

Survivors' Concerns During the COVID-19 Pandemic: Qualitative Insights From the National Sexual Assault Online Hotline

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Abstract

With the onset of the COVID-19 pandemic and the implementation of stay-at-home orders in March 2020, experts warned of the possible threat of increased interpersonal violence among individuals isolated with abusers. Researchers have sought to understand how the pandemic impacted victims primarily through the analysis of administrative data sources, such as hospital and police records. However, the preponderance of this data shows a decrease in formal help-seeking among victims during the pandemic, speaking to an impaired access to services but limiting our understanding of other ways in which the pandemic has affected survivors. To overcome these limitations, we examined data collected about users of the National Sexual Assault Online Hotline (NSAOH). Information was collected through staff based on retrospective recall following one-on-one chat sessions with 470 victims of sexual violence who contacted the NSAOH in the first six months of the pandemic and discussed COVID-19-related concerns. We qualitatively

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examined open-ended descriptions of COVID-19-related concerns and identified the four most common: (1) mental health concerns, (2) creation or exacerbation of an unsafe living situation, (3) not being able to access services, and (4) not having access to a mandatory reporter or trusted adult. These findings demonstrate the myriad ways in which the pandemic affected the lives of victims of sexual violence and can inform practices for services and practitioners to best meet the needs of survivors moving forward. Specifically, these findings highlight the need for more accessible mental health services and funding for sexual assault service providers, as well as the importance of safety planning, particularly in times of crisis.

Keywords

COVID-19, sexual violence, sexual abuse, qualitative analysis, mental health

Introduction

On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic (WHO, 2020). After this announcement, measures were taken across the United States to limit the spread of the virus, such as instituting stay-at-home orders; closing schools, workplaces, and non-essential businesses; and requesting that the public follow social distancing guidelines. While cognizant of the necessity of these measures for public health, experts have drawn attention to the unintentional consequences of these measures, warning that the social isolation and economic stress of the pandemic could increase the risk of interpersonal violence (Bright et al., 2020; Roesch et al., 2020; Van Gelder et al., 2020). Specifically, experts warned that perpetrators of interpersonal violence, who already employ strategies such as isolating, surveilling, and controlling victims, may have greater opportunity to abuse victims during the pandemic due to social distancing guidelines (Van Gelder et al., 2020).

Further, research suggests that COVID-19 may exacerbate the challenges already faced by survivors of interpersonal violence. To date, research on the COVID-19 pandemic indicates that mental health concerns, such as depression and anxiety, have increased among the general population (Brooks et al., 2020; Park et al., 2021). While there is currently limited research regarding the specific psychological impact of the COVID-19 pandemic on victims of interpersonal violence, research during similar public health crises suggests that individuals with trauma histories may experience heightened mental health impacts (Liu et al., 2012). In addition to experiencing worsening mental health, many survivors may have lost access to critical services, such as mental health providers, during the pandemic. With this backdrop,

researchers, service providers, and policymakers have collectively devoted attention to understanding how the pandemic impacted victims of interpersonal violence.

Some research has employed administrative data from public services to understand the impact of the pandemic on survivors. However, findings from these inquiries are limited and inconsistent. One might expect that increases in interpersonal violence be matched by increases in formal help-seeking, such as an increase in police reports for family violence. Indeed, this has been supported in some studies examining the impact of the pandemic (Boserup et al., 2020; Piquero et al., 2020). However, the preponderance of research among survivors during the pandemic suggests a decrease in formal help-seeking, including 911 calls regarding assault and rape (Sorenson et al., 2021), emergency department admissions for sexual assault and domestic violence (Muldoon et al., 2021), receipt of sexual assault forensic exams (Munro-Kramer et al., 2021), and reports of child maltreatment (Baron et al., 2020; Bullinger et al., 2020). Taken together, these findings likely speak to the impaired access to support for acutely isolated survivors of interpersonal violence. Unfortunately, this research leaves us with a limited understanding of victims' experiences during the pandemic, especially from their perspectives.

