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Florida: Domestic Violence (344)

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Course Objectives

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

1. Define intimate partner violence/domestic violence.
2. List 3 risk and 3 protective factors for domestic violence.
3. Describe best practices for screening, assessment, and documentation of domestic violence in the healthcare setting.
4. Discuss Florida domestic violence legislation and reporting requirements for healthcare professionals.
5. List 5 legal rights of domestic violence victims in Florida.
6. Outline the economic and societal costs and consequences of domestic violence.
7. Identify 5 Florida domestic violence prevention and education programs.

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1. Intimate Partner and Domestic Violence

Domestic violence refers to violence among people in a domestic situation, which can include a spouse or partner, siblings, parents, aunts, uncles, grandparents, cousins, etc. The terms “domestic violence” and “intimate partner violence” are often used interchangeably although intimate partner violence is often used to describe violence perpetrated by a partner in a romantic or dating relationship. Until a more inclusive term emerges, both phrases are used when discussing relationship and partner violence (Women Against Abuse, 2023).

Intimate partner violence and domestic violence are preventable public health problems that affects millions of people in America and throughout the world. It occurs among both heterosexual or same-sex couples and does not require sexual intimacy. Its frequency and severity occur on a continuum, ranging from one episode to chronic, severe battering, aggression, financial abuse, and physical violence. It can be perpetrated against current or former romantic partners, children, extended family members, and pets.

Abusive behavior toward a domestic partner is about power and power imbalances. The perpetrator uses abuse to gain control over a partner, spouse, child, or older adult. Intimate partner violence often involves sexual or physical violence, psychological aggression, stalking, and economic abuse (Huecker et al., 2023). Unfortunately, in many societies and cultures, intimate partner violence is considered “normal.”

In the United States, domestic violence is a common problem, annually affecting an estimated 10 million people. Virtually all healthcare professionals will at some point evaluate or treat a patient who is a victim of domestic or family violence (Huecker et al., 2023).

In the United States (NNEDV, 2022, June):

- One in four women and 1 in 9 men are victims of domestic violence.
- Nearly 8 million women are raped, physically assaulted, and/or stalked by a current or former intimate partner each year.
- 1 in 5 women and 1 in 38 men have experienced rape in their lifetime.

An average of 3 women in the U.S. are killed by a current or former intimate partner every day and the percentage of women murdered by an intimate partner is 5 times higher than for men. Of the nearly 5,000 female victims of murder and nonnegligent manslaughter in 2021, one-third were killed by an intimate partner. By comparison, about 6% of the nearly 18,000 males murdered that year were victims of intimate partner homicide (Smith, 2022).

Globally as many as 38% of all murders of women are committed by intimate partners (WHO, 2021, March 9). For people of color and immigrants who are victims of partner violence, many face barriers accessing safety and services. Three out of four immigrant survivors fear accessing legal services related to their abuser (NNEDV, 2022, June).

1.1 Types of Intimate Partner Violence (IPV)

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence as abuse or aggression that occurs in a romantic relationship. The definition includes both current and former spouses and dating partners. There are four main types of intimate partner violence defined by CDC:

1. physical violence
2. contact sexual violence
3. stalking
4. psychological aggression (CDC, 2022, October 11)

1.1.1 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, aggressive hair pulling, slapping, punching, hitting, or burning.
- Use of a weapon.
- Use of restraints or one's body, size, or strength against another person.
- Coercing other people to commit any of the above acts.



Source: CDC, 2022.

More than 30% of women and 25% of men experience **severe** physical violence during their lifetime. More than 40% women men in the U.S. report experiencing any physical violence by an intimate partner in their lifetime. This includes being slapped, pushed, or shoved, being hit with a fist or something hard, kicked, hurt by having hair pulled, slammed against something, hurt by choking or suffocating, beaten, burned on purpose, or had a knife or gun used on them (Leemis et al., 2022).

1.1.2 Contact Sexual Violence

Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else (males only), sexual coercion, and/or unwanted sexual contact. All of these acts occur without the victim's consent, including cases in which the victim is unable to consent due to being too intoxicated, incapacitated, experiencing a lack of consciousness, or lack of awareness through their voluntary or involuntary use of alcohol or drugs (Leemis et al., 2022).

Rape

Rape is any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm, which includes times when the victim was too drunk, high, drugged, or passed out from alcohol or drugs and unable to consent (Leemis et al., 2022).

Rape is separated into three types: 1) completed forced penetration, 2) attempted forced penetration, and 3) completed alcohol- or drug-facilitated penetration. Among women, rape includes vaginal, oral, or anal penetration by a male using his penis. It also includes vaginal or anal penetration by a male or female using their fingers or an object. Among men, rape includes oral or anal penetration by a male using his penis. It also includes anal penetration by a male or female using their fingers or an object (Leemis et al., 2022).

Being Made to Penetrate Someone Else (asked of males only)

This includes times when a victim is made to, or an attempt is made to make them sexually penetrate someone without the victim's consent because the victim was physically forced (such as being pinned or held down, or by the use of violence) or threatened with physical harm, or when the victim was too drunk, high, drugged, or passed out from alcohol and drugs and unable to consent (Leemis et al., 2022).

Among men, being made to penetrate someone else can occur in multiple ways: being made to vaginally penetrate a female using one's own penis; being made to orally penetrate a female's vagina or anus; being made to anally penetrate a male or female; or being made to receive oral sex from a male or female. It also includes male and female perpetrators attempting to force male victims to penetrate them, even if it did not happen (Leemis et al., 2022).

Sexual Coercion

Sexual coercion is unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In the *National Intimate Partner and Sexual Violence Survey*, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that include being worn down by someone who repeatedly asks for sex or shows they are unhappy. Additionally, sexual coercion can include feeling pressured by being lied to, being told promises that are untrue, having someone threaten to end a relationship or spread rumors, and sexual pressure due to someone using their influence or authority (Leemis et al., 2022).



Source: CDC, 2022

Unwanted Sexual Contact

Unwanted sexual contact is unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way or having sexual body parts fondled, groped, or grabbed (Leemis et al., 2022).

1.1.3 Stalking

Stalking involves a perpetrator's use of a pattern of harassing or threatening tactics that are both unwanted and cause fear or safety concerns. A person is considered a stalking victim if they experienced any of stalking tactics on more than one occasion and by the same perpetrator and felt, fearful, threatened, or concerned for their own safety or the safety of others as a result of the perpetrator's behavior (Leemis et al., 2022).

A relatively new category of stalking, cyberstalking has become increasingly common. Florida law (784.048) defines **cyberstalking** as "engag[ing] 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 (Florida Legislature, 2023).

Examples of stalking include repeated unwanted phone calls, emails, or texts; leaving cards, letters, flowers, or other items when the victim does not want them; watching or following from a distance; spying; approaching or showing up in places when the victim does not want to see them; sneaking into the victim's home or car; damaging the victim's personal property; harming or threatening the victim's pet; and making threats to physically harm the victim.

In the United States, more than 13% of women reported being stalked by an intimate partner in their lifetime, and 2.5% of women report being stalked by an intimate partner in the past 12 months. About 5% of men reported being stalked by an intimate partner in their lifetime and 1.2% report being stalked by an intimate partner in the 12 months (Leemis et al., 2022).

1.1.4 Psychological Aggression and Abuse

Psychological aggression and abuse in intimate relationships occur when a person is subjected to actions aimed at preventing or controlling their behavior, causing them emotional harm or fear. These behaviors are characterized by the intent to manipulate, control, isolate, or intimidate the person targeted by the psychological abuse (Cinquegrana et al., 2023).

