

Rural and Urban/Suburban Victim Professionals' Perceptions of Gender-Based Violence, Victim Challenges, and Safety Advice During the COVID-19 Pandemic

Violence Against Women
1–25

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Abstract

This study surveyed a national sample of victim service professionals ($N = 222$) and compared rural versus urban/suburban participants' perceptions of a variety of issues, such as the impact of the pandemic on gender-based violence victimization and safety advice for isolated victims. Increased interference with victim employment and the abuser monitoring of online activities were reported by participants across all communities. However, urban/suburban participants rated the magnitude of all victim challenges as greater, while more rural participants noted child abuse as a particular problem in their communities. The results highlight the importance of community context for improving coordinated responses to gender-based violence ($n = 101$).

Keywords

domestic violence, COVID-19, victim services

Always have a safety plan. I know you don't think right now, you would ever have to use a safety plan, but what does it hurt to have one, just in case. I understand you don't think you can afford to leave, not matter how bad it gets, but I assure you, there are people out

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here who believe you, and will help you any way they can. You are not alone in this. When you are ready, when you know you can't take it any longer and have to get away, even if it is just for a little while, call us ... we care.

– Participant

Gender-based violence, including intimate partner violence (IPV) and dating violence, child abuse, elder abuse, sexual assault, stalking, and human trafficking, impacts millions of individuals around the world each year (United Nations Development Programme, 2020). Gender-based violence increases during times of crisis (Mittal & Singh, 2020; United Nations Development Programme, 2020), and the COVID-19 pandemic has proved to be no different. The pandemic has exacerbated the occurrence of many forms of gender-based violence and the impact on victims. For example, there is growing evidence that domestic violence (e.g., IPV and child abuse) increased during the pandemic (Boxall et al., 2020; Bradbury-Jones & Isham, 2020; Gosangi et al., 2021; Leslie & Riley, 2020; Peterman & O'Donnell, 2020; Piquero et al., 2021) and that the conditions of the pandemic have facilitated the occurrence of human trafficking (particularly vulnerable youth; Todres & Diaz, 2021) and sexual assault (Janse van Rensburg & Smith, 2021). Risk factors for gender-based violence, such as unemployment/financial strain, substance use, isolation, depression, and anxiety have increased during the pandemic (American Psychological Association, 2020; Czeisler et al., 2020; Peterman & O'Donnell, 2020). Additionally, procedures that aim to protect the population from the spread of COVID-19, such as shelter in place and school closures, further isolate victims and hinder help-seeking (Bradbury-Jones & Isham, 2020).

Gender-Based Violence During the Pandemic

Research indicates that calls to hotlines or the police among IPV victims increased, at least initially, during the pandemic (e.g., Leslie & Wilson, 2020; Piquero et al., 2020). Evidence of formal help-seeking for gender-based violence is mixed (e.g., Kofmin & Garfin, 2020; Muldoon et al., 2021; Munro-Kramer et al., 2021), with some research suggesting that victims were less likely to report abuse to the police during the pandemic (Kaukinen, 2020). Additionally, reports of sexual assault and hospital visits related to sexual violence decreased during the pandemic (Muldoon et al., 2021; Payne et al., 2020). Similarly, reports to child protective services declined during the pandemic alongside school closures (Jonson-Reid et al., 2020), with many children isolated at home with abusers and no external witnesses to report suspected abuse or neglect. Adding an additional layer of complexity, individuals who are black, indigenous, and people of color (BIPOC) face unique barriers to help-seeking. During the pandemic, many cities across the United States hosted protests related to police brutality, discrimination, and structural inequalities, which may further strain the relationship between communities of color and the justice system (Bailey et al., 2021; Galea & Abdalla, 2020). This is particularly problematic given that BIPOC not only experience disproportionately higher levels of violence (Black et al., 2011; Petrosky et al., 2017)

but are also more likely to die or have serious complications from COVID-19 (Baptiste et al., 2020; Kawachi, 2020). Therefore, the occurrence of violence and help-seeking experiences of victims are unlikely to be uniform across all forms of gender-based violence and victim populations.

Preliminary research with victims of domestic violence and sexual assault found that victims reported decreased safety during the pandemic and increased concern regarding access to resources (both health and advocacy) and financial insecurity (Wood et al., 2021). Women have been hit particularly hard by the pandemic through unemployment and leaving the workforce to take on childcare responsibilities with school closures (Hayes & Mason, 2021). These issues may have contributed to the rise in gender-based violence through increased familial stress and financial dependency (Mittal & Singh, 2020). Other research with frontline victim service professionals has revealed a myriad of challenges with providing services and advocacy to victims during the pandemic (Lynch & Logan, 2021; Trudell & Whitmore, 2020; Wood et al., 2022). For example, victims being isolated in close proximity with their abusers, reliance on virtual advocacy, limited relocation/housing opportunities, and reduced services provided by agencies have emphasized the need for quickly adapting to the needs of victims and modified safety planning (Lynch & Logan, 2021). However, there is little guidance or empirical information regarding how safety planning should be adapted to conform to the new needs of victims during pandemic.

Community Context and the Response to Violence

Campbell (2020) emphasized the importance of fostering community partnerships and responses when looking to address the issue of rising gender-based violence during the pandemic. When thinking about maximizing the efficacy of community coordinated responses, it is critical to consider that communities can differ dramatically in their culture, resource availability, and priorities for resource allocation. For example, differences in rural and urban community experiences and responses to forms of gender-based violence have been well documented (e.g., Grama, 2000; Logan et al., 2001, 2009; Lynch & Logan, 2020; Lynch et al., 2018; Shannon et al., 2006; Websdale, 1998). Forms of gender-based violence, such as IPV, are typically viewed as lower community priorities in rural areas compared to urban areas—particularly by criminal justice professionals (Logan et al., 2009; Lynch & Logan, 2020)—despite evidence of higher prevalence and severity of IPV in rural areas (Lanier & Maume, 2009; Logan et al., 2001, 2009; Peek-Asa et al., 2011). Rural cultures also have a tendency to emphasize privacy of personal matters and patriarchal beliefs that limit gender equality, which foster a stigma against seeking help and discourage victims from reaching out to others for support (Anderson et al., 2014; Logan et al., 2004; Pruitt, 2008; Shannon et al., 2006; Websdale, 1998). Furthermore, rural victims face greater physical (i.e., geographic) and social isolation, which can facilitate abuser control over the victim and hinder the victim's access to critical services (Grama, 2000; Logan et al., 2001).

