



Literature Review:

Using Technology to Better Support Survivors (Innovation in Frontline Settings)

For Ontario Coalition of Rape Crisis Centres (OCRCC)

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Executive Summary: Using Technology Literature Review

The Ontario Coalition of Rape Crisis Centres (OCRCC) works toward the prevention and eradication of sexual assault. OCRCC's membership includes sexual assault centres from across of Ontario, offering counselling, information and support services to survivors of sexual violence.

The use of technology for communication, making or maintaining social connections, and day to day organization – such as scheduling, meeting or staying in touch – is a reality for young and adult women today. Moreover – and of particular interest to sexual violence survivor advocates – technology has made access to crisis, counselling and other supports easier and cost-effective for specific isolated and under-resourced populations of survivors of sexual violence in Ontario. Moreover, some vulnerable survivor populations may wish to seek support, yet face financial, geographical, physical or social barriers in accessing it.

With this in mind, OCRCC undertook the *Using Technology to Better Support Survivors: Innovation in Frontline Settings* Project. Its developmental phases include an environmental scan of existing technologies that can offer increased access to outreach, crisis and counselling supports for survivors of sexual violence, as well as a consultative process with OCRCC's member Sexual Assault Centres. A literature review of findings, which aims to clarify *three areas of interest* to OCRCC and its Project, is also a part of the Project's developmental phase. These findings (I-III, below), of this literature review are summarized here.

I. *What's out there?: A high-level review of existing technologies that can offer increased access to outreach, crisis and counselling supports*

Many social service agencies are utilizing some form of technology in their frontline work today. An increasing array of service access options and the literature available point to the fact that “technology is changing communication between doctors and patients”, “between physicians and other healthcare providers”¹, and between support service providers and support-seekers -- including those working in organizations that support survivors of sexual violence.

Given the “pervasiveness and convenience”² of tech devices and related services (i.e. internet access, wireless internet, communication software), it makes sense that social service providers consider the tools available, as well as how they might fit the service needs of populations in their local communities. Reviewed literature offered information about the most popular and practical technological tools that can be used in frontline outreach, crisis and counselling settings. These included:

- *Online Counselling*
- *Video Counselling*
- *Support and communications via Text Message*
- *Self-Guided Web-based Resources*
- *Social Media*

¹ Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1.

² Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1.

II. Benefits associated with the use of technology in outreach, crisis and counselling supports

There are numerous advantages to using technological tools in outreach, crisis and counselling services. Much of the literature identifies these benefits. Three advantages, in particular, applicable to organizations working from a feminist, anti-oppression framework with survivors of violence, and formulated from the above list, stand out to the authors of this literature review: *Increasing accessibility, Privacy and Confidentiality, and Content (Problem or Situation Topic).*

Increasing accessibility

The literature shows that technology-based services can also increase access to support for support-seekers who are already using services, or waiting for services. In addition to survivor populations generally, the literature identifies that technological tools can increase service access to specific populations; including historically under-served or hard to reach populations.

Privacy and Confidentiality

The prospect of using technology with survivors commonly raises service-provider apprehensions concerning confidentiality. Understandably, sexual assault centres supporting survivors place a high value on support-seeker confidentiality, and take leadership in prioritizing survivor privacy.

The literature identified important facets of this subject. Largely, many of these fall under benefits to using technology, as opposed to challenges. Overall, much of the literature identified ways in which tech platforms can offer emotionally (and sometimes physically) safer options for some survivors seeking confidential support.

Content (Problem or Situation Topic)

The literature review revealed that text, chat and web-based support services tend to see more support-seeker contacts disclosing serious content or serious problems. These included mental/emotional health (25% of online chatters in one study) and suicide/suicide-related (15% of online chatters in one study), and sexual violence disclosures.

III. Sector (agency and worker) challenges, concerns and barriers to the productive use of technology in outreach, crisis and counselling supports

Concerns about technological tools and their safe and effective use with survivors of sexual violence has inhibited our sector's capacity to successfully implement these innovative tools. Comparable concerns were identified in the literature reviewed. Challenges included privacy and security (of support-seekers), as well as concern that miscommunication/losing the meaning over tech-based communications could occur the tech mediums.

Recommendations at the close of this literature review include suggestions for the implementation of the Project's technological tools piloting phase; relevant agency policies; identifiable best practices in using tech tools in frontline service provision; and specific recommendations towards sexual assault centre staff training content.

Introduction: About the *Using Technology* Project

The Ontario Coalition of Rape Crisis Centres (OCRCC) works toward the prevention and eradication of sexual assault. Today, OCRCC's membership includes sexual assault centres from across of Ontario, offering counselling, information and support services to survivors of sexual violence. OCRCC represents 29 (of total 30) English-language sexual assault centres in Ontario that offer:

- Individual and group counselling
- A 24-hour crisis line
- Hospital, police reporting & court accompaniment
- Social awareness – for example, Take Back The Night, Sexual Assault Awareness Month, and December 6
- Public Education program to educate students, professionals and community members about sexual violence and sexual violence prevention
- Information on the legal system, community resources and strategies for coping
- Information and support for partners, families and friends of survivors³.

OCRCC's work also includes partnering with many allies in addressing and preventing sexual violence in Ontario. OCRCC is a member of the Premier of Ontario's Roundtable on Violence Against Women⁴, and an active participant in the implementation of the Ontario-wide Action Plan, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*⁵. *Using Technology to Better Support Survivors: Innovation in Frontline Settings* is a project funded by the Ontario Women's Directorate (now Ministry of Status of Women)'s Innovation Fund, a component of the *It's Never Okay* Action Plan.

The use of technology for communication, making or maintaining social connections, and day to day organization – such as scheduling, meeting or staying in touch – is a reality for young and adult women today. Technological tools like text-messaging, Skype, online correspondence and social media have overtaken traditional tools (i.e. voice calling, mail) in both popular usage and accessibility in recent years. For example, some of these technologies have greatly increased access to health, language interpreter, or mental health supports in under-served regions of Ontario by creating remote or virtual service access in Northern, rural and isolated regions. In response, many social service agencies are utilizing e-counselling, texting and other technologies in their frontline work to connect with, check-in with support-seekers.

