HEALTH BASICS

Domestic violence

Domestic violence is abusive behaviour used to control a partner or family member.

WHAT IT IS
Abuse used to control a partner or family member

WHERE IT COMES UP
Relationships, households, healthcare visits, police reports, and legal proceedings

WHY IT MATTERS
Can harm physical, mental, sexual, and reproductive health

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Healthcare professional, domestic abuse service, or emergency service

HOW IT IS CHECKED
Private conversation and injury assessment; no single test

Overview

Domestic violence, also called domestic abuse, is a pattern of behaviour used to control, frighten, harm, or restrict another person. It may happen between current or former partners. Depending on local law and common usage, the term may also include abuse by relatives or other household members.

Domestic violence is not a disease or medical diagnosis. It is a personal safety, health, and social issue. It can affect people of any age, gender, sexual orientation, income, culture, or background.

Abuse does not have to involve hitting. It may include threats, sexual violence, stalking, humiliation, control of money, or restrictions on healthcare and contact with other people. A person may experience several forms at the same time.

Legal definitions differ between places. You do not need to know whether an experience meets a legal definition before asking for medical care, information, or support.

How it works

Domestic violence often involves power and control rather than a single disagreement. The person causing harm may try to limit another person's choices or make them afraid of what will happen if they resist.

Controlling behaviour may include:

Some people experience repeated physical attacks. Others may be controlled mainly through threats, surveillance, financial dependence, or emotional abuse. Abuse can continue after separation through stalking, unwanted contact, legal harassment, or disputes involving children.

Not every abusive relationship follows a predictable "cycle." Calm or affectionate periods do not mean that earlier harm was acceptable or that future safety is assured.

Healthcare professionals do not use a blood test or scan to determine whether domestic violence is happening. They may ask private questions about safety and relationships. They can also examine and treat injuries, assess emotional health, offer sexual health or pregnancy care, and document findings with permission.

- Monitoring calls, messages, location, or internet use
- Preventing contact with friends, relatives, work, or education
- Controlling money, identification documents, transport, or medicines
- Threatening a person, their children, pets, relatives, or property
- Pressuring or forcing sexual activity
- Interfering with contraception, pregnancy decisions, or medical care

Why it matters for your health

Domestic violence can affect health directly through physical or sexual injury. It can also affect health over time through fear, disrupted sleep, isolation, restricted access to care, or difficulty obtaining food and medicines.

Possible health effects include pain, fractures, head injury, unwanted pregnancy, sexually transmitted infections, anxiety, depression, and post-traumatic stress. These conditions have their own medical assessments and treatments. Their presence alone does not prove that abuse has occurred.

Pregnancy may create additional concerns. Physical assault can harm the pregnant person and may affect the pregnancy. Reproductive coercion means interfering with contraception or pressuring someone about becoming or remaining pregnant.

Children can be affected even when they are not physically attacked. They may see or hear abuse, be used to threaten a parent, or be injured while nearby. Exposure can affect their safety, emotional wellbeing, sleep, behaviour, and learning.

Domestic violence can also make routine healthcare difficult. Someone may miss appointments because they lack transport, privacy, money, or permission to attend. A controlling person may speak for them, remain in the examination room, or monitor appointment records.

What can go wrong

Physical assault can cause bruises, cuts, burns, broken bones, internal injury, or head injury. Sexual assault may cause injury, infection, pregnancy, and psychological harm. Stalking and threats can create ongoing safety risks even without physical contact.

Strangulation means pressure on the neck that restricts breathing or blood flow. It can cause serious internal injury without obvious marks. New trouble breathing or swallowing, voice changes, confusion, weakness, loss of consciousness, or neck swelling after neck pressure requires emergency assessment.

Seek emergency help now if you are in immediate danger or have severe bleeding, difficulty breathing, chest pain, loss of consciousness, a serious head injury, sudden weakness, or other potentially life-threatening injuries. Contact the emergency service where you live or move to a safer place if you can do so safely.

Urgent medical assessment is also important after strangulation, sexual assault, significant injury during pregnancy, or a blow to the head. Emergency and sexual assault services may be able to provide injury care, infection testing, pregnancy-related care, and evidence collection. You can ask what each step involves before agreeing, unless immediate treatment is needed to save your life.

Routine follow-up can help with injuries that are not emergencies, sleep problems, pain, emotional distress, contraception, pregnancy care, or sexual health testing. It can also provide a private chance to discuss safety and support options.

Separation can be a period of increased risk in some situations. This does not mean you must stay. It means that planning your next steps with a specialist service may be safer than confronting the person or announcing plans without support.

What you can do

If it is safe, ask a healthcare professional to speak with you alone. You can say, "I do not feel safe at home," or "Someone is controlling or hurting me." You do not need to provide proof before asking for care.

Useful questions include:

A domestic abuse service can help you make a safety plan tailored to your home, children, pets, work, transport, and access to money. A plan might identify safer places, trusted contacts, essential documents, medicines, and ways to get help. You do not have to decide immediately whether to leave in order to use a support service.

If you keep dates, photographs, messages, or medical records, store them only where the person causing harm cannot find them. Such records may be useful for healthcare or legal advice, but legal rules differ. Your safety is more important than collecting evidence.

Phones and computers can reveal searches, messages, call histories, and location. If monitoring is a concern, consider using a safer device, such as one belonging to a trusted person or support service. Deleting browser history may itself be noticed, so digital safety advice should fit your situation.

If you are supporting someone else, listen without blaming or pressuring them. Ask what would help. Avoid confronting the person causing harm, as this could increase risk. Call emergency services if there is immediate danger.

- Can you document what I have told you and any injuries?
- What will stay confidential, and when must information be shared?
- Can I contact a domestic abuse advocate from here?
- What medical tests or follow-up are relevant to my injuries or concerns?
- Can appointment messages or records be handled more privately?

Common questions

Is every serious argument domestic violence?

No. People can disagree without abuse. Domestic violence involves behaviour such as force, threats, intimidation, sexual coercion, or ongoing control. A specialist service can help you think through behaviour that feels unsafe or confusing.

Do I need visible injuries to ask for help?

No. Threats, coercive control, stalking, sexual violence, financial abuse, and digital monitoring may leave no visible injury. You can still ask for support or a private healthcare conversation.

Will a healthcare professional tell anyone?

Healthcare conversations are usually confidential, but there can be legal exceptions. These may involve immediate danger, concerns about a child or vulnerable adult, or reporting rules for particular injuries. Rules differ by location. If it is safe, ask about confidentiality before sharing details.

What if I am not ready or able to leave?

You can still receive medical care, safety information, and specialist support. Leaving is not the only action available, and decisions about timing may involve housing, money, children, immigration status, disability support, or personal safety.

Can domestic violence happen to men or LGBTQ+ people?

Yes. Anyone can experience domestic violence. Abuse may include threats to reveal a person's sexual orientation, gender identity, health information, or immigration status. Support services may differ in how well they meet particular needs, so it is reasonable to ask about inclusive or specialist help.

Is there a medical test for domestic violence?

No. A clinician may identify and document injuries or related health conditions, but no test can prove or rule out domestic violence. Assessment relies on what you choose to share, a private safety conversation, and medical findings when relevant.

Sources

- World Health Organization: Violence against women
- US Centers for Disease Control and Prevention: About intimate partner violence
- NHS: Getting help for domestic violence and abuse
- National Institute for Health and Care Excellence: Domestic violence and abuse-multi-agency working, public health guideline PH50
- American College of Obstetricians and Gynecologists: Committee Opinion No. 518, Intimate Partner Violence
- The National Domestic Violence Hotline: Create your personal safety plan