



Understanding Domestic Violence

2 CEU's

Course Description

This course is designed to assist the behavioral healthcare worker in understanding domestic violence and the mandates that involve behavioral healthcare workers. In addition to defining domestic violence, this course will review the effects of domestic violence, the cycle of violence, associated risk factors, safety planning, confidentiality and the legalities of domestic violence.

Course Objectives

Upon completion of this course the participant will:

- Be able to define domestic violence.
 - Be able to discuss the statistics related to domestic violence.
 - Develop an understanding of the impact and consequences of domestic violence on the victim from a health, psychological, and emotional perspective.
 - Be able to assess, counsel and formulate safety plans for clients at risk of domestic violence or who are currently in a violence relationship.
 - Be able to identify national and local domestic violence resources.
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Introduction

Every year, on average, more than four people a day are murdered by their romantic partners in the United States. Men and women of all ages are at risk for domestic and sexual violence and its effects, which include: long-lasting pain, increased risk of substance abuse, depression, poor academic performance, suicidal ideation, and future violence. In addition, sexual and domestic violence are linked to a wide range of reproductive health issues including sexually transmitted disease and HIV transmission.

Defining the Problem

Domestic violence is a broad term that indicates violence in close or intimate interpersonal relationships. This violence is known by many names: intimate partner violence, wife abuse, wife battering, spousal abuse, woman abuse, etc. Some define the term domestic violence even broader to include child abuse, elder abuse, or any close interpersonal relationship. Put simply, domestic violence occurs when one person purposely causes either physical or mental harm to another when they are in a close personal relationship. These crimes occur in both heterosexual and same-sex relationships.

Because the definition of domestic violence varies from agency to agency and state to state, obtaining accurate statistics is difficult. It is also important to remember that abuse rarely occurs in just one form; more frequently forms of abuse occur in combinations. A man who is physically abused is also likely isolated and controlled by his partner; a woman who is abused sexually may also be stalked and emotionally abused. Domestic violence is a serious, preventable public health problem affecting more than 32 million Americans (Tjaden & Thoennes, 2000a). It occurs on a continuum, ranging from one assault that may or may not significantly impact the victim, to chronic, repeated abuse which is also known as battering (CDC, 2008).

Definitions and Types of Abuse

DEFINITIONS

Domestic violence (also known as domestic abuse, spousal abuse, or intimate partner violence) occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Domestic violence often refers to violence between spouses, or spousal abuse but can also include cohabitants and non-married intimate partners. Domestic violence occurs in all cultures; people of all race, ethnicity, religion, sex and class can be perpetrators of domestic violence.

The following definition and examples are provided by domesticviolence.org –

Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated or dating. Examples of abuse include:

- Name-calling or putdowns.
- Keeping a partner from contacting their family or friends.
- Withholding money.
- Stopping a partner from getting or keeping a job.
- Actual or threatened physical harm.
- Sexual assault.
- Stalking.
- Intimidation.

Violence can be criminal and may include physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuses are not criminal behaviors, they are forms of abuse and can lead to criminal violence. The violence takes many forms and can happen all the time or once in a while.

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

The U.S. [Office on Violence Against Women](#) (OVW) defines domestic violence as a "pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner". The definition adds that domestic violence "can happen to anyone regardless of race, age, sexual orientation, religion, or gender", and that it can take many forms, including physical abuse, sexual abuse, emotional, economic, and psychological abuse.

The Florida Coalition Against Domestic Violence defines domestic violence as:

“A pattern of controlling behaviors – violence or threats of violence – that one person uses to establish power over an intimate partner in order to control that partner’s actions and activities. Domestic violence is not a disagreement, a marital spat, or an anger management problem. Domestic violence is abusive, disrespectful, and hurtful behavior that one intimate partner chooses to use against the other partner.”

Florida’s legal definition of domestic violence is as follows:

“741.28 Domestic violence; definitions. --As used in ss. 741.28-741.31: "Department" means the Florida Department of Law Enforcement. "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. "Law enforcement officer" means any person who is elected, appointed, or employed by any municipality or the state or any political subdivision thereof who meets the minimum qualifications established in s. 943.13 and is certified as a law enforcement officer under s. 943.1395.”

