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### Abstract Information

**Abstract Title:**

A Realist Synthesis: Screening Interventions for Intimate Partner Violence in Health Care Settings

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**Abstract:**

Background: Intimate partner violence (IPV) is a major public health issue and has numerous adverse consequences including mortality, physical and mental health morbidity, excess physician and emergency room visits and hospitalizations. Recent health care initiatives have focused on the screening and identification of IPV to improve early detection and referrals to health and social services. At the same time, recent systematic reviews have concluded that there is currently insufficient evidence supporting the benefits of IPV screening interventions. Missing from current reviews is evidence related to the process and practice of screening interventions by healthcare professionals in various healthcare contexts. This is an important but missing piece for policy makers, program planners, and providers within health sectors. Purpose/Objectives: To re-evaluate the evidence on program mechanisms of IPV screening and identification by health care providers, within a healthcare context, by addressing how IPV screening programs work, for whom they work, and in what circumstances. Methods: Unlike conventional systematic reviews, we utilize Ray Pawson's Realist Review approach with its focus on program mechanisms and inclusion of various types of evidence such as scholarly literature, key documents and interviews with key informants. Systematic, realist reviews can yield information about why and how interventions work to inform the design of policies and programs. Results/Outcomes: In our realist review, we identified studies on 11 programs implementing universal/routine IPV screening. We noted that programs that took a comprehensive approach to screening implementation, incorporating numerous program elements at multiple system-levels, were successful with respect to increasing IPV screening and identification rates. We found evidence of four program mechanisms that facilitated the building of provider screening self-efficacy, and subsequently increased provider screening behaviour. These four mechanisms included: immediate access to onsite/offsite referral, institutional support for IPV interventions, thorough and ongoing provider training, and effective screening protocols. These findings support an IPV screening program approach that is comprehensive and informed by a Social Cognitive theoretical framework that seeks to build provider screening self-efficacy. Further implications of these findings for IPV screening intervention planning and implementation in healthcare settings will be discussed.

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