Course Objectives

Upon completion of this course, the nurse will be able to:

1. Identify at least six different forms of domestic violence.
2. Recognize Individual Risk Factors for Intimate Partner Violence
3. Give reasons why women stay in abusive relationships.
4. Define the nurse’s role in regard to the DV victim’s safety.
5. Explain ways to help a victim of DV.
Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender. Domestic violence affects people of all socioeconomic backgrounds and education levels. Domestic violence occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating.

We define 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. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

During the time it took you to read the above three paragraphs, 20 people were victims of physical violence by an intimate partner in the United States.

Domestic Violence Defined in Florida Statute

Florida law defines domestic violence as 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. Pursuant to s. 741.28, Florida Statutes

Intimate partner violence (IPV) is a serious, preventable domestic violence issue that affects millions of Americans. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

IPV can vary in frequency and severity. Occurrences can range from one episode to chronic, severe battering. IPV can have lasting harmful effects on individuals, families, and communities.
Domestic Violence Crime Statistics in the State of Florida  
*January – December 2015*

- Overall crime decreased by 1.6 percent, while reported domestic violence offenses increased by 0.5 percent
- 107,666 domestic violence offenses were reported to law enforcement
- 199 individuals died as a result of domestic violence homicide, representing approximately 19.1 percent of all homicides in Florida
- Law enforcement made 66,276 arrests for domestic violence related crimes

**Individuals Seeking Services in the State of Florida**  
*Fiscal Year 2015-16*

- 16,362 individuals received emergency shelter at a certified domestic violence center
- Domestic violence survivors and their children spent 600,621 nights in emergency shelter
- Advocates received 122,999 hotline calls
- 113,907 safety plans were completed with survivors
- 33,042 women, children, and men received outreach services
- 5,205 requests for emergency shelter went unmet due to lack of capacity and resources
What is NISVS?

The Centers for Disease Control and Prevention’s National Intimate Partner and Sexual Violence Survey (NISVS) assesses experiences of intimate partner violence (IPV), sexual violence (SV), and stalking among adult women and men in the United States.

With the ultimate goal of stopping violence before it occurs, the CDC developed NISVS to better describe and monitor the magnitude of IPV, SV, and stalking in the United States. Timely and reliable data on these forms of violence can be used to form policies and programs, establish priorities at the national, state, and local levels, and, over time, to track progress in preventing these forms of violence.

The most recent data, from the 2011 National Intimate Partner and Sexual Violence Survey (NISVS), indicates the following data:

- Over 10 million women and men in the United States experience physical violence each year by a current or former intimate partner.

- 1 in 5 women (22.3%) and nearly 1 in 7 men (14.0%) have experienced severe physical violence by an intimate partner at some point in their lifetime, translating to nearly 29 million U.S. women and nearly 16 million U.S. men.

- 1 in 11 women (8.8%) have been raped by a current or former intimate partner at some point in their lives.

- 9.2% of women and 2.5% of men have been stalked by an intimate partner in their lifetime.

- IPV resulted in 2,340 deaths in 2007—accounting for 14% of all homicides. Of these deaths, 70% were females and 30% were males.

These numbers underestimate the problem.

Many victims do not report IPV to police, friends, or family as they think others will not believe them or that the police cannot help.

Risk Factors for Perpetrators and Victims

Persons with certain risk factors are more likely to become perpetrators or victims of intimate partner violence (IPV). Risk factors can contribute to IPV but might not be direct causes. Not everyone who is identified as “at risk” becomes involved in violence.

Some risk factors for IPV victimization and perpetration are the same, while others are associated with one another. For example, childhood physical or sexual victimization is a risk factor for future IPV perpetration and victimization.
Risk Factors for Intimate Partner Violence

Individual Risk Factors

- Low self-esteem
- Low income
- Low academic achievement
- Young age
- 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
- Unemployment
- 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 (consistently one of the strongest predictors of perpetration)
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child
Relationship Factors

- 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

Community Factors

- 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 IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal Factors

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

Intimate Partner Violence Can Include The Following Types Of Behavior:

1. Physical Abuse: Hitting, slapping, shoving, grabbing, pinching, biting and hair pulling are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.