Psychological intimate partner violence can occur in heterosexual as well as in same-sex intimate relationships and it can be perpetrated by men against women, as well as by women against men. Women are more likely to face psychological abuse at the hands of men they know, with one in five having experienced violence at the hands of an intimate partner (Cinquegrana et al., 2023).

Psychological aggression can include **expressive** aggression that can include name-calling, continual criticizing, disdain, and humiliation. It can also include **coercive control** such as limiting access to transportation, money, friends, and family and excessive monitoring of whereabouts.

Coercive control also includes threats of physical or sexual violence, control of reproductive or sexual health, exploitation of a vulnerable victim, and exploitation of a vulnerable victim with the intent of making them doubt their own memory or perception.

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 it difficult for the victim to break free of the cycle of violence.

Psychological abuse and aggression are often a precursor of other forms of violence, such as physical and sexual abuse. These behaviors may be quite subtle in nature, covered in pseudo-loving or quasi-humorous tones. This can minimize its severity, leading victims to consider the behaviors less serious than other forms of intimate partner violence. Subtle forms of psychological abuse—such as jealousy—are typically perceived as less coercive and less overtly violent than overt verbal abuse (Cinquegrana et al., 2023).

Many people feel that psychological abuse is less problematic than physical and sexual violence. For example, a study in English found that police officers are more likely to mention physical assaults and injuries rather than psychological abuse when they are asked to evaluate whether an episode of partner is “serious” or not. Another study involving 14 abused women found that they did not describe the psychologically abusive behavior of their partner as violent, and, consequently, not worthy of attention from professionals (Cinquegrana et al., 2023).

1.2 Violence Against Women

Violence against women is a major human rights violation and a global public health problem. An analysis of data from surveys and studies conducted between 2000 and 2018 report provides an estimate of two of the most common forms of violence against women (WHO, 2021):

1. Violence by a husband or male intimate partner (physical, sexual, or psychological)—the most widespread form of violence against women globally.
2. Sexual violence by perpetrators other than a current or former husband or partner—including male relatives, friends, acquaintances, or strangers—referred to as non-partner sexual violence.

Violence perpetrated against women by an intimate partner is usually 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.

Globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life. This figure does not include sexual harassment. The rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV are higher in women who have experienced violence compared to women who have not, as well as many other health problems that can last after the violence has ended (UN Women, 2023).

Most violence against women is perpetrated by current or former husbands or intimate partners. More than 640 million or 26% of women aged 15 and older have been subjected to intimate partner violence (UN Women, 2023).

Of those who have been in a relationship, almost one in four adolescent girls aged 15–19 has experienced physical and/or sexual violence from an intimate partner or husband. Sixteen per cent of young women aged 15 to 24 experienced this violence in the past 12 months (UN Women, 2023).



Source: Office on Women’s Health

1.2.1 Reproductive Coercion

Reproductive coercion is a specific form of intimate partner violence that is at the intersection of violence and reproductive health. It involves an abusive partner's control of reproduction through explicit attempts to impregnate a partner (or get pregnant) against their wishes, controlling outcomes of a pregnancy, coercion to have unprotected sex, and interfering with condoms or contraception to promote a pregnancy. Reproductive coercion can occur in the absence of physical violence and sexual violence and is independently associated with unintended pregnancy (Basile et al., 2021).

Reproductive coercion is associated with poor sexual and reproductive health outcomes such as unintended pregnancy and sexually transmitted infections, including HIV infection. Mechanisms include forced unprotected intercourse, condom nonuse, inconsistent condom use, fear of condom negotiation, and inconsistent contraceptive use. Many victims experience reproductive coercion as part of abusive control characteristic of intimate partner violence (Basile et al., 2021).

1.2.2 Intimate Partner Violence During Pregnancy

Intimate partner violence during pregnancy is associated with health consequences for both the mother and the expected child. A systematic review of mainly high-income countries revealed that exposure to intimate partner violence during pregnancy tripled the odds of postpartum depression (Da Thi Tran, Murray, Van Vo, 2022).

In low- and middle-income countries, perinatal mental disorders such as depression, anxiety, and adjustment and somatic disorders were more prevalent in women exposed to partner violence during pregnancy or in the previous 12 months compared to unexposed women. Partner violence during pregnancy is an established risk factor for antepartum hemorrhage, low birth weight, intrauterine growth restriction, preterm delivery, and overall increased fetal morbidity (Da Thi Tran, Murray, Van Vo, 2022).

Controlling behaviors from an abusive partner often weakens a woman's social networks and increases her social isolation. Emerging evidence since the beginning of the COVID pandemic has consistently revealed that stay-at-home orders, interrupted access to support services, and economic difficulties have worsened violence against women (Da Thi Tran, Murray, Van Vo, 2022).

More research is needed to understand the negative effects of intimate partner violence during pregnancy for both the mother and unborn child. Effects can be seen in negative health behaviors such as tobacco, alcohol, and drug use or delayed prenatal care. Reproductive health may be affected by many things including poor pregnancy weight gain, low birth weight, or obstetric complications. Physical and mental effects can include injury of all kinds—up to and including death; depression; poor attachment of mother to child; and others (ACOG, 2012).

1.3 Co-occurring Domestic Violence and Child Maltreatment

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.

As many as 10 million children witness the abuse of a parent or adult caregiver each year. The co-occurrence of domestic violence and child maltreatment is estimated to occur in 30–60% of families experiencing domestic violence (FDCF, 2023). In fact, children in homes where intimate partner violence is present are more than twice as likely to be physically abused and nearly 10 times more likely to be psychologically abused (Brown et al., 2021).

Both forms of family violence—partner-to-partner and parent-to-child violence—place children at increased risk for poor developmental, socio-emotional, and behavioral outcomes. These children are at high risk of experiencing anxiety and depression and developing additional behavior problems such as aggression and delinquency (Brown et al., 2021).

It more than half of cases of partner violence, one or both caregivers are aggressive toward the child. In the context of child welfare, approximately 42% of families investigated for maltreatment report some form of intimate partner violence (Brown et al., 2021). This has compelled child welfare and domestic violence programs to re-evaluate their services and interventions with families experiencing both forms of abuse (FDCF, 2023).

Mothers and fathers who **perpetrate** violence toward their partners are twice as likely to abuse their children. **Victims** of partner violence are also more likely to expose their children to maltreatment. Specifically, mothers who are victims of partner violence report that they were more likely to be physically abusive and/or neglectful to their child (Brown et al., 2021).

Mothers who endorse attitudes justifying intimate partner violence also report that their children not only experience physical abuse and forms of harsh discipline, but are similarly exposed to psychological aggression, such as insults or an absence of affection. Among child welfare-involved families, children in homes with partner violence are more likely to experience physical abuse and neglect (Brown et al., 2021).

Even when children are not direct targets of violence in the home, they can be harmed by witnessing its occurrence. The witnessing of domestic violence can be auditory, visual, or inferred, including cases in which the child perceives the aftermath of violence, such as physical injuries to family members or damage to property (CWIG, 2021).

Children who witness domestic violence can suffer emotional and developmental difficulties that are similar to those of children who are direct victims of abuse. Many states recognize the need to protect and care for these children and currently address in statute the issue of children who witness domestic violence in their homes (CWIG, 2021).

