

Domestic Violence – A Population Health Threat

Faculty

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Domestic Violence- A Population Health Threat

Activity Purpose/Professional Practice Gap:

Florida State has determined that domestic violence continues to be a public health threat and therefore, requires continuing medical education on the topic of domestic violence for all healthcare practitioners.

Domestic Violence- CME Activity Objectives

1. Discuss how domestic violence is a population health threat.
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 vulnerable populations in a clinical practice and describe how to screen and assess those individuals who may be victims or perpetrators of domestic violence.
4. Discuss the cycle, motivation and risk factors of domestic violence.
5. Describe healthcare practitioners' roles in fulfilling state laws and hospital guidelines for reporting domestic violence incidents.
6. Identify and recommend state and community resources for domestic violence victims related to need for shelter, counseling, and/or child protection services.

Domestic/Intimate Partner Violence

U.S. Public Health Issue

- 59 million women & 52.1 million men reported experiencing contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime stated they first experienced intimate partner violence before the age of 18 ²
- 16.9 million women & 6.2 million men report been stalked by an intimate partner in their lifetime ²
- Over 61.7 million women and 53.3 million men have experienced psychological aggression by an intimate partner in their lifetime ^{1, 2}

Over 1 in 3 women (35.6%) and 1 in 4 men (28.5%) in the US have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

National Domestic Violence Hotline. Retrieved from <https://www.thehotline.org/stakeholders/domestic-violence-statistics/>

1. CDC. (2024, May 16). *About Intimate Partner Violence*. Retrieved from https://www.cdc.gov/intimate-partner-violence/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

2. The National Intimate partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. (2022, October). Retrieved from https://www.cdc.gov/nisvs/documentation/nisvsreportonipv_2022.pdf?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/nisvs/NISVSReportonIPV_2022.pdf

Domestic Violence-

Definition FL s.741.28

(2)“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.

(3)Family or household member includes: spouses, former spouses, persons related by blood or marriage, persons residing together or resided together.

**[s. 741.28 (2-3), F.S. 2021]*

Abuse-Definition

FL s. 415.02

- (1) *“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.

Domestic Violence Key Terms

Intimate Partner

- A romantic or sexual partner including spouses, boyfriends, girlfriends, individuals who have/are dating, or “hooked up”

Contact Sexual Violence

- A combined measure that includes rape, penetration, sexual coercion, and unwanted sexual contact

Stalking

- A pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns for victims

Physical Violence

- A sort of behaviors such as slapping, pushing or shoving to severe acts that include hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, used a knife or gun

Psychological Aggression

- Expressive aggression (such as name calling, insulting or humiliating an intimate partner) and coercive control, which includes behaviors that are intended to monitor and control or threaten an intimate partner

Reproductive Coercion

- Forced or coerced sex, sabotage of contraception, or forcible control of reproductive health by an abusive partner. Reproductive coercion can be in a form of hiding, withholding, or destroying a partner’s contraceptives (birth control), poking holes in or removing condoms, and threat or acts of violence forcing victims to have an abortion or carry a pregnancy full-term

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 vehicle access



Stalking and Violation of Privacy

The following common digital devices may be hacked and used by abusers to violate the privacy of their victims for the purpose of monitoring, threatening, controlling and/or stalking the victims:

- 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
- Limiting handling of cash or accessing 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 sexually-related 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



Vulnerable Populations- Domestic Violence/Intimate Partners



Domestic Violence-

2022 St. Johns County Violence Offenses



Florida Department of Health, 2022

“In 2022, the rate per 100,000 of Domestic Violence Offenses in St. Johns County was 200.4 compared to Florida at 305.”

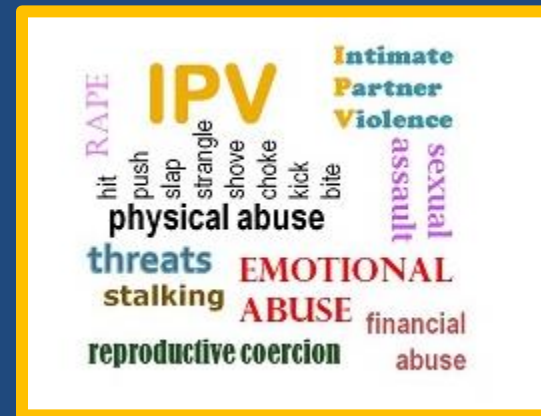
Domestic Violence- St. Johns County Statistics

St. Johns County and Jurisdictional Reported Domestic Violence Offenses, 2022

| Agency | Population | Murder | Manslaughter | Rape | Fondling | Aggravate d Assault | Aggravate d Stalking | Simple Assault | Threat/ Intimidation | Stalking | Total Offenses |
|--|-------------------|------------|--------------|--------------|------------|------------------------|-------------------------|-------------------|-------------------------|------------|-------------------|
| Alachua County | 271,588 | 3 | 0 | 46 | 21 | 399 | 15 | 1,121 | 16 | 21 | 1,642 |
| Clay County | 219,575 | 5 | 0 | 32 | 29 | 80 | 0 | 719 | 0 | 2 | 867 |
| Duval County | 982,080 | 14 | 0 | 50 | 10 | 1,192 | 4 | 7,251 | 88 | 122 | 8,731 |
| Flagler County | 114,235 | 0 | 0 | 19 | 13 | 118 | 0 | 440 | 21 | 1 | 612 |
| Lee County | 750,493 | 8 | 1 | 87 | 41 | 488 | 4 | 2,730 | 23 | 8 | 3,390 |
| Putnam County | 73,723 | 0 | 0 | 2 | 2 | 31 | 0 | 348 | 4 | 0 | 387 |
| St. Johns County | 261,898 | 1 | 0 | 2 | 1 | 141 | 1 | 537 | 7 | 1 | 691 |
| Sumter County | 141,422 | 0 | 0 | 4 | 2 | 74 | 0 | 401 | 3 | 0 | 484 |
| Florida | 21,596,068 | 198 | 19 | 1,795 | 869 | 16,894 | 128 | 84,547 | 1,642 | 523 | 106,615 |
| <p><i>Note: On January 1, 2013, the Federal Bureau of Investigation's (FBI) UCR Program implemented a new definition of Rape that includes incidents previously reported as Forcible Sodomy. Therefore, beginning with the 2013 data, FDLE's UCR modified the collection of Forcible Rape data to include forcible rape, attempted rape, and forcible sodomy. Florida has adopted a "Forcible Sex Offense" category that is not used at the Federal level. Florida's Forcible Sex Offenses (FSO) include forcible rape, attempted rape, forcible sodomy, and forcible fondling. Users of this site will note that various reports will use either a Forcible Rape or a FSO category in Index Offenses. Through the 2012 data, when Forcible Rape is presented, it includes rape and attempted rape only, while forcible sodomy and forcible fondling are included in aggravated assault to comply with Federal UCR reporting guidelines.</i></p> <p>SOURCE: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 2020 [Computer program]. Tallahassee, FL: FDLE. Florida Statistical Analysis Center</p> | | | | | | | | | | | |
| Updated 09/2022 | | | | | | | | | | | |