2. Sexual Abuse: Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.

   Five types of sexual violence were measured in NISVS. These include acts of rape, and types of sexual violence other than rape as defined below.

   A. Rape is defined as any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types—completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration.
B. Sexual coercion is defined as unwanted vaginal, oral, or anal sexual penetration that occurs after a person is pressured in a nonphysical way, such as being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.

C. Being made to penetrate someone else includes times when the victim was made to, or there was an attempt to make them—sexually penetrate someone without the victim’s consent because the victim was physically forced or threatened with physical harm, or when the victim was drunk, high, drugged, or passed out and unable to consent.

D. Unwanted sexual contact is defined as unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way, or having sexual body parts fondled or grabbed.

E. Non-contact unwanted sexual experiences are unwanted experiences that do not involve any touching or penetration, including someone exposing their sexual body parts, flashing, or masturbating in front of the victim; someone making a victim show his or her body parts; someone making a victim look at or participate in sexual photos or movies; or someone harassing the victim in a public place in a way that made the victim feel unsafe.
3. **Emotional Abuse:** Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.

4. **Economic Abuse:** is defined as making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.

5. **Stalking Victimization:** involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim. A person can be considered a stalking victim if they experience multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and feel very fearful, or believe that they or someone close to them would be harmed or killed as a result of the perpetrator’s behavior. Examples of stalking tactics include unwanted phone calls or emails, social media messages or threats, watching or following from a distance, and leaving strange or potentially threatening items for the victim to find.

6. **Psychological Abuse:** Elements of psychological abuse include - but are not limited to - causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.
Lenore Walker, author of the book “The Battered Woman” presented this model for the cycle of abuse:

<table>
<thead>
<tr>
<th>Tension Building Stage</th>
<th>Making-Up Stage</th>
<th>Calm Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuser starts to get angry</td>
<td>Abuser may apologize for abuse</td>
<td>Abuser acts like the abuse never happened</td>
</tr>
<tr>
<td>Abuse may begin</td>
<td>Abuser may promise it will never happen again</td>
<td>Physical abuse may not be taking place</td>
</tr>
<tr>
<td>There is a breakdown of communication</td>
<td>Abuser may blame the victim for causing the abuse</td>
<td>Promises made during 'making-up' may be met</td>
</tr>
<tr>
<td>Victim feels the need to keep the abuser calm</td>
<td>Abuser may deny abuse took place or say it was not as bad as the victim claims</td>
<td>Victim may hope that the abuse is over</td>
</tr>
<tr>
<td>Tension becomes too much</td>
<td></td>
<td>Abuser may give gifts to victim</td>
</tr>
<tr>
<td>Victim feels like they are 'walking on egg shells'</td>
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</tbody>
</table>

The cycle can happen hundreds of times in an abusive relationship. Each stage lasts a different amount of time in a relationship. 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.

CONSEQUENCES OF INTIMATE PARTNER VIOLENCE

Many victims suffer physical injuries. Some are minor like cuts, scratches, bruises, and welts. Others are more serious and can cause death or disabilities. These include broken bones, internal bleeding, and head trauma.

Not all injuries are physical. IPV can also cause emotional harm. Victims may have trauma symptoms. This includes flashbacks, panic attacks, and trouble sleeping. Victims often have low self-esteem. They may have a hard time trusting others and being in relationships.

The anger and stress that victims feel may lead to eating disorders and depression. Some victims even think about or commit suicide.

IPV is also linked to negative health outcomes, such as chronic pain, difficulty sleeping, activity limitations, and poor physical and mental health.

IPV is also linked to harmful health behaviors. Victims may try to cope with their trauma in unhealthy ways. This includes smoking, engage in heavy/binge drinking, taking drugs, or having risky sex.
Children might become injured during IPV incidents between their parents. A large overlap exists between IPV and child maltreatment.

