

Florida Domestic Violence

2 contact hours - \$18.00

Course Expires: Dec 1, 2010

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Instructions

1. Read the course material and then complete the following forms:
 - A. Answer Sheet
 - B. Evaluation Learning Activity
 - C. Registration Form
2. If you are not paying by credit card, prepare a check for the amount of the course made out to: *ATrain Education, Inc.*
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Once we receive your forms and payment, we will mail (or email, at your request) your completion certificate. If you have any questions, please call or email Info@ATrainCEU.com.

Course Objectives

When you finish this course, you will be able to:

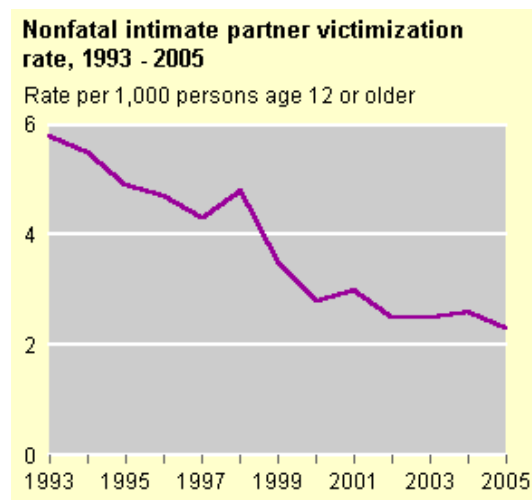
- Describe the scope of domestic violence in the United States and Florida.
- Define the five main categories of domestic violence.
- Explain the prevalence of violence against women and how it relates to domestic violence.
- Describe the significance of the co-occurrence of child maltreatment and domestic violence.
- Discuss the relationship of elder abuse to domestic violence.
- Outline the economic and societal costs of domestic violence.
- Describe best practices for screening, assessment, and documentation of domestic violence in the healthcare setting.
- Outline Florida legislation relating to domestic violence, including reporting requirements for healthcare professionals.
- Discuss Florida prevention and education programs designed to reduce the incidence of domestic violence.

Intimate Partner Violence

Intimate partner violence (IPV), also called domestic violence (DV) is a serious, preventable public health problem that affects millions of people in the United States and throughout the world. In many societies this type of violence is considered “normal”. It varies in frequency and severity and occurs on a continuum, ranging from one incident of abuse that may or may not impact the victim to chronic, severe battering (CDC, 2007).

Intimate partner violence is defined as physical, sexual, or psychological harm by a current or former partner or spouse. It can occur among heterosexual or same-sex couples and does not require sexual intimacy. The terms “domestic violence”, “family violence”, “wife beating”, “battering”, “spouse abuse”, and “dating violence” are often used interchangeably. Child abuse is a part of the intimate partner violence continuum because children are often physically and psychologically harmed when abuse occurs. Elder abuse can also be associated with intimate partner violence because the perpetrator is often a family member or intimate partner.

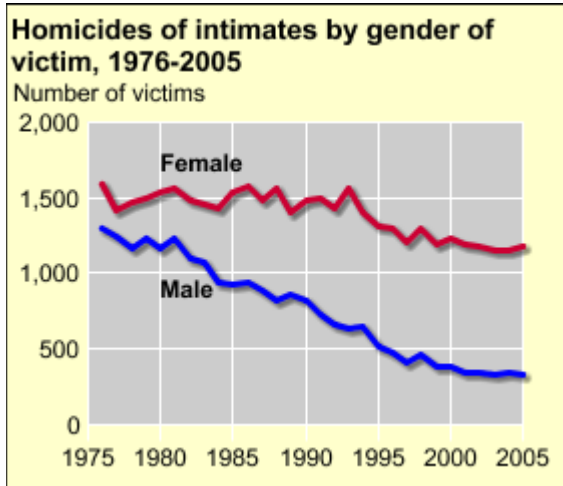
Although women can be violent to men, the vast majority of intimate partner violence is perpetrated by men against women. From 1976 to 2005, U.S. Department of Justice statistics showed that about 96% of women who experienced intimate partner violence were victimized by a man while only about 3% reported that the offender was another woman (Catalano, 2007).



From: U.S. Dept of Justice.

<http://www.ojp.usdoj.gov/bjs/intimate/overview.htm>

Fatal incidents of intimate partner violence—sometimes referred to as “intimate homicide”—have also declined in the United States since 1976. Between 1976 and 2005 the number of white females killed by intimates rose in the mid-1980’s, then declined after 1993 reaching the lowest recorded in 2002. The number of intimate homicides for all other race and gender groups declined over the same period; the number of black males killed by intimates dropped by 83%, white males by 61%, black females by 52%, and white females by 6% (Catalano, 2007).



From: U.S. Dept of Justice.

<http://www.ojp.usdoj.gov/bjs//homicide/intimates.htm#intimates>

Describing trends based on law enforcement statistics can be problematic however. In the United States less than one-fifth of the women raped by an intimate partner reported their most recent rape to the police. In a National Violence against Women Survey, most women and men who were physically assaulted failed to file a complaint, although women were more likely than men to report their victimization to the police (26.7% and 13.5%, respectively) (Tjaden and Thoennes, 2000).

This reluctance to report intimate partner violence to authorities is a problem internationally as well as in the United States. According to a World Health Organization (WHO) survey of more than 24,000 women in 10 countries, more than half of the physically abused women surveyed reported that they had never sought help from a health service, shelter, legal service, or from anyone in any position of authority such as police, religious leaders, or other government organization (WHO, 2005).

Domestic Violence in Florida

From 1997 through 2006, the number of reported domestic violence cases in Florida declined by nearly 16% and the number of cases per 100,000 population declined by 32%. Despite this decline domestic violence remains a significant problem in Florida. More than 115,000 domestic violence incidents were reported in 2006 and 15% of the state's 1,129 murders involved domestic violence. Women accounted for 81% of these deaths (Florida Department of Children and Families, 2008).

In Florida, domestic violence crimes include:

- Murder
- Manslaughter
- Forcible rape
- Forcible sodomy
- Forcible fondling
- Aggravated assault
- Aggravated stalking
- Simple assault
- Simple stalking
- Threat/intimidation

Types of Intimate Partner Violence

According to Florida law 741.28, "domestic violence" means

...any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

"Family or household member" means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

The Centers for Disease Control and Prevention (CDC) describes four types of intimate partner violence—**physical violence**, **sexual violence**, **threats of physical or sexual violence**, and **psychological/emotional violence**. Stalking and cyberstalking are increasingly being included as another type of intimate violence.

