

## CHAPTER 8

# Rapid Evidence Synthesis: Methods Summary

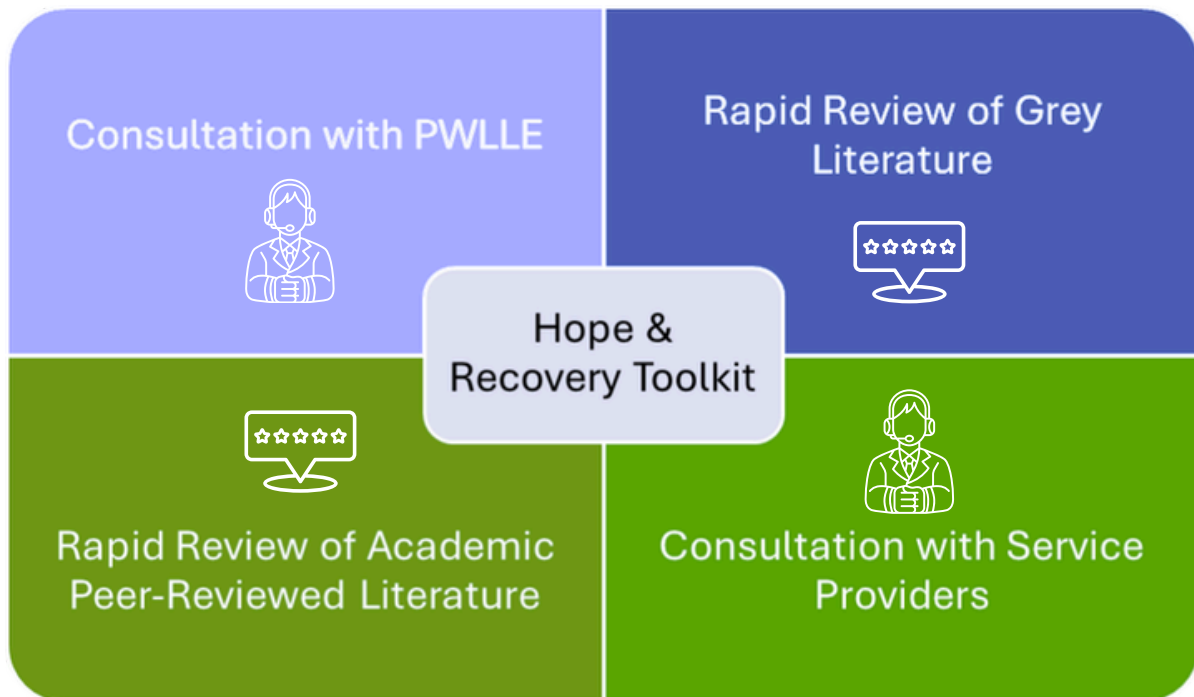


# 8.

## How Was the **Hope & Recovery Toolkit** Developed?

The Hope & Recovery Toolkit was developed through a multi-stage process that involved the following:

- Consultation with People with Living/Lived Experience (PWLE) advisors regarding their insights and perspectives on the key competencies, skills, and knowledge important for care workers supporting women experiencing substance use and gender-based violence.
- A rapid review of the “grey literature.”
- A rapid review of the academic literature.



### 8.1 LIMITATIONS OF THE TOOLKIT:

This toolkit reflects a point-in-time summary of current best practices and tools, and time constraints limited its scope.

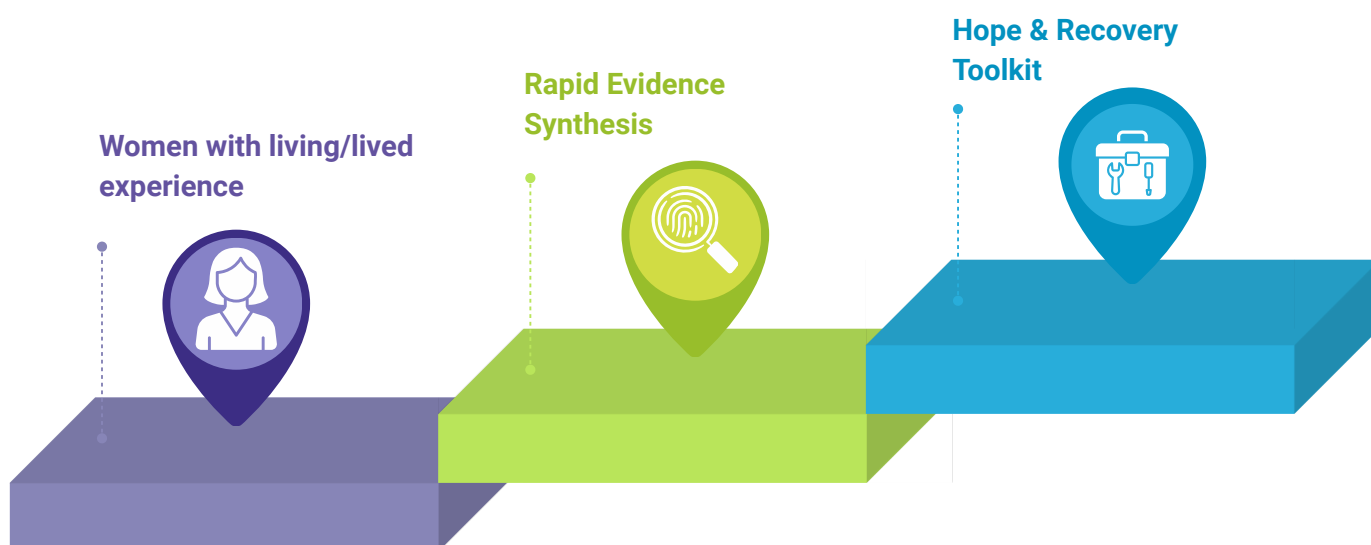
## 8.2 RAPID REVIEW OF EVIDENCE: METHODS SUMMARY

To synthesize current best practices and evidence on supporting women experiencing substance use and GBV for inclusion in the Hope & Recovery Toolkit, we employed an adapted rapid review methodology.

