DOMESTIC VIOLENCE – A POPULATION HEALTH CONCERN
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Domestic Violence - CME Professional Practice Gap & Purpose

Professional Practice Gap:
National studies conducted by the Centers for Disease Control and Prevention and other government agencies have declared domestic violence a public health concern. The victims of domestic violence are patients of healthcare professionals, who need to be identified for specialized care.

Activity Purpose:
Florida State has determined that domestic violence remains a concern of all healthcare professionals and requires continuing medical education to define domestic violence, screen and identify patients who are affected by actions of domestic violence and available national and local resources available for patients that have been victimized through domestic violence.
Domestic Violence - CME Activity Objectives

1. Discuss how domestic violence is a population health concern.
2. Describe the prevalence of domestic violence on a national and local level and the state laws pertaining to the issue of domestic violence.
3. Identify the vulnerable population and describe how to screen and assess individuals that may be a victim or perpetrator of domestic violence in a clinical practice.
4. Discuss the cycle, motivation and risk factors of domestic violence.
5. Describe the healthcare provider’s role in fulfilling state laws and hospital reporting guidelines for patients identified as victims of domestic violence.
6. Identify and recommend state and community resources for victims as appropriate for shelter, counseling, and child protection services.
Domestic/Intimate Partner Violence
U.S. Public Health Problem

- 37% women & 31% US men experienced intimate partner contact, sexual violence, physical violence, and/or stalking during their lifetime
- 71% women & 58% first experienced intimate violence by age 25 years

Domestic violence is 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 who is or was residing in the same single dwelling unit.

*[s. 741.28 (2-3), F.S. 2017]*
Abuse-Definition
FL s.415.02

- **Abuse** means 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 omission.”

- **Not all abuse is physical.** It includes emotional/verbal abuse, economic abuse, sexual/reproductive abuse, digital abuse, intimidation, isolation and other behaviors used to induce fear and establish power in the relationship, as well as battering and assault.


Physical Abuse/Battering

- Punching a wall, kicking a pet
- Pushing, slapping, punching, restraining
- Sexual assault
- Burns
- Choking, beating, injuring
- Biting

Emotional Abuse

- “Humorous” put-downs, teasing
- Threatening to harm self/victim/others
- Yelling, getting in someone’s face
- Insulting comments in front of others
- Destroying possessions
- Insisting on dependence, “you need me”

Isolation

- Strongly discouraging visits or calls to friends or family
- Monitoring, location, social media, phone calls
- Suggesting other people are untrustworthy
- Controlling travel by “worrying” about partner’s safety
- Restricting access to car

Many common digital devices can be hacked by abusers and used to monitor, threaten, and control their victim:

- Smart phones
- Webcam
- Computer/laptop
- Wearable activity tracker (ex. Fit Bit)
- Home Security Systems
- Smart Speaker (ex. Amazon Alexa)

Economic Abuse

- Controlling credit cards, checkbook
- Limited handling of cash, ATM
- Forbidding someone from holding a job, sabotaging their employment
- Restricting access to bank and investment information
- Opening credit lines in victim’s name without their knowledge/ruining their credit

Sexual/Reproductive Abuse

- Unwanted touching or sexual contact.
- Insisting on activities which are uncomfortable or unpleasant.
- Using physical force or strength to gain sexual contact.
- Pursuing sexual activity when the victim is not fully conscious, is not asked, or is afraid to say no.
- Forcing someone to have sex without protection against pregnancy or sexually transmitted diseases.

The Vulnerable - Domestic Violence/Intimate Partners

“Elsie doesn’t like it when her son shouts at her but is scared to ask him to leave.”
In 2016, St Johns County reported a rate of 379 domestic violence offenses for every 100,000 residents.

## Domestic Violence - 2016 Local Florida Statistics

### Total Reported Domestic Violence Offenses for Florida by County, 2016.

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<tr>
<th>Agency</th>
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<th>Murder</th>
<th>Manslaughter</th>
<th>Forceable Rape</th>
<th>Forcible Fondling</th>
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<th>Threat/Intimidation</th>
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### Florida’s County and Jurisdictional Domestic Violence Related Arrests, 2016.

