

Empowering Nurses for Effective IPV Care

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Received: 03-Jun-2025, Manuscript No. gnfs-25-173315; **Editor assigned:** 05-Jun-2025, PreQC No. gnfs-25-173315 (PQ); **Reviewed:** 19-Jun-2025, QC No. gnfs-25-173315; **Revised:** 24-Jun-2025, Manuscript No. gnfs-25-173315 (R); **Published:** 01-Jul-2025, DOI: 10.4172/2572-0899.1000342

Citation: Patel DCS (2025) Empowering Nurses for Effective IPV Care. Glob J Nurs Forensic Stud 09: 342.

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Abstract

This compilation of studies examines nurses' pivotal role in addressing intimate partner violence (IPV), highlighting persistent challenges. Nurses consistently recognize IPV as a significant issue and feel responsible to intervene. However, inadequate training, time constraints, and insufficient resources hinder their capacity. Educational interventions prove effective in enhancing nurses' knowledge, attitudes, and self-efficacy. The data emphasizes the critical need for comprehensive, standardized training, robust organizational support, and clear protocols to empower nurses and improve care for IPV survivors.

Keywords

Intimate Partner Violence; Nursing; Education; Training; Screening; Trauma-Informed Care; Healthcare; Barriers; Perceptions; Interventions

Introduction

Nurses play a critical role in addressing intimate partner violence (IPV), yet face significant barriers in their practice. This qualitative study explores primary care nurses' perspectives on IPV, revealing their crucial involvement but also challenges like a lack of specific training, time constraints, fear of offending patients, and insufficient referral resources. Effective response requires comprehensive training, interprofessional collaboration, and clear referral pathways [1].

A general lack of comprehensive and standardized IPV training within nursing curricula limits nurses' preparedness to identify, assess, and respond to IPV. A scoping review highlights the urgent need for consistent, evidence-based educational programs that en-

hance nurses' knowledge, skills, and confidence in addressing this pervasive issue [2].

Further exploration into the integration of trauma-informed care (TIC) principles into nursing practice for IPV response indicates inconsistent application despite growing recognition of TIC's importance. Nurses need more education and support to effectively implement TIC, which prioritizes safety, trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity to improve care for IPV survivors [3].

Positive impact of educational interventions is evident. A study evaluated the effect of such an intervention on nurses' knowledge, attitudes, and self-efficacy concerning IPV, demonstrating significant improvement in all three areas. This finding suggests that targeted educational programs empower nurses to more confidently and competently address IPV, underscoring the importance of ongoing training [4].

Nurse-led screening and brief interventions have proven effective in identifying IPV and improving survivors' safety and well-being, as concluded by a meta-analysis. These findings advocate for

the integration of IPV screening into routine nursing care, emphasizing the necessity of appropriate training and support for nurses [5].

A qualitative systematic review reveals nurses' perceptions and experiences, highlighting that while nurses acknowledge their role, they often feel unprepared due to insufficient training, lack of time, and emotional distress. This review stresses the importance of adequate education, organizational support, and clear protocols to bolster nurses' confidence and effectiveness [6].

In some contexts, like Ethiopia, nurses generally hold positive attitudes towards addressing IPV, but their knowledge and consistent screening practices are often inadequate. A multicenter cross-sectional study emphasizes the critical need for targeted training and educational interventions to enhance nurses' capacity to effectively respond to IPV within healthcare settings [7].

Similar challenges are found elsewhere, with healthcare professionals, including nurses, in South Africa recognizing IPV as a significant issue but confronting substantial obstacles such as lack of training, limited resources, and fear of retaliation. They express a strong need for comprehensive training, clear guidelines, and accessible referral networks to improve their response capacity [8].

Nurses are uniquely positioned for early detection and intervention in primary healthcare, yet they often lack standardized protocols and sufficient training. A scoping review advocates for clearer guidelines, enhanced education, and a supportive organizational environment to enable nurses to fulfill their crucial role in preventing and managing IPV effectively [9].

