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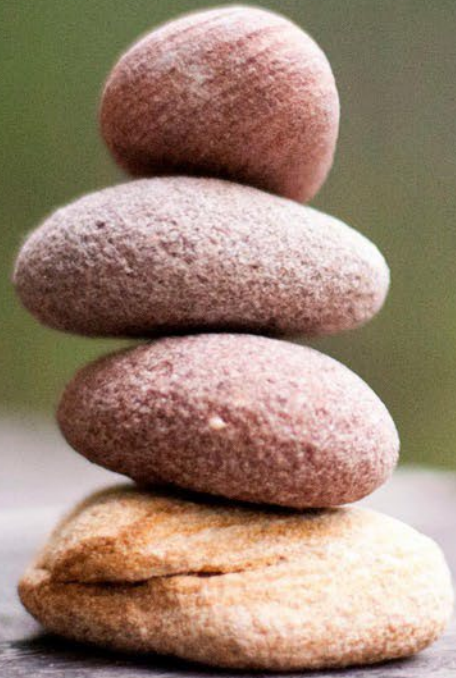


PHN-PREP | Public Health Nursing Practice,
Research & Education Program

First-Line Nursing Responses to Intimate Partner Violence

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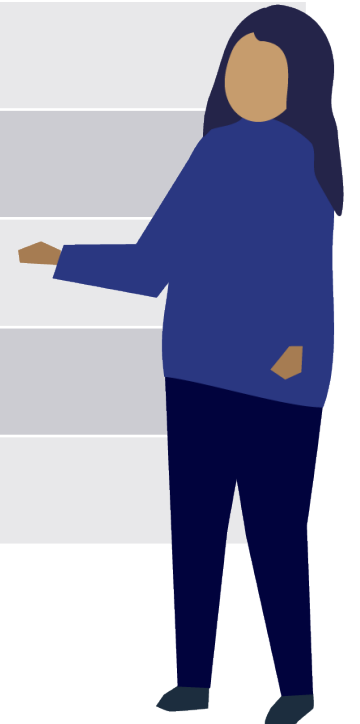




Intimate partner violence is common



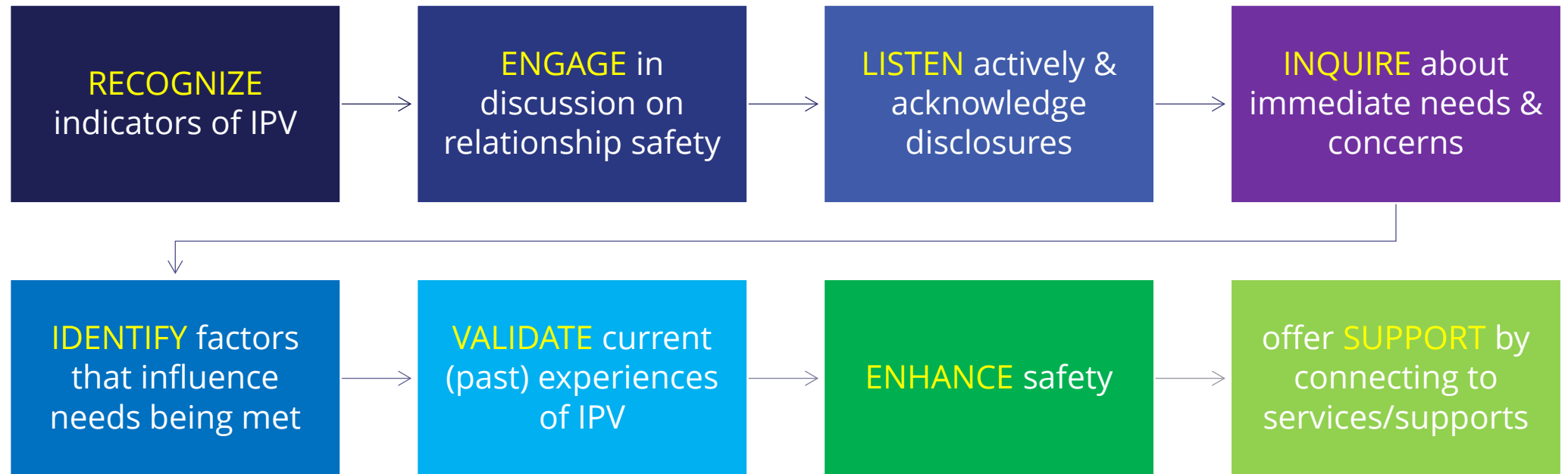
Population	Rates of IPV
Canadian women (> 15 years; lifetime)	44%
Young women (15-24 years; last 12 mo)	29%
Indigenous women (>15 years; lifetime)	61%
LGB+ & non heterosexual orientation women	67%
Women living with disabilities (>15 y; lifetime)	55%
LGBTQ2 women with disabilities	71%