Moreover – and of particular interest to sexual violence survivor advocates – technology has made access to crisis, counselling and other supports easier and cost-effective for specific isolated and under-resourced populations of survivors of sexual violence in Ontario. As survivor advocates, OCRCC centres are aware that certain populations experience sexual violence differently than others. For example:

³ Ontario Coalition of Rape Crisis Centres (OCRCC). *Looking for support near you?* Online: <http://www.sexualassaultsupport.ca/support>

⁴ Ontario Women's Directorate. March 31, 2015. *First Meeting for Ontario's Roundtable on Violence Against Women: Province implementing \$41 Million Action Plan to Stop Sexual Violence and Harassment*. Online: <https://news.ontario.ca/owd/en/2015/03/first-meeting-for-ontarios-roundtable-on-violence-against-women.html>

⁵ Office of the Premier. March 8, 2015. *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. Online: <http://www.news.ontario.ca/opo/en/2015/03/concrete-measures-to-end-sexual-violence-and-harassment.html>

- A 2011 summary on police reported crime found that sexual crimes were by far the most common offence committed against girls⁶
- Women and young women from marginalized racial, sexual and socioeconomic groups are more vulnerable to being targeted for sexual violence⁷
- Over 80% of women who are sexually assaulted – particularly those from marginalized communities -- do not report due to humiliation or fear of re-victimization in the legal process⁸.

Moreover, some vulnerable survivor populations may wish to seek support, yet face financial, geographical, physical or social barriers in accessing it. This can include women living with disabilities, youth, women living in poverty, working women, rural women in regions where no public transit exists, women with limited phone access, transient and trafficked women, and survivors with high confidentiality concerns. Sexual Assault Centre staffs agree that some populations of survivors have access to text or cellular-based data only; present unique confidentiality or time limitations; or face other access barriers that inhibit their ability to use traditional in-person or telephone-based crisis and counselling options.

Despite this, inconsistent access to and understanding of these new technologies is a reality amongst Ontario's Sexual Assault Centres. Financial constraints, concerns about maintaining support-seeker confidentiality, a commitment to mitigating the creation of unnecessary or incidental support-seeker records, and a lack of policies and best practices on technology use in frontline settings at Sexual Assault Centre has inhibited our sector's capacity to test, evaluate, successfully implement and share these innovative tools.

An increased understanding of technological tools that could be used in frontline outreach, crisis and counselling settings – and the capacity to implement these with confidence – presents an important innovation to the Sexual Assault Centre sector in Ontario communities. Amongst other project deliverables, in this project, OCRCC undertakes the following:

1. Provide an environmental scan of existing technologies that can offer increased access to outreach, crisis and counselling supports for survivors of sexual violence
2. Lead a consultative process with OCRCC's member Sexual Assault Centres, so to comprehensively understand Centres' current use of technologies in frontline settings; as well as their needs, wishes and current barriers in increasing use of technology in their frontline work with survivors

These two components include a literature review of findings, which aims to clarify three areas of interest to OCRCC and its Project. First, the literature review aims to identify *existing technologies* that can intersect with outreach, crisis and counselling services. Second, the literature review identifies *benefits* associated with the use of technology in outreach, crisis and counselling capacities. Last, this review identifies *potential challenges, concerns and barriers* to the productive use of technology in service provision. Of note, the top concerns indicated by centres⁹ include:

⁶ Canadian Centre for Justice Statistics. Released on February 25, 2013. *Measuring violence against women: Statistical trends*. 15

⁷ Wolfe and Chiodo, CAMH, 2008, p. 3.

⁸ METRAC. *Sexual Assault Statistics Sheet*. Online: <http://www.metrac.org/resources/downloads/sexual.assault.statistics.sheet.pdf>

⁹ See: Primal Glow (2016). *Using Technology to Better Support Survivors: Innovation in Frontline Settings: Technology Audit & Consultations summary*.

- security/confidentiality,
- ongoing costs, and
- miscommunication, or losing the meaning of the communication, in the context of offering crisis or counselling support.

Other concerns mentioned include setting technology-relevant work boundaries to avoid burnout, trolling, liability, creating records, comfort level of clients to use the technology and access to tech support. Centres also expressed related organizational challenges: the time needed to train staff properly on tech platforms, a lack of internet access, and limited resources (e.g. time, staff, finances).

This report offers a summary literature review for the *Using Technology* Project, based on the above-identified structure. This literature review will help to frame and inform subsequent components of the project, moving forward.

Methodology: What Literature did we Review?

Literature was gathered by Project Lead Kim Allen (Primal Glow) and Nicole Pietsch (Ontario Coalition of Rape Crisis Centres). A consultative process with OCRCC's member Sexual Assault Centres and sector allies occurred in 2016, so to better understand Centres' current use of technologies in frontline settings; as well as their needs, wishes and current barriers in increasing use of technology in their frontline work with survivors.

Some of the literature in this review was identified by key informants who participated in the consultative process: this includes Centre staffs, Centre managers and volunteers as well as non-Centre organizations in Ontario that offer frontline services to women, youth or survivors of violence.

The Project team also conducted searches for relevant publications through:

- Organizations that offer *or* oversee frontline service provision to populations of women, youth or survivors of violence (i.e. Kids Help Line, South Eastern Centre Against Sexual Assault Australia, YouthLine NZ, Ontario College of Social Workers and Social Service Workers); and have conducted evaluative or informational research on technological tools and frontline service provision, based on this service provision;
- Other organizations that have conducted prior research on technological tools and related positive impacts or challenges to the public (though not necessarily frontline service provision);
- Community research created by sexual assault centres
- The Project team also undertook a search in multiple academic databases, using the key words: *texting + violence against women; texting + sexual violence survivor; sexual violence survivor + video counselling; text + crisis support; online + crisis support.*

Findings from these sources are organized under the following sections:

- I. *A high-level review* of existing technologies that can offer increased access to outreach, crisis and counselling supports
- II. *Benefits associated with the use of technology* in outreach, crisis and counselling supports (i.e. support-seeker access to services, increased frontline options), as identified in current literature
- III. *Sector (agency and worker) challenges, concerns and barriers* to the productive use of technology in outreach, crisis and counselling supports, as identified in current literature.

Findings:
Using Technology in Frontline (Outreach, Crisis and Counselling) Settings

I. What's out there?: A high-level review of existing technologies that can offer increased access to outreach, crisis and counselling supports

Many social service agencies are utilizing some form of technology in their frontline work today. An increasing array of service access options and the literature available point to the fact that “technology is changing communication between doctors and patients”, “between physicians and other healthcare providers”¹⁰, and between support service providers and support-seekers - including those working in organizations that support survivors of sexual violence.