Physical Violence

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to:

- Scratching, pushing, or shoving
- Throwing, grabbing, or biting
- Choking, shaking, slapping, punching, or burning
- Use of a weapon
- Use of restraints or one's body, size, or strength against another person.

Physical violence also includes coercing other people to commit any of the above acts (CDC, 2007).

Research has shown that physical violence is often accompanied by psychological abuse and in one-third to one-half of cases, by sexual abuse (Heise and Garcia-Moreno, 2002). The violence is usually not limited to one instance. A National Violence against Women (NVAW) survey found that women who were physically assaulted by an intimate partner averaged 6.9 physical assaults by the same partner, while men averaged 4.4 assaults.

Women experience more chronic and injurious physical assaults at the hands of intimate partners than do men. The National Violence against Women survey found that more than 40% of women who were physically assaulted by an intimate partner were injured during their most recent assault, compared with about 20% of the men (Tjaden and Thoennes, 2000).

Most injuries, such as scratches, bruises, and welts, were minor. More severe physical injuries may occur depending on severity and frequency of abuse. Physical violence can lead to death. In 2005 in the United States, 329 males and 1181 females were murdered by an intimate partner.

Between 2001 and 2005, for nonfatal intimate partner violence:

- 27% of female victims and 15% of male victims reported that the offender threatened to kill them.
- 23% of male victims were threatened with a weapon and 7% had an object thrown at them.
- About 1 in 10 female and male victims reported that the offender tried to hit, slap, or knock them down (US DOJ, 2007).

Average annual number and percent of injuries sustained by female victims as a result of nonfatal intimate partner violence, 2001 to 2005 (Catalano, 2007)

	Average annual	
	Number	Percent
Total intimate partner victim	510,970	100%
Not injured	248,805	48.7%
Injured	262,170	51.3%
Serious injury (gunshot wound, knife wounds, internal injuries, broken bones, knocked unconscious)	25,710	5 %
Rape/sexual assault without additional injuries	13,350	2.6%
Minor injuries only	222,670	43.6%
Injuries unknown	435	*0.1%

*Based on 10 or fewer samples cases

Average annual number and percent of injuries sustained by male victims as a result of nonfatal intimate partner violence, 2001 to 2005 (Catalano, 2007)

	Average annual	
	Number	Percent
Total intimate partner victims	104,820	100%
Not injured	61,285	58.5%
Injured	43,540	41.5%
Serious injury	4,335	*4.1%
Minor injuries	38,050	36.3%
Rape/sexual assault without other injuries	580	*0.6%
Injuries unknown	570	*0.5%

*Based on 10 or fewer samples cases

Children are sometimes injured during incidents of intimate partner violence between their parents; a large overlap exists between IPV and child maltreatment. One study found that children of abused mothers were 57 times more likely to have been harmed because of IPV between their parents, compared with children of non-abused mothers (Parkinson et al. 2001).

Sexual Violence

A **sexual act** is defined as contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object (Saltzman, 2001).

Abusive sexual contact is intentional touching directly, or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person against his or her will, or of any person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to be touched (Saltzman, 2001).

Sexual violence involves:

- 1) Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed;
- 2) Attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, for example, because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and
- 3) Abusive sexual contact (CDC, 2007).

Sexual and physical abuse is often accompanied by controlling behaviors. In a World Health Organization survey of more than 24,000 women in 10 countries, those who experienced one or more of the following controlling behaviors ranged from 20% in Japan to 90% in urban United Republic of Tanzania:

- Keeping her from seeing friends
- Restricting contact with her family of birth
- Insisting on knowing where she is at all times
- Ignoring or treating her indifferently
- Getting angry if she speaks with other men
- Often accusing her of being unfaithful
- Controlling her access to health care (WHO, 2005)

Threats of Physical or Sexual Violence

Threat of physical or sexual violence is defined as the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm. This includes the use of words, gestures, or weapons to communicate the intent to compel a person to engage in sex acts or abusive sexual contact when the person is either unwilling or unable to consent. A person threatening physical or sexual violence may use words such as:

- "I'll kill you."
- "I'll beat you up if you don't have sex with me."

Or actions such as:

- Brandishing a weapon
- Firing a gun into the air
- Making hand gestures
- Reaching toward a person's breasts or genitalia (Saltzman, 2001)

Psychological and Emotional Violence

Psychological/emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. Psychological and emotional abuse involves trauma to the victim caused by acts, threats of acts, or coercive tactics, such as those listed below (CDC, 2007).

Psychological/emotional abuse can include:

- Deliberately humiliating, diminishing, or embarrassing the victim
- Controlling what they can and cannot do
- Withholding information
- Getting annoyed if they disagree with you
- Using money that is the victim's
- Taking advantage of or disregarding what the victim wants
- Isolating the victim from friends or family
- Prohibiting access to transportation, telephone, money, or basic resources
- Getting the victim to engage in illegal activities
- Using the victim's children to control their behavior
- Threatening loss of custody of children
- Smashing objects or destroying property
- Tarnishing the victim's reputation (Saltzman, 2001)

Coercive control and intimidation by the abusive partner is considered an underlying component of all of these types of violence. The abusive partner's ability to control relies on the abused person's belief that if she or he does not comply with the abusive partner's demands, the victim, the victim's children, or other persons or things the victim cares about will be harmed. Often, threats are alternated with acts of kindness from the perpetrator, making difficult for the victim to break free of the cycle of violence (CDC, 2006a).

The 10-country World Health Organization survey and other research have consistently shown that emotional abuse can have a more profound and negative effect than physical violence. Between 20% and 75% of women across all the countries surveyed reported being the recipient of emotional abuse within the previous 12 months (WHO, 2005).

Stalking and Cyberstalking

In addition to the four types of intimate partner violence described above, **stalking** and **cyberstalking** have become increasingly common. Stalking generally refers to "harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property" (CDC, 2007).

According to the National Violence against Women Survey, stalking by intimates is more prevalent than previously thought. Almost 5% of surveyed women and 0.6% of surveyed men reported being stalked by a current or former spouse, cohabiting partner, or date at some time in their lifetime; 0.5% of surveyed women and 0.2% of surveyed men reported being stalked by such a partner in the previous 12 months (Tjaden and Thoennes, 2000).

