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Long-Term Physical and Mental Health Effects of Domestic Violence

Abstract

Domestic violence is an issue affecting people of all ages, races, genders, and sexual orientations. Violence against men and same-sex domestic violence are often considered less of a threat to society and to the people involved, but it is important to understand that male-on-female violence, female-on-male violence, and same-sex violence all involve serious consequences to the victim's and batterer's short- and long-term health. This paper determines whether men or women suffer from more long-term health problems caused by domestic violence by comparing the currently published statistics on the prevalence of domestic violence in heterosexual and homosexual relationships, and analyzing the results of existing studies on the short- and long-term health effects of domestic violence. The findings indicate that although men and women sustain many of the same injuries, women suffer from more long-term health problems caused by domestic violence.

Keywords

domestic violence, intimate partner violence

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Domestic violence is an issue affecting people of all ages, races, genders, and sexual orientations. Violence against men and same-sex domestic violence are often considered less of a threat to society and to the people involved, but it is important to understand that male-on-female violence, female-on-male violence, and same-sex violence all involve serious consequences to the victim's and batterer's short- and long-term health. This paper determines whether men or women suffer from more long-term health problems caused by domestic violence by comparing the currently published statistics on the prevalence of domestic violence in heterosexual and homosexual relationships, and analyzing the results of existing studies on the short- and long-term health effects of domestic violence. The findings indicate that although men and women sustain many of the same injuries, women suffer from more long-term health problems caused by domestic violence.

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Introduction

Domestic violence, also called intimate partner violence, is the verbal, emotional, physical, or sexual abuse of one's partner. Some define it as violence against women (Kishor & Johnson, 2006). Women are generally perceived as the sole victims of domestic violence and men as the perpetrators (Abbot & Williamson, 1999). However, domestic violence encompasses all genders, races, ages, and sexual orientations. With society's growing acceptance of the lesbian, gay, bisexual, and transgender (LGBT) community, and the increasing awareness of violence perpetrated by women, the traditional perception of domestic violence is slowly diminishing.

Gender theories of domestic violence, which describe male dominance and violence through the sociological aspects of a patriarchal society, were introduced by feminists in the 1960s and continue to be the basis of most people's views on domestic violence (Robertson & Murachver, 2007). The gender symmetry theory of domestic violence, however, states that women are just as likely as men to be violent (Robertson & Murachver, 2007). However, people are reluctant to believe that women are capable of perpetrating such violence, regardless of whether it is in a homosexual or heterosexual relationship (Tesch, Bekerian, English, & Harrington, 2010). Both men and women can be the perpetrators or victims in heterosexual or same-sex relationships; gender theories of domestic violence are outdated and biased.

Domestic violence can cause a number of short- and long-term physical and mental health problems. Some of the physical injuries that can occur include cuts, bruises, bite marks, concussions, broken bones, penetrative injuries such as knife wounds, miscarriages, joint damage, loss of hearing and vision, migraines, permanent disfigurement, arthritis, hypertension,

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heart disease, and sexually transmitted infections including human papillomavirus, which can lead to cervical cancer and eventually death (Abbot & Williamson, 1999; Coker, Hopenhayn, DeSimone, Bush, & Crofford, 2009; McCaw, Golding, Farley, & Minkoff, 2007). Some of the mental health problems that can occur from domestic violence include depression, alcohol or substance abuse, anxiety, personality disorders, posttraumatic stress disorder, sleeping and eating disorders, social dysfunction, and suicide (Abbot & Williamson, 1999; Gerlock, 1999; Howard, Trevillion, & Agnew-Davies, 2010; McCaw et al., 2007).

Victims of domestic violence, however, are not the only ones to sustain injuries; their perpetrators sustain self-inflicted injuries and defense wounds. Taking into consideration both male-on-female violence and female-on-male violence, same-sex domestic violence, and batterers' injuries, it is likely that both men and women sustain a comparable number of physical injuries. In heterosexual relationships, women are likely to sustain the more severe physical and psychological injuries because they are the primary victims of domestic violence. In same-sex relationships, both men and women are likely to experience similar levels of physical and mental health problems. Considering the totality of all relationship permutations, domestic violence likely causes more long-term health problems in women than in men.