Domestic/Intimate Partner Violence

- Domestic Violence may occur by intimate partner or familial member
- Intimate partner violence may occur by current or former intimate partner among heterosexual or same-sex couples either in a single episode or escalate over a period of years
- Methods of abuse
 - * emotional or psychological
 - * verbal
 - * physical and/or sexual violence
 - * financial abuse
 - * stalking (physically or technologically)
 - * kidnapping
 - * reproductive coercion
 - * isolation



Affects of Domestic/Intimate Partner Violence

Nationally, Domestic Violence is responsible for approximately:

- 1500 U.S. adult deaths annually
- 2 deaths per 100,000 children annually
- 2% to 10% of elder population annually suffering abuse by spouse, children, relatives, or non-familial caregivers
 - 2% physical abuse, 1% sexual abuse, 5% neglect, 5% financial abuse, and 5% emotional abuse
- \$8 billion national annual cost for medical and mental health services

Domestic/Intimate Partner Violence- Gender Statistics

- 50% of women seen in emergency departments, report a history of abuse¹
- 40% of women killed by their abuser, sought help in the 2 years prior to their death¹
- While women are more likely to use physical aggression in a relationship, men are more likely to inflict an injury²
- 5% of males killed by their intimate partner¹
- 325,000 pregnant women abused annually¹
- 500,000 women and 100,000 men are physically assaulted or raped annually¹

1. Huecker, M., King, K., Jordan, G., & Smock, W. (2023). Domestic violence. *StatPearls*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK499891/>

2. Karakurt, G. & Silver, K. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims*, 28(5), 804-821.

Domestic/Intimate Partner Violence - Victimization By Race/Ethnicity and Gender

Reported Sexual Violence, Physical Violence, and/or Stalking

Women

- Asian and Pacific Islander: 27.2%
- Hispanic: 42.1%
- Non-Hispanic Black: 53.6%
- Non-Hispanic Multiracial: 63.8%
- Non-Hispanic White: 48.4%
- American Indian/Alaskan Native: 57.7%

Men

- Asian and Pacific Islander: 24.8%
- Hispanic: 30.0%
- Non-Hispanic Black: 57.6%
- Non-Hispanic Multiracial: 51.5%
- Non-Hispanic White: 44.0%
- American Indian/Alaskan Native: 51.1 %

Percentage of Domestic/Intimate Partner Violence Related to Sexual Preference



Domestic/Intimate Partner Violence- Geographic Factors

- Rural/Small Populations –
 - May be Isolated from shelters and other resources for victims
 - May contribute to hiding abuse and shame, based on familiarity with abusers
 - Authorities may be favorable to abusers based on familiarity with abusers
 - Law enforcement responses may be slow and unprofessional, based on lack of education/experience in addressing domestic violence issues and incidents



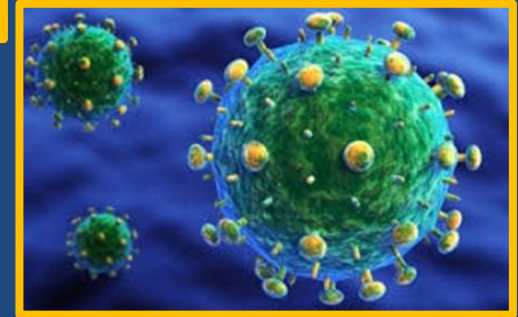
Domestic/Intimate Partner Violence – Medical Consequences



- Bruises
- Insomnia
- Headaches
- Back Pain
- Knife wounds
- GYN disorders
- Pelvic pain

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 isolated



Domestic/Intimate Partner Violence- Psychological Consequences (continued)

Suicidal behavior/ideation

- Post-traumatic stress disorder
 - *Emotional detachment
 - *Flashbacks
 - *Replaying assault in mind



Vulnerable Children



Vulnerable Children – Global Information

- 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
- Estimated globally that at least 1 billion children between the ages of 2-17, have experienced physical, sexual, or emotional violence within the past year.²
- Most violence against child victims includes³:
 - * Abusers restricting the child's movement
 - * Threatening the child
 - * Sexual violence including human trafficking
 - * Maltreatment such as physical, sexual, and psychological/emotional violence
 - * Child neglect



1. Levendosky, A., et al. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women*. 19(2)

2. Violence against children. (2022). World Health Organization. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>

3. National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. San Francisco, CA; Family Violence Prevention Fund, 2014.

Vulnerable Children- Global Information (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



Vulnerable Children – National Statistics

- Per National Children's Alliance 2022 Statistics¹:
 - 550,000 children victims of abuse and neglect
- Per American Society for the Positive Care of Children 2022 Statistics²
 - 1,990 children died from abuse and neglect
 - 5 children die per day
 - 66.1% for all child fatalities under the age of 3 years
 - 44.7% children died from abuse are under age of 1 year
 - 76.4% suffered child neglect
 - 42.1% suffered physical abuse

1. National Children's Alliance. (2024) Retrieved from <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/#:~:text=More%20than%20550%2C000%20children%20are,which%20there%20is%20national%20data>

2. American Society for the Positive Care of Children. (2024). Retrieved from <https://americanspcc.org/child-maltreatment-statistics/>

Vulnerable Children – Florida Statistics

2023 Annual Progress Report from Office of Adoption and Child Protection²:

- * Child Maltreatment State Rate per 1,000 children: 5.14

- * Child Verified Abuse State Rate:

- Age 0-10 years: 16,452 of 23,233 (70.81%)

- Age middle school year: 13.59%

- Age high school years: 15.20%

- * Child Maltreatment Death rate per 1,000 children: 1.35

1. Florida Department of Health. (n.d.) FLHealthCHARTS. Retrieved from <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.TenYrsRpt&cid=560>
2. Office of Adoption and Child Protection (2023). *2023 Annual Report*. Retrieved from <https://www.flgov.com/wp-content/uploads/2024/02/2023-OACP-Report.pdf>