To address these limitations, studies have sought to understand survivors' lived experiences, in their own words. One study that recruited survivors from intimate partner violence and sexual assault-focused agencies reported that survivors experienced increased difficulty staying safe and accessing resources, as well as an increase in stress from economic instability (Wood et al., 2021). Additionally, in analyzing chat and transcript data from the National Child Abuse Hotline, researchers identified real-time effects of the pandemic on children, including heightened violence in the home and limited access to social support or safe spaces while social distancing measures were in place (Sinko et al., 2021). This study offered unique insights based on data from an anonymous chat-based hotline, a uniquely accessible resource during the pandemic. In contrast to the decrease in help-seeking observed in studies focused on in-person services, general crisis hotlines saw an increase in calls during the beginning of the pandemic, and hotlines serving victims of violence specifically noted increased demand (Petrowski et al., 2021). Thus, hotlines likely filled a gap when services were unavailable for survivors. Data collected through hotlines may therefore augment our understanding of the pandemic-related experiences of interpersonal violence survivors.

Building upon the work of Sinko et al. (2021), we aimed to understand the pandemic-related experiences and concerns of sexual violence survivors. We analyzed open-ended data collected via staff who interacted with users of the National Sexual Assault Online Hotline. This approach allowed us to examine the concerns of even the most isolated survivors who may be less likely to participate in traditional research studies. Specifically, we explored how the

pandemic affected multiple aspects of survivors' lives, such as mental health, service acquisition, experiences of violence, and economic wellbeing. We believe that this work provides critical context regarding the impact of COVID-19 on victims of sexual violence, and the ways in which services and practitioners can prioritize the needs of survivors moving forward.

Methods

Data Collection

The National Sexual Assault Hotline is a telephone and online chat-based hotline designed to aid survivors of sexual violence and their loved ones. It is advertised via news media; social media; radio, television, and film; and community and university partnerships; and appears as a top search result on internet search engines when relevant terminology (i.e., "sexual assault") is entered. For the current study, we utilized National Sexual Assault Online Hotline (NSAOH) data only. Trained hotline support specialists (both paid staff and volunteers) collected data following one-on-one, online, text-based conversations ("chats") with hotline users (henceforth referred to simply as "users") via an in-depth "Session Assessment." Online chats are initiated by users who enter the online hotline queue via the organization's website or mobile app and wait to be paired with a support specialist.

The assessment solicits anonymous data from staff and volunteers regarding their chat, including information about the user's experience, the topics discussed during the chat, and the services provided to the user. While we use assessment data for research purposes, the original and primary purpose of data collection is to support hotline operations and identify areas for service improvement and staff training. Staff and volunteers complete the assessment following their first complete chat in a shift such that data reflect a sample of all hotline users. This sampling approach is utilized to maximize staff and volunteers' time spent serving hotline users. Data are anonymous, and staff do not request or record any personally identifiable information about the user. Additionally, staff do not request or collect any information from users for research purposes. Therefore, data are frequently unknown, and known data are limited to information voluntarily provided during the chat. This study is part of a larger protocol that has been granted exempt status from Chesapeake (now Advara) IRB.

Study Sample

Because we were interested in the impact of pandemic-related lockdowns and stay-at-home orders on victims of sexual violence, this study used data

collected during the first six months of the pandemic, from March 24, 2020, to September 30, 2020 ($N=5017$). The sample was limited to sessions in which the user identified as the victim of a sexual violence event, discussed the COVID-19 pandemic, and in which the staffer provided qualitative information regarding the victim's COVID-19-related concerns, leaving 889 cases available for coding.

Measures

Starting on March 24, 2020, all staff and volunteers completing assessments were presented with the following question: "Did the user discuss any concerns relating to the COVID-19 pandemic?" If a staffer or volunteer selected "yes," they were then provided with a check-all that apply question asking whether the user discussed any of the following concerns: safety concerns regarding self-isolation or a quarantine, difficulty accessing services due to shutdowns, elevated mental health concerns, complications or delays in a reporting process, economic concerns, or something else. If "something else" was selected, staff and volunteers were presented with an open-ended comment box allowing them to elaborate on what other COVID-related concerns the user discussed. Finally, all staff and volunteers who indicated that the user discussed the pandemic were presented with the following open-ended question: "Please provide further context for what you selected above regarding COVID-19 related concerns." Upon initial review of this data, we recognized the pandemic-related concerns discussed by users were more complex than could be collected quantitatively through the check-all that apply question. Thus, we chose to qualitatively examine data from the open-ended context question to better understand COVID-related concerns. Nevertheless, structured response options to the check-all that apply question were visible to coders as they coded the qualitative data and served as the original basis for coding categories.