**IN ADDITION TO THE IMMEDIATE IMPACT, INTIMATE PARTNER VIOLENCE HAS LIFELONG CONSEQUENCES.**

The Economic Cost of Domestic Violence

- The Global cost of Intimate Partner Violence is $4.4 trillion per year.
- Victims of severe IPV 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.
- 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.
- The increased annual health care costs for victims of IPV can persist as much as 15 years after the cessation of abuse.

**In 2015 Florida’s Certified Domestic Violence Centers:**

- **RECEIVED 122,999 hotline calls**
- **SHELTERED 16,362 in emergency shelter**
- **PROVIDED 33,042 adults and children with outreach services**

*Above data obtained from: http://nnedv.org/downloads/Census/DVCounts2015/Florida.pdf. Includes calls received by the FCADV Florida Domestic Violence Hotline.*

Examples of Health Conditions that can be Associated with IPV Include:

- **Asthma**
- **Bladder and kidney infections**
- **Circulatory conditions**
- **Cardiovascular disease**
- **Fibromyalgia**
- **Chronic pain syndromes**
- **Central nervous system disorders**
- **Gastrointestinal disorders**
- **Joint disease**
- **Migraines and headaches**
"Domestic violence does not go away by looking away.
It stops when we stand together.
It stops when we say it must, and not just one of us, but all of us."

*The Florida Coalition Against Domestic Violence*

**REPRODUCTIVE**

- Gynecological disorders
- Pelvic inflammatory disease
- Sexual dysfunction
- Sexually transmitted infections, including HIV/AIDS
- Delayed prenatal care
- Preterm delivery
- Pregnancy difficulties like low birth weight babies and perinatal deaths
- Unintended pregnancy

**PSYCHOLOGICAL**

Physical violence is typically accompanied by emotional or psychological abuse. IPV—whether sexual, physical, or psychological—can lead to various psychological consequences for victims such as:

- Anxiety
- Depression
- Symptoms of post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior in females
- Low self-esteem
- Inability to trust others, especially in intimate relationships
- Fear of intimacy
- Emotional detachment
- Sleep disturbances
- Flashbacks
- Replaying assault in the mind
Russian President Vladimir Putin signed a law that partly decriminalizes domestic abuse. Under the new rule, dubbed the “slapping law”, domestic violence resulting in “minor harm” will no longer be punishable by two years in prison but by a fine of up to $500 or up to 15 days in jail.

Victims of IPV sometimes face the following social consequences:

- Restricted access to services
- Strained relationships with health providers and employers
- Isolation from social networks
- Homelessness

Same-Sex Relationship Violence

Experts believe that domestic violence occurs in the lesbian, gay, bisexual and transgender (LGBT) community with the same amount of frequency and severity as in the heterosexual community.

LGBT domestic violence is vastly underreported, unacknowledged, and often reported as something other than domestic violence. LGBT victims of domestic violence often avoid seeking help from the police, legal and court systems for fear of discrimination or bias.

Gay and bisexual men experience abuse in intimate partner relationships at a rate of 2 in 5, which is comparable to the amount of domestic violence experienced by heterosexual women.

Approximately 50% of the lesbian population has experienced or will experience domestic violence in their lifetimes.

In one year, 44% of victims in LGBT domestic violence cases identified as men, while 36% identified as women.

78% of lesbians report that they have either defended themselves or fought back against an abusive partner. 18% of this group described their behavior as self-defense or “trading blow for blow or insult for insult.”

