 369*, m1712-m1712. https://doi.org/10.1136/bmj.m1712

Sabri, B., Hartley, M., Saha, J., Murray, S., Glass, N., & Campbell, J. C. (2020). Effect of COVID-19 pandemic on women's health and safety: A study of immigrant survivors of intimate partner violence. *Health Care for Women International, 41*(11-12), 1294-1312. https://doi.org/10.1080/07399332.2020.1833012

Sasseville, N., Maurice, P., Montminy, L., Hassan, G., & St-Pierre, É. (2022). Cumulative contexts of vulnerability to intimate partner violence among women with disabilities, elderly women, and immigrant women: prevalence, risk factors, explanatory theories, and prevention. *Trauma, Violence, & Abuse*, *23*(1), 88-100. https://doi.org/10.1177/1524838020925773

Slakoff, D. C., Aujla, W., & PenzeyMoog, E. (2020). The role of service providers, technology, and mass media when home isn't safe for intimate partner violence victims: Best practices and recommendations in the era of COVID-19 and beyond. *Archives of Sexual Behavior*, *49*(8), 2779–2788. https://doi.org/10.1007/s10508-020-01820-w

Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N…. & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report.* https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

Smyth, C., Cullen, P., Breckenridge, J., Cortis, N., & Valentine, K. (2021). COVID-19 lockdowns, intimate partner violence and coercive control. *Australian Journal of Social Issues*, *56*(3), 359-373. https://doi.org/10.1002/ajs4.162

Spencer, C. M., Stith, S. M., & King, E. L. (2021). Preventing maltreatment at home: A meta-analysis examining outcomes from online programs. *Research on Social Work Practice, 31*(2), 138-146. https://doi.org/10.1177/1049731520969978

Stark, E. (2009). Rethinking coercive control. *Violence Against Women*, *15*(12), 1509–1525. https://doi.org/10.1177/1077801209347452

Tarshis, S. (2022). Intimate partner violence and employment-seeking: A multilevel examination of barriers and facilitators. *Journal of Interpersonal Violence*, *37*(7-8), NP5774–NP5804. https://doi.org/10.1177/0886260520962075

Tarshis, S., & Baird, S. L. (2018). Addressing the indirect trauma of social work students in intimate partner violence (IPV) field placements: A framework for supervision. *Clinical Social Work Journal*, *47*(1), 90–102. https://doi.org/10.1007/s10615-018-0678-1

Tarshis, S., & Baird, S. L. (2021). Applying intersectionality in clinical supervision: a scoping review. *The Clinical Supervisor*, *40*(2), 218–240. https://doi.org/10.1080/07325223.2021.1919949

Tarzia, L., Cornelio, R., Forsdike, K., & Hegarty, K. (2018). Women's experiences receiving support online for intimate partner violence: How does it compare to face-to-face support from a health professional? *Interacting with Computers*, *30*(5), 433–443. https://doi.org/10.1093/iwc/iwy019

Tarzia, L., Iyer, D., Thrower, E., & Hegarty, K. (2017). 'Technology doesn't judge you': Young Australian women's views on using the internet and smartphones to address intimate partner violence. *Journal of Technology in Human Services*, *35*(3), 199–218. https://doi.org/10.1080/15228835.2017.1350616

Tosone, C. (Ed.). (2021). *Shared trauma, shared resilience during a pandemic: Social work in the time of COVID-19*. Springer Nature.

Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal*, *40*(2), 231–239. https://doi.org/10.1007/s10615-012-0395-0

Usher, K., Bradbury Jones, C., Bhullar, N., Durkin, D. J., Gyamfi, N., Fatema, S. R., & Jackson, D. (2021). COVID-19 and family violence: Is this a perfect storm? *International Journal of Mental Health Nursing, 30*(4), 1022–1032. https://doi.org/10.1111/inm.12876

Verloo, M. (2006). Multiple inequalities, intersectionality and the European Union. *European Journal of Women's Studies, 13*(3), 211-228. https://doi.org/10.1177/1350506806065753

Voth Schrag, R. V., Leat, S., Backes, B., Childress, S., & Wood, L. (2022). "So many extra safety layers:" Virtual service provision and implementing social distancing in interpersonal violence service agencies during COVID-19. *Journal of Family Violence*, 1–13. https://doi.org/10.1007/s10896-021-00350-w

Voth Schrag, R. V., Leat, S., & Wood, L. (2021). “Everyone is living in the same storm, but our boats are all different”: Safety and safety planning for survivors of intimate partner and sexual violence during the COVID-19 Pandemic. *Journal of Interpersonal Violence*, 1-25. https://doi.org/10.1177/08862605211062998

Wood, L., Voth Schrag, R. J., Baumler, E., Hairston, D., Guillot-Wright, S., Torres, E., & Temple, J. R. (2020). On the front lines of the COVID-19 pandemic: Occupational experiences of the intimate partner violence and sexual assault workforce. *Journal of Interpersonal Violence*, 1-22. https://doi.org/10.1177/0886260520983304

World Health Organization. (2020). *Addressing violence against children, women and older people during the COVID-19 pandemic: Key actions, 17 June 2020.* https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1

World Health Organization. (2021). *Violence against women: Fact sheet.* https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Young-Hauser, A. M., Eden, K. B., Wilson, D., & Koziol-McLain, J. (2014). Intimate partner violence: modifying an internet-based safety decision aid to a New Zealand context. *Journal of Technology in Human Services*, *32*(4), 297–311. https://doi.org/10.1080/15228835.2014.967905