



Intimate Partner Violence: Immediate Response to a Disclosure

When a client experiences physical and emotional safety in a therapeutic relationship, they may choose to talk about current (or past) intimate partner violence (IPV) with their public health nurse. This resource provides guidance on how to immediately respond to a disclosure.

Providing an Empathic Response

It may feel overwhelming when a client shares that they are experiencing IPV. While it is not the nurse's responsibility to "fix" the problem, actively listening and providing an empathic response can be very powerful interventions of support.

Response Component: Ensure privacy		
What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none">✓ Is this a safe time for us to continue our conversation?✓ Is there anyone with you right now that might overhear us?✓ Do we have time to talk about this before your partner returns?✓ If your partner returns, what is our plan and what else can we talk about?	<ul style="list-style-type: none">✗ Your mom just came home. We should tell her what's been happening.✗ We can talk in front of the kids. They don't understand what is going on.	<ul style="list-style-type: none">• Do not discuss if the partner is present or any other individual over the age of 18 months.• If the discussion is occurring via phone or remotely, consider the technology being used and any privacy implications.• Confirm a follow-up plan if the call is disconnected abruptly.
Response Component: Address confidentiality		
What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none">✓ I will keep the information you have shared with me today confidential. I will only share it with those who need to know, such as someone you consent to share it with (e.g., another service provider). If there is a concern about the safety of your child, I am required to share this information with [child protection agency].✓ I am concerned about your safety and your children's safety. When I have these concerns, I am required to contact [child protection agency]. I will ask for help for you and your children. We can ask if the [child protection agency] can act as an advocate for the children to be safe with you. Can we make the call together?	<ul style="list-style-type: none">✗ I have a really good relationship with your partner, why don't I talk to them on the next home visit.✗ [If children in family] I promise, I won't tell anyone anything. Your secret is safe with me.	<ul style="list-style-type: none">• Be aware of how local documentation practices may impact assurances of confidentiality.• At time of enrollment in program, as well as when appropriate, remind client of nurse duty to report suspected or observed child maltreatment. Informing client of limits of confidentiality may influence information they decide to share.

Response Component: **Actively listen without judgment**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✓ If it feels safe to continue, I would like to learn more about your experience. You can tell me as much or as little as you like – whatever you feel comfortable sharing. 	<ul style="list-style-type: none"> ✗ Why have you stayed so long? ✗ Are there things you (or the kids) do to make your partner angry? ✗ Why do you put up with this abuse? 	<ul style="list-style-type: none"> • Be present. Avoid interruptions. Allow the client to talk at their own pace. • Be aware of body language and tone. Show understanding by nodding, eye contact, leaning forward. • Use reflective listening.

Response Component: **Validate the client's experiences**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✓ I believe you. ✓ No one deserves to experience abuse or to be treated this way. ✓ You [and your baby/children] deserve to feel safe. ✓ I hear you/I hear what you are telling me about... ✓ When you tell me that your partner is [summarize partner's harmful words or violent/coercive behaviours], that is [type of abuse]. You do not deserve to be treated this way. 	<ul style="list-style-type: none"> ✗ I know exactly how you feel. ✗ I feel so sorry for you. ✗ Let me tell you what happened to me... ✗ It sounds like sometimes you just have some bad arguments. 	<ul style="list-style-type: none"> • Tell the client you believe what they say - you may be the first person to believe them. • Describe and reflect back their experience and words. • Stay present; do not ignore the disclosure or change the subject. • A violent or controlling partner may try to blame the client; or client may justify partner's behaviours. Naming the words/actions as violence or a form of abuse may help the client better understand and re-frame their experiences.

Response Component: **Identify client strengths**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✓ Thank you for sharing this with me. It takes courage to talk about this. ✓ You have experienced [summarize events using client's words]. You are here today. Are you able to share how you have kept yourself (and your children) safe? 	<ul style="list-style-type: none"> ✗ Hang in there. ✗ You are so strong; you can figure this out. 	<ul style="list-style-type: none"> • Acknowledge and thank them for feeling safe enough to share their experiences. • Reflect back to the client the ways that they have kept themselves (and their children) safe.

