

Appendix Figure 1. Screening instruments for intimate partner violence against women.

The Partner Abuse Interview (49)

"Many people, at one time or another, get physical with their partner when they're angry. For example, some people threaten to hurt their partners, some push or shove, and some slap or hit. I'm going to ask you about a variety of common behaviors, and I'd like you to tell me if your partner did these during the past year."

For each behavior answered "no," put a "zero" in the appropriate box and ask if the patient was bruised or injured in any other way.

If the answer is "yes," code "1" for no injury, "2" for possible injury, and "3" for injury.

Has your partner...	Yes/No	Injury Codes
1. Thrown something at you	()	1 2 3
2. Pushed, grabbed, or shoved you	()	1 2 3
3. Slapped you	()	1 2 3
4. Kicked, bit, hit you with a fist	()	1 2 3
5. Hit or tried to hit you with an object	()	1 2 3
6. Beat you up	()	1 2 3
7. Threatened you with a gun or knife	()	1 2 3
8. Used a gun or knife	()	1 2 3
9. Forced you to have sex when you didn't want to	()	1 2 3
10. Other	()	1 2 3

Ask the following question if the answer to any of the above questions is anything other than "zero."

11. "Some people are afraid that their partners will physically hurt them if they argue with their partners or do something their partners don't like. How much would you say you are afraid of this happening to you?"

() Not at all (1)

() A little (2)

() Quite a bit/Very afraid (3)

Screening Questions for Domestic Violence (50)

Have any of the following ever happened to you? Answer yes or no.

1. Has your male partner (husband, boyfriend) hit, slapped, kicked, or otherwise physically hurt you?
2. If you are pregnant, has your male partner hit, slapped, kicked, pushed, or otherwise physically hurt you since you've been pregnant?
3. Has your male partner forced you to have sexual activities?
4. Are you afraid of your male partner?

A "yes" response to any question is considered positive for partner violence.

Domestic Abuse Assessment Questionnaire (51)

Answer "yes" or "no."

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
3. Since your pregnancy began, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
4. Within the last year, has anyone forced you to have sexual activities?
5. Are you afraid of your partner or anyone else?

A "yes" response on any question is considered positive for partner violence.

Abuse Assessment Screen (AAS) for Use in Pregnancy (52)

1. Have you ever been emotionally or physically abused by your partner or someone important to you? Yes No
 2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? Yes No
If yes, by whom? (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple No. of times
 3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? Yes No
If yes, by whom? (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple No. of times
- Mark the area of injury on the body map (map included).
Score the most severe incident to the following scale:
1 = Threats of abuse including use of a weapon
2 = Slapping, pushing; no injuries and/or no lasting pain
3 = Punching, kicking, bruises, cuts, and/or continuing pain
4 = Beaten up, severe contusions, burns, broken bones
5 = Head, internal, and/or permanent injury
6 = Use of weapon, wound from weapon
4. Within the past year, has anyone forced you to have sexual activities? Yes No
If yes, who? (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple No. of times
 5. Are you afraid of your partner or anyone you listed above? Yes No

Responses are recorded on a data collection form. No other scoring information was provided.

Partner Violence Screen (PVS) (53)

1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
 2. Do you feel safe in your current relationship?
 3. Is there a partner from a previous relationship who is making you feel unsafe now?
- A "yes" response on any question is considered positive for partner violence.

The HITS Scale (54)

The HITS scale is a paper-and-pencil instrument that is made up of the following 4 items: "How often does your partner physically Hurt you, Insult you or talk down to you, Threaten you with harm, and Scream or curse you?"

Patients respond to each of these items with a 5-point frequency format: never, rarely, sometimes, fairly often, and frequently. Score values could range from a minimum of 4 to a maximum of 20.

Emergency Department Domestic Violence Screening Questions (55)

1. Does anyone in your family have a violent temper?
2. During an argument at home, have you ever worried about your safety or the safety of your children?
3. Many women who present to the emergency department with similar injuries or complaints are victims of violence at home. Could this be what has happened to you?
4. Would you like to speak to someone about this?
5. Were any of the previous visits to the emergency department prompted by an injury or symptom suffered as a victim of violence at home?

A "yes" response to question 3 or "yes" to questions 1 or 2 and 4 would classify a person as being a victim of partner violence. A "yes" response to question 1 or 2 or both would classify a person as probably being a victim of partner violence. A "yes" response to question 5 would classify the person as having been a victim of partner violence.

Woman Abuse Screening Tool (WAST) (57)

1. In general, how would you describe your relationship?
a lot of tension some tension no tension
2. Do you and your partner work out arguments with ...
great difficulty some difficulty no difficulty
3. Do arguments ever result in you feeling put down or bad about yourself?
often sometimes never
4. Do arguments ever result in hitting, kicking, or pushing?
often sometimes never
5. Do you ever feel frightened by what your partner says or does?
often sometimes never
6. Has your partner ever abused you physically?
often sometimes never
7. Has your partner ever abused you emotionally?
often sometimes never
8. Has your partner ever abused you sexually?
often sometimes never

To score this instrument, the responses are assigned a number. For the first question, "a lot of tension" gets a score of 1 and the other 2 get a 0. For the second question, "great difficulty" gets a score of 1 and the other 2 get 0. For the remaining questions, "often" gets a score of 1, "sometimes" gets a score of 2, and "never" gets a score of 3.

Domestic Violence Screening Tool (58)

1. Have you ever been threatened, hit, punched, slapped, or injured by a husband, boyfriend, or significant other you had at any point in the past?
2. Have you ever been hurt or frightened so badly by a husband, boyfriend, or significant other that you were in fear for your life?
3. Have you been hit, punched, slapped, or injured by a husband, boyfriend, or significant other within the last month?
4. Are you currently involved in a close relationship with a husband, boyfriend, or significant other?
5. Are you here today for injuries received from your husband, boyfriend, or significant other?
6. Do you often feel stressed due to fear of threats or violent behavior from your current husband, boyfriend, or significant other?
7. Has your current husband, boyfriend, or significant other ever hit, punched, slapped, or injured you?
8. Do you think it is likely that your husband, boyfriend, or significant other will hit, slap, punch, kick, or otherwise hurt you in the future?
9. Do you think you will be safe if you go back home to your husband, boyfriend, or significant other at this time?

A "yes" response to any question is considered positive for partner violence.