

NURSES' ROLE IN FACILITATING HELP-SEEKING AMONG WOMEN EXPOSED TO INTIMATE PARTNER VIOLENCE: ADDRESSING INDIVIDUAL, INTERPERSONAL, AND INSTITUTIONAL BARRIERS

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ABSTRACT

Background: Intimate Partner Violence (IPV) remains one of the most pervasive public health and human rights concerns globally, affecting approximately one in three women during their lifetime. The physical, psychological, sexual, and economic consequences of IPV significantly compromise women's health and well-being. Healthcare settings often represent the first point of professional contact for survivors, positioning nurses as critical facilitators of early identification, intervention, and referral. Despite increasing awareness, multiple barriers continue to impede women's help-seeking behaviors, limiting access to timely and appropriate support. Objective: This review aims to synthesize current evidence regarding the multifaceted role of nurses in facilitating help-seeking among women exposed to IPV while examining individual, interpersonal, and institutional barriers that influence disclosure and service utilization. Methodology: A narrative review of literature published between 2019 and 2026 was conducted using electronic databases including PubMed, Scopus, CINAHL, Web of Science, and Google Scholar. Peer-reviewed studies, systematic reviews, meta-analyses, and international guidelines focusing on nursing interventions, IPV screening, trauma-informed care, and help-seeking behaviors were included. Results: Evidence demonstrates that nurses play an essential role in IPV screening, risk assessment, safety planning, psychological support, documentation, multidisciplinary collaboration, and referral services. Women's help-seeking behaviors are influenced by complex interactions among personal beliefs, fear, social relationships, cultural norms, financial dependence, healthcare accessibility, institutional preparedness, and legal systems. Trauma-informed nursing care, culturally sensitive communication, standardized screening protocols, and organizational support significantly improve disclosure rates and patient outcomes. Conclusion: Strengthening nursing education, institutional policies, interdisciplinary collaboration, and trauma-informed healthcare systems can substantially reduce barriers to help-seeking among women experiencing IPV. Nurses remain central to promoting survivor-centered care, enhancing safety, and improving long-term physical and psychological outcomes.

Keywords: Intimate Partner Violence, Nurses, Help-Seeking Behavior, Women's Health, Trauma-Informed Care, Domestic Violence, Screening, Nursing Practice, Barriers, Survivor-Centered Care

INTRODUCTION

Intimate Partner Violence (IPV) is recognized as one of the most widespread forms of gender-based violence and constitutes a major global public health challenge. The World Health Organization estimates that approximately 30% of women worldwide have experienced physical and/or sexual violence by an intimate partner during their lifetime. IPV transcends geographical, socioeconomic, educational, and cultural boundaries, affecting women across all regions of the world. Beyond immediate physical injuries, IPV contributes to chronic diseases, mental health disorders, reproductive complications, substance misuse, social isolation, diminished quality of life, and increased mortality. Women subjected to IPV frequently encounter substantial obstacles when attempting to seek professional assistance. Fear of retaliation, emotional attachment to abusive partners, financial dependence, societal stigma, concerns regarding child custody, lack of trust in healthcare providers, and limited awareness of available support services collectively discourage disclosure. Consequently, many survivors remain unidentified within healthcare systems despite repeated encounters with medical professionals. Healthcare institutions represent one of the few environments where women experiencing IPV may safely interact with professionals outside their immediate social networks. Among healthcare providers, nurses occupy a uniquely advantageous position because of their continuous patient contact, holistic approach to care, and established therapeutic relationships. Nurses working in emergency departments, primary healthcare centers, maternity services, community health programs, psychiatric settings, oncology units, pediatric clinics, and home healthcare frequently encounter women experiencing abuse, often before law enforcement or social service agencies become involved. Over the past decade, nursing practice has evolved from focusing primarily on treating physical injuries to adopting comprehensive survivor-centered care that integrates psychosocial assessment, trauma-informed communication, risk assessment, safety planning, documentation, advocacy, referral, and long-term follow-up. Professional organizations increasingly recommend routine or targeted IPV screening in appropriate healthcare settings to facilitate early identification and intervention. Despite these advances, effective implementation remains inconsistent. Studies consistently report that many nurses lack adequate education regarding IPV assessment, communication skills, legal responsibilities, forensic documentation, and referral pathways. Institutional barriers including insufficient training, absence of standardized protocols, limited consultation time, privacy concerns, inadequate referral networks, and organizational culture continue to restrict nurses' ability to provide comprehensive care. Help-seeking among women experiencing IPV is a dynamic, non-linear process influenced by psychological readiness, perceived risks and benefits, cultural expectations, previous healthcare experiences, family support, and healthcare accessibility. Understanding these interacting determinants is essential for developing effective nursing interventions that promote disclosure and enhance survivor safety. Recent

