

Understanding Domestic Violence Through a Biopsychosocial Lens

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Domestic violence, also referred to as intimate partner violence, is a critical issue in counseling psychology due to its widespread prevalence and profound impact on individuals and families. It is defined as a pattern of behaviors used to establish power and control over another person through fear, intimidation, and violence, including physical, sexual, and psychological abuse (Domestic Violence PowerPoint, n.d., slide 6). Domestic violence is also recognized as a major public health concern because of its long-term effects on both physical and mental health (Centers for Disease Control and Prevention [CDC], 2022).

This issue is especially significant in counseling practice because it often presents indirectly. Clients may seek support for anxiety, depression, trauma symptoms, or relationship distress without initially disclosing abuse. The cyclical nature of violence: tension building, incident, reconciliation, and calm can make it difficult for clients to identify the pattern or to leave the relationship (Domestic Violence PowerPoint, n.d., slide 14).

Understanding domestic violence within a broader social and systemic context is essential. Socioeconomic conditions, cultural norms, and institutional responses all influence both the occurrence of abuse and a client's ability to seek help. Recognizing these broader influences allows counselors to provide more effective, informed, and ethical care.

Biopsychosocial Analysis

A biopsychosocial perspective highlights how biological, psychological, and social factors interact to shape the experience of domestic violence.

Biological factors include physical injury and the physiological impact of chronic stress. Victims may present with injuries to areas such as the head, neck, or abdomen, along with ongoing somatic complaints (Domestic Violence PowerPoint, n.d., slides 30–32). Repeated exposure to violence can also disrupt the body's stress response system, increasing vulnerability to long-term health issues.

Psychological factors involve emotional functioning, cognition, and coping. Survivors often experience fear, shame, self-blame, and confusion. Many individuals rationalize the abuser's behavior or believe they are responsible for maintaining the relationship, reinforcing the cycle of abuse (Domestic Violence PowerPoint, n.d., slide 20). Research shows that individuals who experience intimate partner violence are at significantly higher risk for depression, anxiety, and posttraumatic stress disorder (Lagdon et al., 2014). Cognitive patterns such as minimizing the abuse or holding onto hope during reconciliation phases can delay victims from seeking help.

Social factors play a central role in shaping vulnerability and response. Isolation, financial dependence, cultural beliefs about gender roles, and limited access to resources all contribute to the complexity of domestic violence. For example, younger women, individuals with lower income, and marginalized racial groups experience higher rates of intimate partner violence (Domestic Violence PowerPoint, n.d., slide 9). Institutional barriers, such as inadequate legal protections and a lack of shelter

availability, further limit options for leaving abusive situations (Domestic Violence PowerPoint, n.d., slide 22).

Collectively, these factors demonstrate that domestic violence is not only an individual issue but one shaped by broader systemic influences.

Assessment, Classification, and Clinical Discernment

Counselors must be skilled in identifying and assessing domestic violence, particularly because clients may not disclose abuse directly. Assessment involves direct but sensitive inquiry, such as asking whether the client feels safe at home or has experienced physical or emotional harm (Domestic Violence PowerPoint, n.d., slide 29). Observational indicators, such as unexplained injuries, inconsistent explanations, or the presence of a controlling partner, can also signal abuse (Domestic Violence PowerPoint, n.d., slide 30).

It is important to distinguish between normative relationship conflict and clinical concern. While disagreements are common, patterns involving fear, intimidation, control, and harm indicate abuse and require intervention. Psychological distress related to domestic violence may present as trauma-related symptoms, depression, or anxiety disorders.

Structured screening tools, such as violence assessment questionnaires, can help identify the frequency and severity of abuse (Domestic Violence PowerPoint, n.d., slide 33). Proper documentation, including detailed notes of client statements and

physical findings, is essential for both clinical care and potential legal use (Domestic Violence PowerPoint, n.d., slide 31).

Clinical discernment also requires understanding that abuse often escalates over time and that a client's hesitation to leave may reflect real safety concerns rather than denial or lack of awareness (Domestic Violence PowerPoint, n.d., slide 12).

Ethical, Diversity, and Counseling Relationship Considerations

Domestic violence raises complex ethical and multicultural issues. Counselors must prioritize client safety, autonomy, and confidentiality, while also adhering to legal and professional responsibilities.

Diversity factors significantly shape client experiences. Race, gender, socioeconomic status, and cultural beliefs all influence both vulnerability to abuse and access to support. For example, Black women experience higher rates of intimate partner violence and may face additional systemic barriers (Domestic Violence PowerPoint, n.d., slide 9). Cultural expectations around marriage and gender roles may also discourage leaving abusive relationships (Domestic Violence PowerPoint, n.d., slide 24).

Victims who need help are often influenced by stigma, fear of retaliation, and mistrust of institutions. Many individuals view domestic violence as a "private matter," which contributes to underreporting (Domestic Violence PowerPoint, n.d., slide 11).

Within the counseling relationship, maintaining a nonjudgmental, trauma-informed stance is essential. Counselors must avoid victim-blaming while supporting the client's autonomy and prioritizing safety. Additionally, self-awareness is critical, as working with survivors or perpetrators may evoke strong emotional reactions that must be managed professionally (Domestic Violence PowerPoint, n.d., slide 27).

Community and Resource Perspective

Community resources are essential in addressing domestic violence. Access to shelters, hotlines, legal advocacy, and healthcare services can significantly improve client outcomes. Public health approaches emphasize prevention, early intervention, and access to support systems as key components in reducing intimate partner violence (CDC, 2022).

However, systemic barriers, such as limited shelter availability and inadequate legal enforcement, can restrict access to these services (Domestic Violence PowerPoint, n.d., slide 22). Counselors play an important role in connecting clients to resources, developing safety plans, and advocating for appropriate support. Referrals must be handled carefully, as possessing resource information may sometimes increase risk if discovered by the abuser (Domestic Violence PowerPoint, n.d., slide 34).

Social support networks can provide emotional and practical assistance, although many victims experience isolation due to controlling behaviors from the abuser.

Professional Reflection and Application

This topic reinforced my understanding of domestic violence as a complex issue shaped by individual, relational, and systemic factors. The cyclical nature of abuse and the barriers to leaving highlight why individuals may remain in harmful relationships, challenging common assumptions about victim behavior. It underlines the importance of viewing client experiences through a lens of safety, context, and survival.

The need for trauma-informed and culturally responsive care is critical. It highlights the importance of thorough assessment, ethical decision-making, and collaboration with community resources. Counselors must meet clients where they are, especially when they are not ready to leave, while respecting autonomy and maintaining a focus on safety.

This knowledge will continue to inform a more holistic and compassionate approach to counseling practice. It reinforces the responsibility to support clients individually while also recognizing the need for broader advocacy and systemic change.

References

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