

Domestic Violence

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

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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

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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