

Domestic Violence

Parallel Wed 1.5

387 EVALUATING INTIMATE PARTNER VIOLENCE IN PREGNANCY AND STILLBIRTHS IN A COMMUNITY SETTING IN PAKISTAN

¹Khaila Khatlani, ²Iqbal Azam, ³Muhammad Baqir, ¹Amber Mehmood, ²Omrana Pasha. ¹Johns Hopkins International Injury Research Unit, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; ²Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan; ³Department of Emergency Medicine, Aga Khan University, Karachi, Pakistan

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Background Intimate partner violence (IPV) is a public health challenge and knowledge about relationship between intimate partner violence (IPV) during pregnancy and stillbirths is limited. We assessed the relationship of IPV during pregnancy and stillbirths, at a community level, in Pakistan.

Methods Using 1:2 case-control ratio, 256 cases (women delivering singleton stillbirths) and 539 controls (women delivering singleton, term live births) were selected from the Global Network for Women's and Children's Health Research Registry in Pakistan and individually matched on parity, in a matched, case-control community-based study. Trained female data collectors assessed IPV using WHO questionnaire "Multi-country Study on Women's Health and Life Experiences Questionnaire", between February and May 2014. Multivariable conditional logistic regression model determined the association between IPV in pregnancy and stillbirths, while adjusting for covariates.

Results The association of physical and psychological IPV in pregnancy with stillbirths was modified by maternal age. Women aged 25–34 years, delivering stillbirths, were 4 times more likely to experience physical IPV during index pregnancy, compared with their counterparts delivering live births (Matched adjusted odds ratio –MAOR = 4.1 [95% CI: 1.5–11.2]); after matching on parity and adjusting for women's education, working status, prior stillbirths, major antepartum haemorrhage, hypertensive disease, fetal malpresentation, obstructed/prolonged labour, severe pre-eclampsia/eclampsia, birth attendant and mode of delivery. Psychological IPV was negatively associated with stillbirths, in women younger than 25 years (MAOR = 0.2 [95% CI: 0.03–0.9]). Sexual IPV in pregnancy was not associated with stillbirths.

Conclusions Mid-reproductive age women delivering stillbirths, are more likely to experience physical IPV in pregnancy. Our findings are concerning and call for screening of women for violence during their antenatal visits.

388 INTIMATE PARTNER VIOLENCE AND ASSOCIATIONS WITH RISK BEHAVIOURS AMONG YOUTH IN THE SLUMS OF KAMPALA

¹Rachel Culbreth, ¹Monica Haavisto Swahn, ¹Laura Salazar, ²Rogers Kasirye, ³Tina Musuya. ¹Georgia State University School of Public Health, Atlanta, Georgia; ²Uganda Youth Development Link, Kampala, Uganda; ³Center for Domestic Violence Prevention, Kampala, Uganda

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Background Intimate partner violence (IPV), defined as physical, emotional, or sexual violence against a partner, is an important public health issue globally. However, there is scarce data on intimate partner violence among vulnerable youth living in the slums in Kampala, Uganda. The purpose of this analysis is to examine the factors associated with IPV among youth living in a high-risk setting.

Methods Analyses are based on a cross-sectional study conducted in spring of 2014. Participants comprised a convenience sample (N = 1,134) of urban service-seeking youth living on the streets or in the slums, 12–18 years of age who were participating in a Uganda Youth Development Link drop-in centre. Bivariate and multivariate analyses were conducted to examine factors associated with IPV.

Results Among youth who currently had a boyfriend or girlfriend, 32.5% experienced or initiated IPV. Among those who experienced or initiated IPV, 26.4% forced their partner to have sex with them, 76.3% admitted to physically hurting their partner, and 80.0% stated their partner physically hurt them. Experiencing or initiating IPV was associated with parental drunkenness (AOR 2.00; 95% CI: 1.41–2.83) and observing parental physical violence towards each other (AOR 2.28; 95% CI: 1.54–3.37). IPV was also associated with having any sexually transmitted disease (AOR: 1.58; 95% CI: 1.09–2.31) and having suicidal ideations (AOR 2.82; 95% CI: 1.89–4.20).

Conclusions Levels of IPV victimisation and perpetration very high in this population and warrant urgent attention. Risk factors for IPV need to be integrated in services to address the specific social and environmental challenges that these youth are facing.

389 IMPROVING HEALTH PROFESSIONALS' SAFETY RESPONSES TO INTIMATE PARTNER VIOLENCE: DEVELOPMENT OF A THEORY OF CHANGE MODEL

Caroline Bradbury-Jones, Julie Taylor, Jayne Parry. University of Birmingham, UK

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Background. Intimate Partner Violence (IPV) is a universal problem and is considered a significant public health issue. Health professionals are in an ideal position to recognise and respond to IPV and improve safety of those experiencing IPV. But there is significant evidence that they do not always respond appropriately. Previous empirical work has suggested that increasing health professionals' awareness, recognition and empowerment in relation to IPV may positively influence their safety responses. As yet however the mechanisms for how this might work have not been explored.

Methods Using methods and tools from the field of Theory of Change, we undertook a structured, six step analysis. Theory of Change involves a back-mapping (filling the gaps) from intended outcomes (improved IPV safety responses) to key domains considered to be important, i.e. awareness, recognition and empowerment. The aim of the process was to identify the requirements to bring about change in safety responses.

Results We identified the requirements for each of the three domains: 1) Awareness (Enhancing understanding, increasing confidence, dispelling myths and stereotypes); 2) Recognition (Establishing trusting relationships, creating opportunities for disclosure); 3) Empowerment (Increasing likelihood of disclosure, appropriate support and referral). Each requirement area has a

corresponding set of actions for safe practice. These cluster around four important areas: Education, training and clinical supervision; Interpersonal relationships; IPV enquiry; Safety planning.