The *Child Protection Investigations Project (CPI)*, a collaboration between the Florida Department of Children and Families, the Office of the Attorney General, local certified domestic violence centers, community-based care agencies, and child welfare professionals provides community response to families experiencing the co-occurrence of domestic violence and child abuse. CPI bridges the gap between child welfare and domestic violence service providers, enhancing family safety, creating permanency for children, reducing removals of children from non-offending parents, and holding batterers accountable (FDCF, 2023).

In 2015, the Florida Legislature expanded the CPI Project to all 67 counties in Florida. There are currently 40 certified domestic violence centers that participate in the CPI Project (FDCF, 2023).

1.4 Elder Abuse and Abuse of Vulnerable Adults

Florida's future is linked to the financial health and physical security of its elder population.

Florida Department of Elder Affairs

Elder abuse is a failure to act or an intentional act by a caregiver that causes or creates a risk of harm to an elder (Huecker et al., 2023). Some individuals experience multiple forms of abuse at the same time or over time. For every known case of elder abuse there are many unknown cases, particularly related to financial exploitation.

Elder abuse impacts communities on many levels, including personal relationships, community engagement, public health, safety, and economics. Research indicates that in the United States, one in ten older people living in the community experience some form of abuse. Recent research has suggested that elder abuse increased in severity during the COVID pandemic; one study found that abuse doubled to one in five older people during the pandemic (NCEA, 2023).

Elder abuse is frequently committed by those known to and trusted by older adults, such as family members, caregivers, friends, loved ones, service providers, and peers. Maltreatment can also be caused by strangers. Abusers can be anyone, of any age, race, or socioeconomic status (NCEA, 2023).

Florida has approximately 5.9 million residents aged 60 and older, representing approximately 21% of Florida's population (Kilduff, 2021). That is the 2nd largest number of elders as a percentage of population than in any other state except Maine. With a large, growing, and physically and culturally diverse elder population, the state faces many challenges.

1.5 Sexual Harassment

Sexual harassment refers to a wide range of unwelcomed sex and gender-related behaviors, ranging from unwanted sexual actions and assaults to sexual propositions and requests, sexual comments, and non-verbal sexual gestures (Hardies, 2023).

Research indicates that 40–75% of women and 15–30% of men experience potentially harassing behaviors at work. This can include being called insulting names, getting inappropriate remarks about looks, being a victim of stereotyping and prejudice, being stared at, and unnecessary and unwanted touch (Hardies, 2023).

Sexual harassment has various adverse negative effects on people's lives, affecting job satisfaction, job productivity, and psychological and physical wellbeing. Moreover, sexual harassment affects not just the involved victims, it also negatively affects people witnessing such harassment (Hardies, 2023).

2. Risk and Protective Factors for IPV

Risk and protective factors for domestic and family violence include individual, relationship, community, and societal issues. Understanding these multilevel factors can help identify opportunities for prevention.

In a review of by the World Health Organization of risk and protective factors in low- and middle-income countries, individual-level factors were age, education, employment, alcohol, or substance consumption, and past exposure to violence and abuse. Women’s and men’s past experience of—and exposure to—violence consistently increased the odds of abuse in the present. Consumption of alcohol or substances by the male partner consistently increased risk of partner violence (Ghoshal et al., 2023).

Relationship-level factors that increased partner violence included justification of violence against women by either partner, marital status, ages at exposure to sexual experiences, suspicions of infidelity, and level of gender inequity in the relationship. Married women had higher odds of abuse than those in an intimate relationship but not married. Men who learn that women and girls are not equally respected are more likely to abuse females in adulthood (Huecker et al., 2023).

Gender equitable relationships with shared or equal decision-making lowered odds of abuse. Household-level factors showed that smaller-sized families were a protective factor against abuse. Compared to women with no children, those with more children had higher risks. At the community level, it was found that women living in rural areas had reduced risks compared to those in urban areas (Ghoshal et al., 2023).

Children who are victims or witness domestic and family violence may believe that violence is a reasonable way to resolve a conflict. Women who witness domestic violence as children are more likely to be victimized by their spouses. Abusers learn violent behavior from their family, community, or culture. In other words, they see violence and are victims of violence (Huecker et al., 2023).

Risk Factors for Intimate Partner Violence	
Individual factors	<ul style="list-style-type: none"> • Low self-esteem • Aggressive or delinquent behavior as a youth • Alcohol and drug abuse • Depression, anger, hostility, psychological aggression • Antisocial or borderline personality traits • Prior history of being physically abusive • Having few friends, isolation • Emotional dependence and insecurity • Belief in strict gender roles • Desire for power and control • Being a victim of physical or psychological abuse • Poor parenting as a child
Relationship factors	<ul style="list-style-type: none"> • Marital conflict • Marital instability • Dominance and control by one partner over the other • Economic stress • Unhealthy family relationships and interactions
Community factors	<ul style="list-style-type: none"> • Poverty and associated factors • Lack of institutions, relationships, and norms • Weak community sanctions against IPV
Societal factors	<ul style="list-style-type: none"> • Traditional gender norms

3. Screening and Assessment for Domestic Violence

There is a reluctance by both women and men to report intimate partner violence. Most people who were physically assaulted do not file a complaint, although women were more likely than men to report their victimization to the police.

Many healthcare and social services professionals are already involved with screening and assessment of clients for domestic violence, including intimate partner violence. Numerous professional associations have taken positions advocating screening of most, if not all, adults. As with all aspects of domestic violence, there are gaps in the research and thus sometimes contradictory findings and positions, and more research is needed.

Over 80% of victims of domestic and family violence seek care in a hospital. Others may seek care in health professional offices, including dentists, therapists, and other settings. Routine screening should be conducted by all healthcare practitioners including nurses, physicians, physician assistants, dentists, nurse practitioners, and pharmacists. Screening is a critical component protecting victims and minimizing negative health outcomes (Houseman and Semien, 2022).

3.1 Screening Tools

More than a decade ago, the Institute of Medicine (IOM) released a report on preventive services with recommendations that were quickly adopted by the U.S. Department of Health and Human Services. One of the recommendations was to provide screening and counseling to women regarding “interpersonal and domestic violence.”

In 2018 the U.S. Preventive Services Task Force (USPSTF) provided recommendations regarding screening for intimate partner violence in women of reproductive age, and screening for abuse and neglect in elders. The task force recommended that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.

Clinicians should also screen for child abuse, child neglect, and elder abuse and neglect. All clinicians should be aware of the potential signs and symptoms of child and elder abuse and should be familiar with screening tools. When elder abuse is suspected, the history and physical exam should be carefully conducted and documented with additional laboratory, and imaging tests considered (Houseman and Semien, 2022).

In discussing specific tools for screening, the task force notes that several instruments can be used to screen women for intimate partner violence. Those with the highest levels of sensitivity and specificity for identifying IPV are (USPSTF, 2018):

- Hurt, Insult, Threaten, Scream (**HITS**)—includes 4 items that assess the frequency of IPV.
- Partner Violence Screen (**PVS**)—includes 3 items that assess physical abuse and safety.
- Humiliation, Afraid, Rape, Kick (**HARK**)—includes four questions that assess emotional and physical IPV in the past year.
- Woman Abuse Screen Tool (**WAST**)—includes 8 items that assess physical and emotional IPV.
- Additional screening tools recommended in CDC’s Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings include:
- Routinely, Ask, Document, Assess, Review (**RADAR**)—helps providers recognize and treat intimate partner violence.
- Abuse, Assessment, Screen (**AAS**)—A tool used to detect abuse limited to women.