According to these estimates, more than 500,000 women and 185,000 men are stalked by an intimate partner annually in the United States. These estimates exceed previous estimates of stalking prevalence in the general population. The findings suggest that intimate partner stalking is a serious criminal justice problem, and each state should develop constitutionally sound and effective anti-stalking statutes and intervention strategies (Tjaden and Thoennes, 2000).

Florida Statute 784.048 defines **cyberstalking** as "engaging in a course of conduct to communicate, or to cause to be communicated, words, images, or language by or through the use of electronic mail or electronic communication, directed at a specific person, causing substantial emotional distress to that person and serving no legitimate purpose (The Florida Senate, 2008).

Cyberstalking is a form of stalking. Stalkers have at their fingertips a wide array of computers and equipment including the Internet, global positioning systems, cell phones, and tiny digital cameras. In many states, general stalking statutes have not kept up with these new technologies.

Violence against Women

Violence against women has been the focus of international attention for more than 20 years. In 1993 the World Conference on Human Rights published the Declaration on the Elimination of Violence against Women. It established that according to international human rights law, “states have a duty to exercise due diligence to prevent, prosecute, and punish violence against women” (WHO, 2005).

Recognizing the need for research in the area of intimate partner violence, in 2005 the World Health Organization (WHO) completed a 10-country population-based survey of 24,000 women called the *WHO Multi-country Study on Women’s Health and Domestic Violence against Women*. The WHO researchers asked participants a series of questions about physical and sexual violence, emotional abuse, and controlling behaviors.

Overall, the proportion of women who had ever suffered physical violence by a male partner ranged from 13% in Japan to 61% in provincial Peru. Japan had the lowest level of sexual violence at 6%, while Ethiopia had the highest figure of 59%. The majority of settings were between 10% and 50% (WHO, 2005).

It is well-known that violence perpetrated against women by an intimate partner is often accompanied by emotionally abusive and controlling behavior. The National Violence against Women survey found that women whose partners were jealous, controlling, or verbally abusive were significantly more likely to report being raped, physically assaulted, or stalked by their partners, even when other sociodemographic and relationship characteristics were controlled.

Having a verbally abusive partner was the variable most likely to predict that a woman would be victimized by an intimate partner. These findings support the theory that violence perpetrated against women by an intimate partner is often part of a systematic pattern of dominance and control (Tjaden and Thoennes, 2000).

Violence against women incorporates intimate partner violence, sexual violence, and other forms of violence against women such as physical violence committed by acquaintances or strangers (Saltzman, 2001). The victims are often emotionally involved and economically dependent upon the person victimizing them. In contrast, men are more likely to be victimized by someone outside their close circle of relationships (Heise and Garcia-Moreno, 2002).

Intimate Partner Violence during Pregnancy

Depending on the population, setting, or frequency of asking, between 0.9 and 20.1% of women in the United States reported they have experienced violence during pregnancy. Violence during pregnancy may be more common than some conditions for which pregnant women are routinely screened. As with screening for gestational diabetes, neural tube defects, preeclampsia, and behavioral risk factors such as smoking and alcohol use, screening for intimate partner violence should be incorporated into routine prenatal care (CDC, 2006b).

Women who report violence around the time of pregnancy have reported higher prevalence of other demographic and psychosocial risk factors that also may have an effect on pregnancy. These include:

- Young maternal age/adolescence
- Unintended pregnancy
- Delayed prenatal care
- Smoking
- Alcohol and drug use
- Lack of social supports
- STD/HIV/AIDS (CDC, 2006b)

Child Abuse

Intimate partner violence is often associated with the abuse of children. This is an important public health issue because witnessing violence in the home as a child is a strong risk factor for involvement in abusive relationships as an adult. In addition, experiencing abuse as a child has been associated with other risk factors such as depression, substance abuse, poor school performance, and high-risk sexual activity (CDC, 2006a).

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm (Child Welfare Information Gateway, 2007a).

This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is under the age of 18 or who is not an emancipated minor (Child Welfare Information Gateway, 2007a).

CAPTA provides definitions for sexual abuse and the special cases related to withholding or failing to provide medically indicated treatment but does not provide specific definitions for other types of maltreatment such as physical abuse, neglect, or emotional abuse. While Federal legislation sets minimum standards, each state is responsible for providing its own definition of maltreatment within civil and criminal contexts (Child Welfare Information Gateway, 2007a).

Florida law defines child physical abuse as any willful act or threatened act that results in

physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Harm to a child's health or welfare occurs when any person inflicts or allows to be inflicted upon the child physical, mental, or emotional injury, and can include:

- Purposely giving a child poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that result in sickness or internal injury.
- Inappropriate or excessively harsh discipline.
- Exposure to a controlled substance or alcohol.
- Engaging in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child (Child Welfare Information Gateway, 2007b).

Co-Occurring Domestic Violence and Child Maltreatment

Children exposed to domestic violence may be the victims of co-occurring maltreatment. In particular, domestic violence is a significant risk factor for verbal abuse, physical punishment, and physical abuse of children. Although high rates of co-occurring domestic violence and child maltreatment have been noted in the general population, this co-occurrence has most commonly been investigated in clinical samples of abused women and of physically abused children, with the majority of studies indicating rates of co-occurrence ranging from 30% to 60% (Kelleher, 2006).

There is evidence that children who are exposed to domestic violence and also experience maltreatment are at risk for poor development. There also is a growing concern that children's exposure to domestic violence constitutes a type of psychological or emotional abuse in and of itself (Kelleher, 2006).

Although domestic violence and child maltreatment commonly occur together, policy makers and planners of services lack a nationally representative study that examines the prevalence of this co-occurrence. Equally as important is the need for information on state and local policies and practices around services for families with co-occurring domestic violence and child maltreatment (Kelleher, 2006).

Domestic Violence and the Child Welfare System

Domestic violence is a significant problem for 30% to 40% of families in the child welfare system. Because co-occurring domestic violence and child maltreatment are so prevalent, many communities have implemented policies and practices to protect women and children from domestic violence, and provide services, especially as it relates to interactions with the child welfare system. Many of these initiatives have arisen out of local advocacy through domestic violence centers and services while others come from national movements promulgated by the National Council of Juvenile and Family Court Judges such as its Model Code or its more recent policy and practice recommendations, sometimes referred to as the "Greenbook" (Kelleher, 2006).

