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**Certified Domestic Violence Center Resources  
Orange, Osceola and Seminole County**

**24 Hour Crisis Statewide Hotline: 1-800-500-1119**

**Orange County:**

**Harbor House of Central Florida**

[www.harborhousefl.com](http://www.harborhousefl.com)

24 Hr Crisis Hotline: 407-886-2856

Administrative/Office: 407-886-2244

PO Box 680748

Orlando, Florida 32868

**Osceola County:**

**Help Now of Osceola County**

[www.helpnowsite.com](http://www.helpnowsite.com)

24 Hr Crisis Hotline: 407-847-8562

Administrative Office: 407-847-3260

821 Emmett Street

Kissimmee, FL 34741

**Seminole County:**

**Safehouse of Seminole**

[www.safehouseofseminole.org](http://www.safehouseofseminole.org)

24 Hr. Crisis Hotline: 407-330-3933

Administrative Office: 407-302-5220

PO Box 471279

Lake Monroe, FL 32747-1279

## "HITS" A domestic violence screening tool for use in the community

**HITS Tool for Intimate Partner Violence Screening:** Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insult or talk down to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Threaten you with harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Scream or curse at you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.

*Clinical Research and Methods*  
(Fam Med 1998;30(7):508-12.)

HITS is copyrighted in 2003 by Kevin Sherin MD, MPH; For permission to use HITS, Email [kevin\\_sherin@doh.state.fl.us](mailto:kevin_sherin@doh.state.fl.us); \*HITS is used globally in multiple languages 2006

### **HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting**

*Kevin M. Sherin, MD, MPH, James M. Sinacore, PhD; Xiao-Qiang Li, MD, Robert E. Zitter, PhD, Amer Shakil, MD*

**Background and Objectives:** Domestic violence is an important problem that is often not recognized by physicians. We designed a short instrument for domestic violence screening that could be easily remembered and administered by family physicians.

**Methods:** In phase one of the study, 160 adult female family practice office patients living with a partner for at least 12 months completed two questionnaires. One questionnaire was the verbal and physical aggression items of the Conflict Tactics Scale (CTS). The other was a new four-item questionnaire that asked respondents how often their partner physically Hurt, Insulted, Threatened with harm, and Screamed at them. These four items make the acronym HITS. In phase two, 99 women, who were self-identified victims of domestic violence, completed the HITS.

**Results:** For phase one, Cronbach's alpha was .80 for the HITS scale. The correlation of HITS and CTS scores was .85. For phase two, the mean HITS scores for office patients and abuse victims were 6.13 and 15.15, respectively. Optimal data analysis revealed that a cut score of 10.5 on the HITS reliably differentiated respondents in the two groups. Using this cut score, 91% of patients and 96% of abuse victims were accurately classified.

**Conclusions:** The HITS scale showed good internal consistency and concurrent validity with the CTS verbal and physical aggression items. The HITS scale also showed good construct validity in its ability to differentiate family practice patients from abuse victims. The HITS scale is promising as a domestic violence screening mnemonic for family practice physicians and residents.

[HITS a short domestic violence screening tool for use in a family ...](#) [\[New Window\]](#)

BACKGROUND AND OBJECTIVES: Domestic violence is an important problem that is often not recognized by ...

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=9669164&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9669164&dopt=Abstract)

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The utility of validated screening tools to detect abuse in diverse populations ... Reliability and validity of HITS were compared with the ISA-P and WAST. ...

<http://fampra.oxfordjournals.org/cgi/content/abstract/22/6/617> [\[Preview This Site\]](#)

[Screening for domestic violence in a predominantly Hispanic ...](#) [\[New Window\]](#)

English HITS was effective as a screening tool for domestic violence ( $P < 0.001$ ) ... Given that no other screening tools will be used before HITS in actual ...

<http://fampra.oxfordjournals.org/cgi/content/full/22/6/617> [\[Preview This Site\]](#)

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HITS is a screening tool that is designed for outpatient clinical settings and consists of four questions based on the acronym for Hurt, Insult, Threaten, ...

<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/fijapa/vol4n1/violence.xml> [\[Preview This Site\]](#)

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The Hurt, Insult, Threat, Scream (HITS) screening tool was designed as a ... HITS: A short domestic violence screening tool for use in a family practice ...

[http://www.femalepatient.com/html/arc/sig/screening/articles/029\\_04\\_039.asp](http://www.femalepatient.com/html/arc/sig/screening/articles/029_04_039.asp) [\[Preview This Site\]](#)

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[Appendix 3. Screening Instruments](#) [\[New Window\]](#)

Domestic Violence Screening Tool<sup>58</sup> Have you ever been threatened, hit, punched, slapped, or injured by a husband, boyfriend, or significant other you had ...

