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Identifying Intimate Partner Violence: A Review of Three Measures for Implementation in Primary Care Settings

Matthew W. Henninger
University at Buffalo

Andrea D. Clements
East Tennessee State University, clements@etsu.edu

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Identifying Intimate Partner Violence: A Review of Three Measures for Implementation in Primary Care Settings

Matthew W. Henninger, B.A.¹, & Andrea D. Clements, Ph.D.²

University at Buffalo¹, East Tennessee State University²



Introduction

- More than **27% of women and 11% of men** have experienced violence (e.g., sexual, physical, psychological) and/or stalking by an intimate partner in their lifetime (NISVS, 2017).
- Estimated lifetime cost of intimate partner violence (IPV) is **\$103,767 per female survivor** and **\$24,414 per male survivor**, with a population economic burden of **\$3.6 trillion** over survivors' lifetimes (Peterson et al., 2018).
- National statistics indicate that **only 10% of physicians** regularly screen for domestic violence (Basile et al., 2007).
- One of the major barriers for IPV disclosure is a lack of universal screening for violence in medical settings (McLeod et al., 2010).
- It is imperative for health-service providers to integrate IPV measures that are psychometrically validated and financially feasible within practice environments.
- This review examined the existing research on the psychometric properties of evidence-based IPV screening mechanisms for administration in primary/integrated care.

Methods

Search Terms

(IPV + Intimate Partner Violence + Partner Violence) / (Measures + Tools + Scales)
 +
 (IPV + Intimate Partner Violence) / (WAST + CTS2 + HITS +) / (Primary Care + Integrated Care + Family Medicine + Federally Qualified Health Center + FQHC)
 +
 (WAST + Reliability) / (WAST + Validity) / (WAST + Psychometrics)
 +
 (CTS2 + Reliability) / (CTS2 + Validity) / (CTS2 + Psychometrics)
 +
 (HITS + Reliability) / (HITS + Validity) / (HITS + Psychometrics)

Inclusion Criteria

Articles published between 1995 and 2018 from scholarly (peer-reviewed) journals.

Measures of IPV assessed in primary care/integrated care environments, including within racial/ethnic minority communities.

Articles that used a translation/back-translation of instruments as well as shortened versions were also included.

Results

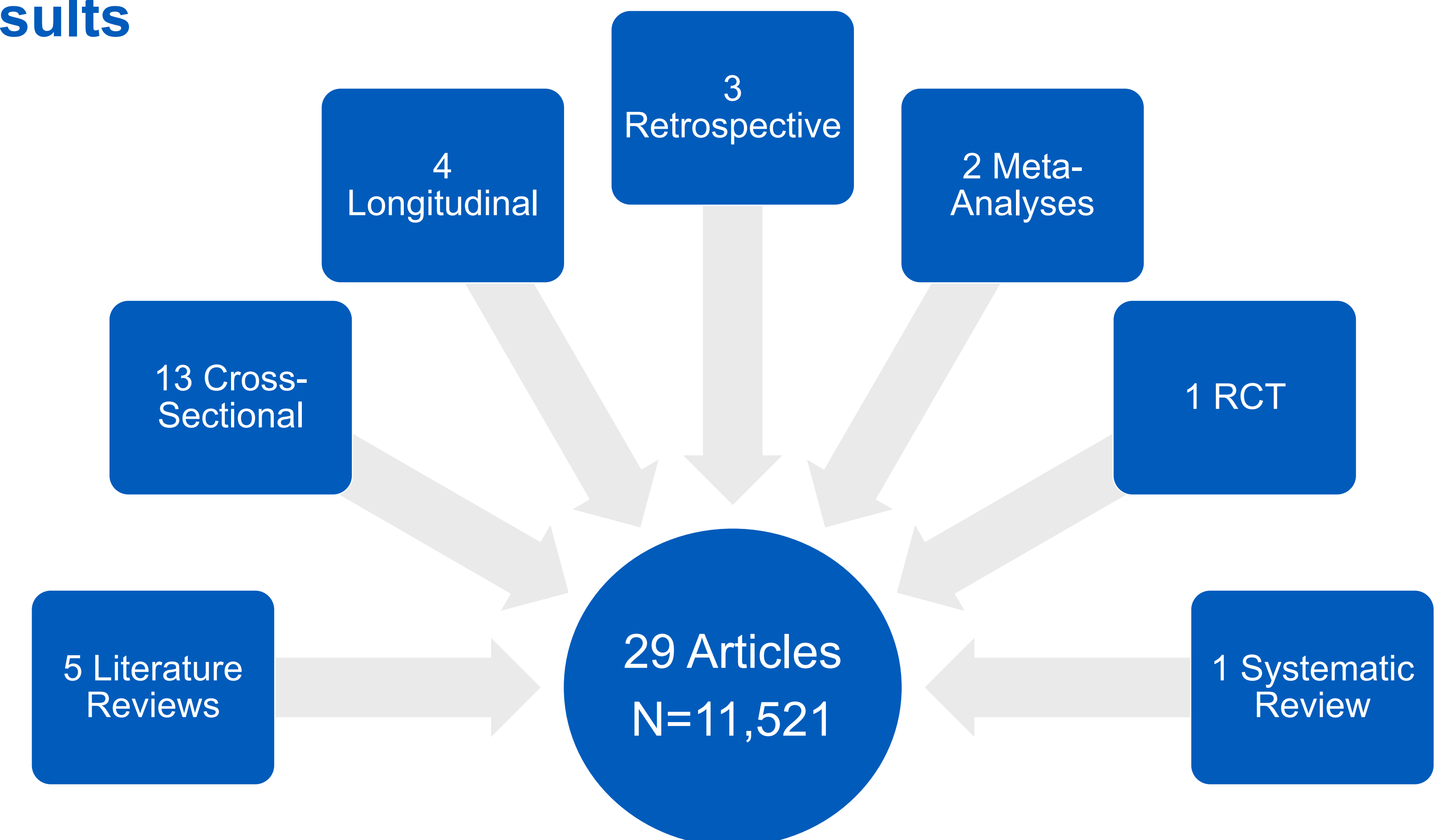


Table 1 - Reliability Information for *Hurt, Insult, Threaten, Scream*

Source	Reliability Estimate(s)	Type	# of Items	Sample	N
Chen et al. (2007)	.79	Alpha	4	Female patients in family practice	523
Chan et al. (2010)	.90	Alpha	5	Cantonese-speaking female patients in ED	226
Chan et al. (2010)	.71	Test-Retest	5	Cantonese-speaking female patients in ED	226
Chen et al. (2005)	English = .76 Spanish = .61	Alpha	4	English & Spanish-speaking women in family practice clinic	202
Sherin et al. (1998)	.80	Alpha	4	Female patients in family practice	160

Conclusions

This review suggests that the HITS is the shortest, most reliable, and valid measure compared to the WAST and CTS2, indicating that it takes the least amount of time for patients to complete, with significant accuracy of IPV incidence, and for health-service providers to score, which can be attractive in fast-paced medical environments.

Future work would test the feasibility and efficacy of the HITS across clinical populations and settings, including prenatal clinics and substance use programs located in rural communities.