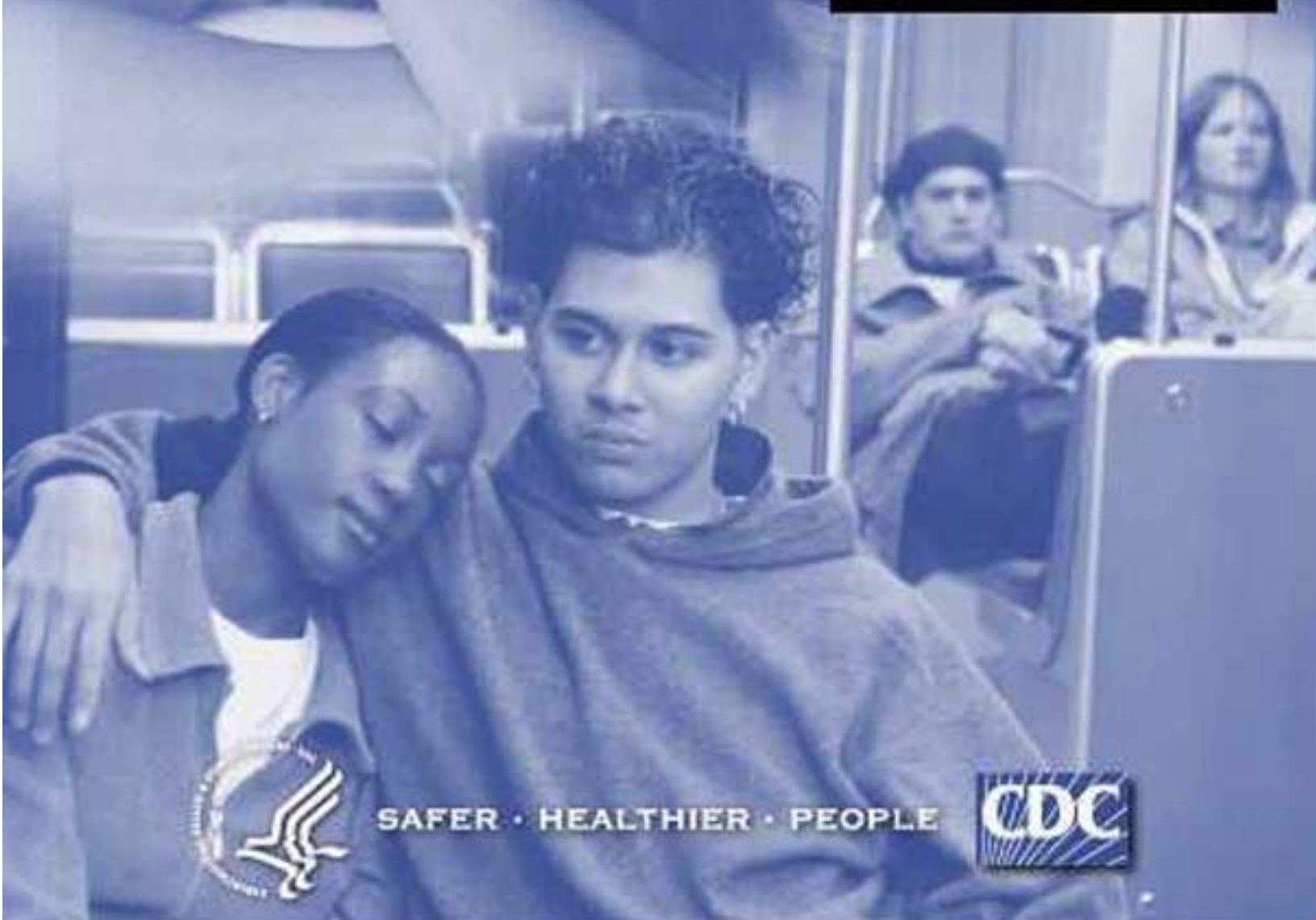




Measuring Intimate Partner Violence Victimization and Perpetration:

A Compendium of Assessment Tools



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A Compendium of Assessment Tools



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Dedication

We dedicate this compendium to the memory of Linda E. Saltzman, PhD, who strove in her professional work to improve the consistency of definitions and measurement of intimate partner violence.

