

Attitudes Towards Survivors of Intimate Partner Violence

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The Attitudes Towards Survivors of Intimate Partner Violence (ATSI) scales address 8 domains of IPV-related attitudes and practices: responsibility regarding assessment for IPV, responsibility regarding counseling and management of IPV, attitudes toward patient autonomy, empathy for patients who remain in abusive relationships, barriers to screening, confidence, self-reported screening practices, and knowledge. It is meant for use with primary care providers and their clinic staff. The survey includes 45 items addressing the 8 main domains, as well as an optional 17 items on demographic characteristics and prior training.

If you would like to use the instrument, please contact Christina Nicolaidis, MD, MPH (e-mail nicolaid@ohsu.edu; phone 503-494-9602; fax 503-494-0979) to discuss potentially collaborating on a validation study. We would greatly appreciate any data you have from using the instrument.

Scales and scoring:

Responsibility regarding assessment for IPV: Items 1a, 1b, and 1c.

Answers are scored as follows:

“Strongly disagree” = 1; “disagree” = 2; “neutral” = 3; “agree” = 4; “strongly agree” = 5.

Scale score = sum of items 1a, 1b, and 1c divided by number of items answered by participant. Scores can range from 1-5.

Note: item 1d is meant to assess for social desirability bias and is not included in the summary scores.

Responsibility to counsel re IPV: Items 1f, 1g, 1h.

Answers are scored as follows:

“Strongly disagree” = 1; “disagree” = 2; “neutral” = 3; “agree” = 4; “strongly agree” = 5.

Scale score = sum of items 1f, 1g, and 1h divided by number of items answered by participant. Scores can range from 1-5.

Respect for patient autonomy: Items 1e, 1i

Note these items are *reverse scored* as follows:

“Strongly disagree” = 5; “disagree” = 4; “neutral” = 3; “agree” = 2; “strongly agree” = 1.

Scale score = sum of items 1e and 1i divided by number of items answered by participant. Scores can range from 1-5.

Empathy for patients in abusive relationships: Items 2a-h.

Answers are scored as follows:

“Very difficult” = 1; “difficult” = 2; “neutral” = 3; “easy” = 4; “very easy” = 5.

Scale score = sum of items 2a to 2h divided by number of items answered by participant.
Scores can range from 1-5.

Perceived barriers: Items 3a-j

Note these items are *reverse scored* as follows:

“Strongly disagree” = 5; “disagree” = 4; “neutral” = 3; “agree” = 2; “strongly agree” = 1.

Scale score = sum of items 3a to 3j divided by number of items answered by participant.
Scores can range from 1-5.

Confidence: Items 4a-e

Note, only healthcare workers who interview patients should complete this section.

These items are scored as follows:

“Not confident” = 1; “somewhat confident” = 2; “very confident” = 3.

Scale score = sum of items 4a to 4e divided by number of items answered by participant.
Scores can range from 1-3.

Self-reported assessment behaviors: Items 5a-e and 5g-h

Note, healthcare workers should only complete items regarding clinical scenarios they have seen within the past month. Those who do not interview patients should skip this section.

Answers are scored as follows:

“Never” = 1; “seldom” = 2; “sometimes” = 3; “nearly always” = 4; “always” = 5. “N/A” should be coded as missing.

Scale score = sum of items 5a, 5b, 5c, 5d, 5e, 5g, and 5h, divided by number of items answered by participant. Scores can range from 1-5.

Note: item 5f is meant to assess social desirability bias and is not included in the summary score.

Knowledge: Items 6a-e

These questions are in short answer format. Unanswered questions get zero points.
Scoring is as follows:

6a: Give 4 points if answer asks about concrete examples of physical abuse (eg. hitting, pushing, shoving, etc.) and includes question about threats, emotional abuse or control. (Example: Have you ever been hit, pushed, shoved, or otherwise hurt by an intimate partner? Have you felt threatened or overly-controlled by your partner?) Give 2 points for partially correct answer. Do not give any points for answers that do not educate patient about abuse or that use labels such as “Are you a victim of domestic violence?” or “Are you safe at home?”

6b. Score 1 point for each reason given for increased suspicion of abuse (up to 4 points total). Correct answers can relate to a variety of clinical presentations (eg. injuries, many types of pain, somatic complaints, multiple symptoms, depression, anxiety, PTSD, gyn concerns, pregnancy, STDs, etc.), patient behaviors (non-compliance, substance abuse, delayed health seeking, missed appointments, withdrawn or frightened affect), or partner behaviors (controlling, aggressive, refuses to leave room, etc.).

6c. Score 1 point for each way a partner can exert control (up to 4 points total). Examples include stalking, social isolation, economic limitations, threats of violence, intense jealousy, etc.

6d. Score 1 point for each appropriate counseling behavior (up to 4 points total). Examples include offering sympathy/support, telling patient he/she does not deserve to be abused, offering information about resources, making referral to social worker or domestic violence agency, scheduling follow-up appointment, assessing safety or making a safety plan, etc.

6e. Score 1 point for each piece of information that should be documented in chart (up to 4 points total). Examples include specifics of assault (perpetrator name, time it occurred, place, type of assault, weapons used), prior history of violence or threats, partner behaviors characteristic of batterers (high control, stalking, verbal abuse), presence of children, threats/injuries to children, patient affect, location and description of injuries, provider’s suspicion of abuse (even if not confirmed), type of counseling and resources offered, calls made to protective services or other authorities. Do not give points to items that should not be in chart – eg. specific location where patient is planning on going.

