Objective To assess the factors associated with the readiness to screen for IPV among care providers at Aminu Kano Teaching Hospital, Kano hospital, Nigeria.

Method Readiness was measured using the Domestic Violence Healthcare Providers survey instrument, which measures grade of perceived self efficacy in screening for IPV, fear for victim/provider safety, access to system support to refer abused victims, professional roles resistant/fear of offending clients and blaming the victim for being abused.

Results Social workers perceived a higher self-efficacy and better access to system support networks to refer victims than peers in other occupation categories. Female care providers and doctors were less likely to blame the victim than males and social workers respectively. Younger care providers, of Yoruba ethnicity and social workers were less likely to perceive conflicting professional roles related to screening than older providers, of Hausa ethnicity and doctors respectively.

Conclusion The preparedness of healthcare providers is important in screening for IPV, findings that informs interventions and further research.

0569 HEALTHCARE PROVIDERS READINESS TO SCREEN FOR INTIMATE PARTNER VIOLENCE IN NORTHERN NIGERIA

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Introduction Screening for intimate partner violence (IPV) against women within healthcare has been advocated and practiced as routine in high income countries. However, screening for IPV against women in sub-Saharan African context is limited or none at all.