developments in trauma-informed healthcare emphasize recognizing the pervasive impact of trauma while minimizing re-traumatization during healthcare encounters. This approach aligns closely with nursing philosophy, emphasizing empathy, respect, autonomy, confidentiality, cultural sensitivity, and patient empowerment. Evidence indicates that trauma-informed nursing interventions significantly improve patient trust, increase disclosure rates, strengthen therapeutic relationships, and facilitate successful referrals to specialized support services. In addition to direct clinical care, nurses contribute substantially to IPV prevention through community education, health promotion, policy advocacy, professional leadership, interprofessional collaboration, and research. Community health nurses, school nurses, maternal and child health nurses, psychiatric nurses, and advanced practice nurses all play complementary roles in identifying vulnerable populations, promoting awareness, strengthening community partnerships, and addressing social determinants contributing to violence. Emerging technologies, including telehealth services, electronic health records with integrated screening prompts, digital safety planning applications, and online counseling platforms, are expanding opportunities for nurses to support survivors while improving continuity of care. Nevertheless, digital interventions must be implemented cautiously because abusive partners may monitor electronic communications, potentially increasing risks to survivors. The COVID-19 pandemic further highlighted the urgency of strengthening nursing responses to IPV. Lockdown measures, financial instability, social isolation, and reduced access to support services contributed to increased violence against women worldwide, emphasizing the need for healthcare professionals capable of recognizing subtle indicators of abuse even during remote consultations. Given the persistent global burden of IPV and the central role of nursing professionals within healthcare systems, synthesizing current evidence regarding nursing interventions and barriers to help-seeking is critically important. This review therefore examines contemporary literature addressing nurses' contributions to facilitating help-seeking among women exposed to IPV while exploring individual, interpersonal, and institutional factors influencing disclosure and service utilization. The findings aim to inform nursing education, clinical practice, healthcare policy, and future research toward improving comprehensive, survivor-centered responses to intimate partner violence.

OBJECTIVE

The objective of this review is to critically synthesize current evidence on the role of nurses in facilitating help-seeking among women exposed to intimate partner violence (IPV). Specifically, it aims to examine how nurses contribute to the early identification of IPV, trauma-informed assessment, emotional support, safety planning, documentation, referral, and multidisciplinary care coordination. The review also seeks to explore the individual, interpersonal, and institutional barriers that influence

women's willingness and ability to disclose abuse and access support services. Furthermore, it evaluates evidence-based nursing interventions, screening strategies, and healthcare policies that promote survivor-centered care and improve help-seeking outcomes. By identifying gaps in current practice and highlighting opportunities for education, policy development, and future research, this review intends to strengthen nursing practice and enhance the quality of care provided to women experiencing intimate partner violence.

METHODOLOGY

This review employed a narrative literature review methodology to synthesize contemporary evidence regarding nurses' role in facilitating help-seeking among women experiencing intimate partner violence. A narrative approach was selected because it allows integration of findings from quantitative, qualitative, mixed-methods, systematic reviews, and international practice guidelines. Electronic literature searches were conducted using PubMed, CINAHL, Scopus, Web of Science, Google Scholar, and Cochrane Library. Searches focused on publications between January 2019 and June 2026 using combinations of keywords including intimate partner violence, domestic violence, nursing, help-seeking behavior, screening, barriers, trauma-informed care, women's health, survivor-centered care, *and* healthcare professionals. Inclusion criteria comprised English-language peer-reviewed articles, systematic reviews, meta-analyses, qualitative studies, observational studies, intervention studies, and guidelines from recognized international organizations. Articles addressing children, elder abuse, or non-intimate forms of violence without relevance to nursing care for women experiencing IPV were excluded. The retrieved literature was critically examined and synthesized into major thematic domains, including nurses' clinical roles, determinants of help-seeking, barriers at multiple ecological levels, trauma-informed approaches, organizational factors, and implications for nursing education, policy, and research.