Technology is not used only for communication purposes. We learned through consultation with sexual assault centres, other service providers, as well as through this literature review that technology is being used for a variety of purposes: to offer information about services (i.e. program outreach via agency website and social media); to communicate administrative information (i.e. book appointments or reschedule); to check-in briefly with support-seekers (i.e. between appointments, or following a referral to another organization); or to provide direct support, such as crisis or supportive counselling¹¹.

This diversity of purposes makes sense, given the range of ways that the public – and in this, a survivor in any one of our communities – utilizes technology in their day to day lives. A Pew research study in 2011 found that over 85% of all American adults owned and used a cellular phone, with the younger subsections of this population (18-46 year olds) at over 90%¹². Cell phones are by far the most popular device among American adults, especially for adults under the age of 65. 80-90% (with the younger groups closer to 90%) of all cellphone users in the study identified that they used their phones to text message; and 37-57% (again, with younger groups at 57%) used their phone to access the internet¹³.

In addition to cellular phones, 70% of 18-34 year-olds own a laptop while 57% own a desktop computer. 69% of 35-46 year-olds adults own a desktop computer, and 61% own a laptop. Older adults also identified as owning a desktop computer or laptop¹⁴, and many in the above categories own both. Some adults owned tablets and other technological devices. These statistics do not count young populations, such as those under the age of 18 who are even more likely to access a cellphone or other newer forms of technology on a day to day basis.

Given the “pervasiveness and convenience”¹⁵ of these tech devices and related services (i.e. internet access, wireless internet, communication software), it makes sense that social service

¹⁰ Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1.

¹¹ See: Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016; Birnbaum, R. Ethical and Legal Implications on the Use of Technology in Counselling. in *Clinical Social Work Journal*. December 2014; Reamer, F. 2013. Social Work in a Digital Age: Ethical and Risk Management Challenges. *Social Work* Volume 58, Number 2 April 2013: 163-172.

¹² Zickuhr, K, for Pew Research. 2011. *Generations and their gadgets: A Project of the Pew Research Centre*. Online: <http://www.pewinternet.org/2011/02/03/generations-and-their-gadgets/> : 3.

¹³ Ibid, 8.

¹⁴ Ibid, 9.

¹⁵ Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1.

providers consider the tools available, as well as how they might fit the service needs of populations in their local communities.

Reviewed literature offered information about the most popular and practical technological tools that can be used in frontline outreach, crisis and counselling settings.

Online Counselling

Access to the internet offers online counselling options instead of, or as an access adjunct to, face to face in-person counselling. Reamer (2013) notes that today, those “who struggle with depression, addiction, marital and relationship conflict, anxiety, eating disorders, grief”¹⁶ and other challenges commonly experienced by sexual violence survivors can locate and access counselling services offered online. Live online chat (or *synchronous* communication, meaning it occurs simultaneously in real time) and *asynchronous* communication (for example, wherein a survivor sends an e-mail message and waits for a response)¹⁷ are two examples of online counselling. Online chat or counselling can also be offered as a crisis support tool or for ongoing or adjunct counselling support.

Many of the articles reviewed in this literature review (Canadian Medical Protective Association, Birnbaum, Reamer) identify online counselling as a popular technological tool for expanding or offering direct-service support.

Video Counselling

An increasing number of service providers offer live distance counselling using webcams with audio, and through platforms such as Skype or Zoom¹⁸. Video counselling can be used for one-to-one counselling sessions, group counselling sessions, or case management meetings. Historically, video platforms have been used to increase access to health services in Northern, isolated or rural regions; or to increase access – for example, by videoing in sign language or language interpreters to counselling sessions.

Many of the articles reviewed in this literature review (Canadian Medical Protective Association, Birnbaum, Reamer, Confederation College) identify video counselling as a popular technological tool for increasing access to direct-service support.

Text Message

Some services providers exchange text messages with support-seekers for administrative and informal purposes: for example, when clients wish to cancel or reschedule an appointment.

Acknowledging that many individuals prefer text to voice contact -- or have limited time, privacy or cellphone plans to make voice calls possible -- some social service programs have incorporated text messaging as a formal component in their intervention model and service options (Kids Help Phone and Assaulted Women’s Helpline are good local examples of this).

Many of the articles reviewed in this literature review (Canadian Medical Protective Association, Birnbaum, Reamer, Kids Help Phone, Burrows, Haxell) identify text messaging – whether for administrative, informal or formal purposes (such as a crisis text option) -- as a popular technological tool for increasing access to crisis and counselling support.

¹⁶ Reamer, F. 2013. Social Work in a Digital Age: Ethical and Risk Management Challenges. *Social Work* Volume 58, Number 2 April 2013: 164.

¹⁷ Ibid.

¹⁸ Ibid.

Self-Guided Web-based Resources

A wide variety of online platforms now exist, through which support workers can offer informational webinars, videos or other self (support-seeker)-guided resources. For example, an organization can create a webinar or video addressing “diverse mental health and behavioral issues”¹⁹, coping strategies, or information on issues, systems or options (i.e. sexual violence myths; applying to subsidized housing; understanding the sexual assault evidence kit) that are useful to survivors, and can be viewed at a survivor’s choice and convenience.

While fewer of the articles reviewed in this literature review (Burrows, Reamer) identify self-guided web-based resources, we heard from many sexual assault centres in our consultation phase that this may be a useful adjunct to counselling support.

In alignment with feminist principles of survivor empowerment, education and choice²⁰, self-guided web-based resources offer useful educational opportunities. Education on sexual violence can also help to contextualize survivors’ experiences. For example, educational resources can:

- support women and men to understand their rights
- support women and men to be exposed to and have opportunities to challenge sexual assault myths
- offer clear information on the law concerning sexual assault and consent
- offer information on common responses to sexual violence
- draw connections between systemic issues (i.e. prevailing societal attitudes which tolerate or minimize sexual violence against women and girls²¹; attitudes and factors that contribute to rape culture²²) and survivors’ day to day experiences.

Social Media

A wide variety of social media tools exist, through which organizations can offer program, agency and service information. For example, an organization can use Facebook, Twitter, Instagram or other popular sites to share information or communicate informally with members of the community, including survivors. Social media also helps to informally spread information to populations – for example, younger survivors, Deaf survivors or those living with a disability, isolated or hard to reach women and youth, and women in high-risk situations, such as trafficked or abused women -- that may not have access to traditional print or in-person outreach strategies.