TYPES OF ABUSE

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; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.

Sexual Violence

Sexual violence is divided into three categories: 1) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and 3) abusive sexual contact.

Threats of physical or sexual violence

Using words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm constitutes “threats of physical or sexual violence.”

Psychological/Emotional Violence

Psychological/Emotional Violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. In addition, stalking is often included among the types of domestic violence. Stalking generally refers to "harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property" (Tjaden & Thoennes 1998). Stalking is the unwanted pursuit of another person. By its nature, stalking is not a one-time event. The individual's actions must be considered in connection with other actions to determine if someone is being stalked.

Statistics and Costs

STATISTICS

- Approximately, 29% of women and 10% of men in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship (Black et al., 2011). In general, victims of repeated violence over time experience more serious consequences than victims of one-time incidents (Johnson and Leone, 2005).
- 1 in 4 women (24.3%) and 1 in 7 men (13.8%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime (Black et al., 2011).
- Nearly, 15% of women (14.8%) and 4% of men have been injured as a result of domestic violence that included rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011).
- In 2010, 241 males and 1095 females were murdered by an intimate partner (U.S. Department of Justice, FBI, 2011).
- More than one in three women and more than one in four men in the United States have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime.
- 74% of all murder-suicides involved an intimate partner (spouse, common-law spouse, ex-spouse or boyfriend/girlfriend). Of these, 96 percent were women killed by their partners.
- 1 in 5 female high school students reports being physically and/or sexually abused by a dating partner.
- Interpersonal violence is the leading cause of female homicides and injury-related deaths during pregnancy.
- The percentage of women who consider their mental health to be poor is almost three times higher among women with a history of violence than among those without.
- Women with disabilities have a 40 percent greater risk of domestic violence, especially severe violence, than women without disabilities.
- Nearly half of all women in the United States have experienced at least one form of psychological aggression by an intimate partner.
- On average, more than 3 women are murdered by their husbands or boyfriends every day.
- 1 out of 3 women around the world has been beaten, coerced into sex or otherwise abused during her lifetime.

These statistics come from The American Psychological Association

COSTS TO SOCIETY

- Costs of domestic violence against women alone in 1995 exceeded an estimated \$5.8 billion. These costs included nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC 2003). This is generally considered an underestimate because the costs associated with the criminal justice system were not included.
- In 2003 domestic violence costs exceeded \$8.3 billion, which included \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives (Max et al. 2004).
- The increased annual health care costs for victims of domestic violence can persist as much as 15 years after the cessation of abuse (Rivara et al., 2007).
- Victims of severe domestic violence lose nearly 8 million days of paid work-the equivalent of more than 32,000 full-time jobs-and almost 5.6 million days of household productivity each year (CDC 2003).
- Women who experience severe aggression by men (e.g., not being allowed to go to work or school, or having their lives or their children's lives threatened) are more likely to have been unemployed in the past, have health problems, and be receiving public assistance (Lloyd and Taluc 1999).

Risk and Protective Factors

Risk factors are associated with a greater likelihood of domestic victimization or perpetration. They are contributing factors and may or may not be direct causes. Not everyone who is identified as "at risk" becomes involved in violence.

Some risk factors for domestic violence victimization and perpetration are the same. In addition, some risk factors for victimization and perpetration are associated with one another; for example, childhood physical or sexual victimization is a risk factor for future domestic violence perpetration and victimization.

A combination of individual, relational, community and societal factors contribute to the risk of becoming a victim or perpetrator of domestic violence. Understanding these multilevel factors can help identify various opportunities for prevention.

