

# Case Example: Tailoring Messages for Different KT Audiences

## ABSTRACT

**Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist-informed systematic review.**

O'Campo P, Kirst M, Tsamis C, Chambers C, Ahmad F. Soc Sci Med. 2011 Mar;72(6):855-66. Epub 2011 Jan 26.

We undertook a synthesis of existing studies to re-evaluate the evidence on program mechanisms of intimate partner violence (IPV) universal screening and disclosure within a health care context by addressing how, for whom, and in what circumstances these programs work. Our review is informed by a realist review approach, which focuses on program mechanisms. Systematic, realist reviews can help reveal why and how interventions work and can yield information to inform policies and programs. A review of the scholarly literature from January 1990 to July 2010 identified 5046 articles, 23 of which were included in our study. We identified studies on 17 programs that evaluated IPV screening. We found that programs that took a comprehensive approach (i.e., incorporated multiple program components, including institutional support) were successful in increasing IPV screening and disclosure/ identification rates. Four program components appeared to increase provider self-efficacy for screening, including institutional support, effective screening protocols, thorough initial and ongoing training, and immediate access/referrals to onsite and/or offsite support services. These findings support a multi-component comprehensive IPV screening program approach that seeks to build provider self-efficacy for screening. Further implications for IPV screening intervention planning and implementation in health care settings are discussed.

## MESSAGES

GENERAL PUBLIC: Improving receptivity

**Universal screening is a good idea:** “Sometimes it takes a direct question, asked in a safe place, to encourage a victim of abuse to come forward and seek help. In health care settings, screening everyone for IPV can help identify victims and refer them to services.”

HEALTH CARE STAFF: Improving compliance

**Your role in screening is important:** “Health care settings are good places to screen for abuse: health care providers have a unique opportunity to ask all patients if they’re being abused by a partner, and can help connect victims with needed services.”

HEALTH POLICY MAKERS: Encouraging implementation

**The evidence supports screening:** “Until now, policy-makers felt that there wasn’t enough evidence to start regularly asking all female patients if they’re facing abuse. Our findings represent a major reversal in thinking: universal IPV screening can be very effective in health care settings, when the right supports are put in place for staff.”

HEALTH CARE LEADERSHIP: Improving implementation

**Your organizational support affects outcomes:** “Universal IPV screening can be very effective in health care settings, but only when the right supports are put in place for staff. Supports such as ongoing training and clear endorsement from executives can affect whether victims are identified and referred to services.”

RESEARCHERS: Improving research

**Focus on IPV screening outcomes, not IPV reduction:** “Several prior systematic reviews focused on whether universal screening can reduce IPV, and concluded that it wasn’t effective. However, IPV reduction is a complex process – an effective screening program is only the first step. Therefore, we focused instead on specific, screening-related outcomes like disclosure and referral to interventions. Our results were different from prior reviews.”

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