3.2 Assessment

Assuming the patient is stable and not in pain, a detailed assessment of victims should occur after disclosure of abuse. Assessing safety is the priority. A list of standard prepared questions can help alleviate the uncertainty in the patient's evaluation. If there are signs of immediate danger, refer to advocate support, shelter, a hotline for victims, or legal authorities (Huecker et al., 2023).

If there is no immediate danger, the assessment should focus on mental and physical health and establish the history of current or past abuse. These responses determine the appropriate intervention. During the initial assessment, a practitioner must be sensitive to the patient's cultural beliefs. Incorporating a cultural sensitivity assessment with a history of being victims of domestic violence may allow more effective treatment (Huecker et al., 2023).

Patients that have suffered domestic violence may or may not want a referral. Many are fearful of their lives and financial well-being. They may be weighing the tradeoff associated with leaving the abuser, leading to loss of support and perhaps the responsibility of caring for children alone. The healthcare provider needs to assure the patient that the decision is voluntary, and that the provider will help regardless of the decision. The goal is to make resources accessible, safe, and enhance support (Huecker et al., 2023).

If the patient elects to leave their current situation, information for referral to a local domestic violence shelter to assist the victim should be given. If there is a risk to life or limb, or evidence of injury, the patient should be referred to local law enforcement officials. Counselors often include social workers, psychiatrists, and psychologists that specialize in the care of battered partners and children (Huecker et al., 2023).

3.3 Documentation

Clear, concise, and factual documentation can help establish that abuse has occurred. Medical professionals may not be aware that subtle differences in the way they document cases of domestic abuse can affect the usefulness of their records if there is a hearing. Many medical records are not sufficiently well-documented to provide adequate legal evidence of domestic violence.

The medical record is often the most important evidence used to convict an abuser. A poorly documented chart may result in an abuser going free and assaulting again. Charting should include detailed documentation of evaluation, treatment, and referrals (Huecker et al., 2023).

- Describe the abusive event and current complaints using the patient's own words.
- Include the behavior of the patient in the record.
- Include health problems related to the abuse.
- Include the alleged perpetrator's name, relationship, and address.

The physical exam should include a description of the patient's injuries including location, color, size, amount, and degree of age bruises and contusions. Additionally (Huecker et al., 2023):

- Document injuries with anatomical diagrams and photographs.
- Include the name of the patient, medical record number, date, and time of the photograph, and witnesses on the back of each photograph.
- Photograph torn and damaged clothing.
- Document injuries not shown clearly by photographs with line drawings.
- Follow protocols for physical examination and evidence collection for sexual assault.

Minor improvements in documentation can be critical in a legal proceeding. As with all documentation, reporting should accurately describe the patient's demeanor. Legible, clear writing without abbreviations, photographs of injuries, and the patient's words in quotation marks reflect the patient's own words. Avoid descriptions such as "battered woman" that may not be legally admissible—especially if the medical record fails to include supporting evidence. In the patient's own words, include the time and date that the abuse occurred.

4. Domestic Violence in Florida

The Office of Domestic Violence is responsible for providing oversight on the administration of state and federally funded initiatives designed to intervene and prevent domestic violence and support survivors and their families. In collaboration with Florida's network of certified domestic violence service providers and partners, Florida has established a coordinated, multidisciplinary approach to enhancing advocacy and improving the criminal justice system's response to domestic violence, dating violence, sexual assault, and stalking crimes (FDCF, 2023).

In 2020, more than 106,000 crimes of domestic violence were reported to Florida law enforcement agencies resulting in over 63,000 arrests. During 2020-21, Florida's certified domestic violence centers provided 412,360 nights of emergency shelter to more than 10,000 survivors of domestic violence and their children (FDCF, 2023a).

Advocates created nearly 151,000 tailored safety plans and provided more than 191,000 hours of advocacy and counseling services. The domestic violence hotline received over 72,000 calls from individual seeking emergency services, information, and safety planning assistance (FDCF, 2023a).

Many survivors of domestic violence are not reporting their abusers to the police or accessing services at domestic violence services due to reasons such as shame, fear, or being prevented from doing so by their abusers. For this reason, we may never know the true extent of abuse in our country and in our state (FDCF, 2023b).

4.1 Florida Legislation

Under the provisions of Section 741.28 of the Florida Statutes, 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 (Florida Legislature, 2023).

"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 (Florida Legislature, 2023).

Florida now has legislation requiring all physicians, osteopaths, nurses, dentists, dental hygienists, midwives, psychologists, and psychotherapists to obtain two hours of domestic violence education every third renewal period. Domestic Violence Data Resource Center (DVDRC) and Domestic Violence Fatality Review Teams have been established to examine cases of domestic violence that result in a fatality and to identify potential changes in policy that might prevent future deaths (Houseman and Semien, 2022).

The "Family Protection Act" requires a five-day jail term for any domestic battery crime in which the perpetrator deliberately injures the victim. The law makes a second battery crime a felony offense. A statute to the Family Protection Act includes dating relationships of six months or more, and another statute requires judges to inform victims of their rights, such as the right to appear, be notified, seek restitution, and make a victim-impact statement (Houseman and Semien, 2022).

The Domestic Violence Leave Act requires employers with 50 or more employees to provide guaranteed leave for domestic violence issues. This activity describes evaluation and management strategies for Florida victims of domestic abuse and stresses the role of team-based interprofessional care for these victims (Houseman and Semien, 2022).

During the 2015 Florida Legislative Session several bills were passed that have effects on the 41 certified domestic violence centers in the state and on survivors of domestic violence and their children (FDCF, 2023c):

- Child Protection Investigation (CPI) Project
- Sexual Offenses (HB 133)
- Tracking Devices or Tracking Applications (HB 197)
- Public Records—Audio or Video Recordings (SB 248)
- No Contact Order (SB 342)

The Florida Department of Children and Families is one of seven state agencies that use the statewide screening database, "The Clearinghouse." The Clearinghouse provides a single data source administered by the Agency for Health Care Administration for background screening results for persons screened for employment or licensure that provide services to children, the elderly and disabled individuals. More information about who should be screened is available from the Florida Department of Children and Families web site at this page:
<https://www.myflfamilies.com/services/background-screening>

4.2 Florida Reporting Requirements

Although there is no reporting requirement for domestic violence except for life threatening injury*, there are requirements for reporting abuse of children, vulnerable adults, and elders.

*Life-threatening injuries include gunshot wounds, stabbings, and strangulation.

4.2.1 Mandatory Reporters of Abuse

Every person has a **responsibility** to report suspected abuse or neglect and some occupations are specified in Florida law as **required** to do so. There are 2 types of reporters that are required to report child abuse, sexual battery, and vulnerable adult abuse (FL Courts, 2020):

Mandated Reporter (General):

- Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter.
- Any person, including but not limited to state, county, or municipal criminal justice employees or law enforcement officers, who knows or has reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited must make a report.

Mandated Reporter (Professional):

- Anyone who is legally obligated to report known abuse and must also identify themselves when reporting.
 - Physician, osteopathic physician, chiropractic physician.
 - Medical examiner.
 - Nurse, paramedic, emergency medical technician
 - Hospital personnel engaged in the admission, examination, care, or treatment of persons.
 - Health or mental health professional other than already listed.
 - Practitioner who relies solely on spiritual means for healing.
 - School teacher or other school official or personnel (child).
 - Social worker, daycare center worker, or other professional childcare, foster care, residential or institutional worker (child).
 - Nursing home staff, assisted living facilities staff, adult day care center staff etc. (vulnerable adults).
 - Employees of *Department of Business and Professional Regulation* conducting

- o inspections of public lodging establishments.
- o Law enforcement officer.
- o Judge.
- o Mediators.

