

## Domestic Violence

- [Domestic Violence Introduction](#)
- [What Is Domestic Violence?](#)
- [Risk Factors for Domestic Violence](#)
- [Domestic Violence Signs and Symptoms](#)
- [A Personalized Safety Plan](#)
- [Safety in the Workplace](#)
- [Determining Risk](#)
- [Emergency Department Care](#)
- [Resources](#)
- [Synonyms and Keywords](#)
- [References](#)
- [Authors and Editors](#)
- [Read more on Domestic Violence from Healthwise](#)

### Domestic Violence Introduction

Domestic violence is a well-known and often-used term. Although it may describe various violent relationships, such as [child abuse](#), [elder abuse](#), it is most commonly applied to an intimate relationship between two adults in which one partner uses a pattern of assault and intimidating acts to assert power and control over the other partner. Only recently recognized as a major [public health](#) issue, domestic violence has a long, dark past and is firmly entrenched in many societies. Although domestic violence usually includes violent attacks, it is not limited to physical acts of violence, but may include psychological, economic, and sexual abuse as well as attempts to [isolate](#) the partner.

### History

To fully understand the roots of domestic violence in our society, it is helpful to review some historical points. Unfortunately, abuse of an intimate partner has been a part of many cultures for many generations.

- British common law once allowed a man to "chastise" his wife with "any reasonable instrument."
- In the United States, throughout the 1800s, state laws and cultural practices continued to support a man's right to discipline his wife. In fact, it wasn't until 1895 that a woman could even divorce her husband on grounds of abuse.

- The perception that it is not possible for individuals involved in same-sex relationships to be involved in domestic violence remains a pervasive myth.
- In 1994, the Violence Against Women Act was adopted. This act encouraged research into domestic abuse and generated the legal and financial support for law enforcement and social services to protect battered women.

### **Scope of Domestic Violence**

The extent of the problem of domestic violence is illustrated by the following statistics:

- Women in the U.S. are more likely to have been injured, raped, or murdered by a male partner than by all other types of attackers.
- Every year, 2-4 million women are assaulted by a male partner in the U.S.
- The incidence of domestic violence in [gay](#), [lesbian](#), [bisexual](#), and transgender relationships has been found to be comparable to that which occurs between [heterosexual](#) partners.
- More than 800,000 cases of domestic violence perpetrated by women against men are reported annually.
- Twice as many women report [sexual assault](#) by their husbands as report assault by strangers.
- Every year, about 2,000 women are murdered by their current or former male partners in the U.S.

- One in seven women going to the doctor's office have a history of partner abuse.
- One in four women has been abused at some point in her life.
- One in four women seeking care in the [emergency department](#) for any reason is a domestic-violence survivor.
- Some 2-5% of women who are treated in a hospital's emergency department are there for an injury from domestic violence.
- One in six [pregnant](#) women is abused during [pregnancy](#).
- One in four women who attempt suicide is being abused.
- Acts of physical aggression between domestic partners occur in one in six U.S. homes.

### **What Is Domestic Violence?**

Domestic violence is a relationship between intimate partners in which one individual seeks to assert power and control over the other. Recently, more same-sex partners and male victims of violence perpetrated by women are reporting their victimization. The abuser may use many different types of abuse to assert this power, and the overall framework in which the abuse occurs may follow a pattern called the cycle of violence.

- Cycle of violence: Violent events may occur in a variety of patterns- the victim may experience ongoing, nonstop abuse, or the abuse may stop and start. One pattern of abuse often seen in a violent relationship begins with a tension-building phase, followed by the actual abusive act, and then a calm, making-up phase often called the honeymoon phase.

- The tension-building phase includes increasing anger on the part of the abuser coupled with attempts by the person being abused to avoid violence. On the other hand, the victim may also attempt to bring on the violence to "get it over with."
  
- The episode of acute abuse may include various forms of abuse and may occur for an indefinite amount of time.
  
- The honeymoon phase that follows the abuse often includes both excuses for the abusive episode and expressions of love for the injured party. The abuser may deny the violence or blame his or her actions on their own drunkenness or the behavior or drunkenness of the victim. The abuser may promise that the abuse will never happen again.
  