Many of the articles reviewed in this literature review (Canadian Medical Protective Association, Birnbaum, Reamer, Burrows, Haxell) identify social media as a popular technological tool, however caution its use in crisis and counselling support models, due to its inherent privacy limitations. Social media remains a useful platform for program and agency outreach.

¹⁹ Ibid, 164.

²⁰ See: Bonisteel, M. and Linda Green. “Implications of the Shrinking Space for Feminist Anti-violence Advocacy”. Presented at the 2005 Canadian Social Welfare Policy Conference, *Forging Social Futures*, Fredericton, New Brunswick, Canada

²¹ World Health Organization. *Understanding and addressing violence against women*. Online: http://apps.who.int/iris/bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf

²² See also: Hermann, D. The Rape Culture. Printed in *Women: A Feminist Perspective* (ed. Jo Freeman). McGraw Hill, 1994. Retrieved 18 October 2011. Available online: http://homepage.smc.edu/delpiccolo_guido/Soc1/soc1readings/rape%20culture_final.pdf

II. Benefits associated with the use of technology in outreach, crisis and counselling supports

There are numerous theoretic and practical advantages to using technological tools in outreach, crisis and counselling services. A review of diverse literature identifies these benefits, and these will be detailed in this section.

Before doing so: we feel it important to acknowledge a preponderance of cautionary, preventionist and alarmist tone in the majority of older writings on the subjects of frontline support, women, youth, anti-violence work and technology (Canadian Medical Protective Association, Birnbaum, Reamer, Connelly, Betteridge, Public Safety Canada, Urban Institute). While we do not necessarily believe that this conventional understanding of technology and survivors remains entirely applicable (or even accurate, given today's social service field and tech advances), we do believe that it is wise to point out this precedent. The following section (III, page 15) will query its merits and limitations.

Comparably, current literature shows that many service providers working with women, youth, hard to reach or isolated persons and survivors of violence are successfully using one or more of the tools identified in section I of this review. Service providers *formally* use tech tools to enhance or expand their service provision model; or to improve access to existing services (Burrows, Confederation College, Distress and Crisis Ontario, Evans, Davidson and Sifacuse, Haxell, Law et al for Kids Help Phone). In addition, some organizations -- and some individual service providers -- identify using technology *informally* in context with frontline work, or for administrative communication (Canadian Medical Protective Association, Ontario College of Social Workers And Social Service Workers, Women's Support Network of York Region) with support-seekers.

Birnbaum agrees that through technology, "service providers now have the ability to reach...individuals who underutilize traditional counselling services because of factors such as stigma, shame, linguistic barriers and inconvenience"²³. Certainly, survivors of violence can benefit in a variety of ways from services that incorporate available tech tools into their frontline work. The literature identifies the following benefits:

- Increasing accessibility to support-seekers, including Deaf, disabled, young and isolated persons (Birnbaum, Betteridge, Confederation College, Haxell, Evans, Davidson and Sifacuse, Gilroy, McFarlane, Nava and Maddoux)
- Disinhibition of support-seeker/survivor (Birnbaum, Betteridge, Burrows), i.e. "allowing them [survivors] to ask sensitive questions that may be difficult to ask face to face"²⁴
- A safe space to communicate "serious concerns, compared to...[other concerns, as identified by] phone users"²⁵ (Law et al for Kids Help Phone, Evans, Davidson and Sifacuse,)
- The "ability [for these tools] to be used at the individual's convenience"²⁶ (Burrows, Birnbaum, Law et al for Kids Help Phone)

²³ Birnbaum, R. Ethical and Legal Implications on the Use of Technology in Counselling. in *Clinical Social Work Journal*. December 2014: 2.

²⁴ Burrows, A. November 2011. *Online Peer Support For Survivors of Sexual Assault*. Research prepared for the South Eastern Centre Against Sexual Assault (SECASA) in conjunction with Royal Melbourne Institute of Technology (RMIT): 7.

²⁵ Law, Jaclyn with Dilys Haner, Alisa Simon, and Sharon Wood (Kids Help Phone). 2015. *Proof Positive: Evaluation of Kids Help Phone's Phone and Live Chat Counselling Services*: 29.

²⁶ Burrows, A. November 2011. *Online Peer Support For Survivors of Sexual Assault*. Research prepared for the South Eastern Centre Against Sexual Assault (SECASA) in conjunction with Royal Melbourne Institute of Technology (RMIT): 6.

- Anonymity and privacy (Birnbaum, Betteridge, Burrows, Law et al for Kids Help Phone, Haxell, Gilroy, McFarlane, Nava and Maddoux)

Three advantages particularly applicable to organizations working from a feminist, anti-oppression framework with survivors of violence, and formulated from the above list, stand out to the authors of this literature review: *Increasing accessibility, Privacy and Confidentiality, and Content (Problem or Situation Topic)*.

Increasing accessibility

The Women's Support Network of York Region's report on young women and online sexual violence states that, overall, "technology is a big part of our [women and youth's] lives," with young people and "the majority of adults us[ing] Facebook, email, text messaging and other forms of digital media"²⁷.

Women's Support Network – whose report includes contributions from young women in the community – goes on to say that, notably, "online and digital spaces are where women and young women connect and socialize with others...in a recent Canadian study, about "one-fifth of older students use the Internet as a resource for information about sexuality and relationships"²⁸. This, in addition to Zickuhr's summary on *Generations and their gadgets: A Project of the Pew Research Centre* (see section I), ascertains that, overall, our community members, including survivors, can be found online and on their technological devices.

The literature shows that technology-based services can also increase access to support for support-seekers who are already using services, or waiting for services (Birnbaum, Haxell, Law et al). Kids Help Phone, for example, shares that "19% of online chatters who participated in the [service's] 2014 evaluation were seeing a counsellor or therapist, and...13% of online chatters were on a waiting list for mental health supports"²⁹. In this way, technological tools that are designed for brief interactions can support a continuity of care, be it crisis, check-in or ongoing support. This aligns with sexual assault centre framework, in which centres aim to offer a continuum of care to survivors in their local communities, and as identified by the survivor herself. This continuum includes crisis and emotional support (counselling); but can also include practical support such as referrals to other local organizations; accompaniment to relevant appointments; support to survivors who may check-in as-needed; and education and information.