Contents

Introduction	1
Section A	
Physical Victimization Scales.....	5
Section B	
Sexual Victimization Scales.....	27
Section C	
Psychological/Emotional Victimization Scales	47
Section D	
Stalking Victimization Scales.....	81
Section E	
Physical Perpetration Scales	105
Section F	
Sexual Perpetration Scales.....	115
Section G	
Psychological/Emotional Perpetration Scales	123
Section H	
Stalking Perpetration Scales.....	137
Glossary	151
References	152

Introduction

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as actual or threatened physical, sexual, psychological, or stalking violence by current or former intimate partners (whether of the same or opposite sex). IPV is a major public health problem, reflected by both its prevalence and negative consequences. Researchers and prevention specialists are working to identify the factors that place intimate partners at risk for being victimized by or perpetrating violence, to find out which interventions are working, and to design more effective prevention programs.

National data suggest that IPV is perpetrated against both women and men, although most research indicates that women are more likely than men to be victimized by almost every type of IPV, including rape, physical assault, and stalking by an intimate partner (Tjaden and Thoennes 2000). The consequences of IPV are well documented and include substantial morbidity and mortality and physical and psychological health problems. Women are significantly more likely than men to be injured or killed by intimate partners. Approximately one in three females murdered in the United States is killed by a partner, whereas approximately one in twenty U.S. males murdered is killed by a partner (Puzone et al. 2000). Psychological consequences include posttraumatic stress disorder, depression, substance abuse, and suicidal behaviors (Caetano and Cunradi 2003; Campbell 2002; Coker et al. 2002; Hines and Malley Morrison 2001; Kaslow et al. 1998, 2002; Koss et al. 2003; Mechanic et al. 2000a.)

Purpose of the Compendium

This compendium provides researchers and prevention specialists with a compilation of tools designed to measure victimization from and perpetration of IPV. Many researchers are conducting studies to identify risk and protective factors for IPV and determine the consequences of victimization and perpetration. Others are working to design, implement, and evaluate interventions to reduce

IPV victimization and perpetration. The ability to accurately measure IPV is critical for the success of these research and intervention activities (Bachman 2000; Saltzman 2004).

In 1999, CDC published *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* to improve and standardize data collected on IPV (Saltzman et al. 1999). Uniform and consistent definitions allow researchers and practitioners to assess the true prevalence of IPV, compare findings across studies, and determine the effectiveness of interventions. This compendium takes the next step by providing information on numerous scales for reliable and valid measurement of IPV.

Researchers and practitioners may find it challenging to identify which of the available scales are appropriate for measuring a particular type of IPV. This compendium provides professionals who are addressing this problem with easy access to a set of tools with demonstrated reliability and validity for measuring the self-reported incidence and prevalence of IPV victimization and perpetration. The compendium also identifies which scales are appropriate for measuring a given type of IPV.

What is Included in the Compendium?

Although this compendium includes more than 20 scales, it is not intended to be an exhaustive listing of available measures. The information is presented to help researchers and practitioners make informed decisions when choosing scales to use in their work. CDC does not endorse any particular scale presented in the compendium.

CDC used specific procedures to select scales for inclusion into the compendium. The process began with an intensive literature search and a review of articles published in violence-related and other journals over the past five years. This search identified a wide range of scales; CDC used several criteria to select a subset for inclusion in the compendium.

Scales had to be:

- published in a peer-reviewed journal or book,
- assessed for psychometric characteristics (with information on reliability, validity, or sensitivity available),
- created by the authors and not adapted from a preexisting scale,
- developed for research purposes,
- designed for direct participant response, and
- intended to assess actual violence rather than correlates, risk factors, or consequences of IPV.

If the original authors modified a scale and the modified version had published psychometric information, CDC included only the updated version. Those scales that were developed for screening or forensic purposes and scales completed by clinicians or through observational methods were excluded.

CDC consulted with a group of IPV research experts to review the instruments included in this compendium. To be as inclusive as possible of scales measuring all types of IPV, CDC selected experts who specialized in each of the four types of IPV (physical, sexual, psychological/emotional, and stalking).

