

Sexual assault survivors' engagement with advocacy services during the COVID-19 pandemic

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Abstract

Sexual assault advocates provide support to survivors as they navigate medical, legal, housing, and other complex systems. However, social distancing measures enacted in response to coronavirus disease 2019 (COVID-19) forced changes to traditional advocacy services. The current study aimed to understand how the COVID-19 pandemic transformed survivors' engagement with sexual assault advocacy services. Semi-structured interviews were conducted with 12 sexual assault advocates from a community-based advocacy organization in Detroit. Thematic analysis was employed to uncover emergent themes reflecting COVID-19's impact on survivors' engagement with advocacy services. Three themes were identified: (1) Disruption to advocacy services; (2) difficulty obtaining tangible resources; and (3) desire for COVID-related support, information, and resources. This study highlights the needs of sexual assault survivors during the COVID-19 pandemic and explores how public health emergencies have the potential to exacerbate the needs of this vulnerable population. Implications and future directions for service provision and research are considered.

KEYWORDS

advocacy, COVID-19, delivery of care, gender-based violence, help-seeking, sexual assault, vulnerable populations

1 | INTRODUCTION

Coronavirus disease 2019 (COVID-19) is a worldwide pandemic that has caused intersecting medical, social, and economic crises (Bureau of Labor Statistics, 2020; Dubey et al., 2020). Though the pandemic has affected everyone, the impact is not experienced equally. Communities that were vulnerable due to limited resources, marginalization, or trauma are especially vulnerable to the effects of the COVID pandemic (Tai et al., 2021). One of the more vulnerable groups affected by the pandemic has been sexual assault survivors. Due to the pandemic, many sexual assault survivors have had to endure social isolation, financial losses, and adverse effects on their mental and physical wellbeing, all of which impact their ability to cope and heal from their trauma (Wood et al., 2021). Simultaneously, the pandemic has created several barriers to sexual assault survivors' abilities to engage with pivotal resources, including victim advocacy (Muldoon et al., 2021; Munro-Kramer et al., 2021; Wood et al., 2021). Advocacy services are a critical source of support for many sexual assault survivors, providing an array of emotional and tangible resources. However, many agencies have reduced their capacity and shifted their service provision methods to mitigate community spread of COVID-19 (Wood et al., 2020). These changes to service provision, coupled with the pandemic's impact on survivors' individual financial, emotional, and physical circumstances, may have influenced sexual assault survivors' engagement with advocacy agencies in yet unexplored ways. Changes in survivors' engagement with advocacy services could have far-reaching consequences for their health, wellbeing, and participation in other systems related to their assault (e.g., medical system and legal system). It is therefore critical to understand how COVID-19 has transformed sexual assault survivors' engagement with sexual assault advocacy services. Below, we begin by reviewing the literature on the development and importance of advocacy programs for sexual assault survivors. We then discuss the impact COVID-19 has had on advocacy services and the disproportionate impact on communities of color and under-resourced communities.

1.1 | History and importance of comprehensive sexual assault advocacy services

In the mid-1970s to 1980s, grassroots rape crisis organizations developed in response to the pervasiveness of sexual assault (see Martin, 2005 for a review). These early rape crisis centers focused on crisis intervention services, prevention efforts, and political activism (Bergen & Maier, 2011). Over time, more rape crisis centers started to appear across the country, mainly due to federal and state-level funding dedicated to this issue (Zweig et al., 2021). With increased funding, rape crisis centers became more professionalized and focused on providing formalized services and programs to sexual assault survivors (Bergen & Maier, 2011; Townsend & Campbell, 2018). Today, rape crisis centers typically offer support and resources such as crisis intervention, mental health services, and assistance navigating the medical and legal systems (Decker & Naugle, 2009; Macy et al., 2009; Townsend & Campbell, 2018).

Despite increasing numbers of rape crisis centers across the country, antiviolence activists and researchers have continually expressed concerns that the needs of survivors from diverse backgrounds were not being met (Bach et al., 2021). Sexual assault advocacy services were limited in their effectiveness if they were not coupled with supporting survivors' needs more broadly as they related to housing, health care, and other basic needs (Huntington et al., 2005; Kennedy et al., 2012; White et al., 2019). This was especially true in marginalized communities in which syndemic violence, poverty, and institutionalized racism increased the risk of sexual violence and decreased the likelihood that sexual assault survivors' needs would be addressed (Armstead et al., 2021; Bryant-Davis et al., 2010; Fedina et al., 2020; Mueller et al., 2021).