Individual Risk Factors Include

Low self-esteem, Low income, Low academic achievement, Unemployment
Aggressive or delinquent behavior as a youth
Heavy alcohol and drug use, Depression, Anger and hostility
Antisocial personality traits, Borderline personality traits
Prior history of being physically abusive
Having few friends and being isolated from other people
Emotional dependence and insecurity
Belief in strict gender roles (e.g., male dominance and aggression in relationships)
Desire for power and control in relationships, Perpetrating psychological aggression
Being a victim of physical or psychological abuse),
History of experiencing poor parenting as a child
History of experiencing physical discipline as a child

Relationship Risk Factors Include

Marital conflict-fights, tension, and other struggles
Marital instability-divorces or separations
Dominance and control of the relationship by one partner over the other
Economic stress
Unhealthy family relationships and interactions

Community Risk Factors Include

Poverty and associated factors (e.g., overcrowding)
Low social capital-lack of institutions, relationships, and norms that
shape a community's social interactions
Weak community sanctions against domestic violence (e.g., unwillingness of neighbors to
intervene in situations where they witness violence)

Societal Risk Factors Include

Traditional gender norms (e.g., women should stay at home, not enter workforce, and be
submissive; men support the family and make the decisions).

Children in a Violent Home

Most children in violent homes know about the violence. Parents may think children do not know about the violence, but most of the time they do. They can feel helpless, scared and upset. They may also feel like the violence is their fault.

Violence in the home is dangerous for children. They are afraid for their parents and themselves. Children feel bad that they cannot stop the abuse. If they try to stop the fight, they can be hurt. They can also be hurt by things that are thrown or weapons that are used. Children live with scary noises, yelling and hitting. They are harmed just by seeing and hearing the violence. Children in violent homes may not get the care they need. A parent who is being abused may be in too much pain to take good care of their child. Children who live in violent homes can have many problems. They can have trouble sleeping. They can have trouble in school and getting along with others. They often feel sad and scared all the time. They may grow up feeling bad about themselves.

Victims, Abusers and the Cycle of Violence

Before establishing who the victims of abuse are and who the perpetrators are, let's look at what abuse is and define some examples of abuse.

Caution: As we look at what is known about those who perpetrate domestic violence it is essential to remain mindful of the dangers of generalizing. Here are some things to consider:

- How dangerous a particular batterer is cannot be determined on the basis of generalizations but must be determined by the survivor in the context of her or his actual knowledge and experience of the perpetrator.
- An individual survivor's decisions about what to do or not do about the violence is very much a function of what that survivor knows about the perpetrator and not what studies tell us about perpetrators in general.
- The empowerment model does not explicitly or implicitly point survivors toward leaving a violent partner. Instead, it points toward supporting each survivor to become clear about the safest and best path for her or him.

About Abuse

Many people who are being abused do not see themselves as victims. Also, abusers do not see themselves as being abusive. People often think of domestic violence as physical violence, such as hitting. However, domestic violence takes other forms, such as psychological, emotional, or sexual abuse.

The following is a brief list of patterns of controlling behavior:

- Pushing, hitting, slapping, choking, kicking, or biting.
- Threatening victim, their children, other family members or pets.
- Threatening suicide to get the victim to do something.
- Using or threatening to use a weapon.
- Keeping or taking the victims paychecks.
- Making statements with the intent of making the victim feel bad.
- Forcing sex or sexual acts the victim does not want or like.
- Keeping the victim from seeing friends, family or going to work.

Who Are The Victims?

Victims can be of any age, sex, race, culture, religion, education, employment or marital status. Although both men and women can be abused, most victims are women. Children in homes where there is domestic violence are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even if a child is not physically harmed, they may have emotional and behavior problems. Anyone can be a victim—a lesbian, gay, or transgendered person; people of color; a physically or mentally challenged individual; the elderly; a male or female; children, adolescents, etc. A person can be a victim of abuse or at risk if they are dating someone who:

- Is very jealous and/or spies on you
- Will not let you break off the relations
- Hurts you in any way, is violent, or brags about hurting other people
- Puts you down or makes you feel bad
- Forces you to have sex or makes you afraid to say no to sex
- Abuses drugs or alcohol or pressures you to use drugs or alcohol
- Has a history of bad relationships and blames it on others

Who Are The Abusers?

Abusers are not easy to spot. There is no 'typical' abuser. In public, they may appear friendly and loving to their partner and family. They often only abuse behind closed doors. They also try to hide the abuse by causing injuries that can be hidden and do not need a doctor.