Mandatory reporters can make reports by telephone, TDD, fax, or web. See the Resources section for full contact information. 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 [here](#).

4.2.2 Children

For child abuse, Florida Statute 415.502 requires anyone “who knows, or has **reasonable cause to suspect**, that a child is an abused or neglected child, shall report such knowledge or suspicion.” Thus, health professionals report when there is suspicion. Health professionals do not need confirmatory proof. Health professionals must report all cases of reasonable cause to believe that a child or adolescent has been abused or neglected or is in danger of being abused (Houseman and Semien, 2022).

Florida statute defines **child abuse** as (CWIG, 2022):

any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause a child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes the birth of a new child into a family during an open dependency case when the parent or caregiver has been determined to lack the protective capacity to safely care for the children in the home and has not substantially complied with the case plan toward successful reunification or met the conditions for return of the children into the home. Abuse of a child includes acts or omissions.

“**Harm to a child’s health or welfare** can occur when any person inflicts or allows to be inflicted upon the child physical, mental, or emotional injury,” which can include (CWIG, 2022):

- Willful acts that produce specific serious injuries.
- 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.
- Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition.
- Using inappropriate or excessively harsh discipline that is likely to result in physical injury, mental injury as defined in this section, or emotional injury.
- Committing or allowing to be committed sexual battery against the child.
- Allowing, encouraging, or forcing the sexual exploitation of a child.
- Abandoning the child.
- Exploiting a child or allowing a child to be exploited.
- Neglecting the child.
- Exposing a child to a controlled substance or alcohol.
- Using mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.
- 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.
- Negligently failing to protect a child in their care from inflicted physical, mental, or sexual injury caused by the acts of another.
- Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect.
- Making the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

The *Child Abuse Prevention and Treatment Act* (CAPTA) defines child abuse and neglect as (CWIG, 2022):

- Any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation,
- or**
- An act or failure to act that presents an imminent risk of serious harm.

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 its civil and criminal laws (CWIG, 2022).

4.2.3 Vulnerable Adults

A vulnerable adult is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging. Abuse includes acts and omissions.

Abuse of a vulnerable adult is any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions (Florida Legislature, 2023).

Exploitation of a vulnerable adult occurs when there is a breach of fiduciary relationships, unauthorized taking of personal assets, misappropriation, misuse, or transfer of money, and intentional or negligent failure to use the vulnerable adult's assets for their support and maintenance (Florida Legislature, 2023).

Neglect of a vulnerable adult is 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. Neglect also means the failure of a caregiver to make reasonable efforts to protect a vulnerable adult from abuse, neglect, or exploitation by others (Florida Legislature, 2023).

Healthcare workers (and others) are required to report suspected abuse of vulnerable adults to the Florida Abuse Hotline (1-800-962-2873). 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.

Abuse can also be reported online but web reporting should not be used for situations requiring immediate attention. If you believe a child or vulnerable adult is at imminent risk of harm, contact the Hotline's toll-free reporting number. If you submit an online report, gather all of your information in advance and select one of the web reporting options. Online reports can be submitted [here](#).

5. Legal Rights of Florida's Victims

Victims of domestic violence have specific rights under the Florida Crime Victim's Bill of Rights. Victims of crimes or their lawful representatives, including next of kin of homicide victims, are entitled to the right to be informed, to be present, and to be heard, when relevant, at all crucial stages of criminal proceedings, to the extent that these rights do not interfere with constitutional rights of the accused (CASA, 2019).

A victim impact statement allows victims to describe to the court the impact of the crime. A judge may use information from these statements to help determine an offender's sentence. Victim impact statements are optional and can be presented orally or in a written format to the judge (CASA, 2019).

Anyone who has been the victim of domestic violence or has reasonable cause to believe they are in imminent danger of becoming a victim, can file for an Injunction for Protection. A Repeat Violence Injunction requires two unrelated incidents of violence or stalking, one of which must have occurred within six months of filing for the petition (Florida Statutes, 2023).

An injunction (sometimes referred to as a restraining order) is a court order that tells one person to stay away from and not contact another person. Unless the court order says otherwise, this means no contact by phone, email, text messages, letter, in person, or other method (Florida Courts, 2023, October 25).

An injunction can tell someone to stay away from the protected person's home, car, work, and any other places that the court feels is necessary. This is done in civil court, not criminal court. So, the person who requests the injunction keeps the case going. An injunction does not ask the court to put the other person in jail, but if a person violates an injunction, he or she may be arrested and face criminal charges (Florida Courts, 2023, October 25).

Victims of domestic violence have the right to be present and heard at:

- pretrial
- sentencing
- advisories
- bond hearings (CASA, 2019)

Victims of domestic violence in Florida also have the legal right to request restitution and victim compensation. This can include:

- domestic violence relocation
- medical/dental expenses
- mental health counseling
- wage loss
- property loss (60+ or disabled adult)
- disability compensation
- funeral/burial expenses
- human trafficking relocation
- sexual battery relocation (CASA, 2019)

Florida domestic violence laws include help for victims, including:

- injunctions for protection
- address confidentiality
- batterer intervention programs
- child protection
- firearms
- domestic violence and rape crisis programs
- supervised visitation
- time off work
- relocation assistance (Harrison and Thompson, 2022)

A person charged with domestic violence may be required to attend a 29-week *Batterer Intervention Program* (BIP). These are court-ordered community-based programs intended 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.

For more information about this and other legal rights, call the Office of Domestic Violence at 800 500-1119.

5.1 Florida Programs and Resources

A variety of support and intervention programs are available to anyone who has experienced or has a reasonable fear of experiencing domestic violence. The Florida Partnership to End Domestic Violence (FPEDV) was founded in 2020 and serves as a state-level resource center for domestic violence.

FPEDV supports survivors by advocating for social change and connecting them with its members who provide direct support and services. It works in partnership with domestic violence shelter programs, policymakers, and the general public to spread awareness, promote change. Its goal is to end domestic violence in Florida.

FPEDV is a federally designated coalition responsible for delivering and managing services for the state's domestic violence programs. It provides education, support, and technical assistance for domestic violence service providers to effectively operate emergency shelter and supportive services for survivors of domestic violence and their dependents. Additionally, FPEDV:

- Serves as an information clearinghouse, primary point of contact, and resource center on domestic violence in the state of Florida.
- Follows and provides updates on relevant national developments.
- Supports the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in Florida.
- Works cooperatively with all related state and federal agencies to provide the highest level of safety and services to adult and children survivors of domestic violence.

The FPEDV also operates and manages the statewide *24-Hour Florida Domestic Violence Hotline* (800 500 1119). Hotline advocates provide support, advocacy, information, and referral services for survivors of domestic violence, their children, families, and friends.

5.1.1 Domestic Violence Centers

Florida's 41 certified domestic violence centers are community-based agencies that provide services to the victims of intimate violence. The centers offer temporary emergency shelter, advocacy, and crisis intervention services to provide victims with the resources necessary to be safe and live free of violence (FL DCF, 2023b).