- Types of abuse: Domestic abuse is a broad term and involves physical, psychological, economic, and sexual abuse, as well as attempts to manipulate the victim through the use of his or her children. The abuser may also seek to isolate the victim from other people who may provide assistance.
  - Physical abuse
    - Pinching
    - Tripping
    - Punching
    - Grabbing
    - Beating
    - Pulling hair
    - Slapping
    - Shoving
    - Biting
    - Twisting arms
    - Kicking
    - Using a weapon against you

- Throwing you down
  - [Choking](#)
  - Hitting
  - Pushing
- Psychological abuse
    - Making or carrying out threats to do something to hurt you emotionally
    - In gay, lesbian, bisexual and transgender relationships, threatening to expose ("out") the victim's sexual orientation
    - Threatening to commit [suicide](#)
    - Threatening to take away the children
    - Threatening to harm the children
    - Threatening to harm the family of origin (for example, parents and siblings)
    - Threatening to report you to a governmental agency (for example, the Internal Revenue Service and the Immigration and Naturalization Service)
    - Threatening to harm pets

- Injuring or killing pets
- Emotional abuse
  - Putting you down (for example, commenting about perceived shortcomings, name calling)
  - Making you think you are crazy
  - Making you feel bad about yourself
  - Playing mind games
  - Treating you as if you are a servant
  - Making all the big decisions
- Isolation
  - Controlling what you do (for example, financially; monitoring activities)
  - Limiting your access to others

- Controlling your activities outside the home
- Sexual abuse
  - Making you do sexual things against your will
  - Treating you as if you are a sex object
  - Physically attacking the sexual parts of your body
- Using children
  - Making you feel guilty about the children
  - Using visitation as a way to harass you
  - Using the children to give messages
- Economic
  - Preventing you from getting or keeping a job
  - Taking your money
  - Making you ask for money

- Giving you an allowance

### **Risk Factors for Domestic Violence**

A number of studies have looked into identifying individuals who are most at risk for domestic violence. The most common feature is an imbalance of power and control. However, neither those who experience domestic violence nor the partners who abuse them fall into distinct categories. They can be of any age, ethnicity, income level, or level of education. The following are examples of situations that are common among people who experience domestic violence. It is important to understand that anyone can be abused.

- Individuals at risk:
  - Planning to leave or has recently left an abusive relationship
  - Previously in an abusive relationship
  - Poverty or poor living situations
  - Unemployed
  - Physical or mental disability
  - Recently separated or divorced
  - Isolated socially from family and friends
  - Abused as a child

- Witnessed domestic violence as a child
- Pregnancy, especially if unplanned
- Younger than 30 years

- Stalked by a partner

Although the abusers also share some common characteristics, it is important to note that abusers choose violence to get what they want in a relationship. Risk factors may point to an increased likelihood of violence in a relationship, but the person is not destined to become violent because of the presence of certain risk factors. Nor is the violence justifiable because it happened while the abuser was in a blind rage that he or she was powerless to control. The following factors may indicate an increased likelihood that a person may choose violence:

- Abuser risk factors:

- Abuses [alcohol](#) or [drugs](#)
- Witnessed abuse as a child
- Was a victim of abuse as a child
- Abused former partners
- Unemployed or underemployed

- Abuses pets

### **Domestic Violence Signs and Symptoms**

Domestic violence may lead to both physical and psychological signs and symptoms in the victim. Victims may have obvious physical signs of traumatic injury, but they may also complain of noninjury signs and symptoms, such as chronic abdominal pain, that may seem unrelated to an abusive relationship. Family and friends, even coworkers, may see the following signs and symptoms. You may recognize some of them if you are a survivor of domestic violence. These are also signs that doctors look for in assessing potential victims of domestic abuse.

- Psychological signs and symptoms:
  - Recognizing the signs and symptoms of domestic violence begins by observing the behavior of both the abuser and the person being abused. The abuser may appear overly controlling or coercive, attempting to answer all questions for the victim or isolating him or her from others. This type of behavior may occur in the context of a visit to the doctor where the abuser refuses to let the victim out of his sight and attempts to answer all questions for the victim. You may even note emotional abuse actually taking place. In stark [contrast](#), the person being abused may appear quiet and passive. He or she may show outward signs of [depression](#) such as crying and poor eye contact.
  - Other psychological signs of domestic violence range from [anxiety](#), depression, and [chronic fatigue](#) to [suicidal](#) tendencies and the battered woman syndrome—a [syndrome](#) similar to the [post-traumatic stress disorder](#) seen in people threatened with death or serious injury in extremely stressful situations (such as war).
  - [Substance abuse](#) is also more common in the person enduring domestic violence than in the general adult population. The abuse of alcohol, prescription drugs, and [illicit drugs](#) may happen as a result of the violent relationship rather than being the cause of the violence.