Women & Gender Equality Canada, Government of Canada (2021)

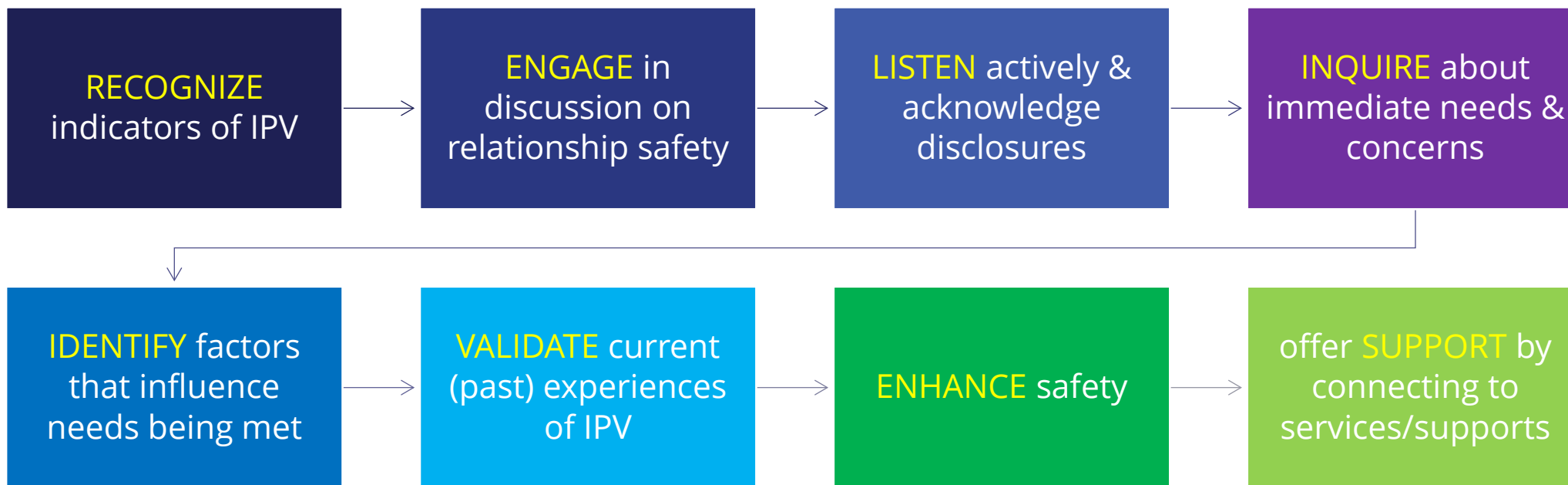


RELIEVES Pathway



RELIEVES Pathway

Be trauma and violence aware



Use strengths-based & capacity building approach to support

Foster opportunities for choice,
collaboration, & connection

Prioritize physical, emotional & cultural safety



Recognize indicators of IPV

Clinical signs & symptoms

- Injuries
- Fatigue
- Pain
- Somatic complaints
- Mental health concerns
 - anxiety, depression
- STIs, recurrent UTI
- Poor nutrition, substance use (coping)