Rapid reviews differ from systematic literature reviews in both timescale and scope. They are often conducted in shorter timeframes and driven by practical needs, often in response to time-sensitive priorities. In this case, the goal was to rapidly synthesize a practical toolkit to support care service providers working with women experiencing substance use and GBV promptly.

Within a three-month timeframe, an adapted rapid review methodology was used to examine both the grey literature (materials openly available through common online sources) and the academic, peer-reviewed literature (published research available through academic databases).

**Our process involved three key steps:**



### 1 People with Lived Experience Advisory Consultation:

Focus groups were conducted with women with living/lived experience of GBV and substance use to explore which aspects of services were helpful, unhelpful, and what they felt was important to include in the Hope & Recovery Toolkit.



## 2

## Rapid Evidence Synthesis:

- **Grey Literature** – Publicly available through online sources.
- **Academic and Peer-Reviewed Literature** – Research literature accessible through academic databases.



### Concept:

Best practices, interventions, tools (e.g., screening, assessment, and referral), services, care approaches, and provider competencies (e.g., training, assessment, and skills) for supporting women and gender-diverse people experiencing substance use (SU) and gender-based violence (GBV).



### Context:

- Community-based services.
- The toolkit is intended for community-based practitioners.
- Included settings: hospital-based and clinical settings.
- No restrictions were placed on service settings; findings were later stratified by setting where appropriate.

### Identifying relevant studies.

#### Grey Literature

- Google Scholar/Google
- Hand-searching of references
- Guidelines
- Organizational documents
- Reports
- Date Range: 2015- 2025
- Language of Publication: English

#### Peer-Reviewed Literature

- Peer-reviewed journals
- Databases searched included PubMed, PsycINFO, Scopus, Web of Science, JSTOR, EBSCOhost, ProQuest, and Springer.
- Key Words: Population, Concept, Context (PCC): women and gender-diverse people, substance use (SU), gender-based violence (GBV), all settings, tools, and competencies.
- Limits Applied: English-language publications, published within the past 10 years, and focused on adults aged 18 years and older.
- Date Range: 2015- 2025
- Language of Publication: English

### Study Selection

#### 1) Title and Abstract Review (Two Reviewers)

Two team members independently reviewed the title and abstract of each result for relevance and inclusion using the Population, Concept, Context (PCC) inclusion criteria. Results that did not meet the inclusion criteria were excluded.

#### 2) Full-Text Review and Final Selection of Findings

Team members reviewed all remaining articles and guidelines for relevance and final inclusion in the evidence synthesis. Only peer-reviewed articles and publications were included.

## 8.3 ADAPTED RAPID REVIEW METHODOLOGY:

To provide a structured process for the rapid review, we employed an adapted approach based on the scoping review methodology developed by Arksey & O'Malley to frame the search strategy and review steps outlined below:

Arksey and O'Malley Scoping Review Method – Adapted for Rapid Review

### 1

## Identifying the Research Question

“What are best practices, tools, services, and provider competencies needed to support women and gender-diverse people experiencing substance use and GBV in community settings?”

### Population:



**Definition of Substance Use:** (Includes current recovery, ongoing recovery, and current substance use).

**Definition of Gender-Based Violence (GBV):** (Past & Current)



- Women and/or gender-diverse or gender-minority people experiencing substance use and GBV.
  - **Excluded:** perpetrators of violence.
  - Includes any substance across the spectrum of use, consistent with the Canadian Centre on Substance Use and Addiction (CCSA) continuum and inclusive of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision criteria, ranging from mild to moderate substance use disorders.
  - WAGE Definition of GBV: Violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, and emotional (psychological) abuse. (WAGE glossary)
  - “Gender-based violence (GBV) is violence committed against someone based on their gender, gender expression, gender identity, or perceived gender. GBV can take many forms, including physical, sexual, societal, psychological, emotional, economic, and technology-facilitated violence.”
  - WAGE: <https://www.canada.ca/en/women-gender-equality/gender-based-violence/facts-stats.html>
- Adults aged 18 years and older.
  - **Excluded:** literature focused on children and youth under 18 years of age.
  - **Included:** pregnancy and parenting literature where the primary focus was on the pregnant or parenting person rather than the infant or child.



**Exclusion  
Criteria:**

Articles and publications were excluded if the setting was not community-based or if they addressed only substance use or GBV independently without examining the intersection of substance use (SU) and GBV together. Commentaries and non-peer-reviewed articles were also excluded.

The full PRISMA diagram can be found in Appendix A.

**2**

## Charting the Data

A data extraction table based on key themes emerging from the articles was used to chart and organize findings from both the grey literature search and the peer-reviewed literature. The findings were organized using the SBIRT framework categories.



**3**

## Collating, Summarizing, and Reporting the Results

The findings from the data extraction table were further analyzed according to the following categories:

- Interventions
- Tools
- Competencies
- Best Practices in service delivery, care, screening, assessment, brief intervention, referral, and treatment (SBIRT)

