

A guide for
health care
providers

Intimate Partner Violence (IPV)

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RAPE
hit push slap strangle shove choke kick bite
IPV
Intimate Partner Violence
sexual assault
physical abuse
threats
stalking
reproductive coercion
EMOTIONAL ABUSE
financial abuse

Women's Health, Maternal and Child Health
Maryland Department of Health and Mental Hygiene

February 2012



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Intimate Partner Violence and Health

Definition

Intimate partner violence (IPV) is the **actual or threatened physical, sexual, or psychological harm by a current or former partner or spouse**. The pattern of assaultive or coercive behaviors is characterized by the control or domination of one person over another.

Examples of IPV include:

- Physical violence
 - hit, slap, scratch, choke (strangle), bite, push, kick,
 - use of restraints or one's strength against another person,
- Sexual violence
 - unwanted kissing or fondling
 - rape or forced sexual acts
- Psychological abuse
 - stalking, harassment, degradation, intimidation, name-calling, isolation,
 - threats of physical or sexual violence (using words, gestures, weapons)
 - limiting or controlling access to money, family, friends, food, transportation, medicine, healthcare
- Reproductive coercion
 - refusal to use contraception or condoms resulting in unintended pregnancy or exposure to sexually transmitted infections
 - control over pregnancy options



The precise definition of IPV has varied among different organizations and researchers making comparisons of prevalence, epidemiology, associated effects, and trends inconsistent and confusing. Definitions can be narrow and limited such as pertaining only to spouses, only to physical violence, only to females, or only to heterosexual couples. While these narrow definitions can be useful for certain research purposes, the wide range of coercive behaviors in IPV that impacts various populations is ignored.

Is IPV the same as domestic violence?

Intimate partner violence (IPV) is often referred to as domestic violence (DV). However DV also includes violence among family members (parents or stepparents, children or stepchildren, siblings, grandparents, in-laws, or other family members) as well as IPV.

Prevalence

More than one-third of women and one-fourth of men in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime. Nearly three in ten women and one in ten men in the U.S. reported at least one measured impact (such as symptoms of post traumatic stress disorder, being injured or needing health care or legal services) related to the violent behavior¹. Violence occurs in all socioeconomic groups and to individuals among every culture, race, ethnicity, gender, and religion.

Although women can be violent in their relationships with men, relatively little research has been done in this area and more is needed. Most studies show that the majority of IPV is perpetrated by males towards their female partners. A 2002 review reported that more than 90% of "systematic, persistent, and injurious" violence is perpetrated by men primarily in their efforts to maintain control.² According to the U.S. Department of Justice, Bureau of Justice Statistics, women are five times more likely than men to be victimized by their partners.³ In Maryland, females were the victims in 74% (n=13,241) of all 2010 Maryland crimes (n=17,931) associated with IPV. Assault accounted for 91% of all IPV crimes against women. The rates of violence among same sex couples is similar to that among heterosexual couples, however more research is needed.

Pregnancy: Data from the multi-state Pregnancy Risk Assessment Monitoring System (PRAMS) survey showed that 5.3% of women reported physical abuse from a current or former partner for the year before pregnancy and 3.6% reported abuse during pregnancy. The prevalence of abuse by a former partner was higher than by a current



partner. Women whose partners did not want the pregnancy reported high levels of physical abuse before (19%) and during (14%) pregnancy.⁴

Maryland PRAMS reported that 7.2% of mothers were physically abused by a current or former partner during the year before pregnancy or while they were pregnant.⁵

Intimate partner homicide

As shown in the World Health Organization poster, "1 in 2 female murder victims are killed by their male partners, often during an ongoing abusive relationship". By conservative estimates, at least 22% of the 69 female homicides in Maryland in 2010 were attributed to IPV. In contrast <1% of male homicides were attributed to IPV.⁶

Pregnancy: In the 16-year period from 1993 to 2008, the **leading cause of death among pregnant and postpartum women in Maryland was homicide**. Of the solved homicide cases, 63% were perpetrated by current or former intimate partners.⁷



Special populations: male, immigrant, same-sex, disabled

Some populations may experience IPV differently or may have more barriers to disclosure of IPV than other women.