- Physical signs and symptoms:
  - Domestic violence assault may lead to specific injury types and distributions.
  - These injury types and patterns may result from things other than domestic violence but should raise suspicion of abuse when present.
  - Injury types seen more commonly in domestic-violence injuries than in injuries caused by other means are these:
    - [Tympanic membrane \(eardrum\) rupture](#)
    - [Rectal](#) or genital injury
    - Facial scrapes, bruises, [cuts](#), or fractures
    - Neck scrapes or bruises
    - Abdominal cuts or bruises
    - [Tooth loose or broken](#)
    - [Head scrapes or bruises](#)
    - Body scrapes or bruises
    - Arm scrapes or bruises
- Physical signs and symptoms of domestic violence that result from traumatic injury may seem similar to injuries resulting from other causes. But some injury types and locations may increase the suspicion of assaultive violence.
 

The distribution of injuries on the body that typically occurs in the domestic-violence assault may follow certain patterns. Some frequently seen patterns of injury are as follows:

  - Centrally located injuries:
    - Injury distribution is in a bathing-suit pattern, primarily involving the breasts, body, buttocks, and genitals.

- These areas are usually covered by clothing, concealing obvious signs of injury.
- Another central location is the head and neck, which is the site of up to 50% of abusive injuries.
- Characteristic domestic violence injuries
  - Cigarette burns
  - [Bite marks](#)
  - Rope burns
  - Bruises
  - Welts with the outline of a recognizable weapon (such as a belt buckle)
- Bilateral injuries: Injuries involving both sides of the body, usually the arms and legs
- Defensive posture injuries: These injuries are to the parts of the body used by the woman to fend off an attack.
  - The small finger side of the [forearm](#) or the palms when used to block blows to the head and [chest](#)
  - The bottoms of the feet when used to kick away an assailant
  - The back, legs, buttocks, and back of the head when the woman is crouched on the floor
- Injuries inconsistent with the explanation given:

- The injury type or severity does not fit with the reported cause.
- The mechanism of injury reported would not produce the signs of injury found on physical examination.
- Injuries in various stages of healing:
  - Signs of both recent and old injuries may represent a history of ongoing abuse.
  - Delay in seeking medical attention for injuries may indicate either the victim's reluctance to involve doctors or his or her inability to leave home to seek needed care.
- Noninjury physical signs and symptoms:
  - Individuals experiencing ongoing abuse and [stress](#) in their lives may develop medical complaints as a direct or indirect result.
  - Often, the person enduring domestic violence goes to the emergency department or clinic on multiple occasions with no physical examination findings to account for his or her symptoms.
  - Some typical medical complaints:
    - [Headache](#)

- [Neck pain](#)
- [Chest pain](#)
- [Heart](#) beating too fast
- Choking sensations
- Numbness and tingling
- Painful sexual intercourse
- Pelvic pain
- [Urinary tract infection](#)
- Vaginal pain

### **A Personalized Safety Plan**

If an acute episode of domestic violence occurs in the home, first assess your immediate safety.

- The question of when to obtain immediate assistance from the local law-enforcement agency must be based on your belief that there is risk of bodily injury or death.
  
- If you believe that you or others in the home are in immediate danger, call 911.
  
- If possible you should attempt to do this without the abuser's knowledge, because this could lead to an escalation of the violence.

If you are currently in an abusive relationship, make plans to ensure both your and your children's safety in the event of recurrent or escalating violence. The following is a description of the Personalized Safety Plan from the Office of the City Attorney, San Diego, California.

- Safety plan if abuser currently lives with you
  - If possible, avoid arguments in small rooms, rooms without easily accessible exits, or in rooms with access to weapons (such as the kitchen).
  
  - Avoid the use of alcohol and other mind-altering substances because they may impair the your ability to protect yourself and your children.

- Plan which doors and windows may provide quick exit routes if immediate escape is necessary. Also, plan a meeting place outside of the home.
  
- If possible, tell a reliable friend or neighbor to notify law enforcement if they hear anything suspicious coming from your home or over the telephone.
  
- Select a code word to indicate the need to call law enforcement.
  
- In the event that you must quickly leave your home, you should have immediate access to the following items:
  - Identification for yourself and your children (driver's license, passports, green cards, birth certificates)
  
  - Important documents (such as school and health records, insurance policies, car titles, mortgage papers, marriage license)
  
  - Court documents (protective orders, divorce, or custody papers)
  
  - Supply of prescription medications or a list of the medications and dosages
  
  - Clothing, toys, and other comfort items for both you and your children

- Extra set of car, house, and safety deposit box keys
- Phone numbers and addresses of family, friends, and community resources
- Money, checkbook, credit cards
- Safety plan if abuser does not live in your home:
  - Change door and window locks.
  - If possible, install safety devices (extra locks, window bars, outdoor lights, motion detectors, security system).

