



When Home is Not a Safe Place: Impacts of Social Distancing Directives on Women Living with HIV

Kalysha Closson^{1,2} · Melanie Lee³ · Andrew Gibbs^{4,5} · Angela Kaida³

© Springer Science+Business Media, LLC, part of Springer Nature 2020

During the current COVID-19 crisis, countries globally are telling citizens to stay home. But what happens when home is not a safe place? Emerging evidence suggests that ‘stay home’ regulations for the COVID-19 pandemic results in elevated rates of domestic violence, including elder and child abuse, as well as physical, sexual, and emotional intimate partner violence (IPV) [1, 2]. In China, police reports of IPV during lockdown were three times higher than prior to quarantine regulations [3]. Similarly, reports of IPV in France have increased by 30% since March 17th, 2020 and by 25% since March 20th, 2020 in Argentina [1]. In the United States, which as of June 1st has the largest COVID-19 epidemic globally, police data in a number of different jurisdictions that have implemented ‘stay home’ regulations have indicated increases in domestic violence reports ranging from 10% in New York City, to 27% in Jefferson County, Alabama [4–6]. Our response to COVID-19 must not repeat the violations to women’s sexual and reproductive health and rights that occurred during previous pandemic responses, including the 2014–2016 Ebola outbreak, whereby women were denied access to violence support and sexual and

reproductive health services, which overwhelmed the judicial system, and resulted in a 75% increase in maternal mortality [2]. While health care systems face mounting pressure and resource strains due to COVID-19, this must not be the time to divert resources away from essential services that support and protect women who have experienced or are experiencing IPV [2].

COVID-19 will Exacerbate Inequities Faced by Women Living with HIV

We have learned many lessons in the global effort to end HIV/AIDS, including that emerging epidemics such as COVID-19 exacerbate and exploit existing inequities of gender, gender identity, ethnicity, sexuality, income, age, and ability, and disproportionately affect those at the margins [7]. Moreover, we have seen that the social, psychological and economic impacts of the pandemic will be felt for long after the peak of infections have subsided [8]. Women living with HIV disproportionately experience multiple intersecting inequities including high levels of IPV, food insecurity and unstable housing [7, 9], thus there is a particular concern that ‘stay home’ regulations may be both unattainable and unsafe for many women living with HIV [7, 9].

Global evidence suggests that up to 86% of women living with HIV have experienced some form of gender-based violence in their lifetime [10]. In the US, estimates suggest that the lifetime prevalence of IPV among women living with HIV is double (~55%) that of women not living with HIV [11]. This is concerning, as experiences of IPV among women living with HIV have been associated with barriers to HIV care, including lower levels of treatment adherence, and a reduced likelihood of achieving viral suppression [12, 13]. Previous research has also highlighted the negative mental and physical health impacts of IPV experiences among Women living with HIV [10]. Furthermore, recent Canadian data suggests that historical experiences of severe

✉ Kalysha Closson
kalyshaclosson@gmail.com

¹ School of Population and Public Health, University of British Columbia, 2206 E Mall, Vancouver, BC V6T 1Z3, Canada

² British Columbia Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada

³ Faculty of Health Sciences, Burnaby, Canada, Simon Fraser University, Blusson Hall, 8888 University Drive, Burnaby, B.C V5A 1S6, Canada

⁴ South African Medical Research Council, Gender and Health Unit, 491 Peter Mokaba Ridge, Road, Overport, Durban 4091, KZN, South Africa

⁵ Centre for Rural Health, School of Nursing and Public Health, University of KwaZulu-Natal (UKZN), Durban, South Africa, George Campbell Building West Wing, UKZN Howard College Campus, Durban 4001, KZN, South Africa

IPV, where women have reported lifetime histories of multiple forms (e.g. sexual, physical and emotional) of IPV, may increase women living with HIV's likelihood of dying [14]. A growing body of literature suggests that experiences of violence may alter women's important immune mediators, thereby increasing one's risk to STIs, HIV, as well as women living with HIV's ability to suppress HIV in the body [15, 16]. Thus, the negative physical health effects of IPV among women living with and at risk of HIV may be in part due to biological responses to violence and trauma.

Current 'stay home' regulations coupled with increased household and economic stressors, as well as elevated fear of acquiring COVID-19 during this time may give rise to opportunities for heightened surveillance and control for abusive partners [1, 17]. As HIV care, research participation, and workplace settings are being transitioned to virtual and telephone-based methods, women living with HIV experiencing violence are less able to connect to critical social and protective networks [18]. As such, necessary social distancing measures have the potential to impact the rates and consequences of IPV, increasing social isolation and mental health concerns, which taken together can hinder women living with HIV's access to, and use of, HIV treatment and violence support, further than they already experience [9, 17].