Services include:

- 24-hour hotline
- temporary emergency shelter
- safety planning
- information and referral
- counseling and case management
- non-residential outreach services
- training for law enforcement personnel
- needs assessment and referrals for resident children
- educational services for community awareness related to domestic violence and available services/resources for survivors (FL DCF, 2023)

5.1.2 Rural Economic Development Initiative

Survivors of domestic and sexual violence in rural areas are among the most isolated and vulnerable in the state of Florida. The statewide *Rural Initiative and Rural Underserved* projects are designed to enhance the safety of domestic violence survivors and their children who have been battered in rural communities. Rural projects are based on a community organizing model whereby community, judicial, and law enforcement partners come together to explore and implement strategies that provide coordinated, community-based services to survivors of domestic violence (FDCF, 2023c).

5.1.3 The Economic Justice Initiative

The Florida Department of Children and Families also supports the *Economic Justice Initiative*, which addresses economic and housing issues that threaten the long-term independence and safety of survivors and their children.

The mission of *Economic Justice Initiative* is to provide training, information, and resources to address the economic conditions that create barriers to the long-term independence and safety of survivors and their children. Ultimately, economic justice means equality for survivors and the ability to make decisions about their lives and intimate relationships without fear of negative financial impact (FDCF, 2023c).

5.1.4 The Agency for Persons with Disabilities (APD)

APD supports individuals with unique abilities and their families in living, learning and working within their communities by creating multiple pathways to possibilities. APD identifies the service needs of people with developmental disabilities, and those individuals may receive social, medical, behavioral, residential, and/or therapeutic services.

APD maintains a *Zero Tolerance* program that focuses on the maltreatment of people with disabilities. The program provides guidelines to agency staff for preventing, detecting, reporting, and responding to abuse, neglect, and exploitation and sexual misconduct against their clients. Additional services include detection and reporting responsibilities, known and suspected abuse, neglect, and exploitation reporting, risk reduction and prevention, disciplinary actions relating to verified findings, monitoring, and quality assurance, and zero tolerance training.

For more information, call 850 488 4257 or visit their website [here](#).

5.1.5 The InVEST Program

InVEST is a coordinated community response effort intended to reduce the number of intimate partner homicides in each participating Florida county. The program is designed to encourage local law enforcement agencies and their community partners to treat domestic violence, dating violence, sexual assault and stalking as serious violations of criminal law requiring the coordinated involvement of the entire criminal justice system (FDCF, 2023c).

The certified domestic violence center and partnering law enforcement agency enter into a collaborative relationship to simultaneously increase the domestic violence services offered to survivors as well as perpetrator accountability throughout the criminal and civil justice process which includes engaging in daily collaborative reviews of police reports in order to determine high-risk domestic violence cases and to make contact with survivors to determine if they are interested in participating in the program. This partnership heavily relies on the commitment of certified domestic violence centers, law enforcement, and other allied partners to establish working relationships and procedures that can best contribute to the reduction of intimate partner homicides in their community (FDCF, 2023c).

5.2 Fatality Review Teams

Florida is one of few states to have both a Statewide Fatality Review team and local teams that review domestic violence fatalities occurring in their communities. Operating from a “no blame, no shame” philosophy, all teams function in accordance with statutory mandates to maintain confidentiality of the identity of a victim of domestic violence or the identity of the children of the victim and uphold public records exemptions when reviewing fatality related information (FDCF, 2023c).

Fatality review teams are governed by Chapter 741, Florida Statutes. The statutes define a domestic violence fatality review team and provide guidance on membership and the types of cases reviewed by the teams (FDCF, 2023c).

6. Costs and Consequences of IPV

Intimate partner violence has an immense effect on a victim’s lifetime mental, physical, and financial health. This includes medical costs, lost productivity, criminal justice activities, and other costs, including victim property loss or damage. Government sources pay an estimated \$1.3 trillion of the lifetime economic burden (Peterson et al., 2018).

Besides the acute physical and emotional toll, a wide range of chronic physical and mental health problems are associated with these forms of violence. The impact is felt well beyond an individual victim, with substantial economic costs across victims’ lifetimes due to medical care, lost work, and criminal justice activities (CDC, 2021, July 19).

6.1 Lifetime Health Costs

Few studies have quantified the per-victim cost of intimate partner violence or the victims’ long-term health costs. At a minimum, a victims may experience impaired health, lost productivity, and criminal justice costs. A seminal 1995 *National Violence Against Women* survey estimated the **acute and short-term** follow-up medical costs of partner violence for female victims (updated to 2014 dollars) as:

- \$1,210 per rape
- \$1,178 per physical assault
- \$424 per stalking victimization (Peterson et al., 2018)

The lifetime cost of the effects of partner violence, however, are much higher. The estimated lifetime cost was \$103,767 per female victim and \$23,414 per male victim, or a population economic burden of nearly \$3.6 trillion (2014 US\$) over victims’ lifetimes, based on 43 million U.S. adults with victimization history (Peterson et al., 2018).

6.2 Mental Health Consequences

A person who is mentally healthy is able to cope with the normal stresses of life, work productively and fruitfully, and contribute to their community. Compared with physical health consequences, the mental consequences of partner violence are often less visible or tangible. A person may appear to be mentally healthy despite experiencing substantial mental health challenges that may go unnoticed and untreated (Su et al., 2021).

Mounting evidence suggests that domestic violence victims face considerable mental health challenges. About three-quarters of individuals seeking help from domestic violence support services have clinical posttraumatic stress symptoms, as well as depression and anxiety (Su et al., 2021).

Not surprisingly, victims of repeated partner violence experience more serious consequences than victims of one-time incidents. Women who experience repeated partner violence are more likely to display behaviors such as substance abuse, alcoholism, and suicide attempts. The more severe the violence, the stronger its relationship to negative health behaviors by victims.

Partner violence can lead to 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. Victims 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, having their lives or their children's lives threatened or not being allowed to go to work or school are more likely to be unemployed and be receiving public assistance. They often have restricted access to services, strained relationships with healthcare providers and employers, and be isolated from social networks.

7. Prevention and Education

Most efforts directed against intimate personal violence focus on reducing future risk, dealing with the consequences of the violence for the victim, and processing the perpetrators through the judicial system. Prevention efforts should ultimately reduce the occurrence of partner violence by promoting healthy, respectful, nonviolent relationships (NCIPC, 2021, November 2).

7.1 Promoting Safe and Healthy Relationships

Promoting safe and healthy relationships is a critical primary prevention approach to the problem of intimate partner violence. Acceptance of partner violence, poor emotional regulation, conflict management difficulties, and poor communication skills put individuals at risk for both perpetration and victimization. Strengthening social-emotional skills, improving conflict management, and encouraging communication can also reduce substance abuse, sexual risk behaviors, sexual violence, delinquency, bullying and other forms of peer violence (Niolon et al., 2017).

Healthy relationship programs for couples can reduce partner violence. However, couples-based approaches have historically been controversial. Treatment programs for couples where severe violence and fear are already occurring are not safe for survivors. For some couples, programs that focus on improving relationship skills are effective in reducing the likelihood of perpetration (Niolon et al., 2017).

Social-emotional learning programs for youth help them develop empathy, respect, healthy communication, and conflict resolution skills. Successful programs also offer opportunities to practice and reinforce these skills. Although typically implemented with adolescent populations in school-based settings, these approaches and skills may also be useful with young adults (Niolon et al., 2017).