Even if rural victims decide to seek help, they are less likely to have access to services needed for support and to leave their abusers compared to victims from urban

areas (Dudgeon & Evanson, 2014; Logan et al., 2001). Thus, it is unsurprising that rural victims of IPV are less likely to seek help than their urban counterparts (Shannon et al., 2006). Social isolation, resource availability, and victim service delivery are problems impacting all types of communities during the pandemic but may be particularly consequential in rural communities, as these areas have higher levels of poverty and fewer resources than urban communities (Mueller et al., 2021; Weber & Miller, 2017). It is, therefore, critical to consider the intersection of resource availability/access and community culture when developing plans for service delivery for victims of gender-based violence (Youngson et al., 2021).

The potential vulnerability or perceived risk of victim populations can also differ across types of communities. These differences may translate directly into advocacy strategies and safety planning advice that vary depending on community context and needs. For example, professionals working in more diverse urban areas may be more likely to consider structural inequalities and relations of BIPOC with the justice system when looking to develop coordinated interventions to serve victims. Conversely, rural victim professionals may be more apt to focus on addressing social stigma associated with reporting abuse and social/geographical isolation when facilitating help-seeking of vulnerable populations. However, there is a dearth of published research that has investigated the impact of the pandemic on varying forms of gender-based violence and frontline workers' experiences with victims and safety advice given to victims in different community contexts.

The Present Study

The present study contributes to the growing body of literature investigating the impact of the pandemic on gender-based violence from the perspective of frontline victim service workers from different types of communities. Specifically, the authors examined differences in the perceptions of rural versus urban/suburban victim service providers in the following areas: (a) the impact of the pandemic on the occurrence of gender-based violence victimization and help-seeking, (b) populations of victims at highest risk during the pandemic, (c) challenges experienced by victims of gender-based violence during the pandemic, and (d) advice for victims sheltering in place with an abuser during the pandemic. To achieve these aims, a national sample of victim service professionals from rural ($n = 93$) and non-rural (i.e., urban/suburban; $n = 78$) areas were surveyed about their experiences during the pandemic.

Method

Procedure

This study was part of a larger project in collaboration with the National Coalition Against Domestic Violence (NCADV) investigating the impact of the pandemic on gender-based violence and the experiences of frontline workers who serve victims of gender-based violence. Participants from across the United States were recruited

via the NCADV and by the authors to complete the 25-min online survey between September 2020 and December 2020. All procedures were approved by the authors' institutional review boards.¹

Participants

The authors employed a purposive sampling technique to recruit professionals who were over the age of 18 and worked with victims of gender-based violence (i.e., IPV, dating violence, child abuse, elder abuse, sexual assault/harassment, stalking, and human trafficking). Participants were accessed via recruitment emails containing a link to the survey that was administered via the NCADV listserv in addition to recruitment posts on the NCADV social media platforms (e.g., LinkedIn and Twitter). The authors also emailed state and local victim service agencies directly in each state with a request to disseminate the study recruitment email among their networks. Four hundred and three individuals completed the initial screener question ensuring that they served victims of gender-based violence. Twenty-six individuals did not serve victims of gender-based violence (i.e., were ineligible) and one hundred and fifty-five individuals exited the survey prior to completing the first section of questions.

The final analytical sample in this study consisted of 222 participants. However, demographic information was unavailable for 172 participants of these participants (i.e., 50 did not complete the demographics section of the survey). Of those who provided demographic information, 92.6% were female, 87.8% were White,² and the average age was 43 years old (range: 20–73 years old). Participants represented over 40 states, with 54.4% working in a rural community, 28.1% in an urban community, and 17.5% in a suburban community. Over 80% of participants worked with victims of IPV or sexual assault, 58% worked with child abuse victims, and about 50% worked with human trafficking victims. About 42% of participants were working in their current position for two or less years, 38% were in their position for 3–10 years, and 20% were in their current position for 10 or more years.

Measures

Participant Characteristics. Participants provided information regarding their gender, age, race/ethnicity, community type, state, and current occupation. Specifically regarding the independent variable of community type, participants self-identified if they worked in a rural, urban, or suburban community. Participants who worked in a rural community ($n = 93$) were coded as 1, and participants who worked in an urban or suburban community ($n = 78$) were combined and coded as 0.

Impact of the Pandemic on Victimization and Help-Seeking. Participants were asked about how they thought different forms of gender-based violence victimization (e.g., IPV, child abuse, sexual assault/harassment, hate crimes, sex trafficking, stalking, and domestic homicide) in their communities had been impacted since the start of the

pandemic (1 = *decreased a lot*, 2 = *decreased some*, 3 = *no impact*, 4 = *increased some*, 5 = *increased a lot*). Participants also indicated (1 = *not at all*, 2 = *somewhat*, 3 = *very*) the extent to which they observed or heard about the occurrence of five specific pandemic-related control tactics or behaviors (e.g., closely monitoring victims, interfering with victim employment, and threaten fear of getting sick to isolate victim). Finally, participants reported how help-seeking for the same forms of gender-based violence, except for domestic-related homicide, was impacted in their communities since the start of the pandemic (1 = *decreased a lot*, 2 = *decreased some*, 3 = *no impact*, 4 = *increased some*, 5 = *increased a lot*).

Populations of Victims at Highest Risk. Participants indicated, in an open-ended format, which victim populations of gender-based violence were at particular risk during the pandemic.