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Domestic/Intimate Partner Violence

- Intimate partner violence by current or former intimate partner includes:
  - * emotional or psychological abuse
  - * threats of physical or sexual violence
  - * holding individual against will
  - * physical violence
  - * sexual violence
  - * stalking
  - * kidnapping

- Occurs among heterosexual or same-sex couples either as a single episode or excel to several episodes over a period of years

Domestic/Intimate Partner Violence

Violence starts early.

**Before the age of 18:**

- 8.5 million women first experienced rape.
- 1.5 million men were first made to penetrated.
- 3.5 million women & nearly 1 million men first experienced being stalked.

Domestic/Intimate Partner Violence in the U.S.

- Only 20% - 25% of incidents are reported. Most violence is “minor”: hitting, slapping, etc.¹
- In the U.S., 1 in 3 women and 1 in 4 men are subjected to Intimate Partner Violence in their lifetime¹
- In 2015, Intimate Partner Violence accounted for 17% of reported violent crime in the United States²

More than 100,000 incidents are reported in Florida each year, one victim every four minutes.¹

39% of the murder of females result from domestic violence.²

Approximately 10 million people are abused annually by their intimate partners in the US, one every 20 seconds.³

1. Florida Department of Health, Domestic Violence Offenses, 2016
2-15% of pregnant women are battered. For teen mothers, the first instance of battery often occurs during pregnancy.¹

More than half of rapes, assaults, and stalking arrests involve a violated protective order against the perpetrator.²

37% of women physically battered by their husbands were also raped by them.³

Domestic Violence – Physical & Sexual Violence

- Physical Violence - being hit with something hard, kicked or beaten, or burned
  - National Statistics:
    - 33% women & 25% men experienced physical violence by intimate partner in lifetime

- Sexual Violence – rape, being made to penetrate, sexual coercion, or unwanted sexual contact
  - National Statistics:
    - 16% women & 7% men experienced sexual violence by intimate partner in lifetime

Domestic/Intimate Partner Violence - Gender

- 56% of victims experiencing Domestic Violence report it occurring in the context of mutual partner abuse.¹
- 48.4% of women and 48.8% of men in the United States have experienced psychological aggression by an intimate partner in their lifetime.²
- While women are more likely to use physical aggression in a relationship, men are more likely to inflict an injury.³

Domestic/Intimate Partner Violence - Cultural Factors

Ethnic Factors:
- Women from minority groups have higher rates of intimate partner violence than Caucasian women
  - Black, 35% more likely to experience abuse
  - Native American/Alaskan Native, 14% more likely to experience abuse
  - Asian and Pacific Islander, 10-20% more likely to be abused
  - Hispanic, highest rate of abuse during pregnancy

Cultural Factors (continued)

Sexual Preference

There are many similarities between how abusers control their victims regardless of sexual preference.

In LGBTQ relationships the batterer may use the additional tactic of threatening to "out" their victims to work colleagues, family, and friends.
Geographic Factors:

- Rural Populations –
  - Isolation from shelters and other resources for victims
  - Small populations
    - Contribute to shame, hiding abuse
    - Authorities may be close to, familiar with abuser
  - Law enforcement response may be slow, unprofessional

Domestic/Intimate Partner Violence – Medical Consequences

Domestic/Intimate Partner Violence-Medical Consequences (continued)

- Pregnancy difficulties, low birth-weight, prenatal death
- Sexually transmitted diseases including HIV/AIDS
- Central nervous system disorders
- Gastrointestinal disorders
- Heart and circulatory conditions
- Broken bones

Domestic/Intimate Partner Violence - Psychological Consequences

- Depression
- Anxiety
- Low self-esteem
- Fear of intimacy
- Inability to trust
- Socially isolative

Domestic/Intimate Partner Violence - Psychological Consequences (continued)

- Suicidal behavior/ideation
- Post-traumatic stress disorder
  - Emotional detachment
  - Flashbacks
  - Replaying assault in mind

The Vulnerable Child
Florida’s Children at a Glance – Based on 2015 figures (most current)

Per Child Welfare League of America 2017 Report:

- 217,895 referrals for child abuse & neglect
  - 160,733 referred for investigation
  - 43,775 victims of abuse or neglect
    - 10.7 per 1,000 children
    - 54.3% neglected
    - 9.7% physically abused
    - 5.7% sexually abused
- 124 child deaths resulting from abuse or neglect
# Domestic Violence-Child

## St. Johns County Statistics (Rate Per 100,000)

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<th>Denom</th>
<th>Rate</th>
<th>MOV (+/-)</th>
<th>Count</th>
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FLHealthCharts.com is provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.

