The Impact of Domestic Violence on Victims

As with anyone who has been traumatized, victims demonstrate a wide range of effects from domestic violence. The perpetrator’s abusive behavior can cause an array of health problems and physical injuries. Victims may require medical attention for immediate injuries, hospitalization for severe assaults, or chronic care for debilitating health problems resulting from the perpetrator’s physical attacks. The direct physical effects of domestic violence can range from minor scratches or bruises to fractured bones or sexually transmitted diseases resulting from forced sexual activity and other practices. The indirect physical effects of domestic violence can range from recurring headaches or stomachaches to severe health problems due to withheld medical attention or medications.

Many victims of abuse make frequent visits to their physicians for health problems and for domestic violence-related injuries. Unfortunately, research shows that many victims will not disclose the abuse unless they are directly asked or screened for domestic violence by the physician. It is imperative, therefore, that health care providers directly inquire about possible domestic violence so victims receive proper treatment for injuries or illnesses and are offered further assistance for addressing the abuse.

The impact of domestic violence on victims can result in acute and chronic mental health problems. Some victims, however,
have histories of psychiatric illnesses that may be exacerbated by the abuse; others may develop psychological problems as a direct result of the abuse. Examples of emotional and behavioral effects of domestic violence include many common coping responses to trauma, such as:

• Emotional withdrawal
• Denial or minimization of the abuse
• Impulsivity or aggressiveness
• Apprehension or fear
• Helplessness
• Anger
• Anxiety or hypervigilance
• Disturbance of eating or sleeping patterns
• Substance abuse
• Depression
• Suicide
• Post-traumatic stress disorder

Some of these effects also serve as coping mechanisms for victims. For example, some victims turn to alcohol to lessen the physical and emotional pain of the abuse. Unfortunately, these coping mechanisms can serve as barriers for victims who want help or want to leave their abusive relationships. Psychiatrists, psychologists, therapists, and counselors who provide screening, comprehensive assessment, and treatment for victims can serve as the catalyst that helps them address or escape the abuse.

Parenting and the Victim

Emerging research indicates that the harmful effects of domestic violence can negatively influence parenting behaviors. Parents who are suffering from abuse may experience higher stress levels, which in turn, can influence the nature of their relationship with and responses to their children. Victims who are preoccupied with avoiding physical attacks and coping with the violence confront additional challenges in
their efforts to provide safety, support, and nurturance to their children. Unfortunately, some victims of domestic violence are emotionally or physically unavailable to their children due to injuries, emotional exhaustion, or depression.

Studies have found that victims of domestic violence are more likely to maltreat their children than those who are not abused by their partners. In some cases, victims who use physical force or inappropriate discipline techniques are trying to protect their children from potentially more severe forms of violence or discipline by the abuser. For example, a victim of domestic violence might slap the child when the abuser threatens harm if the child is not quiet. Seemingly, neglectful behaviors by the victim also may be a direct result of the domestic violence. This is illustrated when the abuser prevents the victim from taking the child to the doctor or to school because the adult victim’s injuries would reveal the abusiveness.

The majority of victims of domestic violence are not bad, ineffective, or abusive parents, but researchers note that domestic violence is one of a multitude of stressors that can negatively influence parenting. However, many victims, despite ongoing abuse, are supportive, nurturing parents who mediate the impact of their children’s exposure to domestic violence. Given the impact of violence on parenting behaviors, it is beneficial that victims receive services that alleviate their distress so they can support and benefit the children.

**Strategies Victims Use to Protect Themselves and Their Children**

Protective strategies that frequently are recommended by family, friends, and social services providers include contacting the police, obtaining a restraining order, or seeking refuge at a friend or relative’s home or at a domestic violence shelter. It is ordinarily assumed that these suggestions are successful at keeping victims and their
children safe from violence. It is crucial to remember, however, that while these strategies can be effective for some victims of domestic violence, they can be unrealistic and even dangerous options for other victims. For example, obtaining a restraining order can be useful in deterring some perpetrators, but it can cause other perpetrators to become increasingly abusive and threatening. Since these recommendations are concrete and observable, they tend to reassure people that the victim of domestic violence is actively taking steps to address the abuse and to be safe, even if they create additional risks. Furthermore, these options only address the physical violence in a victim’s life. They do not address the economic or housing challenges the victim must overcome to survive, nor do they provide the emotional and psychological safety the victims need. Therefore, victims often weigh “perpetrator-generated” risks versus “life-generated” risks as they try to make decisions and find safety.

