Taking Stock of Shifts in Community Need and Service Provision In Response to #MeToo and the COVID-19 Pandemic

Final Report

Dr. Lisa Boucher
Department of Gender & Social Justice
Trent University

TRENT
UNIVERSITY

Acknowledgements

Project Team

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Executive Summary

Background

The contemporary gender-based violence (GBV) landscape is characterized by growing awareness, rising rates of violence, changing community need, and shifts in help-seeking and service delivery. Both the #MeToo movement and the COVID-19 pandemic have had significant influences on the GBV landscape. The #MeToo movement has increased dialogue about GBV, connected victims/survivors with each other, and has been linked to changes in attitudes and increases in disclosures and reporting. The COVID-19 pandemic has also changed the GBV landscape in important ways. During the pandemic, rates of GBV surged, modes of service delivery changed, and access to support became more complicated and less accessible. This knowledge synthesis explored how both victims/survivors and community-based service providers have been impacted by these changes by asking the following questions: 1. How has the #MeToo movement affected the GBV landscape in Canada and the U.S. and what changes to help-seeking and community-based service provision are discernible and attributable to #MeToo? 2. How has the COVID-19 pandemic further contributed to shifts in service provision and help-seeking? 3. How have community organizations adjusted to meet changes in community need? What challenges and best practices have emerged?

Objectives

This project sought to critically assess the state of knowledge on changes to help-seeking and service provision associated with the #MeToo movement and the COVID-19 pandemic, and to identify knowledge gaps and strengths, as well as recommendations for policy and practice. Furthermore, this project aimed to share research findings with a range of stakeholders, including policy makers, researchers, victims/survivors, community-based service providers, and the general public.

Methodology

A systematic literature review assessed the current state of knowledge on shifts of help-seeking and service provision connected to the #MeToo movement and COVID-19. Searches were conducted using Proquest, Scholars Portal Journals, and Web of Science databases. #MeToo and COVID-19 search terms were combined with terms related to gender-based violence, help-seeking, and service provision. English-language, peer reviewed research studies over a five-year period (2017-March 2023) were included in the review. Inclusions focused on GBV help-seeking and/or service provision in reference to either #MeToo or COVID-19. Due to the project's focus on North America, literature from outside of

North America was excluded from the review. Additionally, research on children's experiences of GBV and help-seeking, and studies which focused exclusively on hospital-based or police services, were also excluded. After the screening stages, 29 sources were included for review. A thematic analysis of the literature using NVIVO identified themes from the literature, as well as patterns and gaps in the data.

Results

Both the #MeToo movement and COVID-19 have contributed to a growing awareness of GBV which can be connected to increases in self-identification, disclosures, and informal and formal help-seeking. However, barriers to help-seeking increased during the COVID-19 pandemic due to increased isolation, services interruptions, and a lack of clarity about available services. Structural inequality also heightened barriers to help-seeking.

Community-based anti-violence organizations have adapted their services to meet increased community need and in response to the pandemic. Many organizations use multiple modes of service-provision to do so and have increased their social media presence in response to both #MeToo and the pandemic. Organizations are also seeing greater complexity of need, making coordinated care and collaboration between sectors and organizations more urgent.

Although community-based anti-violence organizations are facing growing demands for services, their precarious funding situation affects their capacity and jeopardizes their future sustainability.

Key Messages

Help-seeking and positive reactions to disclosures of violence can positively affect victims/survivors' well-being and safety. Thus, reducing barriers to help-seeking is essential.

Continuing to offer a combination of in-person, remote, and virtual services is necessary to reach victims/survivors with different needs and can reduce barriers to receiving support. Additionally, collaborating within and across sectors can strengthen supports for victims/survivors.

In times of crisis or in emergency situations, organizations and governments at all levels should communicate clearly to the public about which services are available and how to access these services. Targeted communication strategies are necessary to reach those who are at greatest risk of harm, and who are experiencing the impacts of emergency situations disproportionately.

Community-based anti-violence organizations require stable and secure funding to ensure they are able to sustainably meet current and emerging community need.

Background

Gender-based violence[1] (GBV) is pervasive worldwide, disproportionately affecting girls, women and gender- diverse people (Cotter & Savage 2019; Dlamini 2021). Rates of violence are difficult to accurately assess due to under-reporting and a general lack of understanding about the full scope of gender-based violence. However, despite these challenges, research consistently demonstrates high rates of gender-based violence in Canada and worldwide. Analysing data between 2000-2018 across 161 countries, Sardinha et al. (2022) found that approximately 1 in 3 women have been subjected to physical and/or sexual violence. Research from Canada shows a similar pattern. For example, in data from 2018, 44% of women surveyed shared that they had experienced at least one incident of intimate partner violence (IPV) since the age of 15 (Cotter 2021). Additionally, LGBTQ+ individuals are more likely to experience both physical and sexual assault (Cotter & Savage 2019; Jaffray 2018).

Individuals from marginalized and oppressed groups face higher rates and greater severity of gender-based violence, and social location can shape experiences of help-seeking (Beaulaurier et al. 2008; Chan 2020; Guadalupe-Diaz & Jasinski 2017; Gormley et al. 2022; Jaffray 2018; Robinson et al. 2021). Experiences of victimization are associated with short and long-term social, health and economic impacts (Bennet et al. 2021; Bogen et al. 2021; Moyer et al. 2022). Moreover, the consequences of gender-based violence manifest at multiple levels, affecting individuals, households and communities. Thus, the need to address and – ultimately - end GBV is urgent. However, this work presents complex challenges for communities, researchers, and policy makers.

Accounting for recent shifts in the contemporary GBV landscape is necessary to address these challenges. Over the past decade in North America, this landscape has been characterized by growing awareness of GBV, rising rates of violence, greater complexity of need, and changing modes of service provision. This knowledge synthesis project engaged in a systematic review of the literature to better understand how these changes have affected help-seeking and the supports available to victims/survivors of GBV. In particular, this project examined how both the #MeToo movement and the COVID-19 pandemic have transformed the GBV landscape. The #MeToo movement, which emerged from Tarana Burke's work in the U.S. with victims/survivors, became an international movement in 2017. It connected victims/survivors globally and encouraged renewed and critical dialogue about sexual violence and other forms of GBV (Burke 2021; Storer & Rodriguez 2020; Quan-Haase et al. 2021). COVID-

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[1] Gender-based violence is based on gender identity, gender expression or perceived gender (Cotter & Savage 2019).

19, which was declared a global pandemic in March 2020, has been linked to increased rates of GBV, as well as new barriers to help-seeking (Michaelsen et al. 2022a; Sánchez et al. 2020; Parry & Gordon 2021; Sapire et al. 2022). While seemingly distinct and unrelated phenomenon, both the #MeToo movement and COVID-19 have had profound impacts on victims/survivors and community-based anti-violence service providers (e.g. shelters, sexual assault centres). Thus, it is necessary to assess and bring together existing knowledge to be able to recognize challenges, emerging best practices, and opportunities for intervention.

Research Questions & Objectives

Interested in changes to the GBV landscape in North America, this project aimed to understand how shifts have affected help-seeking and community-based service provision. Thus, this project explored the following questions:

1. How has the #MeToo movement affected the GBV landscape in Canada and the U.S. and what changes to help-seeking and community-based service provision are discernible and attributable to #MeToo?

2. How has the COVID-19 pandemic further contributed to shifts in service provision and help-seeking?

3. How have community organizations adjusted to meet changes in community need? What challenges and best practices have emerged?

Several research objectives guided the work of this project:

1. Critically assess the state of knowledge on changes to help-seeking and service provision associated with the #MeToo movement and the COVID-19 pandemic through a review of the literature, identify knowledge strengths and gaps on help-seeking and service provision in a changing GBV landscape, and identify promising policies and practices to inform policy making and service-provision.

2. Through a synthesis of the literature, assess the quality, accuracy, and rigour of current work in the field, and identify strengths and gaps in the research.

3. Engage with cross-sectoral stakeholders including policy makers, researchers, and non-profit service providers and leaders. By using several knowledge mobilization strategies, including publications, social media outreach and community forums, facilitate the dissemination of research findings with a variety of stakeholders, including anti-violence service providers, victims/survivors, policy-makers, and the general public.

Methods

Literature Search, Data Collection & Analysis

This project involved a systematic literature review to assess the current state of knowledge on shifts to help-seeking and service provision associated with the #MeToo movement and the COVID-19 pandemic. Existing literature on gender-based violence was consulted to develop a list of search terms. #MeToo and COVID-19 search terms were combined with those related to gender-based violence (e.g. gender-based violence, violence against women, sexual violence, sexual assault, intimate partner violence, domestic violence), help-seeking (e.g. help-seeking, disclosure, service utilization, service use, counselling), and service provision (e.g. anti-violence service provision, community services, community supports). Searches were then conducted using Proquest, Scholars Portal Journals, and Web of Science databases.

