CONDITION

Physical abuse

Physical abuse is the intentional use of force that injures someone or puts them at risk of injury.

WHAT IT IS
Intentional physical force that causes or risks harm

BODY SYSTEM
Any body system, including skin, bones, and brain

MAIN SYMPTOMS
Bruising, pain, fractures, fear or distress

WHAT CAUSES IT
Another person's deliberate or reckless use of force

HOW IT IS DIAGNOSED
History and examination; tests identify and document injuries

MAIN TREATMENT
Immediate safety, injury care, and trauma-informed support

CAN IT BE CURED?
Sometimes - injuries heal, but emotional effects may persist

IS IT AN EMERGENCY?
Sometimes - immediate danger, strangulation, or serious injury

LONG-TERM OUTLOOK
Recovery is possible; effects may continue for years

Overview

Physical abuse is the intentional use of physical force against another person. It includes actions that cause injury and actions that could cause injury, even when no mark is left.

Examples include hitting, kicking, punching, biting, shaking, burning, poisoning, choking or strangling. Physical abuse can also involve using a weapon, forcefully restraining someone, or giving inappropriate physical punishment.

It can affect adults, children, teenagers, and older people. The person responsible may be a partner, family member, caregiver, acquaintance, or someone in a position of authority. Physical abuse often occurs alongside emotional, sexual, or financial abuse, neglect, threats, or controlling behaviour.

Abuse is never the responsibility of the person experiencing it. Arguments, relationship problems, illness, disability, alcohol use, or a child's behaviour do not justify violence.

Physical abuse matters because some injuries are not obvious. Head injuries, internal bleeding, and harm caused by strangulation may occur without major bruising. Abuse can also affect sleep, mental health, relationships, school, work, and a person's sense of safety.

Symptoms

The signs depend on the type and force of the injury, the body area affected, and how recently it happened.

Possible physical signs include:

There may be no visible injury. This is especially important after a blow to the head, injury to the abdomen, or pressure on the neck.

Emotional and behavioural effects can include fear, shame, anxiety, low mood, sleep problems, or being constantly alert to danger. A person may avoid certain people, places, medical care, school, or work.

Children may become unusually withdrawn, fearful, aggressive, or watchful. They may have changes in sleep, school performance, eating, or toileting. These changes have many possible causes and do not confirm abuse by themselves.

An older or disabled person may appear fearful around a caregiver or have repeated injuries with unclear explanations. They may also have difficulty obtaining medication, mobility aids, or medical care if other forms of abuse or neglect are present.

- Bruises, cuts, burns, bites, swelling, or tenderness
- Sprains, broken bones, or difficulty moving
- Headache, dizziness, confusion, vomiting, or memory problems
- Chest or abdominal pain
- Hoarseness, trouble swallowing, or neck pain after strangulation
- Injuries at different stages of healing

Causes and risk factors

Physical abuse is caused by another person's decision to use force. Responsibility lies with the person using violence, not with the person harmed.

Abuse can happen in any family, relationship, community, or income group. Certain circumstances may make someone more vulnerable or make it harder to seek help. These include social isolation, dependence on a caregiver, disability, financial dependence, pregnancy, childhood, older age, and fear of losing housing or child custody.

Alcohol and drugs can increase the severity or frequency of violent behaviour in some situations. They do not cause or excuse abuse. Mental illness also does not explain most violence and should not be used to excuse it.

A history of violence, coercive control, threats, stalking, access to weapons, or previous strangulation can indicate a greater risk of further serious harm. Risk can also rise when a person tries to separate from an abusive partner.

Diagnosis

There is no single test that proves physical abuse. Assessment usually combines a private conversation, a physical examination, and tests for possible injuries.

A health professional may ask what happened, when it happened, and whether you feel safe returning home. You can ask to speak without a partner, relative, or caregiver present. A qualified interpreter can be used instead of someone involved in the situation.

The examination depends on the injury. It may include checking the skin, eyes, mouth, neck, nervous system, joints, chest, and abdomen. X-rays can identify broken bones. CT or MRI scans can look for head, neck, spine, or internal injuries. Blood or urine tests may be needed for bleeding, organ damage, poisoning, or other medical concerns.

Medical records may describe injuries in detail and, with appropriate consent and local practice, include body diagrams or photographs. Clear documentation can support ongoing care and may later be useful in legal proceedings.

An injury pattern may raise concern, but it must be considered alongside the history and examination. Bruising or unusual behaviour alone does not establish that abuse occurred.

Rules about confidentiality and reporting differ by location. Health professionals may have to report suspected abuse of a child or a vulnerable adult. Adults who can make their own decisions usually have more control over what is shared, although there may be exceptions when someone faces immediate serious harm. You can ask what will remain confidential before giving details.

Treatment and management

Treatment begins with immediate safety and care for any injuries. Serious bleeding, breathing problems, head injuries, internal injuries, burns, and fractures may need emergency treatment. Care can include wound treatment, pain relief, splints or casts, surgery, and follow-up rehabilitation.

Strangulation needs particular attention. Pressure on the neck can damage the airway or blood vessels without leaving visible marks. Symptoms may appear later, so prompt medical assessment is important even if the person initially feels well.

A trauma-informed approach gives you choices where possible, explains each examination, asks permission before touching, and avoids blaming language. You may be offered support from a social worker, safeguarding team, domestic abuse advocate, child protection service, or another specialist service.

