



**2017-2019
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Medical Center

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Audrey Bergin
Northwest Hospital

Check up



SUMMER 2018

Research shows childhood abuse impacts future health outcomes

The groundbreaking Adverse Childhood Experiences (ACE) Study examines the later-life health impact of challenges in childhood (such as sexual abuse, physical abuse, neglect, witnessing domestic violence and other traumas and difficulties). The work began in the mid-1980s when Dr. Vincent Felitti of Kaiser Permanente in San Diego noticed a correlation between

obesity and surviving childhood sexual abuse, and also noted that adults in his weight loss clinic with trauma histories often tended to drop out when they seemed to be making the most progress. After teaming up with Dr. Robert Anda of the CDC, the ACE study ex-

panded to examine a host of ACEs, administering an extensive questionnaire to over 17,000 patients and analyzing the correlation between compounded ACEs with a number of health outcomes, both those linked to causal behaviors (such as lung disease and smoking), disorders that may be a consequence of growing up with stress (such as anxiety and suicide attempts), and other diseases for which mediating factors

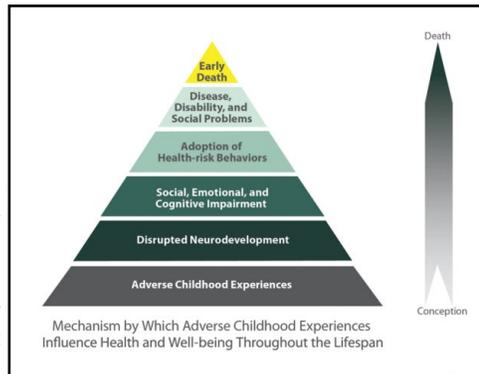
may be less clear (such as cancer).

The ACE Study is now widely recognized and respected. The ACE Study brings home how wide spread the issues of childhood abuse are, how abuse is preventable, and also how some of the behaviors that society largely views as “self-destructive” may more properly be understood as an individual’s attempt to cope with unpleasant internal states, and unwittingly draw more dire health consequences. For ex-

ample, an abuse survivor may turn to drug use to combat anxiety or depression, and perhaps acquire HIV.

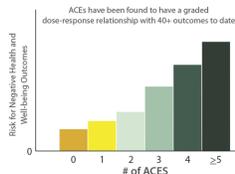
In the years since the ACE Study first shifted health care providers’ thinking on the link between abuse and

health, new research, including further work on the neurobiology of trauma and toxic stress, has come to the fore. Last fall the University of Maryland’s Shock Trauma hosted the Coalition’s presentation of *Resilience: The Biology of Stress and the Science of Hope*, a documentary that takes a look at innovative efforts to help children, survivors and families lead healthier, safer and more resilient lives.



ACES can have lasting effects on....

- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)



Amber Guthrie of the Maryland Network Against Domestic Violence and the Coalition is a ACE Master Trainer.

Contact Ms. Guthrie to arrange for a film screening or training at your facility: aguthrie@mnavd.org.

Maryland Hospital-Based Domestic Violence Programs

**Abuse and Domestic Violence Program
Anne Arundel Medical Center**

2001 Medical Parkway
Annapolis, MD 21401
(443) 481-1209
Coordinator: Rae Leonard

**Family Violence Program
Sinai Hospital**

2401 W. Belvedere Avenue
Baltimore, MD 21215
(410) 601-8692
Coordinator: Penny Green

**Domestic Violence Program (DOVE)
Northwest Hospital**

5401 Old Court Road
Randallstown, MD 21133
(410) 496-7555
Manager: Audrey Bergin

**Family Violence Response Program
Mercy Medical Center**

301 St. Paul Place
Baltimore, MD 21202
(410) 332-9470
Coordinator: Tania Araya

**Domestic Violence and Sexual Assault
Center at Dimensions Healthcare
Prince George's Hospital Center**

3001 Hospital Drive, Suite 3000
Cheverly, MD 20785
(301) 618-3154
Coordinator: Karalyn Mulligan

**SAFE Domestic Violence Program
Greater Baltimore Medical Center**

6701 N. Charles Street
Baltimore, MD 21204
(443) 849-3323
Coordinator: Colleen Moore

**University of Maryland
Upper Chesapeake Medical Center
& Harford Memorial Hospital**
Sexual Assault/Spouse Abuse Resource
Center (SARC) Harford County
410-836-8431
Contact: Maura Burton

