

## Psychological and Physical Intimate Partner Violence among Adults — New York City

The COVID-19 pandemic has radically changed life for New York City (NYC) residents. During a public health emergency such as this, the many challenges faced include grief, economic struggle and mounting physical and mental health concerns.<sup>1</sup> These challenges are exacerbated for New Yorkers who are confined to homes where intimate partner violence (IPV) already existed or where COVID-19 ignites it.

IPV is real or threatened aggression committed by a current or former partner. It takes multiple forms, including psychological abuse and physical violence. Psychological abuse includes verbal abuse (e.g., name-calling, insulting or humiliating someone) and coercive behaviors to threaten, monitor or control. Physical IPV includes hitting, slapping, shoving, choking, kicking, shaking or otherwise physically harming someone. New York City service providers report that during the COVID-19 pandemic, forms of IPV include intentional exposure of a partner to the virus, obstructing access to care, and control over child custody.

IPV can happen to anyone, but people who are oppressed or marginalized face elevated risk. Sexual minorities, immigrants and people of color might be more likely to experience it than others.<sup>2</sup>

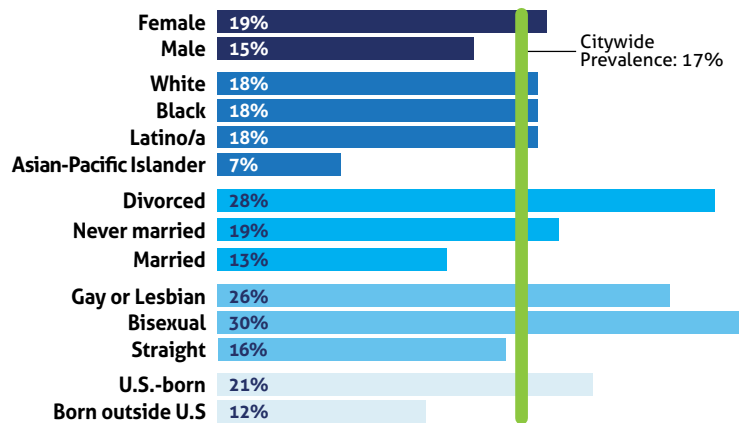
IPV occurs across different life stages and is associated with lasting, negative health effects,<sup>3</sup> including physical injuries, mental health and cardiovascular impacts. Different IPV types are associated with different health conditions, and in extreme cases can result in premature death.<sup>4</sup>

In 2018, the New York City (NYC) Department of Health and Mental Hygiene conducted a representative telephone survey that included questions asking participants if they had ever experienced psychological abuse or physical violence by an intimate partner. Data were used to estimate psychological and physical IPV burden among adults in NYC ages 18 years and older, to better understand what groups may be at greatest risk and describe other health behaviors and conditions reported by adults who have experienced IPV. The COVID-19 pandemic reinforces our focus on this health risk.

### One in six New York City adults has ever experienced psychological abuse by an intimate partner

- In 2018, 17% of NYC adults reported ever experiencing psychological abuse; the proportion was higher among females than males (19% vs. 15%).
- Prevalence of psychological abuse was similar among Latino/a, Black and White adults at 18%. Asian-Pacific Islander adults were less likely to report psychological abuse than their White counterparts (7% vs. 18%).
- Prevalence of psychological abuse was higher among: divorced adults compared with never married or married (28% vs. 19% or 13%); gay or lesbian and bisexual adults compared with straight adults (26% and 30% vs. 16%); and, U.S.-born adults compared with those born outside the U.S. (21% vs. 12%).
- Prevalence of psychological abuse was similar regardless of employment status or neighborhood poverty.