Overall, a narrative review summarizes that while nurses possess positive attitudes towards helping IPV survivors, they are often hindered by a lack of specialized training, inadequate institutional support, time constraints, and ethical dilemmas. This review stresses that comprehensive, evidence-based training and robust organizational policies are essential to empower nurses to effectively respond to IPV [10].

Description

Nurses globally acknowledge their vital role in addressing intimate partner violence (IPV), viewing it as a public health concern that necessitates intervention [1, 6]. Despite this recognition, a significant gap exists between their perceived responsibility and their actual preparedness and capacity to act effectively. Numerous studies pinpoint a consistent theme: nurses frequently feel unequipped due to a marked lack of specific and comprehensive training in IPV

within their educational curricula and ongoing professional development [2, 6, 7, 8, 9, 10]. This educational deficit directly impacts their ability to identify, assess, and respond to IPV cases with the necessary confidence and competence.

The absence of adequate training manifests in several ways, including insufficient knowledge regarding IPV dynamics, appropriate screening practices, and effective intervention strategies [2, 7]. This issue is not confined to specific regions but is observed across various healthcare settings, from primary care in Ethiopia to general healthcare professionals in South Africa [1, 7, 8]. The call for consistent, evidence-based educational programs is strong, as such interventions have been shown to significantly improve nurses' knowledge, attitudes, and self-efficacy concerning IPV [2, 4]. These programs are crucial for empowering nurses and integrating IPV screening into routine care, transforming it into a standard part of patient interaction [5].

Beyond training, nurses encounter a range of practical and systemic barriers that impede their response to IPV. Time constraints are a common challenge, making it difficult to engage in the sensitive and often lengthy discussions required for IPV disclosure and support [1, 6, 10]. Fear of offending patients or causing further distress also acts as a deterrent, alongside ethical dilemmas that can arise in complex IPV situations [1, 10]. Furthermore, a pervasive lack of institutional support, including inadequate resources for referrals and unclear referral pathways, leaves nurses feeling isolated and overwhelmed when trying to assist survivors [1, 6, 8, 10].

Implementing trauma-informed care (TIC) is seen as a crucial component for improving outcomes for IPV survivors, yet its application in nursing practice is often inconsistent [3]. TIC principles, which emphasize safety, trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity, require specific education and ongoing support for nurses to integrate effectively [3]. Without clear guidelines and a supportive organizational environment, nurses struggle to apply these principles consistently, limiting the holistic care they can provide [3, 9]. Overall, the body of evidence underscores a clear need for a multi-faceted approach, combining robust education, strong organizational policies, clear protocols, and accessible referral networks to ensure nurses can fulfill their essential role in preventing, identifying, and managing IPV [1, 6, 8, 9, 10].

Conclusion

Nurses play a pivotal role in addressing intimate partner violence (IPV), recognizing it as a critical public health issue. However, nu-

merous studies consistently highlight significant barriers that impede their effectiveness. A primary challenge is the pervasive lack of comprehensive and standardized training on IPV within nursing education and ongoing professional development. This results in inadequate knowledge, inconsistent screening practices, and a general feeling of unpreparedness among nurses to identify, assess, and respond to IPV cases. Beyond training deficits, nurses face practical obstacles such as time constraints, fear of offending patients, emotional distress, and ethical dilemmas. Systemic issues like insufficient institutional support, limited referral resources, and unclear protocols further exacerbate these challenges. While nurses generally exhibit positive attitudes towards helping IPV survivors, their capacity is often hindered. Research indicates that targeted educational interventions can significantly improve nurses' knowledge, attitudes, and self-efficacy. There is a strong call for evidence-based training, clear guidelines, interprofessional collaboration, and robust organizational policies to empower nurses, integrate IPV screening into routine care, and effectively implement trauma-informed care principles, ultimately enhancing support for IPV survivors.

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