Vulnerable Children Experiencing Child Abuse- St. Johns County Statistics

Children Experiencing Child Abuse (Aged 5-11 Years), Rate Per 100,000 Population
5-11, Single Year

| St. Johns | | | | | Florida | | | |
|-----------|-------|--------|---------|-------|---------|-----------|---------|------|
| Data Year | Count | Denom | Rate | MOV | Count | Denom | Rate | MOV |
| 2023 | 32 | 26,916 | 118.9 | 41.2 | 7,393 | 1,713,325 | 431.5 | 9.8 |
| 2022 | 84 | 26,412 | 318.0 | 67.9 | 8,290 | 1,723,730 | 480.9 | 10.3 |
| 2021 | 110 | 23,586 | 466.4 | 87.0 | 9,095 | 1,684,572 | 539.9 | 11.1 |
| 2020 | 114 | 23,229 | 490.8 | 89.9 | 9,705 | 1,662,185 | 583.9 | 11.6 |
| 2019 | 111 | 21,673 | 512.2 | 95.0 | 10,856 | 1,638,189 | 662.7 | 12.4 |
| 2018 | 154 | 20,974 | 734.2 | 115.5 | 12,648 | 1,623,068 | 779.3 | 13.5 |
| 2017 | 140 | 19,782 | 707.7 | 116.8 | 13,736 | 1,601,169 | 857.9 | 14.3 |
| 2016 | 123 | 19,278 | 638.0 | 112.4 | 14,768 | 1,587,441 | 930.3 | 14.9 |
| 2015 | 112 | 18,915 | 592.1 | 109.3 | 15,970 | 1,579,017 | 1,011.4 | 15.6 |
| 2014 | 161 | 18,575 | 866.8 | 133.3 | 16,357 | 1,566,848 | 1,043.9 | 15.9 |
| 2013 | 192 | 18,215 | 1,054.1 | 148.3 | 17,509 | 1,549,765 | 1,129.8 | 16.6 |
| 2012 | 244 | 17,989 | 1,356.4 | 169.0 | 18,817 | 1,538,427 | 1,223.1 | 17.4 |
| 2011 | 201 | 17,896 | 1,123.2 | 154.4 | 19,154 | 1,539,272 | 1,244.4 | 17.5 |
| 2010 | 140 | 17,640 | 793.7 | 130.9 | 17,942 | 1,526,882 | 1,175.1 | 17.1 |
| 2009 | 121 | 15,305 | 790.6 | 140.3 | 16,356 | 1,603,079 | 1,020.3 | 15.6 |
| 2008 | 85 | 15,251 | 557.3 | 118.2 | 16,094 | 1,607,894 | 1,000.9 | 15.4 |
| 2007 | 154 | 15,075 | 1,021.6 | 160.5 | 17,652 | 1,609,110 | 1,097.0 | 16.1 |
| 2006 | 180 | 14,610 | 1,232.0 | 178.9 | 19,228 | 1,593,752 | 1,206.5 | 16.9 |
| 2005 | 175 | 14,153 | 1,236.5 | 182.1 | 19,013 | 1,571,572 | 1,209.8 | 17.1 |
| 2004 | 195 | 13,380 | 1,457.4 | 203.1 | 18,458 | 1,530,603 | 1,205.9 | 17.3 |

St. Johns County Statistics

Florida Health Charts. (2019). Children experiencing child abuse, age 5-11. Retrieved from <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=560>

Vulnerable Children Experiencing Sexual Violence – St. Johns County Statistics

Children Experiencing Sexual Violence (Aged 5-11 Years), Rate Per 100,000
Population 5-11, Single Year

| St. Johns | | | | | Florida | | | | |
|-----------|-------|--------|------|------|---------|-----------|------|-----|--|
| Data Year | Count | Denom | Rate | MOV | Count | Denom | Rate | MOV | |
| 2023 | 6 | 26,916 | 22.3 | 17.8 | 611 | 1,713,325 | 35.7 | 2.8 | |
| 2022 | 5 | 26,412 | 18.9 | 16.6 | 753 | 1,723,730 | 43.7 | 3.1 | |
| 2021 | 11 | 23,586 | 46.6 | 27.6 | 785 | 1,684,572 | 46.6 | 3.3 | |
| 2020 | 7 | 23,229 | 30.1 | 22.3 | 707 | 1,662,185 | 42.5 | 3.1 | |
| 2019 | 9 | 21,673 | 41.5 | 27.1 | 947 | 1,638,189 | 57.8 | 3.7 | |
| 2018 | 7 | 20,974 | 33.4 | 24.7 | 941 | 1,623,068 | 58.0 | 3.7 | |
| 2017 | 9 | 19,782 | 45.5 | 29.7 | 955 | 1,601,169 | 59.6 | 3.8 | |
| 2016 | 10 | 19,278 | 51.9 | 32.1 | 903 | 1,587,441 | 56.9 | 3.7 | |
| 2015 | 15 | 18,915 | 79.3 | 40.1 | 991 | 1,579,017 | 62.8 | 3.9 | |
| 2014 | 10 | 18,575 | 53.8 | 33.4 | 974 | 1,566,848 | 62.2 | 3.9 | |
| 2013 | 9 | 18,215 | 49.4 | 32.3 | 920 | 1,549,765 | 59.4 | 3.8 | |
| 2012 | 11 | 17,989 | 61.1 | 36.1 | 1,236 | 1,538,427 | 80.3 | 4.5 | |
| 2011 | 5 | 17,896 | 27.9 | 24.5 | 963 | 1,539,272 | 62.6 | 4.0 | |
| 2010 | 6 | 17,640 | 34.0 | 27.2 | 943 | 1,526,882 | 61.8 | 3.9 | |
| 2009 | 12 | 15,305 | 78.4 | 44.3 | 925 | 1,603,079 | 57.7 | 3.7 | |
| 2008 | 7 | 15,251 | 45.9 | 34.0 | 924 | 1,607,894 | 57.5 | 3.7 | |
| 2007 | 9 | 15,075 | 59.7 | 39.0 | 926 | 1,609,110 | 57.5 | 3.7 | |
| 2006 | 14 | 14,610 | 95.8 | 50.2 | 1,224 | 1,593,752 | 76.8 | 4.3 | |
| 2005 | 6 | 14,153 | 42.4 | 33.9 | 1,476 | 1,571,572 | 93.9 | 4.8 | |
| 2004 | 10 | 13,380 | 74.7 | 46.3 | 1,427 | 1,530,603 | 93.2 | 4.8 | |

St. Johns County Statistics

Florida Health Charts. (2019). Children experiencing sexual violence, age 5-11. Retrieved from <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0561&drpCounty=55>

Vulnerable Children Calling 911

Child Witness to Domestic Violence

911 call:

Click: <https://www.youtube.com/watch?v=ryLBCu097ns>



If link is not working, copy and paste address into separate window browser.