- 1) Male victim
 - a. Little to no research or focus on male victims despite need
 - b. Many shelters do not accept men
 - c. Most domestic violence programs are not sensitive to male victim issues
 - d. Difficult for men to be heard without bias on IPV issues
- 2) Immigrant and refugee
 - a. Helping immigrant and refugee women is complicated by
 - i. Limited language proficiency
 - ii. Stress of adaptation to new culture
 - iii. Disparities in economic or social resources such as internationally brokered marriages or marriage to U.S. military personnel
 - iv. Social isolation
 - v. Anti-immigrant prejudices
 - vi. Immigration status and concern about deportation
- 3) Lesbian, Gay, Bisexual, Transgender (LGBT) population
 - a. IPV is as least as common in LGBT groups as in the general population
 - b. Lack of a strong support system and perceived societal stigma may deter LGBT victims from reporting IPV
 - c. Unique issues are often not addressed by shelters or agencies
 - d. IPV perpetrators may threaten to “out” their partner’s sexuality to coerce her to stay in the relationship or control her
- 4) Disabled
 - a. Women with physical or behavioral disabilities are twice as likely to be abused as women without disabilities. These women are often dependent on caregivers (possibly a spouse, family member or employee) who may have issues of power and control. Leaving an abusive situation is usually difficult because it renders the disabled woman helpless and without needed support services. Even if they do leave, many domestic violence shelters do not accept women with disabilities or are not trained to adequately address their needs.
 - b. Other forms of abuse are more common in this population
 - i. Withholding medication
 - ii. Preventing use of assistive equipment (canes, wheelchairs)
 - iii. Sabotaging personal needs (bathing, bathroom functions food)

Associations with health



Current or past IPV can result in acute injuries, behavioral health problems, and chronic medical disorders as shown in the following table:

Health Effects Associated with Intimate Partner Violence Among Women	
Physical Injuries	<ul style="list-style-type: none"> -Bruises and petechia, lacerations, fractures, bites - (especially to head, neck, face [eyes, cheeks, lips, nose], arms, and breasts) and abdomen when pregnant -strangulation, loose or broken teeth -Death (homicide)
Mental Health	<ul style="list-style-type: none"> -Depression -Anxiety -Post Traumatic Stress Disorder (PTSD) -Eating disorders -Phobias -Panic attacks -Insomnia -Death (suicide)
Substance Abuse	<ul style="list-style-type: none"> -Alcohol and illicit drug abuse -Cigarette smoking -Tranquilizer and sleeping pill abuse
Chronic Disorders	<ul style="list-style-type: none"> -Chronic pain syndromes -Anemia -Asthma -Obesity -Headaches, migraines -Hearing loss -Temporo-mandibular disorders -Fibromyalgia -Heart/blood pressure/chest pain problems -Arthritis -Gastrointestinal disorders (irritable bowel syndrome, indigestion, spastic colon, ulcers)
Reproductive Health	<ul style="list-style-type: none"> -Unintended pregnancy -Pelvic pain, dysmenorrhea, dyspareunia -Vaginitis -Urinary tract infections -Pelvic inflammatory disease -Sexually transmitted infections (STI) and HIV -Abnormal cervical cancer screening tests (Pap) -Non-viable pregnancies (miscarriage, abortion, stillbirth) -Poor prenatal behaviors (late or no prenatal care, poor nutrition, smoking) -Poor pregnancy outcomes (prematurity)

Economic toll of IPV



The cost of IPV was estimated at 5.8 billion dollars in 1995. Updated to 2003 dollars, IPV is estimated to cost over \$8 billion annually in the U.S. Two-thirds of that amount is for direct medical and mental health services. Additional costs are associated with treatment for alcoholism, substance abuse, attempted suicide, unintended pregnancy and lost productivity from work.⁸