**Prevalence of New York City adults who ever experienced psychological abuse by an intimate partner, 2018**

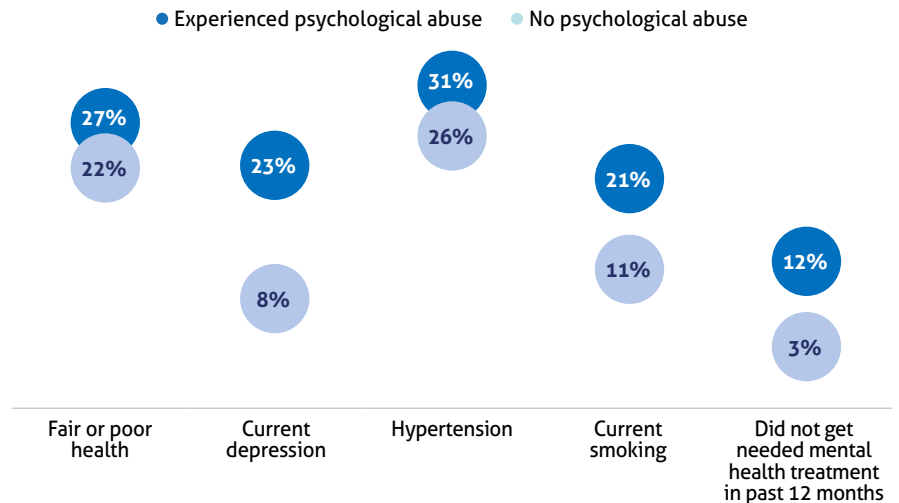


**Race/ethnicity:** Latino/a includes adults of Hispanic or Latino/a origin, regardless of race. Black, White and Asian/Pacific Islander racial categories exclude Latino/a.  
*Source: 2018 Community Health Survey; Prevalence estimates are age-adjusted.*

## Adults who experienced psychological abuse by an intimate partner also reported other health conditions and behaviors

- Adults who experienced psychological abuse were more likely to describe their health as fair or poor than those who did not experience it (27% vs. 22%).
- The prevalence of current depression (23% vs. 8%), hypertension (31% vs. 26%) and current smoking (21% vs. 11%) was higher among adults who experienced psychological abuse compared with those who did not.
- The prevalence of not getting needed mental health treatment during the past 12 months was four times higher among adults who experienced psychological abuse than those who did not (12% vs. 3%).
- Among adults who reported psychological abuse, the prevalence of current depression was higher among females than males (27% vs. 16%) and the prevalence of current smoking was higher among males than females (25% vs. 18%).

**Prevalence of health conditions and behaviors among New York City adults who ever experienced psychological abuse by an intimate partner, 2018**

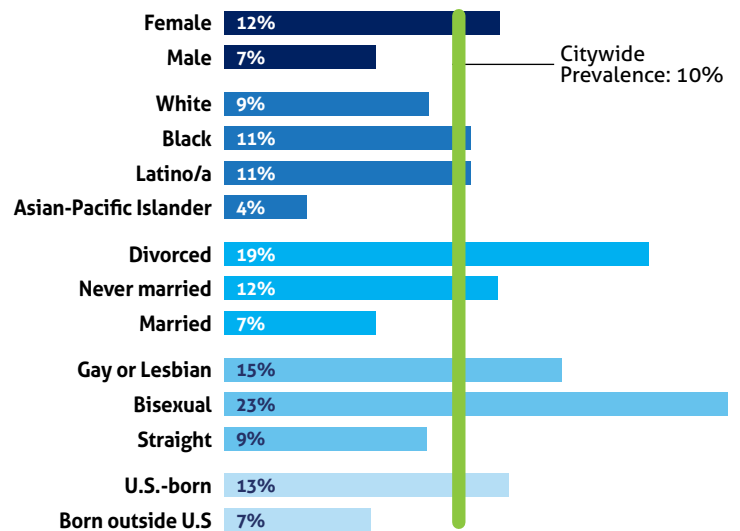


Source: 2018 Community Health Survey; Prevalence estimates are age-adjusted

## One in ten New York City adults has ever experienced physical violence by an intimate partner

- In 2018, 10% of NYC adults reported ever experiencing physical violence by an intimate partner. Females were more likely than males to have experienced it (12% vs. 7%).
- The prevalence was similar among White, Black, and Latino/a adults (9%, 11%, and 11%), and lower among Asian-Pacific Islander adults, compared with White adults (4% vs. 9%). When stratified by race and sex, Latina females had a higher prevalence of physical violence than White females (16% vs. 10%).
- Physical violence was more prevalent among: divorced adults compared with never married or married adults (19% vs. 12% or 7%); gay or lesbian and bisexual adults compared with straight adults (15% and 23% vs. 9%); and, U.S.-born adults compared with those born outside the U.S. (13% vs. 7%).