Vulnerable Adults



Vulnerable Adults-Elder Abuse

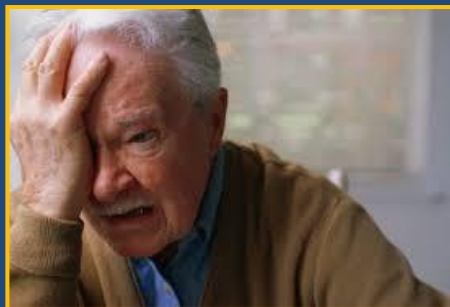
- Many similarities to Child Abuse:
 - *Dependence on abusers (adult children, caretakers, home health aids, etc.)
 - *Inability/unwillingness to communicate abuse
 - *Often presents in non-specific ways (anxiety, chronic pain, trouble sleeping, etc.)
 - *Poor primary care, often present in ED
- Verbal abuse most common, but financial exploitation, neglect, and physical abuse are also present in the elder demographic^{1, 2}

1. Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373, 1947–56. doi: 10.1056/NEJMr1404688

2. National Council on Ageing. (2024, July 8). *Get the facts on elder abuse*. Retrieved from <https://www.ncoa.org/article/get-the-facts-on-elder-abuse/>

Vulnerable Adults - Elder Abuse (continued)

- It is estimated that between 1-2 million US citizens over the age of 65 have been mistreated, exploited, or injured by a caregiver¹
- It is important to have someone see inside the home to help detect abuse (paramedic, neighbor, etc.)²
- Types of elder abuse include ³:
 - * Abandonment
 - * Emotional abuse
 - * Financial/Material exploitation
 - * Neglect
 - * Physical abuse
 - * Self-neglect
 - * Sexual abuse



Vulnerable Adults - Elder Abuse (continued)

Adult Neglect is defined as:

1. “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/or medical services

or

2. “Failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect or exploitation by others”

Vulnerable Adults - Elder Abuse (continued)

Adult Exploitation is defined as:

1. “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”

or

2. “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”

Vulnerable Adults - Elder Abuse (continued)

Adult Self-Neglect is defined as:

1. “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”

or

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

The Vulnerable – Human Trafficking



The Vulnerable - Human Trafficking Global Statistics

Sexual Trafficking

- From 2007 to 2019, the National Human Trafficking Hotline, managed by Polaris, received 63,380 reports relating to sex trafficking cases in the U.S.¹
- The International Labor Organization estimates there are 4.8 million individuals trapped in forced sexual exploitation globally²



Labor Trafficking

- 16 million individuals are trapped in involuntary labor in industries including: agriculture, construction, domestic work and manufacturing³
- Trafficking does not always involve travel to the destination of exploitation: 2.2 million (14%) of victims of forced labor moved either internally or internationally, while 3.5 million (74%) of victims of sexual exploitation were living outside their country of residence⁴

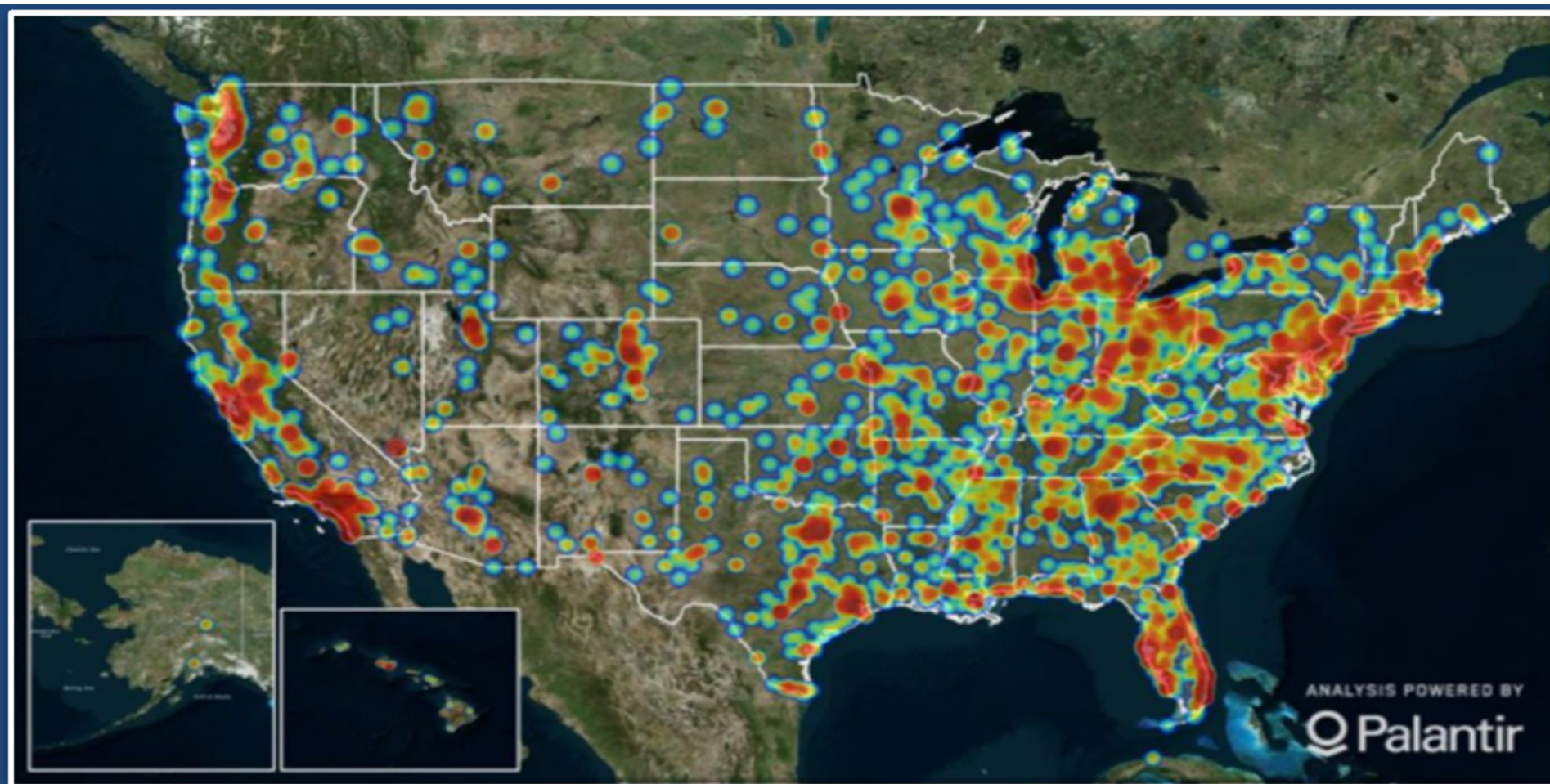
1. The National Human Trafficking Hotline. (n.d.) Retrieved from <https://humantraffickinghotline.org/en/statistics>

2. Global estimates of modern slavery: forced labour and forced marriage. International Labour Organization. Retrieved from https://www.ilo.org/global/publications/books/WCMS_575479/lang--en/index.htm

3. U.S. Customs and Border Protection. (2024). Retrieved from <https://www.cbp.gov/border-security/human-trafficking>

4. Human Trafficking by the Numbers. Retrieved from <https://humanrightsfirst.org/library/human-trafficking-by-the-numbers/>

The Vulnerable -U.S. Human Trafficking Locations



2019 U.S. national human trafficking hotline statistics. (n.d.). *Polaris*. Retrieved from <https://polarisproject.org/2019-us-national-human-trafficking-hotline-statistics>

The Vulnerable-U.S. Human Trafficking Statistics

- The National Human Trafficking Hotline has received approximately 399,494 reports since initiated in 2007 ¹ through the following reporting mechanisms:
 - Hotline call: 283,584
 - SMS report: 62,273
 - Online report: 30,532
 - Email received: 15,409
 - Web chat: 7,696
- Estimated 40.3 million victims of human trafficking globally²
 - 81% are trapped in forced labor
 - 25% are minors
 - 75% are women and girls
- 24.9 million people denied freedom²
- Estimated global profits approximately \$150 billion a year with approximately \$99 billion from sexual exploitation²