This compendium includes a greater number of scales that assess victimization than those that assess perpetration. This likely reflects the field's historical focus on victimization. With the shift to research examining risk factors and evaluating perpetration interventions, it is likely that more scales assessing IPV perpetration will be forthcoming.

How is the Compendium Organized?

This compendium features scales measuring both victimization from and perpetration of IPV. Victimization scales are organized by physical violence victimization (Section A), sexual violence victimization (Section B), psychological/emotional abuse victimization (Section C), and stalking victimization (Section D). Perpetration scales are organized by physical violence perpetration (Section E), sexual violence perpetration (Section F),

psychological/emotional abuse perpetration (Section G), and stalking perpetration (Section H).

Each section begins with a table summarizing key information on each scale. The tables present information on the scale characteristics, target group or intended population, psychometric properties, authors, and year of publication.

For each included scale, the compendium provides scale items, response categories, scoring instructions, and the instructions provided to respondents at the beginning of the scale. Because all of the scales in this compendium have been previously published, CDC obtained permission to reprint each one from scale authors or publishing companies (when a scale was published in full in a journal). In some cases, publishers or authors required that CDC include a statement about a scale's copyright status. In those cases, this information is provided at the end of the scale. For two scales, publishers allowed only sample items to be reprinted. The full scales are available for purchase by contacting the publisher.

Some of the scales assess more than one type of violence. For example, a scale may assess both physical and psychological victimization. In these instances, the scale is repeated in the relevant sections, and the information on the target group and scale developer is the same. Psychometric data for each subscale are presented in the summary tables that open each section. To allow researchers to examine scale items for each type of violence in the context of the full scale, the complete scale is provided in each relevant category; item numbers pertaining to the relevant subscale are listed below each scale.

How to Use This Compendium

When selecting IPV scales for use, researchers should consider measurement issues such as how a particular scale operationally defines violence, how an intimate partner is defined, and what reporting time frame is used. The scales presented in this compendium assess different types of IPV. Some scales include items that assess only one type of violence, such as sexual violence or psychological abuse. Other scales are intended to assess more than one type of violence. Some scales assess both victimization from and perpetration of multiple forms of violence.

IPV scales also vary in terms of the population they are intended to assess. For example, some scales are limited to abused women, whereas other scales are intended for any woman with a current or former intimate partner. Some scales can be used to report on IPV in a current or former relationship, whereas other scales are intended for reporting on IPV perpetrated by former partners.

Intimate partner violence affects all racial and ethnic groups, and certain types of IPV may be more prevalent among African Americans, Hispanics, and Native American or Alaskan Natives (Tjaden and Thoennes 2000; Field and Caetano 2004). However, most scales in this compendium were not developed specifically for use with these or other minority populations. In most cases, reliability and validity information was obtained from largely non-hispanic white populations. For these reasons, the language used in most of the scales in this compendium may need to be adapted to be culturally or linguistically appropriate for some minority populations.

Some scales in this document are intended for use with adults; others are intended for use with adolescents or with any age group. The summary tables include specific information on intended age targets when that information is available.

None of the scales included in this compendium provide psychometric data specifically for same-sex couples. Researchers who wish to use the scales with same-sex couples should pilot test the scales with same-sex populations first.

The scales in this compendium also use a variety of reporting time frames. Researchers will need to decide which scales best suit their own research purposes. For example, if a researcher is interested in determining the prevalence of IPV among a specific population, then a scale that uses a lifetime reporting period may be most appropriate. If a researcher is interested in evaluating the effects of an intervention designed to reduce IPV victimization or perpetration, then the reporting time frame would need to coincide with the timing of the intervention.

Future Considerations

In the last two decades, IPV researchers have made great progress. However, several key areas need more attention. First, more research is needed to develop and test measures to assess perpetration of the various types of IPV, particularly sexual violence. Further, the field knows very little about the reliability and validity of the scales included here when used with different racial and ethnic populations and with same-sex relationships. It is CDC's hope that this document will encourage researchers to validate IPV victimization and perpetration measures in these understudied populations.