Response Component: **Challenge inaccurate assumptions**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✓ These [label abusive/violent actions] belong to your partner and they need to be accountable for their actions. Your partner has made the choice to treat you in this manner. 	<ul style="list-style-type: none"> ✗ You're right, maybe if you had (done something differently), your partner would not have become so (angry, violent etc.). 	<ul style="list-style-type: none"> • Individuals who are committed to the relationship, may blame themselves or think they are responsible for the partner's abusive actions. • Challenge this belief by helping the client see that no one deserves to be abused.

Response Component: **Acknowledge the complexity of the situation**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✔ It is really difficult and unsettling when these things happen, especially when [your partner is the father of your children, you have expressed how much you love them, you have identified your partner provides housing etc]. ✔ You have described a complex situation. I am committed to supporting you in identifying and engaging in the steps you need to take to keep you (and your child) safe. ✔ We will make sure that you are supported through the entire process. 	<ul style="list-style-type: none"> ✘ That's just how [men] are sometimes. ✘ If you just do [x], that should start to help. 	<ul style="list-style-type: none"> • Acknowledge the complexity of the situation. It is not the nurse's role to fix the issue. • Discuss that together you will identify and explore the options and next steps that make the most sense to the client.

Response Component: **Offer support, not advice**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✔ We might not know all the answers right now, but I am here to help you explore some options for safety. ✔ This process may take some time, but you are not alone, I will walk alongside you to provide support. 	<ul style="list-style-type: none"> ✘ You know what you should do... ✘ Why don't you just leave? ✘ Why do you keep going back to your partner when they always end up hurting you? 	<ul style="list-style-type: none"> • Do not advise the client to leave their partner. The time of leaving, or the period following, is the most dangerous time. A comprehensive safety plan is often required for safe leaving. • The client is already in a relationship marked by power & control; the nurse does not want to use words/actions that further mirror, replicate or reinforce telling the client what they "should" do.

Response Component: **Identify priority concern**

What to say (examples)	What NOT to say	Practice Considerations
<ul style="list-style-type: none"> ✔ If I could help you with one thing right now, what is the most pressing need or concern that you have? ✔ Do you feel safe to [be home/return home] right now? ✔ Could we begin to explore and discuss what might be some of the next steps you are able to take to increase your safety (and that of your children)? 	<ul style="list-style-type: none"> ✘ I think it's important for you to first address... 	<ul style="list-style-type: none"> • Following a disclosure, next steps should be in response to the needs/ concerns that the client identifies as most critical or as an immediate priority to address (e.g., may be related to health, safety of children, housing). • Always have information available to discuss and share about local domestic violence crisis lines, advocacy supports, and shelter services.

Trauma-and-Violence Informed Care Principle

Respect the client's autonomy and decisions. Addressing IPV in one's relationship is often difficult and complex. There are many decisions consider (e.g., housing, health, impact on children, finances, legal) and this may take time. The client may make decisions that you do not understand or agree with. It is the nurse's role to provide support, information and to walk alongside the client, not to judge or "tell" them what to do.

Citation: Jack, S.M, Proulx, J., on behalf of the PHN-PREP Project Team [2021]. Intimate partner violence: Immediate response to a disclosure [<https://phnprep.ca/resources/ipv-disclosure-immediate-response>]. School of Nursing, McMaster University.

In creating the content for this Professional Resource, McMaster University led by Susan Jack engaged in research, analysis and synthesis of existing resources, guidelines, tacit professional knowledge as well as any available research evidence to date. McMaster University makes every reasonable effort to ensure that the information is accurate at the time of posting. We cannot guarantee the reliability of any information posted. This Professional Resource is for information and education purposes only and should not substitute any local policies and legislative and professional responsibilities required by your licensing body. In the event of any conflict, please follow your local policies and legislative and professional responsibilities. This material has been prepared with the support of the Province of Ontario but the views expressed in the document are those of McMaster University, and do not necessarily reflect those of the Province.