Given these issues, sexual assault advocacy became more expansive to address sexual assault survivors' unmet needs. This approach—known as “comprehensive advocacy”—focused on providing coordinated, trauma-informed services, including peer support, crisis intervention case management, and mental health counseling (Huntington et al., 2005). This more expansive approach involved advocates working in tandem with sexual assault survivors as they navigated different social systems to get their emotional and material needs met (Allen et al., 2013;

Campbell, 2006; Elliott et al., 2005; Patterson & Campbell, 2010). Comprehensive advocacy is crucial in addressing multiple needs of sexual assault survivors and providing an access point to other community services that focus on housing, employment, and other material needs. Studies have shown that comprehensive advocacy services result in sexual assault survivors feeling empowered and supported, and help them meet their emotional and tangible needs (Allen et al., 2013; Weissbecker & Clark, 2007; Westmarland & Alderson, 2013). In addition, comprehensive advocacy can result in fewer negative interactions with legal and medical providers, fewer mental health problems, and greater willingness to engage with medical and legal systems (Campbell, 2006; Patterson & Campbell, 2010). Overall, comprehensive advocacy services are crucial for sexual assault survivors, especially for survivors that experience cumulative challenges such as poverty, multiple victimizations, and structural barriers to engaging with vital resources in their communities.

1.2 | COVID-19 impacts on gender-based violence advocacy

While there is a great deal of literature speaking to the importance of having gender-based violence advocacy available to survivors, the advocacy landscape changed drastically with the spread of COVID-19. In March 2020, COVID-19 cases were on the rise across the country, causing medical and financial upheaval (Center for Disease Control and Prevention, 2021; Center on Budget and Policy Priorities, 2020; US Census Bureau, 2019). COVID-19 restrictions were introduced to minimize contagion, and many traditional forms of social services – including sexual assault advocacy – were interrupted (Gostin & Wiley, 2020; Moreland et al., 2020). Recent studies have highlighted the pandemic's impact on the needs of gender-based violence survivors and their access to resources. In a study of domestic violence and sexual assault service providers' perspectives on survivors' safety and material needs, many reported survivors' decreased sense of safety and difficulty accessing essential resources during the pandemic (Wood et al., 2020). Though there have been some changes to service provision to accommodate survivors during the pandemic, agency staff also reported survivors having mixed experiences with remote/telehealth options for advocacy services (Wood et al., 2020). Similarly, survivors have had difficulty accessing post-assault medical forensic examinations and sexual assault-related emergency department care during the early months of the pandemic (Muldoon et al., 2021; Munro-Kramer et al., 2021). Indeed, some sexual assault survivors may have forgone forensic evidence collection and post-assault medical care entirely due to the pandemic (Muldoon et al., 2021; Munro-Kramer et al., 2021).

For sexual assault survivors of color and survivors living in poverty, the impact of COVID-19 has likely been far worse. Communities of color and communities living in poverty have been disproportionately affected by COVID-19, having experienced higher infection and death rates while access to resources was diminished or even wholly eliminated (Center on Budget and Policy Priorities, 2020; Ray et al., 2021). One state-wide report showed that Black people were twice as likely to die from the virus as their white counterparts (Ray et al., 2021). Similarly, a national report found that Black people made up 34% of COVID cases despite making up only 13% of the national population (National Center for Immunization and Respiratory Diseases & the Division of Viral Diseases, 2020). Furthermore, racial minorities were more likely than whites to endure food insecurity and other economic hardships resulting from the pandemic (CBPP, 2020). These data suggest that for survivors of color and survivors living in poverty, COVID-19 created multiple intersecting challenges for help-seeking and recovery. As such, it is important to understand how sexual assault advocacy services were impacted by the pandemic and how changes to those services may have exacerbated challenges for marginalized communities disproportionately impacted by COVID-19.

1.3 | Current study

The purpose of the current study was to understand how the COVID-19 pandemic transformed sexual assault survivors' engagement with advocacy services, which can help identify strategies to ensure continuous support for

survivors in future public health emergencies. There has been some research exploring COVID-19's impact on gender-based violence advocacy broadly (Muldoon et al., 2021; Wood et al., 2020, 2021), but little has focused on sexual assault survivors specifically (Munro-Kramer et al., 2021). Understanding the specific issues and concerns that impact sexual assault survivors could inform advocacy organizations' strategic and emergency planning for future public health crises. Additionally, considering that COVID has disproportionately impacted under-resourced communities and communities of color, it is crucial that special attention be paid to understanding utilization of advocacy services among minoritized survivors and survivors in high-poverty areas.