In addition to survivor populations generally, the literature identifies that technological tools can increase service access to specific populations. Notably, Youthline NZ found that in one year alone, "20% of received text messages [from those seeking support] were asking that the service be provided by text and frequently would provide reasons for not wanting to, or not being able to, take up other options"³⁰.

²⁷ Women's Support Network of York Region (2015). *Are you? Online & Okay...* Online: <http://www.sexualassaultsupport.ca/Resources/Documents/Booklet%20Survivors%20PagebyPage.pdf>: 5.

²⁸ Ibid.

²⁹ Law, Jaclyn with Dilys Haner, Alisa Simon, and Sharon Wood (Kids Help Phone). 2015. *Proof Positive: Evaluation of Kids Help Phone's Phone and Live Chat Counselling Services*: 7.

³⁰ Haxell, Ailsa Janet. January 2015. On becoming textually active at Youthline, New Zealand. In *British Journal of Guidance & Counselling*. Volume43(Issue1): 148

Certainly, while some survivors may choose to use online crisis or counselling supports *in addition to* face-to-face or voice services, others may use this as their *only* means of service access. Birnbaum, Haxell, Law et al and Evans, Davidson and Sifacuse agree that most forms of online frontline support “targets a different demographic, one that largely would never seek face-to-face counselling services”³¹.

The research agrees that technology can help frontline service organizations to better reach and support traditionally-marginalized, or under-served, populations (Birnbaum, Haxell, Law et al and Evans, Davidson and Sifacuse). Marginalized populations can include women and girls living in poverty, survivors labeled with a mental health diagnoses, survivors who work long or unusual hours, including those engaged in sex work, transient, under-housed or street-involved women, Deaf survivors, survivors living with a disability, young or older survivors and rural, Northern or remote survivors. Being socially marginalized has a direct impact on a person’s access to resources, information and supports, such as services. Physical, financial, social and geographic barriers can get in the way of a person’s ability to participate in something – for example, a program, a service, or a physical space³². Barriers are not always obvious. In order to reduce barriers, service providers must think about what kinds of things can get in the way of someone’s participation, and act to remove or mitigate these in advance.

The literature reviewed identifies that young populations in particular can benefit from text, chat and other online service provision: “Though suicide/crisis hotlines have a long history as one of the most frequently utilized and effective services for adults in crisis, adolescents and young adults rarely access them”³³. More recently, “text messaging has become the dominant form of communication among 12–17-year olds”³⁴ and most 18-30-year olds (Evans, Davidson and Sifacuse; Law et al; Zickuhr, K, for Pew Research). Law et al for Kids Help Phone, Evans, Davidson and Sifacuse and Haxell’s work agree that the popularity of text and online messaging for support services is attributable to a number of unique features: for example, “many text-messaging plans allow unlimited texting for minimal costs”; in addition, “youth report that texting is a more immediate, private, and comfortable way of communicating than calling or talking face-to-face”³⁵. Some of these points will be discussed further under *Privacy and Confidentiality, and Content (Problem or Situation Topic)*, below.

While little of the literature shared statistically-relevant information about diverse or under-served populations, Kids Help Phone’s did. Law et al share that some populations used service options in comparable numbers: 46% of callers and 43% of online chatters identified as immigrants or first generations. Some populations showed differences, suggesting increased service access: notably, 20% of voice callers but 36% of online chatters identified with non-heterosexual orientations (eg. lesbian, gay, bisexual, queer, questioning or asexual). Over 7% of young people using the Live Chat identified as Aboriginal, First Nations or Métis³⁶.

³¹ Birnbaum, R. Ethical and Legal Implications on the Use of Technology in Counselling. in *Clinical Social Work Journal*. December 2014: 2.

³² See: Combat Poverty Agency. *Developing Facilitation Skills – A Handbook for Group Facilitators*. New Edition 2008. Available online: http://www.combatpoverty.ie/publications/DevelopingFacilitationSkills_2008.pdf

³³ Evans, W., Laura Davidson and Lorie Sifacuse. May 2013. Someone To Listen: Increasing Youth Help-Seeking Behavior, Through A Text-Based Crisis Line For Youth. *Journal Of Community Psychology*. May 2013, Volume41(Issue4): 472.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Law, Jaclyn with Dilys Haner, Alisa Simon, and Sharon Wood (Kids Help Phone). 2015. *Proof Positive: Evaluation of Kids Help Phone’s Phone and Live Chat Counselling Services*: 7.

The literature also notes that populations with hearing, speech and communication differences and preferences can benefit from text or chat services, which are based more on written instead of voice communication. Others noted other practical barriers to voice service access. Youthline NZ (Haxell) shares the following access considerations, as self-identified by youth's texts:

- "I w0d luv 2 cal u guys but im deaf
- Can i just txt because i have a speech inpediment.
- I cnt talk wen I cry
- Mobile phone calls don't work here
- My fone don't work 4 calls
- I'm at boarding school. We aren't allowed to talk after lights out³⁷

While this selection is from a youth population sample, the access barriers identified here are applicable to young and adult populations alike. Access problems noted above include barriers based on disability, hearing and speech differences, geographic access to voice services, financial (phone plan) access to voice services, physical (including space) limitations and psycho-social (emotional) barriers. Certainly, these considerations – and tech options to mitigate them – are also applicable to young people and adults living in institutional settings, in remote, Northern or rural settings, and many others.

Privacy and Confidentiality

The prospect of using technology with survivors commonly raises service-provider apprehensions concerning confidentiality. Understandably, sexual assault centres supporting survivors place a high value on support-seeker confidentiality, and take leadership in prioritizing survivor privacy.

The literature identified important facets of this subject. Largely, many of these fall under benefits to using technology, as opposed to challenges. Specifically, we learned that:

- (1) today "there are a number of enterprise solutions that can provide encryption, including many patient [support-seeker] portals"³⁸, and increased security through technological tools (this issues will be discussed in section III, page 15); and
- (2) many support-seekers in fact value certain tech platforms (text, online chat) for their *capacity to offer real and perceived privacy*. i.e. non-voice limits the chance that someone could overhear the conversation; written communication allows support-seekers to use an alias, or express thoughts and feelings without being identified.

