

methods that can be used to most effectively answer research questions pertaining to interactions between vehicles and pedestrians as well as other vulnerable road users in the future.

Interpersonal Violence

Parallel Tue 1.4

251 STRENGTHENING HEALTH SYSTEM RESPONSE TO GENDER-BASED VIOLENCE – ENVIRONMENTAL SCAN IN 6 EU COUNTRIES

¹Diana Rus, ¹Elena Bozdog, ²Lodewijk Pas, ³Ulrike Janz, ³Marion Steffens, ⁴Marc Nectoux, ⁴Mathilde Sengoelge, ⁵Kelly Blank, ⁵Maria Rösslumer. ¹Center for Health Policy and Public Health, Babes-Bolyai University, Romania; ²Academic Centre of General Practice, University of Leuven, Belgium; ³GESINE-Netzwerk Gesundheit Germany; ⁴Psytel, France; ⁵Austrian Womens Shelter Network, Austria

10.1136/injuryprev-2016-042156.251

Background Health care systems remain a key entry point for support and care for survivors of gender-based violence (GBV), yet their involvement in disclosure and referral remain low. Some of the reasons may be lack of referral systems and/or lack of training and resources.

Methods An environmental scan was conducted as part of the EU funded IMPLEMENT project in six European countries (Austria, Bulgaria, France, Germany, Italy, Romania) to orient the implementation of health system capacity building seminars aiming to empower health care providers in increasing specialised support to survivors of GBV. The environmental scan focused on identifying baseline information on leadership, infrastructure and capacity of the health care system where the seminars were to be implemented, i.e. in one setting (emergency departments and obstetric clinics) in each participating country.

Results In France, Italy and Germany, certain health providers already receive some training on GBV and victim protection during their residency or medical/nursing school, but in Austria and Bulgaria there is no specific training. In Romania, only resident doctors receive 1–2 hours training on risk assessment of GBV victims, as there is a referral system that allows early identification and rapid response to GBV. In Austria, Bulgaria and Germany there is no referral system in place yet, while in France and Italy, similar to Romania, there is a system but only for cases participating in the project. Networks of GBV prevention practitioners that could provide support for implementing referral systems were identified in all participant countries.

Conclusions The implementation of a direct referral system between health professionals and specialised GBV services creates the link needed to strengthen the health system response to gender-based violence in the EU. Examples of effective referral system are well needed in order to reduce the burden of GBV.

252 NATIONAL FRAMEWORK FOR COLLABORATIVE POLICE ACTION TO INTIMATE PARTNER VIOLENCE (IPV) IN CANADA

¹Carmen Gill, ²Leanne Fitch. ¹University of New Brunswick, Canada; ²Fredericton Police Force, Canada

10.1136/injuryprev-2016-042156.252

Background The Canadian Observatory on the Justice System's Response to Intimate Partner Violence (IPV) is an international network of academics, governments, and community-based organisation providing enhanced understanding of how justice responses to IPV operate. Since 2007 the Canadian Observatory conducted policy reviews; engaged governments in dialogue to share data collection strategies and facilitate research collaborations; and developed mechanisms to mobilise knowledge. In 2012, the Canadian Observatory initiated a reflection on police intervention in IPV situations that led to create a national dialogue on police practices and to provide evidence-based research on police response to IPV. In this perspective a national think tank was held in June 2014 with 35 ranking police from across Canada to discuss best practices implemented in different Canadian communities in regards to intimate partner violence. The event led to the creation of a working group of experts that is developing a national framework on police proaction and intervention to IPV.

Description In June 2015, the group of experts comprised of researchers, communities and police agencies met to determine the different steps for the development of a national framework. The creation of a national framework will provide: A foundation for consistent language, standards and policy for Canadian Police Agencies, to guide police *proaction* and intervention on IPV; Resources for collaborative education, prevention, intervention, and supports for victims, abusers and communities; The creation of visual and narrative reference model on proactive IPV response to be used by all Canadian police. The group of experts is to complete their work by the end of March 2016.

Results The development of a national framework encompasses a dialogue with police forces, communities and academics, including working sessions with the group of experts, consultations with community stakeholders, police forces and other professionals involved in the area of IPV intervention. In this presentation, we will discuss the process that led to the development of a national framework on Proactive Community-Policing Responses to IPV in Canada and how such process led to a supported dialogue among police agencies on the issue.

253 NEW LEGISLATION IN FINLAND – STATE FUNDING FOR SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE

Helena Ewalds. National Institute for Health and Welfare, Finland

10.1136/injuryprev-2016-042156.253

Background (issue/problem) The roots of the shelter movement in Finland are strongly connected to child protection. Federation of Mother and Child Homes and Shelters opened the first Shelters in 1979. The service was primarily targeted for women with children.

Description of the problem Earlier it was up to the municipality if they had money to send a victim of domestic violence to a shelter or not. It was not an obligation for the municipality because we had no legislation on shelter services. Many of the shelters had financial problems to run the services. Because the services were targeted for women with children the entry of single women into shelters was not possible or was complicated.

