



VIOLENCE FREE
MINNESOTA
THE COALITION TO END RELATIONSHIP ABUSE

Telehealth and IPV

As a health care provider, it is important to understand that telehealth visits [may not be a safe time](#) for discussing intimate partner violence— others may be in the room or listening in.

- Signs of potential abuse during telehealth meetings
 - Patient appears nervous or afraid during the call
 - Doors slamming or yelling in the background
 - Patient has visible injuries
 - Abruptly leave the call or abruptly reschedule calls
 - Exhibit excessive privacy about the relationship
 - Partner/family member is sitting next to them or monitoring them during the appointment or call
 - [“Changes in behavior](#) such as substance use or requests for testing — which could be an opportunity for the patient to be privately evaluated in the clinic without explicitly asking for that — when assessing patients virtually and in-person”
 - [“Excessive apologizing](#), refusal to make eye contact, unwillingness to discuss symptoms, explaining away pain as the result of something they did, fidgeting or other signs of discomfort”
- Recommended practices
 - If abuse is disclosed, you can [establish signals](#) to identify the presence of an abusive partner during telemedicine appointments. Signals could include a raised fist on a video call or set phrases during an audio call.
 - Providers should [incorporate “yes/no” questions](#) and be hypervigilant to patient evasiveness or discomfort
 - “Recommend [use of headphones](#) to increase privacy”
 - [“I wouldn’t say](#) ‘Can you put on headphones? That will give us more privacy,’ because that might tip an eavesdropping abuser off. Instead, I’d say ‘I’m having trouble hearing you, there’s some background noise. If you have headphones, using those will really help.’”
- Using CUES in telehealth appointments
 - “Your medical information is confidential, that doesn’t change because we’re not in a clinic setting. I will not share anything we talk about here outside of with the care team [or if you tell me refer to your state law]. Are you somewhere where you can speak freely?”



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- “Before we get started, I want to say that I know COVID-19 has made things harder for everyone. Because people are stressed, we’re sharing ideas about helping yourself and people you care about. For example, we may experience more stress now in our relationships including increased fighting or harm, and that can affect our health. There is free, confidential help available if you know someone who is being hurt in their relationship. Would it be okay if I sent some resources for you to share? I will also send information on support around parenting, access to food and stress. How are things going right now for you?”
- “You can also share these resources with friends or family if you think it may help them, too”
- “I’d like to think about your health too and hear if your partner or someone else is interfering in any way with your plans to stay healthy like messing with your medicines, taking away hand sanitizer, preventing you from seeking help, or keeping you from connecting with friends and family”
- “Thank you for sharing this with me. I am so sorry this is happening. What you are telling me makes me worry about your safety and health. A lot of my patients experience things like this and there are people who can help. I can connect you today if that interests you – even right now if you like—and I can stay on the line with you - whatever you like.”
- Ways you can safely provide resources to patients who request them
 - Provide DV hotline details in the virtual waiting room/patient portal/chat box
 - Have information on DV displayed in the background of the room you are video chatting in