Nurses & Nurse Practitioners of BC

Addressing Relationship Violence from a Nursing Perspective

October 2020

Background

Relationship violence (RV) is an umbrella term that means violence between two or more people that know each other. It can occur at all stages of life and across all environments including family, work, school and community. RV occurs in all countries and across all socioeconomic and social classes. More common terms used to describe RV are intimate partner violence (IPV), interpersonal violence (IVP), neglect, dating violence, family violence, battery, child neglect, child abuse, bullying, seniors or elder abuse, stalking, cyberbullying, technology-facilitated coercive control, honour killing, gang violence, and workplace violence.

The umbrella term, RV, is sometimes used to reference similarities across the different types of violence/abuse types as well as to denote distinct and important differences. All of the social determinants that have an impact on health (including -- early childhood development, education, employment and working conditions, food insecurity, gender, access to health care services, housing, income and its distribution, social exclusion, social safety net, unemployment and job security, disability [ability], geography, and immigration status) also have an impact on RV. Moreover, we know that each of these social determinants of health is inequitably experienced by different sub-groups within the wider population, including Indigenous populations and members of “racialized communities”.

Relationship violence is a major human rights violation and a public health concern with serious long-term physical and mental health consequences. RV has significant social and public health costs and increases the risk of serious physical health problems as well as psychological conditions such as PTSD and problematic substance use.

The stresses associated with the COVID-19 pandemic, including job losses and

economic setbacks, in addition to the disruption of social and safety networks and decreased access to formal services all contribute to the risk of violence, particularly against women and children. Moreover, pandemic distancing measures requiring people to remain in their homes, often under difficult conditions, places more people at increased risk for intimate partner and other forms of family violence. While some services, such as hotlines, crisis centres, sexual and reproductive health services, shelters, and other protection services may still be available in remote formats, they may paradoxically be less accessible to some persons because of lack of privacy in their homes.[1]

Nurses practice health promotion at all stages of life across multiple settings. As one of the most trusted professions, nurses are ideally positioned to address RV and play a leading role in RV prevention initiatives. Increasingly, nurses are adopting a trauma-informed approach to their care of patients who may have experienced RV or who may be at risk of such experiences. By understanding the complex effects of trauma, and by being engaged in addressing the social determinants of RV, nurses can have a meaningful impact on the lives of many.

Advice for nurses

Nurses should be aware that:

- RV is a complex issue that reflects an interplay of multiple social and structural factors.
- RV impacts individuals of all ages, genders and cultures with statistically significant percentage of that impact imposed on women, children, and Indigenous persons. Unfortunately, the increased impact also brings with it a greater risk for more severe physical and emotional punishment.
- RV can include physical harm (including honour killings/homicides), emotional, financial and spiritual abuse as well as neglect, isolation coercive control and cyberattacks.
- Violence can be perpetrated in all types of interpersonal relationships.
- Nurses have a duty to report violence and those who are exposed to family or relationship violence. In practice, reporting is often a complex matter.

Nurses should take note of:

- A previous history of abuse.
- Risk Factors for severe abuse (up to and including homicide), include:
    - Pattern of any type of domestic violence
    - Pattern of any type of abuse against other family members
    - Violence against any non-family members
    - Any type of coercive control
    - Unstable lifestyle for either the patient or their partner (unemployment, refusal to accept family responsibilities)
    - Any type of conviction that the patient's partner may have
    - Failure of a partner to comply with previous court orders
    - History of violation of human rights
    - Any escalation of frequency and severity of violence or violent acts
- Communities or environments that include:
    - Inequity and exclusivity
    - Conflict leading to poor outcomes
    - Acceptance or normalizing of violence[2]

Screening and referral:

- Create cultural safety, establish trust and ask the person in a private environment when they are alone, if they have ever been abused or believe they are at risk of being abused.
- Know your community resources and refer. You can look up resources at https://bc.211.ca/.
- Remember not to tell the person what to do such as just leave. Instead ensure the person knows:
    - It is not their fault
    - I am here to help
- Engage with your communities and services across the sector, and advocate for and participate in primary prevention initiatives.

- Strengthening strategies to prevent childhood exposure to RV including:
    - Improving young people's relationship skills
    - Supporting the development of healthy community norms and non-violent environments. On a more macro level, this includes prevention measures in legislation and policy and comprehensive data collection/monitoring systems.

Further reading and resources

- Making Sense of a Global Pandemic: Relationship Violence & Working Together Towards a Violence Free Society[3]
- BC Government Resources on Gender Based Violence, Sexual Assault, and Domestic Violence[4]
- HealthLink BC- Domestic Violence[5]
- Ending Violence Association of BC[6]
- BC Women's Hospital Resources[7]
- VictimLink BC[8]
- KPU Toolkits for addressing RV[9]
- Video on the neurological impact of trauma[10]

NNPBC wishes to thank Dr. Balbir Gurm, Faculty of Health, Facilitator NEVR, Founding Editor Transformative Dialogues, Kwantlen Polytechnic University for her work in this summary.

Please feel free to direct questions and additional comments to info@nnpbc.com.

References

1. Nurses and Nurse Practitioners of British Columbia. COVID-19 & Violence Against Women and Children. Issues Brief. Published online April 2020. Accessed February 16, 2026. https://www.nnpbc.com/pdfs/advocacy/advocacy-discussion/issues-briefs/IB-COVID-19-&-Violence-Against-Women-&-Children.pdf
2. World Health Organization. Violence Prevention: The Evidence: Series of Briefings on Violence Prevention. 2010. Accessed March 10, 2026. https://iris.who.int/server/api/core/bitstreams/986454cc-6871-40cf-bdeb-32fb0e96d58b/content
3. Gurm B, Salgado G, Marchbank J, Early Amarjit Sahota SS. Making Sense of a Global Pandemic: Relationship Violence & Working Together Towards a Violence Free Society. 2020.
4. Government of British Columbia. Gender-based violence, sexual assault, and domestic violence - Province of British Columbia. December 3, 2025. Accessed February 16, 2026. https://www2.gov.bc.ca/gov/content/safety/public-safety/domestic-violence
5. HealthLink BC. Domestic Violence. June 14, 2023. Accessed February 16, 2026. https://www.healthlinkbc.ca/healthwise/domestic-violence
6. Ending Violence BC. Need Help? Accessed February 16, 2026. https://endingviolence.org/need-help/
7. Provincial Health Services Authority. BC Women's Hospital + Health Centre. Accessed February 16, 2026. https://www.bcwomens.ca/
8. Government of British Columbia. VictimLinkBC. February 5, 2026. Accessed February 16, 2026. https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/victimlinkbc
9. Kwantlen Polytechnic University. Toolkits. Accessed February 16, 2026. https://www.kpu.ca/nevr/resources/toolkits
10. Ference J. Jan Ference: The Neurobiological Impact of Trauma. The Ending Violence Association of BC. January 15, 2018. Accessed February 16, 2026. https://www.youtube.com/watch?v=hrp1uNWZWbY