Challenges Experienced by Victims During the Pandemic. On a scale from 1 (*less of an issue since the start of the pandemic*) to 10 (*more of an issue since the start of the pandemic*), participants rated the magnitude of 22 challenges for victims since the start of the pandemic. The list was developed based on a literature review of the available published research focusing on the impact of the pandemic on gender-based violence at the time (Bradbury-Jones & Isham, 2020; Campbell, 2020; Peterman et al., 2020; Trudell & Whitmore, 2020) and through discussions with the NCADV based on their assessment of issues victims were facing.

Advice for Victims Sheltering in Place. In an open-ended format, participants were asked to provide what advice they would give to victims of IPV who were isolated at home with an abuser during a shelter in place order.

Plan of Analysis

A series of chi-square tests and *t* tests were employed to compare differences in proportions and means, respectively, between participant who worked in rural ($n = 93$) versus non-rural (i.e., urban/suburban; $n = 78$) communities for the close-ended, quantitative survey items.³ Missingness was addressed via list-wise deletion when applicable. Regarding the two open-ended questions, participants' responses were content-coded using grounded theory to identify themes in the responses (Charmaz, 2006; Straus & Corbin, 1998). Each theme was coded as "1" if the theme was mentioned, and "0" if it was not. Participants' responses to a single question could contain more than one theme. Therefore, the results describe the content and frequency of the themes mentioned. The open-ended responses were coded by two separate individuals (the first author and a research assistant) and any disagreements between the coders were discussed and resolved until agreement was reached.

Results

Impact of the Pandemic on the Occurrence of Victimization and Help-Seeking

Occurrence of Gender-Based Violence. As seen in Table 1, the majority of participants indicated that the incidence of all forms of gender-based violence increased since the start of the pandemic, with some forms of violence yielding an overwhelming response. Specifically, 90% of participants reported that IPV and child abuse increased in their communities and around 80% reported that elder abuse, hate crimes, cyber stalking/harassment, and sexual assault increased. Although the reported increase in incidence was lowest for domestic-related homicides, over half of participants still indicated that these homicides increased in their communities since the start of the pandemic.

Community-Type Differences. Several significant differences in reports of the incidence of gender-based violence between rural and urban/suburban participants emerged. First, significant differences were observed for the incidence of domestic-related homicides ($\chi^2[3] = 15.13, p = .002$). Specifically, a higher proportion of urban/suburban (51.2%) than rural (37.1%) participants indicated that domestic-related homicides increased “some” since the start of the pandemic. Conversely, a higher proportion of rural participants (58.1%) than urban/suburban participants (24.4%) reported that there was no impact of the pandemic on the incidence of domestic-related homicides. Second, a higher proportion of rural (44.4%) than urban/suburban (15.6%) participants indicated that there was no impact of the pandemic on the incidence of sex trafficking in their communities ($\chi^2[3] = 9.80, p = .020$). Finally, differences between the types

Table 1. Percentages of the Total Sample That Reported How the Incidence of Gender-Based Violence Has Been Impacted Since the Start of the Pandemic ($N = 222$).

Incidence	Decreased a lot	Decreased some	No impact	Increased some	Increased a lot
Intimate partner violence	0.5%	1.0%	8.3%	40.8%	49.5%
Child abuse	0.6%	1.2%	7.6%	48.3%	42.4%
Elder abuse	0.7%	2.1%	14.4%	51.4%	31.5%
Domestic-related homicides	0.7%	0.7%	45.6%	37.5%	15.4%
Sexual assault	1.2%	1.8%	19.3%	43.3%	34.5%
Sexual harassment	0.7%	0.7%	29.1%	42.6%	27.0%
Stalking	0.7%	2.7%	31.8%	37.8%	27.0%
Cyber-harassment/stalking	0.7%	0.7%	17.8%	36.2%	44.7%
Sex trafficking	1.9%	0.9%	30.6%	38.0%	28.7%
Hate crimes	0.6%	0.0%	14.9%	36.4%	48.1%

of communities were also observed regarding the occurrence of hate crimes during the pandemic ($X^2[3] = 17.37, p = .001$) and followed a similar pattern to that of domestic-related homicides. Two-thirds of urban/suburban versus about one-third of rural participants indicated that hate crimes increased “a lot” since the start of the pandemic, while a higher proportion of rural participants (23.2%) than urban/suburban participants (7.4%) reported that there was no impact of the pandemic on the incidence of hate crimes within their communities.

Occurrence of Control Tactics Related to the Pandemic. As seen in Table 2, the most commonly reported control tactic related to the pandemic was abusers monitoring victims’ activities on electronic devices (e.g., computers and phones), as nearly all participants reported that they observed this tactic. Specifically, about two-thirds of participants indicated that they observed this tactic “very much” during the pandemic and one-third indicated they observed this “somewhat.” Additionally, nearly 90% of participants reported that abusers interfered with victims who both worked from home and outside the home during the pandemic; about 50% of participants indicated they observed this tactic “very much.” Finally, nearly 80% of participants reported that they observed abusers using threats of getting sick to prevent the victim from seeing friends/family and from leaving the house. There were no significant differences between rural and urban/suburban participants’ reports of control tactics related to the pandemic.

Occurrence of Help-Seeking. Participants were relatively split regarding the perceived occurrence of help-seeking for gender-based violence in their communities since the start of the pandemic. In general and as seen in Table 3, participants more commonly reported that help-seeking increased than decreased for most types of gender-based violence. However, a significant proportion of participants indicated help-seeking

Table 2. Frequency of IPV Control Tactics Occurring During the Pandemic for Total Sample ($N = 222$).