1. *The National Human Trafficking Hotline*. (n.d.) Retrieved from <https://humantraffickinghotline.org/en/statistics>

2. *Global estimates of modern slavery: forced labour and forced marriage*. International Labour Organization. Retrieved from https://www.ilo.org/global/publications/books/WCMS_575479/lang--en/index.htm

3. *Sex trafficking*. (2019). *Polaris*. Retrieved from <https://humantraffickinghotline.org/sites/default/files/Polaris-2019-US-National-Human-Trafficking-Hotline-Data-Report.pdf>

The Vulnerable -U.S. Human Trafficking Statistics

- Estimated 1.1 million people (3.3 per thousand) live in modern-day slavery
- Labor trafficking victims (domestic work, agriculture and farming, construction, retail, hospitality and illicit activities)
 - 81% adults
 - 55% foreign nationals
 - 66% commercial sexual exploitation were children
- Forced marriage
 - 300,000 legal marriages in US between 2000-2018
 - 96% girls ages 16-17, though some married at 10 years of age
 - Girls represent 86% child marriage victims and most forced to marry adult men



The Vulnerable – U.S. Human Trafficking Statistics (continued)

- ❖ 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 victims¹



The Vulnerable – Florida Human Trafficking Statistics

- ❖ Florida ranks **3rd** for human trafficking reports in the U.S.
- ❖ As of December 31, 2023, 680 human trafficking cases were reported out of 1,172 contacts.

Types of Trafficking

| | |
|---------------|-----|
| Sex | 385 |
| Labor | 122 |
| Sex and Labor | 83 |

Venues for Labor Trafficking

| | |
|-------------------------|----|
| Domestic Work | 13 |
| Restaurant/Food Service | 11 |
| Landscaping Service | 5 |
| Other | 54 |

Venues for Sex Trafficking

| | |
|--------------------------------|-----|
| Residence-Based Commercial Sex | 50 |
| Illicit Massage/Spa Business | 11 |
| Online Ad, Venue Unknown | 10 |
| Hostess/Strip Club-Based | 7 |
| Escort/Delivery Service | 4 |
| Other | 238 |

Examples of Health Issues Presenting to Providers in Human Trafficking Victims

- Emergency medical conditions including profuse bleeding caused by abuse or involuntary abortion, on the job injury, or problems during pregnancy such as an ectopic pregnancy
- Addiction issues (overdose or withdrawals)
- Lack of prenatal care
- Severe wound infections with signs of septicemia
- Dental crisis or plastic surgery consultations or problems
- Gynecological services for STDs
- Health related mental issues (depression, suicidal thoughts, anxiety)
- Chronic health issues (diabetes, hypertension, tuberculosis, cancer, and musculoskeletal problems)



The Vulnerable – Identifying Human Trafficking Victims

“How to spot human trafficking”

by Kanani Titchen, MD from TEDx GeorgeSchool talk:

Click link or copy and past address into browser address bar to view video (12:10 min.):

<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

- ❖ St. Johns County Sheriff's Department: 904-824-8304
- ❖ Florida Department of Children and Families abuse hotline:
1-800-962-2873
Florida Relay: 711
TTY: 1-800-955-8771
- ❖ Florida Human Trafficking Hotline: 1-855-FLA-SAFE

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

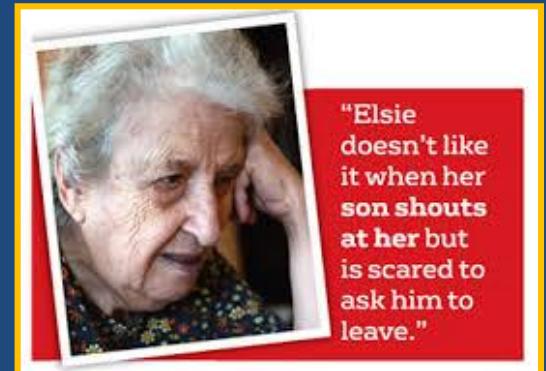
* Text: 233733



❖ Homeland Security's Blue Campaign Human Trafficking
report line: 1-866-347-2423



Healthcare Providers' Role – Risk Factors, Motivation, Screening



Healthcare Providers' Role – Victim Assessment During Patient Care

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



Healthcare Providers' Role – Victim Assessment During Patient Care_(continued)

Risk Factors for Victimization:

- Low education or income
- Depression and suicide attempts
- History of physical abuse
- Emotional dependence and insecurity
- Heavy alcohol and drug use
- Belief in strict gender roles (ex. male dominance and aggression in relationships)



Healthcare Provider Role – Victim Assessment During Patient Care_(continued)

Relationship-Related Risk Factors for Victimization:

- Jealousy, possessiveness, tension, divorce, or separation
- Family experiencing economic stress
- Children witnessing violence between parents
- History of poor parenting
- One partner controlling the relationship



Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Common Victim Characteristics:

- 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
- 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



Choo, E.K. & Linden, J.A. (2018). Intimate partner violence and abuse. Rosen's Emergency medicine: Concepts & Clinical Practice. (9th ed.). p. 758-767.e2. Elsevier: ClinicalKey

Karakurt, G., Silve, K.E. (2013) Emotional abuse in intimate relationships: The role of gender and age. Violence and Victims, 28(5), 804–821.