The current study sought to understand sexual assault survivors' engagement with advocacy services in Detroit, Michigan. Approximately 78% of Detroit residents are Black, compared with 14% in Michigan as a whole (US Census Bureau, 2019). The COVID-19 infection rate was also over twice that of the rest of the state, with Detroit reporting 205 infections per 100,000 residents compared to 100 infections per 100,000 residents state-wide (Ray et al., 2021). Detroit has been historically under-resourced, and residents were grappling with poverty and a housing crisis before the pandemic began (Ray et al., 2021). COVID-19 exacerbated these challenges, with 35% of Detroit residents losing their jobs during the pandemic and 20% reporting a certainty that they would run out of money within a few months after their job loss (Detroit Metro Area Community Study, 2020). These devastating impacts were felt even more acutely by Black Detroit residents, who were more likely to be diagnosed with COVID-19 and more likely to report economic disruption than their white counterparts (Ray et al., 2021). Given these alarming statistics and evidence of racial disparities, it was essential to consider the impact COVID has had on sexual assault survivors living in urban areas like Detroit. This community was already grappling with existing syndemic challenges, such as housing crises and poverty, which would likely create additional barriers for sexual assault survivors seeking advocacy services.

In this study, we interviewed sexual assault victim advocates about what resources their clients needed in the early onset of the pandemic. Sexual assault advocates are well-positioned to provide this information, as they work with dozens of survivors at any given time and can therefore offer overarching reflections on what their clients have sought, accessed, and needed during the pandemic. Interviewing advocates is a common approach in research on sexual assault survivors' engagement with community services (see Annan, 2011; Campbell & Salem, 1999; Campbell, 1998, 2005, 2006; Maier, 2007, 2012; Moylan, 2017; Ullman & Townsend, 2007, 2008) and their perspectives may be especially valuable during the frequently changing landscape of COVID-19 service provision. Specifically, we interviewed advocates regarding:

1. How was the provision of advocacy services for sexual assault survivors affected by COVID-19 restrictions?
2. How did the COVID-19 pandemic impact sexual assault survivors' abilities to access tangible resources?
3. How did sexual assault survivors' advocacy needs change due to the pandemic?

2 | METHODS

2.1 | Sample

We partnered with a community-based organization located in Detroit, Michigan, that provides sexual assault services to those in the greater Detroit area and beyond. The organization provides sexual assault advocacy, crisis intervention, medical forensic health care, individual and group counseling, expert witness testimony, training, education, and outreach services around sexual assault. We were conducting a collaborative study with this organization on how they notify sexual assault survivors about delayed testing of their sexual assault kits (SAKs; see Deleted to Ensure Blind review) when the COVID-19 pandemic hit. It was clear in our partnership meetings that the organization was struggling to meet survivors' needs, so we decided to expand our study's focus to examine how advocacy services were impacted by the pandemic.

During the summer of 2020, we interviewed sexual assault advocates employed at this agency about their experiences providing advocacy services during COVID-19. The recruitment for this study was a multiphase process. First, members of the research team were invited by organization leadership to a meeting to discuss interview opportunities and address any concerns. One month following the initial meeting, the organization provided a list of eligible advocates and their contact information, including their phone numbers and emails ($N = 14$). Emails were sent out to advocates to officially recruit/invite them into the study and allow them to indicate if they would or would not participate. Immediately following the email outreach, interviewers began contacting each advocate individually via phone/email. Twelve ($n = 12$) out of the fourteen eligible advocates agreed to be interviewed. A majority of the sample was female (92%) and had a master's degree (62%). More than a third of participants were between the ages of 25–34 (38%).

2.2 | Procedures

The interviews were conducted by graduate research assistants who received extensive training in data collection procedures, trauma-informed interviewing, and working with survivors of sexual assault. The interviewers were also involved in the larger collaborative study and were therefore deeply familiar with the community partners and the context of the study site. The interviews were conducted on Zoom, audio recorded, and transcribed verbatim. These procedures were reviewed and approved by the IRB of (Deleted to Ensure Blind Review).