Behavioural “Signs”

- Delayed/inconsistent prenatal care
- Increased pattern of health care use
- Defers to partner
- Partner always present
- Answers for client
- Repeat requests for STI testing, plan B
- Reproductive coercion

Risk Indicators

- Young age
- Recently separated
- Partner employed < PT
- Depression
- Partner who is heavy user of alcohol or substances



Engage in a discussion about health relationships

Normalize & open the discussion

- *"Many new parents find that their relationship might change after a baby is born. It can be stressful and sometimes people don't always feel supported in the way they need."*

Invite reflection without assumption

- *"How are things going for you in your relationship right now?"*



Engage in a discussion about health relationships

Provide gentle education on healthy relationships

- *"Many new parents find that their relationship might change after a baby is born. It can be stressful and sometimes people don't always feel supported in the way they need."*

Create an opening for disclosure

- *"Sometimes, people may feel scared, controlled or hurt by their partner. If that ever happens to you, know that you are not alone. No one deserves to be hurt. Supports are available if you'd ever like to talk more about it."*



Sharing Scripts to Consider...



I have noticed....(or) I heard you say.....

Are there any immediate health concerns, you would like to share with me

I am concerned about you and your safety. Would it be helpful for you to talk to me about what has been happening?

In my experience as a nurse, sometimes when women have these concerns, they are related to feeling not safe in their relationships.

IPV is common and affects many people, we often ask about these experiences.

Are there times when you are fearful? Are there times you worry about your safety?

IPV isn't just physical – it can be financial, sexual, or emotional, including controlling behaviour.





Listen actively



Create safety:

- Use a calm tone, non-threatening body language, and a private, quiet space.

Be present:

- Give full attention — no interruptions, distractions, or judgment.

Validate emotions:

- Acknowledge their feelings (e.g., *"That sounds really hard"*) without pushing for details.

Use open, gentle prompts:

- Invite sharing (e.g., *"Would you like to tell me more?"*).

Respect control:

- Let them lead the conversation; don't rush or pressure disclosure.

Notice body language:

- Pay attention to non-verbal cues and match your responses sensitively.

Believe her:

- Accept what they share as their truth, without doubt or minimizing.

Stay grounded:

- Be aware of your own reactions to remain supportive and non-reactive.



Fear Stigma
Safety Retaliation
Confidentiality Resources
Trauma Hope
Cultural norms Hopelessness
Language
Language CAS referral
Legal concerns