Data Analysis

To develop the codebook, the two coders (SE and EB) drafted an initial codebook consisting of primary and secondary categories based on the preliminary review of the data and knowledge of relevant literature. Primary categories served to describe the areas of the victims' life that were impacted by the pandemic. These included the five initial concerns conceptualized for the check-all that apply question in the assessment (i.e., mental health, accessing services, safety concerns, economic concerns, and reporting concerns), as well as four additional categories (i.e., disclosure, relationships, positive experiences, not enough information). Secondary codes, which were subsumed within the seven primary codes, provided additional details about victim

concerns (e.g., services not open, heightened anxiety). This initial codebook was reviewed by KK, who has previous experience with qualitative methodology, and KG, a senior member of the team. Each case was coded with one or more primary categories and one or more secondary categories.

Cases were randomly sorted using a random number generator to determine the order in which they would be reviewed. The first two authors began by coding 50% of the total sample ($N=445$). The coders jointly reviewed and coded the first 100 cases together. After coding these cases, the coders made any necessary revisions to the codebook. Then, the coders proceeded to independently code the other 345 cases. Once the coders independently reached the 445th case, the coders reviewed all cases and revised codes using a consensus method. In instances of a discrepancy, one coder either changed their code(s) to match that of the other coder or the codebook was revised to better represent the data. Finally, using the final, revised codebook (see [Table 1](#)), the authors jointly coded the other 50% of data until no new codes emerged. All data were coded using Dedoose Version 8.3.45. In total, 470 cases were coded, comprising a total of 11,052 words. On average, each case contributed 23.5 words for these analyses.

Results

Sample Characteristics

Although we do not provide demographic comparisons of hotline users, we reported sample characteristics to provide context for the types of users served by the hotline during the COVID-19 pandemic (see [Table 2](#)). Based on known demographic data, about 50% of users were under the age of 18, while 88% of users identified as women/girls and 11% as men/boys. Nearly half of users (44%) experienced a sexual assault event within the last week. Abuse was often ongoing when they contacted the hotline (43%). Over half of the sample discussed an event perpetrated by a family member (51%), and the type of violence described was commonly sexual assault (46%) or rape (32%).

We identified a number of themes relating to the impact of the COVID-19 pandemic on sexual assault survivors contacting the NSAOH, of which we report on the most commonly discussed: mental health concerns, creation or exacerbation of an unsafe living situation, not being able to access services, and not having access to a mandatory reporter or trusted adult. All quotes are direct from hotline staff and volunteers, not from users. Together, these results show the diversity of concerns discussed during the first six months of the pandemic on the NSAOH.

Table 1. Final Codebook.

Primary categories	Secondary categories	Sub-Theme	Sub-Sub-Theme
1 Mental health	1 Difficulty accessing self-care		
	2 Decrease in mental health	General Retraumatized or triggered	General By living with perpetrator By masks By living with people who reacted negatively, don't know about assault General COVID-19 specific Regarding reopening/post-pandemic General Following negative disclosure
2 Services	3 Service not open or accessible	Isolation Technology-based service(s) not offered or available	
	4 Challenges with virtual services	Lack of privacy Technology not meeting user's needs, not comfortable for disclosure	Due to perpetrator Due to roommates/housemates

(continued)

Table 1. (continued)

Primary categories	Secondary categories	Sub-Theme	Sub-Sub-Theme
3 Safety	5	Fear of COVID preventing visitor from seeking support	
	6	Concerns about not being able to bring loved ones to service	
	7	Quarantined in unfamiliar location	
	8	COVID created or exacerbated unsafe living situation	Short-term issues with avoiding perpetrator
	9	Exposed to perpetrator due to COVID	Long-term issues with getting away from perpetrator
	10	Increase in suicidal thoughts	
	11	Increase in non-suicidal self-injury	

(continued)

Table 1. (continued)

Primary categories	Secondary categories	Sub-Theme	Sub-Sub-Theme
4	Economic	12 Not able to move or find housing due to COVID-19	
		13 Loss of income and/or benefits (by visitor or family/partner)	
		14 Unable to afford services, healthcare, essentials	
5	Reporting	15 Financial dependency	Dependent on perpetrator Dependent on others
		16 Delays in ongoing process	
		17 Not able to file a report	Due to accessibility (i.e., due to limited hours or closures) Due to COVID-related fears
6	Disclosure	18 Not wanting to add stress to others by disclosing	

(continued)

Table 1. (continued)

Primary categories	Secondary categories	Sub-Theme	Sub-Sub-Theme
	19 No access to a mandatory reporter or trusted adult		
	20 Fear of disclosing events that occurred while breaking COVID protocols		
7 Positive	21 Positive experience	General	
		Increased access to services	
		Able to avoid perpetrator(s)	
		Improvements in mental health	
8 Relationship ^a			
9 No information	22 Not enough information		
	23 Not explicitly COVID-Related		

^aNo corresponding secondary codes were identified.