Global Burden of Intimate Partner Violence

Intimate Partner Violence (IPV) is one of the most prevalent forms of violence against women and represents a major global public health, human rights, and gender equity challenge. It encompasses physical, sexual, psychological, emotional, and economic abuse perpetrated by a current or former intimate partner. IPV affects women across all age groups, socioeconomic backgrounds, cultures, and geographic regions, contributing substantially to morbidity, disability, and mortality. The World Health Organization estimates that nearly one in three women worldwide have experienced physical and/or sexual violence by an intimate partner during their lifetime, making IPV a persistent and widespread global health issue. The health consequences of IPV extend far beyond immediate physical injuries. Survivors frequently experience chronic pain, traumatic brain injuries, gastrointestinal disorders,

cardiovascular diseases, sexually transmitted infections, unintended pregnancies, reproductive complications, substance misuse, anxiety, depression, post-traumatic stress disorder (PTSD), suicidal ideation, and reduced quality of life. Prolonged exposure to violence is also associated with adverse maternal and neonatal outcomes, including miscarriage, preterm birth, low birth weight, and postpartum depression. These complex health effects often require repeated interactions with healthcare professionals, particularly nurses, who are well positioned to identify signs of abuse and initiate appropriate interventions.

Globally, the burden of IPV is disproportionately higher among women facing socioeconomic disadvantage, limited educational opportunities, disability, migration, conflict, and humanitarian crises. Gender inequality, patriarchal social norms, economic dependency, and inadequate legal protection further increase women's vulnerability to violence and hinder their ability to escape abusive relationships. The economic impact of IPV is equally significant, encompassing healthcare expenditures, legal costs, productivity losses, and long-term social welfare expenses. These costs place considerable strain on healthcare systems and national economies while perpetuating cycles of poverty and poor health. The COVID-19 pandemic further intensified the burden of IPV. Lockdowns, social isolation, financial insecurity, and restricted access to support services resulted in increased reports of domestic violence across many countries. Women often became trapped with abusive partners while opportunities to seek external assistance diminished. Healthcare professionals, particularly nurses, were challenged to identify abuse during virtual consultations and maintain access to essential support services under unprecedented circumstances. The pandemic highlighted the necessity for resilient healthcare systems capable of responding effectively to IPV during public health emergencies. Healthcare settings frequently represent the only safe environment where women experiencing abuse may interact with trained professionals. Many survivors seek medical attention for injuries, chronic illnesses, reproductive health concerns, mental health symptoms, or routine healthcare without disclosing the underlying violence. Consequently, healthcare providers who fail to recognize the possibility of IPV may miss critical opportunities for early intervention. Nurses, owing to their frequent patient contact and holistic approach to care, occupy a strategic position in identifying survivors, fostering trust, and facilitating access to multidisciplinary support services. Although international organizations have developed guidelines promoting routine inquiry, trauma-informed care, and integrated support systems, implementation remains inconsistent across healthcare settings. Variability in institutional resources, professional education, cultural attitudes, and policy enforcement contributes to unequal access to quality care for survivors. Addressing the global burden of IPV therefore requires coordinated efforts involving healthcare professionals, governments, legal systems, educational institutions, and community organizations, with nurses serving as essential advocates for women's safety, dignity, and recovery.