A PERSON IN A SAME-SEX RELATIONSHIP MAY ALSO FACE ADDITIONAL ISSUES, INCLUDING:

- Fear of being "outed" as gay
- Thinking that you have to be married to be considered a victim of domestic abuse
- Concern that people who should help will instead be anti-gay
TRANSGENDER ABUSE

Specific forms of Intimate Partner abuse occur in relationships where one partner is transgender:

- Using offensive pronouns such as “it” to refer to the transgender partner
- Ridiculing the transgender partner’s body and/or appearance
- Telling the transgender partner that he or she is not a real man or woman
- Ridiculing the transgender partner’s identity as “bisexual,” “trans,” “femme,” “butch,” “gender queer,” etc.
- Denying the transgender partner’s access to medical treatment or hormones or coercing him or her to not pursue medical treatment

HIV/AIDS RELATED ABUSE

The presence of HIV/AIDS in an abusive Intimate Partner relationship may lead to specific forms of abuse, which may include:

- “Outing” or threatening to tell others that the victim has HIV/AIDS
- An HIV+ abuser suggesting that she or he will sicken or die if the partner ends the relationship
- Preventing the HIV+ partner from receiving needed medical care or medications
- Taking advantage of an HIV+ partner’s poor health status by assuming sole power over a partner’s economic affairs and/or creating the partner’s complete dependency on the abuser
- An HIV+ abuser infecting or threatening to infect a partner

BARRIERS TO SEEKING HELP

Barriers to addressing LGBT intimate partner violence (both for service providers and survivors) include:

- The belief that domestic violence does not occur in LGBT relationships and/or is a gender based issue
- Societal anti-LGBT bias (homophobia, biphobia and transphobia)
- Lack of appropriate training regarding LGBT domestic violence for service providers
- A fear that airing of the problems among the LGBT population will take away from progress toward equality or fuel anti-LGBT bias
- Domestic violence shelters are typically female only, thus transgender people may not be allowed entrance into shelters or emergency facilities due to their gender/genital/legal status
WHY DO PEOPLE STAY IN ABUSIVE RELATIONSHIPS?

One of the most common questions people ask about victims of domestic violence is, “Why don’t they just leave?” People stay in abusive relationships for a variety of reasons including:

- The victim fears the abuser’s violent behavior will escalate if she/he tries to leave.
- The abuser has threatened to kill the victim, the victim’s family, friends, pets, children and/or himself/herself.
- The victim loves his/her abuser and believes she/he will change.
- The victim believes abuse is a normal part of a relationship.
- The victim is financially dependent on the abuser.
- The abuser has threatened to take the victim’s children away if she/he leaves.
- The victim wants her/his children to have two parents.
- The victim’s religious and/or cultural beliefs preclude him/her from leaving.
- The victim has low self-esteem and believes she/he is to blame for the abuse.
- The victim is embarrassed to let others know she/he has been abused.
- The victim has nowhere to go if she/he leaves.
- The victim fears retribution from the abuser’s friends and/or family.

NURSING ASSESSMENT RED FLAGS THAT MAY INDICATE DOMESTIC VIOLENCE:

**PATIENT HAS A HISTORY OF MULTIPLE OR FREQUENT VISITS TO A CLINICAL OR ER, MISSED APPOINTMENTS OR VAGUE SOMATIC COMPLAINTS.**

During the physical assessment, cues can include:

- Cuts, bruising, broken bones, black eye, concussions, miscarriage or wound inflicted by weapons (gun, knife, etc.)
- Centralized or multiple injuries to the head, face, chest, abdomen.
- Ruptured eardrums.
- Multiple injuries that are in various stages of healing.
- Delay in seeking medical attention.
- Any injury that the person cannot explain or gives an unconvincing explanation.

Accidental injuries tend to occur on the extremities of the body. **Victims of abuse are more likely to have multiple injuries to the central part of the body.** When a centralized pattern is seen, abuse should be suspected and investigated.
During the psychological assessment, cues can include:
- Anxiety, depression, prolonged stress, guilt, fatigue or dysphoria.
- Suicide attempts.

Look for psychosomatic symptoms (symptoms that have no physical cause) such as:
- Headaches, digestive problems, back pain.
- Vague aches and pains.
- Sleeping and eating disorders.

The patient may also:
- Appear nervous, ashamed or evasive.
- Describe his/her partner as controlling or prone to anger.
- Seem uncomfortable or anxious in the presence of his/her partner.
- Be accompanied by his/her partner, who does most of the talking.
- Be recently separated or divorced.
- Be reluctant to follow advice.