Implications For Women-Centred HIV Care And Future Research

As part of social distancing requirements in many settings, routine HIV care is being offered via telemedicine [7, 19]. For women who may not have disclosed their HIV status to their partners, this form of care provision, although necessary during these times, may not be a feasible option for many women living with HIV. Virtual care provides greater opportunity for disclosing women's HIV status, reduces women's ability to disclose experiences of violence to providers for fear of their abuser overhearing, thus increasing their risk of further experiences of violence [9]. Our previous research has found that among a sample of women living with HIV in British Columbia, Canada, 59% experienced some form of IPV in their lifetime, of those only 12.4% sought violence support [14]. More recent data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), showed 80% of participants reported experiencing violence as an adult, 42% of whom reported seeking help for violence. Among CHIWOS participants who reported seeking help, the most commonly accessed form of help to cope with violence was through health care providers [20]. In other low-income settings, where telemedicine is unlikely to occur, women living with HIV may still struggle to access medication, as their normal collection points, often far from their communities, are

no longer accessible, and male partner surveillance of their movement may have increased. As the health care system, and HIV care, may be the first line of violence support for many women living with HIV, during these unprecedented times, it is especially important that HIV care providers take a women-centred trauma-aware approach, which is led by the needs and priorities of their patients [21, 22]. This can help to ensure privacy and address concerns regarding limited mobility and access to medication.

There is limited research on how to support women living with HIV experiencing IPV [23], and the best approaches are particularly unclear during the COVID-19 restrictions. Future research can learn from the years of community efforts aimed at reducing IPV and HIV [24–26], including ensuring efforts are grounded in community-based responses allowing for the meaningful participation of women in all their diversities [7, 9]. Research is needed to examine how the COVID-19 pandemic is resulting in increased experiences of IPV, the impact of IPV during COVID-19 on women living with HIV, and crucially how best to respond to, and prevent, IPV for all women, and women living with HIV in particular. As social distancing measures limit access to supports, such as family, friends, and health care providers, that help women living with HIV cope with experiences of violence and histories of trauma, research is needed to understand the unique ways in which women living with HIV have developed resilience and coping strategies during COVID-19 restrictions and how these can be best supported. These results can inform future strategies to reduce experiences of IPV during emergency situations and public health crises [23]. This research will be critical to supporting women living with HIV's healing in the aftermath of the COVID-19 pandemic. However, this research will not be easy, and will come with many challenges. For example, virtual data collection while confinement measures are in place may lead to communication being discovered by abusers and thus increase women's risk of violence [23]. And in the global South, virtual technologies, connectivity and data are often incredibly limited. Additional methods to reach those most at risk of violence, including women who use drugs, who are unstably housed, and who live in areas of conflict, need to be explored [18]. As innovative technologies and responses are rolled out, there is a critical need for additional guidance on how to safely collect such data in these circumstances [23].

Conclusion

We have limited evidence on the impact of COVID-19 on people living with HIV [27], and how COVID-19 and relevant responses to the pandemic impact experiences of IPV. The intersections of the co-occurring pandemics

of COVID-19 and IPV are critical to the health and well-being of women living with HIV. As we continue to practice important social distancing measures to reduce the spread of COVID-19, it is vital that efforts are implemented to protect those most vulnerable to the virus and the associated adverse consequences of the public health response. This will include continued and accelerated advocacy for stronger judicial and government policies that ensure the protection of all women, including those living with HIV, who may be at particularly high risk of experiencing violence during global COVID-19 lockdowns. By placing women's safety at the center of the COVID-19 response, we can recommit to the global goals of ending both AIDS and gender-based violence.