Abuse is not an accident. It does not happen because someone was stressed-out, drinking, or using drugs. Abuse is an intentional act that one person uses in a relationship to control the other. Abusers have learned to abuse so that they can get what they want. The abuse may be physical, sexual, emotional, and psychological. Abusers often have low self-esteem. They do not take responsibility for their actions. They may even blame the victim for causing the violence. In most cases, men abuse female victims. It is important to remember that women can also be abusers and men can be victims.

Risk Factors for Becoming an Abusive Partner

Low income, Low academic achievement, Aggressive behavior as a youth
Heavy alcohol and drug use, Depression, anger and hostility
Prior history of being physically abusive, Few friends and isolation from other people,
Unemployment, Emotional dependence and insecurity, Desire for power and control,
Belief in strict gender roles, Being a victim of childhood abuse.

The Violence Wheel

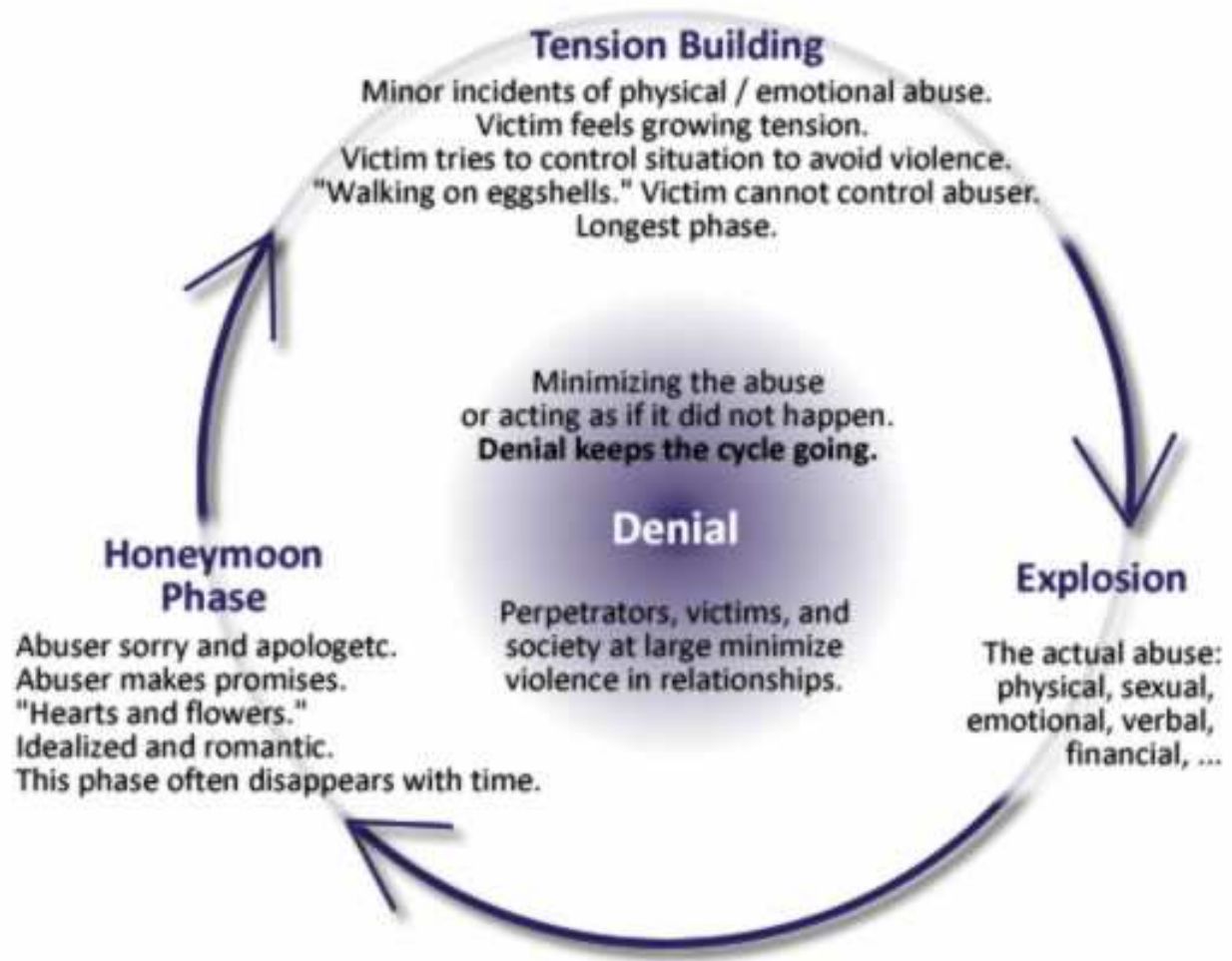
The chart below is a way of looking at the behaviors abusers use to obtain and keep control in their relationships. Battering is a choice. It is used to gain power and control over another person. Physical abuse is only one part of a system of abusive behaviors. This chart uses the wheel to show the relationship of physical abuse to other forms of abuse. Each part shows a way control or gain power.