Elder Abuse and Abuse of Vulnerable Adults

Abuse of a vulnerable adult is defined as the **abuse, neglect, or exploitation** of a person age 18 years or older who has a disability or is suffering from the infirmities of aging.

Abuse of a vulnerable includes:

...any willful or threatened act or omission that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health.

Neglect of a vulnerable adult includes:

...the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult. The failure of a caregiver to make reasonable efforts to protect a vulnerable adult from abuse, neglect or exploitation by others.

Exploitation of a vulnerable adult includes:

...actions of deception or intimidation, for the purpose of personal gain or benefit by a person in a position of trust, that deprives a vulnerable adult of the use, benefit or possession of funds, assets or property. Exploitation also occurs when the Possible Responsible Person knows or should know that the vulnerable adult lacks the capacity to consent and who obtains or uses, or endeavors to obtain or use, their funds, assets or property for personal gain or benefit.

According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection (NCEA, 2005).

Complicating these estimates, however, is the difficulty in defining and quantifying elder abuse. Available data indicate that the highest rates of elder abuse are among women and those aged 80 and older. In 90% of cases, the perpetrator is a family member, most often a spouse or adult child (Nelson, 2004).

Abuse of vulnerable adults is an important issue in Florida because it leads the nation in the percentage of the state's population aged 60 or over at 23%. During 2004 to 2005 the Florida Department of Children and Families investigated more than 40,000 cases of abuse, neglect, and exploitation, including allegations of physical abuse, environmental neglect, inadequate food, inadequate healthcare, and mental injury. Almost three-fourths of the allegations/reports involved people over 60 (Florida Department of Elder Affairs, 2007).

Risk and Protective Factors for IPV

A combination of individual, relational, community and societal factors contribute to the risk of becoming a victim or perpetrator of intimate violence. Risk factors are contributing factors and may or may not be direct causes. Not everyone who is identified as "at risk" becomes involved in violence.

Some risk factors are the same and some are associated with one another. For example, childhood physical or sexual victimization is a risk factor for both future perpetration and victimization. Understanding these multilevel factors can help identify various opportunities for prevention.

The termination of a relationship poses an increased risk for, or escalation of, intimate partner violence. This assumption is based on two types of evidence: divorced or separated women report more intimate partner violence than do married women. Also, interviews with men who have killed their wives indicate that either threats of separation by their partner or actual separation are most often the precipitating events that lead to the murder (Tjaden and Thoennes, 2000).

The National Violence against Women Survey found that married women who lived apart from their husbands were nearly four times more likely to report that their husbands had raped, physically assaulted, and/or stalked them than were women who lived with their husbands (20% and 5.4%). Similarly, married men who lived apart from their wives were nearly three times more likely to report that their wives had victimized them than were men who lived with their wives (7.0% and 2.4%) (Tjaden and Thoennes, 2000).

These findings suggest that termination of a relationship poses an increased risk of intimate partner violence for both women and men. However, it should be noted that the survey data do not indicate whether the violence happened before, after, or at the time the couple separated. Thus, it is unclear whether the separation triggered the violence or the violence triggered the separation (Tjaden and Thoennes, 2000).

Adolescents are at increased risk for violence—from either their partner or from a family member. Women with HIV or AIDS are also at increased risk for violence (CDC, 2006a).

Factors Associated with a Man's Risk for Abusing His Partner (Heise and Garcia-Moreno, 2002)	
Individual Factors	Young age Heavy drinking Depression Personality disorders Low academic achievement Low income Witnessing or experiencing violence as a child
Relationship Factors	Marital conflict Marital instability Male dominance in the family Economic stress Unhealthy family relationships and interactions
Community Factors	Poverty Low social capital Weak community sanctions against IPV
Societal Factors	Traditional gender norms Social norms supportive of violence

The World Health Organization population survey investigated which factors might protect a woman from intimate partner violence and which factors put her at greater risk. As in other studies, this survey looked at individual and partner factors as well as factors related to the woman's immediate social context (WHO, 2005).

The survey found that in all but 2 settings (Japan and Ethiopia), younger women (aged 15 to 19 years) were at higher risk for physical or sexual abuse within the last 12 months. In all but two settings (Bangladesh and Ethiopia), women who had been separated or divorced reported much more partner violence during their lifetime than currently married women. Higher education was associated with less violence in many settings (WHO, 2005).

Cost to Society

In 2003 dollars, costs associated with intimate partner violence exceeded \$8.3 billion, which included \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives. Victims of severe intimate partner violence lose nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and almost 5.6 million days of household productivity each year (CDC 2003). This is generally considered an underestimate because the costs associated with the criminal justice system were not included.

The U.S. medical community treats millions of intimate partner rapes and physical assaults annually. Of the nearly 5 million intimate partner rapes and physical assaults perpetrated against women annually, approximately 2 million will result in an injury to the victim, and more than half a million will result in some type of medical treatment to the victim (Tjaden and Thoennes, 2000).

Of the estimated 2.9 million intimate partner physical assaults perpetrated against men annually, 581,391 will result in an injury to the victim, and 124,999 will result in some type of medical treatment to the victim. Many medically treated victims receive multiple forms of care—ambulance services, emergency room care, or physical therapy—and multiple treatments, such as several days in the hospital, for the same victimization (Tjaden and Thoennes, 2000).

Consequences

In general, victims of repeated violence experience more serious consequences than victims of one-time incidents. Women with a history of intimate partner violence are more likely to display behaviors that lead to further **health risks** such as substance abuse, alcoholism, and suicide attempts. Intimate partner violence is also associated with a variety of negative **health behaviors**; studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims.

Some victims may engage in high-risk sexual behaviors such as unprotected sex, decreased condom use, early sexual initiation, choosing unhealthy or multiple sexual partners, or trading sex for food, money, or other items. There is often an increased use of harmful substances and illicit drug use, alcohol abuse, and driving while intoxicated. Victims of intimate partner violence may also engage in unhealthy diet-related behaviors such as smoking, fasting, vomiting, overeating, and abuse of diet pills. They may also overuse health services.

Women who experience severe aggression by men such as not being allowed to go to work or school, or having their lives or their children's lives threatened are more likely to have been unemployed in the past and be receiving public assistance (CDC, 2003). They may have restricted access to services, strained relationships with healthcare providers and employers, and be isolated from social networks.