2.3 | Measures

The research team worked collaboratively with our partner organization to create a semi-structured interview protocol. The sections of the interview that pertained to this study on the impact of COVID-19 included questions on: (1) how the pandemic may have impacted survivors' decisions to seek medical, law enforcement, and advocacy services (e.g., "How, if at all, have you seen the pandemic impact survivors deciding whether or not to seek medical care or forensic evidence collection after the assault?"), (2) differences in engagement among survivors whose assaults had occurred before the pandemic ("e.g., How, if at all, have you seen the pandemic impact survivors who had legal cases in progress related to the assault?" "How, if at all, have you seen the pandemic impact survivors' engagement in advocacy services, support groups, counseling, etc.?"), and (3) recommendations for programs, policies, or safeguards that should be put in place to protect survivors' access to services during future public health emergencies.

2.4 | Data analysis

We used thematic analysis to analyze the interviews (Braun & Clarke, 2006), which is an appropriate choice for exploratory research questions. We approached the analyses inductively (i.e., without an a priori theoretical framework), focusing on advocates' explicit meanings rather than underlying assumptions or ideas. The first step in the analytic process involved identifying only the sections of the transcripts related to the COVID-19 pandemic. These COVID-related data sections comprised our data set for the current analyses, as distinct from the broader "data corpus" of interview topics outside the scope of this study (Braun & Clarke, 2006). Once we had identified the COVID-related data set, the initial round of coding began with one coder independently applying descriptive codes (i.e., codes that summarized the overall content of interview passages) to the first four interviews. After generating descriptive codes, two coders independently coded the remaining nine interviews.

The next step in the coding process involved searching for and identifying themes within the descriptive codes (Braun & Clarke, 2006). To do this, each coder independently reviewed and grouped the descriptive codes into broader patterns or themes that synthesized the meanings and relationships between descriptive codes. For example, the area of advocacy needs/concerns, the descriptive codes “high need for housing resources” and “clients want safe housing, not shelters” were synthesized into the theme, “lack of safe and stable housing resources during a pandemic.” The coders then met to review and discuss their independently generated themes and come to a consensus on a preliminary list that collectively summarized the themes present in the complete COVID-related data set.

Several strategies were used throughout the analysis process to ensure the trustworthiness and credibility of the analysis and final themes (Lincoln & Guba, 1985). These strategies included weekly peer debriefing and discussion of coding between the two coders. For example, during the initial descriptive coding phase, the coders met to discuss similar descriptive codes that they had independently created and determined how to collapse or condense redundant codes. Because the initial coding was done independently by each coder (i.e., no double-coding of the same interviews), the coders also practiced noting questions or uncertainties while coding and bringing these questions to the peer debriefing.

3 | RESULTS

The analysis resulted in three emergent themes that describe how COVID-19 affected survivors' engagement with sexual assault advocacy services. Participants described how the pandemic disrupted their provision of and survivors' engagement with advocacy services (Theme 1). Participants also noted that COVID-19 restrictions affected survivors' abilities to obtain the community services and resources they regularly accessed before the pandemic (Theme 2). In addition, participants identified a new set of survivor needs for COVID-specific information, support, and resources, and reflected on ways that they expanded their advocacy to meet those needs (Theme 3). Collectively, the identified themes captured advocates' perspectives on how the COVID-19 pandemic impacted sexual assault survivors' need for and engagement with advocacy services.

3.1 | Theme 1: Disruption to advocacy services

Participants described the COVID-19 pandemic's disruption of advocacy services in the community, affecting both what their agency could provide and how survivors engaged with the offered services. Advocates detailed how their agency had to suspend in-person counseling and support groups during the state-wide lockdown, disrupting core services that many survivors counted on. For counseling, this disruption delayed service provision as the agency transitioned to a virtual format. One participant explained, “Our organization [had to take] the time to readjust and figure out safe ways to do virtual counseling or over the phone counseling...so there was definitely a halt [in services]” (Participant 3, Quote 8). For support groups, which were harder to transition to a COVID-safe format, the COVID-19 disruption amounted not just to a delay but an extended cancellation. An advocate recalled, “I [had] a lot of people who were like really wanted to do groups. Like they really, and we couldn't do that, and I kept saying, 'I'll let you know as soon as our groups come back'” (Participant 4, Quote 14). Even once some in-person services resumed, the required social distancing measures continued to disrupt pre-pandemic patterns of service delivery. In-person counseling appointments, for example, were less available as the agency worked to minimize the number of people in the office at one time. One participant explained what this meant for her clients, noting, “We're at half capacity in the office at all times...somebody who wants to see me every week can't have a consistent time and day to do so” (Participants 5, Quote 13). Unfortunately, these shifts were the reality of pandemic service provision.