The privacy conferred by text, chat or online support is mentioned by numerous researchers (Birnbaum, Haxell, Law et al, Burrows, Gilroy, and Evans, Davidson and Sifacuse). Support-seeker experiences identified in the literature shared the following iterations of *privacy and confidentiality*:

- "The advantage to texting is the ability to maintain privacy by limiting the chance that someone could overhear"³⁹
- Support-seekers "preferred a text-based line specifically because they would not be identifiable by voice cues and no one could overhear their conversations"⁴⁰

³⁷ Selections from Table 1 in Haxell, Ailsa Janet. January 2015. On becoming textually active at Youthline, New Zealand. In *British Journal of Guidance & Counselling*. Volume43(Issue1):149.

³⁸ Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1-2.

³⁹ Evans, W., Laura Davidson and Lorie Sifacuse. May 2013. Someone To Listen: Increasing Youth Help-Seeking Behavior, Through A Text-Based Crisis Line For Youth. *Journal Of Community Psychology*. May 2013, Volume41(Issue4): 478

- One student noted that “such confidentiality might encourage youth to disclose more details about their problems”⁴¹
- “In the text messages [from support-seekers] reviewed, a preference to text is most commonly related to concerns for privacy, of not wanting others to hear what is private and potentially embarrassing”⁴²

In this way, tech platforms can offer emotionally (and sometimes physically) safer options for those seeking confidential support.

Content (Problem or Situation Topic)

Remarkably, this literature review revealed that text, chat and web-based support services tend to see more support-seeker contacts disclosing serious content or serious problems.

Organizations that employ text, chat and web services as well as voice-based services report a *difference in situation topics, based on the medium that support-seekers chose* (Law et al for Kids Help Phone and Haxell). Law et al for Kids Help Phone shares that while the top two “topics” identified by callers to their voice line were peer relationships (25.1%) and mental/emotional health (20.1%), the top two “topics” identified by online chatters were mental/emotional health (25.%) and suicide/suicide-related (15%). Sexual violence disclosures rated at 0.9% for callers and 2% for chatters⁴³ -- both small percentages, but still an increase in chatters versus callers.

Significantly, 28% of Kids Help Phone callers and 30% of online chatters were experiencing issues identified (by the organization) as high-risk: These issues include “imminent risk of suicide, active self-harm, living with violence or abuse, and the diagnosis of a mental illness”⁴⁴. While the percentages appear numerically close (callers verses chatters) overall, Kids Help Phone shares more about the phenomenon of serious content:

“Key findings from our evaluations reinforce counsellors’ perception that more “serious” mental health and suicide-related conversations occur through Live Chat than by phone. In fact, youth experiencing serious mental health or suicide-related concerns are 22% more likely to reach out for counselling via Live Chat than by phone. As a result, when a counsellor responds to a chat, it is almost three times more likely to be about mental health or suicide than when they respond to a phone call”⁴⁵.

In other research (Haxell), support-seekers themselves agree that addressing their *most-challenging content or subject concerns* over text offered benefits that provided boundaries and support, simultaneously: “Megalyne recalls how texting interrupted her being stuck, writing and seeing what she had written and stopped her from ‘going round in circles’ re-traumatizing herself: ‘Text prevented [me] going round in circles, which would have been more distressing. Text allowed for my thought processing, having breaks, I felt in control of how much I said and

⁴⁰ Ibid: 479.

⁴¹ Ibid: 479.

⁴² Haxell, Ailsa Janet. January 2015. On becoming textually active at Youthline, New Zealand. In *British Journal of Guidance & Counselling*. Volume 43(Issue1): 150

⁴³ Law, Jaclyn with Dilys Haner, Alisa Simon, and Sharon Wood (Kids Help Phone). 2015. *Proof Positive: Evaluation of Kids Help Phone’s Phone and Live Chat Counselling Services*: 21, 29.

⁴⁴ Ibid, 7.

⁴⁵ Ibid, 7.

when I said it. They would reply and I could read it when I was ready”⁴⁶. Haxell points to related research, which found that the “online writing space involving email and instant messaging or chat rooms provided a ‘zone of reflection’”, in which “the reflective aspect in writing, reading and reviewal, allowed for further control and composure” of the support-seeker⁴⁷. In contrast, Evans, Davidson and Sifacuse found that the majority of youth texting a local texting pilot service were largely seeking support and information, and were *not* in crisis or reporting serious issues.

In our experiences, service-providers using traditional (voice and face-to-face) service models commonly fear that serious or crisis correspondence may deteriorate, fail or miscommunicate in critical moments. On the contrary, research in this literature review showed that, in fact, “the necessary and sufficient conditions of the therapeutic relationship, of being accessible, friendly and relevant in working with [service users] are shown to translate within a texting medium”⁴⁸. With appropriate structure/agency policy, frontline expertise and training on tech platforms, this positive return is likely applicable to other mediums as well, such as crisis chat and online counselling chat.

Sexual assault centre staff and volunteers know that sexual violence can have lasting impacts on survivors’ coping strategies, social supports, relationships, self-image and more. Many of the high-risk issues identified by Kids Help Line are those commonly experienced by sexual violence survivors⁴⁹. World Health Organization agrees, noting that sexual victimization can lead to health outcomes such as depression, anxiety and post-traumatic stress; and behavioral outcomes such as high-risk behaviour (e.g. early consensual sexual initiation, alcohol and drug abuse) and higher risk of experiencing subsequent sexual violence for women⁵⁰.

With these realities in mind, using technological tools in crisis and counselling services can provide increased access options to survivors experiencing serious circumstances. Moreover, offering these options may help connect sexual assault centres to local survivors.

⁴⁶ Haxell, Ailsa Janet. January 2015. On becoming textually active at Youthline, New Zealand. In *British Journal of Guidance & Counselling*. Volume43(Issue1): 153.

⁴⁷ Ibid, 145.

⁴⁸ Ibid, 154.

⁴⁹ Ontario Coalition of Rape Crisis Centres (OCRCC). *For Survivors of Sexual Assault: Common Reactions to Sexual Assault*. Online: <http://www.sexualassaultsupport.ca/support>

⁵⁰ World Health Organization. 2012. *Understanding and addressing violence against women: Sexual violence*. p. 7. Online: http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf

III. Sector (agency and worker) challenges, concerns and barriers to the productive use of technology in outreach, crisis and counselling supports

Those working with survivors of sexual violence, stalking or intimate partner violence are well aware of the potential dangers that technologies -- such as social media, smartphones and digital pictures -- can cause to women, youth and vulnerable populations. In addition to these realities, an incredible amount of research, criminal justice, public opinion and traditional media energy has gone towards identifying technology, particularly social media, as a ready medium for youth and women's exploitation (Public Safety Canada, Urban Institute, CyberTip). For this reason, many of us supporting survivor populations are understandably cautious about implementing technology in our work.