**Prevalence of New York City adults ever who experienced physical violence by an intimate partner, 2018**



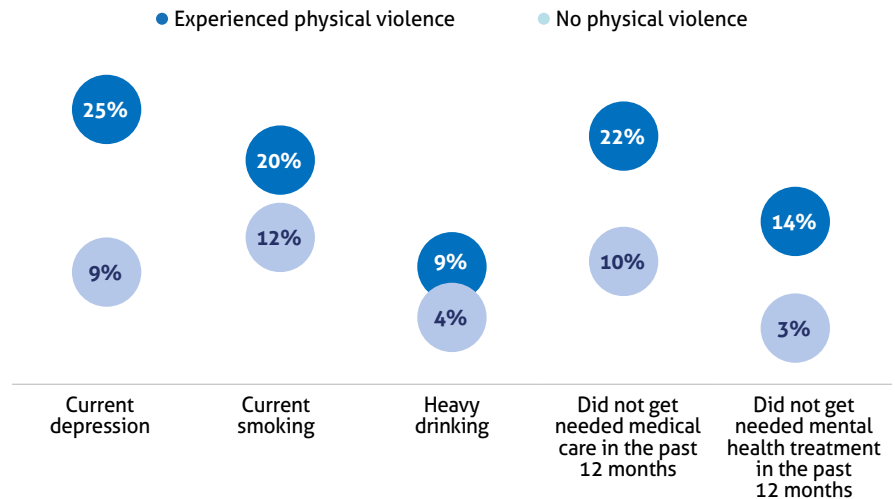
**Race/ethnicity:** Latino/a includes people of Hispanic or Latino/a origin, regardless of race. Black, White, and Asian/Pacific Islander racial categories exclude Latino/a.

Source: 2018 Community Health Survey; Prevalence estimates are age-adjusted

## Adults who experienced physical intimate partner violence also reported other health conditions and behaviors

- The prevalence of current depression was higher among adults who had experienced physical violence compared with adults who had not experienced it (25% vs. 9%).
- Among adults who experienced physical violence compared with those who did not, the prevalence of current smoking (20% vs. 12%) and heavy drinking (9% vs. 4%) was higher.
- Among adults who experienced physical violence compared with those who did not, the prevalence of adults who did not get needed medical care during the past 12 months was higher (22% vs. 10%), as was the prevalence of adults who did not get needed mental health treatment in the past 12 months (14% vs. 3%).

**Prevalence of health conditions and behaviors among New York City adults who ever experienced physical violence by an intimate partner, 2018**



**Heavy drinking:** Greater than two alcoholic drinks per day for males or greater than one alcoholic drink per day for females, on average in the past 30 days.

Source: 2018 Community Health Survey; Prevalence estimates are age-adjusted

## All ways of measuring IPV likely underestimate the problem; surveys improve understanding of prevalence

- Traditionally, service use data, such as the number of calls to law enforcement or a domestic violence hotline, have been used to estimate IPV prevalence. However, not everyone who experiences IPV formally seeks help.
- Population-based surveys offer an alternative approach that may increase the representation of people who have experienced IPV. In these surveys people who have experienced IPV can anonymously and safely acknowledge their experiences.
- Survey data complement service use data and can examine multiple types of abusive behaviors – although still not capturing all potential behaviors. For instance, this survey data did not capture sexual IPV. Some people might still feel reluctant or even unsafe to disclose their experiences when participating in a telephone survey. However, asking multiple questions on the topic can help increase comfort level, rapport and disclosure. Although survey data likely improve our estimates of the problem, the true prevalence is probably higher than the numbers described in this report.<sup>5</sup>

**Data Source and Statistical Analyses: Community Health Survey (CHS) 2018.** The CHS is conducted annually by the NYC Health Department with approximately 10,000 non-institutionalized adults ages 18 and older. Data are age-adjusted to the U.S. 2000 standard population. The CHS has included adults with landlines since 2002 and since 2009, has included adults who can be reached by cell phone. For more survey details, visit [nyc.gov/health/survey](http://nyc.gov/health/survey). All reported comparisons were evaluated by T-test to a reference group and represent statistically significant associations with a p-value < 0.05.

**Psychological abuse:** Has a current or former intimate partner ever insulted you, called you names repeatedly, or controlled your behavior?

**Physical violence:** Has a current or former intimate partner ever hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you?

**Intimate partner:** This includes current or past boyfriends, girlfriends, husbands, wives, common-law spouses, someone with whom you have a child or a dating partner.

