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# Check Up



Maryland Health  
Care Coalition  
Against Domestic  
Violence

FALL 2011

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## INTIMATE PARTNER SEXUAL VIOLENCE

THURSDAY, DECEMBER 1, 2011  
10:00-12:00 PM

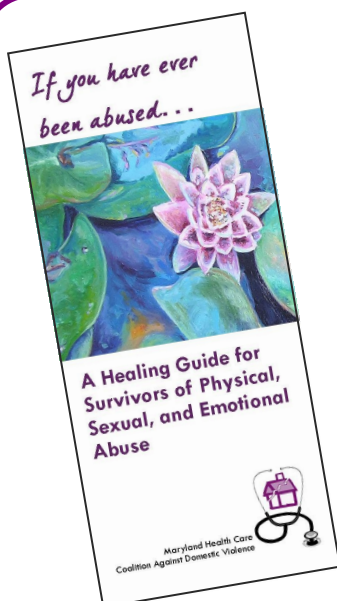
PRESENTED BY  
**Gail N. Reid, LCSW-C**  
Director, Victim Advocacy  
TurnAround, Inc.

*Nikki Charles, Administrator of Victim Services, will give an update  
on the MD Criminal Injuries Compensation Board*

*Please see page 4 for registration form.*

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## Coalition Unveils New Brochure

There are any number of resources available for victims in crisis because of current domestic violence or sexual assault. However, the Maryland Health Care Coalition Against Domestic Violence has long recognized the need for informational materials and counseling for patients and clients who face issues of abuse buried in their pasts, either as children or adults.

After considerable research, the Coalition has developed a new brochure aimed at survivors of past victimization - people who may not realize that their current symptoms may be the result of past abuse, often hidden deep in their consciousness.

This new brochure will be available for distribution shortly.

*“In 2008, the Centers for Disease Control and Prevention published data collected in 2005 that finds that women experience two million injuries from intimate partner violence each year.”*

*Centers for Disease Control & Prevention, 2008*



CHECK UP

## Update: Sexual Assault Response in Baltimore City

July 2011 marked the one year anniversary of the *Baltimore Sun* investigation into the high numbers of unfounded rape cases in Baltimore. The *Sun* article identified Baltimore as the city with the highest percentage of unfounded cases in the country for the past several years, five times the national average.

Over the past year, at the behest of Mayor Rawlings-Blake and Police Commissioner Bealefeld, much has been accomplished in improving the response to sexual assault in the city. Efforts have included strengthening the Sexual Assault Response Team (SART) and calling for greater collaboration among law enforcement, prosecution, and victim advocacy as specified in a formal Memorandum of Under-

standing. The SART has also researched national best practices, leading to the implementation of improved policies and procedures, and has conducted a thorough audit of all unfounded rape cases from the previous 18 months, which included 134 cases. This effort included outreach to victims; 60 cases were found to have been improperly unfounded. Enhanced training has been provided to city detectives and other staff.

Specific efforts have included obtaining a Byrne grant to support the addition of a full-time SART coordinator and a full-time advocate to provide ongoing assistance to victims participating in the criminal justice process. A 24/7 sexual assault helpline was made available in the city to those

who had concerns about their cases. The helpline will continue to be available to assist victims and their families with information and support. An ongoing case review process has been established which includes broad SART representation; all unfounded cases continue to be reviewed.

In the second year of this process, current efforts include establishing standards for each SART member and evaluating current practices, as well as implementing a new process for data collection and sharing. During the next month, the city will see the launch of a public outreach campaign to provide additional assistance and resources to members of the community affected by sexual violence.

## Partner Violence and Mental Health

Researchers in California recently presented a health policy brief based on data from the 2009 California Health Interview Survey. They found that victims of intimate partner violence (IPV) suffer disproportionately higher rates of mental health issues and coping strategies such as binge drinking, sometimes three times higher than adults unexposed to IPV.

More than half a million victims of IPV reported symptoms of “serious psychological distress,” including

diagnosable mental health disorders such as anxiety and depression. One third (33.1 percent) of adult victims of IPV needed help for a mental or emotional problem or for a problem with alcohol or substance abuse, whereas only 12.6 percent of non-victims reported needing such help.

The researchers concluded that health screening for IPV, for emotional health and for substance abuse problems should be expanded, standardized and made routine among physicians;

other health care providers; and mental health, substance abuse and IPV counselors. Outreach should include public health messages about the links between IPV, mental health and substance abuse.

You can access the full policy brief at [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu).

## A Second Look at Outreach Materials

In the article, *A Critique of Domestic Violence Awareness and Outreach: What Message the Faces of Battered Women Really Convey*, May 2010, researcher Vina Chhaya, MPH, from Boston University and HealthMap, reviews materials used to increase domestic violence awareness.