The goals of this paper are to explore the presence of domestic violence in heterosexual and homosexual relationships, examine the effects of domestic violence on short- and long-term health, and present potential policies and procedures to combat domestic violence. These goals will be accomplished by identifying domestic violence statistics in heterosexual and

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homosexual relationships, examining the effects of domestic violence on short- and long-term health of victims and perpetrators, and exploring possible domestic violence treatment and prevention programs.

Prevalence of Domestic Violence

In 2006, the World Health Organization (WHO) conducted a worldwide study to determine the prevalence of domestic violence against women (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). It aimed to estimate the prevalence of different forms of violence, to assess the health outcomes of domestic violence, to identify risk and prevention factors, and to document the women's coping strategies.

According to Garcia-Moreno et al. (2006), surveys were done from 2000 to 2003 at 15 sites in 10 countries. Clusters of samples were chosen from each site and a total of 24,097 women, aged 15 to 49, were interviewed. Each participant was asked a series of questions about domestic violence: whether a partner had physically, sexually, or emotionally abused them, the level of violence involved, and when the abuse occurred. A psychometric analysis, which assesses a study's design, validity, and reliability, was then performed. In most sites, they found that 30% to 60% of women had been the victims of domestic abuse; the absolute range was from 15% to 71%, with physical and sexual violence being the most common. They determined that domestic violence against women is common across the world, that women are more likely to be abused by a partner than by an unknown perpetrator, and that a large amount of domestic abuse is considered to be severe and frequent (Garcia-Moreno et al., 2006).

While the WHO study was important, it only focused on

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women; other studies aimed to determine the rates at which both men and women are victimized. The Domestic Violence Resource Center estimates between 600,000 and six million women, and between 100,000 and six million men, were victims of domestic violence in 2003. Tjaden and Thoennes (2000) found in the National Violence Against Women Survey that 25.5% of women and 7.9% of men self-reported having experienced domestic violence at some point in their lives. Unfortunately, only a small percentage of abused men are willing to speak out in fear of ridicule, social isolation, and humiliation (Barber, 2008). Therefore, because of the limited availability of information pertaining to female-on-male domestic violence, the statistics are likely underestimated. Fontes and Gelles (as cited in Barber, 2008) suggest that violence against men is as prevalent as violence against women, but more research would have to be conducted to verify those claims.

Domestic Violence in Same-Sex Relationships

Owen and Burke (2004) conducted a study to determine the prevalence of domestic violence in same-sex relationships. They expected to find data supporting other studies, which imply same-sex relationships are more at risk for domestic violence than heterosexual relationships. They issued 1,000 surveys to gay and lesbian residents of Virginia. Only 68 surveys were returned and 66 were used in the analysis; equal numbers of men and women were sampled. They found that 56.1% of the participants had experienced domestic violence in their lifetime; the most common forms of violence were verbal abuse, physical abuse, and destruction of property. There was no control sample, but they compared their data to that of the National Violence

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Against Women Survey. They determined that domestic violence poses a bigger threat against men in homosexual relationships than those in heterosexual relationships, but is equally serious for lesbians and heterosexual women (Owen & Burke, 2004).

This study could not be generalized because of the low response rate, but other sources, such as the National Coalition Against Domestic Violence, estimate that 25% to 33% of same-sex relationships include domestic violence (Peterman & Dixon, 2003). Two common impressions of same-sex domestic violence are that lesbian violence does not occur because women are not violent, and that heterosexual abuse is more severe than same-sex domestic violence (Tesch et al., 2010). These misconceptions can lead people to believe that same-sex domestic violence does not exist. In fact, many same-sex domestic incidents do not get reported because of the lack of societal support and for fear of being ridiculed by law enforcement (Peterman & Dixon, 2003). However, with the growing acceptance of the LGBT community, current studies are likely to be more accurate. Therefore, more studies should be conducted to determine the validity of past studies and to get more accurate statistics on violence against men.