Scale score = sum of points for items 6a-6e divided by 5. (Unlike other scales, score items as zero, not missing, if left blank.) Scores can range from 0-4.

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Thank you for taking the time to complete this survey. Please answer truthfully, without regard to what you think we want to hear.

1. Primary care providers are asked to do increasingly more for patients in increasingly less time. For each of the statements below please mark your level of agreement with each statement regarding what should be expected of a primary care provider.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The provider's responsibility includes:					
a. Screening female patients for domestic violence at every routine health maintenance visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Asking all patients with chronic pain about the possibility of domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Asking about domestic violence any time an injury is noticed, regardless of the stated cause.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Asking about domestic violence at every visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Making sure a patient gets to a shelter right away if he or she discloses abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Telling a patient that an abusive partner's behavior is not acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Telling a patient that a particular relationship is harmful to his or her health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Following-up with a patient after making a referral to a domestic violence agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Telling a patient he or she needs to leave an abusive relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Health Care providers generally find it easier to empathize with some people’s choices than others. Imagine your patient is choosing to remain in an abusive relationship, for each of the patient types listed below please mark how easy or difficult it is for you to empathize with their decision to remain in the abusive relationship.

	Very Difficult	Difficult	Neutral	Easy	Very Easy
a. An uneducated, low-income woman who is financially reliant on her partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. An educated middle-class mother of two.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A single professional who has a thriving career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. An educated gay male.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A woman with severe depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A heterosexual married man with a steady income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A woman with severe physical disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A man with severe physical disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Primary care providers face numerous barriers when it comes to screening for and treating domestic violence. Please mark your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I do not have enough time to ask about domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am afraid of offending the patient if I ask about DV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I find it difficult to get the patient alone if he or she is accompanied by a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am afraid that a positive disclosure will take up too much of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I don’t feel like I can help a patient who is in an abusive relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel patients who are being abused are unlikely to change their situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I feel like I have wasted my time if I make an effort to help an abuse victim but he or she stays in the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I don’t have the resources to deal with a patient who discloses abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I have no place to refer patients who disclose abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am more interested in dealing with my patients’ medical problems than their relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If you interview patients, please indicate how confident are you in your ability to screen, diagnose, respond, refer and document domestic violence. (If you do not interview patients, please skip to 6.)

	<u>Not Confident</u>	<u>Somewhat Confident</u>	<u>Very Confident</u>
a. Screen for domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diagnose abuse as a cause of other medical problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Respond effectively to a patient who discloses that he or she is experiencing domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Make appropriate referrals to domestic violence agencies at my institution and in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Provide documentation about domestic violence in a patient's records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please indicate how often have you asked a patient about the possibility of DV when you saw any of the following conditions in the last month? If you have not seen this condition in the past month, mark N/A. (Please skip to 6 if you do not interview patients).

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Nearly Always</u>	<u>Always</u>	<u>N/A</u>
a. injuries (bruises, lacerations, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. chronic pelvic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. coronary artery disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. routine health maintenance exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. pre-natal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please complete the following:

a. What questions would you ask a woman to screen for domestic violence?

b. List 4 reasons you may have an increased suspicion about the presence of domestic violence.

1. _____
2. _____
3. _____
4. _____

c. List 4 ways a batterer may control his or her partner:

1. _____
2. _____
3. _____
4. _____

d. List 4 ways you can help a patient who has just disclosed to you that she is being abused:

1. _____
2. _____
3. _____
4. _____

e. List 4 pieces of information that should be documented in the medical records for a patient who is experiencing domestic violence:

1. _____
2. _____
3. _____
4. _____

7. Please give us a little information about yourself.

- a. What is your gender? Male Female
- b. What is your age? <25 25-39 40-49 50-59 60-69 >70

c. Please check the category that best describes your role in this clinic.

- Provider: Practicing physician, resident physician, nurse practitioner, physician's assistant
- Medical Support: RN, LPN, Medical Assistant, Technician
- Social Services: Social Worker, Counselor, Case Manager
- Administrative: Office Manager, Admin Asst, Front Desk
- Other, Please specify _____

d. What is your highest degree? _____

e. If you are a provider, please answer the following:

- i. What is your specialty? _____
- ii. Are you still in training? Yes No
- iii. If yes, what year of training are you in: 1 2 3 4 >=5
- iv. If no, what year did you graduate specialty training? _____

f. How many primary care providers practice in your clinic? _____

g. Check what type of practice you work in?

- Private, for profit. Public/County clinic
- Private, non-profit Other: Please specify: _____

h. Please check each venue in which you received training on Domestic Violence?

- | | | | |
|---|------------------------------|-----------------------------|------------------|
| During your professional education | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of hours _____ |
| During your post-graduate or specialty training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of hours _____ |
| At Conferences or Continuing Education courses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of hours _____ |

i. Have you, a close friend, or a family member personally been affected by domestic violence? Yes No
If so, please offer any comments on how it has affected your practice. You may continue on the back of this survey if needed.

j. Do you feel you need more training on domestic violence? Yes No
If so, please list what topics you would like to learn more about.

Thank you for taking the time to complete this survey!