English-language, peer reviewed research articles over a five-year period (2017-March 2023) were reviewed. Articles were included if they discussed GBV help-seeking and/or service provision combined with either #MeToo or COVID-19. Additionally, included articles focused on victims/survivors 16+, and/or community-based service providers.

Due to the project's focus on changes to help-seeking and GBV service provision in North America, literature from outside of North America was excluded from the literature review. Additionally, research on children's experiences of GBV and help-seeking was excluded, as well as literature exclusively focused on hospital-based or police services. Finally, articles were also excluded if they were literature reviews or theoretical articles.

Initially, the searches resulted in 2200 articles (COVID-19=1636, #MeToo=564). The research team screened titles, keywords and abstracts for eligibility and removed duplicates. After this initial screening, the research team assessed 105 articles (COVID-19=61, #MeToo=44) for eligibility based on the inclusion and exclusion criteria by screening introductions, key findings and conclusions. 28 peer-reviewed

research articles (COVID-19=21, #MeToo=7) were then included in the review. Additionally, 1 report from Statistics Canada was also reviewed for a total of 29 inclusions overall.

Following the screening process, the research team conducted a thematic analysis of the literature using NVIVO. This analysis involved both selective and open coding to identify themes. Initial codes were drawn from the research questions and objectives (e.g. help-seeking, service-provision, methods, social location, geographic location), and additional codes were added during the analysis stage (e.g. awareness, disclosure, health outcomes). The research team met to discuss the codes to ensure a shared understanding of the themes in the literature, and to develop a codebook collaboratively (see Appendix A). Second stage coding identified sub-themes in the literature, and an iterative process was used to identify patterns and gaps in the data.

Description of Included Studies

Of the 29 inclusions, 21 focused on COVID-19 and 8 focused on #MeToo. This difference in numbers has two explanations. First, while the initial #MeToo searches yielded 564 articles, through the screening process, we found that many of the articles only included a brief mention of the #MeToo movement. Thus, these articles were excluded from the final review because they did not involve any in-depth or systematic analysis of help-seeking or service-provision in relation to #MeToo. Additionally, some of the articles discussed disclosures and the #MeToo movement; however, they did not make connections to help-seeking or service provision. Despite the discrepancy in the number of included articles, some common and important themes appear across the two sets of literature.

The majority of the included studies used qualitative methods (n=19). The remaining were quantitative (n=4), mixed methods (n=4), and a review of digital technologies (n=1). While the review of digital technologies is not a traditional research study, because it is neither a literature review nor theoretical article, and it offers important information about emerging technologies in the GBV sector, it was included for review. An assessment of the studies' methodological approaches revealed data collection using a variety of methods. Qualitative data was obtained from content analyses and policy reviews (n=5), interviews (n=13), focus groups (n=1), open ended survey questions (n=2), and case studies (n=4). Quantitative data included statistical data obtained from surveys (n=4), as well as data on service utilization (n=2) and calls to helplines or community services (n=2).

Methodological Approach

■ Qualitative ■ Quantitative ■ Mixed Methods ■ Other
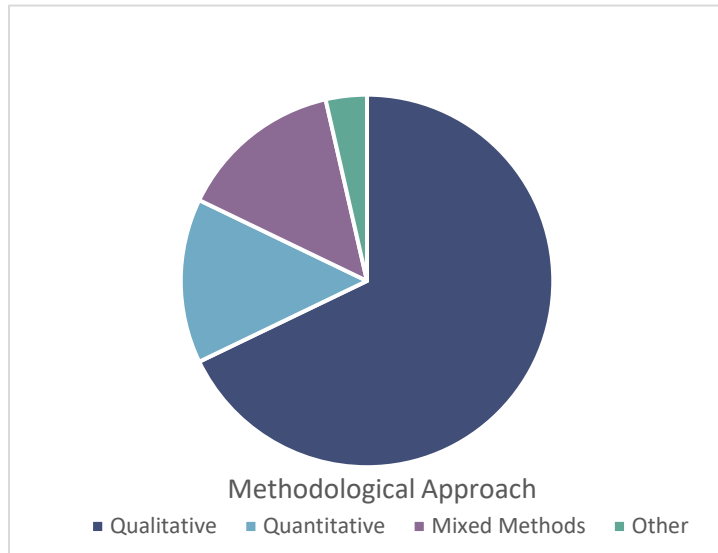
Geographically, studies are from the U.S. (n=20) and Canada (n=9). Of these, approximately a third of the studies focus on or include some specific discussion of rural areas (n=9). In terms of social location, references to race, gender and class appear most often throughout the included studies. This is followed by students and youth, ethnicity, and disability. Older adults and incarcerated/criminalized individuals appear with the least frequency. A number of articles mention multiple marginalities and vulnerabilities, although this is infrequently explored in depth and often is included as an acknowledgement that individuals and groups from historically oppressed

Methods - Data Collection

■ Content analysis & policy reviews   ■ Interviews
■ Focus groups   ■ Qual. survey questions
■ Case Study   ■ Quant. survey
■ Stats for service   ■ Stats on calls to helplines
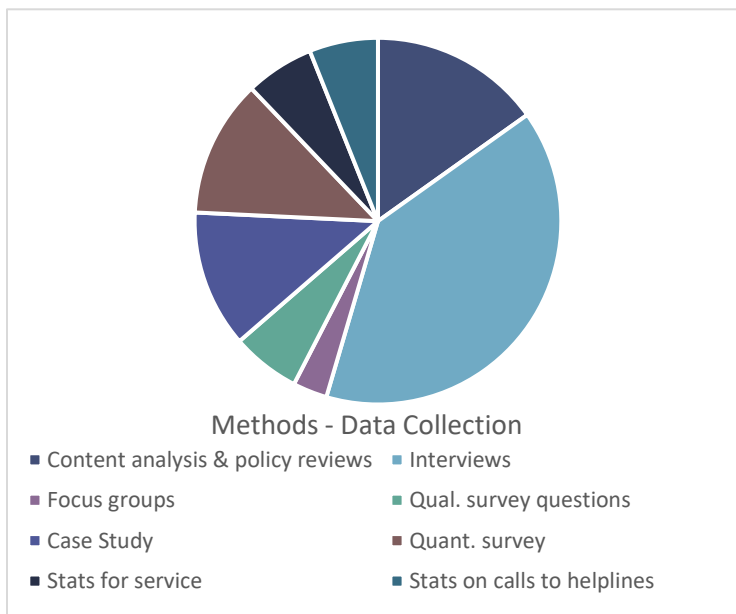
and marginalized groups are most vulnerable to violence, less likely to engage in formal help-seeking, or faced disproportionate impacts during the pandemic (for further discussion, see below). For an overview of the included studies, see Appendix B.

Results

The analysis identified four dominant themes in the literature: Awareness, Disclosures, Help-Seeking, and Community-Based Service Provision. These themes and their associated sub-themes are explored below.

Awareness

An important theme across the literature on #MeToo and COVID-19 is awareness. Both sets of literature indicate that the #MeToo movement and COVID-19 have contributed to **a growing awareness of GBV**. This includes increased knowledge about the prevalence of GBV, the impacts GBV can have on victims/survivors, as well as a greater understanding of different forms of GBV. For instance, following the emergence of the #MeToo movement, research shows that people developed a better understanding of sexual violence as common, as well as the continuum of sexual violence. Rotenberg and Cotter (2018, pg. 4) write about the impact of the movement and refer to #MeToo as "one of the most powerful public demonstrations of the magnitude of victims affected by sexual violence or harassment". Callender and Klassen (2020) refer to #MeToo as "opening up the conversation" which helped people realize how common sexual violence is. Ross and Bookchin (2020, pg. 392) identify #MeToo as a "watershed moment" which raised public consciousness about the pervasiveness of sexual assault and sexual harassment (also see Bogen et al. 2021; Magnussen & Shankar 2019). Increased awareness also appears as an important development in the literature on COVID-19. In particular, the literature notes a rise in intimate-partner violence (IPV) and the need to educate the public about this violence during the pandemic (Alvarez-Hernandez et al. 2022; Bennett et al. 2021; Emezue 2020; Engleton et al. 2023; Fleury-Steiner et al. 2023; Leigh et al. 2023; Michaelsen et al. 2022a; Nnawulezi & Hackskaylo 2022; Ramirez & Harris 2022).

Importantly, greater awareness is linked by some of the articles to victims/survivors **identifying their experiences of violence** as violence, rather than minimizing their experiences. For example, Callender and Klassen's (2020) qualitative study explored how college women related to the #MeToo movement and the impact this had on help-seeking behaviours following experiences of sexual violence. In interviews, several of their participants noted that the #MeToo movement helped them to realize how common sexual violence is and to label some of their past experiences. They write that one woman shared that it was "…not until coming to college that she became aware of the extent of her victimization; she noted that it was 'shocking' to realize 'how long and how many times [she] had been a victim ' and had not known until participating in her university's mandatory Title IX training for all incoming students" (Callender & Klassen 2020, pg. 202). Similarly, other interviewees disclosed histories of sexual violence which they had minimized for many years prior to the #MeToo movement and

attending college. Callender and Klassen (2020) connect this self-identification and greater awareness to victims/survivors' personal growth and empowerment. For example, several of their interviewees spoke about setting boundaries, being able

> *"…she noted that it was 'shocking' to realize 'how long and how many times [she] had been a victim' and had not known until participating in her university's mandatory Title IX training for all incoming students" (Callender & Klassen 2020, pg.202).*

to identify abuse or abusive behaviour, and advocating for themselves and others as a result of their increased knowledge about sexual violence.