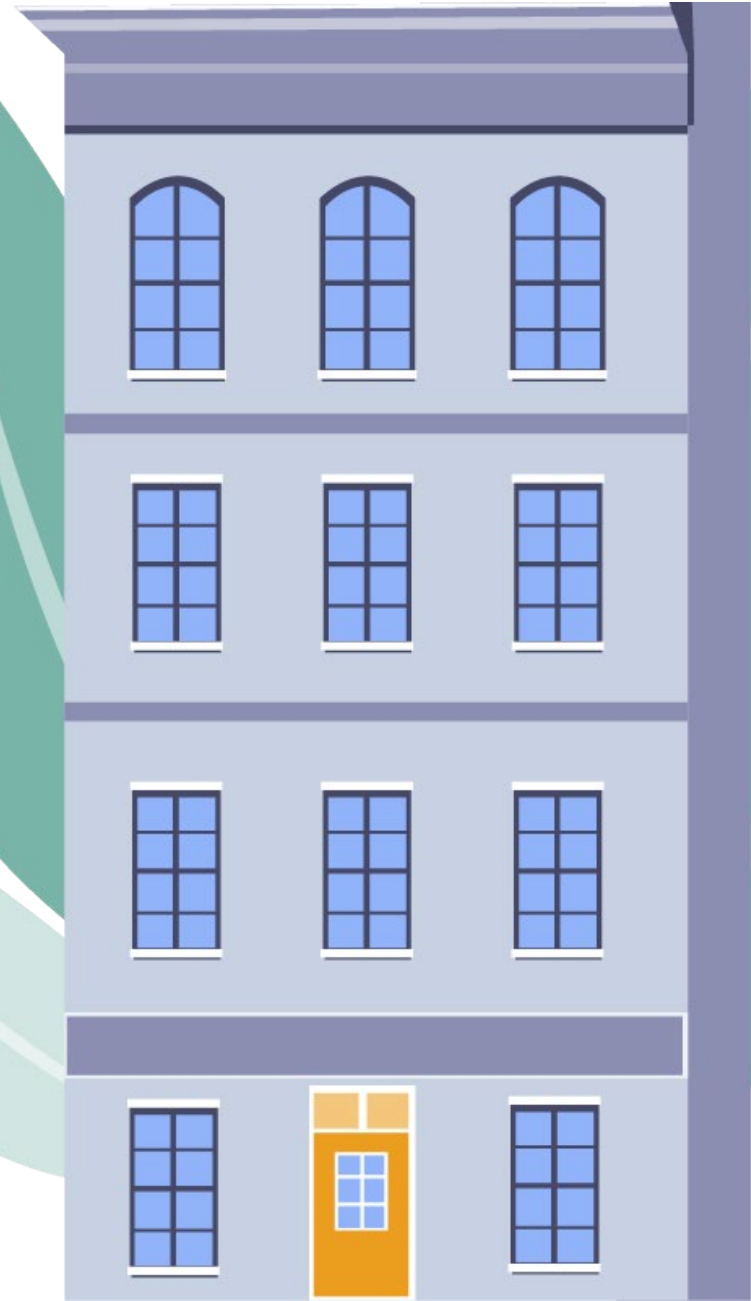
No Disclosure of IPV

RESPONSE

Reiterate concern for safety & well-being


Provide general information about community resources

Inform client of supports if future need arises





Acknowledge disclosure



Focus on
strengths

- “It took a lot of courage to tell me this”
- “Thank you for sharing your story with me”

Acknowledge
complexity of
the situation

- “Addressing abuse is a complex process. Talking like this is an important first step. The solutions to this situation will not be simple, but I can assist in thinking about next steps that make the most sense to you.”



Acknowledge disclosure



Challenge
inaccurate beliefs

- “Everybody deserves to feel safe”
- “No one deserves to be abused”



Offer support,
not advice

- “I’m taking what you have shared with me today seriously. I am here to help you identify what next steps make the most sense to you.”

Focus on
solutions

- “It sounds like you have been dealing with this type of abuse for awhile; tell me about some of the strategies you have been using to keep yourself safe.”



What not to say...



Avoidance – “Wow. That’s not good. Didn’t you want to talk about breastfeeding?”

Trying to find a silver lining; “At least your kids have a dad...”

Minimizing – “I think your partner has been stressed; it’s not like they have physically hurt you or the kids”

Giving advice – “I think this is what you should do....”

Telling a story to try to relate... “I know someone who went through something similar and here’s what happened...”

Intense emotional reaction ...where the client feels bad or consoles the health care provider



Inquire about immediate needs

Ask gently and directly

- *"Is there anything you need right now to feel safer or more supported?"*

Prioritize basic needs

- Check for needs related to food, rest, pain, baby care, or privacy.

Assess safety discreetly

- *"Do you feel safe going home?"* or *"Is there someone you trust to be with you?"*

Consider baby's well-being too

- Ask if they have concerns about the baby's care or safety.

Be aware of partner presence

- Don't ask sensitive questions when the partner or others are present.

Know your resources

- Be prepared with referral pathways (on-call social worker, crisis line, local IPV services).





Identify factors influencing needs being met



Safety & Control



Cultural & Systemic Barriers



Emotional & Mental Health



Practical Needs



Social Support



Past System Experiences



Validate current (past) experiences of IPV



You've shown so much strength by sharing this, especially during such a stressful and emotion time. I believe you.