7.2 Engaging Influential Adults and Peers

Programs that engage influential adults and peers in promoting positive relationships and condemning violent and unhealthy relationship behaviors among adolescents and young adults are critical to the prevention of partner violence. Trusted adults and peers can be important influencers of what adolescents and young adults think and expect and how they behave (Niolon et al., 2017).

Beliefs and attitudes about the acceptability of violence and about gender equity are predictive of perpetration. Promoting social norms that support healthy relationships has great potential to change social contexts so that everyone knows that partner violence is not acceptable and will not be tolerated (Niolon et al., 2017).

These types of social programs can discourage potential perpetrators from thinking that violence is acceptable and increase their understanding of the social consequences to such behavior. They may also increase positive bystander behaviors, which can directly interrupt violence as well as enforce norms unaccepting of violence (Niolon et al., 2017).

7.3 Disrupting Developmental Pathways

Many of the factors associated with perpetrating violence against intimate partners are evident well before adolescence. This can include poor behavioral control, social problem-solving difficulties, early onset of drug and alcohol use, an arrest prior to the age of 13, and involvement with antisocial peers, crime, and violence. Exposure to chronic stress, child abuse and neglect, witnessing violence in the home and community, and parental substance abuse, depression, criminality, and incarceration can be risk factors for perpetrators and victims (Niolon et al., 2017).

Poor communication between family members, harsh and inconsistent discipline, poor parental monitoring and supervision, and poor parent-child boundaries increase risk. Family environments that are unstable, stressful, and lack structure are risk factors for perpetration of teen dating violence in adolescence and continued perpetration into adulthood. Approaches that can disrupt these developmental risks and pathways have the potential to reduce partner violence (Niolon et al., 2017).

7.4 Creating Protective Environments

Community environments such as schools, workplaces, and neighborhoods can influence reductions in partner violence. Fostering a broader social and physical environment that improves safety, social connections, and awareness creates a climate that supports prevention of violence (Niolon et al., 2017).

Although the effectiveness of community-level approaches to prevention is only just emerging, social control and cohesion, collective action, easy access to help and support, and positive social norms are important protective factors against perpetration of partner violence (Niolon et al., 2017).

7.5 Addressing Economic Abuse

More and more, research is focusing on the importance of economic abuse as a form of intimate partner violence. This type of abuse occurs when a perpetrator controls a survivor's ability to acquire, use, and maintain resources. Approximately 76 to 99% of survivors report experiencing economic abuse (Johnson et al., 2022).

Economic exploitation, economic control, employment sabotage, and other forms of economic abuse can be wide-ranging and do not require close proximity to the victim. Economic exploitation includes behaviors such as stealing from an intimate partner, intentionally destroying or depleting a survivor's financial resources, gambling with joint money, opening credit lines without a survivor's permission, or refusing to pay bills with the intent to ruin a survivor's credit (Johnson et al., 2022).

Economic control involves preventing survivors from having knowledge or access to bank accounts, credit cards, and other shared assets. It can also include denying a survivor access to food, clothing, or medications and tracking a survivor's use of money (Johnson et al., 2022).

Employment sabotage includes preventing a survivor from obtaining or maintaining employment, forbidding or interfering with a survivor's employment or education, harassing a survivor at their place of work, and interfering with a survivor obtaining other forms of income including disability and child support (Johnson et al., 2022).

Technology has enabled abusive partners to implement a range of control tactics without physical contact. This makes it increasingly difficult to end economic abuse, even post-separation, when the abusive partner no longer has physical access to the survivor. Further, a survivor may not realize that their abusive partner is engaging in these behaviors until significant debt or credit damage has already occurred (Johnson et al., 2022).

7.6 Addressing Socioeconomic Factors

Addressing socioeconomic factors holds great potential for improving a wide range of health outcomes for neighborhoods, communities, and states, including preventing partner violence. Evidence suggests that poverty, financial stress, and low income can increase risk for partner violence. Reducing financial stress can decrease relationship conflict and dissatisfaction (Niolon et al., 2017).

In addition, improving financial stability and autonomy can reduce financial dependence on a perpetrator and provide alternatives to unhealthy relationships. Studies show that gender inequality in education, employment, and income are risk factors for partner violence. Efforts to improve financial security for families and women's education, employment and income may reduce the risk for partner violence (Niolon et al., 2017).

Strengthening household financial security and supporting survivors can increase safety and lessen harms. Victim-centered services such as housing programs, first responder and civil legal protections, and patient-centered approaches to treatment provide validation and support for survivors of intimate partner violence (NCIPC, 2021, November 2).

8. Concluding Remarks and Resources

Domestic violence and intimate partner violence affect millions of people throughout the United States. This type of violence has wide-ranging psychological, physical, and financial implications for everyone it touches.

Domestic violence and intimate partner violence cover a variety of behaviors and actions. This can include physical violence, sexual violence and harassment, stalking, psychological aggression, and financial abuse. Domestic violence against women is common, although men also are also victims.

Understanding risk and protective factors for domestic and family violence is important for healthcare providers, who will come in contact with victims on a regular basis. This includes understanding individual, relationship, community, and societal issues. Understanding these multilevel factors can help identify opportunities for prevention and guide decisions about screening, assessment, and documentation.

In Florida, over 100,000 reports of domestic violence are made to law enforcement each year. The state maintains a domestic violence hotline that receives more than 70,000 calls each year. There are more than 40 certified domestic violence centers throughout the state to provide services for victims.

There are no reporting requirements for domestic violence or intimate partner violence in Florida—except for life threatening injury. There are, however, requirements for reporting abuse of children, vulnerable adults, and elders. Most healthcare providers and considered professional mandated reporters and can make reports by telephone, TDD, fax, or via the internet.

In Florida, victims of domestic violence have certain legal rights. For example, they have the right to file a restraining order against a perpetrator and be present at all criminal proceedings. They also have the legal right to request restitution and victim compensation.

There are many acute and chronic consequences for anyone who has been (or is) the victim of domestic violence, which can have an immense effect on a victim's lifetime mental, physical, and financial health. This includes medical costs, lost productivity, the cost criminal justice activities, and lost income, including victim property loss or damage.

Education and prevention are an important part of ending domestic violence. In Florida, a wide range of programs have been established to promote healthy relationships, support influential adults and peers, and disrupt dysfunctional developmental pathways in childhood and young adulthood.

Understanding and addressing economic abuse while considering socioeconomic factors that influence health and well-being are also an important part of prevention and education.

Florida Partnership to End Domestic Violence

All calls and services provided by FPEDV are confidential.

