





# Assessment and Response to Intimate Partner Violence by Public Health Nurses

This resource provides evidence-informed guidance on how the nursing process can be applied to recognize and respond to a client's experience of current (or past) intimate partner violence (IPV). It is important to ensure that requirements for responding to IPV (including children's exposure to IPV) as outlined in local agency policies and nursing practice standards are consulted and followed.

Nursing Process	Public Health Nursing Actions
<b>Establish therapeutic relationship</b>	
<p>Establish a foundation of trust and safety</p> <p><i>"I am concerned about the impact that this COVID-19 epidemic and social distancing requirements are having on people's relationships."</i></p> 	<ul style="list-style-type: none"><li>✓ Discuss physical safety and confirm that the client can speak privately and that no individual &gt;18 months is present who may overhear the conversation.</li><li>✓ Additional precautions need to be considered when <a href="#">discussing IPV through remote/virtual modes</a> of communication such as texting, phone calls, or video conferencing.</li><li>✓ Apply the principles of trauma- and violence-informed care in all your interactions. Convey your awareness of the prevalence of IPV and express your concern in a non-judgmental manner.</li></ul>
<b>Assessment</b>	
<p>Inquire about safety in intimate relationships</p> <p><i>"In visiting families, I know that individuals do not always feel safe in their relationships. A lack of physical or emotional safety can impact your health, and your child's health. As a nurse, I always ask people about their sense of safety in their (current/ or recent past) relationships."</i></p> 	<ul style="list-style-type: none"><li>✓ Initiating a general conversation about relationships and normalizing that nurses ask all clients about their feelings of safety creates an opportunity to ask more direct questions about IPV.</li><li>✓ Indicator-based assessments (e.g., case finding) may be initiated by a public health nurse at any time. Typically, these assessments occur once a therapeutic relationship has been established. Through multiple assessments, the nurse becomes aware of risk indicators, health effects or behaviours that may be indicative of IPV.</li><li>✓ When indicators of IPV, including physical and mental health effects, exhibited by mother or infant, are observed at any time, <a href="#">initiate a discussion</a> to summarize your concerns and to create an opportunity for the client to safely disclose their experiences of IPV.</li></ul>

## Nursing Process

## Public Health Nursing Actions

### Diagnosis (Identification of IPV)

Client confirms that they are not experiencing IPV, or they chose not to disclose their experiences of abuse

*"Thank you for the opportunity to talk about relationships today. For the future, if this becomes an issue for you or someone close to you, I'll leave some information on local resources."*



- ✓ Reaffirm that talking about relationships is an important part of nurse visiting and outreach work, and that you may ask permission to check in again about their sense of safety.
- ✓ Provide universal community resource information that discretely includes information about local domestic violence or crisis hotlines, shelter services, or advocacy programs.
- ✓ Offering universal resources related to food, shelter, employment, legal and health supports normalizes that there are times when families experience increased needs for supports.

Client shares that they are experiencing IPV, including coercive control

*"More and more, I am really afraid that my partner might seriously hurt me."*

*"You deserve to feel safe in your relationship. If it feels comfortable for you to continue, I would like to learn more about your experience. You can tell me as much or as little as you like."*



- ✓ An [immediate response to a disclosure](#) may include:
  - [reflective listening](#);
  - validation of the client's experiences;
  - acknowledgment of the client's strengths and resilience;
  - demonstrating understanding their situation is complex, that it may take time to explore options for safety, and that as a nurse you will be there to provide support;
  - offer of support, not advice (e.g., do not tell client to leave partner).

### Planning

Identify client's priority needs or concerns

*"If I could help you with one thing right now, is there something that feels urgent for us to address?"*




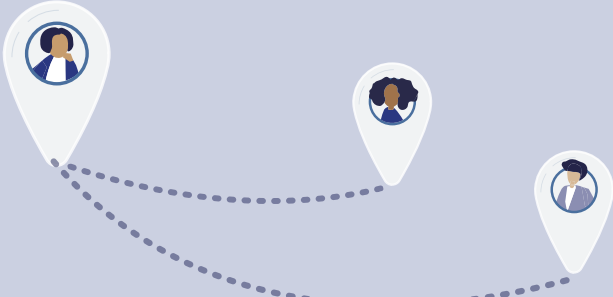

- ✓ Inquire about and respond to the needs or concerns identified by the client as the most critical or immediate priority. This may be a need related to food, health, safety of child(ren), or housing.