Table 2. Visitor Demographics (*N* = 470).

	N	Percent, %	Adjusted percent
Visitor age at time of contact			
Adult	186	39.6	49.6%
Minor	189	40.2	50.4%
Unknown	95	79.8	-
Total	470	100	100%
Visitor gender			
Woman/Girl	196	41.7	87.9%
Man/Boy	24	5.1	10.8%
Other	3	0.6	1.3%
Unknown	247	52.6	-
Total	470	100	100%
Living with perpetrator at time of event			
Yes	215	45.7	58.6%
No	152	32.3	41.4%
Unknown	103	21.9	-
Total	470	100	100%
Living with perpetrator at time of contact			
Yes	171	36.4	41.3%
No	243	51.7	58.7%
Unknown	56	88.1	-
Total	470	100	100%
Frequency of event			
Repeated and ongoing	175	37.2	42.7%
Repeated, no longer occurring	116	24.7	28.3%
One time	119	25.3	29.0%
Unknown	60	12.8	-
Total	470	100	100%
Timeframe of event			
Within the last week	151	32.1	43.8%
More than one week ago, within last year	72	15.3	20.9%
Over a year ago	122	26.0	35.4%
Unknown	125	26.6	-
Total	470	100	100%
Sexual assault event			
Sexual assault	213	45.3	45.9%
Rape	146	31.1	31.5%
Abuse not otherwise specified	67	14.3	14.4%
Multiple perpetrator rape	15	3.2	3.2%
Technology facilitated abuse	6	1.3	1.3%

(continued)

Table 2. (continued)

	N	Percent, %	Adjusted percent
Physical assault/abuse	4	0.9	0.9%
Sexual harassment	4	0.9	0.9%
Stalking	1	0.2	0.2%
None of the above/Other	8	1.7	1.7%
Undisclosed	6	1.3	-
Total	470	100	100%
Victim-perpetrator relationship			
Family member	198	42.1	51.4%
Intimate partner/Spouse	49	10.4	12.7%
Friend	28	6.0	7.3%
Acquaintance	27	5.7	7.0%
Partner/Friend of a family	24	5.1	6.2%
Authority Figure	12	2.6	3.1%
Co-worker/Colleague/Classmate	12	2.6	3.1%
Stranger	9	1.9	2.3%
Person briefly known	8	1.7	2.1%
Medical or service provider	3	0.6	0.8%
Trafficker	1	0.2	0.3%
None of the above/Other	14	3.0	3.6%
Unknown	85	18.1	-
Total	470	100	100%

Mental Health Concerns

Mental health was the primary concern discussed by users contacting the hotline during the pandemic ($N = 158$), however mental health issues manifested in different ways for different users. Most users discussed struggling with isolation, feeling retraumatized or triggered, or experiencing heightened anxiety. Survivors often discussed more than one of these concerns, including how they overlapped and exacerbated each other. Mental health concerns were also shaped by the user’s living status during the pandemic, and specifically whether or not they were living with a perpetrator.

Many users, both those recovering from past abuse and those currently experiencing abuse, discussed their struggle with isolation. One user shared that they had to be “especially diligent in not seeing people” because of their compromised immune system, which made them feel “particularly isolated.” The isolation and lifestyle changes initiated by the pandemic also led to an increase in rumination and retraumatization. For example, one staff member described: “quarantine and the negativity of COVID-19 put [the] user in a negative headspace and made the flashbacks the user was experiencing

worse.” Another user indicated that she was “unable to visit friends and [felt] trauma symptoms more acutely when she [was] isolated.”

Of those quarantined with their abuser, some told staff that perpetrators used the pandemic “as a means for further isolating [them]” from others which further exacerbated already existing mental health concerns. Even when not currently experiencing abuse, the pandemic impacted some users’ ability to leave homes or situations that were becoming toxic or unhealthy for them, such as one user who “felt very isolated and expressed that this made it more difficult to break up with a partner who they [were] worried might become abusive.”