Psychological Consequences of Intimate Partner Violence

- | | |
|---|---|
| <ul style="list-style-type: none"> • Depression • Antisocial behavior • Suicidal behavior in females • Anxiety • Low self-esteem • Inability to trust men | <ul style="list-style-type: none"> • Fear of intimacy • Symptoms of post-traumatic stress disorder • Emotional detachment • Sleep disturbances • Flashbacks • Replaying assault in mind |
|---|---|

Screening and Assessment

The number of medical personnel treating injuries annually is in the millions. To better meet the needs of intimate partner violence victims, medical professionals should receive training in screening and assessment, learn to recognize the physical consequences of intimate partner violence, and initiate appropriate medical intervention strategies.

Clinicians have an opportunity to identify and intervene on behalf of abused women and men and to assist in breaking the intergenerational cycle that could affect their children. Whenever possible, at the point of detection, clinicians should communicate with the family's other health care providers, such as pediatricians. Clinicians should also be aware of and follow state reporting requirements related to domestic violence or child abuse and neglect (CDC, 2006a).

Training in the use of efficient assessment methods can increase the percentage of providers that screen for intimate partner violence. When providers are asked why they do not screen for violence, they commonly indicate four major barriers:

- Time constraints
- Discomfort with the topic
- Fear of offending the patient or partner
- Perceived powerlessness to change the problem (CDC, 2006a)

Health care organizations and individual providers can increase competency in and commitment to screening for violence. One such screening and intervention method can be summarized in the acronym RADAR, which was developed by the Massachusetts Medical Society (CDC, 2006a).

Use Your "RADAR"

- **R**outinely screen every patient
- **A**sk directly, kindly, nonjudgmentally
- **D**ocument your findings
- **A**ssess the patient's safety
- **R**eview options and provide referrals (CDC, 2006a)

The first step in the RADAR process is to routinely screen for violence. Assume that all patients are at risk for violence and ask every patient as part of his or her routine health assessment. Screening requires that the provider ask directly for information at multiple visits. In cases where violence is identified, document your findings in the patient's chart. Assess your patient's safety—is the patient or are his or her children in immediate danger? Finally, review the patient's options and provide him or her with referrals (CDC, 2006a).

A woman's behavior during office visits can provide warning signs for possible intimate partner violence. Abused women may present with a flat affect or as frightened, depressed, or anxious. Severe cases may be characterized by symptoms of post-traumatic stress disorder (PTSD), such as dissociation, psychic numbing, or startle responses to touch. Abused women may appear overly compliant. Most patients have a number of questions, but an abused woman may have "learned" not to question authority. Conversely, an abused woman may exhibit excessive distrust of healthcare providers, possibly because of the fear and shame associated with the abuse and the possibility of its detection (CDC, 2006a).

Possible Signs of IPV in Women (CDC, 2006a)

- Flat affect
- Fright, depression, anxiety
- Post-traumatic stress disorder (PTSD) symptoms (dissociation, psychic numbing, startle responses to touch)
- Over-compliance
- Excessive distrust

Documentation

Medical records are often used as evidence in domestic violence cases. Clear, concise, and factual documentation can help establish that abuse has occurred. Medical professionals may not be aware that subtle differences in how they document cases of domestic abuse can affect the usefulness of their records if there is a hearing. For example, "excited utterances" or "spontaneous exclamations" should be carefully documented because they have exceptional credibility due to their proximity to the event and because they are not likely to be premeditated. The victim or the victim's attorney can use a medical record to obtain a restraining order, qualify for special status or exemptions in public housing, welfare, health and life insurance, victim compensation, and immigration relief related to domestic violence and in resolving landlord-tenant disputes (Isaac and Enos, 2001).

According to a number of studies, many medical records are not sufficiently well-documented to provide adequate legal evidence of domestic violence. A study of 184 visits for medical care in which an injury or other evidence of abuse was noted revealed major shortcomings in the records (Isaac and Enos, 2001):

- For the 93 instances of an injury, the records contained only 1 photograph. There was no mention in any records of photographs filed elsewhere (for example, with the police).
- A body map documenting the injury was included in only 3 of the 93 instances. Drawings of the injuries appeared in 8 of the 93 instances.

- Doctors' and nurses' handwriting was illegible in key portions of the records in one-third of the patients' visits in which abuse or injury was noted.
- Criteria for considering a patient's words an "excited utterance" were met in only 28 of the more than 800 statements evaluated (3.4%). Most frequently missing was a description of the patient's demeanor, and often the patient was not clearly identified as the source of the information.

Medical records could be more useful to domestic violence victims in legal proceedings if some minor changes were made in documentation. Clinicians can do the following (Isaac and Enos, 2001):

- Take photographs of injuries known or suspected to have resulted from domestic violence.
- Write legibly. Computers can also help overcome the common problem of illegible handwriting.
- Set off the patient's own words in quotation marks or use such phrases as "patient states" or "patient reports" to indicate that the information recorded reflects the patient's words. To write "patient was kicked in abdomen" obscures the identity of the speaker.
- Avoid such phrases as "patient claims" or "patient alleges," which imply doubt about the patient's reliability. If the clinician's observations conflict with the patient's statements, the clinician should record the reason for the difference.
- Describe the person who hurt the patient by using quotation marks to set off the statement. The clinician would write, for example: The patient stated, "My boyfriend kicked and punched me."
- Avoid summarizing a patient's report of abuse in conclusive terms. If such language as "patient is a battered woman," "assault and battery," or "rape" lacks sufficient accompanying factual information, it is not admissible.
- Do not place the term "domestic violence" or abbreviations such as "DV" or "IPV" in the diagnosis section of the medical record. Such terms do not convey factual information and are not medical terminology. Whether domestic violence has occurred is determined by the court.
- Describe the patient's demeanor, indicating, for example, whether she is crying or shaking or seems angry, agitated, upset, calm, or happy. Even if the patient's demeanor belies the evidence of abuse, the clinician's observations of that demeanor should be recorded.
- Record the time of day the patient is examined and, if possible, indicate how much time has elapsed since the abuse occurred. For example, the clinician might write, "Patient states that early this morning his boyfriend hit him".