Emotional recovery may involve counselling or trauma-focused psychological therapy. Treatment can address anxiety, depression, post-traumatic stress, sleep problems, or harmful alcohol and drug use. Medication may sometimes be part of care, but it does not replace safety planning or psychological support.

If abuse is ongoing, a safety plan can help you prepare for danger. This may include identifying a safe place, choosing a trusted contact, keeping essential documents accessible, and planning how to obtain help. A specialist advocate can help tailor a plan for children, pets, disability needs, money, housing, and digital privacy.

Do not confront the person using violence if doing so could put you at greater risk. Leaving immediately is not always the safest or most practical option. Support should respect your decisions while helping you understand risks.

Complications

Physical injuries may lead to scarring, chronic pain, reduced movement, nerve damage, hearing or vision problems, or lasting effects from brain or spinal injury. Abdominal injuries can damage internal organs. Violence during pregnancy can harm both the pregnant person and the pregnancy.

Strangulation can cause airway swelling, blood-vessel injury, blood clots, stroke, or brain injury. These complications are uncommon but can be serious, and external marks may be absent.

Repeated abuse can affect mental and physical health over time. Possible effects include post-traumatic stress, depression, anxiety, sleep disorders, headaches, digestive symptoms, and difficulty concentrating. Some people use alcohol or drugs to cope.

Children exposed to physical abuse or violence at home may experience ongoing fear,

problems at school, or difficulties with trust and relationships. These outcomes are not inevitable. Stable, supportive relationships and appropriate care can help recovery.

Prevention

You cannot prevent another person from choosing to be abusive. Safety advice may reduce risk in some situations, but it cannot guarantee protection. Responsibility for preventing abuse belongs to the person using violence and to the systems responsible for safety and accountability.

At a wider level, prevention includes teaching safe and respectful relationships, supporting parents and caregivers, responding early to controlling behaviour, reducing social isolation, and providing accessible housing, financial, legal, and advocacy services.

Programmes that hold people who use violence accountable may help some individuals change their behaviour. Promises, apologies, or short periods without violence do not by themselves show that the risk has ended.

Living with it and what to expect

Some injuries heal over days or weeks. Broken bones, burns, nerve injuries, and head injuries may take months to recover from and can sometimes cause lasting symptoms. Follow-up may involve wound checks, repeat imaging, physiotherapy, occupational therapy, or care for pain.

Emotional effects may become clearer after the immediate crisis has passed. Reminders of the abuse can trigger fear, poor sleep, or physical stress reactions. Recovery is often uneven: feeling better for a time and then struggling again does not mean that progress has been lost.

Some people remain with, return to, or continue depending on the person who harmed them. Reasons may include fear, financial pressure, housing, children, disability support, emotional attachment, immigration concerns, or threats. This does not make the abuse acceptable and does not mean the person wanted it.

Over months and years, many people rebuild safety, relationships, work, and daily routines. Some continue to have pain, disability, or trauma symptoms and need longer-term care. A reliable support network and specialist help can make recovery more manageable, but no single timeline applies to everyone.

When to get medical help

Call your local emergency number if you or someone else is in immediate danger. Move to a safer place if you can do so without increasing the risk.

Emergency medical care is also needed for:

Seek prompt medical assessment after any strangulation or choking, even if there are no marks. New breathing problems, confusion, weakness, severe headache, or difficulty speaking are emergency symptoms.

Routine or non-emergency care is appropriate for ongoing pain, healing injuries, sleep problems, anxiety, low mood, or concerns about safety that are not immediate. A primary care service, safeguarding team, domestic abuse service, or local advocacy organisation can help you explore support.

If someone monitors your phone or internet use, use a safer device when possible. Clearing browsing history may not remove all digital records and could be noticed.

- Trouble breathing, severe neck swelling, or new weakness after strangulation
- Loss of consciousness, seizure, confusion, or repeated vomiting
- Heavy bleeding, severe pain, or a possible broken bone
- Chest or abdominal injury, especially with faintness or vomiting
- A weapon injury or serious burn
- An injury during pregnancy with pain, bleeding, or reduced fetal movement
- A child, older person, or dependent adult facing immediate harm

Common questions

Is it physical abuse if there are no bruises?

Yes. Shaking, restraining, poisoning, hitting, and strangulation may cause little or no visible injury. Threatening physical force or using it in a way that creates a real risk of harm may also be abuse.

Do I have to leave immediately?

Not always. Leaving can sometimes increase danger, and practical barriers may make it difficult. Unless there is an immediate emergency, a specialist advocate can help you consider options and make a safer plan without pressuring you.

Can strangulation be dangerous if I feel fine?

Yes. Neck pressure can injure the airway or blood vessels without obvious marks, and symptoms can be delayed. Seek prompt medical assessment. Breathing difficulty, confusion, weakness, severe headache, or loss of consciousness requires emergency care.

Will a health professional report the abuse?

Reporting rules differ by country and by the age and circumstances of the person affected. Suspected abuse of a child or vulnerable adult often has to be reported. Ask what information is confidential and what must be shared.

Can children recover from physical abuse?

Many children improve when they are safe and receive stable, supportive care. Some need longer-term help for trauma, behaviour, learning, pain, or injuries. Recovery is influenced by the severity and duration of abuse and the support available afterward.

Why might someone return to an abusive relationship?

People may return because of threats, financial dependence, housing, children, disability needs, isolation, hope that the person will change, or fear of greater violence. Returning does not mean the abuse was wanted or acceptable.

Sources

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