The COVID-19 pandemic also disrupted survivors' engagement with advocacy services. Advocates shared their perception that survivors were less responsive to advocates' attempts to engage them in services than they had been before the pandemic. As a result, advocates lost contact with some survivors who had previously been receiving ongoing services. One advocate reflected, "Since the pandemic...keeping them engaged in the process to me has been a lot harder" (Participant 9, Quote 8). Advocates recognized an array of potential reasons for this disruption, including changes in survivors' home lives. An advocate explained, "[We] lost contact with a lot of survivors we had regular contact with and that, we're assuming is for various reasons, being sheltered in place, having people and no privacy, or having kids with no daycare or school" (Participant 13, Quote 7). Advocates also recognized that services at their agency looked different than they did before the pandemic, and that the current offerings may be an imperfect fit for survivors' needs. For some, this might mean being less engaged with virtual counseling yet not being comfortable seeking counseling in person. One advocate described the situation, saying, "[Survivors] aren't getting the services that they need because of fear of the virus and also not necessarily being comfortable in our other options that are available" (Participant 6, Quote 11). For other survivors, advocates wondered if the period of time in which services had been unavailable may have disrupted the delicate process of seeking support. Referring to the survivors who had sought support group services in the initial months of the pandemic, a participant expressed concern that "they might not come back to engage, like we may have sort of lost people" (Participant 4, Quote 14). What was shared across these explanations was the belief that COVID-19 had disrupted both the advocacy agency's services and how survivors engaged with that support.

3.2 | Theme 2: Difficulty obtaining tangible resources

Similar to the disruption in emotional support services, participants also reflected on how survivors' access to tangible resources was severely limited during the COVID-19 pandemic and the effect these limitations had on survivors' engagement with advocacy. Specific tangible resources discussed were transportation and housing. In addition, advocates described how the pandemic impacted survivors financially and resulted in difficulty obtaining financial support. An essential component of advocacy is assisting survivors as they navigate different systems to get their needs met. COVID-19 restrictions placed substantial barriers on survivors' abilities to obtain tangible resources, resulting in advocates developing other ways to support survivors as they navigated changed social systems and delays in resource provision.

Advocates noted that public transportation was a key resource for survivors to access medical care, housing, and food, as well as attend court proceedings related to their sexual assaults. However, the COVID-19 pandemic severely limited all types of public transportation, including buses, rideshares, and taxi services. One advocate explained how limited transportation affected access to needed resources:

Amtrak isn't much help right now because some of their routes are not working, but there are a couple of shelters way up north in Michigan who are phenomenal, willing to help, but it's too far. I spent most of my day trying to find routes to get up there. (Participant 10, Quote 4).

Not only did limited transportation impact survivors' abilities to access critical resources like housing, but it also made it difficult for survivors to access medical care and attend court proceedings. Sexual assault survivors often utilize transportation services to seek medical care in the immediate aftermath of a sexual assault and may require transportation for follow-up appointments, as well. Similarly, transportation is needed by many survivors to facilitate a police report. It continues to be a vital resource for follow-up interviews, making victim impact statements, and maintaining participation in the criminal justice process. One advocate explained the challenge they faced with finding transportation for medical exams:

During COVID, when I would be at the hospital during the first response, when they get the medical exam, [...] I was having trouble finding transportation, either getting them there or getting them home. And then we are 24/7.

So sometimes it would be 2:00 in the morning, and we are trying to figure out transportation. So, it was definitely difficult. (Participant 11, Quote 3).

If they were able to get transportation services, survivors often had to wait many hours, sometimes arriving late to appointments. Overall, inaccessible transportation became a significant issue for survivors, interrupting their usual engagement with medical and legal support.

Concerning survivors' housing needs, participants noted the significant reduction of available housing supports during the pandemic. Advocates highlighted that insufficient shelter options have long been a challenge in Detroit but noted that the pandemic exacerbated the issue. One advocate noted that many shelters had shut down as a result of the pandemic:

"Well, the issue of housing and shelter is a major issue just because there were a lot of shelters where they had their doors closed. Detroit has an issue in general with shelter, having shelter availability. It is even harder still to find shelter for survivors during the pandemic." (Participant 6, Quote 10).