Florida Legislation

In 2006 and 2007 the Florida legislature passed several bills aimed at strengthening domestic violence laws in Florida (Florida Department of Children and Families, 2008):

- **Priority Safe Shelter:** increases the penalty for trespassing at a certified domestic violence center from misdemeanor to a third degree felony;
- **Continuing Education:** Increases domestic violence continuing education for physicians to two-hours at initial licensure and every third renewal period; Mandates that the course must consist of information on domestic violence screenings, history, professional practice and methods for screening;
- **Domestic Violence/Employee Leave:** Requires that certain employers permit employees to take leave from work to undertake activities resulting from act of said violence;
- **Public Records/Domestic Violence Victim:** Provides exemption from public records requirements for certain records and time sheets submitted to an agency, as defined in specified provisions, by an employee who is victim of domestic violence;
- **Strangulation/Domestic Battery:** Provides a third-degree felony to knowingly and intentionally impede normal breathing or circulation of blood of another person in specified ways;
- **Victims of Sexual Battery:** Prohibits the use of polygraph examination or other truth-telling devices on victims as a condition for proceeding with investigation; Prohibits the requirement that victims of sexual battery report to law enforcement in order for victims' compensation to pay for the forensic sexual assault exam; Ensures that an HIV test is administered to a defendant (on whom the prosecutor has filed charges) within 48 hours of the court order for testing; Increases the amount of reimbursement to providers of the forensic sexual assault exam from \$250 to \$500; Formalizes the right of the victim to have a victim advocate from a certified rape crisis center present during the forensic sexual assault exam; Allows Florida citizens victimized out of the country to receive victim compensation;
- **Female Genital Mutilation:** Provides that person who commits mutilation upon female younger than 18 years of age commits felony of first degree; Provides that person who removes, or causes or permits removal of, female from this state for purpose of committing mutilation commits felony of second degree; Provides that act does not apply to certain medical procedures that are conducted by health professionals;
- **Human Trafficking/ Immigrant Survivor:** Requires Department of Children and Families to provide services to immigrant survivors of human trafficking, domestic violence, and other serious crimes to extent funds are available; Provides for same state and local benefits that refugees receive; provides that sworn statement by victim is sufficient evidence for purposes of determining eligibility for services if supported by at least one piece of additional evidence.

Florida Reporting Requirements

Florida statute 790.24 requires medical professionals and employees of medical facilities to report to the sheriff's office gunshot wounds or any life-threatening injury "indicating an act of violence". There is no specific requirement to report injuries resulting from an act of domestic violence.

Mandated Reporters

Specific occupations in Florida—called "professionally mandatory reporters"—are required by law to report suspected abuse and neglect. A mandatory reporter must provide his or her name, which is entered into the record but remains confidential. Healthcare professionals, including staff of care facilities and day care center workers are mandated reporters.

For a complete list of mandatory reporters in Florida call the Florida Department of Children and Families at 850 487-1111 or visit their website:

<http://www.dcf.state.fl.us/abuse/publications/mandatedreporters.pdf>.

Children

Chapter 39 of the Florida Statutes mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families (Florida Department of Children and Families, 2007).

Vulnerable Adults

Healthcare workers are required to report suspected abuse of vulnerable adults to the Florida Abuse Hotline. This includes reporting the suspected abuse, neglect, and exploitation of vulnerable adults who, because of their age or disability, may be unable to adequately provide for their own care or protection. Law enforcement takes the lead in all criminal investigations and prosecution (Florida Department of Children and Families, 2007).

Legal Rights of Florida's Victims

In Florida, a person who is a victim or has a reasonable fear of becoming a victim of intimate partner violence can file an Injunction for Protection. There are 4 types of injunctions for protection:

- Against domestic violence
- Against repeat violence—used when the abuser is not a family or household member
- Against dating violence
- Against sexual violence

For more information about Injunctions for Protection call 800 799-SAFE or visit:

<http://www.casa-stpete.org/knowrights.htm>.

Prevention and Education

The goal for prevention and education is to stop intimate personal violence from happening in the first place; efforts should ultimately reduce risk factors and promote protective factors. Prevention should address individual, relationship, community, and societal factors. Effective prevention strategies are necessary to promote awareness and to foster the commitment to social change.

Leaders in the field are calling for greater attention to primary prevention of intimate partner violence, sexual violence, and child maltreatment. To prevent these types of violence from occurring in the first place, researchers and practitioners must place greater emphasis on approaches directed at perpetrators and potential perpetrators (NCIPC, 2002).

The National Center for Injury Prevention and Control has identified seven public health priorities aimed at prevention and education:

- Evaluate science-based parenting interventions to prevent child maltreatment.
- Evaluate interventions and policies to prevent perpetration.
- Identify social norms that support intimate partner violence, sexual violence, and child maltreatment.
- Evaluate training programs for health professionals.
- Evaluate the health consequences across the life span.
- Identify at-risk populations.
- Identify modifiable risk and protective factors.
- Identify optimal times and settings for intervention.
- Develop and evaluate surveillance methods (NCIPC, 2002).

The World Health Organization, following its 10-country survey of violence against women made the following recommendations for prevention and education:

- Strengthen national commitment and action by promoting gender equality and women's human rights.
- Promote primary prevention including giving higher priority to child sexual abuse.
- Involve educators.
- Strengthen healthcare provider response.
- Provide support services for women living with violence.
- Sensitize the criminal justice system.
- Support research and collaboration and increase donor support (WHO, 2005).

Florida Programs and Resources

Batterer Intervention Programs

The Batterer Intervention Programs (BIP) is a community-based program that receives referrals through the civil and criminal court system, pretrial and diversion programs, the Department of Children and Families, and through self referral. The goal of the program is to provide standardized training, hold batterers responsible for their violence, and provide tools for establishing and maintaining non-abusive relationships. The basis of the BIP is to identify power and control as the central issue related to abusive behavior. The program is funded through fees from program participants.

Domestic Violence Centers

Domestic violence centers are community-based agencies that provide services to the victims of intimate violence. The majority of adults served by Florida’s shelters are between that age of 30 and 45. Minimum services include temporary emergency shelter, information and referrals, safety planning, counseling and case management, a 24-hour emergency hotline, educational services for community awareness, assessment and appropriate referral of resident children, and training for law enforcement and other professionals. Other services include transportation, legal advocacy, relocation assistance, transitional housing, and life skills training.

There are 42 certified domestic violence centers in Florida, the first of which was established in 1974. The Florida Coalition against Domestic Violence, which was incorporated in 1981, provides leadership and advocacy for Florida’s domestic violence centers. The centers are located throughout the state in undisclosed locations and provide free and confidential services to victims. In 2006–2007 Florida’s certified domestic violence centers provided services to more than 14,000 women, children, and men—the vast majority women with children (Florida Department of Children and Families, 2008).

