Summary

Domestic violence is a form of abuse by one individual against another in an intimate relationship. Historically, women have suffered the greatest effects of domestic violence with almost a quarter of US women experiencing domestic violence in their lifetime. Domestic violence is a social issue fueled by generational learning, isolated victims, unorganized healthcare aid, and family stresses. Women found in domestic violence situations experience moderate to severe mental and physical health concerns. Bystander children also face negative consequences such as internalizing and externalizing behaviors. Society at large suffers increased economic burden as it strives to provide aid and support for victims. Current top practices for ending domestic violence include temporary hosting of families during family conflict escalation, teen and youth educational programs to end violence against women, domestic violence awareness campaigns, and hotlines for direct domestic violence aid.
Context

Domestic violence against women is an issue influenced by early paternalistic ideals where the concept of female inferiority was reinforced in the public sector as religious and legislative texts afforded women fewer rights. These institutionalized instances of gender inequality throughout the ages supported ideas of gender-based violence by establishing women as inferior to men. Women were consequently given fewer opportunities for independence and patriarchal laws and customs continued to be practiced worldwide. Attitudes of oppression are known to be a predecessor to violence. These inherited ideals have contributed to the issue of domestic violence against women in heterosexual relationships in the United States.

Over the last century, the United States has worked to confront this social issue by implementing laws to combat gender inequality. In 1920, the passing of the 18th Amendment began to equalize views on gender. Furthermore, as the feminist movement began to grow in the 1960s, a series of laws were made to protect women against sexual harassment in the workplace and eventually domestic violence. However, while lawmakers continue to pass new legislation intended to protect women in their various roles, domestic violence remains a problem for women across the United States.

Domestic violence is an issue that affects both men and women. In fact, about 22% of women and 7% of men in the United States have reported experiencing intimate partner violence (IPV) during their lifetime. While men are not exempt from the dangers of domestic violence, this brief will focus on women because of the higher prevalence of violence among this gender. Even with recent updates to laws and policies, many state-funded solutions to domestic violence are inaccessible or ineffective to all IPV victims and many are turned away from resources that do exist. While domestic violence is decreasing in the United States, declining 67% from 1994 to 2012, domestic violence is still a severe problem that lacks sustainable and efficient practices to help all affected women.

Some limitations to the study of domestic violence include the ratio of women who report acts of domestic violence to law officials or doctors, compared to those who experience a violent act. In countries that regularly account for cases of domestic violence such as the United States, “less than 40 per cent of the women who experience violence seek help of any sort” (see figure 1). For this reason, data and statistics mentioned in this brief will be a lower estimate than the actual number of domestic violence cases that exist.
Contributing Factors

Generational Cycle

While cultural attitudes towards domestic violence in the US have shifted over the last century, the repeated appearance of family violence has been linked to a generational trend of abuse rather than a cultural trend. Innocent bystanders, such as children who are secondhand witnesses to intimate partner violence, have been found to suffer lifetime effects from exposure to domestic violence. One of these effects is the continued pattern of intimate partner violence manifested in adult relationships—as either the perpetrator or the victim.

Researchers have found that some individuals who display aggressive partner tendencies learned this behavior through observing similar actions used by their parents. Children are highly influenced by their parents’ example of conflict resolution and gender-role norms, and negative role models contribute to a generational cycle of abuse. When violence is seen as an “acceptable or effective means of resolving conflict with partners,” children are more likely to model this behavior in their own relationships. One study found that among people who were currently in an abusive relationship, 42% had witnessed domestic violence in adolescence. When children witness IPV and aren’t taught of its seriousness, a perpetual cycle of abuse carries on.

Research has also shown witnessing this violence between parents at a young age has different effects depending on the gender of the child. Role-specific trends determine whether violent or victim tendencies will be passed on to the rising generation. For example, when a son encounters father-to-mother violence in his early years, this is a strong predictor of violence perpetration for males and victimization for females. While boys who observe IPV are more likely to become perpetrators, girls tend...
to become victims, which contributes to the large percentages of female victimization we see today.\textsuperscript{21} It is also important to acknowledge that, due to its cyclical nature, this generational violence is both a contributing factor to and a consequence of IPV.

