

A guide for  
health care  
providers

# Intimate Partner Violence (IPV)

A guide for health care providers

**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

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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 behavior<sup>1</sup>.** 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.<sup>2</sup> 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.<sup>3</sup> 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

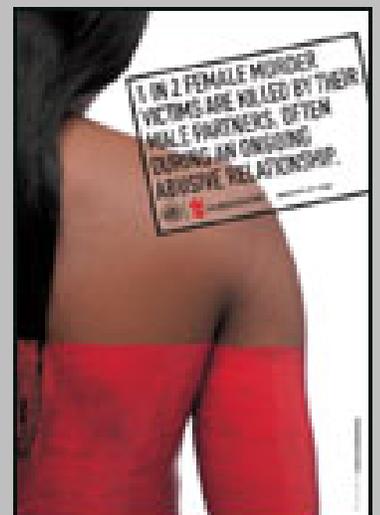


partner. Women whose partners did not want the pregnancy reported high levels of physical abuse before (19%) and during (14%) pregnancy.<sup>4</sup> Maryland PRAMS reported that 7.2% of mothers were physically abused by a current or former partner during the year before pregnancy or while they were pregnant.<sup>5</sup>

## 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.<sup>6</sup>

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.<sup>7</sup>



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

Some populations may experience IPV differently or may have barriers to disclosure.

- 1) Male victim
  - a. Little to no research or focus on male victims despite need
  - b. Shelters/programs may not accept men; not sensitive to male issues
- 2) Immigrant and refugee
  - a. Limited language proficiency
  - b. Stress of adaptation to new culture, social isolation
  - c. Disparities in economic or social resources such as internationally brokered marriages or marriage to U.S. military personnel
  - d. 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. IPV perpetrators may threaten to “out” their partner’s sexuality to coerce her to stay in the relationship or control her
- 4) Disabled
  - a. Twice as likely to be abused as women without disabilities
  - b. Dependency on caregivers (possible a spouse, family member or employee) who may have issues of power and control
  - c. Leaving an abusive situation renders the disabled woman helpless and without needed support services
  - d. Many shelters do not accept women with disabilities or are not trained to adequately address their needs.
  - e. 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)
- 5) Teens
  - a. High rates of unintended pregnancy, STIs, depression, and tobacco, alcohol, drug use
  - b. digital dating abuse (including posting nude pictures against her will, stalking her through social networks, and humiliation through social networks), controlling what partner wears, whether the partner goes to school that day, manipulating contraceptive use
- 6) Military
  - a. High rates of “military sexual trauma” (MST) occur among women during military service and is commonly associated with post-traumatic stress disorder (PTSD), tobacco/alcohol/drug use, STIs, medical disorders
  - b. Women veterans can receive MST-related care at any VA nationally for unlimited length of time and without cost

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

## 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.<sup>8</sup>

## 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](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). In 2011, the Department of Health and Human Services (HHS) adopted recommendations from the Institute of Medicine (IOM) to include screening for IPV as one of the preventive services for women that should be included in all insurance plans without a copay.

The assessment should be done in **private**, without any person present that accompanied the patient. If an **interpreter** is needed, do not use the patient's friend or family member.

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**. The assessment questions can easily be integrated as part of the medical history form. Alternatively, the assessment can be filled out by the patient or self-administered on a computer in a private area.

When to assess for IPV - during health care visits for all women aged 15 to 50 (earlier if already dating):

- primary care, gynecology, mental health, pediatrics\*
  - initial visit
  - interim visit –whenever a routine medical history is taken or if visit is new for:
    - physical injury
    - sexually transmitted infection
    - preconception or inter-conception care
    - family planning or abortion
    - mental illness
    - dental injuries
    - smoking, alcohol or substance abuse
    - chronic disorder complaints (gastrointestinal, headaches, pain)
- urgent care – all injuries, and whenever a routine medical history is taken
  - 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 and postpartum visit

\*option to assess mothers of patients during child visits as well as teens who are patients

**Sample IPV assessment\*** – to be done privately, without family/friends present; use interpreter (not family/friend) if needed; Assess females, ages 15-50, at every new, interval comprehensive, or urgent care health visit – as part of routine health history. Assess obstetric patients each trimester and postpartum. Ask directly or have patient self-administer the questions by computer or paper. Assess anyone when signs and symptoms raise concerns about violence (injuries, drug/alcohol use, STIs, psych disorders).or at provider discretion.

Introductory statements:

- "Because violence is so common and help is available, I now ask every patient if they are being hurt by a current or former partner."
- "I won't tell anyone else about what is said unless you give me permission."