Risk assessment (danger/lethality)

*"Thank you for sharing with me what you are experiencing in your relationship. I am concerned about your safety, now and in the future. With your permission, I would like to ask you a few short questions so that you and I can better understand how much danger you may be in, and to use this information to explore different options to increase your safety."*



- ✓ Complete a [brief risk assessment](#) (e.g., the Danger Assessment-5) or, if trained, a full Danger Assessment). Use this information to inform a tailored approach to safety planning.
- ✓ If time or privacy is limited, or if client prefers to independently reflect on their well-being, develop a safety plan or access strategies to promote well-being, encourage them to download the myPlan Canada app.
- ✓ Consult with your manager/supervisor according to your agency's policies and procedures if you have concerns about your client's safety.

Nursing Process	Public Health Nursing Actions
<b>Planning (continued)</b>	
<p>Discuss and address child protection concerns</p> 	<ul style="list-style-type: none"> <li>✓ Discuss limits of confidentiality.</li> <li>✓ Express concern for the safety of the client and their child(ren).</li> <li>✓ Consult with your manager/supervisor according to your agency's policies and procedures if you have concerns about the safety of your client and/or their child(ren).</li> <li>✓ Report children's exposure to IPV to local child protection agency according to local policies and provincial legislation.</li> </ul>
<b>Implementation</b>	
<p>Engage formal and informal social supports</p> 	<ul style="list-style-type: none"> <li>✓ Initiate <a href="#">warm referrals</a> to community supports and services to address client's priority needs.</li> <li>✓ Explore with the client strategies to safely engage with family and friends to reduce isolation.</li> <li>✓ Be knowledgeable about, and when appropriate, refer to <a href="#">evidence-informed interventions for women (and their children) who have experienced IPV</a> including shelters or advocacy services.</li> <li>✗ Do NOT refer client and their partner to couple counselling/therapy.</li> </ul>
<p>Initiate safety planning</p> 	<ul style="list-style-type: none"> <li>✓ Ask the client how they have been keeping themselves safe. Explore and discuss options for increasing safety while at home, work/school, on social media, or in the community.</li> <li>✓ If a client is planning to leave their partner, work with domestic violence advocates to develop a safe plan for leaving; encourage them to not tell their partner they are leaving.</li> <li>✓ The time of leaving, or the period following, is when an individual's risk for danger or homicide increases.</li> </ul>
<p>Offer health teaching</p>	<ul style="list-style-type: none"> <li>✓ As appropriate, provide health teaching on healthy/unhealthy relationships, safety planning, and the health effects associated with IPV, including on child(ren)'s health and development.</li> </ul>
<p>Assess and address physical and mental health concerns</p>	<ul style="list-style-type: none"> <li>✓ Review signs of traumatic stress and provide suggestions for symptom management.</li> <li>✓ Assess and refer, as appropriate, for other identified physical and mental health concerns.</li> </ul>

Nursing Process	Public Health Nursing Actions
<b>EVALUATION</b>	
Continue to evaluate and assess	<ul style="list-style-type: none"> <li>✔ Disengaging from a relationship characterized by violence and control is a complex, and sometimes lengthy process. Continue to evaluate and re-assess the individual's changing needs and adapt the plans for safety and supports as required.</li> </ul>
Nurse well-being	<ul style="list-style-type: none"> <li>✔ Consider establishing opportunities to de-brief with a colleague or supervisor/manager informally or through reflective supervision.</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>✔ Document assessment data and nursing interventions, including client's responses or actions, as per established agency procedures.</li> </ul>



### Additional “Practice Tips” from Public Health Nurses

- ✔ Following a disclosure of IPV, or when talking about relationships, be sensitive to the client's non-verbal cues. If they start to disengage from the conversation, check-in to see if they would like to talk about another topic. Let them know you will ask their permission before returning to the topic on another visit.
- ✔ At the end of a home visit (or call) – when IPV has been disclosed – confirm with the client what “next steps” they will be taking to increase safety and to confirm what additional supports or information they require from the nurse.
- ✔ With respect to client confidentiality, remind the client that the interaction will be charted (in whatever means that the health unit uses).
- ✔ It can be helpful to review with a client, “If things get more dangerous at home, what safety strategies are you prepared to use?”
- ✔ A disclosure of IPV can happen at any time. It is important for a public health nurse to feel confident in knowing how to respond and to have a list of local resources and supports readily accessible to share.

**Citation:** Jack, S.M., & Proulx, J. on behalf of the PHN-PREP Project Team (2021). Recognizing and responding to intimate partner violence. [<https://phnprep.ca/resources/recognizing-responding-to-ipv/>]. School of Nursing, McMaster University.

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