Given these contexts, it is important to point to positive and reputable literature that shares safe, healthy ways in which technology can be used (see Public Safety Canada, MediaSmarts, Women's Support Network of York Region, Haxell, Law et al). As well, we note many current campaigns and literature that deconstruct the popular patriarchal narrative which too-often confounds technology with feminized and victim-blaming notions of vulnerability, prevention and risk. These campaigns (see Draw the Line, Women's Support Network of York Region, Haxell) support a more nuanced understanding of technology: benefits, challenges and safety strategies.

We were not surprised that a preponderance of cautionary viewpoints exist in the literature addressing frontline support and technology (Ontario College Of Social Workers And Social Service Workers, Canadian Medical Protective Association, Birnbaum, Reamer, Connelly, Betteridge). While we do not consider this conventional understanding of technology and survivors to be entirely complete given today's social service field and tech advances, we do believe that it is wise to point out this precedent. In addition, we note that all of the cautionary literature in our review had one or more of the following elements in common:

- They were written by professional associations with a responsibility to support members to remain within specific standards of professional practice or record-keeping criteria (Ontario College Of Social Workers And Social Service Workers, Canadian Medical Protective Association)
- They were written by professional associations with a mandate to support members in preventing professional errors of liability (Ontario College Of Social Workers And Social Service Workers, Canadian Medical Protective Association)
- They were written by professionals or professional associations that had not formally piloted or evaluated the technological tools discussed (Ontario College Of Social Workers And Social Service Workers, Canadian Medical Protective Association, Birnbaum, Reamer, Connelly, Betteridge)
- They were written five or more years ago (Ontario College Of Social Workers And Social Service Workers, Connelly, Betteridge)
- Examples of negative service provider-to-service user experiences with technology often included examples of worker mishandling of confidential information, i.e. sending a confidential email to the wrong recipient (Ontario College Of Social Workers And Social Service Workers, Connelly, Betteridge). These examples are presented in the literature without acknowledging that support-seeker confidentiality – and organizational strategies to protect it -- have concerned social service agencies for many decades. Policies, practices and training resources exist to support support-seeker confidentiality, and

these can be extended to address the use of specific tech tools. As we know, organizational policies and practices have often changed with the times to reflect how workers and support-seekers communicate and share information

- Examples of negative service provider-to-service user experiences with technology often interspersed *social media examples* with secure web or text-based *tools* (Ontario College Of Social Workers And Social Service Workers, Connelly, Betteridge). Social media and the tools discussed in this report are not synonymous. While social media remains a useful platform for outreach, we agree that due to its inherent privacy limitations, social media should not be used as a crisis or counselling tool. Understandably, the anecdotal examples of service provider-to-service user experiences over social media in the literature almost always resulted in negative outcomes.

We mention the above points to contextualize the existence of an admittedly large quantity of cautionary literature that resulted from our search for data on technology, social services/service use and survivors of sexual violence.

Workers at sexual assault centres share many of the concerns identified in the literature. Financial constraints, concerns about maintaining support-seeker confidentiality, a commitment to mitigating the creation of unnecessary or incidental support-seeker records, anxiety over miscommunication/losing the meaning over tech-based communications, and a lack of policies and best practices on technology use in frontline settings at Sexual Assault Centre has inhibited our sector's capacity to test, evaluate, successfully implement and share these innovative tools. Comparable concerns, as identified in the literature reviewed, are considered below.

Privacy and Security

Privacy and security of support-seeker information is often constructed as inherently precarious in the context of technology, many of which tools are designed by and operated by third (that is, tech) parties. However, as the field of tech tools and platforms have improved over the last ten years, research identifies that "there are a number of enterprise solutions that can provide encryption, including many patient [support-seeker] portals"⁵¹.

As expected, encrypted and secure platforms cost money. However, this is a worthy investment for those who choose to use web or chat-based services for support-seekers:

"Service providers must understand that portals need to be secure and accessible only by those who are authorized. The chosen platform must have adequate security systems to protect ...information and private online conversations, and to meet the requirements of applicable privacy legislation"⁵².

Reamer remarks upon the efficacy of these tech solutions: "fortunately, currently available encryption technology protects client confidentiality very effectively and is HIPAA compliant; in fact, such encryption offers significantly more protection than do traditional paper documents"⁵³.

⁵¹ Canadian Medical Protective Association. *Using electronic communications, protecting privacy*. Published October 2013; Revised January 2016: 1-2.

⁵² Ibid.

⁵³ Reamer, F. 2013. Social Work in a Digital Age: Ethical and Risk Management Challenges. *Social Work* Volume 58, Number 2 April 2013: 167

Privacy regulators generally agree that the use of encryption software to protect electronic messages is a reasonable safeguard. Birnbaum shares that up to date software and platforms for service provision are also critical: “Despite attempts at security programs to protect confidentiality, service providers must continually upgrade their technology to prevent possible security breaches”⁵⁴.

Some of the literature (Canadian Medical Protective Association, Ontario College Of Social Workers And Social Service Workers, Betteridge) acknowledges that this updating can also incur financial costs to service organizations.

Confidentiality

Largely, the literature comments on *tool or web*-related privacy and confidentiality concerns, such as hacking and information made visible to unauthorized third parties, as discussed above.

However, little of the literature discusses other forms of confidentiality concerns, such as the creation of inadvertent records through text/written tech mediums, and what to do with these records. This concern is important to many sexual assault centres, which strive to keep minimal records on client contacts and counselling sessions. Betteridge discusses this issue, but mostly in terms of communicating with support-seekers for administrative purposes: Workers “may choose to limit their use of text messaging and e-mail to managing appointments. Even in these circumstances, they must consider whether and how they will retain e-mails or texts as well as how clients will be informed of these decisions”⁵⁵.