**IF DOMESTIC VIOLENCE IS SUSPECTED:**

BEGIN WITH BROAD QUESTIONS, SUCH AS:
- “How are things going at home?”
- “How is your relationship with your partner?”

THEN DIRECT QUESTIONS:
- “Are you in danger?”
- “Has your partner ever harmed you or a family member?”
- “Do you feel safe going home after this appointment”
- “Are your children safe”
- “Do you need an immediate place of safety?”
- “Do you need to consider an alternative exit from this building?”
- “If immediate safety is not an issue, what about your future safety? Do you have a plan of action if your safety is at risk?”

WHEN RESPONDING TO THE VICTIM, EXPRESS CONCERN IN A NON-JUDGMENTAL WAY:
- “I am concerned about you and want to help keep you safe.”
HOW TO HELP A PERSON EXPERIENCING ABUSE

✓ Start by believing the person being abused. Listen without judgment or giving advice.
 ✓ Provide a private place for discussion.
 ✓ Ask the person experiencing abuse what kind of help they are looking for, don’t assume you know.
 ✓ Recognize that trauma can affect an individual in many ways.
 ✓ Remember that people may express the same emotions in different ways.
 ✓ Be mindful of your facial expressions and other non-verbal cues.
 ✓ Do not pressure the person being abused to break up with their abusive partner. This may put the person being abused in more danger.
 ✓ Do not put the abusive partner down. This may make the person being abused reluctant to speak with you again.
 ✓ Recognize and accept the feelings of the person being abused without telling them how they should feel.
 ✓ Avoid victim-blaming statements such as, "Why do you stay with them?" "How could you love someone like that?" or "Why do you let them treat you like that?"
 ✓ Ask open-ended, non-judgmental questions such as: “What can I do to support you today?” “It must be very painful when someone you care about is frightening you.” “I am worried about your safety; what do you think would help you feel safe?”
 ✓ Do not place conditions on your support, such as by making statements like, "I can only help you if you leave."
 ✓ Offer options and support, not your opinion on what they should or shouldn’t do.
 ✓ Respect the decisions made by the person being abused, even if you do not agree.
 ✓ Do not confront or attack the abusive partner. This may increase the risk for the person experiencing abuse.
 ✓ Manage expectations, know your resources and provide appropriate information.
 ✓ Encourage the person experiencing abuse to get help when they are ready. Let them know about local government agencies where they can go to receive free and confidential information and services.
 ✓ Do not leave any documents with identifying information about the abuse where other people can view them.
 ✓ If you are a mandated reporter make sure to inform the person of the limits on confidentiality.
 ✓ Remember, disclosing the abuse does not mean the person experiencing the abuse is ready to take action.
 ✓ Be aware of your limitations and ability to act in certain situations.
 ✓ Maintain the boundaries of the helping role throughout your work with the person experiencing abuse.
IMPORTANT SAFETY CONSIDERATIONS TO DISCUSS

- Does their partner have access to their phone, email, social media accounts or anything else that gives them information about where they are or who they are with? They should consider changing passwords and settings.

- If they decide to leave their partner, have they packed a bag with things that they will need, like clothes, medicine and important documents (ID, birth certificates, passports, etc.)? They should try to keep copies of documents with someone they can trust or someplace where their partner can’t access.

Follow up and Documentation:

Thoroughly document all your findings in the victim's medical records. Include any suggestions/plans made with the victim including referrals made.

Schedule a follow-up appointment with patient.

Ask if there is a safe way to contact the patient, such as a phone number or address.

THE GOAL IS TO STOP IPV BEFORE IT BEGINS

Prevention efforts must be aimed at reducing the occurrence of intimate partner violence through the promotion of healthy, respectful, nonviolent relationships. These prevention efforts should address change at the individual, relationship, community, and societal levels.

Prevention efforts should start early by promoting healthy, respectful relationships in families by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments. These environments provide a strong foundation for children, help them to adopt positive interactions based on respect and trust, and foster effective and non-violent communication and conflict resolution in their peer and dating relationships.