TheDeluthModel.org

The Cycle of Violence

The Cycle of Violence depicts a pattern often experienced in abusive relationships. The cycle consists of three phases—tension building, explosion and honeymoon—that repeat over and over.



dvsolutions.org

The cycle of violence can happen hundreds of times in an abusive relationship. Each stage lasts a different amount of time. The total cycle can take anywhere from a few hours to a year or more to complete. It is important to remember that not all domestic violence relationships fit the cycle. Often, as time goes on, the 'making-up' and 'calm' stages disappear.

WHY DON'T PEOPLE LEAVE ABUSIVE RELATIONSHIPS?

Some of the many reasons people don't leave abusive relationships are listed below:

- Fear of retaliation against the victim, children, friends and/or family members.
- Partner may threaten to kill her or other family members if she leaves, threaten to kill himself or escalate his violence in an attempt to hold her in the relationship.
- Fear of losing children or placing the children in danger, either in a custody battle or because of partner's threats.
- Fear of an inadequate or harmful response by the criminal justice system and other institutions.
- Fear that no one will believe her. Batterers are often respected and popular members of the community who keep their violence and controlling behaviors secret from the public. The battered woman knows this and it increases her fear that no one will believe her. Because she believes many people will not understand the seriousness of the violence, they will not support her disruption of the family.
- Fear of being deported for undocumented persons who are victims of domestic violence.
- Fear of being blackmailed; partner may have threatened to reveal to the authorities any wrongdoing such as alcohol or drug abuse. In same sex relationships, the fear of job loss or losing one's children if the victim's sexual orientation is revealed.
- Fear of losing her support systems. In order to escape their partner's threats of retaliation, many battered women have to leave the community which provided them with support. This is especially difficult for women whose ethnic, racial and/or cultural heritage, language and experiences are affirmed by her community (i.e. Asian, African-American, Jewish, Latina and Native American).
- The batterer has literally isolated her. For example, a batterer may prohibit the battered woman from using the phone, may insist on transporting her to work, may read her mail, and may forbid her from seeing family and friends.
- Hope for change and that the batterer's treatment is successful. Battered Women are reluctant to leave when their partners are in treatment. They believe the treatment will motivate them to change and stop battering. Therefore, it is very important that battered women are referred by law enforcement to domestic violence programs so that they can be informed about treatment programs for batterers and evaluate whether these programs are likely to effect the change that will make life safe for them.

The Role of the Behavioral Healthcare Professional

EARLY INTERVENTION

Behavioral Healthcare providers can help by screening for domestic violence. You can do this by documenting abuse in the medical record, safeguarding evidence, providing medical advice, referrals, safety planning, and showing empathy and compassion.

Early identification and intervention with victims of domestic violence can help prevent injuries and save lives (Nelson, et al, 2012; Decker, et al, 2012). Many victims of domestic violence seek assistance in healthcare settings, often repeatedly, but are only treated for symptoms and injuries. Unfortunately, healthcare professionals often fail to identify victims. Missed cases of domestic violence may be due to the screening method: depending on the screening tool that is being used, the rate of detection has been reported to range from 9.2% to 30.5% (Sprague, Madden, Dosanjh, et al, 2012). Missed cases may also be due to healthcare professionals simply not screening (Sprague, Madden, Simonovic, et al, 2012), and many nurses are not prepared to provide care to a woman who is a victim of violence from her partner (Sundborg, et al, 2012). There are many reasons nurses, physicians, and other healthcare professionals may not screen for domestic violence including:

- Lack of time.
- Lack of training.
- Lack of resource.
- Language barriers.
- Cultural barriers.
- Emotional discomfort.
- Behavior of the victim, e.g. uncooperative, unwilling to accept help. (Beynon, et al, 2012)

Behavioral healthcare providers see victims of domestic violence for suicide attempts, anxiety, and depression. Practitioners who specialize in chronic pain, such as headache or stomach disorders, also treat victims of abuse. Pediatricians who see abused children may also see abused women because child abuse and spousal abuse frequently co-exist (Harding, et al, 2013).

SCREENING

Screening questions should always be asked in a private room, away from the batterer and preceded by assurances of strict confidentiality. The spouse or partner should be separated from the patient if they demand to accompany the patient into the examining room (Hancock, 2011). Victims of domestic violence may not discuss the violence unless they are asked directly (Beynon, et al, 2012; Morse, et al, 2012). However, many victims of domestic violence will talk about the abuse if they are asked in a direct, caring, and non-judgmental manner (Decker, et al, 2012;

By acknowledging and addressing potential client barriers, behavioral healthcare staff may become effective advocates for their clients experiencing domestic violence. Client barriers include, but are not limited to, the following:

- *Fear of disclosure*—a client experiencing domestic violence may be reluctant to disclose her abuse fearing she or her children will be further harmed. A typical tactic of a batterer is to threaten harm, including murder, if a victim discloses. A client may also fear disclosure because she is humiliated by her experience, feels she is worthless, etc.
- *Lack of trust in Behavioral Health staff*—a client may not fully disclose or may minimize her abuse because she doesn't trust her counselor to understand her experience, to respect her autonomy, and / or to protect her confidentiality. Perpetrators typically will not disclose their abuse of partners.
- *Lack of awareness*—some patients, even those encountering extreme abuse, may believe that their experience is "normal". Many perpetrators don't acknowledge their behaviors as being violent, abusive or harmful to their partners.

DOCUMENTATION

Documentation is critical, both for the protection of the patient and of the healthcare provider. When interacting with a client document all relevant history, including:

- Chief complaint or history of present illness.
- Record details of the abuse and its relationship to the presenting problem.
- Document any concurrent medical problems that may be related to the abuse.

For current victims, document a summary of past and current abuse including:

- Social history, including relationship to abuser and abusers name if possible.
- Patient's statement about what happened, not what lead up to the abuse—e.g. "boyfriend John Smith hit me in the face" not "we were arguing over money."

- The date, time, and location of incidents where possible.
- Patients appearance and demeanor—e.g. "tearful, shirt ripped" not "distraught."
- Any objects or weapons used in an assault—e.g. knife, iron, closed or open fist.
- Patients account of any threats made or other psychological abuse.
- Names or descriptions of any witnesses to the abuse.

Document results of physical examination:

- Findings related neurological, gynecological, mental status exam if indicated.
- If there are injuries, (present or past) describe type, color, texture, size, and location
- Use a body map and/or photographs to supplement written description;
- Obtain a consent form prior to photographing patient. Include a label and date.
- Document laboratory and other diagnostic procedures:
- Record the results of any lab tests, x-rays, or other diagnostic procedures and their relationship to current or past abuse

Document results of assessment, intervention and referral:

- Record information pertaining to the patient's health and safety assessment including your assessment of potential for serious harm, suicide and health impact of domestic violence.
- Document referrals made and options discussed.
- Document follow-up arrangements.
- If patient does not disclose domestic violence victimization document that assessment was conducted and the patient did not disclose abuse.
- If you suspect abuse, document your reasons for concerns i.e. "physical findings are not congruent with history or description," "patient presents with indications of abuse".
- Offer at least one follow-up appointment (or referral) with a healthcare provider, social worker or domestic violence advocate after disclosure of current or past abuse.

