Resolution 26-106

Routine Screening for Teen Dating Violence in Clinical Settings

FMA Medical Student Section

Whereas, Teen dating violence (TDV) is a prevalent and serious public health issue among adolescents and is associated with adverse physical, mental, and behavioral health outcomes, including injury, depression, substance use, and future interpersonal violence; and

Whereas, Among U.S. high school students who date, approximately 12–21% experience physical or sexual teen dating violence annually, and more than 60% report psychological or emotional abuse[1-3]; and

Whereas, Nationally representative data demonstrate that 13.6% of high school students reported experiencing teen dating violence in 2021, and up to 69% of adolescents aged 12–18 who date report lifetime victimization[3,4]; and

Whereas, TDV is associated with increased healthcare utilization, including emergency department visits and hospitalizations, with nearly 1 in 6 adolescents presenting to emergency departments reporting recent dating violence and significantly higher rates of intentional injury among affected youth[5]; and

Whereas, TDV victimization is longitudinally associated with depression, suicidality, substance use, and future intimate partner violence, all of which contribute to substantial long-term healthcare burden and costs[6-8]; and

Whereas, Despite widespread school-based prevention efforts, rates of TDV have remained relatively stable over the past two decades, underscoring the persistence of this public health issue[9]; and

Whereas, Although 38 states, including Florida, have laws addressing TDV prevention in schools, these policies vary widely in content and implementation, with only 36.8% requiring evidence-based education and fewer than half requiring external program review[1]; and

Whereas, The presence of state laws mandating TDV education has not been associated with reductions in victimization rates, highlighting limitations of education-only approaches[10]; and

Whereas, While prevention programs can reduce perpetration and victimization at the individual level, the continued high prevalence of TDV demonstrates that educational interventions alone are insufficient and that additional healthcare-based strategies are needed[8,11]; and

Whereas, Florida Statute §1003.42 requires that students in grades 7–12 receive education on TDV and abuse, including warning signs and prevention, yet does not require screening or identification of affected adolescents within healthcare settings, creating a gap between education and clinical intervention; and

Whereas, The American Academy of Pediatrics and other professional organizations recommend routine or universal screening for interpersonal and dating violence across healthcare settings, such as primary care visits and emergency departments[12-13]; and

Whereas, Despite these recommendations, screening rates for violence remain low (approximately 10%) in emergency department and clinical hospital settings without systematic protocols, despite high acceptability among adolescents and caregivers[12,15]; and

Whereas, Validated, brief screening tools for teen dating violence, including short 3-item instruments such as the *Measure of Adolescent Relationship Harassment and Abuse, Clinical Version* (MARSHA-C), are feasible for use in emergency department and outpatient, primary care settings, and can be administered in less than one minute, enabling efficient integration into clinical workflows with minimal burden[13,16]; and

Whereas, Although direct evidence demonstrating cost savings from screening programs remains limited, early identification of teen dating violence enables intervention, connection to resources, and has the potential to reduce downstream healthcare utilization and associated costs[16,17]; and

Whereas, Implementation barriers, including time constraints, limited resources, and training needs, can be addressed through standardized protocols, incorporation of brief screening into routine clinical encounters, and institutional support to facilitate connection to existing community-based resources[15,18]; therefore, be it

RESOLVED, That the Florida Medical Association (FMA) supports screening adolescents for teen dating violence at appropriate clinical encounters; and be it further

RESOLVED, That the FMA supports the implementation of standardized, validated screening tools and protocols, including confidential and trauma-informed practices with appropriate referral pathways to victim advocacy and community resources for adolescent teen dating violence; and be it further

RESOLVED, That the FMA supports education, training, and institutional support across healthcare systems to facilitate implementation of adolescent teen dating violence screening and address barriers to care.

Fiscal Note:

Description	Amount	Budget Narrative
10 Staff hours	$950	Can be accomplished with current staff
Total	$950	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, and Public Policy

References

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3. Taylor BG, Mumford EA. A national descriptive portrait of adolescent relationship abuse: results from the National Survey on Teen Relationships and Intimate Violence. *J Interpers Violence*. 2016.
4. Richey AE, McMahon S, Adhia A. A multi-state examination of school district policies to address teen dating violence. *J Interpers Violence*. 2025.
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6. Exner-Cortens D, Eckenrode J, Rothman E. Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics*. 2012.
7. Piolanti A, Waller F, Schmid IE, Foran HM. Long-term adverse outcomes associated with teen dating violence: a systematic review. *Pediatrics*. 2023.
8. Piolanti A, Foran HM. Efficacy of interventions to prevent physical and sexual dating violence among adolescents: a systematic review and meta-analysis. *JAMA Pediatr*. 2022.
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12. Langerman SD, Badolato GM, Rucker A, et al. Acceptability of adolescent social and behavioral health screening in the emergency department. *J Adolesc Health*. 2019.
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15. Pfaff N, DaSilva A, Ozer E, Vemula Kaiser S. Adolescent risk behavior screening and interventions in hospital settings: a scoping review. *Pediatrics*. 2021.
16. Cutter-Wilson E, Richmond T. Understanding teen dating violence: practical screening and intervention strategies for pediatric and adolescent healthcare providers. *Curr Opin Pediatr*. 2011.
17. Vijh R, Exner-Cortens D, Madigan S, Noel M. Adolescent dating violence prevention in healthcare settings: a systematic scoping review. *Trauma Violence Abuse*. 2025.
18. Ziola EA, Gimenez MA, Stevenson AP, Newberry JA. The role of emergency medicine in intimate partner violence: a scoping review of screening, survivor resources, and barriers. *Trauma Violence Abuse*. 2024.

Relevant Policy:

P 140.017 IMPLEMENTING INTIMATE PARTNER VIOLENCE EDUCATION IN MEDICAL SCHOOL CURRICULA

The FMA will support the teaching of intimate partner violence detection for medical students. (Res 22-104, HOD 2022)

P 190.002 FIREARMS AND ADOLESCENT/CHILD VIOLENCE

The Florida Medical Association supports strategies for reducing firearm injuries and other violence to children and adolescents utilizing appropriate educational, legal and legislative options. (Res 94-18, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)

Family and Intimate Partner Violence H-515.965

Our American Medical Association believes that all forms of family and intimate partner violence (IPV) are major public health issues and urges the profession, both individually and collectively, to work with other interested parties to prevent such violence and to address the needs of survivors. Physicians have a major role in lessening the prevalence, scope and severity of child maltreatment, intimate partner violence, and elder abuse, all of which fall under the rubric of family violence. To support physicians in practice, our AMA will continue to campaign against family violence and remains open to working with all interested parties to address violence in US society.