Palmer et al. (2021) studied unwanted sexual experiences and perceptions of #MeToo to explore issues of representation in #MeToo coverage. Surveying students in March 2017 (n=1722) and March 2019 (n=1502), they found that respondents who indicated that #MeToo affected their understanding of past experiences were more likely to self-identify as having experienced unwanted sexual activity in the past, although this was not associated with increased disclosures with the population they studied. Palmer et al. (2021, pg. 92) reflect that their finding "…may support the idea that the #MeToo era meant that more people were realizing that past sexual experiences were unwanted". Thus, the increased information about sexual violence which became available in relation to the #MeToo movement may have contributed to individuals re-evaluating their past experiences, leading them to self-identify as victims/survivors. Palmer et al. (2021) note that this is a necessary precursor to help-seeking.

In addition to - and in relation to - self-identification and its connections to help-seeking, some of the literature also discusses **greater awareness as a prevention strategy**. In their research with university students, Palmer et al. (2021) found that participation in prevention programming offered by students' institution was positively associated with victims/survivors disclosing an experience of violence. They note that this is similar to other research which shows that exposure to information about sexual violence is "significantly associated with increased awareness about campus resources and knowing where to get help on campus" (ibid, pg. 92). Ross and Bookchin (2020) discuss peacebuilding, a community-based approach which aims to prevent and reduce violence, and seeks to strengthen, transform, and build healthy community relationships. As an example of peacebuilding, they provide a case study of a community discussion with youth about intimate images on social media. This discussion was intended to provide youth with a critical lens to apply to social media representations and it made connections to oppression and gender-based violence. Increasing youths' awareness about how images and messages on social media contribute to gender-based violence is framed as an important anti-violence strategy. They assert that "Critical reflection can assist youth and community members to recognize the ways in which we participate in a society that enables acts of violence and sexual harassment" (ibid, pg. 398). According to Ross and Bookchin (2020), community dialogue and relationship-building is necessary to effectively create the structural and cultural changes needed to prevent sexual violence.

Several articles discuss **media as a tool for generating greater awareness** about GBV and the services available to victims/survivors (Alvarez-Hernandez et al. 2022; Callender & Klassen 2020; Emezue 2020; Fleury-Steiner et al. 2023; Leigh et al. 2023; Moyer et al. 2022; Ramirez & Harris 2022). For instance, Emezue (2020) identifies awareness of GBV as an important prevention strategy and notes that during the COVID-19 pandemic, social media users utilized hashtags to draw attention to rises in domestic violence related to the pandemic. Also making the link to prevention, Callender and Klassen (2020) suggest that organizations could use digital platforms to support survivors and to post information about prevention and safety. Similarly, Ramirez and Harris (2022) recognize the potential educational function of social media. Their research drew on in-depth interviews (n=21) with organizations in the violence against women sector to understand how organizations transitioned online and adapted their messaging during the pandemic. Organizations in their study viewed educating the public about violence against women as a necessary piece of their work, and many found creative ways to use social media to continue this work during the pandemic. However, they also note that although organizations in their

study used digital media for events and service provision, not all organizations had made the shift to utilizing social media for public education due to funding challenges or social media fatigue.

The **potential of media to reach victims/survivors, especially marginalized or isolated individuals and communities**, and to share information about both GBV and community-based services is a salient sub-theme. For instance, Alvarez-Hernandez et al. (2022) conducted a content analysis of videos from the most watched Spanish speaking network in the U.S. to understand what messages were being shared about IPV and help-seeking during the COVID-19 pandemic. They argue that media can be used to communicate structural understandings of IPV, as well as information about resources for victims/survivors. They contend that this is especially important for reaching Latinx communities who are disproportionally impacted by IPV in the U.S. due to a variety of structural factors including socio-economic disparity. Fleury-Steiner et al. (2023) conducted a content analysis of 80 national and state/territorial coalition websites to determine the availability of information about COVID-19 and domestic violence services. They found that most of the websites they examined contained timely information which could be accessed by domestic violence service providers and victims/survivors. However, they also note a gap in information for racially and culturally specific communities and suggest this could be addressed by including locally relevant information. In their content analysis of a mental health app (TalkLife), Collaton et al. (2022) explore how young women understand and discuss experiences of trauma and victimization on the app. They assert that young women experiencing mental health challenges are a particularly vulnerable and high-risk group, and that online spaces can play important roles in providing education and support to victims/survivors and their peers.

Another noteworthy sub-theme is the **relationship between greater awareness and supportive reactions to disclosures of violence**. Several articles mention a need to educate and sensitize the public to GBV to address stigma and create more supportive environments for victims/survivors (Bogen et al. 2021; Collaton et al. 2022; Fluery-Steiner et al. 2023; Nnawulezi & Hackskaylo 2022; Ramirez & Harris 2022). For example, organizations in Ramirez and Harris's (2022) study identified a need to provide training to points of contact in the community who might hear disclosures of violence to ensure they are well prepared to provide support. O'Callaghan et al.'s (2022) study explores the relationship between survivors' mental health seeking and informal support providers (e.g. family, friends, partners). They contend that it is necessary to recognize and address survivors' varying – and at times traumatizing – experiences of formal mental health supports, implying a need for reform and education. In Nnawulezi and Hackskaylo's (2022) survey of practitioners in the domestic violence housing field (n=803), some

respondents indicated a need to share information with the public about the domestic violence sector. In particular, one respondent wanted to ensure that organizations were sharing information about how to support victims/survivors in the absence of local organizations. She asked, "How do we communicate with the public at large about how to support DV survivors if programs are closing their doors" (ibid: pg. 921). Making the link between public awareness of GBV and compassionate responses to victims/survivors' disclosures, this literature recognizes a network of potential points of contact, as well as informal and formal supports for victims/survivors of GBV.

Disclosure & Help-Seeking

While it is necessary to distinguish between disclosures and help-seeking, these two themes were intimately connected in the literature and thus are discussed in relationship to each other here. A disclosure can be understood as a victim/survivor telling someone about their experience of violence. Help-seeking involves the intent to seek support when disclosing an experience of violence (Lelaurain, Grazianai & Lo Monaco 2017). The literature on #MeToo includes a stronger focus on disclosures than the literature on COVID-19, though both sets of literature explore connections to victims/survivors' well-being, reactions to disclosures and help-seeking, the forms disclosures and help-seeking take, and barriers and facilitators.

The **relationship between disclosures, help-seeking, and well-being** is identified throughout the literature (Bennet et al 2021; Bogen et al. 2021; Callender & Klassen 2020; Collaton et al. 2022; Engleton et al. 2023; Ghidei et al. 2022; Palmer et al. 2021; O'Callaghan et al. 2022; Michaelsen et al. 2022a; Sapire et al. 2022). Research demonstrates that GBV is associated with negative physical and mental health outcomes including injury, chronic pain, anxiety,

 "Health services and access to GBV service provision are a critical element in determining survivors' health outcomes…those who utilize services are more likely to disclose violence and have greater health outcomes" (Sapire et al. 2022, pg. 3)

depression, and suicidal ideation (Bennet et al. 2021; Bogen et al. 2021; Moyer et al. 2022) and that negative impacts are often experienced more acutely by those experiencing structural inequality and discrimination (Fleury-Steiner et al. 2023). Importantly, disclosures and help-seeking are associated with reducing the long-term health impacts of violence (Sapire et al. 2022; O'Callaghan et al. 2022). Thus, it is necessary to understand the ways victims/survivors disclose and engage in help-seeking, as well as factors which act as barriers or facilitators to victims/survivors sharing their stories and reaching out for

support. Sapire et al. (2022, pg.) note that "Health services and access to GBV service provision are a critical element in determining survivors' health outcomes…those who utilize services are more likely to disclose violence and have greater health outcomes". Relatedly, Michaelsen et al. (2022a) observe that greater difficulty accessing supports (i.e. an inability to seek help) during COVID-19 resulted in a deterioration in mental health for victims/survivors.

The act of disclosing or seeking help can be important in and of itself; however, **reactions to disclosures** of violence can influence future help-seeking and affect a victim/survivor's immediate and future well-being (Bogen et al. 2021; Callender & Klassen 2020; Collaton et al. 2022; O'Callaghan et al. 2022; Palmer et al. 2021). Writing about online disclosures, Collaton et al. (2022) note that online spaces can provide victims/survivors with potential opportunities for connection, support, as well as anonymity when they share their experiences; however, these spaces also offer the same anonymity to responders who may reply in harmful ways. They assert negative responses "….may put youth at risk of revictimization by contributing to harm related to not being believed, experiences of shame, as well as fomenting mental health difficulties.