SAFETY PLANNING

Whenever social workers interact with families experiencing domestic violence, the worker's first concern should be the safety of both the children and the adult victims. To help increase safety for children and adult victims, social workers should partner with adult victims and children (if appropriate) to develop domestic violence safety plans. To help increase safety for children and adult victims:

- Behavioral Health professionals should partner with adult domestic violence victims and children (if appropriate) to develop safety plans.
- Safety plans address risk to both the child and the adult victim.
- A safety plan should reflect the specific information the behavioral healthcare provider has gathered from the assessment.
- Behavioral healthcare providers should do safety planning whenever domestic violence is identified as an issue or when circumstances affecting safety have changed.
- Age-appropriate safety plans for children can increase their safety and support their resilience.

Domestic Violence safety planning typically covers:

- Immediate safety, as well as safety during assaults, stalking, or abuser attempting contact.
- Escape.
- Long-term safety.
- Safety for children.

Domestic Violence safety planning addresses a wide variety of issues, including:

- Increasing victim safety at home, commuting, at work, at school, and other public spaces.
- Identifying who should know about the danger that a perpetrator poses in these places.
- Identifying who can be a source of support or protection in each of these places.
- Identifying risks from the perpetrator, as well as other risks such as homelessness.

Typical Elements of a Safety Plan for immediate safety and safety during assaults include:

- Identifying a relatively safe room in the house to run to when abuse starts, such as a room with a locking door, a telephone, and access to the outside; moving away from the kitchen, the bathroom, or areas where weapons are stored during fights.
- Establishing a code or agreement with neighbors or children about when to call 911.
- If the perpetrator has guns, hiding or disposing of the ammunition and, whenever possible, making sure that the guns in the house or car are not loaded Planning for escape.

- Making copies of critical documents or moving the originals of those documents to a safe place, such as a friend's or family member's home or the victim's workplace. Critical documents include: - social security cards - school records, bank records - insurance, passports - medical information.
- Packing a small bag with clothes, a couple of toys, and any medicines taken regularly by the adult victim or the children and keeping it in a safe place outside the house, in the trunk, or with a trusted friend.
- Changing the locks on the house, getting an unlisted number, getting caller ID, and blocking caller ID on calls from the victim's house.
- Asking neighbors, co-workers, and/or family to call 911 if they see the perpetrator.
- Finding out how to use technology (cell phones, email, and internet) safely and ensure the perpetrator cannot track movements via the victim's cell phone (information on this can be found at www.getmoneygetsafe.org/privacyandtechnology.cfm).
- Identifying who to talk to at work about the situation, what is necessary to increase safety at work (such as security, escort to and from car, locking office door), and how to arrive at and leave work safely.
- Knowing what to do and where to go if the perpetrator is following the victim (identify police stations close to routes to and from home/work/ school, don't stop, and call 911 on a cell phone).
- Plan for safety with children.
- Plan for emotional support.

Important Phone Numbers

- If you are in immediate danger, call 911
- National Domestic Violence Hotline at 1-800-799-SAFE (7233)
- National Sexual Assault Hotline at 1-800-656-4673

DOCUMENTATION REPORTING AND LEGAL REQUIREMENTS

Calling the police is not always in the best interest of a victim of domestic abuse. Some victims of domestic violence have learned to distrust the police or believe that law enforcement intervention will further endanger them. Immigrant victims may fear that calling the police will lead to deportation. Others are unwilling to use law enforcement intervention until a safety plan is in place. Each victim should be informed of their legal options and encouraged to make their own choices (Burnett, 2011; Hancock, 2011). The requirements for reporting incidents of domestic violence - what must be reported, how it must be reported and to whom, and who is responsible for the reporting – vary from state to state (Family Violence Prevention Fund, 2010).

Florida statute 790.24 requires healthcare providers to report gunshot or life-threatening wounds or injuries. This does not cover the majority of injuries sustained in domestic violence. Reports are to be made to the sheriff's department or the police department. Failing to report is a 1st degree misdemeanor and is punishable by up to a \$1,000 fine and up to one year in prison. Florida law also mandates the reporting of child abuse or neglect and elder abuse or abuse of the disabled.