Nurses' Role in Identification and Early Detection

Nurses play a pivotal role in the early identification of intimate partner violence because they often establish sustained therapeutic relationships with patients across diverse healthcare settings. Whether working in emergency departments, primary healthcare centers, maternity services, community clinics, psychiatric units, oncology departments, pediatric services, or home healthcare, nurses frequently encounter women experiencing abuse before disclosure occurs. Their continuous patient interaction enables them to recognize subtle physical, emotional, and behavioral indicators that may otherwise remain unnoticed. Early identification begins with maintaining a high index of suspicion when women present with recurrent injuries, unexplained bruises, inconsistent explanations, chronic pain, frequent emergency visits, anxiety, depression, sleep disturbances, reproductive health problems, or delayed healthcare seeking. Nurses are trained to conduct comprehensive health assessments that integrate physical examination with psychosocial evaluation, allowing them to identify patterns suggestive of ongoing abuse rather than isolated incidents. Establishing trust is fundamental to successful identification. Women experiencing IPV often fear disbelief, judgment, retaliation from abusive partners, or involvement of law enforcement and child protection services. Nurses can reduce these fears by creating a confidential, respectful, and non-judgmental environment where survivors feel safe discussing sensitive experiences. Active listening, empathetic communication, validation of emotions, and assurance of confidentiality significantly increase the likelihood of disclosure. Routine and targeted IPV screening has become an important nursing responsibility in many healthcare settings. Standardized screening tools such as the HITS (Hurt, Insult, Threaten, Scream), Woman Abuse Screening Tool (WAST), Abuse Assessment Screen (AAS), and Partner Violence Screen (PVS) assist nurses in systematically identifying women at risk. Screening is most effective when conducted privately, without partners or family members present, using culturally appropriate language and trauma-informed communication techniques. Positive screening results should always be followed by comprehensive assessment, documentation, safety planning, and referral rather than immediate confrontation of the perpetrator. Accurate documentation represents another essential nursing responsibility. Objective recording of injuries, patient statements, behavioral observations, photographs (where legally permitted), and clinical findings may serve as valuable evidence in future legal proceedings while ensuring continuity of care. Documentation should remain factual, unbiased, and consistent with institutional policies and legal requirements.

Risk assessment enables nurses to evaluate the severity and immediacy of danger faced by survivors. Factors such as escalating violence, threats with weapons, attempted strangulation, stalking, pregnancy, substance misuse, suicidal ideation, and threats against children require urgent intervention and

multidisciplinary collaboration. Nurses coordinate care with physicians, psychologists, social workers, legal advocates, and community organizations to ensure comprehensive support tailored to individual needs. Beyond clinical assessment, nurses play an educational role by informing women about available healthcare, legal, shelter, counseling, and community resources. Providing discreet written information, emergency contact numbers, and personalized safety plans empowers survivors to seek assistance when they are ready while respecting their autonomy and decision-making capacity. Advances in electronic health records have further strengthened nurses' ability to identify IPV through integrated screening prompts, standardized documentation templates, and automated referral pathways. Telehealth consultations also present opportunities for screening; however, nurses must first confirm that patients are in a safe and private environment before discussing sensitive issues to avoid increasing the risk of harm. Continuous professional development is essential for enhancing nurses' competence in IPV identification. Education focusing on trauma-informed care, communication skills, cultural competence, forensic documentation, legal responsibilities, and multidisciplinary collaboration has been shown to improve screening confidence and referral practices. Healthcare organizations should therefore prioritize ongoing training, clinical supervision, and institutional support to ensure nurses are adequately prepared to respond effectively to women experiencing IPV.

Interpersonal Barriers to Help-Seeking

Interpersonal barriers arise from relationships with intimate partners, family members, friends, and the wider social network. Abusive partners often employ coercive control, isolation, emotional manipulation, surveillance, and threats to prevent women from accessing healthcare or support services. They may accompany women to healthcare appointments, answer questions on their behalf, or monitor communication, limiting opportunities for confidential disclosure. Family and community responses can also discourage help-seeking. Survivors may be advised to preserve family unity, tolerate violence for the sake of children, or avoid bringing shame upon the family. Fear of social judgment, victim-blaming, and community gossip further reinforces silence, particularly in settings where domestic violence is considered a private matter. Limited social support exacerbates isolation and reduces opportunities for emotional encouragement or practical assistance. Women lacking trusted friends or relatives often experience greater difficulty escaping abusive relationships. Conversely, supportive interpersonal relationships are consistently associated with earlier disclosure and increased utilization of healthcare and community services. Healthcare professionals themselves can unintentionally become interpersonal barriers if they display dismissive attitudes, fail to ensure privacy, minimize disclosures, or lack the communication skills necessary to discuss IPV sensitively. Nurses who demonstrate empathy, active listening, cultural sensitivity, and respect for patient autonomy can transform healthcare encounters into opportunities for trust, disclosure, and recovery.