IPV tactic	Not at all	Somewhat	Very much
Abusers closely monitoring survivors’ activity on their computer, phone, or tablet	1.2%	33.7%	65.1%
Abusers interfering with survivors’ work/employment if they are working from home	11.0%	37.7%	51.4%
Abusers interfering with survivors’ work/employment if they are working outside the home	12.7%	36.6%	50.7%
Abusers using the threat of getting sick to prevent the survivor from seeing friends or family	20.1%	37.7%	42.2%
Abusers using the threat of getting sick to prevent the survivor from leaving the house	23.9%	39.4%	36.8%

Note. IPV = intimate partner violence.

declined since the start of the pandemic. Help-seeking for child abuse (41.5%), elder abuse (37.8%), IPV (34.0%), and sexual assault (31.7%) yielded the highest proportions of participants who reported that help-seeking decreased either some or a lot. Conversely, participants most commonly reported that IPV (58.6%) and hate crime (54.1%) help-seeking increased some or a lot. There were no significant differences between rural and urban/suburban participants' responses regarding the occurrence of help-seeking for specific types of gender-based violence.

Populations of Victims at Highest Risk

One hundred and thirty-five participants (60.8%) reported, in open-ended format, the populations of survivors at greatest risk during the pandemic. The number of times each population theme was mentioned in these responses is listed in Table 4. The most frequently mentioned populations, in descending order, were children, racial/ethnic minorities, survivors who are low in socioeconomic status (SES) or with limited resources, immigrants or non-English speaking survivors, IPV victims (specifically women), and the elderly.

Children. Regarding children, participants commonly mentioned that because most child abuse is committed by parents or others within the home, children are at a greater risk than normal while sheltering in place. One participant summarized, "This is not a good situation for our children, many of whom need that trip to school to maintain physical and mental health." Potential for abuse is further exacerbated by the added stress of financial uncertainty, working from home, and home-schooling burdens. Furthermore, while schools are shut down, children are unable to access the resources and services they need outside the home and are isolated from those who can potentially report child abuse or neglect. As one participant stated,

Table 3. Percentages of the Total Sample That Reported How Help-Seeking of Gender-Based Violence Has Been Impacted Since the Start of the Pandemic ($N = 222$).

Help-seeking	Decreased a lot	Decreased some	No impact	Increased some	Increased a lot
Intimate partner violence	9.9%	24.1%	7.4%	33.0%	25.6%
Child abuse	15.9%	25.6%	19.5%	30.5%	8.5%
Elder abuse	12.1%	25.7%	27.1%	22.9%	12.1%
Sexual assault	9.5%	22.2%	22.8%	29.1%	16.4%
Sexual harassment	8.2%	19.9%	32.9%	26.0%	13.0%
Stalking	6.5%	20.0%	25.8%	35.5%	12.3%
Cyber-harassment/stalking	5.8%	17.4%	29.7%	29.0%	18.1%
Sex trafficking	5.5%	18.0%	33.6%	31.3%	11.7%
Hate crimes	2.5%	12.3%	31.1%	33.6%	20.5%

Table 4. Number of Times Populations at Highest Risk During the Pandemic and Advice to IPV Victims Themes Were Mentioned in Open-Ended Responses for Total Sample, Rural, and Urban/Suburban Participants.

Populations at highest risk (<i>N</i> = 135)	Number of times mentioned		
	Total sample	Rural	Urban/suburban
Children	43	25	10
Racial/ethnic minorities	37	10	22
Low SES/resources	35	14	16
Immigrants/non-English speaking	18	5	12
IPV victims/women	18	8	5
Elderly	15	9	3
Disabled	6	3	2
LGBTQ	6	3	3
Pre-existing health issues	6	3	2
Rural	5	4	1

Advice to victims (<i>N</i> = 174)	Number of times mentioned		
	Total sample	Rural	Urban/suburban
Safety plan	84	35	27
Utilize victim services/advocacy	68	25	15
Seek social support	63	27	21
Prepare to leave	49	21	12
Protect self from harm	32	10	9
Contact law enforcement or 911	31	15	10

Note. Each participant's open-ended response could contain more than one theme; not all participants in the total sample were classified as rural or urban/suburban (i.e., some participants' community type was unknown). IPV = intimate partner violence; LGBTQ = lesbian, gay, bisexual, transgender, and queer; SES = socioeconomic status.

“They don’t have access to safe people to reach out to for help as well as are not being seen by people outside the home who can observe and report if the suspect a problem.” Similarly, many participants acknowledged the added vulnerability of the elderly for abuse during the pandemic given they may be reliant on others for care and are more likely to be isolated given their vulnerability for severe or fatal illness associated with COVID-19. As in the case of children, one participant commented that elderly victims may be at particular risk given the added stress to caretakers, “Caregivers become more stressed and therefore take the stresses out on them.”

Racial/Ethnic Minority and Immigrant Survivors. Participants also acknowledged the structural inequalities and added racial tension for survivors who are of racial/ethnic minorities and immigrants/non-English speaking. For example, one participant summarized:

I think any socially or politically marginalized population is at particular risk during the pandemic (e.g. people of color or immigrants). The social safety net for immigrants,

particularly those with tenuous or no documentation, is unstable in a best case scenario. The pandemic has exacerbated that. Survivors of color as a whole are at further risk of victimization within their communities due to increasing tension with law enforcement.

Participants also discussed that BIPOC and/or immigrant survivors may be less likely to seek help from the justice system or government services given the lack of trust with the system more broadly. This, as some participants explained, can result in victims staying in abusive relationships rather than leaving or seeking help. Some participants explicitly mentioned the added tension that protests for racial equity (e.g., Black Lives Matter) have added between BIPOC and law enforcement, which further contribute to the reluctance to seek help from police. Other participants discussed the barriers that immigrant survivors face, such as language barriers when navigating the system and fear of deportation. As one participant discussed, “Their fears are greater than the abuse they are experiencing. They don’t trust law enforcement [out of] fear of deportation. Survivors stay with the abuser due to a lack of a safe place to go to or having a language barrier.”