> *Negative responses to disclosures "…may put youth at risk of revictimization by contributing to harm related to not being believed, experiences of shame, as well as fomenting mental health difficulties" (Collaton et al. 2022, pg. 22814)*

Negative reactions can also worsen mental health" (ibid, pg. 22814). In their content analysis, they did not study responses to disclosures; however, their analysis found evidence of rape myths in one-fifth of disclosures. This is indicative of the messaging victims/survivors receive and the social contexts they must navigate if they choose to disclose and/or seek help.

In a qualitative analysis of tweets which used the hashtag #MeToo (N=1660), Bogen et al. (2021) examined how survivors used #MeToo to disclose experiences of sexual violence. Arguing that reactions to disclosure can influence health outcomes, Bogen et al. (2021) looked at the types of responses victims/survivors received when they disclosed online. They note that negative responses are associated with increased anxiety, symptoms of post-traumatic stress disorder, dissociation, self-blame, and deterred help-seeking whereas positive social reactions contribute to "…better psychological functioning and decreased self-blame" (ibid, pg. 8258). In their analysis, they identified positive and negative reactions to online disclosures. Positive responses involved "…advocacy, raising awareness, providing emotional support, and taking responsibility for addressing violence against women" (ibid: 8274), as well as posts which validated victims/survivors' experiences or offered reflections on the pervasiveness of

sexual violence. Negative responses to online disclosures sometimes distracted from the victim/survivor's narrative or from the topic of sexual violence. Others attempted to take decision-making control away from the victim/survivor, for instance by demanding that the individual "…share their stories, report, or name their abusers" (ibid, pg. 8271). A sub-set of the negative responses included victim-blaming statements, or trolling behaviour that involved mocking or harassing individuals using the #MeToo hashtag. Based on their findings, Bogen et al. (2021, pg. 8282) reflect that there is a demand for spaces for victims/survivors to share their stories, as well as a need for education about the complex impacts of sexual violence and the "…proper responses to disclosure of sexual trauma".

Distinctions between **different types of disclosures and help-seeking strategies** are notable throughout the literature. The emergence of **online disclosures and help-seeking** represents a significant shift to the GBV landscape. For example, several authors highlight that digital forms of help-seeking became a necessary alternative for many victims/survivors during the COVID-19 pandemic (Emezue 2020; Ramirez & Harris 2022; Wood et al. 2021). In discussions of #MeToo, others recognize and draw attention to the risks and benefits of online disclosures and help-seeking, as well as the reality that victims/survivors sometimes use multiple spaces and points of contact to seek help (Bogen et al. 2021; Callender & Klassen 2020; Collaton et al. 2022). For instance, Callender and Klassen (2020) observe a range of ways their interview participants interacted with the #MeToo movement, including passive, active and observational engagement. Their conversations with young women revealed that participants disclosed their experiences and sought help in different ways, including through online disclosures, by disclosing to family and friends, or seeking in-person counselling.

In addition to understanding the forms disclosures and help-seeking can take in online and offline spaces, some scholars also examine distinctions – and relationships between – **informal and formal help-seeking**. When victims/survivors do seek help, they can access informal or formal supports, or a combination of the two. Formal help-seeking can include mental health care, medical care, reporting violence through formal channels, or accessing community supports. Informal help-seeking might include reaching out for help from family, friends or partners. Help-seeking in cases of GBV continues to be low, and research shows that victims/survivors are more likely to engage in informal help-seeking, rather than accessing formal sources of support (O'Callaghan et al. 2022; Bogen et al. 2021). O'Callaghan et al. (2022) examine the relationship between informal and formal help-seeking. Their research demonstrates that, not only do informal support providers have the potential to minimize the long-term outcomes of GBV, they also can play an important role in facilitating formal help-seeking by encouraging

victims/survivors to access more formal resources. However, both the relationship between the victim/survivor and the informal support provider (ISP), as well as the reaction to the victims/survivor's disclosure, influence future help-seeking. Positive reactions which support a victims/survivors' autonomy and decision-making are more likely to lead to the victim/survivor seeking support from formal sources. Furthermore, their study found that family and significant others "…struggled personally with the recovery of the survivor, often manifesting in ultimatums to get help and frustration with the survivor when there was no follow-through in getting help" (ibid. pg.). In contrast, friend ISPs were more supportive of the survivor's healing process and help-seeking decisions. Thus, O'Callaghan et al. (2022) emphasize the importance of relationship types to informal help-seeking, arguing these require further study to better understand the complexities of, and dynamics between, formal and informal help-seeking.

Barriers to disclosures and help-seeking are a significant sub-theme in the literature. Barriers mentioned throughout the literature include attitudes, lack of information or awareness, isolation, risks of escalating violence, lack of resources (individual and organizational), as well as service gaps and inaccessibility tied to structural inequities (Bennet et al. 2021; Callender & Klassen 2020; Emezue 2020; Engleton et al. 2023; Fleury-Steiner et al. 2023; Ghidei et al. 2022; Leigh et al. 2023; Michaelsen et al. 2022a; Michaelsen et al. 2022b; Moyer et al. 2022; O'Callaghan et al. 2022; Sapire et al. 2022; Sorenson et al. 2021; Wathen 2022; Wood et al. 2021; Wright et al. 2022). **Attitudinal barriers** can be from external sources but victims/survivors also sometimes internalize these attitudes and messages. For example, victims/survivors in Callender and Kalssen's (2020) study spoke about not being believed, feelings of shame and experiences of stigma. Michaelsen et al. (2022a) mention a sense of guilt and fear of being a burden which can deter a victim/survivor reaching out for help. Collaton et al. (2022) documented the presence of rape myths in online disclosures, with victims/survivors sharing experiences of being met with rape myths when they disclosed or even, at times, endorsing rape myths when disclosing an experience of sexual violence.

Victims/survivors from underserved and marginalized communities often face additional attitudinal barriers, including **stereotypes, stigma and discrimination**, presenting further challenges in accessing the kinds of care and support they need. Knowing that they might face these attitudes, victims/survivors might distrust formal sources of help and turn to informal supports if they are able to instead (Bogen et al. 2021; Ghidei et al. 2022; O'Callaghan et al. 2022; Sapire et al. 2022; Wood et al. 2021). Wood et al. (2021) comment on gaps in service-provision during the COVID-19 pandemic, noting that sometimes

victims/survivors were redirected to law-enforcement when anti-violence organizations like shelters were at capacity or unavailable. However, in a survey of victims/survivors of IPV (n=53), they found that law enforcement "…was one of the least frequently endorsed supports needed by participants in this study. This is not surprising given that for many survivors, especially those identifying as BIPOC, are disproportionately impacted by both interpersonal violence and police brutality…" (ibid). Thus, attitudinal barriers have structural roots which can prevent help-seeking, and which disproportionately affect victims/survivors from particular groups.

The literature identifies many **structural barriers** to help-seeking, including socioeconomic status, resource gaps, lack of access to childcare, educational status, language barriers, social exclusion, inaccessible spaces, criminalization, racism and other forms of discrimination, as well as a lack of trauma-informed and culturally safe services (Bennett et al. 2021; Fleury-Steiner et al. 2023; Ghidei et al. 2022; Michaelsen et al. 2022a; Michaelsen 2022b; O'Callaghan et al. 2022; Sapire et al. 2022; Wood et al. 2021). These barriers often intersect for survivors from underserved and marginalized communities. For example, Alvarez-Hernandez et al. (2021) assert that Latinx victims/survivors of DV in the U.S. are more likely to face multiple barriers when trying to access help, such as language barriers, lack of awareness of community services, police involvement, discrimination, anti-immigration sentiment, and fear of deportation. The authors state that these barriers are "…due to systemic oppression" and often keep victims/survivors trapped in violent relationships and situations (ibid, pg. 940).

COVID-19 increased structural inequality, exacerbating vulnerability and isolation, and rendering help-seeking more challenging and complex (Bennett et al. 2021; Engleton et al. 2023; Fleury-Steiner et al. 2023; Ghidei et al. 2022; Leigh et al. 2023; Michaelsen et al. 2022a; Sapire et al. 2022; Wright et al. 2022). In Sapire et al.'s (2022) interviews with GBV service providers (n=11), participants spoke about how "…the

> *"…the pandemic overlaid existing inequities in access to GBV service among historically oppressed groups, contributing to ongoing disparities in service utilization" (Sapire et al. 2022, pg. 10).*

pandemic overlaid existing inequities in access to GBV service among historically oppressed groups, contributing to ongoing disparities in service utilization" (ibid, pg. 10). Engleton et al. (2023) studied advocacy services in Detroit during COVID-19. They contend that existing housing insecurity and poverty became worse during the pandemic and COVID-19 introduced new challenges. Combined, these challenges contributed to further barriers to help-seeking and recovery for victims/survivors. Similarly,

Leigh et al. (2023) interviewed 32 DV service providers located across 24 U.S. cities to understand experiences of DV during the pandemic, as well as impacts on help-seeking. Commenting on initial decreases in service contact at the beginning of the pandemic, they note that victims/survivors had to navigate "competing survival priorities" during the pandemic, which made accessing help particularly challenging. Although fewer victims/survivors were reaching out in the early phase, service providers were conscious of heightened risks of violence and expressed concerns about increases in isolation and violence.

