

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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10.1136/injuryprev-2016-042156.430

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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10.1136/injuryprev-2016-042156.431

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 1st 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 31st 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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10.1136/injuryprev-2016-042156.432

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

the national to the community level to address IPV. The objective of this study was to describe the views and experiences of women living with HIV/AIDS of a government available system addressing IPV at the community level at Singida Regional Hospital in central Tanzania.

Methods This was a qualitative study involving in-depth interviews (IDIs); content analysis was used to analyse the findings.

Results The study suggests that there is a functional government system starting from the street chairperson, progressing through the police and legal systems up to the national level. IPV survivors were afraid to report their male partners to the police and legal system because of their fear of retaliation, loss of financial support, divorce and death, and their concern about who would care for their children. Also there were no psychosocial services at the community level. However, survivors of IPV end their IPV cases at the lower level of chairperson of the village. The findings suggest that there are no shelter services for IPV survivors in their community to provide for their basic needs.

Discussion Our study showed that women living with HIV/AIDS report IPV to the chairperson of their village, in-laws and their parents rather than the police or legal officer due to fear of retaliation, lack of economic support, concern for their children, lack of support from family and friends, stigma and fear of losing custody of children associated with divorce, and the fear that their partners will kill them.

Conclusions Our study concludes that the government of Tanzania needs to provide health education to communities about using the available government system to address IPV cases, to enhance community empowerment, especially for women living with HIV/AIDS, and to build safe homes for IPV survivors in the communities. We strongly recommend strict policies relating to men who inflict IPV on their female partners and strong action must be taken against them.

433 RESTORATIVE JUSTICE IN CASES OF DOMESTIC VIOLENCE

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10.1136/injuryprev-2016-042156.433

Background The study is part of a European comparative research and development project (JUST/2013/JPEN/AG/4587) which focuses on restorative justice methods and especially victim-offender-mediation in intimate partner violence cases aiming at increasing mutual understanding and awareness of specific protection needs. The starting point for the study was to recognise the critical questions raised particularly in regard to the protection of the victim but not to ignore the potential advantages which were reflected through empirical data.

Methods The results from Finland presented here are based firstly on interviews with victims and offenders. Out of the 12 respondents eight were women and four were men. Secondly, focus group interviews were made with prosecutors and police, who refer cases to mediation. Qualitative semi-structured interviews were conducted.

Results In Finland the vast majority of cases were situational violence connected to alcohol use. The respondents had various reasons for attending VOM. Victims needed their partners to listen to them, understand their feelings, to be taken seriously and to have a dialogue. Both victims and offenders were however hoping to avoid a trial. The mediation process and the mediators' efforts were appreciated by victims and offenders. Almost all

victims felt safe during VOM and parties received information on services. Experiences were mainly positive and resulted in an agreement. Although the results sometimes were temporary, the situation improved in most cases.

Conclusions Developing the training and practices is important. Risk assessment and awareness of IPV phenomena, as well as the case selection with emphasis on the parties' abilities needs to be developed. Handled appropriately and in a victim sensitive manner, VOM can help prevent reoffending, make victims stronger and give parties new angels of thinking.

434 PREVALENCE OF BULLYING VICTIMISATION AMONG STUDENTS WITH DISABILITIES IN THE UNITED STATES

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10.1136/injuryprev-2016-042156.434

Background Bullying refers to repeated aggression in relationships with an imbalance of power. Children with disabilities experience more bullying than children without disabilities, but research with this population is scarce. The objective of this retrospective, mixed-methods study was to examine the prevalence and characteristics of bullying victimisation among students with disabilities.

Methods Participants were 161 college students with disabilities, who were registered at the university's Disability Resource Centre. The sample was mostly female (78%), White (62%), and full-time students (90%). The mean age of participants was 22.4 years. Participants completed an electronic survey, which queried respondents about frequency of physical, verbal, relational, and cyber bullying victimisation during middle and high school. The survey also included open-ended questions about examples of bullying and a selected sample was interviewed (n = 10).

Results The majority of participants (69%) experienced bullying victimisation during middle and high school. Relational bullying was the most common type of victimisation reported (63%), followed by verbal (38%), cyber (24%), and physical (18%). Approximately 40% of participants reported they believed the aggression was related to their disability. Most of the aggression took place during middle school (35%) or in both middle and high school (26%). Participants with Pervasive Developmental Disorders experienced the highest level of bullying victimisation, followed by Learning Disabilities, Sensory Disorders, and Psychological Disorders. Unexpectedly, some participants reported bullying from teachers and school staff. Examples of bullying are provided.

Conclusions Participants in this study experienced bullying at a rate that is 3 times higher than students from the general population. Suggestions for intervention and further research are discussed.

435 EFFECTIVENESS OF ANTI-COPORAL PUNISHMENT EDUCATION PROGRAM AMONG PARENTS IN CHILD CENTRES IN BANGKOK

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10.1136/injuryprev-2016-042156.435