

## The Ubiquitous Clinical Problem of Adult Intimate Partner Violence: The Need for Routine Assessment

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Mental health providers need to know that the problem of intimate partner violence (IPV) is ubiquitous—that is, seemingly everywhere at once—within populations that access health care services. Because IPV is a gendered phenomenon where women predominantly tend to be victimized and because women tend to access psychological services at higher rates than men, there is an increased probability that victims of IPV will access services. Without this awareness, diagnostic procedures may be inaccurate, and providers may not intervene to reduce lethality if IPV is not evaluated as part of routine assessment procedures. This article provides concrete procedures for IPV screening and assessment in order to adequately address the problem and also presents initial safety-planning strategies.

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Health care providers must be able to accurately assess for intimate partner violence (IPV), yet there is evidence that many providers may not know how to do so. Over a decade ago, Hansen, Harway, and Cervantes (1991) and Harway and Hansen (1993) published their seminal articles on North American therapists' perceptions of family violence. These authors examined the ability of therapists to identify IPV issues. After reading a clinical vignette concerning a situation based on a true case where a male intimate partner raped and then killed his female partner shortly after their family visit to a therapist, respondents were asked to evaluate the situation. In terms of attribution/conceptualization, only 19% of the therapists surveyed said the problem was the male partner's dynamics, while 31% said the problem was couple dynamics. Sixteen percent of the respondents were vague and non-committal, while 8% said the female partner was the problem. Perhaps most troubling of all was that only about 50% of the respondents said that safety management was the correct interven-

tion for the male and female partners and their children. Twenty-seven percent said they needed more information before they would act, and 11% said they would focus on increasing communication between the two partners.

Hansen et al. (1991) and Harway and Hansen (1993) also found that only slightly more than half (54%) could be classified as *contextualists* who were focused on safety planning, 34% could be classified as *communication interventionists* who were focused on couple communication, 9% could be classified as *avoiders* who needed more information before acting, and 3% could be classified as *undetermined* with unclassified and vague responses. Thus, results reviewed above suggest that about half of the therapists could not correctly identify or assess the serious lethality within the clinical vignette presented. Obviously, without correct assessment, effective intervention is highly unlikely in such a situation.

Evidence from a New Zealand study further shows that mental health providers in general do not know how to correctly assess or intervene with clients who present with victimization-related issues. Agar and Read (2002) examined treatment plans at a community mental health center for clear identification of survivors of abuse. Only 36% of clinical summaries and 33% of the treatment plans for these clients even mentioned the abuse, and only 22% of abused clients received therapy directly addressing their victimization. The widespread inability to correctly assess or intervene concerning victimization-related issues is not limited to mental health providers, however, and extends into other health care arenas as well.

Goff, Shelton, Byrd, and Parcel (2003) found that the lack of effective and appropriate IPV screening was striking among physicians, dentists, and nurse practitioners located in a Texas-Mexico border community. Failure to screen was due to a generalized lack of understanding or education about the issue, as well as the lack of standardized routine screening tools. Similarly, Edin and Hogberg (2002) found that midwives in Sweden routinely failed to assess the women in their care for the presence of physical or sexual abuse victimization. Edin and Hogberg also found, however, that midwives were open to incorporating IPV assess-

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