BACKGROUND
The COVID-19 pandemic and resulting economic downturn have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness. In a recent national poll, nearly half (45%) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus. Survivors of intimate partner violence (IPV) and sexual violence are at even higher risk of poor mental health outcomes, including anxiety and depression. Little is known, however, about how survivors of IPV and sexual violence have been impacted during the COVID-19 crisis within the state of California. Many hypothesize increased stress and violence for these individuals, particularly if stay at home orders result in the inability to escape an abusive partner.

Objective. To assess whether a history of IPV and sexual violence is associated with anxiety and depression among California residents at the onset of COVID-19 escalation and resultant stay at home orders.

METHODS
The California Study on Violence Experiences Across the Lifespan (Cal-VEX) is a state-representative survey on experiences of sexual and physical violence conducted with 2115 California residents aged 18 and older. Survey implementation began on March 19, 2020—the same day as the issuance of the state-wide California stay at home order—and ended on March 27, 2020. Intimate partner violence (IPV) included ever report of physical violence, sexual harassment, and sexual assault from a romantic partner or spouse. Sexual violence was defined as ever report of forced sex by any perpetrator. Anxiety was assessed by asking whether respondents had felt nervous, anxious, or on edge, or unable to stop or control worrying in the past two weeks. Depression was assessed by asking whether respondents had little interest or pleasure in doing things or had been feeling down, depressed, or hopeless in the past two weeks.

Analysis. We present prevalence of IPV and sexual violence experiences and recent mental health symptoms, for the total sample and by gender and violence histories. We also present multivariate logistic regression findings of associations between violence history and mental health symptoms, controlling for gender, employment, income, race, age, sexual identity, and disability status. Analyses use sex as a proxy for gender, as the sample size for trans and other gender-identifying individuals was too small to accurately represent the experience of these populations.

FINDINGS
Over two-thirds (65%) of Californians report anxiety and a majority (55%) report depression during COVID-19. These findings vary when examined by respondent histories of IPV, sexual violence, and gender.

Anxiety during COVID-19
Over two out of three women (69%) reported anxiety symptoms. Among female survivors, 79% of IPV survivors and 78% of sexual violence survivors reported recent anxiety. This is in contrast to 66% of women with no history of IPV (p=0.001) and 67% of women with no history of sexual violence (p=0.02).

Nearly two out of three men (60%) reported anxiety symptoms. Among male survivors, 90% of IPV survivors and 77% of sexual violence survivors reported recent anxiety, compared with 58% of men with no history of IPV (p<0.001) and 59% of men with no history of sexual violence (p=0.07).
Depression during COVID-19

A majority of women (59%) reported depression symptoms. Among female survivors, 68% of IPV survivors and 71% of sexual violence survivors reported recent depression, compared with 56% of women with no history of IPV (p=0.004) and 57% of women with no history of sexual violence (p=0.004).

A majority of men (51%) reported depression symptoms. Among male survivors, nearly 9 out of 10 (88%) IPV survivors and 83% sexual violence survivors reported recent depression. This is compares to 49% of men with no IPV history (p<0.001) and 50% of men with no sexual violence history (p<0.001).

Survivors of intimate partner violence (IPV) and sexual violence are at greater risk. After accounting for key demographic characteristics (employment, income, race, age, sexual identity, and disability status) we find:

- Survivors of IPV have 2.2 times greater odds of recent anxiety and 2.0 times greater odds of recent depression, compared to those with no such history (p<0.001).
- Survivors of sexual violence have 2.0 times greater odds of recent anxiety and 1.5 greater odds of depression (p=0.05) as compared to respondents with no such history.

CONCLUSION

Anxiety and depression have increased among California residents in this pandemic, and are at levels higher than national averages, but those affected by IPV and sexual violence are at even greater risk. Findings of greater mental health risk among survivors of these forms of violence have been documented in prior research from the United States, but not in the context of a pandemic and stay at home orders. Women experience higher rates of IPV and sexual violence as compared to men. We also find that male survivors of IPV and sexual violence have even worse mental health outcomes than women who have experienced the same forms of violence.

IMPLICATIONS FOR POLICY AND ACTION

Increased support for access to mental health care is urgently needed, for all Californians but especially for survivors of IPV and sexual violence. Statewide efforts and resources to address the social and health impacts of the COVID-19 pandemic and resultant shutdown must include focus on services for victims of IPV and sexual violence, including crisis hotlines, enhancements in digital technologies to increase support and help-seeking, and telemedicine social support and mental health counseling programs. These needs are immediate and will likely remain, even after the crisis subsides.

REFERENCES


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