It is equally important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a climate that condones sexual violence, stalking, and intimate partner violence. For example, this can be done through norms change, changing policies and enforcing existing policies against violence, and promoting bystander approaches to prevent violence before it happens.
In addition to prevention efforts, survivors of sexual violence, stalking, and intimate partner violence need coordinated services to ensure healing and prevent recurrence of victimization.

The healthcare system’s response must be strengthened and better coordinated for both sexual violence and intimate partner violence survivors to help navigate the health care system and access needed services and resources in the short and long term.

One way to strengthen the response to survivors is through increased training of healthcare professionals. It is also critically important to ensure that legal, housing, mental health, and other services and resources are available and accessible to survivors.

An important part of any response to sexual violence, stalking, and intimate partner violence is to hold perpetrators accountable. Survivors may be reluctant to disclose their victimization for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently and perpetrators may become more dangerous after their victims report these crimes.

It is important to enhance training efforts within the criminal justice system to better engage and support survivors. Implementing strong data systems for the monitoring and evaluation of sexual violence, stalking, and intimate partner violence is critical to understand trends in these problems, to provide information on which to base development and evaluation of prevention and intervention programs, and to monitor and measure the effectiveness of these efforts.

Establishing cost-efficient and timely surveillance systems for all states, by using consistent definitions and uniform survey methods, will assist states by providing policymakers much needed information for enhancing prevention efforts at the state level.

Ongoing data collection and monitoring of these problems through NISVS and other data sources at the local, state, and national level must lead to further research to develop and evaluate strategies to effectively prevent first-time perpetration of sexual violence, stalking, and intimate partner violence.

This research should focus on key gaps to address the social and economic conditions (e.g., poverty, sexism, and other forms of discrimination and social exclusion) that increase risk for perpetration and victimization. This work should be complemented with efforts to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document their value.

As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence based prevention strategies, will become increasingly important.
“Responding to domestic violence requires creating a coalition of allies and an environment that dismantles domestic violence while increasing and enhancing services and programs for survivors and their children. The environment must ensure the needs of survivors are prioritized and domestic violence perpetrators are held accountable for their violent crimes. The 199 women, children, and men killed as a result of domestic violence and the tens of thousands in our state who experience domestic violence each year deserve no less. Stand with us as we disrupt the culture that allows domestic violence to destroy our families.” Tiffany Carr, President/CEO, The Florida Coalition Against Domestic Violence

CONCLUSION

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children, who grow up witnessing domestic violence, are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life - therefore, increasing their risk of becoming society's next generation of victims and abusers.

Much progress has been made in the prevention of violence. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health’s short experience with violence prevention are consistent with those from public health’s much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking, and intimate partner violence can be prevented with data-driven, collaborative action and community involvement.
RESOURCES

Florida Domestic Violence Hotline
1-800-500-1119 or TDD (800) 621-4202

FLORIDA LINKS

Florida Council Against Sexual Violence
www.fcasv.org

Florida Domestic Violence Centers
www.fcadv.org/centers

State of Florida Domestic Violence Information
www.dcf.state.fl.us/domesticviolence/

VIDA Legal Assistance, Inc.
http://www.vidalaw.org/

GLBT National Help Center
1-888-843-4564
www.glbtnationalhelpcenter.org

Gay Men’s Domestic Violence Project
1-800-832-1901
www.gmdvp.org

NATIONAL LINKS

National Domestic Violence Hotline

1-800-799-SAFE (7233)
1-800-787-3224 (TTY)
http://www.ndvh.org

CDC Facebook Page on Violence Prevention
http://www.facebook.com/vetoviolence

National Coalition Against Domestic Violence
http://www.ncadv.org

National Sexual Violence Resource Center
http://www.nsvrc.org

Futures Without Violence
http://www.futureswithoutviolence.org
REFERENCES


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https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/resources.html

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

https://www.cdc.gov/violenceprevention/nisvs/infographic.html


https://www.justice.gov/ovw/domestic-violence