Many users also discussed experiencing heightened anxiety as a result of the pandemic. Staff noted that some users were “feeling out of control and very anxious.” Staff specifically highlighted how in one user’s experience: “everything was just stressful to deal with on top of all of this ‘virus stuff.’” Multiple users explicitly linked their feelings of heightened anxiety to the inaccessibility of mental health care, which we will elaborate on in a further section. Other users attributed their increased anxiety to the fear of themselves or their loved ones catching COVID-19. One individual “discussed how COVID-19 was amplifying their experiences of anxiety, PTSD [post-traumatic stress disorder], OCD [obsessive-compulsive disorder], and their concern for their children—both of whom had conditions that increased their likelihood of contracting/being impacted adversely by the virus.”

Of those discussing mental health concerns, we also observed a category of users who did not share specific details or symptoms they were experiencing but noted an overall deterioration in mental health. One user “used to have fun in school, but now they [were] drowning in their negative emotions.” Other users were “unable to function during this pandemic” and “not doing well with the lack of structure they were experiencing [as a result of the pandemic].”

Finally, while many users discussed the negative impact of the pandemic on their mental health, some users found that the pandemic “enabled them to find more peace and recovery.” Mainly, these were users who no longer had to interact with their perpetrator, typically when the perpetrator had been a classmate or someone outside of the home environment. Another user “felt more at ease because they stayed mostly at home [during the pandemic].” However, for some users, these positive experiences were juxtaposed with anxiety about post-pandemic life. One user “was grateful for quarantine because it kept them out of school and away from their abuser,” but now “they are scared of going back to in-person learning.” Thus, while the pandemic did offer benefits to healing for some, there may also be additional problems to address as we transition to a post-pandemic world.

Pandemic Created or Exacerbated Unsafe Living Situations

The second most commonly discussed theme centered around changes in living situations and safety plans due to the pandemic and how these changes

impacted violence in the home ($N = 146$). With the introduction of stay-at-home orders and the closure of schools and businesses, many users found themselves isolated at home and often confined with one or more perpetrators. Among these survivors isolated with their perpetrators, many experienced an increase in the frequency and/or severity of abuse that was often linked to the victim's inability to leave their house for school or access a safe space. For instance, one victim was "no longer at school and was [now] near her father [the perpetrator] 24/7." Her father, who previously sexually assaulted her at night, escalated his violence and "started to sexually assault her in the mornings as well."

Other users attributed the escalation in violence to stress from the pandemic. For example, one user described "the abuser [being] 'more angry' than usual from the stress [of the pandemic]." Changes in financial status, specifically job loss due to the pandemic, were also cited as stressors that led to changes in violence. One user specifically linked the perpetrator's loss of income to an increase in abuse, noting that the job loss was "causing him [the perpetrator] to be more abusive than he had been in the past."

Similar to escalation in abuse was the reemergence of abuse when users were forced to quarantine with individuals, typically family members, who had abused them in the past but had not been living with them directly prior to the pandemic. This was usually tied to closure of colleges, which resulted in users returning to the perpetrators' home or perpetrators returning to the victim's home. For example, a user's brother, who had previously abused them, "would not have raped her repeatedly if he was off to college and not at home."

Users also discussed instances in which the abuse began during lockdown. Sometimes the emergence of abuse was also attributed to increased stress from the pandemic. One user told staff that "before quarantine, [their] son never targeted [them], so this [abuse] was a new and scary situation." Another user in a similar circumstance "expressed hope that the abuse would improve after the lockdown [was] over" since the abuse had started during the pandemic. In other cases, users were exposed to perpetrators for the first time due to the pandemic. For instance, several users discussed previously unfamiliar individuals, such as roommates' and family members' partners, who moved into their home or room in order to quarantine and then initiated abuse.