Data Source: Department of Children and Families. Florida Safe Families Network Data Mart.

Domestic Violence-Children

- 30% - 60% co-existence of woman being abused and child being abused\(^1\)
- Children are “inadvertently” hurt by items being thrown or trying to protect their mother or siblings.
- Higher rate of abuse of very young children, infants

Witnessing violence is correlated with long-term behavioral, emotional and cognitive problems. It can have the same effect as combat on soldiers, causing PTSD.¹

25% of children under 17 years old have witnessed a parent assault another parent or partner in their life.²

For children, witnessing abuse carries the same risk of long term physical and mental problems as being abused themselves³

Domestic Violence-Children (continued)

- Children are used by abusers to manipulate their partner:
  - Threatening to take custody or kidnap if the partner reports abuse
  - Purposefully abuse partner in the sight/hearing of children
  - Abuser will manipulate children, attempting to undercut victim’s authority/respect

Child Witnessed Domestic Violence

Lisa’s 911 call:

Click: https://www.youtube.com/watch?v=u-7J5akhSA8

* If link is not working, copy and paste address into separate window browser.
The Vulnerable Adults
Vulnerable Adults - Elder abuse

- Many similarities to Child Abuse:
  - Dependence on abusers (adult children, caretakers, home health aids, etc.)
  - Inability/unwillingness to communicate abuse
  - Often presents in non-specific ways (anxiety, chronic pain, trouble sleeping, etc.)
  - Poor primary care, often present in ED

- Verbal abuse most common, but financial abuse, neglect, and physical abuse are also present in the elder demographic¹

Elder Abuse (continued)

- 50% of elders with dementia are at risk for abuse\(^1\)
- It is important to have someone see inside the home to help detect abuse (paramedic, neighbor, etc.)\(^2\)
- Types of elder abuse include:
  - Neglect
  - Exploitation
  - Self-neglect

Elder Abuse: Adult Neglect

- “Failure or omission on the part of caregiver to provide care, supervision, and services necessary to maintain the physical and mental health of a vulnerable adult
  - Food, clothing, medicine, shelter, supervision, and medical services
- Failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect or exploitation by others”

Elder Abuse: Adult Exploitation

- “A person in position of trust and confidence with vulnerable adult knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult”

- “A person who knows or should know that the vulnerable adult lacks the capacity to consent, obtains or uses, or endeavors to obtain or use the vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult”

Elder Abuse: Self-Neglect

- “Failure or omission on the part of the vulnerable adult, and not caused by a caregiver, to provide the care, supervision, and services necessary to maintain their physical or mental health”

- “The failure of a vulnerable adult to make a reasonable effort to protect themselves from abuse, neglect or exploitation by others”

The Vulnerable Trafficking

“Elsie doesn’t like it when her son shouts at her but is scared to ask him to leave.”
U.S. Human Trafficking

- An estimated 18.7 million men, women, and children globally are trafficked annually.

- Most are enslaved for labor purposes (e.g. agricultural, hospitality work), but 4.5 million are trafficked for sexual exploitation.

- 84% of trafficking victims in the United States are citizens or permanent legal residents.

Many of the same symptoms present in abused individuals are found in trafficked persons, including:

- injuries of different ages
- caretaker speaks for patient/resistant to leaving the room
- most often presents in ED

88% of victims report having sought medical attention while they were being trafficked, while less than 5% of physicians are confident in their ability to recognize trafficked victims.