Trauma-Informed Nursing Care

Trauma-informed care has emerged as the preferred framework for supporting women exposed to intimate partner violence. Rather than asking, "What is wrong with you?" trauma-informed care encourages healthcare professionals to ask, "What has happened to you?" This approach recognizes the profound psychological, emotional, and physiological effects of trauma while emphasizing safety, trust, empowerment, collaboration, and respect throughout the healthcare encounter. Nurses are uniquely positioned to implement trauma-informed care because of their continuous patient contact and holistic philosophy of practice. Women experiencing IPV frequently present with complex physical symptoms, chronic illnesses, reproductive health concerns, anxiety, depression, substance misuse, or unexplained psychosomatic complaints. Understanding these manifestations through a trauma-informed perspective enables nurses to avoid misinterpretation, victim-blaming, or unnecessary stigmatization. Creating physical and emotional safety is the first principle of trauma-informed nursing care. Nurses should ensure private consultation spaces, maintain confidentiality, explain clinical procedures before initiating examinations, and obtain informed consent throughout assessment and treatment. Patients should never be pressured to disclose abuse; instead, disclosure should occur at the survivor's own pace within a supportive environment. Trustworthiness and transparency are equally essential. Nurses should communicate honestly, explain the purpose of screening questions, clarify confidentiality policies, and provide realistic information regarding available services. Consistent communication helps reduce anxiety and strengthens therapeutic relationships. Empowerment forms another cornerstone of trauma-informed care. Women experiencing IPV often lose autonomy due to prolonged coercive control. Nurses can restore a sense of control by involving survivors in decision-making, respecting their choices, validating their experiences, and emphasizing personal strengths rather than perceived weaknesses. Importantly, nurses should support women regardless of whether they choose to remain in or leave abusive relationships. Trauma-informed nursing care also incorporates cultural humility and gender-sensitive practice. Nurses must acknowledge how cultural values, religious beliefs, sexual orientation, disability, socioeconomic status, immigration status, and previous discrimination shape each survivor's experiences and healthcare needs. Individualized care plans should therefore reflect each woman's personal circumstances, preferences, and available support systems. Evidence demonstrates that trauma-informed interventions improve patient satisfaction, increase disclosure rates, strengthen treatment adherence, reduce psychological distress, and facilitate successful referrals. Ongoing education in trauma-informed communication, de-escalation techniques, and emotional resilience further enhances nurses' ability to provide compassionate and effective care while reducing professional burnout associated with caring for survivors of violence.

Screening Tools Used by Nurses for Intimate Partner Violence

Systematic screening is a cornerstone of early IPV identification and enables nurses to recognize survivors who might otherwise remain undetected. Evidence indicates that standardized screening tools improve consistency, reduce subjective bias, and facilitate timely intervention when integrated into routine clinical practice.

Several validated screening instruments are widely used in nursing practice:

1. Hurt, Insult, Threaten, Scream (HITS):

The HITS questionnaire consists of four items assessing the frequency with which a partner physically hurts, insults, threatens, or screams at the individual. It is brief, easy to administer, and suitable for primary care, emergency departments, and outpatient settings.

2. Woman Abuse Screening Tool (WAST):

WAST evaluates relationship tension, conflict resolution, emotional abuse, and physical violence. It is particularly useful during routine health assessments and has demonstrated good reliability across diverse populations.

