

**HURT, INSULT, THREATEN, and SCREAM
(HITS) Tool for Intimate Partner Violence Screening**

How often does your partner?	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
	(1)	(2)	(3)	(4)	(5)
1. Physically hurt you?					
2. Insult or talk down to you?					
3. Threaten you with harm?					
4. Scream or curse at you?					
5. (+) Force you to do sexual acts that you are not comfortable with?					
TOTAL SCORE:					

- (+) Added question to capture sexual violence
- Each item is scored 1-5.
- Range between 4-20.
- A score greater than 10 is considered positive.

Background:

HITS was developed by Kevin Sherin, James Sinacore, Xiao-Quiang Li, Robert Zitter, and Amer Shakil in 1998. It was first tested in a female population at Christ Hospital in Chicago and involved family physicians and family practice offices. Since, the screening tool has been evaluated in diverse outpatient settings and internal reliability and concurrent validity have been tested and found to be acceptable.

The 2012 Annals of Internal Medicine’s “Systematic Review of Evidence to Update the 2004 U.S. Preventative Services Task Force Recommendations,” reviewed 36 studies about IPV screening in health care settings and determined that there are effective screening tools, that screening tools do not cause significant harm, and that some interventions, primarily for pregnant or post-partum women, have had positive results. The review examined 15 studies that evaluated 13 existing screening instruments. HITS was among the six instruments found to be highly accurate and recommended for use by the U.S. Preventative Service Task Force (USPSTF).

The USPSTF recommends that women of childbearing age be screened for intimate partner violence and women who screen positive be provided or referred for intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. HITS was evaluated by the USPSTF and found to be among the top 6 tools that showed the most sensitivity and specificity. The HITS screen is simpler and faster than other IPV measure, which makes it more practical to use in a busy clinical setting. It is also unique in that it assesses both psychological IPV and physical aggression.