Survivors Who are Low in SES and Resources. Many participants discussed the added vulnerability of victims who are low SES or lacking important resources such as transportation and housing during the pandemic. One participant explained that the conditions of the pandemic have made it even more difficult for victims to leave their abusers, “Survivors who were contemplating leaving before the pandemic hit and have even less resources and time options available to do so now.” Most responses under this theme mentioned the immense stress and pressure that unemployment and financial insecurity have added to families. One participant comment helps highlight this:

The lower class because it is more likely that they were affected in the aspect of loss of a job, they are home with their children due to school shutdowns, many relied on the food at school, and all of that compiled together created excess stress on all parties involved. That in turn creates financial problems, food shortage, transportation issues, isolation from friends/family/coworkers, and sometimes when there is a lack of positive coping skills it can lead into poor choices including substance abuse. And when all of those characteristics are present, it can increase the chance of violence in the home.

Some participants explicitly highlighted that the pandemic have made single mothers especially vulnerable given the added financial pressure while balancing homeschooling. This was related to another population theme that IPV victims, with women in particular, are at a higher risk during the pandemic. Participants highlighted that sheltering in place has further isolated IPV victims by limiting their social support networks and facilitating abuser monitoring. Furthermore, some noted that the pandemic has particularly hindered women’s ability to maintain employment while caring for children at home, which can further financial dependence on abusers.

Other Vulnerable Populations. Other less frequently mentioned populations included survivors who are disabled, a part of the LGBTQ community, have pre-existing health

issues, and from rural communities. The majority of responses under each of these themes explained that the pandemic exacerbated the barriers to help-seeking and services needed by these often marginalized populations. For example, one participant stated, “Transgender folxs are at a particular risk during the pandemic, because not only were resources bare before, they are almost completely diminished.” The pandemic also furthered potential isolation faced by certain survivor populations. Victims with underlying health conditions, for example, may be isolated by cutting off external support networks out of concern for their physical health, and survivors from rural communities are likely to become even further isolated from external services and help. Regarding rural survivors, a participant explained:

Extremely rural survivors are at the greatest risk in our service area because they have no way to get away from the abuser. They can’t call anyone because the abuser will not allow it. They don’t see anyone because they are isolated from family and friends. We have also had hospitals call and provide transportation for survivors who are over 100 miles from our facilities.

Community-Type Differences. Three significant differences emerged among rural versus urban/suburban participants’ responses. A higher proportion of urban/suburban (i.e., urban/suburban) mentioned racial/ethnic minorities (43.1%; $\chi^2[1] = 9.74, p = .002$) and immigrant/non-English speaking survivors (23.5%; $\chi^2[1] = 5.07, p = .024$) compared to rural participants (racial/ethnic minorities = 16.4%; immigrants/non-English = 8.2%). Conversely, a higher proportion of rural participants (41.0%) than urban/suburban participants (19.6%) mentioned children as the highest risk population during the pandemic ($\chi^2(1) = 5.91, p = .015$).

Challenges Experienced by Victims During the Pandemic

The average ratings of the magnitude of challenges that victims of gender-based violence experienced since the start of the pandemic are shown in Table 5. The five greatest challenges for victims included financial strain/unemployment, stress related to uncertainty about the future, homeschooling children, and social isolation from friends/family. Other top issues included children’s increased risk for abuse during the pandemic, stress due to reliance on technology, stress worrying about health, homelessness, and fear of group living in shelters. The smallest challenges included increased gun sales/access and victim fear of deportation. However, these issues were still rated higher than the scale midpoint ($= 5$).

Community-Type Differences. As seen in Table 5, there were several significant differences between rural and urban/suburban participants for the average magnitude of victim challenges. However, across all 14 of the listed challenges, participants from urban/suburban communities rated each challenge significantly higher than participants from rural communities. These issues included those related to race inequity, tensions with law enforcement, and fears of deportation, in addition to those related to resource limitation (e.g., access to services, goods, and financial strain).

Table 5. Comparison of Mean (Standard Deviation) Ratings of Magnitude of Challenges Becoming More of a Problem Since the Start of the Pandemic.

Challenge for victims	Total sample (N = 222)	Rural (n = 93)	Urban/suburban (n = 78)	t-test
Financial strain/unemployment*	8.87 (1.90)	8.47 (2.15)	9.17 (1.66)	t(169) = 2.33, p = .021
Stress related to uncertainty of the future*	8.83 (1.82)	8.57 (1.98)	9.22 (1.42)	t(169) = 2.42, p = .017
Home schooling/taking care of children	8.80 (1.94)	8.59 (2.04)	8.97 (1.83)	t(169) = 1.30, p = .203
Social isolation from friends, family, or other support networks*	8.70 (2.05)	8.27 (2.44)	9.08 (1.58)	t(169) = 2.52, p = .013
Children at greater risk for abuse while spending more time at home	8.57 (1.93)	8.29 (2.06)	8.65 (1.79)	t(169) = 1.22, p = .224
Stress due to sudden reliance on technology for communication, schooling, work, etc.	8.51 (1.96)	8.28 (2.13)	8.69 (1.65)	t(169) = 1.40, p = .165
Stress/worry about the health of family and/or friends*	8.50 (1.96)	8.23 (1.98)	8.94 (1.72)	t(169) = 2.48, p = .014
Homelessness/unable to maintain housing*	8.44 (2.02)	7.99 (2.20)	8.76 (1.83)	t(169) = 2.45, p = .015
Fear of group living (e.g., shelters)**	8.23 (2.24)	7.80 (2.35)	8.77 (1.78)	t(169) = 3.01, p = .003
System services are not being provided or only being provided in limited capacity of courts**	8.16 (2.15)	7.73 (2.32)	8.56 (1.86)	t(169) = 2.56, p = .011
Access to needed mental health care/ services	8.16 (2.09)	7.99 (2.20)	8.32 (1.94)	t(169) = 1.04, p = .302
Transportation to needed services (e.g., shelters, court)*	8.12 (2.11)	7.78 (2.32)	8.49 (1.70)	t(169) = 2.21, p = .028
	7.84 (2.21)	7.47 (2.43)	8.26 (1.80)	t(169) = 2.38, p = .019