Typically, victims do not passively tolerate the violence in their lives. They often use very creative methods to avoid and deescalate their partner’s abusive behavior. Some of these are successful and others are not. Victims develop their own unique set of protective strategies based on their past experience of what is effective at keeping them emotionally and physically protected from their partner’s violence. In deciding which survival mechanism to use, victims engage in a methodical problem-solving process that involves analyzing: available and realistic safety options; the level of danger created by the abuser’s violence; and the prior effectiveness and consequences of previously used strategies. After careful consideration, victims of domestic violence decide whether to use, adapt, replace, or discard certain approaches given the risks they believe it will pose to them and their children.

Examples of additional protective strategies victims use to survive and protect themselves include:
• Complying, placating, or colluding with the perpetrator;
• Minimizing, denying, or refusing to talk about the abuse for fear of making it worse;
• Leaving or staying in the relationship so the violence does not escalate;
• Fighting back or defying the abuser;
• Sending the children to a neighbor or family member’s home;
• Engaging in manipulative behaviors, such as lying, as a way to survive;
• Refusing or not following through with services to avoid angering the abuser;
• Using or abusing substances as an “escape” or to numb physical pain;
• Lying about the abuser’s criminal activity or abuse of the children to avoid a possible attack;
• Trying to improve the relationship or finding help for the perpetrator.

Although these protective strategies act as coping and survival mechanisms for victims, they are frequently misinterpreted by laypersons and professionals who view the victim’s behavior as uncooperative, ineffective, or neglectful. Because victims are very familiar with their partner’s pattern of behavior, they can help the caseworker in developing a safety plan that is effective for both the victim and the children, especially when exploring options not previously considered.

In situations where certain coping strategies have adverse affects, such as using drugs to numb the pain, it is crucial that service providers make available additional support and guidance that offer positive solutions to victims of domestic violence. A thoughtful understanding of the unique approaches used by victims of domestic violence to secure their safety will help community professionals and service providers respond more effectively to their needs.
the abusive behavior is wrong, but then plead for forgiveness or make promises of refraining from any future abuse. Even in situations such as this, the perpetrator commonly minimizes the severity or impact of the abuse.

It is equally important to acknowledge that abusers also possess positive qualities. There are abusers who are remorseful, accept responsibility for their violence, and eventually stop their abusive behavior. Perpetrators are not necessarily “bad” people, but their abusive behavior is unacceptable. Some perpetrators have childhood histories where they were physically or sexually abused, neglected, or exposed to domestic abuse. Some suffer from substance abuse and mental health problems. All of these factors can influence their psychological functioning and contribute to the complexity and severity of the abusive behavior. Perpetrators need support and intervention to end their violent behavior and any additional problems that compound their abusive behavior. Through specialized interventions, community services, and sanctions, some abusers can change and become nonviolent.

**Indicators of Dangerousness**

Different levels of violence and types of abuse are perpetrated by domestic violence offenders. Some abusers rarely use physical violence, while others assault their partners daily. There are perpetrators who are only abusive towards family members and others who are violent toward a variety of people. There are abusers who are more likely to inflict serious injury or become homicidal. Some frequently degrade the victim, while some rarely, if ever, implement that particular tactic.

It is critical that professionals and community service providers who intervene in domestic violence cases engage in thorough and continuous assessment of the perpetrator’s level of dangerousness. Evaluating this dangerousness involves identifying risk indicators that reflect the capacity to
continue perpetrating severe violence. Although domestic violence homicides or severe assaults cannot be predicted, there are several risk factors that help determine the likelihood that severe forms of violence may be imminent.

The greater the number or the intensity of the following indicators, the more likely a severe or life-threatening attack will occur:

- Threats or thoughts of homicide and suicide;
- Possession or access to weapons;
- Use of weapons in a threatening or intimidating manner;
- Extreme jealousy or obsession with the victim;
- Physical attacks, verbal threats, and stalking during a separation or divorce;
- Kidnapping or hostage taking;
- Sexual assault or rape;
- Prior abusive incidents that resulted in serious injury;
- History of violence with previous partners and children;
- Psychopathology or substance abuse.

The above factors pose a substantial risk to victims of domestic violence and possibly to their children. It also is important to ask for the victim’s assessment of the abuser’s dangerousness. Extremely dangerous perpetrators can be safety threats to people who are involved in the victim’s life, individuals trying to help, or the children. It is crucial that community professionals who work with violent families incorporate these risk indicators into their assessments and interventions because failure to do so can seriously compromise the lives of everyone involved.