



Prioritizing safety in intimate partner violence contexts through a trauma- and violence-informed care lens

When working with individuals who have experienced or are currently experiencing intimate partner violence (IPV), public health nurses have a critical role in fostering safety within the nurse-client relationship. Safety is not only about physical protection, it encompasses emotional, psychological, cultural, and relational dimensions. For many clients, the experience of safety within a care setting begins with feeling heard, respected and supported in ways that honour their autonomy, dignity and lived realities. This practice guidance is designed to support public health nurses to apply trauma- and violence-informed care (TVIC) principles into nursing practice. It offers practical strategies to promote diverse forms of safety, grounded in respect, collaboration and a deep understanding of how structural and interpersonal violence shape clients' experiences.

Principles of trauma- and violence-informed care¹:

- 1** Understand trauma, violence and its impacts on people's lives and behaviour.
- 2** Create emotionally, culturally, and physically safe environments for all clients and providers.
- 3** Foster opportunities for choice, collaboration and connection.
- 4** Use a strengths-based and capacity-building approach to support clients.



By centering safety in every interaction, public health nurses contribute to healing, empowerment, and systemic change. We invite nurses, team leads, supervisors and managers to reflect on how these principles can be integrated into your daily practice and team meetings.

1. Emotional and Psychological Safety

Creating conditions where clients feel emotionally secure, validated, and respected.

- ✓ **Affirm disclosures without judgment**, ensuring clients feel believed and never blamed.
- ✓ **Frame questions with sensitivity**, avoiding interrogation or pressure.
- ✓ **Support emotional regulation**, slowing down or pausing when clients show signs of distress.
- ✓ **Validate emotions and experiences**, resisting the urge to minimize or immediately problem-solve.
- ✓ **Maintain consistency and reliability**, following through on commitments and being predictable.
- ✓ **Attend to non-verbal cues**, checking in when distress is observed rather than continuing with assessments or interventions.

2. Autonomy and Control

Promoting choice, agency, and self-determination in all aspects of care.

- ✓ **Respect the client's pace and readiness**, allowing them to decide what, when and how much to share about their experiences, health status, or relationships.
- ✓ **Clarify the purpose of each question**, ensuring informed participation.
- ✓ **Provide information transparently**, enabling informed decision-making.
- ✓ **Offer assessments (such as a risk assessment, including the Danger Assessment*) as an option**, never as a requirement, and affirm their right to decline.
- ✓ **Reinforce their expertise in their own life**, positioning yourself as a supportive ally.
- ✓ **Support harm reduction strategies**, even when clients choose to remain in the relationship.
- ✓ **Center their definition of safety**, recognizing that leaving may not be their chosen or safest option.

3. Physical and Environmental Safety

Establishing safe conditions for communication, care delivery, and planning.

- ✓ **Confirm privacy before discussing sensitive topics**, especially during home visits or calls.
- ✓ **Avoiding leaving materials that could compromise safety**, such as pamphlets or written resources. If a client chooses to keep materials (e.g., written safety plan), explore with them where they will safely store it or how they will respond if a partner or family member sees the material.
- ✓ **Use discretion in digital communication**, recognizing that texts, social media or voicemails may be monitored.
- ✓ **Collaborate on safety planning**, including exits, code words, and trusted contacts. Start by exploring what the client is already doing to keep themselves and their child(ren) safe.
- ✓ **Follow protocols for personal safety**, especially when the partner is present or tensions escalate.
- ✓ **Communicate transparently about limits of confidentiality**, particularly in situations where there might be a need to engage with a child protection agency.
- ✓ **Ensure confidentiality in documentation**, using neutral language and secure systems.
- ✓ **Design clinical spaces with safety in mind**, considering layout, exits, and sound privacy.

4. Relational and Trust-Based Safety

Building relationships rooted in respect, reliability, and authenticity.

- ✓ **Foster continuity and presence**, showing up consistently over time.
- ✓ **Communicate transparently**, especially around limits of confidentiality.
- ✓ **Provide anticipatory guidance**, sharing with the client “what happens next” by providing information on what nursing actions are being offered, the rationale for these actions, and what the client can expect.
- ✓ **Demonstrate empathy**, avoiding pity or condescension.
- ✓ **Celebrate moments of trust**, recognizing when clients feel safe to disclose.
- ✓ **Follow through on commitments**, whether it's a phone call, referral, or resource.
- ✓ **Acknowledge systemic breaches of trust** and work to rebuild it with humility.
- ✓ **Engage in repair when needed**, recognizing the fragility of trust and your role in restoring it.