<http://www.ahrq.gov/clinic/3rduspstf/famviolence/fvrevapp3.htm> [\[Preview This Site\]](#)

[Journal of Family Practice](#) Domestic violence screening made ... [\[New Window\]](#)

New screening tools are briefer and more efficient than earlier devices. The HITS Scale (38) (Hurt, Insult, Threaten, Scream; Table 2) is a practical 4-item ...

[http://www.findarticles.com/p/articles/mi\\_m0689/is\\_7\\_52/ai\\_106026459](http://www.findarticles.com/p/articles/mi_m0689/is_7_52/ai_106026459)



AGENCY NAME: \_\_\_\_\_ REFERRAL CONTACT: \_\_\_\_\_

Phone: \_\_\_\_\_ X \_\_\_\_\_ Fax: \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Female  Male  Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Unemployed  Employed  Job Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Relationship to Abuser:**

- Married and Living w/ Abuser
- Married and Separated
- Divorced
- Dating and Living w/ Abuser
- Dating
- Other

**Children in Household: Y / N**

- Number of Children: \_\_\_\_\_
- Age of Youngest: \_\_\_\_\_
- Age of Oldest: \_\_\_\_\_

**History of Abuse:**

- Recent Police Reports
- Previous Injunctions
- Arrest(s)
- Abuser on Probation
- Abuser on Parole

BATTERER NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Female  Male  Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Unemployed  Employed  Job Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Release of Confidential Information**

I hereby authorize release of this threat assessment form between the referring agency, \_\_\_\_\_, and the INVESTeam (Harbor House, Orange County Sherriff's Office, Orlando Police Department, and INVESTeam management staff) including, but not limited to, communication and correspondence among employees associated with said institutions. This release is only for the purpose of coordinating services and sharing related information between these two entities. This release is only for the purpose of coordinating services and sharing related information between these two entities. This release also authorizes exchange of information between the referring agency and the INVESTeam by telephone or facsimile communication. I understand that this release may lead to further law enforcement intervention on my behalf, to include background checks on both myself and the perpetrator. In consideration of such disclosure on your part, I hereby release you from any liability arising from said disclosure. This release shall expire ninety days from the date of authorization.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This Release of information expires on (90 days from the date of authorization) Date: \_\_\_\_\_

Following are the risk factors associated with domestic homicides. Several "yes" answers will indicate that the level of violence may be escalating and particular notice and care should be taken when dealing with the batterer and the victim.

**PLEASE NOTE:** Case managers may fill out questions below based on their knowledge of the case.

	Is this a current or previous intimate relationship? For example; married, divorced, lived Together, child in common, current or former boyfriend/girlfriend) If NO, completion of the checklist and referral to INVESTeam is inappropriate.	Yes	No	N/A	UK
1	Has your partner ever physically harmed you? If yes, how often? <input type="checkbox"/> 1-5 times <input type="checkbox"/> 6-10 times <input type="checkbox"/> 11 or more times				
2	Has the physical harm become more serious over the past year?				
3	Has the physical violence been happening more often over the past year?				
4	Have you recently separated from or talked about leaving your partner?				
5	Has your partner ever threatened or attempted suicide?				
6	Is there a firearm in the house or accessible to your partner?				
7	Do you believe your partner will kill you?				
8	Has your partner ever told you how they plan to kill you?				
9	Has your partner ever tried to strangle you?				
10	Has your partner ever been diagnosed with a mental illness?				
11	Has your partner ever been Baker Acted or committed to a mental health facility?				
12	Has your partner ever threatened you with a weapon? If yes, please circle which type: Knife   Gun   Other: _____				
13	Has your partner ever used a weapon to harm you?				
14	Has your partner been stalking, following, or watching you?				
15	Has your partner been violent toward or threaten to harm your children?				
16	Does your partner control all or most of your daily activities?				
17	Does your partner have a history of domestic violence against other partners?				
18	Has your partner been violent towards or threaten to harm your pets?				
19	Does your partner act out violently in front of others?				
20	Does your partner get drunk or high on a regular basis?				
21	Has your partner been significantly stressed lately (job loss, loss of loved one, recent arrest, etc...)?				
22	Is your partner violently and constantly jealous of you (i.e. Does your partner say "If I can't have you no one will")?				

**Please check all actions taken against you by the suspect:**

	In the Past	Last 6 Months		In the Past	Last 6 Months
a. Attempted to hit with car	_____	_____	f. Hit in the stomach while pregnant	_____	_____
b. Burned	_____	_____	g. Thrown down steps	_____	_____
c. Received broken bones	_____	_____	h. Held against your will	_____	_____
d. Put in the hospital	_____	_____	i. Stabbed or cut	_____	_____
e. Shot	_____	_____	j. Forced to have sex	_____	_____

**Please complete all forms and fax Attn: INVESTeam at 407-836-0462**

**Any questions please contact 407-836-2001 or 407-367-1666**

**Thank You.**