Human Trafficking in Florida

- Florida ranks 3rd for human trafficking reports in the U.S.
- As of June 2017, 329 human trafficking cases have been reported, a 54% increase from 2016

Human Trafficking Victim Presentation

Presentations Prompting Consideration of Human Trafficking

- Delay in seeking medical care
- Stated age older than visual appearance
- Evidence of lack of care for previously identified or obviously existing medical conditions
- Discrepancy between stated history and clinical presentation or observed pattern of injury
- Scripted, memorized, or mechanically recited history
- A patient who is overly concerned with the time, contacting their “partner,” leaving the ED
- Subordinate, hypervigilant, or fearful demeanor
- Reluctance or inability to speak on one’s own behalf
- Companion who refuses to leave
- Lack of identification documents, or documents in possession of another party
- Accompanied by individual who answers questions for patient and attempts to control encounter, including insisting on providing interpretation (may be “grandmotherly” type)
- Has tattoos or other marks or insignias that may indicate a claim of “ownership” by another, unwilling or uncomfortable talking about the tattoo
- Evidence of any type of physical violence, including torture
- Frequent relocations

Questions to Identify Human Trafficking

- Do you get paid for the work you do?
- Are you able to leave when you want to?
- Are there locks on the outside of your doors and windows?
- Can you come and go as you want?
- Have you been threatened if you leave your job?

(Choo & Linden, 2018, p. 761)
How to Identify Human Trafficking Victim

TEDx GeorgeSchool talk

“How to spot human trafficking” by Kanani Titchen, MD

- Link: https://www.youtube.com/watch?v=hrxhptvEOTs

* If link is not working, copy and paste address into separate window browser.
Florida Resources for Suspected Human Trafficking

If you suspect human trafficking, call:

- St. Johns County Sheriff’s Department: 904-824-8304
- Florida Coalition Against Human Trafficking statewide intake line: 1-866-446-5600
- Florida Department of Children and Families abuse hotline: 1-800-962-2873
National Resources for Suspected Human Trafficking

- Organizations like Girls’ Educational & mentoring Services (GEMS) help connect victims with prevention and rehabilitative resources, empowering both physicians and patients to identify and end abusive, exploitative behavior. www.gems-girls.org

- Polaris Project Textline: text “HELP” or “INFO” to BeFree (233733)
National Resources for Suspected Human Trafficking (continued)

- National Human Trafficking Resource Center (NHTRC) hotline:
  1-888-373-7888  TTY: 711

- Homeland Security’s Blue Campaign Human Trafficking report line:
  1-866-347-2423
The Vulnerable - Risk Factors, Motivation, Screening

“Elsie doesn’t like it when her son shouts at her but is scared to ask him to leave.”
Healthcare Provider Role – Patient Care as an Opportunity

- Domestic/Intimate Partner violence, child abuse, elder abuse victims, and human trafficking seek care from Emergency Care and Primary Care providers
Risk Factors for Victimization

- Prior history of victimization
- Intimate partner violence starts at young age (12-24 years)
- Heavy alcohol and drug use
- High-risk sexual behavior
- Witnessing or experiencing violence as a child

Risk Factors for Victimization (continued)

- Being less educated
- Being unemployed
- For women, having more education than partner
- Having jealous or possessive partner

Common Characteristics of Victims

- Found in every socioeconomic class, race, gender, age—there is no “typical battered victim”
- Low self-esteem
- Isolated
- Feels partner is dependent on them
- Chronic physical pain/injuries
- Depressed

Common Characteristics of Victims

- Defends partner’s abusive behavior
- Accepts blame for the abuse and responsibility for the abuser’s actions
- Dependent on partner for self-worth
- Denies feelings of terror and anger
- Hopeful the abuse will diminish

Locus of Control

Victims often have an INTERNAL locus of control

- Assume fault in every situation
- Believe they can change impossible situations
- Low self-worth

Perpetrators often have an EXTERNAL locus of control

- Assign blame to others
- Believe they’re entitled to punish others
- Assume they can’t change
- Place their worth above everyone else’s

Domestic Violence is a pattern of behavior that seeks to establish power and control over another person through fear and intimidation. It often includes the threat or use of violence. Battering happens when batterers believe they are entitled to control their partners. They believe that the violence is an acceptable way to achieve desired results.
MOTIVATIONS FOR DOMESTIC VIOLENCE

First proposed in Lenore Walker’s *The Battered Woman Syndrome* (Harper & Row, 1979), many abusive relationships fall into a cyclic pattern:

1. **Tension Building Phase**, where the abuser is critical of partner, or isolates them, conditioning them to submit.