**Underutilized and Inaccessible Resources**

Many women are deprived of the resources they need to prevent or escape domestic violence, whether that be due to their physical separation from resources, their fear of utilizing available resources, or the limited supply of resources. Such resources include hospitals, medical facilities, criminal justice systems, and public transportation. It is important to note that the problem of resource deprivation for victims of IPV can be seen nationally, but studies suggest women living in rural areas have a higher disparity when it comes to resource acquisition.\textsuperscript{22} Because of this, much of the research linking the perpetuation of IPV with lack of resources is focused on rural communities.

**Distance from Resources**

Separation from urban centers in areas of rurality contributes to the number of domestic violence cases. Reports indicate over 25\% of rural women live more than 40 miles from an IPV help program, while only 1\% of urban women have to travel that great a distance\textsuperscript{23} (see figure 2). One study revealed that women in small rural and isolated areas reported instances of IPV 7\% more than women in rural areas.\textsuperscript{24} Though high occurrences of domestic violence in rural areas may be attributed to multiple factors, one major reason for the increased instances of IPV in isolated areas is that hiding violence may be easier.\textsuperscript{25} Distance from other families and establishments may make it easier for the perpetrator to control the victim and more difficult for the victim to reach out for help.

Victims in rural areas are often socially isolated from friends and family and lose any source of support for “childcare, transportation, or advice.”\textsuperscript{26} In

![Rural vs. Urban Women Living More than 40 Miles from an IPV Help Program](image)
addition, women in rural areas often have a difficult time seeking help from law enforcement in the form of protection orders. As dictated by the law, protective orders are invalid until the papers have been served to the perpetrator, and approximately 55% to 91% of protective orders in rural areas are not served. For rural women, protection orders are another inaccessible resource for stopping domestic violence.

**Fear of Seeking Out Resources**

Many women report fear as being an obstacle in seeking out resources. As previously mentioned, “less than 40 per cent of the women who experience violence seek help of any sort.” Women who understand they are in an abusive situation may choose to remain quiet due to a number of different fears, and studies show that the fear of losing their children, financial support, and companionship overpowered the IPV victims’ need to escape. Women involved in complex family situations may find it difficult to envision or construct a plan to leave the abusive situation that will still put them in a place of economic and emotional security. Another major fear that victims have is that the abuser’s violence may escalate if they find out their victim is seeking help. For many women, staying silent seems like the best option for the safety of their children and themselves. However, a correlation exists between obtaining resources and lower rates of IPV; studies show that women who are able to obtain the necessary resources have a much lower probability of experiencing future acts of domestic violence.

**Insufficient Resources**

Even if women seek resources, many are turned away due to limited supply and funding especially in low-income or rural areas. These limited resources include emergency shelter, transitional housing, counseling, and advocacy. Each day in the United States, “more than 5000 requests for services can not be met because of a lack of [public] resources.” This means that in a twenty-four hour period, “one in ten [domestic violence] victims asked for—but didn’t get—help.” In some areas, around 66% of abused women are turned away from receiving civil aid because of budgetary constraints of agencies or failing to meet the low-income parameters. Consequently, women that are turned away will not receive the help needed and may find it difficult to pursue resources in the future. Not only do expressed needs go unmet, but there may be additional IPV victims who aren’t aware of these resources or aware that they could be utilizing them.
**Healthcare Management**

For women who are able to seek the care of healthcare workers, some encounter professionals who are untrained or unprepared to report and care for domestic violence victims. Research shows that healthcare workers are often the first professionals to encounter victims of violence.\(^{39}\) The major problem occurs when professionals are unprepared to address IPV, and they do not ask about, identify, or report violence, even in cases where violence is obvious.\(^{40}\) In a survey of doctors and nurses, 68% of nurses and 58% of physicians reported that they did not routinely initiate the topic of IPV in practice.\(^{41}\) The key factor in whether or not healthcare professionals reported IPV was level of preparedness;\(^{42}\) many healthcare professionals lack the necessary training to effectively connect IPV victims to the resources they need to leave an abusive relationship.\(^{43}\)

