

school zone, etc. All the risks have been modified completely with the collaboration from every sector.

**Conclusions** Child participation in PHOTOVOICE project does not only educate students and change their behaviour about pedestrian safety, it also inspires adults and relevant agencies to modify all the risk environment to make safer pedestrian. This project will serve as an example to other schools, governments and organisations working to improve safety.

## Violence Prevention and Child Maltreatment

Post Mon 1.5

### 430 STRUCTURAL PATHWAYS BETWEEN CHILD ABUSE, POOR MENTAL HEALTH AND MALE PERPETRATED PARTNER VIOLENCE

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**Background** Violent trauma exposures, including child abuse, increase risk for post-traumatic stress disorder (PTSD), comorbid mental health disorders and exacerbate intimate partner violence (IPV) perpetration. Knowledge about pathways between child abuse, poor mental health and IPV perpetration is emerging. Our study describes the pathways between men's child abuse and IPV perpetration while exploring the mediating effect of poor mental health.

**Methods** We used data from a two-stage clustered, cross-sectional household survey conducted with 416 adult men in South Africa. We used multinomial regression to identify associated factors and Structural Equation Modelling to test the primary hypothesis that binge drinking PTSD or depressive symptoms mediate the relationship of child abuse and IPV perpetration.

**Results** Of the men: 88% were physically abused; 20% were sexually abused as children; 24% had PTSD symptoms; 24% had depressive symptoms; 36% binge drank; 56% physically abused and 31% sexually abused partners in their lifetime. 22% of men had one episode and 40% had repeat episodes of IPV perpetration. PTSD risk increased with severity of child trauma or other trauma. PTSD increased the risk for binge drinking. Child or other trauma and PTSD increased the severity of depression. PTSD was comorbid with binge drinking and depression. Neutral and highly equitable gender attitudes were protective against a single episode of IPV perpetration. Child or other trauma, employment in past 12 months and PTSD increased the risk of repeat episodes of IPV perpetration. Highly equitable gender attitudes protected against repeat episodes of IPV perpetration. There was a direct path between the history of child trauma and IPV perpetration and 3 indirect paths showing the mediating effects of PTSD, other trauma and gender attitudes.

**Conclusions** Child trauma history exacerbates poor mental health and male perpetrated IPV. The observed paths can be explained by a combination of the feminist, social learning and trauma theories. IPV prevention interventions need to address psychosocial support for abused boys and perpetrators.

### 431 GENERAL PRACTITIONERS' KNOWLEDGE AND ATTITUDES ON GENDER-BASED VIOLENCE: A CROSS SECTIONAL STUDY IN SRI LANKA

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**Background** In Sri Lanka, General Practitioners (GPs) meet survivors of gender-based violence (GBV) on daily basis. However, probably because GPs are not trained on GBV or hold negative GBV related attitudes, they rarely identify and assist survivors in their GP practices. This study aimed to assess Sri Lankan GPs' existing knowledge and attitudes regarding GBV in order to understand how they might affect GPs' GBV services.

**Methods** We conducted a postal survey with all the registered full-time GPs in Sri Lanka (n = 526). On 1<sup>st</sup> June 2015, an anonymous self-administered structured questionnaire was posted to the GPs, with stamped return envelopes. GPs were requested to return the completed questionnaires within four weeks. We made two reminder calls after four and six weeks of posting the questionnaires. By 31<sup>st</sup> July 2015, 124 GPs returned the completed questionnaires. We analysed those data using SPSS version 20 statistical software.

**Findings** Majority of the GPs was male (70.5%) and 84.4% had obtained their MBBS degree at least 15 years before. Of all, 7.3% of the GPs were survivors, 2.1% were perpetrators, and 15.6% were both survivors and perpetrators of GBV. Majority agreed that GBV survivors rarely complain about GBV (95.9%), and 76.2% agreed that if asked in a gender sensitive manner, survivors will disclose GBV to GPs. However, 62.6% believed that because it is a private matter, GPs should not involve assisting survivors, unless they are requested to do so. Only 28.9% GPs knew that GBV can lead to suicides during pregnancy and only 29.4% knew that both spontaneous and induced abortions could be associated with GBV. Only 14.8% knew that domestic violence law covers emotional violence. Of all, 87% of the GPs believed that women's behaviour provoke GBV, and 74.8% believed that provocative dress is a reason for rape.

**Conclusion** Sri Lankan GPs' knowledge and attitudes on GBV is inadequate. Adequate sensitisation on GBV might improve GP's understanding on GBV.

### 432 ROLE OF GOVERNMENT OF TANZANIA IN ADDRESSING INTIMATE PARTNER VIOLENCE: A CASE FROM SINGIDA, TANZANIA

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**Background** According to a WHO multi-country study, Tanzania is among the countries with a high prevalence of Intimate Partner Violence (IPV). The Demographic and Health Survey 2010 shows that there are several regions with high levels of IPV within the country, including Singida. There is an ongoing national effort to strengthen the police as well as the legal and health systems from