2. **Explosion Phase**, the phase where a violent outburst or fight results in escalated aggression towards victim. This can include assault, rape, choking, or threatening with a weapon.

3. **“Honeymoon” Phase**, the abuser shows remorse, promising not to abuse again, showering victim with presents, talking them into staying/coming back.
Risk Factors for Perpetration

- Being a victim of abuse
- History of being abusive, aggressive or delinquent
- Emotional dependence and insecurity
- Personality disorders

Risk Factors for Perpetration (continued)

- Anger and hostility
- Heavy alcohol and drug use
- Social isolation, few friends
- Being unemployed, economic stress
- Belief in strict gender roles, stereotypes
- Desire for power and control in relationships

Common Characteristics of the Perpetrator

- In every socioeconomic class, race, age
- Low self-esteem
- Insecure and unable to trust others
- Often extremely or pathologically jealous
- Critical of partners

Common Characteristics of the Perpetrator

- Poor communication skills-inclined to resolve problems through violence
- Uses battering to gain control over life
- Not restricted to one “type” of personality or psychological type
- Minimizes, denies or rationalizes violent behavior
- Appeals to their victim for sympathy

Victims Seeking Care

- Often present for care in the ED, poor/no follow up with primary care
- Often present with poorly managed medical conditions, due to perpetrator instigated isolation
- Vague explanation of presenting injury/complaint
- May be reluctant to undergo physical examination

Healthcare Provider’s Role: Screening

- Speak to suspected victims privately – ask accompanying people to leave room during examination
- Per Flagler Hospital Policy PRE-011 use a qualified interpreter and not family/accompanying people
- Ask direct questions with care - allowing patient to answer in their own time
- Listen without judging – victimized patients believe abuser’s negative messages
- Explain that physical violence in a relationship is never acceptable
- Assess injury or harm caused by abuse - prepare a report for appropriate authorities

Simple Steps for Discussing Intimate Partner Violence After Patient Has Identified

1. Acknowledge abuse and thank the patient for sharing.
2. Validate the patient. Explain that no one deserves to be treated in an emotionally, physically, or sexually abusive manner.
3. Explain that you would like to help them today. Ask permission to get an advocate or social worker involved. Ask how else staff can help today.
4. Safety and danger assessment—assess immediate safety concerns; have further discussion and planning with the social worker or advocate.
5. Make a plan for follow up. Reinforce that IPV is a health care problem and that the patient can return for assistance.

## Intervention Strategies Based on Intimate Partner Violence (IPV) Exposure and Risk Level

<table>
<thead>
<tr>
<th>PATIENT TYPE BASED ON ASSESSMENT</th>
<th>INITIAL INTERVENTION STEPS</th>
<th>CRITICAL DOCUMENTATION FOR THE ENCOUNTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>No history of IPV or suspicion of abuse</td>
<td>Provide basic message that IPV is a health problem.</td>
<td>“No history of IPV; no suspicion of IPV”</td>
</tr>
<tr>
<td>Prior history of IPV but no current exposure</td>
<td>Assess for sequelae of prior abuse; provide educational message that patient is at risk of future IPV relationship.</td>
<td>Add history of IPV to problem list (can be coded as a V code); describe medical and mental health impact and any referrals made.</td>
</tr>
<tr>
<td>Recent or current abuse but no injuries and no elements on danger assessment</td>
<td>Assess for sequelae of abuse; provide referrals to IPV resources.</td>
<td>Add IPV to problem list; describe health sequelae from abuse; note referral for urgent follow-up provided to patient.</td>
</tr>
<tr>
<td>Recent or current abuse with injuries or positive findings on danger assessment</td>
<td>Crisis bedside consultation by social services or IPV advocate; discuss possibility of an order for protection; notify police if required by law.</td>
<td>Add IPV to problem list; describe health sequelae; summarize follow-up plan as outlined by social services or IPV advocate; complete mandatory reports; describe injury findings using narration, diagrams, and photographs.</td>
</tr>
<tr>
<td>Suspicion of current abuse but patient denies IPV</td>
<td>Provide basic message that IPV is a health problem; request bedside consultation by social services or IPV advocate; provide referrals to IPV resources.</td>
<td>Document IPV as a suspected health problem; note that bedside consultation was done and resources were provided; if injured, describe injury findings using narration, diagrams, and photographs.</td>
</tr>
</tbody>
</table>

(Choo & Linden, 2018, p. 763)
Barriers to Leaving

- Domestic violence exists in an atmosphere of retaliation against the victim’s wish for control and independence. The victim may recognize their need for a formal safety plan only after a long-standing pattern of abuse. “Making the break” is frightening.

