

UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: T-IPV: Transgender-related Intimate Partner Violence Scale

SOURCE ARTICLE: Peitzmeier SM, Hughto JMW, Potter J, Deutsch MB, Reisner SL. Development of a Novel Tool to Assess Intimate Partner Violence Against Transgender Individuals. *J Interpers Violence*. 2019;34(11):2376–2397. doi:10.1177/0886260519827660

POPULATION: transgender

RESPONSE OPTIONS: Yes / No. All IPV questions were first asked with a lifetime referent period, followed by a past-year referent period for participants who indicated it had happened at some point in their lifetime.

SURVEY ITEMS:

- 1. Did a partner force or pressure you into doing something that did not agree with your gender identity, such as not pursuing gender transition (such as name changes, hormones, or surgery) or altering your gender presentation (such as wearing certain types of clothing or hairstyles)?
- 2. Did a partner threaten you to stay in the relationship by telling you that you would never find someone else who 'would want to date or be with someone like you' because you are transgender?
- 3. Did a partner threaten or blackmail you into doing something by threatening to 'out' you as transgender to someone?
- 4. Did a partner hide or destroy your hormones, prosthetics, chest binders, clothing, etc., related to gender transition?

RELIABILITY INFORMATION: The scale has a KR-20 reliability score of 0.56

TERMS OF USE:

Individuals may use this information for research or educational purposes <u>only</u> and may not use this information for commercial purposes. When using this instrument, please cite:

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When presenting results using any survey information you obtained from the SABI, please acknowledge the University of North Carolina at Chapel Hill Center for AIDS Research (CFAR), an NIH funded program P30 AI50410.



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VALIDITY INFORMATION: Divergent validity was assessed by exploring polychoric correlation between T-IPV and employment and Pearson correlation between T-IPV and fruit consumption, which we hypothesized should not be correlated with T-IPV. Convergent validity was assessed by exploring polychoric correlations between T-IPV and sexual and physical IPV.

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