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

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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.

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

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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

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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