The literature also shows that **fear of contagion and changing public health policies** acted as barriers to help-seeking (Engleton et al. 2023; Leigh et al. 2023; Michaelsen et al. 2022a; Moyer et al. 2022; Sapire et al. 2022; Wathen 2022; Wood et al. 2021; Wright et al. 2022). For example, reduced intake capacity at shelters, growing wait lists, stay-at-home orders, and inter-region travel bans posed significant challenges to help-seeking, either delaying or completely deterring victims/survivors' efforts to get support and/or leave abusive situations (Ghidei et al. 2022; Michaelsen et al. 2022a; Sapire et al. 2022). Advocates in Engelton et al.'s (2023) study expressed concerns that service reductions during the early stages of the pandemic could have "disrupted the delicate process of seeking support" and one advocate mused that "'they might not come back to engage, like we may have sort of lost people'" (Engleton et al. 2023, pg. 6). The research also demonstrates a lack of awareness and confusion about which services were operating during the pandemic, as well as confusion about how to access these services. Survey (n=77) and interview (n=11) findings from Sapire et al.'s (2022, pg. 13) study "…indicate the fragmented policy landscape led to client confusion regarding which services were open, exacerbated by the fact that community-based GBV prevention or awareness-raising activities were often force to halt, and restrictions disrupted referral pathways and partnerships". In many cases, changes to policy and gaps in communication meant that victims/survivors simply did not know where to go for help[2] (Alvarez-Hernandez et al. 2022; Fleury-Steiner et al. 2023; Sapire et al. 2022; Wood et al. 2021).

In an effort to fill gaps in services during COVID-19, many service providers offered **remote and virtual services**. Importantly, this allowed some victims/survivors to access services from home and offered some continuity of services. However, these services remained inaccessible for some victims/survivors because they did not have access to the necessary technology, lacked the required technological skills,

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[2] The literature on #MeToo also identifies lack of awareness of available services as a barrier to help-seeking (Callender & Klassen 2020; O'Callaghan et al. 2022; Magnussen & Shankar 2019).

and/or because they were unable to find the privacy needed to communicate with service providers (Engleton et al. 2023; Ghidei et al. 2022; Leigh et al. 2023; Michaelsen et al. 2022a; Moyer et al. 2022; Wright 2022). Existing inequities, including regional and class-based inequities, further inhibited access to services when individuals did not have stable internet connections, phones or computers (Ghidei et al. 2022; Moyer et al. 2022; Michaelsen et al. 2022a; Sapire et al. 2022). Privacy and safety concerns also posed challenges to accessing support through remote or virtual services. For example, some abusers used the increased isolation associated with social distancing measures and shelter-in-place orders as a **control tactic**. For many victims/survivors, they were spending increased time with their abusers as a result of the pandemic, and getting away to seek help was more difficult (Michaelsen et al. 2022b; Moyer et al. 2022; Ghidei et al. 2022; Leigh et al. 2023). Reflecting on these barriers to virtual and remote services in interviews with Leigh et al. (2023, pg. 219), one service provider mused, "'When your home isn't safe and you need to leave but you're stuck there, how are you gonna call and tell someone, 'Hey, my home isn't safe,' when the person who's making your home unsafe is standing right next to you?'". Thus, while virtual and remote services offered necessary and innovative options during the pandemic, these options remained inaccessible for many victims/survivors, particularly for those experiencing ongoing abuse, oppression, and isolation.

Recognizing the multitude of barriers victims/survivors encounter when seeking help, many of the included studies also highlighted or explored factors which **facilitate help-seeking**. Facilitators mentioned include increased knowledge of GBV and community services, supportive attitudes and reactions to disclosures, accessible, trauma informed services, and holistic supports and interventions (Alvarez-Hernandez et al. 2022; Callender & Klassen 2020; Engleton et al. 2023; Ghidei et al. 2022; Leigh et al. 2023; Moyer et al. 2022; O'Callaghan et al. 2022; Ramirez & Harris 2022; Sapire et al. 2022).

Both the literature on #MeToo and COVID-19 discuss **the role of media** – and in particular – social media in facilitating help-seeking, by increasing awareness, decreasing isolation, and connecting victims/survivors with each other and with sources of support. For instance, social media can potentially connect otherwise difficult to reach populations, including disabled victims/survivors and those located in rural areas (Moyer et al. 2022; Wright et al. 2022). The creation of online communities through #MeToo acted as a facilitator for many victims/survivors (Bogen et al. 2021; Callender & Klassen 2020; Collaton et al. 2022; Palmer et al. 2023; Rotenberg & Cotter 2018). Interview participants in Callender and Klassen's (2020) study shared that it was easier to speak about their experiences or to seek help because more people were talking about sexual violence and its impacts. Some referred to

#MeToo as "empowering", as creating "safe spaces" to connect with other victims/survivors, and as an "…avenue in which to encourage themselves and others to seek counseling and other supportive services following sexual violence" (ibid, pg. 204). Information about gender-based violence and community services supports help-seeking, with some of the literature mentioning news outlets (Alvarez-Hernandez et al. 2022), organizational and government websites (Fleury-Steiner et al. 2023; Ramirez & Harris 2022), and blogs (Ramirez & Harris 2022) in addition to social media.

Relationships of trust and **the provision of holistic and trauma-informed services** are also important facilitators of help-seeking. Several sources highlight the need for a range of resources and wrap-around services, including, for instance, professional counseling, safety planning, medical care, child care, housing, public transportation, and financial support (Alvarez-Hernandez et al. 2022; Engleton

> *"…simply needing basic resources may have contributed to survivors' decisions to seek support from DV organizations" (Leigh et al. 2023, pg. 221)*

et al. 2023; Ghidei et al. 2022; Leigh et al. 2022; Ramirez & Harris 2022). Service navigation plays an important role in connecting victims/survivors to different types of support, and coming into contact with community services can facilitate help-seeking related to experiences of violence. As Leigh et al. (2023) note, for victims/survivors experiencing financial and housing insecurity, as well as "family distress", "…simply needing basic resources may have contributed to survivors' decisions to seek support from DV organizations". Additionally, trauma-informed and accessible services which are attuned to specific needs and experiences can also encourage victims/survivors to reach out for support. Service providers in Ghidei et al.'s (2022) study spoke about "…incorporating cultural safety and addressing their clients' experiences of trauma holistically" in ways that recognized structural violence, as well as generational and historical trauma. Moreover, ensuring victims/survivors can access services in their language and with people from a similar cultural background, and that victims/survivors are aware of these options, can also encourage victims/survivors to utilize community-based supports (Alvarez-Hernandez et al. 2022; Ghidei et al. 2022). Finally, Engleton et al. (2023), Ghidei et al. (2022), and O'Callaghan et al. (2022) show that emotional safety and relationships of trust are important to both formal and informal help-seeking.

Community-Based Service Provision

Changes to community-based service provision, including challenges and innovations, are a resounding theme throughout the literature. Some subthemes overlap with those found in the disclosure and help-

seeking themes, as there is a relationship between the experiences of service providers and service users. Additionally, while the literature on COVID-19 makes note of rapid shifts in response to the pandemic, the #MeToo literature also discusses changes to modes of service delivery and impacts on victims/survivors and workers.

Over the past several years, many organizations have innovated their services and the range of **remote and virtual services** for GBV victims/survivors has increased rapidly. The growing need and demand for these services represents a significant shift in the GBV landscape, and is associated with questions and concerns about accessibility, fit, safety, and resources, as well as changes to labour and organizational practices. These services include tele counseling, virtual counselling (both individual and group), safety planning and peer support apps, as well as texting services. Remote and virtual services can increase accessibility, for instance, for youth, disabled and rural victims/survivors, and are particularly important alternatives when in-person services are not available. They can improve access for victims/survivors in remote locations and remove some transportation barriers (Fleury-Steiner et al. 2023). Additionally, some victims/survivors express a preference for "…the practicality and confidentiality of technology-enabled interventions and guided online support" (Emezue 2020, pg. 2). For instance, research shows that youth prefer online and text-based services, rather than face-to-face services and spaces (Collaton et al. 2022; Ramirez & Harris 2022).