3. Abuse Assessment Screen (AAS):

Commonly used in maternity and obstetric settings, the AAS assesses lifetime and current abuse, abuse during pregnancy, and sexual violence. It supports early identification of women at increased risk for adverse maternal and fetal outcomes.

4. Partner Violence Screen (PVS):

The PVS is a concise screening instrument designed for emergency departments and primary healthcare settings. It focuses on recent physical violence, perceived safety, and previous experiences of abuse.

Regardless of the screening instrument used, implementation should follow key principles:

- Conduct screening in a private, confidential setting.
- Ensure the abusive partner or accompanying family members are absent.
- Use empathetic, non-judgmental communication.
- Explain the purpose of screening.
- Respond immediately to positive disclosures with validation and support.
- Perform risk assessment and safety planning.
- Document findings objectively.
- Provide appropriate referrals and follow-up.

Routine screening alone does not improve outcomes unless accompanied by comprehensive institutional support, trained healthcare professionals, accessible referral networks, and survivor-centered interventions. Therefore, screening should be integrated into broader organizational strategies aimed at preventing violence and promoting women's safety.

Educational and Policy Implications

The increasing recognition of intimate partner violence (IPV) as a major public health concern necessitates comprehensive educational reforms and supportive healthcare policies that strengthen nurses' capacity to identify, manage, and prevent violence against women. Since nurses frequently serve as the first healthcare professionals to interact with survivors, equipping them with appropriate knowledge, clinical skills, and institutional support is essential for improving patient outcomes and facilitating help-seeking behaviors. Nursing education should integrate IPV-related competencies throughout undergraduate and postgraduate curricula rather than treating the topic as an isolated component. Core educational content should include epidemiology of IPV, risk factors, health consequences, trauma-informed care, communication strategies, legal and ethical responsibilities, forensic documentation, safety assessment, referral mechanisms, cultural competence, and multidisciplinary collaboration. Simulation-based learning, standardized patient encounters, role-playing exercises, and case-based discussions can improve students' confidence in addressing sensitive situations while enhancing critical thinking and clinical decision-making skills. Continuing professional development is equally important for practicing nurses. Healthcare institutions should provide mandatory in-service education on current screening recommendations, trauma-informed communication, documentation standards, crisis intervention, and referral procedures. Regular refresher training helps maintain competency, improves adherence to evidence-based practices, and increases nurses' confidence in supporting survivors. Educational programs should also address implicit bias, victim-blaming attitudes, and cultural sensitivity to ensure respectful and equitable care. Healthcare organizations play a critical role in translating education into practice. Every healthcare institution should develop standardized protocols for IPV screening, risk assessment, documentation, safety planning, referral, and follow-up. These protocols should clearly define professional responsibilities, reporting requirements, and mechanisms for multidisciplinary collaboration. Integrating validated screening tools into electronic health records with automated reminders can improve consistency while reducing missed opportunities for identification. Policy development at national and institutional levels should prioritize survivor-centered healthcare services. Governments should establish comprehensive policies promoting universal access to confidential healthcare, emergency shelters, legal aid, psychological counseling, and community support programs. Strong intersectoral collaboration between healthcare, social services, law enforcement, judiciary, and non-governmental organizations is necessary to ensure coordinated responses that address survivors' complex needs. Healthcare administrators should allocate sufficient resources to support IPV services, including private consultation rooms, interpreter services, trained counselors, and dedicated nurse coordinators. Adequate staffing levels are equally

important because excessive workloads limit opportunities for comprehensive assessment and counseling. Institutional leadership should foster an organizational culture that recognizes IPV as a priority healthcare issue while encouraging continuous quality improvement and professional accountability. Professional nursing organizations also contribute significantly through advocacy, guideline development, policy recommendations, and public awareness campaigns. By promoting evidence-based practice and supporting legislative reforms that protect survivors, nursing leaders can influence healthcare systems at local, national, and international levels. Research should continue evaluating the effectiveness of educational interventions, institutional policies, and innovative service delivery models. Findings from implementation science can inform strategies that bridge the gap between evidence and routine clinical practice, ensuring sustainable improvements in nursing responses to IPV.