**Current depression:** Determined using the Patient Health Questionnaire (PHQ)-8, an eight-item screening instrument that assesses the frequency of depression symptoms over the past two weeks. A score of 10 to 24 points, indicative of moderate to severe depressive symptoms, was defined as current depression.

**Current smoking:** Have you smoked at least 100 cigarettes in your entire life? Do you smoke cigarettes every day, some days or not at all? Responses were categorized as never, current or former smoker.

**Heavy drinking:** Greater than two alcoholic drinks per day for males or greater than one alcohol drink per day for females, on average in the past 30 days.

**Needed medical care:** Was there a time in the past 12 months when you needed medical care but did not get it? Medical care includes doctor’s visits, tests, procedures, prescription medications and hospitalizations.

**Needed mental health treatment:** Was there a time in the past 12 months when you needed treatment for a mental health problem but did not get it?

## Recommendations



### All New Yorkers, including those directly impacted by IPV and those who are not, can help raise awareness and support survivors

- The following resources are available and safely modified during the COVID-19 pandemic:
  - NYC Hope** is a web-based platform that can connect anyone experiencing dating, domestic or gender-based violence with resources and support. Visit [nyc.gov/nycchope](http://nyc.gov/nycchope).
  - NYC's Domestic Violence Hotline** provides support to those experiencing IPV, and is available in multiple languages, 24 hours a day, 7 days a week. Call 1-800-621-4673 or 311 and ask to be connected to the hotline. For more information, visit [nyc.gov/hra](http://nyc.gov/hra) and search for "domestic violence support".
  - NYC Family Justice Centers** provide survivors of IPV and their children free case management, economic empowerment, counseling and civil and criminal legal assistance. Each borough's NYC Family Justice Center provides services by phone. For more information, visit [nyc.gov/familyjusticecenters](http://nyc.gov/familyjusticecenters).
  - NYC WELL** is a free, confidential support, crisis intervention and information and referral service for anyone seeking help for mental health or substance misuse concerns available 24 hours a day, 7 days a week. For more information, visit [nyc.gov/nycwell](http://nyc.gov/nycwell), call 1-888-692-9355 or text "WELL" to 65173.
- Everyone can help destigmatize IPV and provide support to those affected by it.
  - Become more informed about the resources above and know IPV can happen to anyone.
  - Know that social, racial, economic and health disparities amplify exposure to and impacts of IPV.
  - Promote programs that reduce disparities and that focus on building healthy relationship skills early in life to prevent IPV. Such programs and resources include:
    - Facilitated trainings available on a variety of IPV-related topics through the Policy and Training Institute in the Mayor's Office to End Domestic and Gender-Based Violence. Visit [bit.ly/ocdvtraining](http://bit.ly/ocdvtraining).
    - The Healthy Relationship Training Academy, a prevention and education program centered on helping young people end domestic and gender-based violence. Visit [bit.ly/healthyrelationshiptraining](http://bit.ly/healthyrelationshiptraining).
    - The Centers for Disease Control and Prevention technical package of programs, policies, and practices. To read the document, visit [bit.ly/ipvtechnicalpackage](http://bit.ly/ipvtechnicalpackage).



### All health care providers can actively identify IPV early on and improve health outcomes.

- Be aware that patients with depression, smoking, hypertension and other health conditions described in this document might be experiencing IPV or could have experienced it in the past.
- Encourage disclosure of IPV through culturally sensitive inquiry and routine dialogue and validate the experiences of patients who are survivors. Make referrals for patients experiencing IPV with the approaches described in the City Health Information (CHI) publication entitled Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting. Visit [bit.ly/chiintimatepartner](http://bit.ly/chiintimatepartner).
- Learn about and promote the comprehensive resources listed above, designed to meet IPV victims where they are and provide legal, housing, family and emotional support.



### Community leaders must stand together in declaring that every New Yorker has the right to be free from violence in their relationship.

- Expand community-based services and support for both survivors and abusive partners. Stopping abuse cycles requires trauma-informed approaches to healing both for those being harmed and those doing harm.
- Advance comprehensive prevention efforts that address the root causes contributing to the intractability of IPV, including but not limited to housing instability and poverty.

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**Authors:** Karen A. Alroy, Amy Wang, Michael Sanderson, L. Hannah Gould, and Catherine Stayton

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