However, the literature also highlights **concerns about privacy, safety, and inequitable access**. Service providers interviewed in Fleury-Steiner et al.'s (2023) study spoke of "…multiple barriers to accessing digital technologies experienced by underserved populations, who are at greater risk of IPV during the pandemic", highlighting differences in access for victims/survivors who are homeless, immigrants or refugees. They also identified barriers for victims/survivors who are deaf or hard of hearing and raised concerns about cultural safety for some victims/survivors. Concerns about the "digital divide" for victims/survivors who lack access to the required technology or a stable internet connection also emerge as important concerns (Fleury-Steiner et al. 2023; Sapire et al. 2022). Moreover, Engleton et al. (2023) and Wood et al. (2021) note that that victims/survivors report "mixed experiences" of technology based services. Similarly, some service providers raise concerns about the ability to build trust and foster connection in virtual environments (Engleton et al. 2023; Montesanti et al. 2022; Sapire et al. 2022). Thus, while remote and virtual services have gained growing importance as modes of service delivery, especially following #MeToo and in light of service reductions or loss of in-person services during the COVID-19 pandemic, the research demonstrates a need to evaluate their appropriateness, effectiveness,

and reach in order to reduce barriers for victims/survivors and to ensure safety and privacy. Additionally, in their discussion of the creation of online platforms for victims/survivors associated with #MeToo, Bogen et al. (2022) argue that while virtual communities can be important sources of support, the need for long term, professional services remains.

Across the literature, there is evidence that changes to service provision have affected **workloads** for community-based service providers. Factors impacting workloads include the need for additional training to assess and learn new technologies, changing rules and a lack of guidance during the pandemic, increases in need and growing complexity of need, and limited or reduced resources despite changes to community need (Emezue 2020; Fleury-Steiner et al. 2023; Lipp & Johnson 2022; Michaelsen et al. 2022b; Montesanti et al. 2022; Nnawulezi & Hacskaylo 2022; Ramirez & Harris 2022; Ross & Bookchin 2020 Sapire et al. 2022; Wathen 2022). Increased demand for services and the need to address complex and urgent community need has placed additional strain on service providers and organizations (Lipp & Johnson 2022; Nnawulezi & Hacskaylo 2022; Ross & Bookchin 2020; Sapire et al. 2022; Wathen et al. 2022). For example, workers in Sapire et al.'s (2022) study identified increases in service demands, as well as additional labour related to the emergency

> *"…the climate of 'constant adjustments during the pandemic'…placed added burden on an already overburdened sector that is responding to domestic violence and sexual assault" (Montesanti et al. 2022, pg. 173).*

response to COVID-19 as contributing to their workloads. Changes in community need, in particular during COVID-19, have not only increased workloads but have also introduced new tasks such as researching and communicating pandemic-related information for service users, increased cleaning and sanitation, adapting services to online formats, creating new policies and protocols, and purchasing safety supplies including sanitizer and masks (Michaelsen et al. 2022b; Sapire et al. 2022; Wathen et al. 2022). Complex and intersecting needs also meant that workers dedicated more time to service navigation in their efforts to provide holistic supports to victims/survivors experiencing multiple and intertwining crises including housing insecurity, food insecurity, and racial injustice (Engleton et al. 2023; Ghidei et al. 2022; Sapire et al. 2022). This was made more complicated by disruptions in community relations (Sapire et al. 2022). Furthermore, "pivots" required during the pandemic, combined with changing information or a lack of guidance about how to adapt their work, created confusion and additional labour. One participant in Montesanti et al.'s (2022, pg. 173) study spoke about how "…the climate of 'constant adjustments during the pandemic'…placed added burden on an already

overburdened sector that is responding to domestic violence and sexual assault". Other participants discussed challenges associated with the need to pivot quickly to virtual or remote services. In Wathen et al.'s (2022) research, executive directors identified changes to public health policies as a source of confusion which affected their ability to provide guidance to managers and front-line staff. This, in turn, impacted service provision.

Increases and changes to workloads affect **worker well-being**. Emezue (2020, pg. 5) contends that COVID-19 introduced new challenges for workers which puts them at risk for "psychological stress, compassion fatigue, and burnout", and asserts that greater attention to self-care and time way from the work is needed to ensure staff can sustain themselves and continue to support victims/survivors in the future. Similarly, others identify the need to prioritize and protect workers' mental and physical well-being due to the nature of the work, risks of contracting COVID-19, increases in community need, as well as shifts in labour conditions during the pandemic (Callender & Klassen 2020; Lipp & Johnson 2022; Michaelsen et al. 2022b; Nnawulezi & Hacskaylo 2022). One example of changes to working conditions which affected worker well-being comes from Michaelsen et al.'s (2022b) interviews with shelter staff. They found that during the initial stages of the pandemic, the need to provide remote services from their homes meant that some workers were providing counseling from their bedrooms. This made it "…difficult for them to compartmentalize and disconnect from work at the end of the day" (Michaelsen et al. 2022b, pg. 874). Recognizing how the pandemic made already complex and challenging work more difficult, organizations engaged in a variety of strategies to support and sustain their workers. Some strategies identified in the literature include instituting "self-care" days, offering therapy or well-being programming, providing one paid day off per week during the initial stage of COVID-19, and creating virtual opportunities for workers to connect with each other within and across organizations (Lipp & Johnson 2022; Michaelsen et al. 2022b; Montesanti et al. 2022; Moyer et al. 2022; Nnawulezi & Hacskaylo 2022; Sapire et al. 2022).

Finally, limited **resources and funding** remain incredible challenges for community-based service providers, with gaps in funding affecting services available, staffing, workload, the development of resources and policies[3], as well as organizational stability (Fleury-Steiner et al. 2023; O'Callaghan et al. 2022; Magnussen & Shankar 2019; Michaelsen et al. 2022b; Montesanti et al. 2022; Nnawulezi & Hacskaylo 2022; Ramirez & Harris 2022; Ravi et al. 2022; Sapire et al. 2022; Wathen et al. 2022). Prior to

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[3] While not specific to community-based organizations, Magnussen & Shankar (2019) found that gaps in funding for post-secondary institutions was related to whether the university had developed a sexual violence policy.

COVID-19, the sector was already severely underfunded despite its importance to community health and economic well-being (Michaelsen et al. 2022b; Sapire et al. 2022; Ravi et al. 2022; Wathen et al. 2022). The pandemic further exacerbated funding challenges for community-based services providers. Organizations incurred new costs associated with the pandemic including those associated with shifting to digital platforms and purchasing PPE. For example, Emezue (2020, pg. 5) mentions the costs associated with "…overextended bandwidth, device or subscription requirements, information technology (IT) trouble shooting issues, data privacy and data mining worries", illustrating some of the unexpected costs organizations would have incurred in a rapid switch to digital service provision. Importantly, these costs can potentially act as barriers to uptake, innovation and collaboration which, in turn, influences which services are available to communities and victims/survivors (Moyer et al. 2022; Ramirez & Harris 2022).

Additionally, sources of funding disappeared for some organizations and the pandemic interrupted necessary fundraising efforts. As a result, some organizations closed or reduced their services due to a lack of resources (Engleton et al. 2023; Michaelsen et a. 2022b; Montesanti et al. 2022; Ravi et al. 2022; Sapire et al. 2022). In some instances, governments at different levels in Canada and the U.S. offered emergency funding which allowed organizations to continue to provide services, adapt and even innovate (Lipp & Johnson 2023; Ghidei et al. 2022; Michaelsen et al. 2022a; Michaelsen et al. 2022b; Montesanti et al. 2022; Sapire et al. 2022). However, emergency funding was not always flexible, and failed to address or change the underlying issues that had created a situation where organizations were already precarious, and made especially vulnerable during unstable times (Michaelsen et al. 2022b; Sapire et al. 2022). Service providers across several studies expressed concerns about the future, emphasizing that emergency funding is not long term, and that organizations need sustainable solutions that will enable them to continue operating and ensure they have the capacity to meet growing community need (Ghidei et al. 2022; Michaelsen et al. 2022b; Montesanti et al. 2022; Nnawulezi & Hacskaylo 2021; Sapire et al. 2022).

Strengths and Gaps in the Literature

The majority of studies included in this knowledge synthesis are qualitative research (n=19). They range in size, from small (Callender & Klassen 2020; Engleton et al. 2022; Michaelsen et al. 2022a) to mid-size (e.g. Fleury-Steiner et al. 2023; O'Callaghan et al. 2022) to large-scale studies (e.g. Bogen et al. 2021; Nnawulezi & Hacskaylo 2022; Wathen et al. 2022). These qualitative studies provide in-depth explorations of lived experiences of both victims/survivors and service providers, offering compelling

insights into a changing GBV landscape. Quantitative studies make up a small number of the included studies (n=4); however, their contributions fill some important gaps, especially early on in the pandemic when qualitative research was difficult, if not impossible, due to social distancing mandates, the need to shift data collection online, and recruitment challenges. For instance, both Richards et al. (2021) and Sorenson et al. (2021) document patterns in calls to police services and community-based helplines, and Wright et al. (2022) analyze service use statistics from 49 victim advocacy agencies. Considering these studies, it is evident that quantitative data is useful for tracking differences in service use (and thus, help-seeking) at particular moments in time. This is also evident in Palmer et al.'s (2021) study which tracked trends in disclosures following #MeToo, focusing on how the movement affected students from different socio-economic groups. Mixed-method studies included in this knowledge synthesis project add further context to changes in the GBV landscape, noting both shifts and impacts. For instance, Sapire et al.'s (2022) study uses survey data and in-depth interviews alongside a review and analysis of policy changes.