### **Safety in the Workplace**

Domestic violence often affects a domestic-violence survivor at the workplace. Your batterer may call you, stalk you, make threats against you or your children, or attack you at work. These efforts may be affecting your ability to work or jeopardize your job. You may be able to reduce the impact that violence has on your job through safety planning. Talk with your employer about changes you both can make to your job that will improve your safety at work.

- Change your phone number or extension.
- Route your calls through the office receptionist.
- Keep your home address and telephone confidential.
- Request a transfer to a different desk, department, shift, or work site.

- Have a security guard or other coworker escort you to your car or to the nearest public transportation stop.
- Lock the door to your office or department.
- Register your protective order with the security department or security personnel.
- Post a picture of the batterer at the security desk and inform the security guards not to allow him or her into the building.
- Ask your employer to get a restraining order against your batterer for you in addition to your own restraining order.
- Commute to work with a coworker.
- Vary the route you take to get to work, or the time when you normally commute.
- Tell your employer the steps you are already taking to keep yourself safe.

### **Determining Risk**

If you are experiencing domestic violence, you may call a doctor whenever you think you require evaluation and treatment of acute injury, medical complaints resulting from chronic stress, or psychiatric illness. In addition, a doctor may help you assess your safety and access community resources. Community resources may include various health-care agencies, law enforcement, and community groups. This is potentially a very dangerous time, because requesting help from

others may put you at increased risk because the anger of the batterer may escalate due to a perceived loss of control on his or her part. In view of this, you should determine the appropriate time for others to intervene in an abusive relationship.

A situation in which you may seek outside assistance is when you perceive an increasing risk to you and your children. Doctors and other professionals use two tools to help determine your risk. They are the Lethality Checklist and the Physical Abuse Ranking Scale. Although every abusive relationship is different, your scores on these scales may help you to decide how risky your current situation has become.

- Lethality Checklist: Count the items that apply to your current relationship. The higher the number of items from this list, the greater your danger potential.
  - Objectifies you (calls you names, body parts, animals)
  - Blames you for injuries
  - Is unwilling to turn you loose
  - Is obsessed with you
  - Is hostile, angry, or furious
  - Appears distraught
  - Is extremely jealous, blaming you for all types of promiscuous behavior
  - Has been involved in previous incidents of significant violence

- Has killed pets
- Has made threats
- Has made previous suicide attempts
- Is threatening suicide
- Has access to you
- Has access to guns
- Uses alcohol
- Uses amphetamines, [cocaine](#), or other drugs
- Has thoughts of hurting you
- Has no desire to stop violent or controlling behavior
- Has a relationship with you that is extremely tense and volatile

- Physical Abuse Ranking Scale: The scale depicts increasing risk with increasing number ('1' representing low risk and '9' highest risk). Any violent act greater than 5 on this scale indicates a high danger potential.

1. Throwing things, punching the wall
2. Pushing, shoving, grabbing, throwing things at you
3. Slapping with an open hand
4. Kicking, biting
5. Hitting with closed fists
6. Attempted strangulation
7. Beating up, pinning to the wall or floor, repeated kicks and punches
8. Threatening with a weapon
9. Assault with a weapon

### **Emergency Department Care**

When you suffer an acute abusive episode, you must first insure your immediate safety. If you feel you are in immediate danger, you may notify local law enforcement for intervention in your home through the 911 system. Once your immediate safety is assured, you may then assess your need for emergency department care.

- Acute injury: If you have sustained what you believe is a life-threatening or limb-threatening injury, call 911 and request emergency medical assistance.
  
- Community resources and safety:
  - The emergency department may also serve as a safe haven if you feel you are in danger and need assistance.
  
  - If you feel that the violence is escalating, a visit to the emergency department for any reason, even the care of a child, may allow you to escape potential harm.
  
  - Emergency department staff will help you arrange shelter placement, legal assistance, social-service evaluation, support-group [referral](#), and can help you make a police report about your injury if you haven't already informed the police.
  
  - If you have thoughts of committing suicide, you may also access psychiatric care through the emergency department.
  
- The doctor may ask you some questions about your injuries and your relationship. Be prepared to answer as honestly as you can. These questions are recommended by the American Medical Association:
  - Are you in a relationship in which you have been physically hurt or threatened by your partner? Have you ever been in such a relationship?
  
  - Are you in a relationship in which you feel you are treated badly? In what ways?

- Has your partner ever threatened or abused your children?
  
- Has your partner ever forced you to have sex when you did not want to? Does he or she ever force you to engage in sex that makes you feel uncomfortable?
  
- We all fight at home. What happens when you and your partner fight or disagree?
  
- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom were you injured?
  
- Do you feel safe in your current relationship?
  