Health Consequences of Domestic Violence

Many people believe victims of domestic violence are the only ones to sustain injuries, but their batterers do as well. Gerlock (1999) conducted a study to determine the health consequences of domestic violence on victims and their batterers. He was also interested in how the participants perceived their injuries in relation to the violence. For this study, domestic violence was described as the abusive behavior a man uses on his female partner; it included physical and

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psychological abuse. Gerlock recruited 62 perpetrators and 31 of their victims to participate in the study revolving around a batterers' rehabilitation program. The batterers were asked if they had ever received treatment for injuries related to their violence and if they felt like their health problems were related to their violence. The victims were asked if they had ever received treatment for injuries caused by domestic violence and if they felt like their health problems were related to the violence they had experienced. They were all given a mental and physical health questionnaire pertaining to their health care visits in the previous six months (Gerlock, 1999).

Gerlock (1999) found that 63% of the batterers had between 1 and 20 health care visits in the previous six months for physical health problems and 90% for mental health problems; 29% believed their health problems were related to their domestic violence. They were diagnosed with a plethora of long-term health problems: 50% were diagnosed with musculoskeletal issues, 8% pulmonary, 10% dermatological, 13% gastrointestinal, 14% cardiovascular, 10% neurological, 27% with mood disorders, 42% anxiety, 2% psychosis, 2% with personality disorders, and 45% with substance abuse. Eight percent of the men reported suffering from depression, which they believed to be caused by the domestic violence. The men also reported many short-term injuries including lacerations, bruising, and broken bones (Gerlock, 1999).

Gerlock (1999) also found that 42% of the victims had between 1 and 20 health care visits in the previous six months for physical health problems and 29% for mental health problems; 64% believed their health problems were related to the domestic violence they had experienced. The women were also diagnosed with a number of long-term health problems: 16%

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with musculoskeletal issues, 6% pulmonary, 3% dermatological, 6% gastrointestinal, 2% cardiovascular, 16% neurological, 52% with mood disorders, 19% anxiety, 3% psychosis, 3% with personality disorders, and 10% with substance abuse. Fifty-eight percent of the women also identified themselves as depressed, listing domestic violence as the cause. The women also reported the same short-term injuries as their batterers (Gerlock, 1999).

There are some physical injuries related to domestic violence that Gerlock (1999) did not consider, such as reproductive issues and cervical cancer, which are also considered long-term health effects of domestic violence. Coker et al. (2009) conducted a study to determine the relationship between domestic violence and cervical cancer. They expected women who have been exposed to domestic violence to be at greater risk for cervical cancer. Since victims of domestic violence are more likely to smoke, they expected smokers exposed to domestic violence would have the highest rates of cervical cancer. The Kentucky Women's Health Registry, which gathers information about women's health to better the understanding of health risks and to improve health care, was used to analyze the risks of domestic violence; any woman living in Kentucky was eligible to complete the survey in the registry (Coker et al., 2009).

Coker et al. (2009) focused on women with cervical cancer. The women were asked if they had ever been the victims of domestic violence, the length of their exposures, and the types of violence they had experienced. They determined that 35.9% of the women in the registry had experienced domestic violence in their lifetime. Of the women reporting exposure to violence, 3.5% also reported having cervical cancer at some point; 1.3% of the women who had never experienced violence also reported

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cervical cancer. They concluded that women who have experienced domestic violence were more likely to have contracted human papillomavirus, to use illegal drugs, and to smoke cigarettes, all of which are contributing factors to cervical cancer. They determined that the women who smoked and were exposed to domestic violence had the highest rate of cervical cancer at 4.6%, the rate of those who did not smoke but had experienced violence was 2.4%, the rate of those who smoked but had not experienced any violence was 2.2%, and the rate of those who had never smoked or experienced violence was 0.9% (Coker et al., 2009). Although the study was based on self-reported data, which could result in inadequacies, the number of participants was significant enough to accept and apply the results to the general population.