**Domestic Violence and
Sexual Assault Program
MedStar St. Mary's Hospital**

25500 Point Lookout Road
Leonardtown, MD 20650
240-434-7496
Coordinator: Yvonne Dawkins

**Domestic Violence & SAFE Programs
Howard County General Hospital**

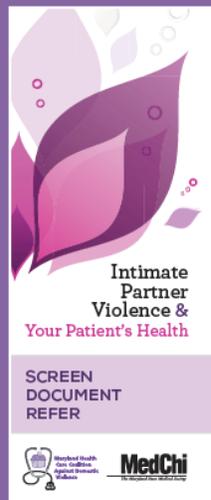
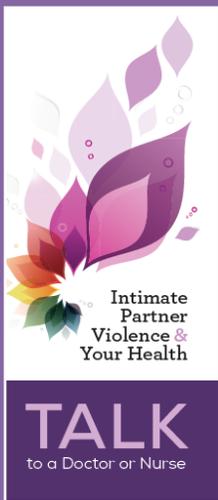
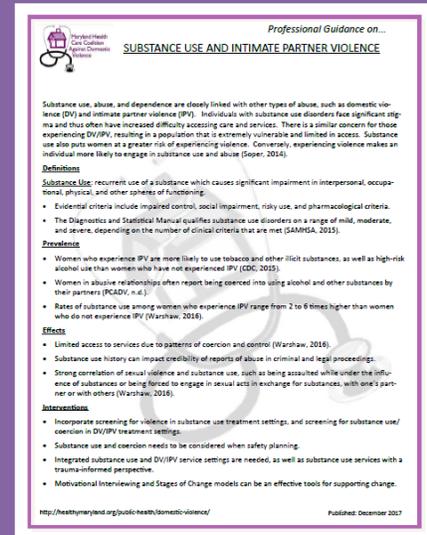
5755 Cedar Lane
Columbia, MD 21044
443-718-3127
Coordinator: Joey Middleton

**Domestic Violence Prevention Program
R Adams Cowley Shock Trauma Center**

22 South Greene Street
Baltimore, MD 21201
410-328-9833
Coordinator: Ann Myers

New Materials for Providers and Patients

The Coalition is launching a new series of helpful *Professional Guidance Sheets* to provide health care providers and allied professionals targeted information on intimate partner violence-related topics, such as Pregnancy, Substance Use, TBI's, Military and Adverse Childhood Experiences (ACE's). Each researched piece explains the problem as it relates to health care, provides definitions, states prevalence, addresses health and other effects and offers best practice interventions. In the future, this will be a great way to preserve and disseminate valuable learnings from Coalition seminars. The Coalition soon will have the series available on our website: <http://healthymaryland.org/public-health/domestic-violence/>.



As well, the Coalition has updated the look and content of many of our stock brochures, including those meant as handouts for patients (*Talk to a Doctor or Nurse*), provider information (*Intimate Partner Violence and Your Patient's Health*) and one covering *Confidentiality and Reporting Requirements*. Find these and all the Coalition's print materials on the website.

Don't forget to visit the Health Care Coalition's website at Center for a Healthy Maryland! Many resources available, including:

- PowerPoints from past seminars
- FREE brochures and other printed materials available for download
- "Health Care Response to Domestic Violence" training information

Check us out!

<http://healthymaryland.org/public-health/domestic-violence/>

Center for a
HealthyMaryland

Updates from Annapolis:

New Laws Enhance Safety for IPV Survivors

The Maryland Health Care Coalition against Domestic Violence was please to support recent efforts to enhance safeguards for IPV survivors. The Coalition will promote knowledge and awareness of these and other issues related to our mission.

By: Laure Ruth, Maryland's Women's Law Center

Safer Communication through Health Insurance Carriers

In a previous session, Maryland's Women's Law Center lobbied for the passage of Communications Between Carriers and Enrollees – Conformity with HIPAA, a modest bill that required the Maryland Insurance Administration (MIA) to develop a form that reflects an already existing HIPAA provision to allow individuals to request that carriers keep insurance communications confidential when such communications would endanger them. People who are facing situations of domestic violence need to have knowledge of and access to the process to request that an insurance communication be sent to an alternative address. In this way, survivors can seek medical and behavioral health services without fear of being further endangered at home.

Domestic violence victims need insurance communications to be kept private. If an insurance communication, usually an explanation of benefit, is sent home, the individual could be at risk of having an abuser discover that they sought medical or behavioral health services to help

them address the abuse. Domestic violence victims who are in danger may forgo or delay seeking medical and behavioral health services for fear of reprisal from their abuser, who may be the insured in the family. Thus, they are denied the very services that may provide a pathway out of an abusive situation. If an individual does seek services, there is a strong chance that they will not use their insurance coverage because of fear of the consequences.

A standardized form, as put forth in this law, is essential in making sure Marylanders who need these protections have a clear avenue to seek them. A standard form has been developed by the Maryland Insurance Administration for requests for confidentiality of information about receiving medical or behavioral health services. To reiterate, this ability to request is already available under federal HIPAA law. The problem remains that very few individuals, or even organizations providing services to victims of domestic violence, are aware of this right.

Request For Confidential Communications form is available through the Maryland Insurance Administration and can be accessed at:

<http://insurance.maryland.gov/Consumer/Documents/publicnew/confidential-communication-form.pdf>

“Updates” continued...