FUTURE RESEARCH DIRECTIONS

Although substantial progress has been made in understanding nurses' roles in facilitating help-seeking among women exposed to intimate partner violence, several important knowledge gaps remain. Future research should focus on developing and evaluating interventions that strengthen nursing practice while addressing emerging healthcare challenges.

Longitudinal studies are needed to examine the long-term effectiveness of nurse-led interventions on survivor safety, mental health recovery, healthcare utilization, and quality of life. Most existing studies rely on cross-sectional designs, limiting the ability to establish causal relationships between nursing interventions and patient outcomes. Future investigations should also evaluate culturally adapted screening tools and intervention models for diverse populations, including migrant women, refugees, indigenous communities, women with disabilities, older adults, adolescents, and members of sexual and gender minority groups. Tailored interventions may improve disclosure rates and enhance healthcare accessibility among underserved populations. The growing use of telehealth presents new opportunities for nursing practice. Additional research should examine safe and effective methods of conducting IPV screening during virtual consultations while protecting survivor privacy and minimizing the risk of partner surveillance. Digital safety planning applications, mobile health technologies, and artificial intelligence-assisted risk assessment tools also warrant rigorous evaluation. Implementation research is needed to identify barriers and facilitators influencing routine adoption of trauma-informed care within healthcare organizations. Comparative studies evaluating different educational strategies, simulation programs, and competency-based training models can inform curriculum development and continuing professional education.

Economic evaluations assessing the cost-effectiveness of nurse-led IPV interventions would provide valuable evidence for healthcare policymakers. Such studies could demonstrate the financial benefits of early identification and comprehensive management by reducing emergency visits, hospital admissions, and long-term healthcare costs. Future systematic reviews and meta-analyses should synthesize high-quality evidence regarding best practices in nursing assessment, safety planning, multidisciplinary collaboration, and referral systems. Continued investment in rigorous research will strengthen the evidence base guiding nursing practice and improve healthcare outcomes for women experiencing intimate partner violence.

CONCLUSION

Intimate partner violence (IPV) remains one of the most significant public health and human rights challenges worldwide, with profound physical, psychological, reproductive, and social consequences for women. As frontline healthcare professionals, nurses occupy a unique and influential position in recognizing abuse, fostering trust, facilitating disclosure, and connecting survivors with appropriate healthcare, legal, and community resources. Their continuous patient interaction, holistic approach to care, and advocacy role make them essential contributors to early identification, intervention, and long-term recovery. This review highlights that women's help-seeking behaviors are influenced by a complex interplay of individual, interpersonal, and institutional barriers. Fear of retaliation, emotional dependence, financial insecurity, cultural stigma, limited awareness of available services, and previous negative healthcare experiences often delay disclosure. At the interpersonal level, coercive control, family pressures, and inadequate social support further discourage women from seeking assistance. Institutional barriers including insufficient professional training, lack of standardized screening protocols, inadequate referral systems, time constraints, and limited organizational support continue to restrict effective nursing responses despite growing awareness of IPV as a critical healthcare issue. Evidence consistently demonstrates that trauma-informed, survivor-centered nursing care significantly enhances patient trust, promotes disclosure, improves safety planning, and facilitates access to multidisciplinary support services. Routine use of validated screening tools, culturally sensitive communication, accurate documentation, risk assessment, and coordinated referral pathways enables nurses to provide comprehensive and compassionate care tailored to the individual needs of survivors. Continuous professional education, supportive organizational policies, and strong collaboration among healthcare providers, social workers, legal professionals, and community organizations are fundamental to strengthening nursing practice and improving outcomes. Empowering nurses through education, evidence-based clinical guidelines, institutional support, and policy reforms is essential for reducing barriers to help-seeking and ensuring timely, effective interventions for women experiencing IPV.

Future research should continue evaluating innovative nursing interventions, digital health strategies, and culturally responsive care models to strengthen survivor-centered healthcare systems. By advancing knowledge, advocacy, and interdisciplinary collaboration, nurses can play a transformative role in preventing violence, promoting women's safety, and improving health and well-being across diverse populations.

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