Researchers studying the various frameworks that prohibit the aid of medical staff in reporting domestic violence have found that a major barrier to effective staffing is the separation between social work and medicine.\(^{44}\) Many professionals feel that reporting should be left to social workers, a preference which creates an extra step for victims seeking help.\(^{45}\) Few women have the knowledge or means necessary to seek help specifically from social workers. In addition, healthcare units must operate under other constraints such as time and resources, leaving little opportunity for IPV victims to speak out.\(^{46}\) Hospitals and ERs must work under mandatory nurse-to-patient ratios that may not justify extra time and care for patients in some areas and healthcare centers.\(^{47}\) As a result, healthcare units become an inefficient resource for intercepting cases of domestic violence.

**Familial Stressors**

Perpetrators’ inadequate responses to stress, especially in family situations, are another contributing factor to domestic violence. Research indicates domestic violence cases are more prevalent in homes with children.\(^{48}\) In a recent study comparing partnerships with and without children, “women with children in the home had more than twice the odds of reporting physical and/or sexual IPV in the past year than women with no children.”\(^{49}\) Research further suggests common familial stressors and insufficient resolution mechanisms contribute to cases of domestic violence.\(^{50}\)\(^{51}\)

Additionally, women in domestic violence situations have been shown to experience increased violence during pregnancy. A qualitative study of 16 women in abusive relationships revealed that 10 out of the 16 had experienced violence during their recent pregnancy.\(^{52}\) This statistic was attributed to “increased feelings of insecurity, jealousy, and possessiveness in their partner during their pregnancy.”\(^{53}\) Furthermore, these women felt
the stresses of having a new baby such as physical, emotional, and financial concerns contributed to the perpetrator’s violent outbreaks.54

Family planning in an abusive relationship can become a reason for increased conflict between couples. Some victims of IPV may elect for an abortion to minimize risk of increased violence. However, many women will still experience violence at the expense of their choice; in fact, in a survey of women who received abortions, 14% experienced abuse after telling their partners and 7.9% said they didn’t tell their partners because their partners would physically harm them55 (see figure 3). The reality and fear of violence after abortion becomes another contributing factor to ongoing domestic violence.

Consequences

Victim’s Health

Mental Health

Victims’ mental health is a major concern when addressing domestic violence. Research has found that women with a history of domestic violence are more than three times as likely as non-abused women to have a mental health condition.56 Some of these mental health conditions include anxiety, post-traumatic stress disorder, and depression.57 Women who reported any type of abuse were three to five times more likely than others to show evidence of depression.58 In addition, the intensity of depressive symptoms worsens as the frequency and severity of domestic violence experiences increases.59

Figure 3
Some mental health issues can become so severe that victims contemplate taking their own lives. IPV victims are more likely than non-abused women to attempt suicide. In one study, “twenty-three percent of IPV+ (abused) women reported a suicide attempt at some time in their lives compared with 3% of IPV− (nonabused) women.” Suicide attempts and ideation among domestic violence victims is another related health issue that domestic violence leads to.

**Physical Health**

Physical health is another major concern for women who experience domestic violence. One study estimates that “approximately half of women in abusive relationships in the USA are physically injured by their partners, and that most of them sustain multiple types of injuries,” including frequent broken bones as well as more permanent injuries such as brain damage. Researchers estimate that there are close to “23,000,000 women in the United States living with a traumatic brain injury from IPV.” To put this number into perspective, “that is 85 times more women than Iraq and Afghanistan veterans” (see figure 4).