Expanded Protection with Health Care Powers of Attorney

A new law out of Annapolis entitled Advance Directives and Surrogate Decision Making – Disqualified Individuals, modified Maryland’s Health Care Decisions Act by disqualifying certain persons from serving as surrogate health care decision makers for a patient. People who are subject to a protective order, under the Family Law Article, due to abuse of the patient, will be disqualified from serving as surrogate decision makers. In addition, the new law disqualifies a spouse when the parties have executed a separation agreement or when a complaint for divorce has been filed by either the patient or the spouse.

Previously, our law offered a required hierarchical list of health care decision makers, or surrogates, when a patient is unable to make his or her own health care decisions (MD Code Health Care General § 5-601 et seq.). There was no ability for a social worker or other

medical care provider to skip someone on that list who may have adverse interests to the patient. This presented a terrible dilemma to the provider – either do what the abuser says, even if not in the best interests of the patient, or to run afoul of our laws. The new law prohibits a person from being a health care surrogate if he or she was the subject of a protective order due to abuse of the patient. The provider can merely engage in the statutorily required “reasonable inquiry” to determine if a protective order exists or if the parties are separated or had filed for divorce that would require them to skip that person and move down the list of surrogates. Surrogates only come into the decision-making process when an advanced health care directive has not been effectuated and no guardian has been appointed. The original bill passed with an amendment that allowed an individual/patient to name a surrogate in certain circumstances.

Free Training at Your Site For Health Care Providers in Maryland

The Coalition presents minimum 1-hour training on:

- Health Care Response to Domestic Violence
 - Incidence & prevalence
 - Dynamics of abuse
 - Screening guidelines
 - Adverse health consequences
 - Advocacy & empowerment
 - Crisis Intervention
 - Risk assessment & safety planning
 - Reporting requirements, confidentiality
 - Documentation
- Non-Fatal Strangulation in Domestic Violence
- Pregnancy and Domestic Violence
- Intersection of Domestic Violence, HIV & STI’s
- Health Care Workplace Safety & Domestic Violence
- Cultural Issues & Special Populations

Contact: Audrey Bergin, MPH

Phone: 410-539-0872 or 800-492-1056, ext. 3316

e-mail: dvcoalition@medchi.org

Coalition President, Colleen Moore, receives Leadership Award from Maryland Network Against Domestic Violence

Colleen Moore was celebrated by family and peers at the MNADV's Annual Meeting and Awards Dinner for her work and leadership within the field of domestic violence. Ms. Moore has worked with victims of domestic violence for over 30 years, with the past 15 years focused on response in health care settings. In addition to providing compassionate, non-judgmental crisis intervention to countless victims identified in medical settings and advocating for their care, she has participated in the Maryland Health Care Coalition as a member and President. Over Ms. Moore's 15 years with the Maryland Health Care Coalition, she has assisted in the development of several brochures designed for both patients and practitioners in health care settings, providing important information about recognizing and



Ms. Moore and fellow Health Care Coalition members at the MNADV Annual Meeting and Awards Dinner.

addressing domestic violence in health care. She has also developed a comprehensive manual to support hospital-based domestic violence programs, as well as organized multiple seminars and other training opportunities annually. Ms. Moore has developed and conducted numerous trainings in many health care settings for medical professionals and students. She also helped Prince George's Medical Center and GBMC establish domestic violence programs and continues to reach out to other hospitals to offer assistance in improving their response. These trainings help health care providers understand the importance of screening for abuse and learn how to identify possible victims and intervene. Ms. Moore's colleagues find her equally kind and pleasant to work with. She is always willing to help others

A fond farewell to longtime Coalition members

The Maryland Health Care Coalition Against Domestic Violence owes a debt of gratitude to both Michael Cohen and Joan Stine, each of whom have devoted years of service to the Coalition's Board. Michael, as Executive Director of the Maryland Network Against Domestic Violence and Joan, through her work at the Maryland Department of Health and Mental Hygiene (now MDH) and the Family Tree, have lent their considerable expertise and experience to moving the Coalition forward. Thank you and you will both be missed!

Maryland Health Care Coalition Against Domestic Violence

1211 Cathedral Street
Baltimore, MD 21201

Phone: 410-539-0872 or 800-492-1056 x3316

Email: dvcoalition@medchi.org

<http://healthymaryland.org/public-health/domestic-violence/>

For more information on Domestic Violence or to join the Maryland Health Care Coalition Against Domestic Violence, please contact us at dvcoalition@medchi.org.



Founded in 1998, the mission of the Maryland Health Care Coalition Against Domestic Violence is to provide leadership within health care in promoting a proactive and effective response to intimate partner violence through screening, identification, education, intervention and treatment of domestic violence victims.

Contact the Coalition for free training in your health care agency.