Across all types of unsafe living situations experienced during lockdown, users also discussed how the pandemic altered their safety and escape plans. Some minors discussed how previous safety plans for avoiding their perpetrator, such as staying at friends' houses or school, no longer worked due to stay-at-home orders. A user indicated "lockdown [had] made it hard for them to escape," and they could not go where "they normally would to get away from their [perpetrator]." Other users discussed how the loss of income experienced by many people during the pandemic left them financially

dependent on the perpetrator and therefore unable to find a safer living situation. Importantly, we also noted divergent cases in which some users discussed how the pandemic had made them feel safer and better able to avoid a perpetrator. For instance, one user “talked about how since the campus [was] closed they [did] not have to see the perpetrator [anymore].” These instances demonstrate the myriad of ways in which pandemic-related changes in living status affected survivors.

Service Not Open or Accessible

Due to pandemic-related shut-downs and closures, many users struggled to find or continue receiving the care they needed ($N=98$). In many instances, critical support services on which users depended, such as therapy, were suspended at the start of the pandemic. While many mental health care providers successfully transitioned to providing virtual services, some users’ “therapy had been suspended due to COVID-19,” leaving them feeling “overwhelmed, depressed, and anxious.” Other users discussed struggling with the closure or suspension of support groups, such as narcotics anonymous groups or trauma support groups.

Users also expressed frustration with seeking services, specifically therapy, during COVID. Although some users had not received responses to their inquiries or their requests were turned down by mental health professionals, most users discussed being so daunted by the prospect of finding a therapist during the pandemic that they did not believe there was any point in pursuing it. One such user expressed that they wanted “to seek therapy but [were] concerned that it would be difficult to do so because of COVID and offices being shut down.”

Additionally, mental health services were inaccessible to some users because of changes in their financial status resulting from the pandemic. One user “mentioned losing work due to COVID...[and] was concerned about accessing mental health care during this time,” while another user, “thought seeing a therapist would be really, really helpful for them...but then they lost their job due to COVID and could no longer afford therapy.” However, while most users discussing the accessibility of services were struggling to obtain care and support, there were a handful of users who noted how the pandemic had led to an increase in free online services, such as anxiety-related apps.

Crisis care was another critical service closed or not operating at full capacity due to the pandemic, which was particularly distressing for users experiencing ongoing or recent abuse. For instance, one user who contacted their local sexual assault service provider to request help getting home after being assaulted was told: “the local center was only able to meet people at hospitals at the moment because of COVID-19 restrictions.” Other users discussed delays in services or support due to the pandemic. One user who

was quarantined with their abuser, contacted CPS and was warned that “they were not sure how long it would take to send someone [to help].” For another, just the fear of delays discouraged them from help-seeking despite their urgent need. This user, whose foster parent was raping them, needed “a new foster home, but with the pandemic, [they were] concerned [with] how long that [would] take/if the new house [would] be worse.”

Not Having Access to a Mandatory Reporter or Trusted Adult

The pandemic greatly impacted minor users’ access to mandatory reporters and other trusted adults who may have been able to help ($N = 44$). In general, minors typically discussed two categories of adults: those they no longer had an excuse or ability to see and those they could only access through virtual means since the pandemic began. In the first category, minors frequently discussed family members who did not live in the home and coaches they wished they could disclose to. One user could not “see their dance teacher who they trust and would be OK disclosing [to].” Another minor was “no longer in gymnastics and their coach would have been the only person they would trust telling.”

Within the second category, users still had contact with a trusted adult, overwhelmingly teachers, but could only interact with them virtually. Many users felt unable to disclose to these adults either because it was uncomfortable or unsafe to do so virtually. For instance, a user attending school virtually was “not seeing the adult they trust in person” and did not want to disclose if not face-to-face. For minors who were in close proximity to their perpetrators, disclosing virtually did not feel safe or possible. One child whose father, the perpetrator, monitors their online schooling had “no way to reach out to their teacher directly without going through the perpetrator (their father).” Another user talked with hotline staff about disclosing to a teacher, “but because [they] were doing remote school, their abuser was always with them when they were able to speak to the teacher.”

Discussion

This study examined the pandemic-related concerns of survivors of sexual violence who visited an anonymous hotline during the COVID-19 pandemic. We extended the literature by leveraging anonymous hotline data to qualitatively examine the real-time impact of the pandemic on survivors of sexual violence, who are difficult to reach through other means. Mental health was the most prominent concern, with survivors describing their struggles with isolation, retraumatization, and heightened anxiety. Next, consistent with expert concerns, survivors discussed unsafe living situations and the inability to access safe spaces leading to increased or more severe violence. Survivors

also discussed the inaccessibility of support services and the lack of access to mandatory reporters or trusted adults during the pandemic. Interestingly, although most survivors discussed concerns or negative experiences related to the pandemic, a subset of survivors discussed positive experiences, such as feeling safer because of decreased exposure to their perpetrator. The finding that some individuals saw improvements in their mental wellbeing during the pandemic has not received considerable attention but has been supported elsewhere (Bruining et al., 2021). These findings highlight the heterogeneity of effects that COVID-19 has had on survivors and indicate that tailored approaches will be necessary to serve these individuals.