- Is there a partner from a previous relationship who is making you feel unsafe now?

### **Resources**

The National Resource Center on Domestic Violence provides information on domestic violence and related issues; (800) 531-2238.

[The National Coalition Against Domestic Violence](#) offers many resources. They also offer a free booklet, "Hope and Power," to provide information and guidance to domestic-violence victims about managing their finances and obtaining economic security. Send an email that includes your mailing address to [bely@ncadv.org](mailto:bely@ncadv.org) to request a single complimentary copy.

[National Domestic Violence Hotline](#) (1-800-799-SAFE [7233]) is staffed 24 hours a day by trained counselors who can provide crisis assistance and information about shelters, legal advocacy, health-care centers, and counseling. There is also a toll-free number for the hearing-impaired: 1-800-787-3224 (TDD).

Gay and Lesbian National Hotline provides free confidential assistance for gay, lesbian, bisexual and transgender people of all ages.; (888) THE-GLNH. <http://www.glnh.org>.

Gay Men's Domestic Violence Project provides direct services and resources to allow gay, bisexual, and transgender men to remove themselves from violent situations and relationships.

Health Resource Center on Child Custody Protection provides information related to child protection and custody in the context of domestic violence; (800) 527-3223.

[CAVNET](#) (Communities Against Violence Network) is an international network of anti-violence experts and advocates.

[The Rape, Abuse, Incest National Network](#) will transfer you to the rape crisis center nearest you, anywhere in the U.S. The RAINN hotline can be reached at 1-800-656-HOPE.

[American Bar Association Commission on Domestic Violence](#) lists phone numbers and resources to help you find a lawyer.

[Batterer Intervention Services Coalition of Michigan](#) features a discussion forum where you can talk with others involved in domestic violence and its prevention.

[FaithTrust Institute](#) is an educational resource on abuse and religion.

### **Synonyms and Keywords**

domestic violence, intimate partner violence, partner abuse, spouse abuse, woman abuse, wife beating, battering, battered woman syndrome, Lethality Checklist, Physical Abuse Ranking Scale, child abuse, violent relationships, elder abuse, psychological abuse, economic abuse, sexual abuse, imbalance of power and control

### **References**

1. Abbott J. Injuries and illnesses of domestic violence. *Ann Emerg Med*. Jun 1997;29(6):781-5.
2. Burnett LB, Adler J. Domestic Violence. eMedicine Journal [serial online]. 2001. Domestic Violence. eMedicine Journal [serial online]. 2001.
3. Easley M. Domestic violence. *Ann Emerg Med*. Jun 1996;27(6):762-3.
4. Feldhaus KM, Koziol-McLain J, Amsbury HL, et al. Accuracy of 3 brief screening questions for detecting partner violence in the emergency department. *JAMA*. May 7 1997;277(17):1357-61.
5. Flitcraft A. Learning from the paradoxes of domestic violence. *JAMA*. May 7 1997;277(17):1400-1.
6. Kyriacou DN, Anglin D, Taliaferro E, et al. Risk factors for injury to women from domestic violence against women. *N Engl J Med*. Dec 16 1999;341(25):1892-8.
7. Muelleman RL, Lenaghan PA, Pakieser RA. Battered women: injury locations and types. *Ann Emerg Med*. Nov 1996;28(5):486-92.

8. Muelleman RL, Lenaghan PA, Pakieser RA. Nonbattering presentations to the ED of women in physically abusive relationships. *Am J Emerg Med*. Mar 1998;16(2):128-31.
9. Salber PR, Taliaferro EH. Domestic violence. In: Tintinalli JE, Kelen GD, eds. *Emergency Medicine: A Comprehensive Study Guide*. 5<sup>th</sup> ed. New York, NY: McGraw-Hill; 2000.

### **Authors and Editors**

Author: Michael C Wadman, MD, Assistant Professor, Department of Surgery, Section of Emergency Medicine, University of Nebraska College of Medicine

Coauthor(s): Jonathan Foral, MD, Staff Physician, Department of Internal Medicine, University of Texas Southwestern Medical Center; Josephine I Wadman, MD

Revising Author: [Roxanne Dryden-Edwards, MD](#)

Editors: Joseph A Salomone III, MD, Associate Professor, Department of Emergency Medicine, Truman Medical Center, University of Missouri at Kansas City School of Medicine; Francisco Talavera, PharmD, PhD, Senior Pharmacy Editor, eMedicine; James S Cohen, MD, Consulting Staff, James Cohen, PC

Revising Editor: [Melissa Conrad Stöppler, MD](#), Chief Medical Editor, eMedicineHealth.com

*Last Editorial Review: 2/22/2007*