Conclusions In this presentation we will explore the important mechanisms through which health professionals' responses to IPV can be improved. The presentation will appeal to delegates interested in the relationship between health care, violence and IPV safety planning.

390 INTIMATE PARTNER VIOLENCE: TURKEY'S FEMICIDE PROBLEM

¹Nesrin Çilingiroğlu, ²Nüket Paksoy Erbaydar. ¹Prof. Dr. Hacettepe University Faculty of Medicine Department of Public Health Sıhıyye 06100 Ankara Turkey; ²Assoc. Prof. Dr. Hacettepe University Faculty of Medicine Department of Public Health Sıhıyye 06100 Ankara Turkey

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Background Throughout Turkey, violence that women have been subjected to is still widespread. Murder of women or femicide involve intentional-murder-of-women because they are women and increasing worldwide as it is in Turkey. In spite of juristic-regulations and precautions made to prevent violence against women, femicide in Turkey has not stopped-proof that the problem is structural in-nature. Collecting correct-data on femicide is challenging, largely because police and medical-data-collection-systems on homicide often do not have satisfactory-information or do not report the victim-perpetrator relationship or the motives, let alone gender-related motivations for murder. The study objective is to collect data on number and some characteristics of femicide in 2012 in the newspapers and compare the numbers them with other available data.

Methods 2012 issues of four top-newspapers from different media-agencies are reviewed. For every femicide a file-created, and collected-data from four-newspapers merged according to the 37 items of data-collection-sheet.

Results 202 femicide cases were found. Of the victims 31.7% were aged 25–34, 43.1% were married, 59.4% had children, 4% were pregnant. Of the perpetrators, 26.7% were aged 25–34, 56.9% were married, 48.5% had children, 41.1% were the victim's-husband, 7.4% were the victim's-separated-spouse, 5.9% were the victim's-ex-husband, 19.3% were victim's-boyfriend and 4.5% were victim's-ex-boyfriend. Of the femicides, 33% had discord, 18.4% had violence, 9.4% had intimidation-history. 8.9% of women demanded police-protection. Firearm use was 44.2%, and 54.5% cases' place of death was home.

Conclusions A huge gap between existing laws and what is happening in reality and femicide which is a common criminal problem in Turkey. But data is not consistent. In 2012, according to newspapers 202, Ministry of Family and Social Policies 145, woman organisations 210 femicide were detected mainly due to the definition-differences. In spite of the limitations, newspapers are the only accessible-source at the national-level. The penalties of the Law (Protection-of-the-Family-and-the-Prevention-of-Violence-against-Women) are not a deterrent force and in spite of juristic regulations and precautions made to prevent violence against women, femicide in Turkey has not stopped-proof that the problem is structural in nature. Thus, ending this problem requires additional reforms and the establishment of new sustainable policies with the ultimate aim of reconstructing society.

391 RISK FACTORS OF INTIMATE PARTNER VIOLENCE (IPV) OF THAI WOMEN

Siriwan Grisurapong, Mahidol University, Thailand

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Background IPV is a global concern and have a devastating effect on women. In order to understand its underlining causes, many studies tried to determine risk factors which make some women vulnerable to IPV. Determining risk factors, which are direct causes of IPV, or identifying common characteristics of victims to target services, can assist in designing effective IPV prevention programs. This study aimed to analyse risk factors of IPV in Thai women.

Methods A province in the central part of Thailand was selected to be the site for this study. A random sample of women in the reproductive age group in the province was conducted. In total, 299 women participated in an interviewer-administered survey during October 2010 – March 2011. Interviewers were nurses and social workers who had been trained in interviewing techniques. Data on socioeconomic characteristics, types and experience of IPV, attitude towards traditional gender roles, partners having extra marital sexual relations, pleasure in sexual intercourse and issues relating to formal marriage were collected. Multivariate regression analysis was employed to identify risk factors influencing IPV scores.

Results Approximately 14% of women in this study experienced physical or sexual violence. There was no significant difference in socioeconomic characteristics of women who experienced IPV versus no experience. Responses of being humiliated, scolded, beaten, pushed, forced sex were 22.6%, 11.3%, 8%, 12.8% and 4% respectively. Experience of physical abuse, sexual abuse and partners having extra marital sexual relations were significantly associated with IPV scores (the standard coefficients = 0.312, 0.424 and –0.192) ($p = 0.00$). Adjusted R square = 0.41.

Conclusions Screening to identify risk factors in Thai women can assist in intervention designs to prevent IPV. Including factors at other levels (e.g. policy and laws etc.) should also be considered for a comprehensive intervention design.

Arctic Safety

Parallel Wed 1.6

392 LOW HAND TEMPERATURES CAN BE A RISK FACTOR IN ARCTIC SURFACE MINING

^{1,2}Hannu Rintamäki, ¹Sirkka Rissanen, ¹Satu Mänttari, ¹Juha Oksa, ¹Kirsi Jussila, MineHealth Research Group. ¹Finnish Institute of Occupational Health, Oulu, Finland; ²Research Unit of Biomedicine, University of Oulu, Finland

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Background Human body responses to cold exposure by decreasing circulation in skin, arms and legs to prevent heat loss. Hands and feet are especially vulnerable to cooling as their own heat production is minimal and their heat balance depends almost totally on the heat transported by circulation. The thermal insulation of handwear is usually smaller than that in footwear, as manual performance is decreased by thick and clumsy handwear. As a result, cold hands are a common problem in outdoor work. Cooling of hands decreases manual performance and tactile sensitivity