(continued)

Table 5. (continued)

Challenge for victims	Total sample (N = 222)	Rural (n = 93)	Urban/suburban (n = 78)	t-test
Access to needed physical health care/services*				
Access to goods (e.g. groceries, baby supplies) needed by victims and their children*	7.83 (2.26)	7.40 (2.57)	8.17 (1.85)	$t(169) = 2.21, p = .029$
Distrust of public information about the virus/safety	7.82 (2.27)	7.67 (2.64)	8.05 (2.00)	$t(169) = 1.11, p = .270$
Victims afraid to leave house in fear of getting sick**	7.74 (2.33)	7.17 (2.44)	8.21 (2.24)	$t(169) = 2.87, p = .005$
Fear/stress due to racial inequity**	7.69 (2.66)	7.01 (2.81)	8.29 (2.31)	$t(169) = 3.22, p = .002$
Victims do not realize agencies are providing services	7.50 (2.30)	7.24 (2.33)	7.42 (2.21)	$t(169) = .53, p = .594$
Tensions with and/or distrust of law enforcement**	7.40 (2.70)	6.81 (2.82)	8.80 (2.55)	$t(169) = 2.88, p = .005$
Tensions with and/or distrust of child protective services	7.20 (2.44)	7.11 (2.43)	7.31 (2.46)	$t(169) = .53, p = .595$
Fear of deportation***	7.02 (2.80)	6.29 (3.02)	7.91 (2.35)	$t(169) = 3.85, p < .001$
Increased gun sales/access	6.62 (2.60)	6.32 (2.73)	6.92 (2.49)	$t(169) = 1.49, p = .138$

Note. Rating scale options ranged from 1 (less of an issue since the start of the pandemic) to 10 (more of an issue since the start of the pandemic); t-test results compare rural versus urban/suburban means.

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Advice for Victims Sheltering in Place

One hundred and seventy-four participants responded to the open-ended question asking to provide advice to IPV victims who were sheltering in place with an abuser during the pandemic. Six major themes emerged from these responses and are listed, along with the number of times each theme was mentioned, in Table 5. There were no significant differences between rural and urban/suburban participants' advice responses.

Safety planning was the most frequently mentioned advice theme. While all responses under this theme specifically mentioned the term "safety plan," some participants did not elaborate further beyond stating that the victim should develop a safety plan while others explained details of developing a safety plan. For example, one participant stated:

Have a safety plan such as knowing how to get out of the house quickly from each room; leave car keys where can be easily accessed in case need to leave; do the same with purse (maybe leave in boot of car); talk with trusted neighbor to call police if they hear suspicious noises or see an agreed upon sign from them; teach the children to use the phone to call 911 in case needed.

Participants also often mentioned that they would advise victims to ensure they have a safety plan for any children in the home and to update any current safety plans to incorporate the conditions of the pandemic (e.g., the abuser being home more).

The second most common theme was for victims to utilize victim services, such as shelters, hotlines, and advocacy. Multiple participants specifically mentioned that victims should have domestic violence resources programmed into their phones. The next theme, reaching out to social support networks such as family, friends, coworkers, or other trusted individuals, was the third most frequently mentioned theme. Participants emphasized that facilitating contact with any individuals outside the home and utilizing all social support available is critical during a time of heightened isolation. As one participant noted, "Reach out for help, even during a shelter in place order there are places to go for help." Within this theme, participants also suggested that victims utilize neighbors or other non-family/friends they may interact with who could potentially help. For example, one participant suggested utilizing local grocery store employees, "If you are permitted to do the grocery/supply shopping alone, become friendly with the store clerks as they may be able to pass information for you." Many participants also suggested that victims should develop code words or phrases with their support networks, which would signal that the victim is in danger and that the support person should contact the authorities.

The fourth theme included making an escape plan or taking steps to leave the abuser. Within this theme, participants discussed details such as stashing money, identification documentation, and car keys. Some participants also suggested practicing an escape route when the abuser is not around. Within this theme, some participants emphasized that they would explain to victims that the shelter in place orders should

not prevent them from leaving the abuser. One participant noted that he/she would tell a victim that, "The shelter in place order does not mean you should risk your life by staying in the house. Your life is more important!" The final two themes were mentioned at a similar frequency: contacting law enforcement/911 and taking steps to protect oneself from the abuser. Regarding the latter theme, participants mentioned advice such as deescalating the abuser when upset (or do not engage the abuser when upset), removing potential weapons (e.g., knives, firearms) from an area when the abuser is present, and identifying safe locations around the house. For example, one participant suggested, "Watch the signs and if you feel something is about to happen or escalate go to an area that has the least chance of injury, not bathroom, closets, or congested areas with lots of hard surfaces."

Discussion

Economic insecurity, isolation, and mental health issues stemming from the pandemic have created circumstances that increased the occurrence of gender-based violence. Women have been particularly impacted by unemployment and increased childcare responsibilities during the pandemic (Hayes & Mason, 2021), highlighting the gendered impact of this global catastrophe. Though emergencies inevitably occur over time, the pandemic is a rare global event and researchers are in the process of understanding its full impact on gender-based violence. The present study examined rural versus urban/suburban victim service professionals' perceptions of the impact of the pandemic on the occurrence of gender-based violence and vulnerable populations within their communities, challenges faced by victims, and advice for victims sheltering in place with an abuser. The results yielded several key findings that warrant deeper discussion and highlight the need to consider community context when developing coordinated interventions to serve victims of gender-based violence during and after the pandemic. Furthermore, this study provides initial information that can be used by victim service agencies to develop emergency planning strategies in times of crisis that involve social and physical isolation of victims.