References

1. Taub A. A new COVID-19 crisis: Domestic abuse rises worldwide. *The New York Times*. April 6th, 2020, 2020.
2. John N, Casey SE, Carino G, McGovern T. Lessons Never Learned: Crisis and gender-based violence. *Dev World Bioeth*. Apr 8 2020.
3. Wanqing Z. Domestic violence cases surge during COVID-19 epidemic *Sixth Tone*2020.
4. Boserup B, McKenney M, Elkbuli A. Alarming trends in US domestic violence during the COVID-19 pandemic. *Am J Emerg Med*. Apr 28 2020.
5. Government of Canada. Global Affairs Canada- The Equity Fund: Transforming the way we support women's organizations and movements working to advance women's rights and gender equality. 2019; <https://www.canada.ca/en/global-affairs/news/2019/06/global-affairs-canada---the-equality-fund-transforming-the-way-we-support-womens-organizations-and-movements-working-to-advance-womens-rights-and-g.html>. Accessed July 7th, 2019.
6. Global Affairs Canada. Canada launches new Feminist International Assistance Policy. Ottawa: Ontario; 2017.
7. Shiau S, Krause KD, Valera P, Swaminathan S, Halkitis PN. The Burden of COVID-19 in People Living with HIV: A Syndemic Perspective. *AIDS Behav*. Apr 18 2020.
8. Whiteside A, Parker W, Schramm M. Editorial: Managing the march of COVID-19: lessons from the HIV and AIDS epidemic. *Afr J AIDS Res*. Apr 1 2020:1–4.
9. Joska JA, Andersen L, Rabie S, et al. COVID-19: Increased Risk to the Mental Health and Safety of Women Living with HIV in South Africa. *AIDS Behav*. Apr 29 2020.
10. Orza L, Bewley S, Chung C, et al. "Violence Enough already": findings from a global participatory survey among women living with HIV. *J Int AIDS Soc*. 2015;18(5):20285.
11. Machtinger EL, Wilson TC, Haberer JE, Weiss DS. Psychological trauma and PTSD in HIV-positive women: a meta-analysis. *AIDS Behav*. 2012;16(8):2091–100.
12. Hatcher AM, Smout EM, Turan JM, Christofides N, Stockl H. Intimate partner violence and engagement in HIV care and treatment among women: a systematic review and meta-analysis. *AIDS*. 2015;29(16):2183–94.
13. Anderson JC, Campbell JC, Glass NE, Decker MR, Perrin N, Farley J. Impact of intimate partner violence on clinic attendance, viral suppression and CD4 cell count of women living with HIV in an urban clinic setting. *AIDS Care*. 2018;30(4):399–408.
14. Closson K, McLinden T, Parry R, et al. Severe intimate partner violence is associated with all-cause mortality among women living with HIV. *AIDS*. 2020;in press.
15. Swaims-Kohlmeier A, Haddad LB, Li ZT, et al. Chronic immune barrier dysregulation among women with a history of violence victimization. *JCI Insight*. 2019;4(10):121.
16. Ghosh M, Daniels J, Pyra M, et al. Impact of chronic sexual abuse and depression on inflammation and wound healing in the female reproductive tract of HIV-uninfected and HIV-infected women. *PLoS ONE*. 2018;13(6):e0198412.
17. Marziali ME, Card KG, McLinden T, Wang L, Trigg J, Hogg RS. Physical Distancing in COVID-19 May Exacerbate Experiences of Social Isolation among People Living with HIV. *AIDS Behav*. 2020.
18. Roesch E, Amin A, Gupta J, Garcia-Moreno C. Violence against women during covid-19 pandemic restrictions. *BMJ*. 2020;369:m1712.
19. Pinto RM, Park S. COVID-19 Pandemic Disrupts HIV Continuum of Care and Prevention: Implications for Research and Practice Concerning Community-Based Organizations and Frontline Providers. *AIDS Behav*. 2020.
20. Parry R, Lee M, Webster K, et al. Help-seeking After Experiences of Violence Among Women Living with HIV in Canada: What are We Missing? 28th Annual Canadian Association for HIV Research (CAHR) Annual Conference. SK, Canada: Saskatoon; 2019.
21. Brezing C, Ferrara M, Freudenreich O. The syndemic illness of HIV and trauma: implications for a trauma-informed model of care. *Psychosomatics*. 2015;56(2):107–18.
22. Carter AJ, Bourgeois S, O'Brien N, et al. Women-specific HIV/AIDS services: identifying and defining the components of holistic service delivery for women living with HIV/AIDS. *J Int AIDS Soc*. 2013;16:17433.
23. United Nations Women, World Health Organization. *Violence against women and girls data collection during COVID-19*: United Nations Women,
24. World Health Organization, ; 17 April 2020.
25. Jewkes R, Morrell R. Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *J Int AIDS Soc*. 2010;13:6.
26. Dunkle KL, Jewkes R. Effective HIV prevention requires gender-transformative work with men. *Sex Transm Infect*. 2007;83(3):173–4.
27. Jewkes R. Violence against women: an emerging health problem. *Int Clin Psychopharmacol*. 2000;15(Suppl 3):S37–45.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.