Even when shelters were available, advocates learned that they reduced their occupancy period during the pandemic. One advocate said: "Usually, they're given about 30 days. It could be less. With COVID, it is less [...]. I spoke to the shelter residence coordinator or manager [...], and she told me, 'Right now we just have many people waiting'" (Participant 10, Quote 13). Advocates found themselves having to use personal networks just to get temporary housing for survivors. One advocate described their experience of using their network to gain emergency housing for a client until they were able to find longer-term shelter services:

It's been really hard. We were exhausted. We used three days at the hotel. Thankful for that manager and that relationship that just happened to fall on me from a previous client. I thought of her, and I called her back again. Gave us the same rate, which was really helpful, and then moved her to a different shelter. (Participant 10, Quote 8).

Though helping survivors find housing has always been challenging, advocates found the process even more difficult during the pandemic.

In addition to helping survivors navigate reduced transportation and housing options, advocates also described helping survivors access financial support in the midst of pandemic-related economic disruption. The shutdowns that arose during the COVID-19 pandemic contributed to job losses, straining many survivors' financial situations. Although survivors were able to obtain financial support from the unemployment benefits in the federal pandemic relief package, some survivors found those resources challenging to access. One advocate noted:

A couple of my clients lost their job, and it took us a very, very long time to apply for her unemployment [...], and in the meantime, while we were trying to get through her unemployment, I was kind of advocating for her and calling around trying to find supportive services to kind of bridge that gap [...] I just kind of stayed on our CEO head about getting gift cards, because again, I was like if we can just get them some gift cards and get them to Meijer, Kroger, whatever, it'll be a lot easier as opposed to hoping that we will be able to get them a food box this week. (Participant 9, Quote 4).

As seen in the quote above, advocates found themselves working with survivors to get their basic needs met due to the loss of financial resources.

3.3 | Theme 3: Desire for COVID-related support, information, and resources

In addition to advocates devising additional ways to get survivors' emotional and tangible needs met, advocates also noted ways in which the COVID-19 pandemic expanded the type of information and support survivors sought from them. Advocates typically support survivors by providing emotional and tangible support in relation to their sexual assault; however, they found their roles expanded to include being a point-person for survivors' informational needs about the COVID-19 pandemic. Advocates highlighted a new role of fielding COVID-related questions. Some survivors would bring up concerns about misinformation and seek out advocates' advice on what information they should trust. One advocate recounted, "Clients are coming to me asking about like, 'Is COVID real? Well, how's it

spread?" (Participant 9, Quote 4). These questions raised challenges for advocates who wanted to support survivors while being honest about the limits of their expertise. The same advocate recounted how she would caution clients, "I always preface when I'm talking to them, I say like 'Look at the stuff from the CDC'...it's like, I'm not a scientist." (Participant 9, Quote 4). Although advocates expressed some conflicting feelings about providing this type of advice to survivors, they believed survivors sought their input because they were viewed as trusted people and had built a valued relationship.

This expanded role affected not just the information survivors sought from advocates, but the emotional support survivors sought from advocates, as well. Advocates highlighted the ways in which COVID-19 isolation impacted survivors' lives, be it through loss of informal support, heightened emotional states, or grief. Advocates explained that the focus of emotional support changed from dealing with survivors' sexual assaults to dealing with the pandemic. One advocate explained that:

Counseling was definitely different because it didn't feel like counseling [...] it was just more of day-to-day, 'How are you doing,' and what was going on with the news and with the updates and just kind of day to day and family life. (Participant 11, Quote 6).

One advocate talked about having to adjust to meet these emotional needs by taking additional training:

So that's also something that we've done is engaged in a lot of virtual trainings for how to work with survivors who had implications from coronavirus[...] It's definitely a shift where now a lot of us are working with survivors who've been very severely impacted by coronavirus, and that's at the forefront of our counseling sessions. (Participant 3, Quote 9).

Advocates conveyed that survivors needed additional support for dealing with the loss of family and friends due to COVID, as well as simply dealing with the day-to-day adjustment of living in a pandemic. What advocates collectively expressed was expanding their role in supporting survivors with the emergence of COVID-specific needs.

4 | DISCUSSION

Comprehensive advocacy services are an essential source of support for many sexual assault survivors. The COVID-19 pandemic caused a dramatic shift in advocacy service provision, both in terms of how survivors could access services and the types of emotional and tangible support they needed from their advocates. As such, the COVID-19 pandemic represents a unique circumstance in which both survivors and service providers had to adapt and coped with unpredictable changes. Our interviews with 12 sexual assault advocates from Detroit uncovered multiple domains in which COVID-19 transformed sexual assault survivors' engagement with advocacy services. Some of these transformations were disruptive, causing shifts and delays in the provision of core advocacy services. Advocates reported that survivors' access to vital resources like housing, transportation, and financial support was constrained by pandemic-related restrictions, and they frequently sought advocates' assistance in navigating these newly constrained systems. In addition, advocates identified a new domain of survivor needs, specifically the need for advocates' support dealing with implications from COVID-19 (e.g., death in the family, and isolation).

