

Domestic Violence Programs in Maryland

ALLEGANY COUNTY

Hotline 301-759-9244
TTY 301-759-9244
Family Crisis Resource Center
410-759-9246

ANNE ARUNDEL COUNTY

Hotline 410-222-6800
YWCA Domestic Violence Services
410-626-7800 (Annapolis)
410-974-0084 (Baltimore)

BALTIMORE CITY

Hotline 410-889-7884
TTY 410-889-0047
House of Ruth 410-889-0840
Hotline 410-828-6390
TurnAround 410-837-7000

BALTIMORE COUNTY

Hotline 410-828-6390
Family and Children's Services of
Central Maryland 410-281-1334
Family Crisis Center of Baltimore
County, Inc. 410-285-4357
410-285-7496 (shelter)
TurnAround 410-377-8111

CALVERT COUNTY

Hotline 410-535-1121
Metro Hotline 301-855-1075
Crisis Intervention Center

CARROLL COUNTY

Hotline 410-857-0077
Family and Children's Services of
Central Maryland 410-876-1233

CAROLINE, KENT, DORCHESTER, QUEEN ANNE'S AND TALBOT COUNTIES

Hotline 1-800-927-4673
Mid Shore Council on
Family Violence 410-479-1149

CECIL COUNTY

Hotline 410-996-0333 DV/Rape Crisis

CHARLES COUNTY

Hotline 301-645-3336
Metro Hotline 301-843-1110
Center for Abused Persons
301-645-8994

FREDERICK COUNTY

Hotline 301-662-8800
TTY 301-662-1565
Hearty House

GARRETT COUNTY

Hotline 301-334-9000
The Dove Center
Oakland 301-334-6255
Grantsville 301-895-4300

HARFORD COUNTY

Hotline 410-836-8430
Sexual Assault / Spouse Abuse
Resource Center 410-836-8431
410-879-3486 (Baltimore)

HOWARD COUNTY

Hotline 800-752-0191
or 410-997-2272
Domestic Violence Center
410-997-0304

MONTGOMERY COUNTY

Hotline 240-777-4673
TTY 240-777-4850
Abused Persons Program
240-777-4210

PRINCE GEORGE'S COUNTY

Hotline 1-866-382-7474
Family Crisis Center, Inc.
301-779-2100

BAXTER CENTER FOR FAMILY SAFETY AND SUPPORT

240-260-0068 or 301-997-7790

ST MARY'S COUNTY

Hotline 301-863-6661
Walden / Sierra, Inc. 301-997-1300
Southern Maryland Center for
Family Advocacy 301-373-4141
(Legal Services)

SOMERSET, WICOMICO & WORCESTER COUNTIES

Hotline 410-749-4357
or 410-641-4357
Life Crisis Center 410-749-0771

WASHINGTON COUNTY

Hotline 301-739-8975
TTY 301-739-1012
Citizens Assisting and Sheltering
the Abused (CASA)
301-739-4990

SPECIALIZED PROGRAMS

ST. MICHAEL'S OUTREACH CENTER/ADELANTE

(Hispanic/Latina)
(Baltimore City/County)
410-732-2176

CHANA (Jewish)

Hotline 800-991-0023

ASIAN/PACIFIC ISLANDER DOMESTIC VIOLENCE RESOURCE PROJECT

202-464-4477

Domestic Violence is Serious, Widespread, and Sometimes... Lethal

Intimate partner violence affects all social,
age, economic, religious and cultural groups.

Domestic abuse is part of a pattern of power
and control, rather than an isolated incident.

Abuse can have devastating consequences for
a patient's short and long-term physical and
mental health.

Violence has been linked with increased risk
of abortions, miscarriages, and low birth-
weight babies.

Despite AMA treatment guidelines and
JCAHO requirements, routine screening is
rarely implemented.

Unless victims are asked directly, they often
will not reveal abuse.

Physical disability and death, chronic pain, gas-
trointestinal disorders, drug and alcohol
abuse, and mental health problems are all
associated with domestic violence.