P.O. Box 3927

Tallahassee, FL 32315

Hotline: 800 500 1119

TTY Hotline: 800 621 4202

<http://www.fpedv.org>

Mandatory Reporters Use:

Phone: 800 96-ABUSE or 800 962 2873

Florida Relay: 711

TDY: 800-955-8771

Web reporting: <https://reportabuse.myflfamilies.com>

Florida Department of Children and Families

Phone: 850 921 2168

<http://www.myflfamilies.com>

Florida Department of Elder Affairs

Phone: 850 414 2000

Fax: 850 414 2004

TDD: 850 414 2001

<http://elderaffairs.org>

Florida Long-Term Care Ombudsman Program

Phone: 850 414 2323

Toll Free: 888 831 0404

Fax: 850 414 2377

<https://ombudsman.elderaffairs.org/>

National Domestic Violence Hotline

800 799 SAFE (7233)

<https://www.thehotline.org/>

[Continue to next page for references]

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[Continue to next page to begin quiz]

Quiz: FL Domestic Violence (344)

1. Intimate partner violence:
 - a. Refers to violence that occurs between current or former partners or spouses.
 - b. Refers only to relationships involving sexual intimacy.
 - c. Does not include child abuse or elder abuse.
 - d. Does not include violence against men.
2. The victims of intimate partner violence are evenly divided between men and women:
 - a. True
 - b. False
3. The CDC describes physical violence as:
 - a. Stalking and cyberstalking.
 - b. Abusive language that includes threats of violence.
 - c. The intentional use of physical force with potential for causing death, disability, injury, or harm.
 - d. The use of physical force to coerce another person to engage in a sex act.
4. Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else (males only), sexual coercion, and/or unwanted sexual contact.
 - a. True
 - b. False
5. Repeated harassing or threatening behavior, such as following a person or making harassing phone calls, is a description of:
 - a. Stalking.
 - b. Sexual harassment.
 - c. Coercive control and intimidation.
 - d. Controlling behavior.
6. An underlying component of psychological and aggressive abuse is:
 - a. Isolating the victim from family and friends.
 - b. Withholding information.
 - c. Coercive control and intimidation.
 - d. Threat of physical violence.
7. Almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life. A
 - a. True
 - b. False
8. Reproductive coercion is:
 - Controlling outcomes of a pregnancy.
 - Coercion to have unprotected sex.
 - Interfering with condoms or contraception.
 - All of the above.
9. A child's exposure to domestic violence:
 - a. May cause autism.
 - b. Can contribute to increased empathy for the suffering of others.
 - c. Can cause severe emotional and developmental difficulties.
 - d. Has no effect on the child's development.
10. Elder abuse is a failure to act or an intentional act by a caregiver that causes or creates a risk of harm to an elder.
 - a. True
 - b. False.
11. Recent studies indicate that elder abuse is:
 - a. Chronically underreported.
 - b. Declining rapidly.

- c. Only perpetrated by nursing home personnel.
 - d. Seldom happens to adults with dementia.
12. Gender equitable relationships with shared or equal decision-making can lower odds of domestic abuse.
- a. True
 - b. False
13. When documenting a domestic violence occurrence, healthcare professionals should:
- a. Never take photographs.
 - b. Write down their own observations, never quoting others.
 - c. Describe the abusive event and current complaints using the patient's own words.
 - d. Only report the time of day the patient is being examined, not the time the abuse occurred.
14. Most healthcare professionals in Florida are required by law to report suspected abuse and neglect. They are called:
- a. Professional mandated reporters.
 - b. Vulnerable adults.
 - c. DELTAs.
 - d. Professionally responsible reporters.
15. The federal Child Abuse Prevention and Treatment Act (CAPTA):
- a. Addresses acts or failures to act by parents or other caregivers that result in harm to a child.
 - b. Provides specific definitions for all types of maltreatment.
 - c. Supersedes any similar state law.
 - d. Protects any person less than 21 years of age.
16. According to Florida law, any willful act or threatened act that results in physical, mental, or sexual abuse, 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. Child abuse.
 - c. Child endangerment.
 - d. Coercive control.
17. 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. Initiate legal action.
 - b. Report the suspected abuse to the Florida Abuse Hotline.
 - c. Report the suspected abuse to the Federal Abuse Hotline.
 - d. Physically remove the abused person from the location where the abuse occurs.
18. A community-based program that provides training, holds perpetrators of IPV responsible for their violence, and provides tools for establishing and maintaining non-abusive relationships is:
- a. The Florida Partnership to End Domestic Violence.
 - b. The Department of Children and Families.
 - c. A Batterer Intervention Program.
 - d. A Domestic Violence Center.
19. Possible mental health consequences of intimate partner violence include:
- a. Forming unusually strong emotional attachments.
 - b. Suicidal behavior in men only.
 - c. Increased self-esteem.
 - d. PTSD, anxiety, and depression.
20. The goal of prevention of and education about domestic violence is:
- a. Stopping intimate personal violence from happening in the first place.
 - b. Changing the opinions of law enforcement officers.
 - c. Putting the perpetrators in jail.
 - d. Running batterer intervention programs.

[Continue to next page for answer sheet]

Answer Sheet: FL Domestic Violence (344)

Name (Please print) _____

Date _____

Passing score is 80%.

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

[Continue to next page for course evaluation]

Course Eval: FL Domestic Violence (344)

Please use this scale for your course evaluation. Items with asterisks * are required.

1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree

*Upon completion of the course, I was able to:

1. Define intimate partner violence/domestic violence. 1 2 3 4 5

2. List 3 risk and 3 protective factors for domestic violence. 1 2 3 4 5

3. Describe best practices for screening, assessment, and documentation of domestic violence in the healthcare setting. 1 2 3 4 5

4. Discuss Florida domestic violence legislation and reporting requirements for healthcare professionals. 1 2 3 4 5

5. List 5 legal rights of domestic violence victims in Florida. 1 2 3 4 5

6. Outline the economic and societal costs and consequences of domestic violence. 1 2 3 4 5

7. Identify 5 Florida domestic violence prevention and education programs. 1 2 3 4 5

*The author(s) are knowledgeable about the subject matter. 1 2 3 4 5

*The author(s) cited evidence that supported the material presented. 1 2 3 4 5

*Did this course contain discriminatory or prejudicial language? Yes No

*Was this course free of commercial bias and product promotion? Yes No

*As a result of what you have learned, will make any changes in your practice? Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

*Do you intend to return to ATrain for your ongoing CE needs?

Yes, within the next 30 days. Yes, during my next renewal cycle.

Maybe, not sure. No, I only needed this one course.

*Would you recommend ATrain Education to a friend, co-worker, or colleague?

Yes, definitely. Possibly. No, not at this time.

*What is your overall satisfaction with this learning activity? 1 2 3 4 5

*Navigating the ATrain Education website was:

_____ Easy. _____ Somewhat easy. _____ Not at all easy.

*How long did it take you to complete this course, posttest, and course evaluation?

_____ 60 minutes (or more) per contact hour _____ 59 minutes per contact hour
_____ 40-49 minutes per contact hour _____ 30-39 minutes per contact hour
_____ Less than 30 minutes per contact hour

I heard about ATrain Education from:

_____ Government or Department of Health website. _____ State board or professional association.
_____ Searching the Internet. _____ A friend.
_____ An advertisement. _____ I am a returning customer.
_____ My employer. _____ Social Media
_____ Other _____

Please let us know your age group to help us meet your professional needs

_____ 18 to 30 _____ 31 to 45 _____ 46+

I completed this course on:

_____ My own or a friend's computer. _____ A computer at work.
_____ A library computer. _____ A tablet.
_____ A cellphone. _____ A paper copy of the course.

Please enter your comments or suggestions here:

[Continue to next page for registration and payment]

Registration and Payment (FL DV 344)

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

*Name: _____

*Email: _____

*Address: _____

*City and State: _____ *Zip: _____

*Country: _____

*Phone: _____

*Professional Credentials/Designations: _____

*License Number and State: _____

Payment Options

You may pay by credit card, check or money order.

Fill out this section only if you are paying by credit card.

2 contact hours: \$19

Credit card information

*Name: _____

Address (if different from above):

*City and State: _____

*Zip: _____

*Card type: Visa Master Card American Express Discover

*Card number: _____

*CVS#: _____ *Expiration date: _____