While Betteridge says that staff “must use their judgment to decide whether it is appropriate to include e-mails or text messages in the record”, a better solution – especially for organizations that implement a formal tech-based service -- will be to carefully consider and implement organizational policies and practices with respect to these forms of electronic communication. A policy or practice can outline how workers use electronic communications, for what purposes⁵⁶; and identify how the agency and its staffs save, file, delete or destroy text and other written (incidental) recordings of service provision. Staff and volunteers should be trained on the organization’s expectations and practices, and practices should be implemented consistently across all staff and volunteers. Moreover, support-seekers should be made aware of this policy and organizational practices. Organizations should be aware that service users may choose to keep their “copy” of text, email or web-based support either way, and consider how they wish to acknowledge this as well.

Miscommunication/losing the meaning over tech-based communications

Service-providers using traditional (voice and face-to-face) service models often fear that worker-to-service user correspondence may fail, miscommunicate or weaken over text or chat-based support mediums. Birnbaum’s work describes this phenomenon:

“Due to the lack of verbal and non-verbal information in the use of online counseling services, both the client’s and the counsellor’s understanding of information is constructed through their assumptions and interpretation of the text alone.

⁵⁴ Birnbaum, R. Ethical and Legal Implications on the Use of Technology in Counselling. in *Clinical Social Work Journal*. December 2014: 5

⁵⁵ Betteridge, L. Practice Notes: Communication Technology & Ethical Practice: Evolving Issues in a Changing Landscape. In *Perspective*, a publication of the Ontario College of Social Workers and Social Service Workers. Fall 2012: 2-3.

⁵⁶ Ibid.

Consequently, there may be miscommunication or misconceptions between the counselor's intentions and the client's understanding and vice versa⁵⁷.

Reamer also shares this concern, theorizing that "social workers fully understand how important visual and nonverbal cues are when providing clinical services [and] it is easy to miss these cues entirely when services are provided only online"⁵⁸.

Similarly, Youthline NZ shared that, prior to delivering a text support service option, "there was [staff] anxiety that the 'thin' medium of texting would provide too little information, and that messages exchanged might be unclear or ambiguous"⁵⁹. At the same time, Youthline NZ recognized that requests were high for access to tech support, and this anxiety could not be a reason to eschew texting support altogether: "20% of the helpline computer screens [were] filled with messages asking, if not demanding, that counselling be provided by text"⁶⁰.

After Youthline NZ piloted its texting service and underscored the following hopeful instruction, based on their experiences:

"The emotional quality of a therapeutic relationship is identified as integral to creating conditions for positive change. ...[This] involved being non-judgemental or demonstrating non-possessive warmth, being genuine and having empathy. Griffiths (2003) clusters these attributes within the importance of being friendly. Having the relationship mediated by text messaging does not alter the intent"⁶¹.

From here, Haxell's work on Youthline identifies examples of text conversation that integrate the above-noted qualities. Her research shows that, in fact, "the necessary and sufficient conditions of the therapeutic relationship, of being accessible, friendly and relevant in working with [service users] are shown to translate within a texting medium"⁶².

Law et al for Kids Help Phone reports positive results from its online chat service as well, sharing that "our phone and Live Chat evaluations demonstrate that...young people are significantly better off for having connected with one of our professional counsellors"⁶³. Overall, phone versus online chat service recipients saw little variation in their positive response: 98% of callers and 89% of online chatters stated they would contact Kids Help Phone again if they needed help. In addition, 96% of callers and 94% of online chatters would recommend Kids Help Phone to a friend if they needed help⁶⁴.

With appropriate structure/agency policy, frontline expertise and training on tech platforms, this positive return is likely applicable to mediums such as crisis chat and online counselling chat for youth and adults alike. Policy and practice outlines can identify important boundaries to both workers and support-seekers – for example, "accurate and complete information regarding the

⁵⁷ Birnbaum, R. Ethical and Legal Implications on the Use of Technology in Counselling. in *Clinical Social Work Journal*. December 2014: 4.

⁵⁸ Reamer, F. 2013. Social Work in a Digital Age: Ethical and Risk Management Challenges. *Social Work* Volume 58, Number 2 April 2013: 169.

⁵⁹ Haxell, Ailsa Janet. January 2015. On becoming textually active at Youthline, New Zealand. In *British Journal of Guidance & Counselling*. Volume 43(Issue 1): 148

⁶⁰ Ibid, 149.

⁶¹ Ibid, 151.

⁶² Ibid, 154.

⁶³ Law, Jaclyn with Dilys Haner, Alisa Simon, and Sharon Wood (Kids Help Phone). 2015. *Proof Positive: Evaluation of Kids Help Phone's Phone and Live Chat Counselling Services*: 6.

⁶⁴ Ibid.

extent, nature, and limitations of any services available to them”⁶⁵, how to access services, and whether supports will be synchronous or asynchronous (Betteridge, Reamer, Birnbaum) -- so to mitigate misaligned expectations of the service, miscommunications or misinterpretation.

Moving forward, we recommend both intentional organization policy development on tech-based support structure, as well as intentional training on non-verbal (written) supportive communication for frontline workers experienced in face-to-face counselling with survivors.

⁶⁵ Betteridge, L. Practice Notes: Communication Technology & Ethical Practice: Evolving Issues in a Changing Landscape. In *Perspective*, a publication of the Ontario College of Social Workers and Social Service Workers. Fall 2012: 2.

Recommendations

Reviewed literature offered information about the most popular and practical technological tools that can be used in frontline outreach, crisis and counselling settings. Based on the literature review findings, we recommend further research into and piloting of the following technological tools:

- Online/Web-based Counselling
- Video Counselling
- Crisis or supportive Text Message
- Self-Guided Web-based Resources

Many of the articles reviewed in this literature review (Canadian Medical Protective Association, Birnbaum, Reamer, Burrows, Haxell) identify social media as a popular technological tool, however caution its use in crisis and counselling support models, due to its inherent privacy limitations. We agree. Social media remains a useful option for program and agency outreach.

In addition, this literature review notes that with appropriate structure, agency policy, frontline expertise and training on tech platforms, the above mediums may be successfully implemented at sexual assault centres. We recommend:

- Always use encrypted or secure, dedicated support-seeker portals for web-based services
- Development of centre policies and practices concerning the informal or administrative use of technology by workers with service users
- Where formal technological tools are implemented by a centre, the development of centre policies and practices concerning this service
- Policy and practice outlines can identify important boundaries to workers on the service's goals, its limitations, how survivors access these services, and how records (formal or incidentally-created records) are managed by the organization and individual workers
- A description of how and when these policy and practices are communicated to support-seekers
- Intentional training on non-verbal (written) supportive communication for frontline workers.

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