Mental health, as a general category, was the most discussed concern by survivors contacting the NSAOH during the first six months of the pandemic. This is unsurprising given the profound impact of the pandemic on mental health in general population studies (Holland et al., 2021; Racine et al., 2021) and the already well-documented mental health concerns among survivors pre-pandemic (Dworkin, 2018). Many users discussed increased mental health symptoms, as well as feelings of isolation inflicted by the pandemic and subsequent lockdown orders. Along with declines in their mental health, survivors also found mental health services inaccessible or telehealth services lacking. Although some mental health providers transitioned to virtual services during the pandemic, many providers were overwhelmed with new and existing clients, and many survivors desperately wanted support but were unable to find it.

These findings highlight a critical need to increase mental health services for survivors of sexual violence, particularly telehealth options, that are accessible both during and following crises. Researchers have advocated for increasing the availability of mental health services delivered through sexual assault service providers (SASPs), possibly through partnerships with local counseling providers (Stefanidou et al., 2020). Specifically, rural SASPs have successfully partnered with university-based mental health programs to provide care, and specifically telehealth counseling, to rural victims of sexual violence who otherwise lacked access (Gray et al., 2015). Under most circumstances, accessible mental health care requires affordable health care, and thus findings underscore the importance of access to quality, dependable health care—especially for vulnerable populations who may lose access to care through employment.

Consistent with expert concerns that perpetrators of interpersonal violence may have greater opportunity to abuse victims during the pandemic (Van Gelder et al., 2020), unsafe living situations created or exacerbated by the pandemic emerged as the second most common theme. Indeed, the preponderance of survivors discussing recent and ongoing assault on the NSAOH during the pandemic underscores the importance of developing emergency safety plans for those quarantined with their perpetrator. While crisis centers

and advocates regularly assist survivors in situations with limited access to other services, particularly survivors of familial or intimate partner violence living in close proximity to their perpetrator, the pandemic created unique challenges. For example, safety planning often includes finding a trusted adult to talk to or finding ways to avoid the perpetrator, and these strategies were less viable in the context of pandemic-mandated social distancing measures and shutdowns. Augmenting existing training around safety planning during widespread crises and emergencies will be a crucial aspect of victim services program operations.

Many survivors also discussed loss of access to supportive services and safe spaces outside the home as primary challenges during the pandemic. Survivors attempting to leave abusive homes faced limited options. For example, informal networks (family and friends) were less accessible or approachable given social distancing recommendations, and options such as shelters may have been perceived as untenable given the risk of contracting COVID-19 (Baidoo et al., 2021). Further, consistent with prior research finding that child welfare agencies were unprepared for large-scale emergencies (Berne, 2009; Daughtery & Blome, 2009), many interpersonal violence (IPV) organizations and SASPs felt ill-equipped to adapt and continue services during the pandemic (Wood et al., 2020).

Under these circumstances, our findings underscore the need for increased funding for service providers as well as policies that can protect and guarantee funding for organizations that serve survivors of sexual and intimate partner violence. While important policies were enacted during the pandemic that protected funding for domestic violence and sexual assault services (e.g., American Rescue Plan, Coronavirus Aid, Relief, and Economic Security Act [Biden, 2021; Ervin & Bastomski, 2020]), such funding was insufficient (Williams & Gwam, 2021). Additional funding is required to support victim services in virtual preparedness, such as virtual trainings and virtual service provision capabilities, to continue operations in the event of wide-spread emergencies. In addition, adjacent support services such as Housing First and other rapid rehousing programs require sufficient funding to ensure the safety of victims who must leave their home to stay safe during times of crisis.