In Florida, a 24-hour domestic violence hotline is available for toll-free counseling and information. The number is 800-500-1119. The counselors answering the toll-free line may refer the victim to his or her local domestic violence center. A list of Florida certified domestic violence centers organized by county and city may also be found on the Florida Coalition Against Domestic Violence website at <http://www.fcadv.org/centers>. As of 2014, Florida had 42 certified domestic violence centers that provide information and referral services, counseling and case management services, a 24-hour hotline, temporary emergency shelter for more than 24 hours, educational services for community awareness relative to domestic violence, assessment and appropriate referral of resident children, and training for law enforcement personnel.

The Florida Domestic Violence Confidentiality and Privilege Laws—90.5036 Domestic violence advocate-victim privilege states:

“(1) for purposes of this section:

(a) A “domestic violence center” is any public or private agency that offers assistance to victims of domestic violence, as defined in s. [741.28](#), and their families.

(b) A “domestic violence advocate” means any employee or volunteer who has 30 hours of training in assisting victims of domestic violence and is an employee of or volunteer

for a program for victims of domestic violence whose primary purpose is the rendering of advice, counseling, or assistance to victims of domestic violence.

(c) A “victim” is a person who consults a domestic violence advocate for the purpose of securing advice, counseling, or assistance concerning a mental, physical, or emotional condition caused by an act of domestic violence, an alleged act of domestic violence, or an attempted act of domestic violence.

(d) A communication between a domestic violence advocate and a victim is “confidential” if it relates to the incident of domestic violence for which the victim is seeking assistance and if it is not intended to be disclosed to third persons other than:

1. Those persons present to further the interest of the victim in the consultation, assessment, or interview.
2. Those persons to whom disclosure is reasonably necessary to accomplish the purpose for which the domestic violence advocate is consulted.

(e) A victim has a privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the victim to a domestic violence advocate or any record made in the course of advising, counseling, or assisting the victim. The privilege applies to confidential communications made between the victim and the domestic violence advocate and to records of those communications only if the advocate is registered under s. [39.905](#) at the time the communication is made. This privilege includes any advice given by the domestic violence advocate in the course of that relationship.

(f) The privilege may be claimed by:

- (a) The victim or the victim’s attorney on behalf of the victim.
- (b) A guardian or conservator of the victim.
- (c) The personal representative of a deceased victim.
- (d) The domestic violence advocate, but only on behalf of the victim. The authority of a domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary.”

Vulnerable Adult Abuse

Report suspected abuse of vulnerable adults to the Florida Abuse Hotline. All reports are confidential, including the name of the reporter. *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 omissions* (415.102(1), F.S.)

If the abuse was perpetrated by the spouse/partner or other person known to the victim, it constitutes domestic violence. The National Center on Elder Abuse (2006) encourages health professionals not to try to answer, "Is this domestic violence?" or "Is this elder abuse?" Instead, efforts should be made to maximize both the domestic violence and aging networks services by partnering to meet the unique needs of older victims.

To be admissible in a court of law, medical documentation should include the following:

- Photographs of the injuries.
- Body maps, which document the extent and location of the injuries.
- Description of the patient's demeanor.
- A record of the patient's comments about how the injuries occurred. The patient's own words should be set off in quotation marks or identified by such phrases as "the patient states" or "the patient reports."

References

Center for Disease Control. Injury Prevention & Control: Division of Violence Prevention. Intimate Partner Violence. September 18, 2014.

Domestic Violence Training for New Staff and Volunteers. Northnode.org. November 2008.

Domestic Violence: Statistics and Facts. Safe Horizon 2014

Office for the Prevention of Domestic Violence; What is Domestic Violence. October 2007.

Florida Domestic Violence Center Confidentiality and Privilege Laws. Florida Coalition Against Domestic Violence.

Substance Abuse Treatment and Domestic Violence, Chapter 1. SAMSHA TIP 25 1997.

The 2014 Florida Statutes. Online Sunshine

Tjaden, Patricia and Thoennes, Nancy; Stalking In America: Findings from the National Violence Against Women Survey. National Institute of Justice Centers for Disease Control and Prevention. April 1998.

Understanding Domestic Violence; Florida Coalition Against Domestic Violence.

Violence Prevention and Action Center; John Carroll University. Stalking Statistics.