In the National Violence Against Women Survey, 41.5% of female victims and 19.9% of male victims reported being physically injured by domestic violence (Tjaden & Thoennes, 2000). Even though physical injuries can be detrimental to a woman, research has proven that emotional injury is more damaging to long-term health (Hill, Schroeder, Bradley, Kaplan, & Angel, 2009; McCaw et al., 2007). Psychological disorders can make women prone to repeat victimization, which can further impact overall long-term health with more physical injuries, as well as sleeping and eating disorders, social dysfunction, and suicidal behavior (Howard et al., 2010; McCaw et al., 2007). McCaw et al. (2007) found that social functioning was similarly impaired in women who were victims of domestic violence in the 12 months prior to the study and in women who were victims prior to that time period. Women with said psychological disorders are more vulnerable to repeat violence because they are more likely to be in unsafe environments and

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relationships (Howard et al., 2010). Domestic violence negatively affects mental health, and mental health issues make a woman vulnerable to victimization. The women's suffering becomes a vicious cycle.

Most domestic abuse studies only focus on the victims, but by focusing on their batterers as well, the long-term health consequences of domestic violence can be further understood. According to Gerlock (1999), both victims and batterers in heterosexual relationships sustain similar amounts of long-term mental health problems, while batterers seem to have more long-term physical problems. However, mental health issues can be more detrimental to a victim's long-term health (Hill et al., 2009; McCaw et al., 2007). Future studies should focus on the differences between victims' and perpetrators' injuries, the severity of those injuries, and if victims' and perpetrators' mental health problems are the causes or effects of domestic violence.

Summary

Many studies pertaining to health problems caused by domestic violence focus on women; people are led to believe that women are the victims most, if not all, of the time. While this may be true, men also suffer mental and physical injuries from domestic violence. Their injuries can be caused by female-on-male violence, same-sex violence, or batterers' injuries.

Comparing victims' and batterers' injuries, both are likely to sustain similar amounts of long-term health problems from domestic violence. Mental health problems, however, are considered to be more severe for women because it makes them more prone to repeat victimization, and thus more long-term side effects. Reproductive issues such as cervical cancer are also

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considered long-term consequences of domestic violence. Therefore, the research suggests that women suffer from more long-term health consequences of domestic violence than men, but the lack of information regarding female-on-male and same-sex violence cannot be overlooked; it is possible that men are victimized just as much as women, but are less likely to report it.

The common limitations among studies pertaining to the long-term health consequences of domestic violence include lack of participants, especially in same-sex studies, and self-reported information, which could amount to biased results. Many of the studies suggest that more research must be done to better understand the effects domestic violence has in same-sex relationships and on men in general. They also suggest that prevention and treatment programs must be improved and that education is crucial in the prevention of domestic violence.

Conclusions

According to the Domestic Violence Resource Center, women are the victims of domestic violence about 85% of the time. Some claim that women are the victims of heterosexual domestic violence 95% of the time (Dutton; Island & Letellier; Oatley as cited in Peterson & Dixon, 2003). Studies also indicate that lesbians are equally likely to be victimized as heterosexual women, however, gay men are more likely to experience violence than heterosexual men. Based on current research, it can be concluded that women are more likely to be the victims of domestic violence than men.

In the study done by Gerlock (1999), heterosexual men and women reported physical and mental health problems related to domestic violence; the batterers had more physical problems, while both victims and batterers were equally affected by mental

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health problems. However, that study did not take reproductive injuries into consideration, which affect many women that are victims of domestic violence. It also did not examine the effects of mental health injuries on the repeat victimization of women. Howard et al. (2010) reports that gay men are more susceptible to psychological injuries related to domestic violence than heterosexual men, but no studies were found to determine the violence-related health problems in lesbian relationships. No conclusion can be drawn on whether men and women in same-sex relationships are equally susceptible to mental and physical injuries because not enough research has been published on that subject.