The Occurrence of Gender-Based Violence During the Pandemic

The majority of participants reported a perception that all forms of gender-based violence increased since the start of the pandemic, though there was variability in the perceived magnitude across different types of violence. Unsurprisingly in the context of recent evidence (Boxall et al., 2020; Bradbury-Jones & Isham, 2020; Gosangi et al., 2021; Leslie & Riley, 2020; Peterman & O'Donnell, 2020; Piquero et al., 2021), over 90% indicated that IPV and child abuse increased despite about one-third to 40% reporting that help-seeking decreased. Similarly, around 80% of participants reported that elder abuse and sexual assault increased during the pandemic. The existing literature examining the impact of the pandemic on familial violence has focused largely on IPV and child abuse, while less attention has been paid to elderly populations. However, in this study, elder abuse was among the top three forms of violence

reported as having increased by most participants. Furthermore, the elderly were a commonly mentioned vulnerable population in the open-ended data and participants expressed similar concerns for elderly victims as child abuse victims, such as reliance on caretakers and isolation from witnesses of abuse/neglect.

Though elder abuse may receive less attention in the global spotlight in comparison to IPV, child abuse, and sexual assault, it is clearly a significant problem that has been worsened by the pandemic. One survey found that prevalence rates of elder abuse increased by over 80% since prior to the pandemic (Chang & Levy, 2021) and other researchers have discussed the vulnerability of older adults given their heightened risk of serious death or illness due to COVID-19 and reliance on caregivers (Han & Mosqueda, 2020; Makaroun et al., 2020). Unfortunately, elder abuse and child abuse yielded the highest proportions of participants who reported that help-seeking declined during the pandemic, which is likely because both victim populations often experience the abuse from caregivers. Therefore, it is critical to consider older populations, in addition to children, when providing services to victim populations who are particularly isolated and reliant on others to report mistreatment.

It is also important to note the variability among participants' responses regarding help-seeking for different forms of violence. For example, while about one-third of participants reported that help-seeking for IPV decreased, nearly 60% reported that help-seeking increased for IPV. IPV, in fact, was the form of violence rated as the highest increase in help-seeking increased since the start of the pandemic. Help-seeking for hate crimes was a close second, with about 54% of participants reporting that help-seeking for these crimes increased. Increased help-seeking for hate crimes during the pandemic may have been due, in part, to increased awareness and efforts to address race inequality in certain communities. Highlighting the complexity of these findings, the patterns of violence occurrence and help-seeking are likely dependent on community context and culture prior to the pandemic. In many ways the pandemic made vulnerable individuals even more vulnerable and service gaps even wider.

Abuse Tactics During the Pandemic

Regarding the occurrence of specific abuse tactics in the context of IPV, most participants reported that monitoring victims' online behaviors and interference with victims' employment were significant control tactics employed by abusers during the pandemic. Increased reliance on the internet and technology for essential needs (e.g., employment, help-seeking, communicating with friends/family) during the pandemic also opened the door for opportunities for abusers to monitor victims and control victims' communication with the outside world. Therefore, while technology has facilitated contact with the outside world and the ability to provide services to victims, it may have also created barriers for victims to discreetly communicate with those outside the home and perform basic tasks. For many victims, the internet may have been the sole mechanism to access resources critical to leaving, such as information on alternative living, allowing abusers to further entrap victims. Abusers capitalizing on the ability to spy on or monitor victims' virtual activities during the pandemic

has been noted as a concern in the literature (Boxall et al., 2020; Emezue, 2020; Slakoff et al., 2020). Recommendations to address abusers' exploitation of technology, such as emergency exit/shutdown buttons and additional identity verification (Freed et al., 2018), should be considered when safety planning with victims whose abusers have access to their electronics.

Additionally, the finding that nearly 90% of participants acknowledged that abusers interfered with victims' employment while working from home underscores the hardship that women in the workforce, and particularly those with children, have faced during the pandemic (Hayes & Mason, 2021). Financial dependency is a critical way to entrap victims and the pandemic has made it easier for abusers to utilize such tactics to control victims and exploit their exit from the workforce (Mittal & Singh, 2020). Therefore, working with victims on regaining employment and financial independence while also balancing heightened childcare burdens may be critical in assisting victims leave an abusive situation during or after the pandemic.

Comparisons Across Types of Communities

The results of this study found many similarities among rural and urban/suburban participants regarding the impact of the pandemic on gender-based violence, which speaks to the universal, devastating impact of the pandemic for many people. However, this study also highlighted several differences between rural and urban/suburban participants' responses. In their open-ended responses, rural participants were more likely to mention children as most vulnerable and urban/suburban participants were more likely to mention racial/ethnic minorities and immigrant victims as most vulnerable. Participants from more diverse urban/suburban areas were perhaps more likely to mention racial/ethnic minority and immigrant victim populations given they have higher populations of BIPOC. Furthermore, social movements and protests for racial equality are more likely to have been forced to the forefront of these communities as critical issues in comparison to rural communities.

On the contrary, rural participants may have been more likely to mention children as most vulnerable given higher levels of poverty, unemployment, and resource scarcity in these rural areas—all of which would have been exacerbated by the pandemic (Mueller et al., 2021; Weber & Miller, 2017). This financial insecurity could contribute to more frustration in the home. Furthermore, it is possible that rural families had fewer resources, such as necessary technology, to facilitate home schooling during school closures, which could also contribute to familial stress and frustration. However, it is difficult to explain with certainty the differences between rural and urban/suburban participants' reporting of children as a vulnerable population emerged and future research is needed to substantiate this finding. Each of the mentioned victim populations is in need of advocacy regardless of community type, and the reporting of vulnerable populations likely reflects the priorities of the community at the moment rather than a regard for certain victim populations over the other. These results highlight the impact of community context in assessing the needs of victims and can impact where resources (e.g., time, money) are allocated.