Related to our first research question on "How was the provision of advocacy for sexual assault survivors affected by COVID-19 restrictions?," our study revealed that the pandemic impacted advocacy services and survivors' abilities to engage with those services. Even when advocacy organizations could adjust their service provision options by providing remote counseling, the transition was not always easy. Our findings align with what prior research has shown about the drawbacks of remote emotional support services. Advocates noted that survivors found remote emotional support challenging to adjust to and speculated that those difficulties may be rooted in the many ways their lives changed during the pandemic, including increased childcare responsibilities and sheltering in place with family or other housemates. These changes have been noted for limiting individuals' privacy (Barker & Barker, 2021; Sasangohar et al., 2020) and may have unfortunately prohibited many survivors from

accessing counseling or other mental health support. Despite the drawbacks to remote counseling, advocates shared that survivors' fear of contagion often kept them from engaging with in-person services even when they were once again available.

Regarding our second research question "How did the COVID-19 pandemic impact sexual assault survivors' abilities to access tangible resources?," advocates shared that survivors frequently had a hard time accessing vital resources such as housing, transportation, and financial supports. For example, advocates remarked on reduced shelter capacity due to pandemic-related restrictions. Previous research has primarily focused on housing as a critical resource for domestic violence survivors (Goodsmith et al., 2021; Nnawulezi & HacsKaylo, 2021; Wood et al., 2020), and this study suggests that sexual assault survivors may be a population frequently overlooked in terms of need for housing resources. Another important finding was that transportation services, a vital resource for this community of survivors, were severely limited. Though limiting transportation services was necessary to prevent virus transmission, advocates relayed that these limits had severe costs for sexual assault survivors living in Detroit who relied on public transportation to access medical, counseling, and legal services.

In addition, advocates indicated that survivors had difficulty obtaining financial support, which is consistent with other research on how COVID affect survivors of gender-based violence (Wood et al., 2020, 2021). In our sample, transportation and housing were more salient concerns, but as these issues also reflect financial strain, it is reasonable to infer that survivors in Detroit had significant economic challenges due to COVID-19.

In addressing our third research question "How did sexual assault survivors' advocacy need change due to the pandemic?" advocates identified new needs that emerged for survivors around navigating the pandemic, including seeking information about COVID-19 and dealing with the emotional toll of personal losses related to the pandemic. A novel finding of this study was the expansion of the advocate role in assisting survivors as they navigated the pandemic. For instance, advocates were sought out as trusted sources for reliable information on COVID when misinformation was rampant. Although advocates reported that survivors seemed comfortable reaching out to them for this information, some reported being hesitant to answer survivors' COVID-related question given their limited expertise on the issue. Advocates also indicated that their role in crisis management shifted to support survivors as they were coping with the effects of the pandemic itself. As has been documented in general population studies, quarantine procedures can have a negative effect on mental health (Serafini et al., 2020), which was also documented in this study. The advocates we interviewed also described helping survivors cope with the death of loved ones due to COVID which, coupled with restricted access to social support due to shelter in place orders, further inhibited their ability to recover from their assault.

We acknowledge several limitations of this study that affect the generalizability of our findings. First, this study captured the experiences of twelve advocates at one sexual assault advocacy organization in a predominately African American urban city. We contend that it is important to study cities such as Detroit to understand how systemic racism and the lack of economic resources exacerbated and was exacerbated by the COVID pandemic (Desan, 2014; Ray et al., 2021), which in turn created multiple vulnerabilities for sexual assault survivors. However, we note that our findings may not apply to how COVID-19 affected advocacy services in rural, suburban, or more heavily resourced areas. Second, we were unable to collect data directly from survivors about their experiences with advocacy services during COVID-19. However, it is unclear whether it would have been feasible to collect such data, given that our findings revealed that remote engagement with survivors was difficult during the pandemic. As previously stated, advocates are a reasonable proxy source of information and it is common within this literature to interview advocates as a source of information about sexual assault services (e.g., Campbell, 2006; Maier, 2008; Moylan, 2017; Ullman & Townsend, 2007).