You're doing so much right now for your baby and yourself. It's okay to feel overwhelmed or unsure. You are not alone and there are supports available when and if you are ready.





Enhance safety & offer support

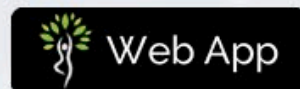
- “What are you currently doing to keep yourself safe?”
- “Are there other options for safety you would like to explore?”
- “Would you be open to me connecting you to (IPV advocate/social worker) who can work with you to address safety in your relationship?”
- Risk assessments
- Warm referrals
- Provide resources or increase awareness of resources
- Document
- Follow-up (if appropriate)



Finding support for a safe and healthy path forward

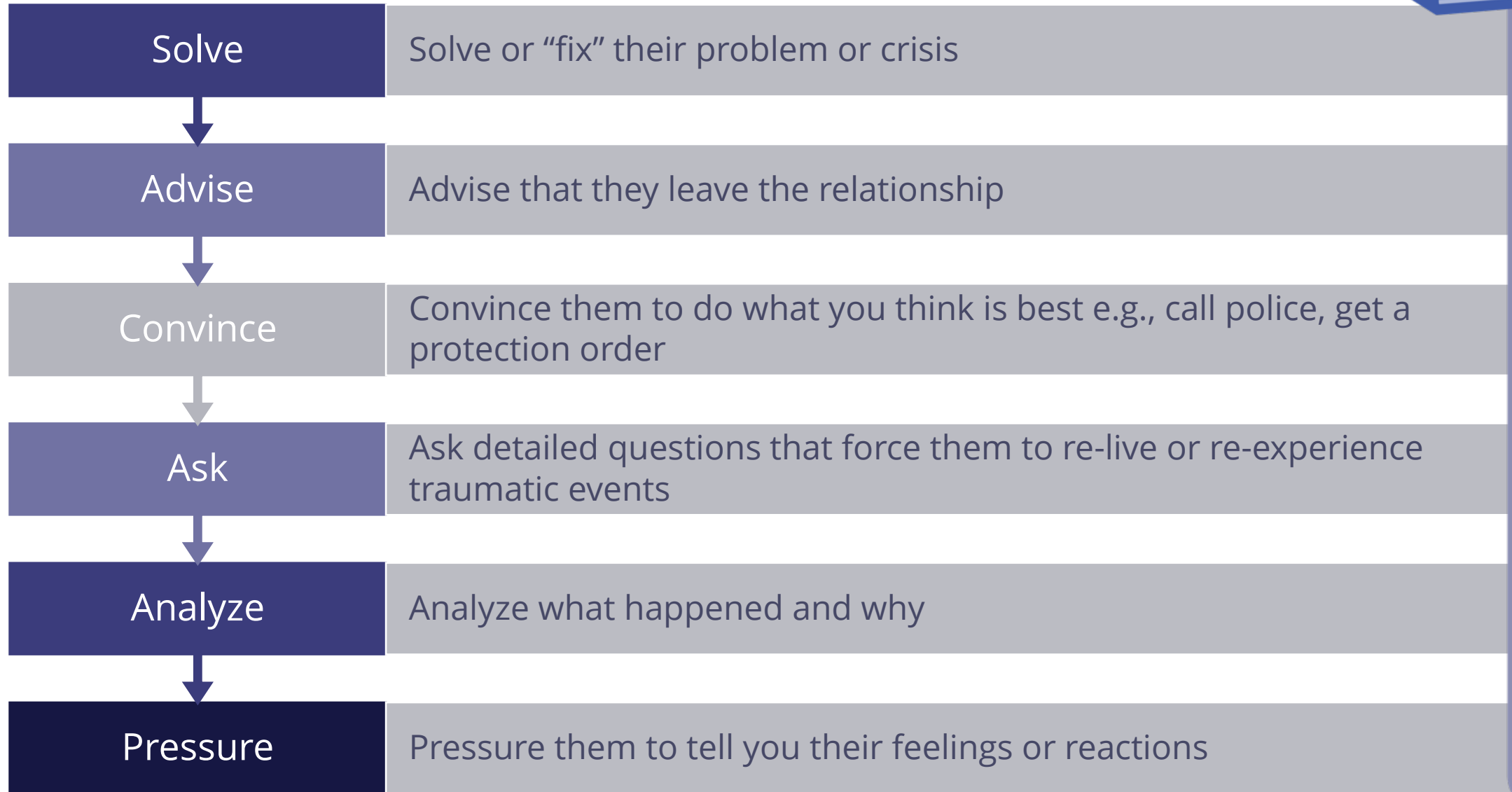
Backed by years of research and testing, the free, private and secure iHEAL app helps Canadian women who have experienced abuse from a current or past partner to find personalized ways to stay safe and be well.

