

Sexual Assault Services in a Pandemic: Adaptation, Innovation and Lessons Learned

What you need to know

Women are disproportionately impacted by sexual assault—particularly in times of disaster or crises. As a result of the pandemic, the services women would typically receive were anecdotally impacted, but the nature of this impact was not known.

What is this research about?

The purpose of this study was to understand the impact of the pandemic on healthcare and counselling services across Canada after recent sexual assault. The study focused on changes in service delivery and use, impact on clients and staff, and lessons learned for future pandemics or disasters.

What did the researchers do?

A descriptive qualitative study was conducted with both healthcare and counselling agencies that provide services to clients who have experienced sexual assault. Healthcare services include examinations, medications, crisis support, evidence collection and optional connections to police within the first week post-assault. Counselling services provide support to clients after either recent or historical sexual assaults. 21 participants were interviewed, representing both healthcare (10 sites) and counselling (10 sites), and included both urban and rural sites. Content analysis was conducted to identify common themes.

What did the researchers find?

Themes and concepts were saturated with the participants. Five key themes emerged: Changes in client volume and complexity, Shift to virtual, Isolation, Burnout and Limited PPE knowledge. There were variations in these experiences between healthcare and counselling (Figure 2) and urban vs. rural.

What were the lessons learned?

Four key areas of learning were identified:

1. Ongoing collaboration with Gender-based services, partners and emergency management to ensure public messaging is appropriate and does not increase risk (e.g. “stay-at-home” created issues)
2. A need to recognize sexual assault services as “essential,” to ensure they remain open during disasters, and flexible funding to ensure diverse needs are met
3. A need to create and support networks for professionals to share emerging information and to communicate with the public about how to access services
4. A need to continue virtual modes for some types of healthcare and counselling services

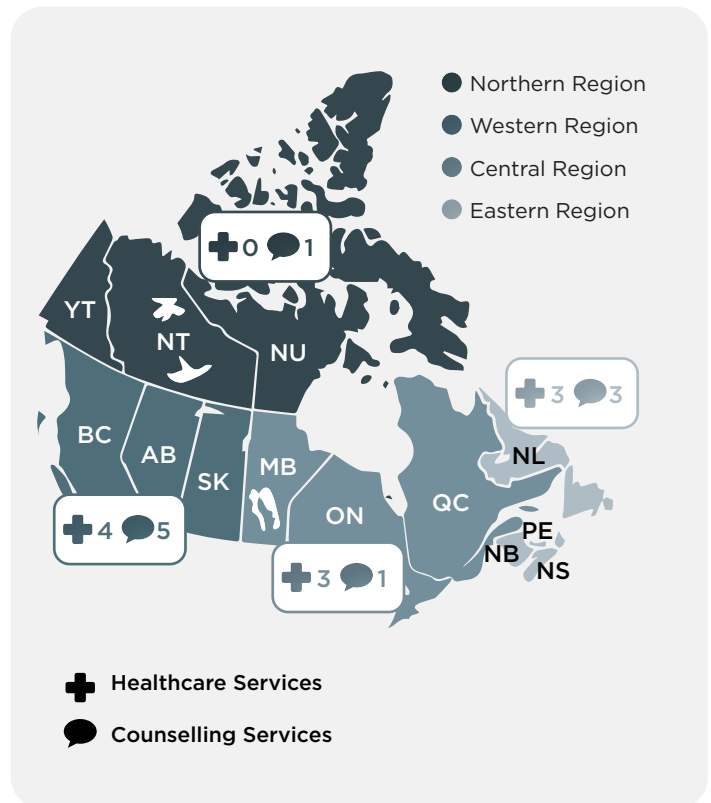


Figure 1. Study participants and locations

Limitations of the research

Attempts were made to represent urban and rural settings across provinces and territories, but it is possible the findings may not be transferable to all settings. The impact on frequency and severity of injuries is also not quantified. The strength, however, was in the overlapping themes between provinces and across disciplines in their perceptions. This saturation effect provided some confidence in their observations as does the consistency of findings with the literature.

How can you use this research?

This study provides a beginning understanding of the impact on sexual assault services, accessibility, delivery and subsequent impacts on client and staff health during a pandemic. Suggestions provide possible directions for practice and research to improve sexual assault services for future pandemics or disasters.

Research Team

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Acknowledgments



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

Thank you to the Canadian Women's Foundation and Women and Gender Equality Canada for funding this study. The contributions and services of the professionals and agencies involved in the study are also gratefully acknowledged.

Keywords

Sexual assault; Pandemic; Services; Gender-based violence

Common Themes

Service Use

Changes in client volume and complexity

More resources needed

More partner/child abuse

Service Delivery

Shift to virtual

Initial closure,
Alternate support modes

No support person,
Changes in exam/evidence,
Supply/staff shortages

Client Impact

Isolation

Worsened trauma
for some

Fearful re COVID risk

Staff Impact

Burnout

Group support

Secondary trauma,
Limited/variable support

COVID Stressors

Limited PPE knowledge

Rural exposure risk

Limited evidence
application info

● Common themes ● Counselling ● Healthcare

Figure 2. Common themes between healthcare and counselling professionals