Chhaya focuses on outreach materials placed in patient waiting areas, noting that such materials have not been shown to either reduce the prevalence of domestic violence or to increase disclosure of violence or treatment-seeking behavior among patients. The author questions the use of images

depicting solemn women, often bruised or alone, and the use of statistics and “fear tactics,” finding that such approaches may fail to engage and empower women.

Chhaya uses the “stages of change” model as a framework to advocate for the development of outreach materials, in the form of brochures, posters, and pamphlets, that specifically engage those women in “pre-contemplation” and “contemplation” stages. According to Chhaya, women in “pre-contemplation” are trying to understand the abusive nature of their relationships, while women in

“contemplation” are evaluating how to manage their relationships. Outreach materials should prepare these women for action, whether this action is disclosure or reaching out.

Chhaya makes a case for positive images and thoughts, such as a woman surrounded by family, friends, or other supports, which she believes are more empowering than the negative images often portrayed. Images that highlight the negative realities of domestic violence and the use of “fear tactics” may be the unintended effect of ostracizing those women

who already feel vulnerable and isolated. In addition, Chhaya postulates that an emphasis on facts and statistics may also be lost on women who recognize the harmful effects of abuse but fail to apply this information to themselves.

Chhaya advocates crafting outreach materials that encourage victims to disclose violence to health care providers, rather than relying solely on provider-initiated screening. Encouraging women to take control of the decision to self-disclose and to initiate these conversations with providers is likely to assist in a woman’s progression towards action.

## Response to Institute of Medicine Report

The Institute of Medicine, a highly-respected national panel of scientists, recently issued health care recommendations that include “screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally sensitive and supportive manner.”

The US Department of Health and Human Services issued new guidelines stating that under the Affordable Care Act, which goes into effect in August 2012, all new private health plans will have to include these and other recommended preventive services with no copayment or deductible. Called a landmark advance in women’s health, this new policy highlights the need to train health care providers to address this issue with their patients.

## Update: Prince George’s Hospital’s DV Program

The Domestic Violence and Sexual Assault Center at Dimensions Healthcare, located in Prince George’s Hospital Center, launched Maryland’s fifth hospital-based Domestic Violence Program in November 2010. The new program was made possible through extensive training and ongoing mentoring from the Coalition utilizing its new 80-page manual, *Health Care Response to Domestic Violence: A Toolkit for Hospitals, Facilities and Providers*. Since the program’s inception, the Prince George’s program has been able to: provide over 50 face-to-face crisis interventions to victims of domestic violence, train medical staff, and collaborate with community partners. According to Karalyn Mulligan, the program’s DV Coordinator, the training and continuous support from the Coalition has been invaluable to the success of this program.

## Staff Trainings Available

The Coalition and the Maryland Network Against Domestic Violence are again partnering to offer trainings on domestic violence to health care personnel.

Federal funding through the Violence Against Women Act (VAWA) has allowed us to conduct these on-site trainings at hospitals and other health care facilities across the state. If you

would like to arrange a training on some aspect of domestic violence for your facility, call Amy Johnson at the Maryland Network Against Domestic Violence, 301-352-4574.



Dimensions Healthcare System  
**Prince George’s Hospital Center**



Maryland Health  
Care Coalition  
Against Domestic  
Violence

# Intimate Partner Sexual Violence

## OBJECTIVES

- Define intimate partner sexual violence (IPSV)
- Utilize screening questions and tools to identify and assess IPSV
- Identify issues, risks, and consequences specific to IPSV
- Discuss alternatives to the traditional paths of service delivery
- Discuss a systematic response to IPSV
- Identify resources for victims and survivors of IPSV

## SOCIAL WORK CEUS



The Maryland Board of Social Work Examiners certifies that this program

meets the criteria for 2 credit hours of Category II continuing education for social workers and associates. Provided by The Maryland Network Against Domestic Violence.

## QUESTIONS

Please contact Betsy Lehmann at 410-592-8693 or by email at [dvcoalition@medchi.org](mailto:dvcoalition@medchi.org)

**Thursday, December 1, 2011**  
**9:30 Refreshments and Networking**  
**10:00-12:00 Program**

**PRESENTED BY**

**Gail N. Reid, LCSW-C**

**Director, Victim Advocacy**  
**TurnAround, Inc.**

*Nikki Charles, Administrator of Victim Services, will give an update on the MD Criminal Injuries Compensation Board.*

## LOCATION

**MedChi,**  
**The Maryland State Medical Society**  
**1211 Cathedral Street, Baltimore, MD 21201**  
*Free parking in the church lot on Maryland Avenue across from the MedChi. Parking pass is required and will be emailed prior to event.*

**Weather closing notice at 410-539-0872 ext. 3399**

## REGISTRATION

**Please register online by November 23.**

*Registration is free of charge.*

**Register online at:**

**<http://www.surveymonkey.com/s/PWJC9XW>**