The Florida Coalition against Domestic Violence also operates a statewide domestic violence hotline. A survivor can access the nearest domestic violence center for emergency services by dialing 1-800-500-1119. Legal advice, referrals, and information for victims are also available.

Services Provided by Emergency Shelters in Florida in 2006–2007 (Florida Department of Children and families, 2008)

Individuals served	14,207	7286 Women 6883 Children 38 Men
Days of shelter	396,189	
Individuals provided information and referral	1,010,499	

Cut Out Domestic Violence

In Florida there are a number of programs that provide training, community outreach, education, and prevention education. One successful program, started in 2004, trains licensed hair stylists, cosmetologists and nail technicians to identify the signs of domestic violence, listen and talk to victims and connect them with appropriate resources and authorities. Although they are not encouraged or required to report suspected cases of abuse, the more than 55,000 salon professionals in 8,000 licensed hair salons are a vital resource for their communities. For more information about this program call (239) 939-3112.

The Rural Initiative

The Florida Coalition against Domestic Violence (FCADV) oversees an array of programs in addition to the state's domestic violence centers and provides technical assistance, referrals, training, and community education throughout Florida. Among its innovative programs are the **Rural Initiative**, which focuses on improving domestic violence services and training in rural Florida communities, and a teen-dating violence program that supports services and training in domestic violence centers and youth agencies throughout the state.

DELTA

In 2002, CDC used Family Violence Prevention Services Act (FVPSA) funding to develop the Domestic Violence Prevention Enhancements and Leadership through Alliances (DELTA) Program whose focus is the primary prevention of IPV at the community level. Through the DELTA Program, CDC provides financial support to 14 state-level domestic violence coalitions for prevention-focused training and technical assistance. Local coalitions then develop and implement strategies focused on preventing first-time perpetration and victimization.

The Florida Coalition against Domestic Violence participates in the DELTA program, overseeing 6 local primary prevention projects focusing on underserved youth, communities of color, and immigrants. The programs involve 7 counties: Orange, Pasco, Palm Beach, Okaloosa-Walton, Bradford, and Pinellas counties. The goal of the DELTA program is to reduce the number of new cases of domestic violence. For more information about DELTA call 850-656-6985.

The Economic Justice Initiative

The FCADV also supports the **Economic Justice Initiative**, which addresses economic and housing issues that threaten the safety and economic well-being of battered women. For more information about the Economic Justice Initiative call (850) 425-2749 or visit <http://www.fcadv.org/projects-justice.php>.

The Domestic Violence and Disabilities Project

The **Domestic Violence and Disabilities Project** provides information and training about the intersection of disabilities and domestic violence, including economic challenges and financial abuse. For more information visit the Florida Coalition against Domestic Violence website at <http://www.fcadv.org>.

The Human Trafficking Project

The **Human Trafficking Project**, part of a six-state domestic violence collaboration, assists victims of human trafficking through outreach, education, and public awareness campaigns. For more information visit the Florida Coalition against Domestic Violence website at <http://www.fcadv.org>.

These and other programs have increased our awareness of the effects of intimate partner violence in Florida and throughout the United States. Shedding light on the devastating effects of intimate partner violence, improving training for healthcare workers and law enforcement professionals, and providing ongoing public education will continue to move us towards the goal of the reduction and eventual elimination of this pervasive and expensive public health problem.

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Resource Contact Information

Cut Out Domestic Violence Participating Centers

Abuse Counseling and Treatment
Hotline number: (239) 939-3112
Administration: (239) 939-2553
Ft. Myers

DELTA Project

Coordinator: Julie Ann Rivers-Cochran
Director of Programs
425 Office Plaza Drive
Tallahassee, FL 32301
Phone: 850-656-6985
Mobile: 850-210-2782
Web: www.fcadv.org, email: rivers_julieann@fcadv.org

Florida Coalition against Domestic Violence.

All calls to FCADV and services provided by FCADV are confidential.
425 Office Plaza Dr., Tallahassee, FL 32301
Phone (850) 425-2749 † FAX (850) 425-3091
Hotline: 1-800-500-1119
TTY Hotline: 1-800-621-4202
www.fcadv.org

Florida Department of Children and Families

Domestic Violence Hotline: 800/500-1119
Phone 800-96-ABUSE
TDD 800-453-5145
Fax 800-914-0004
URL http://www.state.fl.us/cf_web

Florida Department of Elder Affairs

Elder Helpline:
1-800-96-ELDER (1-800-963-5337)
Report Elder Abuse:
1-800-96-ABUSE (1-800-962-2873)
Statewide Senior Legal Helpline:
1-888-895-7873

Florida Long-Term Care Ombudsman: call toll-free (888) 831-0404

Florida Attorney General: contact the Medicaid Fraud Control Unit toll-free (866) 966-7226 (in state only)

National Consensus Guidelines

On Identifying and Responding to Domestic Violence Victimization in Health Care Settings
<http://www.endabuse.org/programs/healthcare/files/Consensus.pdf>

Post Test

Circle one answer per question. (Passing grade is 80% or greater.)

1. Intimate partner violence:
 - a) Refers only to violence that occurs between husband and wife.
 - b) Refers only to relationships that involve sexual intimacy.
 - c) Includes child abuse.
 - d) Does not include elder abuse.
2. The vast majority of intimate partner violence is perpetrated by women against men.
 - a) True
 - b) False
3. Domestic violence in Florida:
 - a) Increased by 50 % during the last ten years.
 - b) Has declined substantially and is no longer considered a significant problem.
 - c) Does not include murder.
 - d) Was involved in 15% of the state's murders.
4. The Centers for Disease Control and Prevention describes physical violence as:
 - a) Stalking and cyberstalking.
 - b) The use of physical force to coerce another person to engage in a sex act.
 - c) Abusive language that includes threats of violence.
 - d) The intentional use of physical force with potential for causing death, disability, injury, or harm.
5. The use of restraints, or one's body, size or strength against another person is an example of:
 - a) Psychological violence.
 - b) Stalking.
 - c) Physical violence.
 - d) Sexual violence.
6. Sexual and physical abuse is often accompanied by controlling behaviors. Controlling behaviors include:
 - a) Preventing a partner from seeing friends.
 - b) Verbal abuse.
 - c) Hitting and slapping.
 - d) Cyberstalking.
7. The use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm is:
 - a) Controlling behavior.
 - b) Threat of physical or sexual violence.
 - c) Psychological violence.
 - d) Stalking.

