intimate relationships and there is a presence of male victimisation.

986 SEX DIFFERENCES IN INTIMATE PARTNER AGGRESSION IN GHANA

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10.1136/injuryprev-2016-042156.986

Background The United Nations identifies male-dominated Africa as one of the worst regions for a woman to live globally, in terms of intimate partner aggression (IPA). There have been efforts the past two decades, to empower women through education and employment. Previous research though has typically focused on males' physical aggression to understand the sex differences in IPA resulting in the lack of understanding of the nature of sex the differences in IPA in male-dominated Africa. This current study explored sex differences in IPA in forms of aggression typically used in intimate relationships in both males and females in Ghana with the DIAS-Adult instrument.
Methods 602 males and 602 females in heterosexual intimate relationship aged above 21 years in Ghana filled in a questionnaire measuring victimisation from and perpetration of aggressive behaviour in intimate partner relationships using the Direct Indirect Aggression Scales for Adults (DIAS-Adult, Österman & Björkqvist, 2009). The age difference between males (mean age 44.8 yrs., SD 13.4) and females (mean age 43.4 yrs., SD 13.6) was not significant. The subscales measure victimisation from and perpetration of physical, socially manipulative aggression, nonverbal, cyber and economic aggression. The alpha scores for the 10 subscales were all above .68.
Results Results show that females scored significantly higher than males on being perpetrators of physical, socially manipulative aggression, nonverbal and cyber aggression. Males scored significantly higher than females on being victimised by their partner of physical, socially manipulative aggression, nonverbal and cyber aggression.
Conclusions The findings suggest that developmental efforts to empower women might be enabling females become more independent, allowing them to redefine their roles in the society, however, this may also be having unintended negative effect on female aggression in intimate relationships.

987 SRI LANKAN GENERAL PRACTITIONERS' (GPS') KNOWLEDGE, ATTITUDES, AND SKILLS ON GENDER-BASED VIOLENCE

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10.1136/injuryprev-2016-042156.987

Background As family physicians, General Practitioners (GPs) have a high capacity to identify and assist the survivors of gender-based violence (GBV). However, in Sri Lanka, GPs are not trained to provide GBV services. This study aimed to assess Sri Lankan GPs' knowledge, attitudes and skills on GBV, in order to identify their training needs.
Methods We conducted a postal survey between 1st June and 31st July 2015 with all the registered full-time GPs in Sri Lanka (n = 526). An anonymous self-administered structured questionnaires was used to assess GPs' knowledge, attitudes, responsibility, and self-reported practices on GBV. Out of the 526 GPs, 124 returned completed questionnaires. We analysed data using SPSS version 20 statistical software.
Results Of all the GPs included in the study (n = 124), 70.5% were male, 80.2% were more than 45 years old, and 83.5% were practicing as GPs for more than 5 years. The mean score for GPs' GBV knowledge was 20.8% (Standard Deviation (SD) = 5.52). The mean score for attitudes on GBV was 60.35% (SD = 15.13), and for perceived responsibility to assist GBV survivors was 61.57% (SD = 13.50). The mean score for the self-confidence to identify and manage GBV was 75.28% (SD = 20.50). When asked, 56.1% reported that they see a GBV survivor very rarely, and only 8.3% reported that they see a GBV survivor at least once a week; it is known that one in three Sri Lankan women experience GBV. Of all, 77.2% of the GPs believed that they should intervene to prevent GBV because it is a health issue, while only 56.1% believed that GBV is a human rights violation.
Conclusion GPs' have a high self-confidence to identify and assist GBV survivors. However, their knowledge on GBV is less. Possibly because of that, in actual practice, GPs rarely identify GBV. Although, several GPs identify GBV as a health problem, almost 45% of the GPs do not see GBV as a human rights violation. Improving GP's knowledge on GBV might improve their response for GBV.

988 INTIMATE PARTNER VIOLENCE AND NETWORKING: WHAT ROLE FOR HEALTH SERVICES? STRATEGY IN COIMBRA

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10.1136/injuryprev-2016-042156.988

Background Violence by intimate partners (IPV) can be prevented and its impact reduced. This calls for to deal with violence from a public health perspective, according the ecological model, associated to a multidisciplinary and multisectoral networking approach. In Coimbra various sectors are working together from 2000, in tackling the problem of IPV. Health sector is an active and valuable ally in the global response to violence and brings a variety of advantages and assets to this work, from primary to terciary prevention, including programs for victims and perpetrators.
Description of the problem IPV is a serious problem that occurs in all countries, among heterosexual or same-sex couples. The consequences are profound, extending beyond the health and