In addition to direct effects of physical abuse, IPV victims also suffer a number of other related health problems. Prolonged periods of stress and mental health issues can lead to health problems for women, including those not usually associated with domestic violence. The immune system’s compromised function can “exacerbate the spread of cancer and viral infections.” Additionally, other health concerns such as abdominal pain, gastrointestinal problems, disability, hypertension, cancer, and cardiovascular diseases can be linked to intimate partner violence.

**Sexual Abuse and Unintended Pregnancies**

Because IPV most commonly occurs among women of reproductive age, many victims are at high risk for unintended pregnancies. In fact, one study estimates that 2.1 million women in the United States have become pregnant as a result of rape by an intimate partner. These unintended
pregnancies are also often accompanied by additional violence. Researchers report that “women with unintended pregnancies are up to four times more likely to experience physical violence as compared to women with planned pregnancies.”

Women who endure abuse before or during pregnancies are 60% more likely to have high blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections, and hospitalization during pregnancy as compared to non-abused women. Thus, experiencing physical violence is another concern for the health of the mother and the fetus.

Risk of Homicide and Revictimization

Many women face increased danger when moving through the process of leaving an abusive partner. In fact, risk of violence and lethality is proven to increase during the period immediately following separation from an abuser. As many as two-thirds of domestic violence victims who separate from their abusive partner are re-victimized by them. Additionally, approximately 37% of women reported IPV revictimization within a year of seeking help. Studies have found that one reason for the increased violence at the time of separation is abusive partners attempting to regain lost control over their victim. Furthermore, research has found that most IPV victims are killed after a woman leaves, divorces, or threatens to leave or divorce her husband. Reports indicate a woman trying to leave her partner “was the precipitating factor in 45 percent of the murders of a woman by a man.” Overall, women face a variety of personal risks when trying to leave or recover from a domestic violence situation.

Children’s Wellbeing

In many cases, children often suffer negative mental and physical health consequences from witnessing domestic violence—whether they are involved in the abuse or simply exposed to the power struggle between parents. In the United States, an estimated 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitneses to this violence. When exposed to IPV, research has shown that girls have a higher risk for internalizing behaviors. This means girls deal with conflict through internalizing feelings and emotions leading to depression. Boys, however, often cope with witnessing intimate partner violence through externalizing behaviors such as aggression or violence.

Like adults, children exposed to IPV experience a number of mental health issues such as anxiety, depression, attachment disorders, PTSD, and dissociation. Some children also develop serious health problems such as diabetes and heart disease as a result of adverse childhood events. Other concerns for children exposed to IPV are difficulty developing emotional bonds and attachments.

Domestic Violence Revictimization

“The observation that one victimization can be quickly followed by another, at a much higher rate than chance factors can explain specifically in domestic violence cases.”

Internalizing Behavior

“Characterized primarily by processes within the self, such as anxiety, somatization, and depression.”

Externalizing Behavior

“Characterized primarily by actions in the external world, such as acting out, antisocial behavior, hostility, and aggression.”
regulation systems, inability to manage emotions, acceptance of violence, behavior problems, and lower academic achievement.\textsuperscript{82}

For many children, “domestic abuse and child abuse are often co-occurring.”\textsuperscript{83} One study found that “60% to 75% of families with abused women have children who are also abused.”\textsuperscript{84} In severe cases, this abuse can turn into filicide—the killing of a child by a parent. Filicides often coincide with a perpetrator’s significant loss of self-identity and sense of power, such as after a divorce.\textsuperscript{85} Past data has shown that 25% of filicide perpetrators had previously been reported for intimate partner violence.\textsuperscript{86} However, the true number is likely higher due to unreported IPV cases and sample limitations.