[Exceptions for Maryland: abuse of vulnerable adults, children < 18 years of age by a guardian, or certain injuries, e.g. inflicted by gun or moving vessel]

Sample Assessment

**1. "Has your current or former partner threatened you or made you feel afraid?"**

(stalked you, insulted you, threatened you with a weapon, threatened to hurt you or your children if you did or didn't do something, controlled whom you talk to/where you go/how you spend money)

**2. "Has your partner hit, choked or physically hurt you?"**

("hurt" includes being hit, slapped, kicked, strangled, bitten, shoved)

**3. "Has your partner made you have sex when you didn't want to?"**

No

Yes

"It is not your fault. You are not alone. Help is available. I'm concerned about your safety (and safety of your children). Abuse tends to increase in frequency/intensity and it can impact your health"

Option for on-site safety assessment

Sample questions to quickly assess: Is it safe to go home? "

- Has the physical violence increased over the past 6 months?
- Has your partner used a weapon or threatened you with a weapon?
- Do you believe your partner is capable of killing you?
- Have you been beaten while pregnant?
- Is your partner violently and constantly jealous of you?

Drug or alcohol use intensifies all situations

*Note: Patient may be a danger to herself. Assess for depression/suicidality*

Yes" to  $\geq 3$  out of 5 questions\*\* or concern for safety - "From what you've told me, you are at high risk for severe injury or even being killed by your abuser. Let's make a call to help you decide some safe options for you and your family." (Remember that the goal may not be leaving at once but discussing safety with a DV expert. Document if help is declined but respect patient autonomy for making decision.)

Offer to call National Hotline 800-799-SAFE or the local DV Program (see back) for safety assessment or planning, counseling, legal advice, shelter; Make other referrals (mental health) as needed; Schedule a follow up visit Emphasize the need to keep information private and away from abuser. A safety planning fact sheet is available at [www.ndvh.org/wp-content/uploads/2008/10/Safety-Planning-2.pdf](http://www.ndvh.org/wp-content/uploads/2008/10/Safety-Planning-2.pdf)

- Educate and counsel as needed; discuss healthy relationships and give out safety cards/women's health resource list (with local DV contact information)
- By providing brochures, cards, resources and information to all women or for their "friends or family who may be dealing with violence" women can receive important information without disclosure.

\* adapted from American College of Obstetricians & Gynecologists Committee Opinion No. 518, "Intimate Partner Violence" 2012<sup>9</sup>  
 \*\* adapted from Academic Emergency Medicine 2009; 16:1208–1216

## Reproductive coercion

Women experiencing reproductive coercion are good candidates for contraception that is more difficult for partner to detect or sabotage, or they may need safety assessment/planning when the pregnancy is unwanted by the partner.

Assess for **reproductive coercion** (family planning, abortion, pregnancy test discussions):

- “Does your partner support your decision about when or if you want to become pregnant?”
- “Has your partner ever interfered with your birth control or tried to get you pregnant when you didn’t want to be?”

## Educate patients

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

## 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 and if she feels it is safe to go home. The local DV program (page 14) or hospital program (page 12) 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. Or the safety assessment may be done on-site if the provider feels comfortable:

Ask whether she feels her partner is capable of killing her. Determine if the batterer has a weapon, whether there has been an escalation in violence, if there are guns in the home, substance use, history of strangulation, jealous violent rages, abuse during pregnancy, or suicidal ideation. A 5-question safety assessment screen is on the sample IPV assessment tool (page 9).

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/](http://www.mnadv.org/lethality.html/)

## Safety planning

A safety planning fact sheet is available at [www.ndvh.org/wp-content/uploads/2008/10/Safety-Planning-2.pdf](http://www.ndvh.org/wp-content/uploads/2008/10/Safety-Planning-2.pdf). 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).**

## 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.

## 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

## References

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2. Kimmel, Michael S. Gender Symmetry' in Domestic Violence: A Substantive and Methodological Research Review. *Violence Against Women* 2002; 8(11):1332–1363.
3. Catalano S. U.S. Department of Justice, Bureau of Justice Statistics. Intimate partner violence in the U.S. 2007, available at <http://bjs.ojp.usdoj.gov/content/intimate/ipv.cfm>
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.
5. Maryland Department of Health and Mental Hygiene, Center for Maternal and Child Health. Focus on Intimate Partner Homicide Among Maryland Women Giving Birth 2004-2008. March 2011, available at [www.marylandprams.org](http://www.marylandprams.org)
6. Maryland Department of State Police. 2010 Uniform Crime Report, Crime in Maryland. July 2011.
7. Cheng D and Horon IL. Intimate Partner Homicide Among Pregnant and Postpartum Women. *Obstetrics & Gynecology* 2010; 115(6): 1181-6.
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/ Intimate Partner Violence (IPV) Service Programs