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8. An underlying component of all types of domestic violence is:
 - a) Isolating the victim from family and friends.
 - b) Withholding information.
 - c) Coercive control and intimidation.
 - d) Threat of physical violence.
9. Harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing property is a description of:
 - a) Sexual harassment.
 - b) Coercive control and intimidation.
 - c) Controlling behavior.
 - d) Stalking.
10. The variable most likely to predict that a woman will be victimized by an intimate partner is a partner who is:
 - a) Verbally abusive.
 - b) From a different country.
 - c) Of a different race.
 - d) Of a different religion.
11. The Federal Child Abuse Prevention and Treatment Act (CAPTA) includes:
 - a) Abuse or neglect by parents or other caregivers.
 - b) Abusive behavior by a child's friend.
 - c) Abusive behavior directed at a person under 20 years of age.
 - d) Only physical abuse perpetrated on a child and does not include neglect.
12. According to Florida law, any willful act or threatened act that results in physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired is defined as:
 - a) Child neglect.
 - b) Emotional abuse.
 - c) Coercive control.
 - d) Child physical abuse.
13. Children who are exposed to domestic violence are at risk for poor development. There is evidence that a child's exposure to domestic violence:
 - a) May cause autism.
 - b) Contributes to physical illness.
 - c) Constitutes a type of psychological abuse.
 - d) Has no effect on the child's development.
14. The failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult is:
 - a) Exploitation.
 - b) Abuse
 - c) Coercion.
 - d) Neglect.

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15. According to available data, the highest rates of elder abuse:
- Occur among elderly men.
 - Are perpetrated by elderly men.
 - Are perpetrated by nursing home owners.
 - Occur among women over age 80 and are perpetrated by a family member.
16. Intimate partner violence:
- Occurs as frequently in low income households as in high income households.
 - Is more likely to occur if a woman lives with her husband than if separated from him.
 - Occurs more often when a woman is separated from her husband.
 - Is more likely to occur during middle age.
17. Psychological consequences of intimate partner violence include all of the following except:
- Antisocial behavior.
 - Emotional detachment.
 - Suicidal behavior in females.
 - Decreased likelihood of becoming an abuser.
18. A screening and intervention method for healthcare providers that may be used to detect, document and provide referrals to victims of domestic violence is called:
- PTSD.
 - IPV.
 - CDC.
 - RADAR.
19. When documenting a domestic violence occurrence, healthcare professionals should:
- Never take photographs.
 - Write down their own observations, and never use quotation marks.
 - Describe the patient's demeanor.
 - Only report the time of day the patient is being examined, not the time the abuse occurred.
20. Recent laws enacted by the Florida legislature:
- Require the use of polygraph examination as a condition for proceeding with an investigation.
 - Deny services to immigrant survivors of human trafficking.
 - Decrease the penalty for trespassing at a certified domestic violence center to a misdemeanor.
 - Make female genital mutilation on a child younger than 18 years a first degree felony.
21. Healthcare professionals, including staff of care facilities and day care center workers in Florida are required by law to report suspected abuse and neglect. They are called:
- Vulnerable adults.
 - RADAR.
 - Professionally mandatory reporters.
 - Responsible reporters.

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22. Any person who knows or has reasonable cause to suspect, that a child or vulnerable adult is abused or neglected is required by Florida law to:
 - a) Report suspected abuse to the police.
 - b) Report the suspected abuse to the Florida Abuse Hotline.
 - c) Call the National Abuse Hotline.
 - d) Remove the abused person from their home.
23. A community-based program that provides training, holds batterers responsible for their violence, and provides tools for establishing and maintaining non-abusive relationships is:
 - a) The Batterer Intervention Programs
 - b) The World Health Organization.
 - c) The Department of Children and Families.
 - d) Domestic violence center.
24. The Florida Coalition against Domestic Violence operates a statewide domestic violence hotline.
 - a) True
 - b) False

Answer Sheet

Florida Domestic Violence

Name (Please print your name): _____

Date: _____

Passing score is 80%

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Course Evaluation

Please answer each of the following questions. Questions with an asterisk (*) are required.

- * 1. This course met the goals and learning objectives.
 Yes No
- * 2. The author was well prepared to write about the content in a way that facilitated my learning.
 Yes No
- * 3. This course was free from commercial bias.
 Yes No
- * 4. The learning activity met my continuing education needs.
 Yes No
- * 5. The learning activity took me 60 minutes *per contact hour*.
(If you answer "No", please enter the total time it took to finish the course, test, and evaluation.)
 Yes
 No. How long did it take to finish the course, test, and evaluation? _____

6. My professional educational level is (check one):

Nursing

- Nurse Aide LVN/LPN RN (diploma) RN (AD)
 BSN MSN Nurse Practitioner / Advanced Practice Nurse
 PhD / DNSc

Therapy

- OT Aide COTA OT MOT OTD
 PT Aide PTA PT MPT MSPT DPT PhD

Other (please specify): _____

7. I heard about ATrain Education from:

- Search engine
 Government or Board website
 Friend
 Advertisement
 Returning customer
 Other _____

(continued on next page)

8. I found the ATrainCEU.com website easy to use:

Yes No_____

9. Comments or suggestions (optional): _____

(continued on next page)

Registration Information

Please answer all of the following questions (*required).

* Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

* Phone: _____

* Professional Designation: _____

* License Number and State: _____

Please e-mail my certificate: Yes No

Email (required if you want your certificate sent by email): _____

(Note: If you request an email certificate we will not send a copy of your certificate by US Mail.)

Payment Options

You may pay by credit card or by check. Fill out this section only if you are **paying by credit card**.
2 contact hours - \$18

Credit card information:

Name _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Card type: Visa MC American Express Discover

Card number _____

Expiration date _____

Test Completion and Mailing Instructions

1. Complete all forms:

- Answer Sheet
- Evaluation Learning Activity
- Registration Form (this page)

2. If you are **paying by check**, prepare a check for \$18 made out to ATrain Education, Inc.

3. Mail the completed forms and your payment to:

ATrain Education, Inc
5171 Ridgewood Rd
Willits, CA 95490

Once we receive your forms and payment, we will mail (or email, if you request it) your certificate of completion. If you have any questions or concerns, please call or contact us at Sharon@ATrainCEU.com. And thanks for taking the ATrain!