\textit{Economic Burden}\textsuperscript{87} 

On an individual financial basis, victims of domestic abuse suffer many economic consequences. In the United States, IPV victims lose a total of 8 million days of paid work each year, the equivalent of 32,000 full-time jobs.\textsuperscript{88} Other victims may not only lose days at work but lose their job entirely; it is

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estimated between 21–61% of victims of IPV lose their jobs due to reasons stemming from abuse."89

Many forms of economic abuse often co-occur with or follow IPV. In a study on 120 IPV survivors, 94% [of IPV survivors] experienced some form of economic abuse.90 Furthermore, researchers found that 79% of IPV survivors surveyed experienced economic exploitative behaviors at the hands of their partners, and 78% were victims of employment sabotage91 (see figure 5). Exploitative behavior is characterized by paying bills late, or not at all, using rent money for other purchases, and building up debt in the victim’s name.92 Employment sabotage was measured through factors such as intentionally keeping the victim from going to her job, demanding that she quit her job, threatening to make her leave work, and beating her if she said she needed to get a job.93 These factors decrease victims’ economic stability and ability to provide for themselves and their families, discouraging victims from leaving their partner and decreasing their quality of life if they do.

Practices

Temporary Hosting Families during Family Conflict Escalation

Building a network for the temporary hosting of children is a practice meant to alleviate familial stressors in domestic violence situations. In this practice, parents or guardians who are dealing with significant stressors or conflicts can temporarily place their children with families from the local church or community. The guardian in distress is also given the opportunity to connect with a coach to resolve conflicts such as domestic violence or other serious life stresses. This practice helps women obtain the resources they need without separating them from their family—women often refuse or avoid help in fear that their children will be taken by the state.94 Additionally, a practice such as this may help empower IPV victims to get help through fostering a supportive community, something that is a major hindrance to women who want to leave an abusive situation but feel that they do not have the social support to do so.95

Safe Families for Children (SFFC) is an organization that executes this practice, creating a way for children to seek refuge from crises or cases of domestic violence96 as well as alleviating stress factors that could lead to further or more severe abuse for mothers. SFFC’s program involves hosting children in local homes, keeping children and parents connected during intervention, and providing a family coach for mentoring. SFFC has four major goals in implementing this practice: “Deflect entrance of the family into the child welfare system, prevent abuse or neglect of the children in the family, support and stabilize the family, and strengthen the family’s protective factors.”97 This practice mitigates the harmful consequences of stress and trauma for both children and parents in domestic violence cases.
Impact

Tracking results for SFFC is limited to outputs and general outcomes. SFFC is partnered with nearly 4600 churches from around the United States and has “arranged more than 35,000 hostings” since 2003.98 This program has been replicated in over 27 different states within the United States and is currently being replicated in other countries.99 While it is difficult to measure the impact of this practice, SFFC reports that in 93% of their cases either the family situation improves enough to return children to their parents or children are placed with a relative better suited to care for them.100

Gaps

Potential problems in using this practice is its inability to deal with all cases of abuse, as they only deal with cases that are less severe and then leave it up to the state for high-level abuse situations.101 Therefore, this program is best for women who are seeking relief from mental or emotional abuse rather than physical. Women in complicated abuse situations may choose to seek help from the state as opposed to SFFC.

Furthermore, most cities operating with this program are major cities—excluding endangered women who live in rural areas. Violence may continue to occur without the proper resources in these secluded areas. In replicating this model for scale, other countries may not be able to effectively adopt similar programs because of cultural differences and governmental laws. Churches may play a different role in supporting the community based on the country of origin.

Teen and Youth Educational Programs to End Violence against Women

Interrupting the generational cycle of abuse is an important practice in preventing domestic violence, as youth often form their idea of a functional relationship by observing their parents. As discussed previously, this can lead to later victimization or perpetration of domestic violence. Educational programs for male youth (the group most likely to become perpetrators) are used to change childhood thought patterns about relationships. This practice works by using trusted authority leaders, such as coaches or mentors, to educate children on proper treatment of others. Teen and youth educational programs are preventive measures that influence the children who will become the next generation of adults and interrupt generational cycles of abuse.
An organization currently working on this model is Future Without Violence. In 2001, they implemented a program called “Coaching Boys Into Men” (CBIM) that delivers teaching material on healthy relationships to coaches around the United States. This program runs over the course of 12 weeks with 15-minute coaching sessions. Some of the topics include “recognizing abusive behavior, consent, communication, cyberviolence, and abuse intervention methods.” Coaches interested in the program must voluntarily sign up for the course material and approve the program through their respective school district. Once a coach registers, he or she can connect with other lead coaches participating in the program.