Maryland law

Under Maryland law, ***do not report suspected or confirmed domestic violence or sexual assault unless the adult victim consents except for the following 3 exceptions:***

Exceptions - Disclosure is required or authorized in the following three conditions:

1. Child abuse
 - a. If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then anyone should report to Child Protective Services (CPS) or law enforcement.
2. Vulnerable adult abuse
 - a. If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement.
3. Treatment of an injury by health care provider
 - a. If the injury was caused by a gunshot or moving vessel, then medical personnel must report to law enforcement.
 - b. In Allegany, Anne Arundel, Charles, Kent, Montgomery, Prince George's, Somerset, Talbot and Wicomico counties, if injury is caused by an "auto accident or lethal weapon", then medical personnel must report to law enforcement.

To report abuse of children or vulnerable adults, call 1-800-332-6347 or 911.

A pamphlet about the Maryland law can be found at:

http://healthymaryland.org/wp-content/uploads/2011/05/66090_DomVio_D_Confid.pdf

IPV assessment and education

Domestic violence assessment is not an option; it is a standard of care. Women do not mind being asked about IPV.

In 1984, the Surgeon General declared domestic violence as the leading health hazard to women in the U.S. Routine screening for intimate partner violence is recommended by every major professional medical organization including the American Medical Association (AMA), American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American College of Obstetricians and Gynecologist (ACOG), American Academy of Pediatrics (AAP) and the American Psychiatric Association (APA).

The time needed to perform an initial IPV assessment is approximately two minutes, not different from screening for any important, potentially fatal medical condition such as angina. See <http://www.healthymaryland.org/pdf/domestic-violence-screening.pdf/>. The assessment should be done in **private**, without any person present that accompanied the patient. A routine assessment for IPV should avoid the use of stigmatizing terms such as “abuse”, “rape”, or “battered”. Develop a strategy that is nonjudgmental and employs culturally relevant language.

When and how often to assess:

Assessment should occur during health care visits for all women aged 14 and over (earlier if already dating):

- primary care, gynecology, pediatrics, oral health
 - initial visit – ask about any prior history of abuse
 - annually – ask about abuse during previous year
 - interim visit – screen for violence if new intimate partner relationship has been disclosed or interim visit is for:
 - physical injury
 - sexually transmitted infection
 - preconception or inter-conception care
 - family planning or abortion
 - mental illness
 - dental injuries
 - smoking, alcohol or substance abuse
- emergency - all injury visits
 - Over a third of all women seen in the emergency room for violence-related injuries were injured by a current or former intimate partner
- obstetrics
 - initial visit
 - each trimester
 - postpartum visit

***Sample IPV assessment and education – to be done in a private setting**

Health care providers are often the first and only professionals seen by women who are in a violent or abusive relationship. There are many screening tools for IPV however even the most common tools have not been evaluated with any rigor in terms of number of studies or subjects. Because many women may never divulge IPV to a provider, it is important to provide education and resources about IPV to all women.

1) Framing statement:

- **"Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence."**

2) Discuss confidentiality

- **"I want you to know that everything here is confidential. I won't tell anyone else about what is said unless you give me permission."**

[Note exceptions for Maryland, in cases of abuse of vulnerable adults, children < 18 years of age by a guardian, or treating certain injuries. See page 6]

3) Sample Assessment questions

- **"Has your current or former partner ever threatened you or made you feel afraid?"**
(examples include stalking, threatens to hurt you or your children if you did or didn't do something, controls whom you talk to/where you go, goes into rages)
- **"Has your partner ever hit, choked or physically hurt you?"**
(“hurt” includes being hit, slapped, kicked, strangled, bitten, shoved)
- **"Has your partner ever forced you to do something sexually that you did not want to do, or refused your request to use condoms?"**

For contraception/family planning discussions, also ask:

- "Does your partner support your decision about when or if you want to become pregnant?"
- "Has your partner ever messed with your birth control or tried to get you pregnant when you didn't want to be?"

