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Accuracy and Acceptability of a Screening Tool for Identifying Intimate Partner Violence Perpetration among Women Veterans: A Pre-Implementation Evaluation

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ABSTRACT

Objectives: Veterans are at heightened risk for perpetrating intimate partner violence (IPV), yet there is limited evidence to inform practice and policy for the detection of IPV perpetration. The present study evaluated the accuracy and acceptability of a potential IPV perpetration screening tool for use with women veterans.
Design: A national sample of women veterans completed a 2016 web-based survey that included a modified 5-item Extended-Hurt/Insult/Threaten/Scream (Modified E-HITS) and the Revised Conflict Tactics Scales (CTS-2). Items also assessed women's perceptions of the acceptability and appropriateness of the modified E-HITS questions for use in healthcare settings. Accuracy statistics, including sensitivity and specificity, were calculated using the CTS-2 as the reference standard.
Main Outcome Measures: Primary measures included the Modified E-HITS (index test), CTS-2 (reference standard), and items assessing acceptability.
Results: This study included 187 women, of whom 31 women veterans (16.6%) reported past-6-month IPV perpetration on the CTS-2. The Modified E-HITS demonstrated good overall accuracy (area under the curve, 0.86; 95% confidence interval, 0.78–0.94). In addition, the majority of women perceived the questions to be acceptable and appropriate.
Conclusions: Findings demonstrate that the Modified E-HITS is promising as a low-burden tool for detecting of IPV perpetration among women veterans. This tool may help the Veterans Health Administration and other health care providers detect IPV perpetration and offer appropriate referrals for comprehensive assessment and services.

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Intimate partner violence (IPV) perpetration refers to the use of physical, sexual, and psychological aggression against a current or past intimate partner (Centers for Disease Control and Prevention, 2017). Notably, women veterans are at a particularly high risk of experiencing IPV (Gerber, Iverson, Dichter, Klap, & Latta, 2014) as well as perpetrating IPV (Creech, Macdonald, &

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Taft, 2017). For women, experiencing IPV has been associated with cardiovascular and respiratory problems, chronic pain, gynecological disorders, adverse pregnancy outcomes, posttraumatic stress, anxiety, depression, substance misuse, eating disorders, and suicidality (Breiding, Basile, Smith, Black, & Mahendra, 2015; Campbell, 2002; Dichter, Cerulli, & Bossarte, 2011; Humphreys, Cooper, & Miaskowski, 2011; Iverson, et al., 2013a; World Health Organization, 2013). The consequences associated with women veterans perpetrating IPV are largely unknown, likely in part owing to limited IPV perpetration detection among this population. The present study examines the clinical usefulness and acceptability of an IPV perpetration screening tool for use with women veterans.

Estimates of IPV perpetration among veterans have been reported from 14% to 60%, rates up to three times higher than those in comparable civilian samples (Marshall, Panuzio, & Taft, 2005; Jakupcak et al., 2007). Because research examining IPV perpetration among veterans has been largely conducted in samples of men, much less is known about IPV perpetration among women veterans. Yet, a recent study of women veterans who served in support of the U.S. conflicts in Iraq and Afghanistan demonstrated rates of IPV perpetration among women veterans may be as high as 73% (Creech et al., 2017). It is possible that women veterans' expeirences related to military service, including training in violent tactics and exposure to stressors that increase risk for mental health problems, may cosntribute to women veterans' risk for IPV perpetration.

Although several key agencies, such as the National Institute of Science and U.S. Preventive Services Task Force, have issued recommendations for routine IPV victimization screening in healthcare settings, including the Veterans Health Administration (VHA; Institute of Medicine, 2011; Moyer, 2013; Nelson, Bougatsos, & Blazina, 2012; Veterans Health Administration Domestic Violence Task Force, 2013), there is limited evidence to inform practice and policy for IPV perpetration screening. However, addressing the problem of IPV by screening for victimization alone is insufficient. IPV prevention efforts must also focus on identifying those who perpetrate these behaviors to engage and retain them in treatment. Yet, no empirically validated and broadly recommended IPV perpetration brief screening instruments currently exist.