Impact

Coaching Boys Into Men gets roughly 1,500 kit downloads per year. CBIM has operated in all 50 states to varying extents. As of 2020, some states, including Washington state, had hundreds of teams implementing this program. In 2012, a randomized controlled trial with over 2,000 athletes measured program impact through a longitudinal study of athletes who did or did not receive the CBIM training. Researchers found that “CBIM made students understand abusive behavior better, improved their intention to intervene when they saw abuse taking place, and increased the number of times they actually intervened three months after the course concluded.” Based on these results and other evaluations, this program is considered an effective method for positively influencing youth. Similar programs are being replicated in other parts of the world where athletes who received the intervention were also “more likely to report less abuse perpetration and less negative bystander behavior when witnessing abusive or disrespectful behavior among their peers.”

Gaps

While this program has proven to be successful in many high schools, not all school systems will respond positively to a reallocation of resources for implementation. In addition, children have a wide range of needs and learning; some children will need special attention to instill these principles, especially if they come from homes with domestic violence. Another potential problem is the number of children who participate in sports. In 2016, just over 15 million students were enrolled in public high school in the US and just under 8 million participated in sports. These programs exclude the large percentage of children who don’t enroll in sports but who may benefit from the mentoring.
Hotline for Quick and Direct Domestic Violence Help

Internet and telephone services provide immediate help to individuals in crises in even the most remote areas. Hotlines—including phone calls and instant messaging—are used to quickly access help from a trained professional. Hotlines specific to DV/IPV employ trained professionals and volunteers who can direct clients to available resources; in some instances they may be the first or only point of contact between a survivor and the system. For this reason, hotlines usually work in direct cooperation with local coalitions and resource centers.

The National Domestic Violence Hotline (NDVH) is an organization that provides 24-hour assistance for victims including direction to shelter or medical care. The NDVH received its first call on February 21, 1996 and has answered over 4 million calls since. The nonprofit was established as a facet of the Violence Against Women Act, and the organization provides services to support family and friends of domestic violence victims. The ultimate goal of this organization is to “shift power back to victims and survivors of relationship abuse through human connection and practical assistance.”

Impact

The NDVH actively measures their output such as the 321,573 calls they received in 2018. Of the calls answered, 88% pertained to emotional and verbal abuse, 60% to physical abuse, 24% to economic or financial abuse, 15% to digital abuse, and 11% to sexual abuse, with some reporting multiple types of abuse. Twenty-two percent of the callers reported that their abusive situation involved children. However, the NDVH currently has no measurements on outcomes and impact. It is especially difficult to gather data since respondents need quick and direct help and they avoid following up with callers for confidentiality reasons.

Gaps

Potential problems in the hotline may be the distance between client and volunteer. The client may need immediate attention but resides in a rural area far from medical help. In addition, human error in the volunteers could account for poor aid given to women in desperate need. The NDVH tries to make “providing empathy, supporting empowerment, individualized care, and maintaining ethical boundaries” their top priorities, but may fall short due to some of these barriers.
Key Takeaways

• Approximately 22% of US women have experienced intimate partner violence during their lifetime.
• Less than 40% of women actively seek help in domestic violence situations.
• Obstacles such as healthcare reporting and distance from state resources prevent many abused women from seeking needed help.
• The physical and mental consequences of domestic violence hinder women’s ability to regain confidence in leaving an abusive situation.
• About one-third of women leaving an abusive situation report IPV revictimization and increased intensity of violence.
• Childhood education and awareness on domestic violence can combat the cycle of generational and cultural domestic violence.
• Notable and effective practices exist; however, further analysis will be needed to reveal potential solutions for scale on a nationwide level.
Endnotes

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3 Quran 4:34
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