Results (effects/changes) In 2014 the Government decided that the responsibility for the shelter services belongs with the state instead of the municipalities. The Act on reimbursement out of State funds for providers of shelters for victims of domestic violence (1354/2014) took effect on 1 January 2015. The

responsibility for financing the services provided in the shelters rests with the State. Most of the service providers are still NGOs. Now the shelters for victims of domestic violence are open for anyone – women, men and children of all ages – who has experienced acts or threatened acts of domestic violence. The shelters are open 24/7, free of charge and one doesn't need a referral. The National Institution of Health and Welfare is responsible for the national co-ordination and development of the shelter services. There are already common national quality standards drawn up together with national and local agencies and NGOs. The aim of the quality standards is to improve the quality of shelters and give uniform norms for granting a shelter license. In Finland we think this legislation is a great step forward for the State to take responsibility to help victims of domestic violence. This improvement was made thanks to the Istanbul Convention.

254 DOES ATTORNEY REPRESENTATION LEAD TO GREATER CHILD CUSTODY PROTECTIONS FOR IPV VICTIMS?

¹Mary A Kernic, ²Sherry Lipsky. ¹University of Washington, Department of Epidemiology; ²University of Washington, Psychiatry and Behavioural Sciences

10.1136/injuryprev-2016-042156.254

Background A potential intervention for improving protections awarded to IPV victims in child custody determinations is the provision of attorney representation. The aim of this study was to evaluate the effectiveness of attorney representation in gaining greater legal protections in these cases.

Methods Study subjects were couples undergoing marriage dissolution involving children who had a history of male-perpetrated IPV. IPV victims with attorney representation were propensity score matched to unrepresented victims. Key study outcomes included the parameters of the court ordered child custody and visitation awards.

Results Cases in which the IPV victim parent received legal aid attorney representation were 85% more likely to have visitation denied to the IPV abusing parent, 77% more likely to have restrictions placed on the IPV abusing parent's child visitation, 47% more likely to have treatment or program completion ordered for the IPV abusing parent, and 46% more likely to have sole decision-making awarded to the IPV victim parent relative to unrepresented comparison group cases after adjustment for confounding. Cases in which the IPV victim parent received private attorney representation were 63% more likely to have supervision of the IPV abusing parent's child visitation ordered by the court and 36% more likely to have treatment or program completion ordered by the court relative to unrepresented comparison group cases after adjustment for confounding.

Conclusions Parties involved in child custody determinations are not entitled to publicly supported attorney representation in the U.S. even among cases with a history of IPV. The examination of the effectiveness of attorney representation in improving protective outcomes among these cases has critical importance from a policy standpoint. This study provides evidence of the effect of attorney representation of IPV victims in these proceedings. A follow-up study of custody evaluations is underway, and will also be discussed.

255 SITUATION ANALYSIS ON CHILD MALTREATMENT PREVENTION IN SEVERAL SOUTH EAST EUROPEAN COUNTRIES

¹Dimitrinka Jordanova Peshevska, ²Dinesh Sethi, ³Gentiana Qirjako, ⁴Fimka Tozija, ⁵Tamara Jordanova. ¹WHO Violence Prevention Consultant, Skopje; ²WHO Regional Office for Europe, Copenhagen; ³University of Medicine, Tirana; ⁴University St Cyril and Methodij, Faculty of Medicine, Skopje; ⁵University of Sheffield, Thessaloniki

10.1136/injuryprev-2016-042156.255

Background Child maltreatment is a serious public health problem that has graved impact on health and well-being of children. The current situation of child maltreatment in Macedonia, Montenegro, Serbia and Albania, aimed to identify the gaps and needs, and take further actions for prevention in line with the recommendations of the European report on preventing child maltreatment and the WHO European child maltreatment prevention action plan 2015–2020.

Methods In the period of November 2014 to October 2015 the situation analysis have been conducted in four respected countries. The analysis relies on: 1) assessments with the relevant stakeholders by semi-structured interviews and 2) computer-based search in the area of: policy framework, legal framework, researches and study data obtained; and surveillance data.

Results Macedonia and Albania has prohibited corporal punishment in all settings, and in Montenegro and Serbia needs to be additionally legalised in home setting, still the prevalence rates of physical violence are high in all countries from 21% in Macedonia up to 40% in Albania. The policy framework targeting child abuse and neglect have been implemented in Macedonia and Serbia covering both protection and prevention. In Montenegro and Albania, the policy has tackled child abuse and neglect in other cross-cutting policy documents. Majority of the services are provided by the protection services and less on implementing evidence based preventing programmes. The health, social, police, education and justice sectors need coordinated approach in delivering the quality services for recording, detection, treatment, prevention and protection of children. The relevant data suggest persisting of inequalities.

Conclusions Policy and legal frameworks in the countries supports suitable platform for child maltreatment prevention in the respected countries. Still there is a need for comprehensive policy with an emphasis on prevention. Additionally, the legal framework in the countries should enable ban of corporal punishment in all settings and reinforcement. The response should facilitate multisectoral approach and collaboration and tailored programmes, plans that combat social inequalities such as: rural/urban, regional, children living in poverty and families at risk.

256 SOCIO-DEMOGRAPHIC DETERMINANTS OF DATING VIOLENCE VICTIMISATION AMONG FEMALE ADOLESCENTS IN NIGERIA

Patricia Adams, Adesola O Olumide, Olukemi K Amodu. Institute of Child Health, College of Medicine, University of Ibadan

10.1136/injuryprev-2016-042156.256

Background Dating Violence (DV) is a major public health problem among adolescents and Female Adolescents (FA) are particularly at risk of becoming victims. Current study described socio-demographic determinants of DV among female victims. This information would help in formation and evaluation of programs that would promote the health and right of FA.