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Locus of Control

VICTIMS OFTEN HAVE AN INTERNAL LOCUS OF CONTROL¹

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

PERPETRATORS OFTEN HAVE AN EXTERNAL LOCUS OF CONTROL²

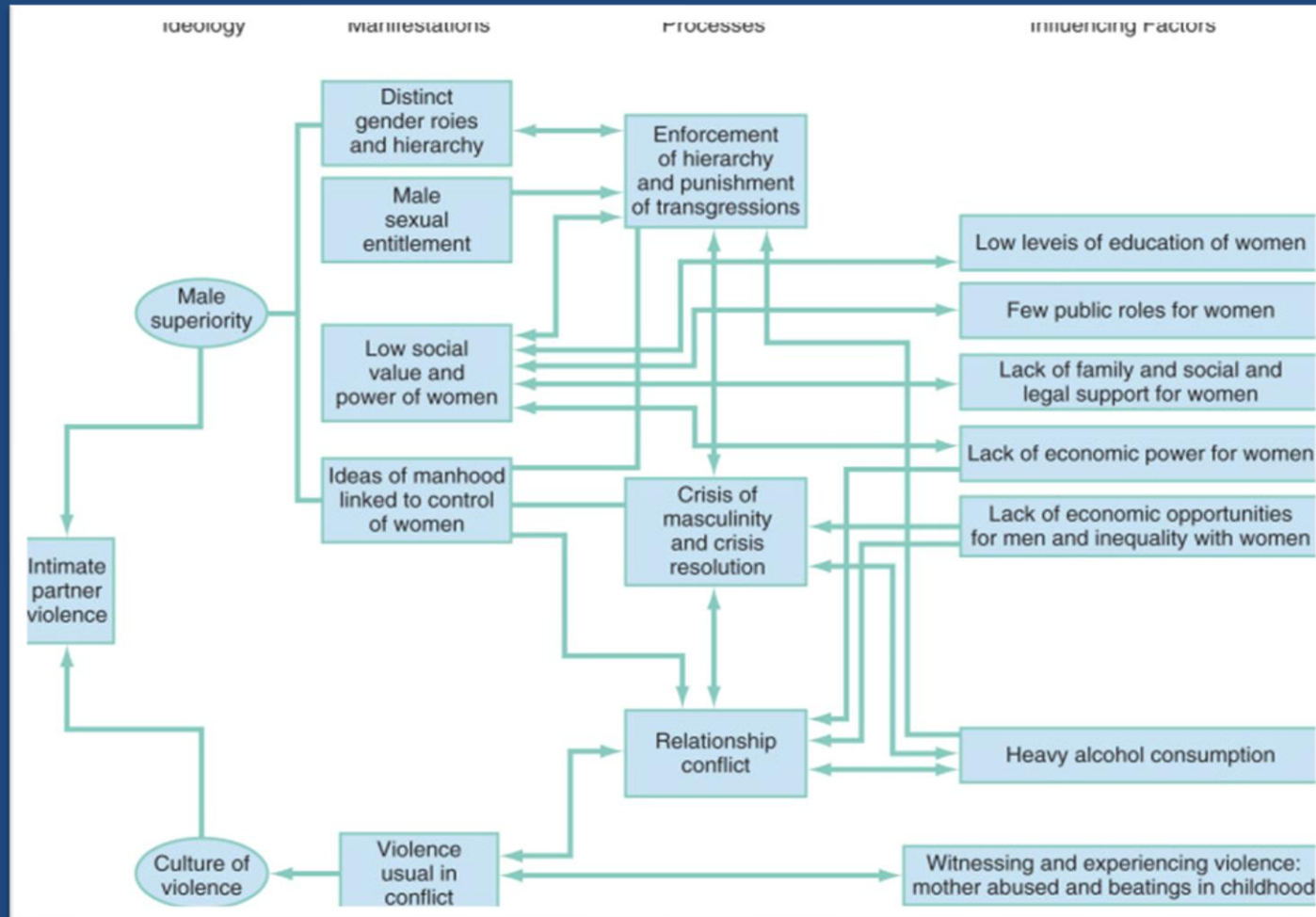
- Assign blame to others
- Believe they're entitled to punish others
- Assume they can't change
- Place their worth above everyone else's

1. Roazzi, A., Attili, G., Di Pentima, L., & Toni, A. (2016) Locus of control in maltreated children: The impact of attachment and cumulative trauma. *Psicologia: Reflexao e Critica*. 29. <http://dx.doi.org/10.1186/s41155-016-0025-9>

2. Blame Shifting and Minimizing: There's no EXCUSE for Abuse. (n.d.) *The National Domestic Violence Hotline*. Retrieved from <http://www.thehotline.org/2014/01/15/blame-shifting-and-minimizing-theres-no-excuse-for-abuse/>

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

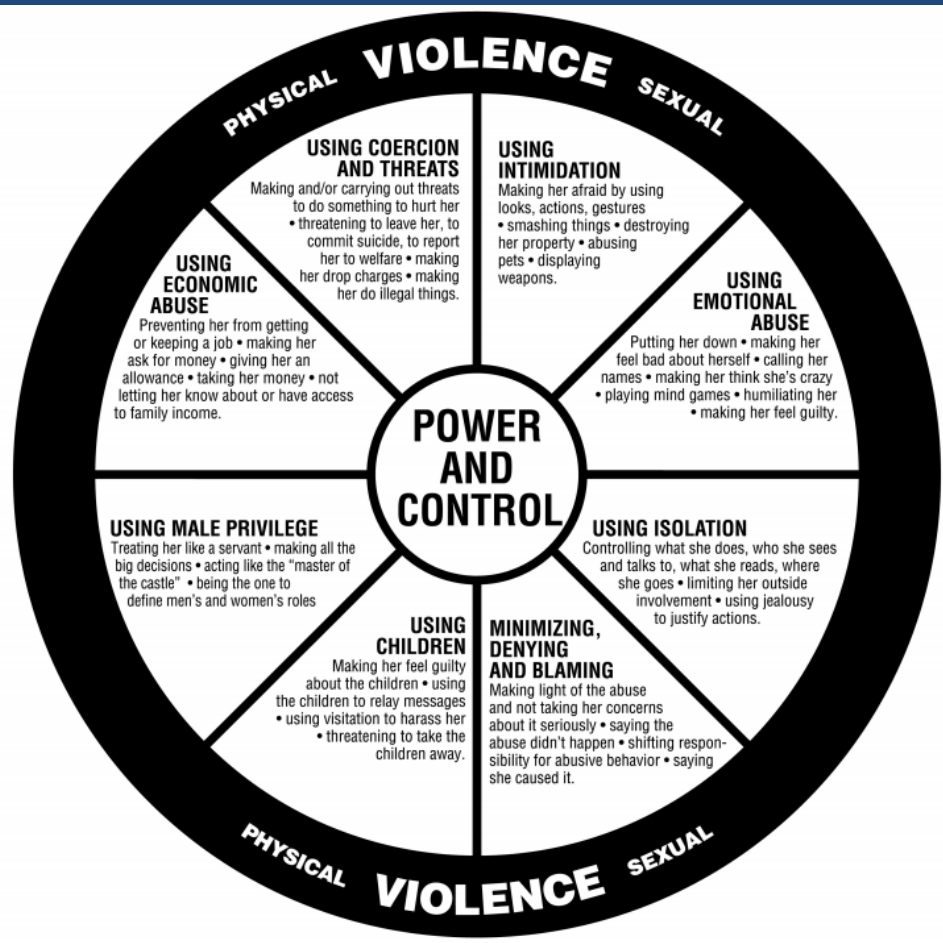
Motivations for Domestic Violence



Choo, E.K. & Linden, J.A.
(2018). Intimate partner
violence and abuse. Rosen's
Emergency medicine:
Concepts & Clinical Practice.
(9th ed.). p. 758-767.e2.
Elsevier: ClinicalKey

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Domestic Violence Power and Control Wheel



- Created by the Domestic Abuse Intervention Project in Duluth, MN
- She/her pronouns are used for the victims and he/him pronouns for the perpetrator although abusive behavior can happen to any gender or sexuality
- Serves as a diagram of tactics that abusive partners use to keep their victims in a relationship
- The inside of the wheel is made of subtle, continual behaviors, while the outer ring symbolizes physical and sexual violence
- Abusive behavior represented in the outer ring, often reinforces the regular use of other, more subtle methods located in the inner ring

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Cycle of Abuse



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

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Risk Factors for Perpetrators:

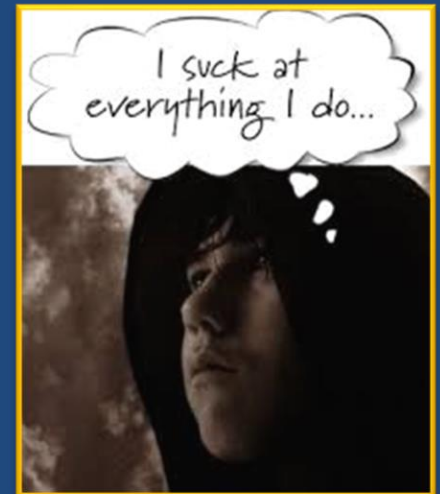
- Being a victim of abuse
- History of being abusive, aggressive or delinquent
- Emotional dependence and insecurity
- Personality disorders
- Anger and hostility
- Heavy alcohol and drug use
- Social isolation, few friends
- Being unemployed, economic stress
- Belief in strict gender roles, stereotypes
- Desire for power and control in relationships



Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Common Characteristics of Perpetrators That Exist In Every Socioeconomic class, race, age:

- Low self-esteem
- Insecure and unable to trust others
- Often extremely or pathologically jealous
- Critical of partners



Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Common Characteristics of Perpetrators:

- 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



Healthcare Provider Role – Victim Assessment During Patient Care (continued)

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
- May give vague explanation of presenting injury/complaint
- May be reluctant to undergo physical examination



Choo, E.K. & Linden, J.A. (2018). Intimate partner violence and abuse. *Rosen's Emergency medicine: Concepts & Clinical Practice*. (9th ed.). p. 758-767.e2. Elsevier: ClinicalKey

McCurdy, K.R., et al. (2016). Domestic violence/intimate partner violence: Screening, detection and intervention. *Northeast Florida Medicine*. 67(1), 43-52

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Assessment Strategies:

- Speak to suspected victims privately –ask accompanying people to leave room during examination
- Per UF Health 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

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

Intervention Strategies:

| Intervention Strategies Based on Intimate Partner Violence (IPV) Exposure and Risk Level | | |
|--|--|--|
| PATIENT TYPE BASED ON ASSESSMENT | INITIAL INTERVENTION STEPS | CRITICAL DOCUMENTATION FOR THE ENCOUNTER |
| No history of IPV or suspicion of abuse | Provide basic message that IPV is a health problem. | "No history of IPV; no suspicion of IPV" |
| Prior history of IPV but no current exposure | Assess for sequelae of prior abuse; provide educational message that patient is at risk of future IPV relationship. | Add history of IPV to problem list (can be coded as a V code); describe medical and mental health impact and any referrals made. |
| Recent or current abuse but no injuries and no elements on danger assessment | Assess for sequelae of abuse; provide referrals to IPV resources. | Add IPV to problem list; describe health sequelae from abuse; note referral for urgent follow-up provided to patient. |
| Recent or current abuse with injuries or positive findings on danger assessment | Crisis bedside consultation by social services or IPV advocate; discuss possibility of an order for protection; notify police if required by law. | 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. |
| Suspicion of current abuse but patient denies IPV | Provide basic message that IPV is a health problem; request bedside consultation by social services or IPV advocate; provide referrals to IPV resources. | 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. |

(Choo & Linden, 2018, p. 763)

Healthcare Provider Role – Victim Assessment During Patient Care (continued)

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.

Florida Healthcare Providers' Role In Mandatory Reporting



Florida Healthcare Providers' Role In Mandatory Reporting

Adult Protective Services: FL s.415.1034

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;*

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Adult Protective Services: FL s.415.1034 (cont.)

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.

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Child Abuse: FL s.39.201

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

A person is required to report suspected child abuse if:

- (1)(a) *Child abuse, abandonment, or neglect by a parent or caregiver, which includes, but is not limited to, when a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or when 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 such supervision and care..*
- (b) *Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare. The central abuse hotline must immediately electronically transfer such reports to the appropriate county sheriff's office.*
- (2) *Any person who knows, or has reasonable cause to suspect, that a child is the victim of sexual abuse or juvenile sexual abuse shall report such knowledge or suspicion to the central abuse hotline, including if the alleged incident involves a child who is in the custody of or under the protective supervision of the department.*

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Child Abuse: FL s.39.201 (continued)

(b) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. *A person from the general public*

2. (a) **Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;**

(b). Health or mental health professional other than one listed in subparagraph 1.;

(c). Practitioner who relies solely on spiritual means for healing;

(d). School teacher or other school official or personnel;

(e). Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

(f). Law enforcement officer; or

(g). Judge; or

(h). Animal control

(c) 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.

Florida Healthcare Providers' Role In Mandatory Reporting_(continued)

UF Health St. Johns Reporting Policy:

Physicians, nurses, or employees of a hospital, clinic, or nursing home 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

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

UF Health St. Johns Reporting Policy - Notes on Burn Victims:

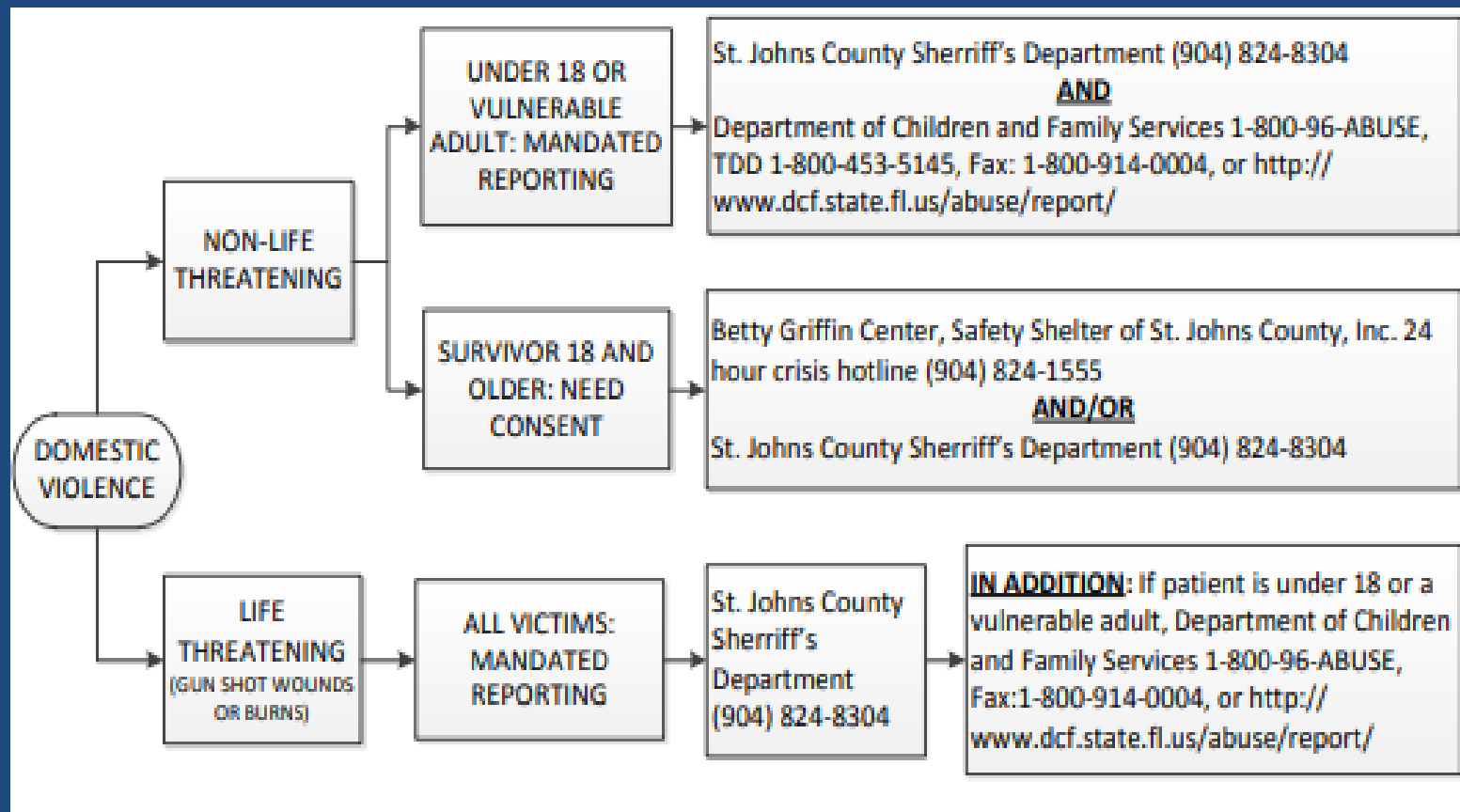
Burns **mandate** reporting if:

- Patient has 2nd or 3rd 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: This policy does not apply to burn injuries received by a member of the armed forces, or by a governmental employee, engaged in the performance of his or her duties (F.s. 877.155)*

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

UF Health St. Johns Domestic Violence Policy Reporting Guidelines:



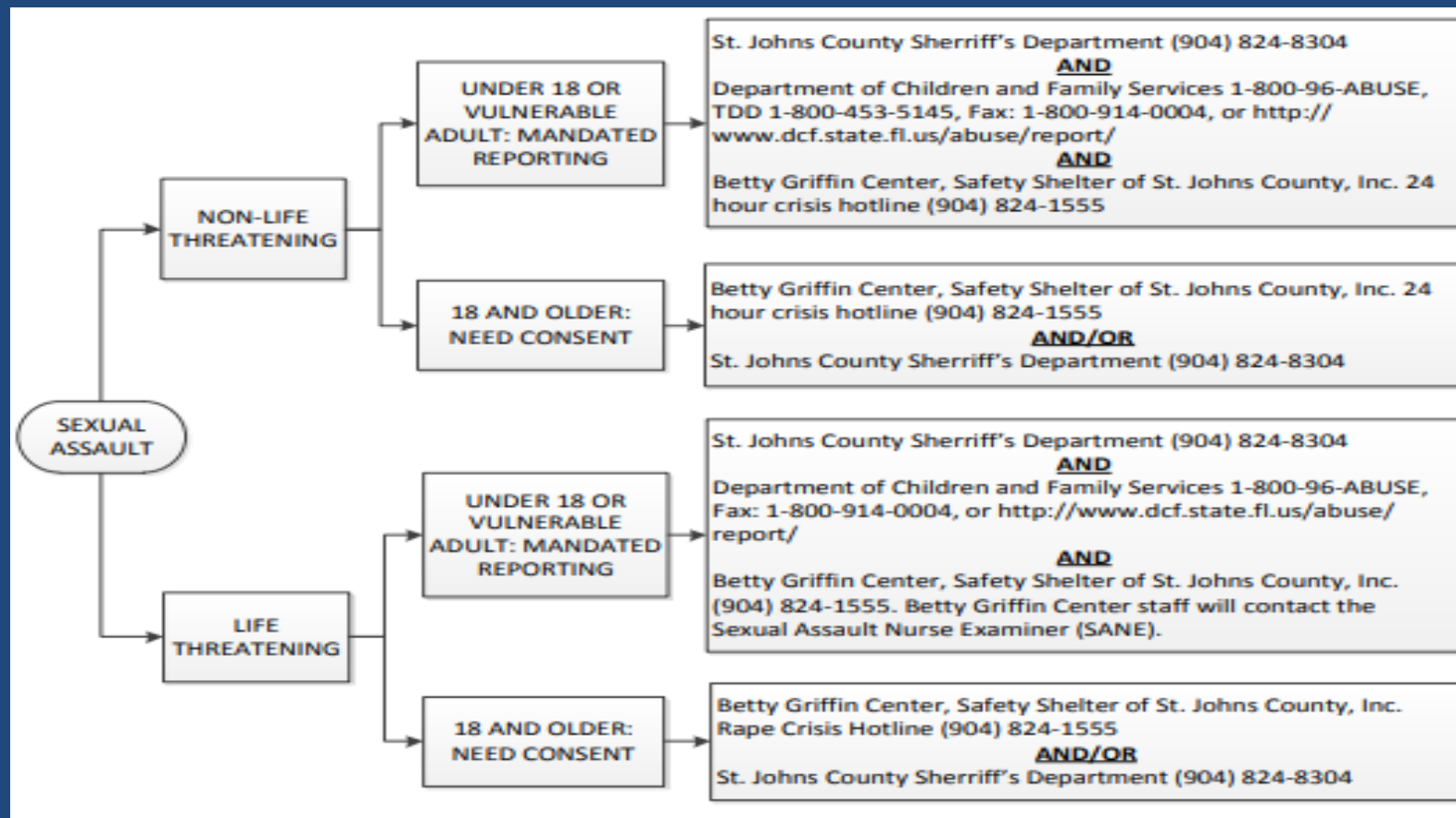
Florida Healthcare Providers' Role In Mandatory Reporting (continued)

UF Health St. Johns Domestic Violence Policy Reporting Guidelines (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

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

UF Health St. Johns Sexual Assault Policy Reporting Guidelines:



Florida Healthcare Providers' Role In Mandatory Reporting (continued)

UF Health St. Johns Sexual Assault Policy Reporting Guidelines (continued):

- 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

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Protected Health Information (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

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

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.*

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Child Abuse: FL s.39.203-Immunity

*(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.*

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Local resources:

***Safety Shelter of St. Johns County 24/hr hotline:**

904-824-1555

Website: www.bettygriffinhouse.org



or

***Florida Domestic Violence Hotline:**

1-800-500-1119

Website: www.fcadv.org



Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Neighboring County Resources:

❖ **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

Florida Healthcare Providers' Role In Mandatory Reporting (continued)

Neighboring County Resources (continued)

❖ 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

Commit to helping those who cannot help themselves!



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