4) Educate

Even if abuse is not acknowledged, providing all patients with educational materials normalizes the conversation, making it acceptable for women to receive information without disclosure. Convey to all women that:

- information is available (keep brochures/posters in bathroom, exam room, waiting room) and hand out a small IPV resource card that can fit in patient's shoe or other concealable area
- you/staff are available for help and support
- abuse is wrong and it is not the victim's fault
- everyone has the right feel safe

*adapted from American College of Obstetricians & Gynecologists Committee Opinion No. 518, "Intimate Partner Violence" 2012⁹

Safety assessment

When a patient discloses she is being abused, always validate her experience by telling her she is not alone and no one deserves to be abused.

If there is any indication or suspicion that abuse is occurring, a safety assessment should be done to evaluate if the woman is in any immediate danger. Determine if the batterer has a weapon, whether there has been an escalation in violence, if there are guns in the home, substance use, or suicidal ideation. The local DV program (page 13) or hospital program (page 11) can help determine the need for safety planning and can provide information about local resources. Try to contact the local DV program before the woman leaves the facility.

The “Lethality Assessment Program (LAP)–Maryland Model” is a copyrighted series of questions to help identify women at high risk of serious injury or being killed. LAP has been used mostly by law enforcement and connects those at high risk with a local DV provider. Learn more at www.mnadv.org/lethality.html/

The Maryland Network Against Domestic Violence provides advice for helping the abused person make a safety plan and apply for a protective order. It can be accessed at www.mnadv.org/get_help.html/. The House of Ruth also has information at www.hruth.org/. This includes steps to take if the victim were to leave her abusive situation such as identification of places she could go if she were in imminent danger, making copies of important personal and family documents (drivers license, passport, pay stubs, birth certificates, health records), noting her social security, bank account and credit card numbers, preparing clothes, car keys, and other items for a “quick escape”.

Documentation and coding

The medical record may be an aid in the prosecution of the abuser in a court of law. It is therefore important to include a description of the abuse as recounted by the patient. Include in the medical chart:

1. full name of perpetrator and relationship to victim,
2. exact time and location of injury occurrence
3. full names and relationship to witnesses of the trauma
4. description of injury using
 - a. direct quotations from the patient (use “patient states” instead of “alleges”)
 - b. Polaroid camera photo
 - c. diagram or body map to document nature and location of all injuries

ICD-9 code for adult physical abuse is 995.81; E-codes may be used as modifier code to provide information as to when, where, how and to whom abuse happened (E-967.3 is injury by spouse/partner, E-968.2 is assault by blunt or thrown object). V-codes give information about history of abuse or need for counseling (V15.41 is physical abuse/rape).

Maryland hospital based programs

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires accredited hospitals to implement policies and procedures for identifying, treating, and referring victims of abuse as well as providing domestic violence education programs for hospital staff. The Maryland Domestic Violence Health Care Screening and response Initiative, a 2010 Executive Order signed by Governor O'Malley in September 2010, seeks to increase the number of health facilities that have specialized DV programs.



Currently, seven hospitals have on-site domestic violence programs with dedicated staff who are available for help with IPV services such as crisis counseling, screening, danger assessment, safety planning, counseling, advocacy, forensic exams, proper medical record documentation, service coordination and resource linkage. The following hospitals offer a variety of services designed to work with the needs of the community.

- Anne Arundel Medical Center, Annapolis, Abuse and Domestic Violence Program, 443-481-1209
- Greater Baltimore Medical Center, Towson, SAFE DV Program, 443-849-3323
- Mercy Medical Center, Baltimore, Family Violence Response Program, 410-332-9470
- Meritus Hospital Center, Hagerstown, 301-790-8000
- Northwest Hospital Center, Randallstown, Domestic Violence Program, 410-496-7555
- Prince George's Hospital Center, Cheverly, Domestic Violence and Sexual Assault Center at Dimensions Healthcare, 301-618-3154
- Sinai Hospital of Baltimore, Family Violence Program, 410-601-8692

Children who witness IPV



Exposure to violence in the home predisposes children to numerous social and physical problems, including depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, asthma, headaches, and stress. It may also teach them that violence is a normal way of life - therefore, increasing their risk of becoming violent or victims of violence in the future.