5. Structural and Contextual Safety (Violence-Informed)

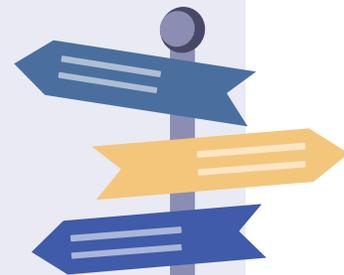
Understanding how systemic inequities and structural violence shape safety.

- ✓ **Recognize poverty, racism, and colonization as forms of violence**, and their impact on safety.
- ✓ **Contextualize IPV within broader systems**, acknowledging intersecting harms.
- ✓ **Advocate for access to resources**, including housing, income support, legal aid, and childcare.
- ✓ **Consider the risks of system involvement**, including potential harm related to engagement with other services (e.g., police or child welfare).
- ✓ **Coordinate care to avoid punitive outcomes**, especially in multi-agency settings.
- ✓ **Affirm survival strategies**, recognizing resilience within oppressive systems.
- ✓ **Critically reflect on institutional practices**, identifying and challenging power imbalances.

6. Cultural and Identity Safety

Honouring diversity, belonging, and freedom from discrimination.

- ✓ **Respect cultural values and decision-making**, without imposing dominant norms.
- ✓ **Acknowledge historical trauma**, particularly for Indigenous clients and communities.
- ✓ **Avoid assumptions about identity**, including gender roles, family structures, and cultural norms.
- ✓ **Affirm sexual and gender diversity**, creating inclusive and affirming environments.
- ✓ **Understand migration-related stressors**, and their impact on vulnerability and safety.
- ✓ **Create spaces of belonging**, where clients feel seen, respected, and culturally understood.



7. Collaborative and Relational Accountability

Sharing responsibility for safety and reducing burden on the client.

- ✓ **Avoid placing sole responsibility on the client**, especially regarding child or personal safety.
- ✓ **Work in partnership**, supporting rather than directing or rescuing.
- ✓ **Coordinate responses across systems**, reducing the need for clients to retell trauma.
- ✓ **Advocate for flexible protocols**, ensuring organizational practices support client-centered (or woman-led) care.
- ✓ **Support team wellness**, recognizing and addressing vicarious trauma among colleagues.

8. Reflective Practice and Professional Safety

Maintaining awareness of self, boundaries, and ethical practice.

- ✓ **Challenge personal biases**, especially assumptions about those who experience or use violence.
- ✓ **Monitor emotional responses**, ensuring they do not drive clinical decisions.
- ✓ **Engage in supervision and reflection**, especially when disclosures or learning of a client's lived experience evoke strong reactions.
- ✓ **Maintain professional boundaries**, while remaining compassionate and present.
- ✓ **Seek support for vicarious trauma**, acknowledging the emotional toll of IPV work.
- ✓ **Recognize when to pause or debrief**, prioritizing personal and professional sustainability.
- ✓ **Align practice with ethical and TVIC principles**, ensuring integrity and accountability.

9. Safety as Healing and Hope

Supporting empowerment, resilience, and future possibility.

- ✓ **Help clients envision a different future**, even if change feels distant.
- ✓ **Support the rebuilding of trust**, in self and others.
- ✓ **Highlight strengths and resilience**, reinforcing capacity and agency.
- ✓ **Create moments of calm and connection**, even in crisis.
- ✓ **Hold hope on behalf of the client**, even when they feel hopeless.
- ✓ **Support healing through relationship**, reconnecting them with their sense of self.
- ✓ **Affirm their worth and dignity**, reinforcing that they are deserving of care and safety.

*The Danger Assessment² is a validated risk assessment tool that helps to determine the level of danger an abused woman has of being killed by her intimate partner. Using the Danger Assessment requires weighted scoring and interpretation. Completion of two educational modules, followed by successful completion of a quiz, is required for certification to administer the Danger Assessment.

Information on the certification process for public health nurses is available through contacting:
phnprep@mcmaster.ca



References:

¹ Wathen, C.N. & Varcoe, C. (2021). Trauma- & Violence-Informed Care (TVIC): A Tool for Health & Social Service Organizations & Providers. London, Canada. Retrieved from, https://gtvincubator.uwo.ca/wp-content/uploads/2024/10/TVIC_Tool_Updated_Oct24.pdf

² Campbell, J. C., Webster, D. W., & Glass, N. (2008). The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. DOI: [10.1177/0886260508317180](https://doi.org/10.1177/0886260508317180)

Citation: Jack, S.M., on behalf of the PHN-PREP Project Team [October 2025]. Prioritizing safety in intimate partner violence contexts through a trauma- and violence-informed care lens. [Professional Resource]. School of Nursing, McMaster University.

In creating the content for this Professional Resource, PHN-PREP led by Susan Jack at McMaster University 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.