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UNIVERSAL SCREENING FOR INTIMATE PARTNER VIOLENCE: A SYSTEMATIC REVIEW

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Intimate partner violence (IPV) is known to be prevalent among therapy-seeking populations. Yet, despite a growing understanding of the dynamics of IPV and of the acceptability of screening, universal screening practices have not been systematically adopted in family therapy settings. A rapidly growing body of research data—almost entirely conducted in medical settings—has investigated attitudes and practices regarding universal screening for IPV. This article is a systematic review of the IPV universal screening research literature. The review summarizes literature related to IPV screening rates and practices, factors associated with provider screening practice, the role of training and institutional support on screening practice, impact of screening on disclosure rates, client beliefs and preferences for screening, and key safety considerations and screening competencies. Implications for family therapy and recommendations for further inquiry and screening model development are provided.

> When women had discussed abuse with providers, it was generally because they had been asked. (McNutt, Carlson, Gagen, & Winterbauer, 1999, p. 89)

Nearly a decade ago, Bograd and Mederos (1999) urged psychotherapists to screen all therapy-seeking individuals for intimate partner violence (IPV).[1] Proponents of universal screening argue that routine screening is warranted as (a) IPV is prevalent in society and disproportionately frequent among many client populations; (b) IPV is negatively correlated with well-being; (c) IPV should be uncovered, if it is occurring, to provide useful and safe services; and (d) spontaneous disclosure of IPV is unlikely (Phelan, 2007; Stith, Rosen, & McCollum, 2003; Todahl, 2003). More cautionary positions, presumably held by many practitioners, seem to be grounded in concerns that universal screening may (a) be overly intrusive; (b) alienate clients and patients;[2] (c) blur the boundary between clinical assessment and forensic investigation; and, most importantly (d) inadvertently increase violence (Hamberger & Patel, 2004; Minsky-Kelly, Hamberger, Pape, & Wolff, 2005; Tower, 2006). Should family therapists, regardless of the presenting issue, raise sensitive questions about interpersonal violence with every adult client? Is this necessary? Is it safe? Are therapy-seeking individuals in favor of such practices?

Among all health care professions, these questions may be particularly pertinent for family therapists. Anecdotal evidence suggests that among those couples who seek help for IPV, couples therapy is one of their most commonly sought and preferred forms of help (C. Rexius, personal communication, June 20, 2008). These individuals and relationships often enter therapy with particular interpersonal dynamics and social-contextual experiences. They have likely, for instance, debated about who is to blame for the violence—or whether what has occurred is violence at all. They may have struggled over the nature of their relationship (Watzlawick,

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