Challenges for Victims During the Pandemic. The most consistent difference between rural and urban/suburban participants was evident when examining how participants viewed the magnitude of challenges for victims during the pandemic. There was an overall pattern that urban/suburban participants rated most issues as larger problems for victims than rural participants. It is unclear if this general trend reflects that these issues were larger problems in urban communities or an artifact of urban participants over-reporting and/or rural participants underreporting the magnitude of victim challenges. One would expect that certain challenges would be higher in rural areas, such as access to transportation, health care, and services/goods (Youngson et al., 2021). However, this was not the case. Therefore, it is possible that rural participants under-estimated the magnitude of victim challenges across the board in comparison to urban/suburban participants. Given that this study was largely exploratory in nature, more research is needed to replicate and explain these findings.

However, it is important to note that all participants rated most issues for victims as becoming bigger problems since the start of the pandemic as relatively high (i.e., above the mean scale value), with the top five greatest issues being financial strain/unemployment, stress related to uncertainty about the future, homeschooling children, and social isolation from friends/family. These concerns have been reflected in other research with victims of gender-based violence during the pandemic (e.g., Wood et al., 2021) and it is likely that some barriers, such as financial and housing insecurity will persist in the long term. Housing and food insecurity, for example, has already been documented as significant issues exacerbated by the pandemic, with Black individuals and women being particularly vulnerable to such economic hardship (Perry et al., 2021). Limited safe housing options have been a significant issue for victims of gender-based violence during the pandemic, with reduced shelter capacities and limited space at hotels to accommodate families (Lynch & Logan, 2021). Furthermore, the pandemic has contributed to a crisis in the housing market that has resulted in a major supply shortage, driving up costs and pricing out many buyers/renters (Balasubramanian, 2021). These barriers should be considered in preparing for effective responses to future emergencies so victims can safely relocate away from their abusers.

Advice for Victims Sheltering in Place

Finally, this study also examined participants' advice for victims isolated at home with an abuser while sheltering in place. Though no community differences were found, several themes emerged that were somewhat typical of victim service professionals' advice. These themes included developing a safety plan, utilizing victim services, seeking social support from others, and preparing to leave the abuser. However, the results also shed light on more novel information that can help build knowledge regarding safety planning during a time of crisis. Many participants noted that safety plans should be updated to incorporate the conditions of the pandemic. For example, participants highlighted that social support is critical during a time of heightened isolation and that the shelter in place orders should not prohibit the victim from leaving the abuser if

she/he is in danger. It is likely that some victims were unaware that agencies and services (e.g., courts, shelters) were still operating during the pandemic and others may have been hesitant to utilize services, such as shelters, out of concerns for safety and/or uncertainty. Victims recruited from domestic violence and sexual assault agencies in Wood et al. (2021) study, for example, expressed the need for help but were unsure where to go during the pandemic. Therefore, there may be a need for better education and outreach so that victims are made aware of the services offered during a time of emergency.

Limitations and Conclusion

The results of this study should be considered in light of several limitations. First, the study was largely exploratory in nature and was developed as an initial investigation of victim service professionals' experiences during the pandemic. Consequently, there was limited published research to draw upon when developing the survey and many of the measures were exploratory. Second, the ability to generalize the findings from this study to victim service professionals outside the sample and in other countries is limited given that a probability sampling method was not employed. Although participants represented over 80% of states in the United States, not all areas of the United States were represented proportionately. Furthermore, the sample was relatively homogeneous (primarily White, females) and the vast majority worked with IPV and/or sexual assault victims while those individuals who work specifically with minority or underserved populations was limited. Third, and relatedly, this study captured only the perspective of frontline victim service workers and the results reflect their experiences and professional opinions. The results did not draw directly from victims, and there are other frontline workers, such as criminal justice professionals and healthcare providers, who could also provide valuable perspectives to paint a more complete picture of the widespread impact of the pandemic. Fourth, this was a cross-sectional study, and the experiences of victims, their families, and frontline workers serving victims are likely to change over time as the pandemic progresses. A longitudinal examination would be ideal given the pandemic and society's response to the pandemic through ever-changing policies related to social distancing and shutdowns are fluid rather than stagnant or linear.

Despite these limitations, the results revealed information that can be used to inform future studies employing more rigorous sampling and longitudinal methods to gain a better understanding of the short- and long-term impacts of the pandemic on gender-based violence. These findings demonstrate a multifaceted impact of the pandemic on gender-based violence and highlight that such effects are not uniform across all forms of gender-based violence and victim populations. The results also underscore the importance of taking community context into account when looking to develop community coordinated responses to address the rise in gender-based violence stemming from the pandemic. The effects of the pandemic will likely be observed for years to come and strategies to help victims recover from disaster should not take a one size fits all approach. Youngson et al. (2021), for example, emphasize the need to consider the unique barriers associated with community culture, limited resource availability, education, and location/geographic (e.g., accessibility/transportation)

when implementing responses to gender-based violence in rural areas. Nevertheless, it is clear that all victims of gender-based violence those from vulnerable populations are more in need of services than ever—regardless of their community—and those working on the frontlines will need to continue to adapt and innovate.


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Supplemental Material

Supplemental material for this article is available online.

Notes

1. Protocol ID for first author's IRB: 20-265E.
2. Other race/ethnicity categories included 6.4% Hispanic, 2.9% Black, 2.3% Asian/Pacific Islander, 1.2% American Indian, and 1.7% other than that listed.
3. Tables that provide a comparison across the total sample, rural, and urban/suburban for the data presented in Tables 1, 2, and 3 are available as supplementary materials.

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T.K. Logan, PhD, is a professor at the University of Kentucky, Department of Behavioral Science. Her research focuses on stalking/cyberstalking, partner abuse, coercive control, sexual assault, firearms in the context of partner abuse, and personal safety. She is an author on over 175 research articles and book chapters and serves on the editorial board of two international journals. Her books include: *Women and Victimization: Contributing Factors, Interventions, and Implications* (American Psychological Association Press) and *Partner Stalking: How Women Respond, Cope, and Survive* (Springer Publisher). She is also involved with a several community boards and national organizations working to prevent gender-based violence.