- For many victims of abuse, the time immediately after leaving an abusive relationship is the most dangerous, with a higher chance of getting killed than staying with abuser.
The Healthcare Provider’s Role: Patient Education

- Help make a SAFETY PLAN:
  - Resources to call/tell
  - Place to go/stash supplies
  - Money
  - Basic supplies (clothes, toiletries, etc.)
  - Medications
- Important paperwork
  - Driver’s license, passport
  - Birth certificates
  - Insurance documents
The Healthcare Provider’s Role: Patient Education (continued)

- If they have children, reinforce concern for them; make it clear that domestic violence hurts children also.

- Let them know that, in spite of abuser promises, the violence will likely continue and will probably escalate.

- Emphasize that when ready, they can choose to leave the relationship and that help is available.
The Healthcare Provider’s Role: Patient Support

- Regardless of relationship choices, continue to be their healthcare provider
- Reinforce that they and their children do not deserve to be in a violent relationship
- Support all attempts to leave an abusive relationship
The Vulnerable-Healthcare Provider’s Role: Mandatory Reporting

“Elsie doesn’t like it when her son shouts at her but is scared to ask him to leave.”
Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death:

(1)(a)...who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

(2) MANDATORY REPORTS OF DEATH.—Any person who is required to investigate reports of abuse, neglect, or exploitation and who has reasonable cause to suspect that a vulnerable adult died as a result of abuse, neglect, or exploitation shall immediately report the suspicion to the appropriate medical examiner, to the appropriate criminal justice agency, and to the department, notwithstanding the existence of a death certificate signed by a practicing physician.
Mandatory reports of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death

1) MANDATORY REPORTING.—

(a) Any person, including, but not limited to, any:
1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission, examination, care, or treatment of vulnerable adults;
2. Health professional or mental health professional other than one listed in subparagraph 1.;
3. Practitioner who relies solely on spiritual means for healing;
4. Nursing home staff; assisted living facility staff; adult day care center staff; adult family-care home staff; social worker; or other professional adult care, residential, or institutional staff;

Child Abuse: FL s.39.201

Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.

(1)(a) 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, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).
(d) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. **Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;**
2. Health or mental health professional other than one listed in subparagraph 1.;
3. Practitioner who relies solely on spiritual means for healing;
4. School teacher or other school official or personnel;
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
6. Law enforcement officer; or
7. Judge.

The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.
Flagler Hospital Reporting Policy

Physicians must comply with Florida State law (FL. s. 790.24) in reporting all gun shot wounds, life threatening injuries, and burns covering >10% of the body, whether or not the patient agrees to file charges against the aggressor.

Injuries are reported to:
Department of Children and Families (if patient is a minor):
- 1-800-96-ABUSE (22873)

St. Johns County Sheriff’s Department:
- 904-824-8304
Notes on Burn Victims

- Burns **mandate** reporting if:
  - Patient has 2\textsuperscript{nd} or 3\textsuperscript{rd} degree burns affecting >10% of their body
  - The burns were caused by a flammable substance, and violence or unlawful activity is suspected
    - Patient information should include the name and address of the injured person under these circumstances

- Note that extensive burns received by a member of the armed forces, or government employee while on the job are not reportable

Florida Statute 877.155
Flagler Hospital Policy PC-013
Domestic Violence Reporting Guidelines

Domestic Violence

- **Non-Life Threatening**
  - Under 18 or vulnerable adult: MANDATED REPORTING
    - St. Johns County Sheriff’s Department (904) 824-8304
    - Department of Children and Family Services 1-800-96-ABUSE, TDD 1-800-453-5145, Fax: 1-800-914-0004, or http://www.dcf.state.fl.us/abuse/report/