Combined, this range of studies provides depth and breadth, offering critical observations and analyses of shifts in GBV help-seeking and service provision. In particular, this body of literature documents the many barriers victims/survivors face when seeking support, as well as challenges facing organizations in a context of changes in community need and in times of crisis. While this knowledge synthesis provides a foundation for assessing shifts in the GBV landscape in response to #MeToo and COVID-19, ongoing research will be important to understanding the long-term impacts on victims/survivors and service providers.

Throughout the literature, there is a recognition of the importance of social location when thinking about gender-based violence. However, while much of this work acknowledges disproportionate risk, challenges to help-seeking, service gaps, and intersecting forms of oppression and violence, further research is needed to examine these intersections, as well as particular populations. Some notable examples from this literature review include Alvarez-Hernandez et al.'s (2022) study of Spanish-speaking media in the U.S., Collaton et al.'s (2022) exploration of young women's engagement with a mental health app, Ghidei et al.'s (2022) research on equity and virtual service provision, and Engleton et al.'s (2022) study of sexual assault advocacy services in Detroit during the pandemic. Gaps in knowledge about GBV and the intersections of disability, age, and incarceration/criminalization are particularly evident from this review and thus point to a need for further research.

Implications for Practice & Policy

Implications for Practice

- Continuing to offer **virtual and remote community-based services** when possible is an important strategy to expand access for victims/survivors of GBV. Because there are very real concerns about privacy and accessibility, research about the most suitable and accessible technologies and platforms may be necessary. Additionally, training staff on best practices, developing policies related to the use of technology, and seeking out funding for these services will be important moving forward to ensure the quality and sustainability of this mode of service provision (Emezue 2020; Moyer et al. 2022).

- While virtual and remote services can provide important access points for some individuals and marginalized groups, it is also necessary to acknowledge that these options will not provide the necessary support for others. Thus, a **combination of in-person, remote, and virtual services** is needed to reach victims/survivors with different needs (Ghidei et al. 2022; Nnawulezi & Hackskaylo 2022; Wood et al. 2021).

- **Social media** offers opportunities to engage with community. It can be used to share information about available services and violence prevention work, to raise awareness of GBV and to connect victims/survivors with each other and with potential sources of support (Alvarez-Hernandez et al. 2022; Bogen et al. 2021; Callender & Klassen 2020; Collaton et al. 2022; Palmer et al. 2021; Ramirez & Harris 2022). As Ramirez and Harris (2022) observe, however, engaging in this work in meaningful and impactful ways requires resources. Furthermore, while social media connections can be an important source of support for victims/survivors, there are risks to online disclosures and limits to support in virtual spaces. Thus, additional, and more long-term, sources of support will continue to be necessary as well (Collaton et al. 2022; Bogen et al. 2021).

- In conjunction with social media engagement, sharing information via other forms of media, on organizational and government websites, and through apps specifically designed for victims/survivors and their support persons is also a necessary intervention. When possible, including locally relevant information, as well as information about a variety of supports

available, is important (Alvarez-Hernandez et al. 2022; Collaton et al. 2022; Fleury-Steiner et al. 2023). Using **multiple media platforms** to share information about GBV and community-based services increases the likelihood that this messaging will reach victims/survivors experiencing heightened forms of isolation, and those from underserved and marginalized communities in particular (Alvarez-Hernandez et al. 2022; Fleury-Steiner et al. 2023; Moyer et al. 2022; Wright et al. 2022).

- Maintaining or expanding **outreach beyond victims/survivors**, to include support persons and community, can challenge social norms which perpetuate rape myths and victim-blaming, and create additional barriers to help-seeking (Collaton et al. 2022; Palmer et al. 2021; Ramirez & Harris 2022; Ross & Bookchin 2020; Moyer et al. 2022; O'Callaghan et al. 2022). Teaching support persons and first responders about best practices for supporting victims/survivors is an important component of this work because responses to disclosures can positively or negatively impact further help-seeking (Callender & Klassen 2020; Collaton et al. 2022; O'Callaghan et al. 2022).

- The provision of **holistic services** is necessary to meet complex needs. This includes recognizing the impact of structural violence and intergenerational trauma, using trauma-informed practices, and connecting victims/survivors to a host of supports beyond medical or police services. To effectively and compassionately respond to victims/survivors' varying needs, and to do so in a way that is sustainable for community-based organizations, it is necessary to strengthen and/or build **partnerships** between organizations and sectors, including the housing, health and education sectors (Alvarez-Hernandez et al. 2022; Callender & Klassen 2020; Ghidei et al. 2022; Richards et al. 2021; Ross & Bookchin 2020; Sapire et al. 2022; Wood et al. 2021; Wright 2022).

- Finally, **community and stakeholder engagement** is needed for community-based services to be equitable, accessible and locally relevant (Ghidei et al. 2022; Ravi et al. 2022). The voices of survivors, including those who experienced GBV and sought support during the COVID-19 pandemic, can inform service provision and help with "…future planning for new public health emergencies and other disasters" (Ravi et al. 2022).

Implications for Policy

- A significant barrier to help-seeking is a **lack of awareness of the supports available** (Alvarez-Hernandez et al. 2022; Callender & Klassen 2020; Fleury-Steiner et al. 2023; O'Callaghan et al. 2022; Magnussen & Shankar 2019; Sapire et al. 2022; Wood et al. 2021). During times of instability and crisis, confusion about community resources increases while, simultaneously, the need for these supports is more urgent (Alvarez-Hernandez et al. 2022; Fleury-Steiner et al. 2023; Sapire et al. 2022; Wood et al. 2021). Thus, in times of crisis or in emergency situations, it is essential to let the public know that anti-violence/support services are still operating in the community, to share information about how to safely access these services, and to use a variety of communication outlets for the greatest impact. Community-based organizations and governments at different levels can all play a role in communicating important information about the supports available to victims/survivors.

- Additionally, **targeted communication strategies** to reach underserved and marginalized communities are necessary to connect with those who are at greatest risk of harm, and who are experiencing the impacts of emergency situations disproportionately (Alvarez-Hernandez et al. 2022; Moyer et al. 2022; Wright et al. 2022).

- As a sector, community-based anti-violence organizations are under-resourced. This has created a situation of instability and has undermined the sector's capacity, which in turn, limits their ability to swiftly respond to changing needs and contexts (Michaelsen et al. 2022b; Sapire et al. 2022; Ravi et al. 2022; Wathen et al. 2022). Community-based supports for victims/survivors of gender-based violence require **stable and secure funding** to ensure they are able to sustainably meet current and emerging community need (Ghidei et al. 2022; Michaelsen et al. 2022b; Montesanti et al. 2022; Nnawulezi & Hacskaylo 2021; Sapire et al. 2022). A **combination of project and core funding** would allow organizations to reduce wait-times, meet operational costs, engage in emergency-preparedness, and undertake and collaborate on initiatives in response to their local communities and contexts.

- Responding to GBV and supporting victims/survivors is difficult and complex, and victims/survivors often need a host of wrap-around supports as they begin the help-seeking process (Richards et al. 2021; Sapire et al. 2022; Wood et al. 2021; Wright 2022).

Collaborative relationships between sectors are important to strengthening services for victims/survivors of GBV. Thus, policy makers should consider strategies to facilitate connections between sectors. These might include funding opportunities which encourage partnerships and collaboration, or the creation of networks to facilitate information-sharing and coordination between sectors.

Conclusion & Areas for Future Research

This project involved a systematic literature review and examined how the #MeToo movement and COVID-19 have affected help-seeking and service provision for victims/survivors of GBV. The review identifies a growing awareness of GBV and the influence of social media on people's understandings of this violence. However, the literature also indicates a lack of knowledge about best practices for supporting survivors, as well as gaps in information about the availability of community-based services, especially during times of crisis. Additionally, the literature also highlights the importance of informal and formal sources of support, and barriers and facilitators to disclosures and help-seeking. Finally, an important theme from the literature includes changes to, and challenges facing, community-based service provision.

Further research is needed to better understand relationships between different forms of help-seeking, including informal and formal help-seeking, as well as virtual and other forms of support. For example, research could focus on factors which facilitate or deter help-seeking, and examine how different sources of support intertwine or differently impact victims/survivors' healing and well-being. Furthermore, in the initial literature searches for this project, the research team observed a focus on online disclosures associated with #MeToo; however, many of the articles we screened did not connect this to help-seeking. Thus, studying how online disclosures can function as a form of help-seeking and/or examining whether this increases the likelihood of victims/survivors seeking additional support outside of virtual forums (e.g. family, friends, or formal services) is another important research direction.

