

GETTING HELP

The following hospitals have 24/7 advocacy-based crisis response programs for IPV victims:

- Anne Arundel Medical Center/Annapolis
- University of Maryland Capital Region Health, Prince George's Hospital/Cheverly
- Greater Baltimore Medical Center/Towson
- Howard County General Hospital/Columbia
- Mercy Medical Center/Baltimore
- MedStar St. Mary's Hospital/Leonardtown
- Northwest Hospital/Randallstown
- Sinai Hospital/Baltimore
- University of Maryland R Adams Cowley Shock Trauma Center/Baltimore
- University of Maryland Upper Chesapeake Medical Center/Bel Air & Harford Memorial Hospital/Havre De Grace

Visit www.MNADV.org for a listing of local comprehensive IPV victim service providers in Maryland.

The Maryland Health Care Coalition Against Domestic Violence is dedicated to improving the health care response to intimate partner violence. We offer:

- Trainings
- Brochures (both for providers and patients)
- Educational materials
- Model protocols
- Detailed program development manual and materials
- Technical assistance and consultation

For more information and resources, visit the Coalition at: www.healthymaryland.org/public-health/domestic-violence

Or email: dvcoalition@medchi.org

The Coalition is supported through a Victims of Crime Act grant through the Governor's Office of Crime Control and Prevention.

DOMESTIC VIOLENCE **is** serious, WIDESPREAD, and Sometimes... LETHAL

- Intimate partner violence (IPV) affects all racial, age, economic, religious and cultural groups. It affects people of every sexual orientation and gender.
- IPV is part of a pattern of power and control; it is not 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 miscarriages, and low birthweight babies.
- AMA treatment guidelines and Joint Commission recommendations support routine screening for abuse.
- Unless victims are asked directly, they often will not reveal abuse.
- Physical disability and death, chronic pain, gastrointestinal disorders, drug and alcohol abuse, and mental health problems are all associated with IPV.

“ According to the CDC, 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner.”

– Centers for Disease Control & Prevention (CDC). (2017) NISVS Summary Reports: National Data on Intimate Partner Violence, Sexual Violence, and Stalking. Retrieved from: www.cdc.gov/violenceprevention/pdf/NISVS-Fact-Sheet-2014.pdf

“ Research demonstrates intimate partner violence survivors experience higher levels of traumatic injuries, TBI, disabilities, lower quality of health impacting most systems, depression, anxiety, PTSD and substance abuse than do people in healthy relationships.”

– Hamberger, L.K., Rhodes, K., Brown, J. (2015). Screening and intervention for intimate partner violence in health-care settings: creating sustainable system-level programs. *Journal of Women's Health, 24(1), 86-91.*

“ The leading cause of death for pregnant and recently pregnant women in Maryland is homicide; the majority of perpetrators were a current or former intimate partner.”

– Cheng, D. and Horon, I.L. (2010). Intimate-partner homicide among pregnant and postpartum women. *Obs & Gyn, 115(6), 1181-1186.*

DOMESTIC VIOLENCE HELP



Statewide Helpline

1-800-MD-HELPS
(1-800-634-3577)

National 24/7 Hotline

1-800-799-SAFE (7233)

Chat Online

www.thehotline.org

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

Printed materials made possible through a grant from the Herbert Bearman Foundation.

Intimate Partner Violence & Your Patient's Health

SCREEN DOCUMENT REFER



Maryland Health Care Coalition Against Domestic Violence

MedChi
The Maryland State Medical Society

WHAT IS Intimate Partner Violence?

INTIMATE PARTNER VIOLENCE, OR DOMESTIC VIOLENCE, is a pattern of coercive behavior characterized by the control of one person over another, usually in an intimate relationship, 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 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," or "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 being abused.

HIGH RISK INDICATORS

Physical

- Unexplained bruises, contusions, lacerations, fractures, or multiple injuries in various stages of healing.
- Explanation inconsistent with injuries. Hesitant, embarrassed or evasive.
- Delay in seeking medical care.
- Vague complaints.
- Centrally located injuries to face, head and chest, breast, abdomen, and genitalia.
- Numerous injuries at multiple sites.
- Repeated or chronic injuries.

HIGH RISK INDICATORS

Clinical

- Chronic pain.
- Gynecological problems.
- Depression, anxiety, sleep disturbances, panic attacks, heart palpitations, atypical chest pain, chronic headaches.
- Attempted suicide.
- Overuse of tranquilizers or pain medications.
- Addiction to drugs or alcohol.

Patient & Partner Behavioral Signs

- Partner accompanies patient, insists on staying close, answers questions directed to patient.
- Reluctance of patient to speak in front of partner.
- Partner expresses intense, irrational jealousy or possessiveness.
- Denial or minimization of violence by partner or patient.
- Patient's self-blame.
- Patient's fear of returning home; fear for safety.

INTERVIEWING PATIENTS with "RADAR"

"RADAR"

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 someone 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**

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