



Initiating a Discussion About Intimate Partner Violence: Indicator-Based Assessment

In a home visit or outreach encounter a public health nurse may have a “gut feeling” that a client may be experiencing intimate partner violence (IPV). This resource provides guidance on how nurses can initiate a discussion for the purpose of providing a client with the opportunity to disclose or talk about their experiences of abuse, coercive control or violence.

Nursing Assessment Data

During every encounter with a client, a public health nurse is continuously collecting assessment data through observations and discussions. In this process, nurses may identify specific risk indicators, learn about different health concerns, or observe different patterns of behaviours that serve as “red flags” that this client may be currently experiencing IPV, or has experienced it in the past.

RISK INDICATORS	HEALTH CONCERNS	PATTERNS OF BEHAVIOUR	
		CLIENT	PARTNER
<ul style="list-style-type: none"> • Young age • Separated, in a common-law relationship or single • Presence of depression (in client) • Male partner who is unemployed or working less than part-time • Partner with alcohol or substance use problem • Partner with history of conduct problems or antisocial behaviour • Past history of family violence including IPV or experiences of child maltreatment, dating violence <p>IMPORTANT NOTE: There is an additive effect of risk indicators. For each additional risk indicator that is present, a client's odds of reporting IPV increases.</p>	<ul style="list-style-type: none"> • Injuries, including oral, dental, or ocular injuries, strangulation wounds, bruises, fractures, open wounds • Traumatic brain injury; client may describe headaches, dizziness, memory or sleep issues, emotional lability • Depression • Anxiety disorders • Post-traumatic stress disorder • Chronic pain syndromes • Gastrointestinal disorders, including irritable bowel syndrome • Sexually transmitted infections, pelvic inflammatory disease; unplanned pregnancy • Pregnancy complications • Somatic complaints (e.g., unexplained abdominal pain, heartburn, chest pain, fatigue, insomnia, headaches) 	<ul style="list-style-type: none"> • Frequent cancelling or re-scheduling of visits; provides a “last minute excuse.” • Increased visits to emergency department, primary care • Decreased interactions with family, friends • Defers to partner in visit • Describes self as “clumsy.” • Hides injuries, dismisses seriousness of injury, or reason given for cause of injury does not seem plausible • Changes topic or shuts down conversation when partner is mentioned • Apologizes for partner's comments/actions 	<ul style="list-style-type: none"> • Present during visits with limited engagement; present for purpose of watching interaction • Answers for or speaks over partner • Jealous of partner • Humiliates or puts partner down during visit, even “indirectly” through “joking” or “good-natured” fun • Need to control client's actions, or be kept informed of her activities and location • Seeks to isolate client • May consistently challenge health information/teaching offered by nurse • Dominates the visit with their needs, taking attention away from meeting needs of client/children
		<p>BABY</p> <ul style="list-style-type: none"> • Excessive irritability • Sleep disturbances • Emotional distress 	

Initiating Discussions to Create Safe Spaces for IPV Disclosure

IDENTIFY RED FLAGS

- Identify accumulating risk indicators or health concerns or observe behaviours that may be indicative of IPV. This prompts a need to understand if the client is experiencing IPV.

PRIORITIZE EMOTIONAL AND PHYSICAL SAFETY

- Identify an encounter when there will be time to initiate a discussion about the client's safety in their relationship.
- These discussions should occur within therapeutic relationships characterized by trust and where rapport has been established.
- Confirm that the discussion will be private and that no other person >18 months is present.

SUMMARIZE ASSESSMENT DATA

"From what you have shared, the last few months have been very difficult, with your partner losing his job due to COVID-19, and that you have not been able to spend time with your mom and sister. I notice today that you have some bruises on your arm. You have also shared that over the last few months that it has been really hard for you to sleep, you describe feeling "on edge," and that your migraine headaches have returned."

EXPRESS CONCERN

"As a public health nurse, I am concerned about how you are feeling and about the different stressors in your life. Some of your health concerns are common among people who may be experiencing a lack of safety in their relationships."

ASK A SINGLE QUESTION

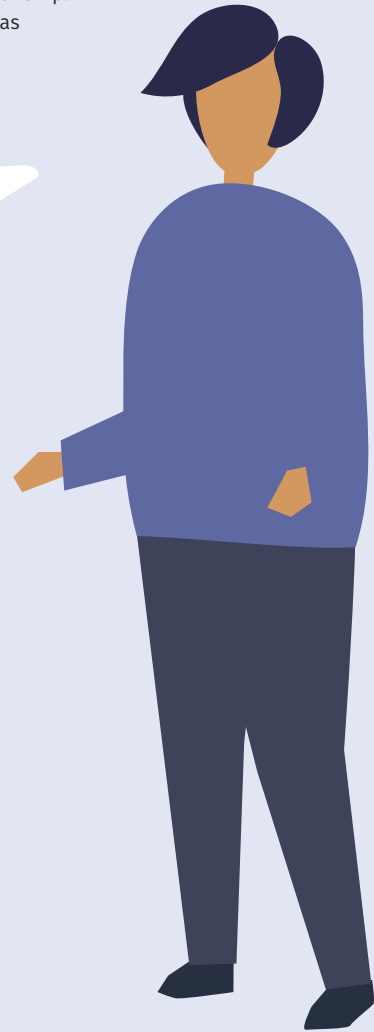
"In the last 12 months, did you ever feel frightened by what your partner says or does?"

SEEK PERMISSION FOR FURTHER ASSESSMENT

Would it be okay with you, if I ask you a few more questions about your feelings of safety in your relationship with your partner?"

ASSESS AND OFFER SUPPORT

- Assess for presence, and types, of IPV using local assessment tools.
- If positive, respond empathically, enhance safety, and provide supports as required, including warm referrals to other service providers or information about local crisis phone lines.



REMINDER: It is the responsibility of each public health nurse to be aware of their legal responsibilities for reporting children's exposure to IPV and aware of the local policies and procedures for when and how to contact child protection services.

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