- **Survivor 18 and older: Need consent**
  - Betty Griffin Center, Safety Shelter of St. Johns County, Inc. 24 hour crisis hotline (904) 824-1555 AND/OR
  - St. Johns County Sheriff’s Department (904) 824-8304

- **Life threatening (gun shot wounds or burns)**
  - All victims: MANDATED REPORTING
    - St. Johns County Sheriff’s Department (904) 824-8304

- **In addition**: If patient is under 18 or a vulnerable adult, Department of Children and Family Services 1-800-96-ABUSE, Fax:1-800-914-0004, or http://www.dcf.state.fl.us/abuse/report/
Flagler Hospital Reporting Policy (continued)

- If the patient is a minor or vulnerable adult, Florida law mandates reporting for both life-threatening and non-life-threatening domestic violence and sexual assault.

- In addition to the Sheriff and the Department of Children and Families, a county safety shelter must be contacted in the event of sexual assault of a minor.

- St. Johns County Safety Shelter: Betty Griffin Center 904-824-1555
If the situation does not mandate reporting, physicians **MUST** have a signed authorization form from the patient before sharing any protected health information (PHI) with any law enforcement department or abuse help center, even if the patient admits to abuse or sexual assault.

If a patient declines authorization, no report is required, and if one is made it **cannot** include PHI.
Protected Health Information

According to HIPAA, PHI includes:

- Information about an individual’s past, present, or future physical or mental health condition
- Provision of health care to the individual
- Names
- Directly related dates, other than year (birth, marriage, admission, discharge etc.)
- Geographic data smaller than State
- Telephone/fax numbers, e-mail addresses
- Vehicle identifiers (VIN, license plate number)
- Full face photographs, finger, retinal, or voice prints

Adult Protective Services: FL s.415.1036-Immunity

(1) Any person who participates in making a report under s. 415.1034 or participates in a judicial proceeding resulting therefrom is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from any liability, civil or criminal, that otherwise might be incurred or imposed. This section does not grant immunity, civil or criminal, to any person who is suspected of having abused, neglected, or exploited, or committed any illegal act upon or against, a vulnerable adult. Further, a resident or employee of a facility that serves vulnerable adults may not be subjected to reprisal or discharge because of the resident’s or employee’s actions in reporting abuse, neglect, or exploitation pursuant to s.415.1034.

(1)(a) Any person, official, or institution participating in good faith in any act authorized or required by this chapter, or reporting in good faith any instance of child abuse, abandonment, or neglect to the department or any law enforcement agency, shall be immune from any civil or criminal liability which might otherwise result by reason of such action.
The Healthcare Provider’s Role: St. Johns County Resources

Provide information about local resources:

**Betty Griffin House** 24/hr hotline: 904-824-1555  
Website: [www.bettygriffinhouse.org](http://www.bettygriffinhouse.org)

or

**Florida Domestic Violence Hotline**: 1-800-500-1119  
Website: [www.fcadv.org](http://www.fcadv.org)
Neighboring County Resources (continued)

- **Flagler County**
  - Sheriff’s Office: (386) 313-4911
  - Family Life Center, 24-hour hotline: (386) 437-3505
  - Precious Hearts Foundation: 1-877-731-2210

- **Putnam County**
  - Sheriff’s Office: (386) 329-0800
  - Victim Services Unit: (386) 329-0481
  - Lee Conlee House, 24-hour hotline: (386) 325-3141
Neighboring County Resources

- Clay County
  - Sheriff’s Office: (904) 264-6512
  - Quigley House Hotline: (904) 284-0061

- Duval County
  - Sheriff’s Office: (904) 630-0500
    - Victim Services Coordinator: (904) 630-1764
  - Hubbard House, 24-hour hotline: (904) 354-3114
    - TTY: (904) 354-3958
  - Victim Services Center: (904) 630-6300
The Healthcare Provider’s Role:

Help those who cannot help themselves!

- Stop Domestic Violence
- Stop Child Abuse
- STOP HUMAN TRAFFICKING
- Protect Our Seniors Help Stop Elder Abuse

Make the Commitment