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Universal Screening and Education: A Client-Centered Protocol for Normalizing Intimate Partner Violence Conversation in Clinical Practice

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ABSTRACT

Researchers, therapists, and advocates have examined the advantages and disadvantages of intimate partner violence (IPV) universal screening in health care settings. This article describes the IPV Screen and Assessment Tier (IPV-SAT), a model that adapts findings from the screening research literature for therapists and recommends IPV universal education. IPV-SAT is a framework and decision-making protocol for conducting an IPV screen, IPV education, IPV assessment, and IPV danger assessment. The article includes recommendations for IPV universal education and principles for responding to disclosures of violence. Important considerations for creating a safe context for screening and assessment and strategies for handling confidentiality are outlined. IPV education resources and recommendations are provided, along with materials to assist therapists and other health care providers to effectively assess for IPV.

KEYWORDS

Domestic violence; interpersonal violence; prevention approaches; abuse and trauma recovery; couple and relationship education

Introduction

Intimate partner violence (IPV) is a largely preventable social justice, human rights and public health issue that includes physical, sexual, or psychological harm or threat of harm by a current or former partner. IPV occurs in all countries among all socio-economic sectors, and in hetero and same-sex relationships (Krahé, 2019). By one estimate, 18.3% of women and 8.2% of men experienced lifetime contact sexual violence by a partner, and 21.4% of women and 14.9% of men experienced severe lifetime intimate partner physical violence (Smith et al., 2018). These rates likely underestimate actual prevalence.

Although violence is perpetrated by people of all genders, evidence demonstrates that male violence toward women, relative to female-perpetrated

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