

# Attachment Four (4)

Committee on Domestic Violence Agenda  
December 4, 2018

Contents: IPV Recommendations for Reno  
Orthopedic Clinic and  
IPV Screening Recommendations  
for Health Clinics

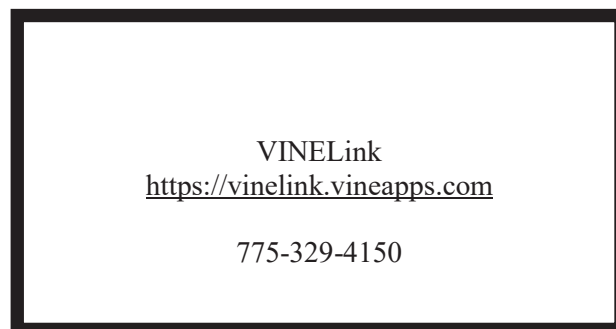
# Proposed Intimate Partner Violence Recommendations for Reno Orthopedic Clinic

## Background

Intimate Partner Violence is the physical, sexual, or psychological harm by a current or former partner or spouse. In the orthopedic setting, 1:50 women presenting to the fracture clinic have a IPV-related injury and 1:6 women have experienced IPV in the past year (1). Nevada ranks #1 in the nation for domestic violence fatalities. (2) While the U.S. Preventive Services Task Force now recommends screening all women of childbearing age and referring to local services if appropriate, little screening and referral is being done in our area. Due to the nature of an orthopedic speciality clinic, patients are often seen on a limited basis and long term rapport will not be built with every patient. Research demonstrates the value of offering available local resources with or without screening. As a first step in recognizing the safety needs of our population, this proposal aims to offer our patients information regarding local resources in a safe, confidential manner.

## Proposal

1. On the intake form, a statement and question, “We at the Reno Orthopaedic Clinic value your safety and confidentiality. Would you like information regarding local domestic violence resources?”
2. If indicated, a simple business card with the app “Vinelink” instructions and the telephone number for The Domestic Violence Resource Center (formerly the Committee to Aid Abused Women). Vinelink is a national victim notification network and provides a search tool for local resources. It works with both IOS and Android and looks like a regular app. *It is vital that if a card is going to be given, there*



*should be no information to signify that it has anything to do with domestic violence.*

3. Staff training: Immediate needs

a. **Reportable vs confidentiality:** while violence against children and elderly are reportable, in general, domestic violence for victims aged 18-64 is not. In Nevada, the exception is:

Nev. Rev. Stat. Ann. § 629.041 requires every health care provider who treats an injury which appears to have been inflicted non-accidentally by means of a firearm or knife to promptly report the injury to an appropriate law enforcement agency.

Nev. Rev. Stat. Ann § 629.045 requires health care providers to report to the appropriate local fire department the treatment of persons with second or third degree burns consisting of five percent or more of the body area, burns of the upper respiratory tract and any other burns that may result in death. (3)

b. Staff will never discuss domestic violence with a patient in the company of their partner or children

4. Future considerations: Increased annual staff training; provider training

1. Madden K, Bhandari M. Cochrane in CORR: Screening Women for Intimate Partner Violence in Healthcare Settings (Review). *Clin Orthop Relat Res.* 2016; 474(9): 1897-903

2. NCADV. (2015). Domestic violence national statistics. Retrieved from [www.ncadv.org](http://www.ncadv.org)

3. Compendium of State Statutes and Policies on Domestic Violence and Health Care. (2010) Family Violence Prevention Fund. [https://www.acf.hhs.gov/sites/default/files/fysb/state\\_compendium.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf)

Domestic Violence and the Role of the Healthcare Provider: The Importance of Teaching Assessment and Intervention Strategies (Hewins, E., DiBella, B., & Mawla, J., 2013).

# Intimate Partner Violence Screening Recommendations

## Background

“Intimate Partner Violence describes physical, sexual, or psychological harm by a current or former partner or spouse” (1). New guidelines per the U.S. Preventive Services Task Force recommend screening all women of childbearing age and referring to local services if appropriate. (2) Over 30% of women and 25% of men report experiencing IPV in their lifetime, which has a major negative impact on health. IPV is associated with sexually transmitted diseases, unintended pregnancies, increased rates of chronic pain, neurological and gastrointestinal disorders, migraine headaches, as well as trauma and death. Depression, posttraumatic stress disorder, anxiety disorders, substance abuse, and suicidal behavior are frequent co-morbidities.

## Proposed Screening Tool

Several screening tools can be utilized to identify patients for IPV. The HITS instrument has a high level of sensitivity and specificity, is available in English and Spanish, can be quickly and easily administered in the primary care setting by a clinician, support person, or it can be self administered. It is similar to widely adapted screening tools, such as the PHQ-9 for depression. *The USPSTF found insufficient evidence to recommend appropriate intervals for screening.*

### HITS SCREENING TOOL FOR IDENTIFYING IPV

Score each item using 1 to 5 on a Likert scale as follows:

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Fairly often
- 5: Frequently

**How often does your partner:**

1. Physically hurt you?
2. Insult or talk down to you?
3. Threaten you with harm?

Scores range from 4-20. A score of >10 is considered positive for partner violence

## Interventions

The RADAR protocol consists of Routinely screening for IPV, Ask direct questions, Document findings, Assess safety, and Respond, Review options, and Refer. (3) Have available a small, discrete handout with local resources.

## Special Considerations & Resources

Be aware that “inappropriate responses to IPV disclosure may result in harm” (3). Never discuss IPV in the company of children or potential perpetrators. Couples counseling is contraindicated in a relationship with active fear, intimidation, violence, or control. Do not persuade a victim to leave a relationship, as separation increases the risk of danger.

It is widely recognized that IPV occurs across the lifespan for both men and women in heterosexual, homosexual, and transgender relationships. However, insufficient evidence exists to recommend the screening of populations other than childbearing age women by the USPSTF. This will likely change.

### CLINICIAN RESOURCES

**VineLink app.** Access to online victim notification network with local resources for victims. Available in both IOS and Android

**American Academy of Family Physicians** Current policies, case studies, assessment tools, provider tools for intervention strategies, information for specialty populations; also includes access to journal articles. <http://www.aafp.org>

**Center for Disease Control and Prevention.** Injury Prevention & Control: Division of Violence Prevention Provider and public resources including a “Coping with Stress” webpage <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/resources.html>

**Futures Without Violence** advocacy based group; access to webinars, multimedia center, extensive free publications for providers <http://www.futureswithviolence.org/>

### References

1. Final Update Summary: Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening. U.S. Preventive Services Task Force. July 2015. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening>
2. Screening for intimate partner violence and abuse of elderly and vulnerable adults: recommendation statement. Am Fam Physician. 2013 Apr 15;87(8):od3.
3. Cronholm PF1, Fogarty CT, Ambuel B, Harrison SL. Intimate partner violence. Am Fam Physician. 2011 May 15;83(10):1165-72.

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