County	Program	Daytime Number
Allegany	Family Crisis Resource Center	301-759-9946
Anne Arundel	YWCA Domestic Violence Services	410-626-7800
Baltimore City	House of Ruth MD	410-889-0840
	TurnAround, Inc.	410-377-8111
Baltimore County	Family and Children's Services of Central MD	410-281-1334
	Family Crisis Center of Baltimore County, Inc.	410-285-4357
	TurnAround, Inc.	410-377-8111
Calvert	Crisis Intervention Center	410-535-5400 (x384)
Carroll	Family and Children's Services of Central MD	410-876-1233
Caroline	Mid-Shore Council on Family Violence	410-479-1149
Cecil	Cecil Co. Domestic Violence/Rape Crisis Center	410-996-0333
Charles	Center for Abused Persons	301-645-8994
Dorchester	Mid-Shore Council on Family Violence	410-479-1149
Frederick	Heartly House	301-418-6610
Garrett	The Dove Center	301-334-6255
Harford	Sexual Assault/Spouse Abuse Resource Center	410-836-8431
Howard	Domestic Violence Center	410-997-0304
Kent	Mid-Shore Council on Family Violence	410-479-1149
Montgomery	Abused Persons Program	240-777-4210
Prince George's	Family Crisis Center, Inc.	301-779-2100
	House of Ruth MD (legal, counseling services)	240-450-3270
Queen Anne's	Mid-Shore Council on Family Violence	410-479-1149
St. Mary's	Walden/Sierra, Inc.	301-863-6677
Somerset	Life Crisis Center	410-749-0771
Talbot	Mid-Shore Council on Family Violence	410-479-0771
Washington	CASA (Citizens Assisting and Sheltering the Abused)	301-739-4990
Wicomico	Life Crisis Center	410-749-0771
Worcester	Life Crisis Center	410-749-0771

### Asian/Spanish resources:

Asian/Pacific Islander Domestic Violence Resource Project 202-464-4477  
 Adelante Familia 410-732-2176

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

## Hotlines/Helpline

**National Domestic Violence Hotline**  
(has interpreters for 170 languages and links to local DV hotlines)  
1-800-799-SAFE (7233), or 1-800-787-3224 TTY

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

**National Teen Dating Abuse Hotline**  
**1-866-331-9474**  
On-line chat [www.loveisrespect.org](http://www.loveisrespect.org)

**Rape, Abuse & Incest National Network (RAINN) Hotline**  
1-800-656-HOPE (4673)

## Resources

ACOG Committee Opinion, Intimate Partner Violence 2012  
[http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Health\\_Care\\_for\\_Underserved\\_Women/Intimate\\_Partner\\_Violence](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Intimate_Partner_Violence)

ACOG Committee Opinion, Reproductive and Sexual Coercion 2013  
<http://www.acog.org/~media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/co554.pdf?dmc=1&ts=20130507T1209364175>

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

Break the Cycle, Empowering Youth to End Dating Violence  
[www.breakthecycle.org](http://www.breakthecycle.org)

CDC Injury Center: Violence Prevention  
<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

Futures Without Violence (excellent resource for providers, brochures)  
[www.FuturesWithoutViolence.org](http://www.FuturesWithoutViolence.org)

House of Ruth Maryland  
[www.hruth.org](http://www.hruth.org)

Look to End Abuse Permanently (provider resource)  
[www.leapsf.org](http://www.leapsf.org)

Maryland Coalition Against Sexual Assault (MCASA)  
410-974-4507, [www.mcasa.org](http://www.mcasa.org)

Maryland Health Care Coalition Against Domestic Violence (brochures available)  
<http://healthymaryland.org/public-health/domestic-violence/>

Maryland Network Against Domestic Violence  
1-800-MD-HELPS (1-800-634-3577), [www.mnadv.org](http://www.mnadv.org)

Maryland Pregnancy Risk Assessment Monitoring System (PRAMS)  
Focus Brief, Intimate Partner Violence (IPV), February 2011  
[www.MarylandPRAMS.org](http://www.MarylandPRAMS.org)

National Coalition Against Domestic Violence  
[www.ncadv.org](http://www.ncadv.org)

National Intimate Partner and Sexual Assault Survey  
[http://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)

National Network to End Domestic Violence  
[www.nnedv.org](http://www.nnedv.org)

National Resource Center on Domestic Violence  
[www.nrcdv.org](http://www.nrcdv.org)

National Sexual Violence Resource Center  
[www.nsvrc.org](http://www.nsvrc.org)

National Violence Against Women Prevention Research Center  
<http://www.musc.edu/vawprevention/>

Office on Violence Against Women, U.S. Department of Justice  
[www.usdoj.gov/ovw](http://www.usdoj.gov/ovw)

Rape, Abuse and Incest National Network (RAINN)  
[www.rainn.org](http://www.rainn.org)

Safe for All (includes information for male victims)  
<http://safe4all.org>

U.S. Preventive Services Task Force Statement on IPV Assessment  
<http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm>

Women's Law Center of Maryland, Inc.  
[www.wlcmd.org](http://www.wlcmd.org)