Finally, many users discussed not having access to mandated reporters or trusted adults because of COVID-related quarantines and stay-at-home orders. While our analyses did not specifically look at themes stratified by demographic characteristics such as age, we know that upwards of 40% of our sample were minors, and staff comments revealed that some of the users discussing not having access to mandatory reporters or trusted adults were minors either attending online school or not attending school at all. Therefore, this work speaks to the importance of schools and teachers facilitating reporting or secure conversations with students when remote. For instance, having emergency contact capabilities integrated into learning platforms or

protocols stipulating when and how school staff should check in with students one-on-one or contact students not attending classes will be critical for ensuring that students who wish to disclose can do so. During the pandemic, school districts such as one in San Mateo, California, implemented new policies and public education campaigns around mandated reporting during online learning and observed increases in the number of reports filed (Lorence, 2020). Additionally, as children return to in-person learning, schools should be prepared to support minors who may have been victimized during the pandemic and/or those who lost access to school-based mental health services for an extended period of time (Phelps & Sperry, 2020).

Limitations and Future Directions

While we believe that this study offers important insights into the experiences of survivors during the pandemic, there are important methodology limitations to this work. For one, while the qualitative nature of these data allowed for rich context and description of survivors' concerns and stories, to reduce burden on and privacy concerns of survivors, all quotes were provided by hotline staff. Thus, these descriptions may have lacked important nuances or introduced bias because of interpretive differences among staff members. Future research that allows survivors to articulate their experiences in their own words is critical to extending and contextualizing these findings.

Additionally, due to the heightened need to assess COVID-related concerns among survivors on the hotline, questions were developed and implemented before forming a clear research question and methodology. Consistent with our past methodology, we included both categorical response questions about specific COVID-related concerns, as well as optional open-ended questions requesting additional context. However, upon reviewing the data, we recognized that qualitative methodology was more appropriate for exploring our questions. It is possible that we would have used a different method of collecting data, such as soliciting only open-ended feedback, if we had considered our research questions more thoroughly prior to data collection. Further, we may have primed staff to report COVID-related concerns that fell into the categories we provided, and it is not possible for us to know what data might have been provided otherwise.

Further limitations of this study include the sample itself, as well as the way users likely disclosed information on the hotline. As an online crisis hotline, our sample was inherently limited to victims who had access to the internet and electronic devices, as well as those who had enough space and privacy to contact a hotline. For these reasons, our sample might not include victims with fewer resources or those who were continually monitored by a perpetrator and/or other members of their household. Additionally, because users often contact the hotline with urgent concerns, such as suicidal ideation and acute injuries, it

is possible that these victims focused their chats on these issues and not on pandemic-related concerns. In general, while we expect that most or even all users contacting the hotline during this timeframe were impacted by the pandemic to some extent, we were only able to collect data from users who chose to discuss the pandemic during their session. Finally, because we only collected data on chats that were the first in a support specialist's shift, our findings reflect the experiences of a sample of hotline users who discussed the pandemic and may not be generalizable to all hotlines users or survivors of sexual violence.

As our data were derived from an anonymous, confidential hotline which does not directly solicit information from users, we were also unable to collect demographic data points, although we know that the pandemic impacted communities differently (Rieger et al., 2022). Early findings suggest that demographic factors such as race and ethnicity affect vulnerability to COVID-19-related difficulties. For example, one study examining domestic violence calls placed in Chicago during the pandemic found a decrease in calls placed by Black communities but not white communities. Additionally, this study found that communities with less access to resources, generally, were less likely to access domestic violence resources during COVID-19 (Baidoo et al., 2021). Further work should explore the associations between individual-level factors, such as race and ethnicity; socioeconomic status; and geographic location (i.e., living in a rural, urban, or semi-urban), and COVID-19 experiences.

Conclusion

In studying the impact of the pandemic, researchers, policy makers, and services providers alike should be mindful of the myriad of ways in which the pandemic affected the lives of survivors. While quantitative studies may not show increased service use during the pandemic, our qualitative data revealed themes of increasing violence as a result of limited access to safe spaces. In addition to touching many different aspects of survivors' lives, we even found that the pandemic had positive impacts for some individuals. These findings emphasize the value in asking open-ended, non-directional questions not only in hotline service provision, but also as an approach to applied research assessing the effects of the pandemic. Although data were not collected directly from users and featured a potentially limited sample of survivors, we believe this study contributes to the current body of literature by demonstrating the diverse effects the pandemic had on survivors of sexual violence. This work also demonstrates the potential to use alternative data sources that reflect survivors' experiences and perspectives, and future work could extend and contextualize these findings.

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