Sample Intimate Partner Violence (IPV) Screening Questions for Index Clients

Drawn from Tanzania Partner Notification Study 2015 – 2016, Jhpiego and Tanzanian Ministry of Health, Community Development, Gender, the Elderly and Children (MOHCDGEC)

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Instructions: Conduct this for every listed sexual partner. Provide additional counseling, monitoring or exclusion from the notification process if the index client answers “YES” to ANY of the questions no. 1 to 4 below.

1. Has [partner’s name] ever hit or hurt you in any way? If yes, can you please explain the circumstances and how many times this has happened?
   a. YES
   b. NO

2. Has [partner’s name] ever threatened to hurt you? If yes, can you please explain the circumstances and how many times this has happened?
   a. YES
   b. NO

3. Do/did you generally feel physically or emotionally unsafe in your relationship with [partner’s name]?
   a. YES
   b. NO

4. Every couple has conflicts — what does/did [partner’s name] do when you have/had a disagreement?
   a. WE JUST ARGUE
   b. HE/SHE SHOUTS AT ME
   c. HE/SHE HITS ME
   d. HE/SHE LEAVES ME AND WALKS AWAYS
   e. WE RESOLVE THE CONFLICT THROUGH TALKING