Maryland Health Care Coalition Against Domestic Violence
1211 Cathedral Street • Baltimore, Maryland 21201 • 410-539-0872

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“Violence in the home among family
members has reached epidemic propor-
tions. Nationally, family violence creates
100,000 days of hospitalization, 30,000
emergency room visits, and 40,000 trips
to the doctor's office each year.”

Journal of the American Medical Association

“Although domestic violence affects peo-
ple of both genders, women are 85-95% of
the victims of intimate partner violence.”

Journal of the American Medical Association

“Domestic violence has an estimated 30%
lifetime prevalence among women, yet
physicians detect as few as 1 in 20 victims
of abuse.”

“Barriers to Screening for Domestic Violence,”
Journal of General Internal Medicine,
February, 2002

“25-45% of abused women were abused
while they were pregnant, often causing
miscarriages and low birth-weight babies.”

U.S. Department of Justice, Bureau of Justice
Statistics, National Crime Victimization Survey,
1995 and the U.S. Surgeon General

DOMESTIC VIOLENCE HELPLINES

Statewide
1-800-MD-HELPS (634-3577)
National
1-800-799-SAFE (7233)

DOMESTIC
MORE THAN BRUISES & BROKEN BONES
VIOLENCE

**Your Patients:
Their Health
and Safety.**



MedChi
The Maryland State Medical Society

Domestic Violence

Domestic violence is a pattern of coercive behavior characterized by the control of one person over another, usually an intimate partner, through physical, psychological, emotional, verbal, sexual and/or economic abuse.

Issues for Medical Treatment Compliance

An abusive partner's use of power and control within a violent relationship may result in the victim's:

- ✗ Limited access to routine and/or emergency medical care.
- ✗ Noncompliance with treatment regimens.
- ✗ Not being allowed to obtain or take medication.
- ✗ Missed appointments.
- ✗ Lack of independent transportation, access to finances, or ability to communicate by phone.
- ✗ Failure to use condoms or other contraceptive methods.
- ✗ Not being told by a partner of infection with STDs, including HIV.

Health Care Providers Play a Key Role

1. Let your patients know they can approach you by opening a dialogue with them.
2. Give validating messages:

“You do not deserve this”	“You are not alone”
“No one has to live with violence”	“Help is available”
3. Place brochures and posters about domestic violence in your waiting room or office.
4. Assure patients that disclosures are confidential, unless a child or a vulnerable adult is involved.

High Risk Indicators

Physical	Clinical	Patient and Partner Behavioral Signs
Unexplained bruises, contusions, lacerations, fractures, or multiple injuries in various stages of healing.	Chronic pain. Gynecological problems.	Partner accompanies patient, insists on staying close, answers questions directed to patient.
Explanation inconsistent with injuries. Hesitant, embarrassed or evasive.	Depression, anxiety, sleep disturbances, panic attacks, heart palpitations, atypical chest pain, chronic headaches.	Reluctance of patient to speak in front of partner.
Delay in seeking medical care.	Attempted suicide.	Partner expresses intense, irrational jealousy or possessiveness.
Vague complaints.	Overuse of tranquilizers or pain medications.	Denial or minimization of violence by partner or patient.
Centrally located injuries to face, head and chest, breast, abdomen, and genitalia.	Addiction to drugs or alcohol.	Patient's self-blame.
Numerous injuries at multiple sites.		Patient's fear of returning home; fear for safety.
Repeated or chronic injuries.		

Interviewing Patients

The acronym “**RADAR**” summarizes action steps medical personnel should take in recognizing and treating victims of domestic violence.

R Routinely Screen Patients

- Interview the patient alone.

A Ask Direct Questions

- Universal Screening Questions:
 - “Are you afraid of or are you being threatened by someone close to you?”
 - “Have you been hit, slapped, kicked, or forced into sexual activity by some one close to you?”

D Document Your Findings

- Document current and previous injuries using a body map.
- Record the patient's statements using quotes.
- Take photographs of all injuries.

A Assess Patient Safety

- Assess health impact and immediate safety needs.
- Is it safe for him/her to return home?
- Have there been threats of homicide or suicide?
- Have there been threats to children?
- Is there access to firearms?

R Review Options and Referrals