Despite these limitations, this study has several implications for sexual assault advocacy services. First, our study revealed how remote and in-person service provision options might not have been the best fit for some sexual assault survivors. Advocates noted that delays in service provision due to shifting to remote services might have contributed to a lack of engagement with emotional support services. Furthermore, in under-resourced communities, access to computers, software, and reliable internet service may be severely limited. Therefore, it is

vital that future emergency planning involve equipping advocacy organizations with tools and resources that would allow survivors to fully engage with remote service provision. Next steps for remote service provision could include providing survivors with resources for reliable internet connections and creating guidelines for virtual services to help ensure survivors' privacy and safety during online sessions (Barker & Barker, 2021; Contreras et al., 2020). These next steps represent substantial undertakings, but they also represent meaningful investments in a community's ability to thrive during adverse events. Relatedly, advocates shared that survivors struggled with isolation during pandemic-related restrictions. While these struggles were undoubtedly shared by many in the larger population, previous research has identified social support as a particularly impactful factor in sexual assault survivors' mental and emotional wellbeing (Bryant-Davis et al., 2011; Dworkin et al., 2016). With that in mind, community agencies may want to explore expanding remote advocacy services to include virtual support groups. Having these groups as an option may be vital to providing needed emotional support and, in turn, help alleviate isolation and mental health concerns for sexual assault survivors.

In addition to improving access to needed services, it important to understand how pandemic-related restrictions inadvertently created barriers for survivors in the Detroit area. The study highlighted the collateral damage these mandates had on these populations with reduced access to vital resources. Policymakers should consider how mandates like the stay-at-home order impact vulnerable populations who rely on public resources like shelters and transportation services and, when possible, take steps to mitigate the negative unintended consequences experienced by those populations. For instance, with housing, it important to consider different strategies that could be implemented within shelters to prevent spread of disease while also being inclusive of sexual assault survivors who need housing. Increasing contact tracing, masking, and the availability of free/limited cost hotel accommodations could be instrumental in assuring continued housing for survivors during public health emergencies (Baggett & Gaeta, 2021; Mantler et al., 2021).

Lastly, our study sheds light on how survivors engaged with advocates about COVID-related concerns due to the established and trusting relationship they had built over time. Advocates explained they were thrust into a role for which they were not prepared— that of a public health educator. Advocates in these trusted roles need to be able to respond to survivors' needs effectively. Given that advocates are tasked with helping survivors navigate different systems and resources, it is important to consider how strong interagency collaborations could provide advocates with information that their clients need. Previous studies on sexual assault response teams (SARTs) have established how beneficial coordinated care can be for sexual assault survivors (Greeson & Campbell, 2013). Our findings suggest that such a coordinated response between local health organizations, medical service providers, and sexual assault advocates could enable advocates to better support sexual assault survivors during future public health emergencies. This would ensure the community is equally informed about health concerns. Doing so would facilitate more robust communication and lead to better health outcomes among survivor populations.

In addition to these recommendations for service providers and policymakers, we highlight the need for future research on survivors' attitudes toward and experiences of remote advocacy. To minimize delays in service provision in the event that in-person social services are suspended once again, it is important to understand what factors facilitate survivors' access to and comfort with telehealth options, such as video conferencing, online chat options, and other remote options for social services. Banks et al. (2020) survey of social workers' experiences providing remote/telehealth social and mental health services during the pandemic found that it was difficult to maintain trusting, empathic engagement and assess client discomfort in telehealth sessions. Survivors need support they can rely on to heal effectively (Campbell et al., 2009; Kennedy et al., 2012), so future research is needed on how to adapt telehealth services for sexual assault survivors. Remote services could be a tremendous benefit to survivors and alleviate barriers to services (e.g., transportation barriers), provided those services can be accessed in a safe and confidential manner.

The COVID-19 pandemic created a new set of obstacles and substantial changes to service provision for sexual assault survivors. Findings from this study uncovered how the COVID-19 pandemic and subsequent restrictions and responses disrupted service provision, reduced access to pivotal resources, and increased survivors' needs.

At the same time, sexual assault survivors navigated a challenging and uncertain period of their lives. In the future, when communities prepare for emergency responses, they should continue to invest in and improve remote service provision to avoid a significant disruption in services. These efforts, combined with state and federal policies, can help ameliorate the negative impacts (e.g., unemployment, loss of resources) on sexual assault survivors during a time of immense need.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study will be openly available in the National Archive of Criminal Justice Data (NACJD) upon completion of this project.

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