References

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4. Chu SY, Goodwin MM, D'Angelo DV. Physical violence against U.S. women around the time of pregnancy, 2004-2007. *Am J Prev Med* 2010;38 (3):317-322.
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6. Maryland Department of State Police. 2010 Uniform Crime Report, Crime in Maryland. July 2011.
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8. Max W, Rice DP, Finklestein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. *Violence and Victims* 2004;19(3):259-72.
9. Intimate Partner Violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists 2012;119:412-7.

Maryland Domestic Violence Service Programs

County	Program	Hotline
State-wide	Maryland Network Against Domestic Violence	800-634-3577
Allegany	Family Crisis Resource Center	301-759-9244
Anne Arundel	YWCA Domestic Violence Services	410-222-6800
Baltimore City	House of Ruth MD	410-889-7884
	TurnAround, Inc.	410-828-6390
Baltimore County	Family and Children's Services of Central MD	410-828-6390
	Family Crisis Center of Baltimore County, Inc.	
	TurnAround, Inc.	
Calvert	Crisis Intervention Center	410-535-1121
Carroll	Family and Children's Services of Central MD	410-857-0077
Caroline	Mid-Shore Council on Family Violence	800-927-4673
Cecil	Cecil Co. Domestic Violence/Rape Crisis Center	410-996-0333
Charles	Center for Abused Persons	301-645-3336
Dorchester	Mid-Shore Council on Family Violence	800-927-4673
Frederick	Heartly House	301-662-8800
Garrett	The Dove Center	301-334-9000
Harford	Sexual Assault/Spouse Abuse Resource Center	410-836-8430
Howard	Domestic Violence Center	410-997-2272
Kent	Mid-Shore Council on Family Violence	800-927-4673
Montgomery	Abused Persons Program	240-777-4195
Prince George's	Family Crisis Center, Inc.	301-731-1203
	House of Ruth MD	240-450-3270
Queen Anne's	Mid-Shore Council on Family Violence	800-927-4673
St. Mary's	Walden/Sierra, Inc.	301-863-6661
Somerset	Life Crisis Center	410-749-4357
Talbot	Mid-Shore Council on Family Violence	800-927-4673
Washington	CASA (Citizens Assisting and Sheltering the Abused)	301-739-8975
Wicomico	Life Crisis Center	410-749-4357
Worcester	Life Crisis Center	410-749-4357

Asian/Spanish resources:

Asian/Pacific Islander Domestic Violence Resource Project 202-464-4477
 Adelante Familia/St. Vincent de Paul 410-732-21 76

The Maryland Network Against Domestic Violence (www.mnadv.com/) has information on Maryland resources by jurisdiction, population (immigrant, military, disabled) and service type (legal, faith-based).

Hotline

National Domestic Violence Hotline

1-800-799-SAFE (7233), 1-800-787-3224 TTY, or

Rape Abuse & Incest National Network (RAINN) Hotline

1-800-656-HOPE (4673)

Resources

AMA Violence Prevention

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/violence-prevention.shtml>

Futures Without Violence

(formerly Family Violence Prevention Fund)

www.FuturesWithoutViolence.org

Maryland Coalition Against Sexual Assault (MCASA)

www.mcasa.org

410-974-4507

Maryland Healthcare Coalition Against Domestic Violence

www.healthymaryland.org/public-health/domestic-violence/

Maryland Network Against Domestic Violence

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

www.mnadv.org

Maryland Pregnancy Risk Assessment Monitoring System (PRAMS)

Focus Brief, Intimate Partner Violence, February 2011

www.MarylandPRAMS.org

National Coalition Against Domestic Violence

www.ncadv.org

National Network to End Domestic Violence

www.nnedv.org

National Resource Center in Domestic Violence

www.nrcdv.org

Office on Violence Against Women, U.S. Department of Justice

www.usdoj.gov/ovw

Safe for All (includes information for male victims)

<http://safe4all.org>