Ongoing research into the reverberating impacts of the pandemic on victims/survivors, and the long-term effects on community-based anti-violence service provision, is also needed moving forward. This includes attention to health impacts, issues of safety and social connection for victims/survivors, as well as research on worker well-being, organizational sustainability, and experiences of different policy environments. Exploring how community partnerships, collaborations and organizing have been impacted by shifts in the contemporary GBV landscape is another vital area for future research.

Finally – and importantly - including diverse voices in the research is necessary. This includes research with staff, volunteers, community stakeholders and victims/survivors. This also requires focused research to understand how victims/survivors from marginalized, under-served communities, and from different geographic regions, engage in help-seeking and experience GBV in times of crisis.

Knowledge Mobilization Activities

In an effort to inform organizational practice, policy, future research directions and public dialogue about GBV, this project involves several knowledge mobilization strategies to reach a range of relevant stakeholders. A social media campaign on Instagram will engage in dialogue about GBV and will share key findings including policy and practice recommendations. Additionally, a virtual anti-violence community forum will bring together leaders and service providers from the anti-violence sector to share knowledge synthesis findings with a focus on best and promising practices. This forum will also invite feedback on future research directions and practical applications of knowledge. Finally, in addition to the publication of the project's final report and policy brief, findings from the project will also be published in academic and public facing publications.

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Appendices

Appendix A: Code Book

Code	Sub-codes/child codes
Awareness	1. Access to information 2. Awareness of community-based services 3. Awareness of GBV 4. Role of Media 5. Survivors' awareness & identification
Communities of Support	
Digital Activism	1. Media 2. Social Media
Disclosure	1. Reaction to disclosure
Gaps	1. Funding & Resource Gaps 2. Gaps in service
Geographic Location	1. Rural 2. Urban
Health Outcomes	
Help-Seeking	1. Barriers 2. Facilitators 3. Types of help or support
Intersectoral relations	
Methods	1. Qualitative 2. Quantitative 3. Mixed Methods
Recommendations	1. Policy based recommendations 2. Practice based recommendations 3. Areas for Future Research
Rates of violence	
Risk Factors	
Service Provision (Community-Based)	1. Accessibility 2. Challenges 3. Community need 4. Community relationships & partnerships 5. Digital Services 6. Professional development & training 7. Resources & funding 8. Service navigation 9. Specific services 10. Staff & volunteer well-being 11. Targeted services 12. Trauma informed services 13. Workload
Social Location	1. Children & Youth 2. Class 3. Criminalized and/or incarcerated 4. Disability 5. Education 6. Ethnicity 7. Gender 8. Immigrants & refugees

	9. Indigenous
	10. Multiple marginality & vulnerabilities
	11. Older adults
	12. Race
	13. Sexuality
	14. Students

Appendix B: Summary of Included Studies

Authors & Year	Focus(#Me Too or COVID)	Methodological Approach	Study Design/Method	Sample Size (if relevant)	Geographic Location
Alvarez-Hernandez, L.R., Cardenas, I. & Bloom A. (2022)	COVID	Qualitative	Content analysis of videos	n=29	U.S.
Bennett, E.R., Snyder, S., Cusano, J. et al. (2021)	COVID	Qualitative	Case study	N/A	U.S
Bogen, K.W., Bleiweiss, K.K., Leach, N.R. & Orchowski, L.M. (2021)	#MeToo	Qualitative	Content analysis	n=1660	U.S. (mid-Atlantic region)
Callender, K & Klassen, S. 2020	#MeToo	Qualitative	Individual semi structured interviews	n=6	U.S.
Collaton, J., Barata, P. & Lewis, S. 2022	#MeToo	Mixed methods	Quantitative and content analysis of peer support mobile app for youth experiencing mental health difficulties	Qualitative Analysis: 3765 posts (1181 pre #MeToo and 2584 post #MeToo) Content Analysis: 700 selected randomly (350 from each time period)	Canada
Emezue, C. (2020)	COVID	N/A	Review of digital responses to intimate partner violence	N/A	U.S.
Engleton, J., Goodman-Williams, R., Javorka, M., Gregory, K., & Campbell, R. (2022)	COVID	Qualitative	Semi-structured interviews	n=12	U.S. (Detroit)
Fleury-Steiner, R., Miller, S. L., Camphausen, L. C., Burns, K. F., & Horney, J. A. (2023)	COVID	Qualitative	Content analysis of DV service provider websites	n=80	U.S.

Ghidei, W., Montesanti, S., Wells, L., & Silverstone, P. H. (2022)	COVID	Qualitative	Semi-structured interviews	n=24	Canada (Alberta)
Leigh, J. K., Peña, L. D., Anurudran, A., & Pai, A. (2023)	COVID	Qualitative	Semi-structured interviews	n=32	U.S. (24 U.S. cities) 11 were located in the West, 6 in the Midwest, 8 in the South, and 7 in the Northeast
Lipp, N. & Johnson, N. 2022	COVID	Mixed methods	Case study (survey and semi-structured interview)	n=1	U.S. (Mid-Atlantic)
Magnussen, J & Shankar, I 2019	#MeToo	Qualitative	Content analysis of websites and publicly accessible data from post-secondary institutions	Post-secondary institutions: n=21 Publicly funded n=5 Independent n=5 First Nations post-secondary institutions.	Canada (Alberta)
Michaelsen, S., Djiofack, H., Nombro, H. (2022a)	COVID	Qualitative	Semi-structures interviews	n=17	Canada
Michaelsen, S., Nombro, E., Djiofack, et al. (2022b)	COVID	Qualitative	Semi-structured interviews	n=17	Canada
Montesanti, S., Ghidei, W., Silverston, P., Wells, L., et al. (2022)	COVID	Qualitative	Semi-structured interviews	n=24	Canada (Alberta)
Moyer, R.A., Beck, C.J., Van Atter, N., McLane, A. (2022)	COVID	Qualitative	Case Study	N/A	U.S. (Tacoma, Washington)
Nnawulezi, N., & Hacskaylo, M. (2022)	COVID	Qualitative	Qualitative analysis of open-ended survey	n=803	U.S.
O'Callaghan, E., Ullman,S.E., Shepp, V. & Harris, C. (2022)	#MeToo	Qualitative	Semi-structured interviews	n=90 (45 matched pairs)	U.S.
Palmer, J.E., Fissel, E.R., Hoxmeier, J. & Williams, E. (2021).	#MeToo	Quantitative	Survey	March 2017: n=1722 March 2019: n=1503	U.S. (Mid-Atlantic region)
Ramirez, R. & Harris, R. (2022).	COVID	Qualitative	In-depth interviews	n=21	U.S. (Louisiana)
Ravi, K.E., Rai, A., & Schrag, R.V. (2022).	COVID	Qualitative	Semi-structured interviews	n=10	U.S. (Southwestern U.S.)

Richards, T. et al 2021	COVID	Quantitative	Statistical analysis of daily call patterns to municipal police departments and DV emergency hotlines - 2018 & 2020 comparison.	Daily counts of DV calls for service across 7 cities 1035 observations/city	U.S. (7 urban cities across the U.S.)
Ross, N. & Bookchin, S. 2020	#MeToo	Qualitative	Case study of a community discussion in a rural setting.	n/a	Canada (Nova Scotia)
Rotenberg, C. & Cotter, A. (2018)	#MeToo	Quantitative	Analysis of statistical data	n/a (data related to police-reported sexual assaults in Canada)	Canada
Sapire, R., Ostrowski, J., Maier, M., Samari, G., Bencomo, C., & McGovern, T. (2022).	COVID	Mixed methods	Analysis and policy review Quantitative analysis of survey Qualitative analysis of in-depth interviews	Survey n=77 Interviews n=11	U.S.
Sorenson, S. B., Sinko, L., & Berk, R. A. (2021).	COVID	Quantitative	Analysis of number of calls between January 1 2020 and May 30 2020.	3 sources of data(Jan. 1-May 15 2020): Calls to police – 135 observations across 135 days Calls to sexual assault hotline - 150 observations across 150 days Calls to DV hotline – 150 observations across 150 days	U.S. (Philadelphia, Pennsylvania)
Wathen, C. N., Burd, C., MacGregor, J. C. D., Veenendaal, J., McLean, I., Mantler, T., & the Violence Against Women	COVID	Qualitative	Focus groups & interviews	Interviews: Women's shelter staff (n=26)	Canada (Ontario)

				Women accessing care (n=26) Focus groups: 10 focus groups involving 24 leaders in the VAW sector	
Services in a Pandemic Research Team. (2022).					
Wood, L., Baumler, E., Schrag, R. V., Guillot-Wright, S., Hairston, D., Temple, J., & Torres, E. (2022).	COVID	Mixed methods	Online survey Thematic analysis and content analysis for open ended question	Online survey (n=53) Responses to open-ended comments (n=38)	U.S.
Wright, E. N., Miyamoto, S., & Richardson, C. (2022).	COVID	Quantitative	Analysis of Victim Advocacy Agencies' utilization data/statistics	n=49	U.S. (Pennsylvania)