Women suffer many physical injuries from domestic violence, some life threatening, but research has proven that emotional injury is more damaging to long-term health (Hill et al., 2009; McCaw et al., 2007). Psychological disorders can make women prone to repeat victimization, which can further impact their long-term health and put them at higher risk of suicidal behavior (Howard et al., 2010). There are also some physical health consequences, such as cervical cancer, that can be detrimental to a woman's long-term health. Research has indicated that women exposed to domestic violence are more likely to get cervical cancer (Coker et al., 2009). The totality of the research suggests that domestic violence causes more long-term health problems in women than in men.

Most studies on domestic violence suggest that more research needs to be conducted to further understand the implications that domestic violence has on society. It is potentially the most under-reported and under-recorded crime (Abbott & Williamson, 1999), but there are some things that can be changed to improve the current lack of information. Since

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most people believe that women are the sole victims of domestic violence, many have a hard time believing that men can be the victims as well. Unfortunately, only a small percentage of abused men are willing to speak out in fear of ridicule, social isolation, and humiliation (Barber, 2008). General education on the subject could help men get the support needed to feel more comfortable speaking up about violence against men; when students are taught about domestic violence, violence against men should receive equal attention as violence against women.

In the past, relationships between the LGBT community and law enforcement were strained because many officers believed homosexuality was immoral (Tesch et al., 2010). Anti-sodomy laws also made it virtually impossible for gay men to report domestic abuse. Even though law enforcement officers are continually becoming more accepting of the LGBT community, and more aware of same-sex domestic violence, many people still refrain from reporting those incidents. Law enforcement officers need more education and hands-on training on dealing with same-sex domestic violence. Working with LGBT organizations, hospitals, and shelters to develop a continuing education program for new and veteran law enforcement officers will allow them to understand the effects of same-sex domestic violence and learn the proper procedures for handling such situations.

Since domestic violence is considered a major public health issue (Howard et al., 2010; McCaw et al., 2007; Peterman & Dixon, 2003), mandatory arrest procedures should be a part of every state's criminal justice system. Some people oppose these laws, claiming that they infringe on privacy rights, but many victims of domestic violence will not voluntarily have their batterer arrested (Hanna, 1996). However, if the victim continues

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their abusive relationship after the abuser is released from jail, there is a possibility of repeat victimization or even death. If the mandatory arrest was coupled with treatment, however, it could have a significant effect on repeat incidents.

Mandatory treatment programs should be required for batterers as well as their victims; treatment should also include education about domestic violence and the threats it poses to short- and long-term health. An intensive batterers' treatment program, similar to that in Gerlock (1999), could help the batterers better understand the long-term health consequences of domestic violence, not only on their victims, but on themselves as well. They would also get medical treatment for physical and mental health problems, which could potentially decrease the possibility of future battering. Treatment for the victims could include inpatient medical treatment for their physical and mental health problems. Since it is essential for a victim to cut off all contact with his or her abuser, dismissal from the treatment program would be necessary for those who continue to communicate with them.

Mandatory treatment programs, if combined with clinical studies, could help decrease the prevalence of domestic violence in all areas, including male-on-female violence, female-on-male violence, and same-sex domestic violence. They could also help health care providers, law enforcement officers, and the general public to better understand the reasons as to why people abuse their partners, and help improve prevention tactics.

Although domestic violence causes more long-term health problems in women than men, it is important to know the consequences that everyone involved faces. Understanding the reasons why domestic violence occurs, and learning how to stop it are also important. Continuously conducting research on the

prevalence of domestic violence and its related health problems is a necessity. Further research could be substantial in the development of effective treatment programs for victims, batterers, and their families, and could potentially decrease the rates of domestic violence in the United States, or even worldwide.

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