

Technology Facilitated Gender Based Violence: Frontline Healthcare Responses

Special Issue Call:

Technology-facilitated gender-based violence (TFGBV) including cyberstalking, image-based sexual abuse, online harassment, non-consensual surveillance, and technology-enabled coercive control has been increasingly recognized in international law, governance, and regulatory frameworks. UN Women, the European Union, and national governments such as Canada, Australia, and the United Kingdom have introduced legal and regulatory measures to address TFGBV, with emphasis on criminal law reform, platform accountability, and systemic risk mitigation. However, one critical sector has been absent from these initiatives: healthcare responses to survivors and appropriate service pathways for support.

Healthcare systems are often among the first and often the only points of contact for survivors of gender-based violence that provide opportunities for screening, documentation, treatment, and referral. However, current health sector protocols including those developed by the World Health Organization do not address TFGBV specifically, and no consolidated guidance exists to support survivor-centred healthcare response to digital harms. This gap is particularly concerning as TFGBV occurs most frequently in conjunction with offline violence thereby compounding the risk, frequency, and severity of abuse. The lack of evidence is profound. Exploratory searches conducted by our team alongside existing evidence syntheses suggest that research on healthcare-based responses to TFGBV is almost nonexistent, with only one article identifiable that directly examines this issue, underscoring the absence of evidence and the urgent need for research in this area.

This special issue aims to address this gap by inviting scholars that 1) conceptualizes TFGBV as a public health and health systems issue; 2) examines clinical, community health, and policy responses to digital violence; 3) investigates barriers to care and pathways to support for survivors; 4) explores TFGBV at the intersections of gender, disability, race, sexuality, migration, socioeconomic status, and other social identities; 5) proposes theoretical, methodological, and practice-based innovations; and 6) identifies multisectoral approaches for prevention, intervention, and survivor-centred care.

Given the heightened risks TFGBV poses for women and girls with disabilities, transgender and gender-diverse people, racialized communities, and other marginalized groups, this special issue will centre equity and intersectionality across all contributions.

Submission Instructions

The Call for Papers (CFP) will take place in two stages.

Stage One: Abstract Submission

Authors are invited to submit a **300-word abstract by April 30, 2026**. The editorial team will review all submissions and determine whether to:

- a) invite a full paper submission;
- b) request revisions for a second-stage review; or
- c) decline the submission.

Please email your **300-word abstract** along with a **50-word author bio** to **cerc.healthwellbeing@torontomu.ca** by **April 30, 2026**.

Stage Two: Full Paper Review

Full papers will first undergo an editorial review for relevance and quality. This may result in a desk rejection or a request for revisions within two (2) weeks. Papers that successfully pass this stage will proceed to peer review, which will be completed within eight (8) weeks, in accordance with VAW review guidelines.

The full paper submission deadline is early November 2026. The exact deadline will be communicated to authors whose abstracts are selected.

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