<https://ihealapp.ca>





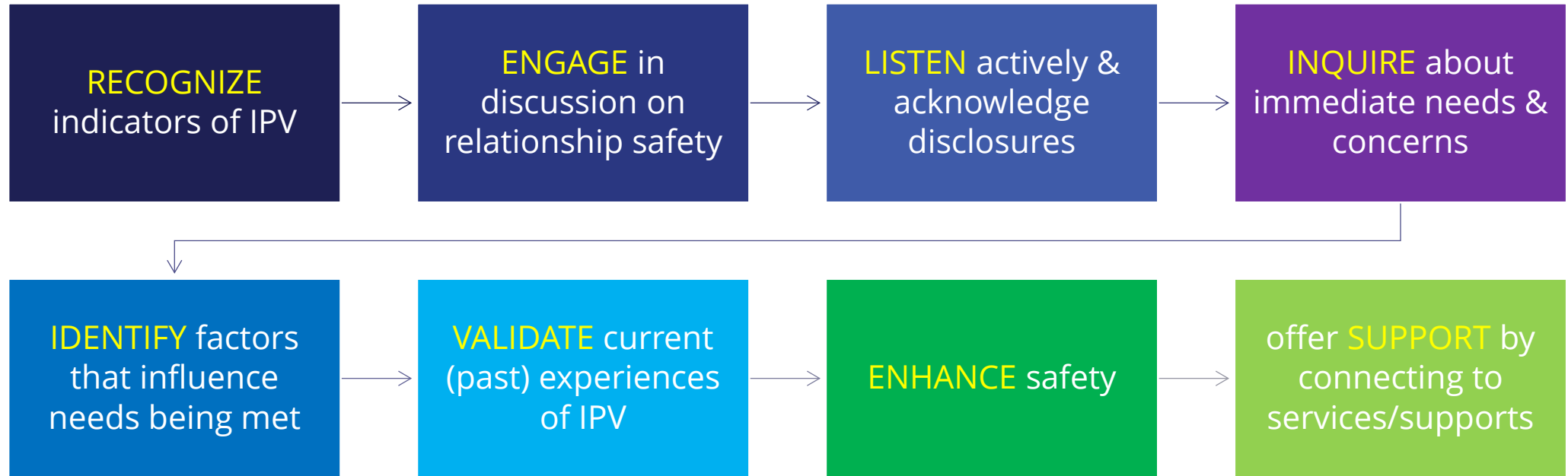
What you don't need to do...





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Future IPV-focused webinars

October 15, 2025	The health effects of intimate partner violence	Marilyn Ford-Gilboe RN PhD FCAN FAAN Arthur Labatt Family School of Nursing, Western University
November 12, 2025	iHeal App: Supporting tailored safety planning for individuals experiencing IPV	Karen Campbell RN PhD School of Nursing York University
December 10, 2025	Trauma-and violence-informed approaches to initiating and conducting risk assessments for those experiencing IPV	Annie Lewis O'Connor NP-BC, PhD, FAAN Founder & Director CARE Clinic, Brigham & Women's Hospital Harvard

THANK YOU!

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