Women veterans are a rapidly growing population, expected to make up 15% of all veterans by 2035 (National Center for Veterans Analysis and Statistics, 2011). Increased attention is needed to expand understanding of the health care issues unique to this population, including their perpetration of IPV. Recent data suggest rates of past 6-month IPV perpetration among samples of women veterans to be as high as 73% (Creech et al., 2017). Additionally, bidirectional IPV (i.e., IPV perpetrated by both partners) is a common pattern of IPV in veteran relationships (Teten, Sherman, & Han, 2009). Although research is needed to better understand the potential gender differences in the function and impact of IPV perpetration among women veterans (Gerber et al., 2014), the prevalence of IPV perpetration among both men and women veterans underscores the need for accurate and acceptable IPV detection practices.

Screening for IPV perpetration in busy medical settings, including at the VHA, requires measures that are accurate, yet brief and feasible. The 5-item Extended-Hurt/Insult/Threaten/Scream (E-HITS; Chan, Chan, Au, & Cheung, 2010; Sherin, Sinacore, Li, Zitter, & Shakil, 1998) demonstrates good accuracy for detecting IPV victimization among women veterans (Iverson et al., 2015). The screen can be administered within a couple of minutes, is easy to score, is acceptable to women veterans, and has demonstrated optimal sensitivity and specificity at a cut score of 7 among women veteran VHA patients (Chan et al., 2010; Iverson et al., 2013b, 2015; Rabin, Jennings, Campbell, & Bair-Merritt, 2009). In an effort to duplicate these strengths and enhance the likelihood of acceptability in a sample of women veterans, this study used an existing sample of women veterans (the Women Veterans and IPV-related Care Survey [WVICS], described elsewhere in this article) to test modified items of the original E-HITS scale as a potential screener for IPV perpetration. Our first aim was to evaluate the accuracy of the Modified E-HITS IPV perpetration screening tool relative to the Revised Conflict Tactics Scale (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) reference standard among a sample of women veterans. A second aim was to assess women veterans' perceptions of the acceptability of this screen to inform the feasibility of future policy and practice.

Methods

Study Design and Participants

Data for this study were drawn from the WVICS, a national study of women veterans' IPV-related health needs. Study procedures were approved by the VA Boston Healthcare System's Institutional Review Board. As described in detail elsewhere (Iverson et al., 2016), potential participants were identified and contacted by GfK, a survey research firm that recruits national random samples. The WVICS included three waves of data collection, of which 411 women participated in the time 1 survey (75.0% participation rate). Comparisons between responders and nonresponders on demographic characteristics from GfK's roster file revealed that the only differences between groups were age and race/ethnicity, with small effect sizes, such that responders were slightly older (Cohen's $d = 0.30$) and slightly more likely to identify as White (Cramer's $V = 0.22$).

The current cross-sectional study focuses on time 3 data, the only time point that included the IPV perpetration assessment (see Measures). Specifically, WVICS participants who completed surveys at times 1 and 2 were invited to participate in the 60-minute time 3 survey ($n = 261$), of whom 190 participated (73% participation rate). Of these responders, three women did not complete the IPV instruments and were excluded, resulting in a final sample of 187 women.

Measures

IPV perpetration index test

The Modified E-HITS screening tool was developed by members of the study team, which included IPV and women's health content experts. The content of the original E-HITS items that assessed IPV victimization (Chan et al., 2010; Sherin et al., 1998) was reworded to query IPV perpetration, and, consistent with recommendations for assessing potentially stigmatizing or stressful events (Kimerling, Weitlauf, Iverson, Karpenko, & Jain, 2014), behaviorally specific examples were added for three of the five items. The Modified E-HITS included the following five items: "In the past 6 months, how often have you done the following to a past or current intimate partner: 1) Physically hurt him/her (for example, pushed, shoved, slapped, punched, kicked, or beat-up), 2) Insult or talk down to him/her (for example, called him/her names, belittled him/her), 3) Threaten him/her with harm?, 4) Scream or curse at him/her, and 5) Forced him/her to

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