

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?

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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

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Background Child maltreatment is a serious public health problem that has gravely impacted 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 has 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

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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.

Methods This was cross-sectional in design, conducted in Ido Local Government Area, Oyo State, Nigeria. Using two-stage sampling technique, 595 females were recruited from senior classes in private and government-owned secondary schools. Interviewer-administered questionnaire was used to obtain information on socio-demographic characteristics and history of experiencing DV in the three month period preceding the study. Three domains of DV (physical assault, sexual coercion and injury) were assessed using a modified Conflict Tactics Scales 2. Descriptive statistics and Chi-square test (level of significance = 5%) were conducted.

Results Mean age of respondents was 15.7 ± 1.6 years. About half (45.9%) had ever dated and 45.2% were currently dating. Among those who had dated, 54.9% experienced at least one incident of DV. Forms of DV experienced were physical assault (46.5%), sexual coercion (27.1%) and injury (8.8%). Younger (<15 years) (71.1%) compared to older (≥ 15 years) (52.3%) adolescents were more likely to be victims of DV. Nearly equal proportions of respondents from polygamous (55.8%) and monogamous (54.5%) homes experienced DV. More adolescents in private (14.4%) compared to government-owned (5.7%) schools suffered DV. There was no significant difference in the prevalence of DV between females currently in a dating relationship (55.3%) and those not currently dating (53.3%).

Conclusions The important role age, family type, school type and dating status played in DV victimisation poses the need for programmers to pay robust attention to FA in these categories when designing programs to address this problem.

257 SITUATION ANALYSIS ON CHILD MALTREATMENT PREVENTION IN ALBANIA

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Background Child maltreatment is a leading cause of health inequality and social injustice, with poorer and disadvantages populations being more in risk. The consequences of child abuse and exposure to different adverse childhood experiences in childhood both immediate and long-term consequences, have serious impact on physical, emotional well-being, development and health status of children.

Method During October 2015, a situation analysis on child maltreatment prevention in Albania was carried out, based on information gathered from relevant stakeholders in the country as well as on desk review of existing policy documents and reports. The aim of this analysis was to define the current situation of child maltreatment in Albania and take further actions for preventing in line with the recommendations of the European report on preventing child maltreatment and the WHO European child maltreatment prevention action plan 2015–2020.

Results Over the last decade, Albania has improved policy and legal framework for the protection of children's rights. On the other hand, the child maltreatment prevention and protection have been provided by the several relevant sectors: social, health, educational, police, justice and others. Non-governmental organisations take a part in providing services for children. Existing services are mainly focused on detection and protection of the victims, so further efforts should be done in development of the preventive programmes and evidence based practices tailored for the country context.

Conclusions Current policy and legal framework of the country enables suitable platform for child maltreatment prevention, but still there is a need for stronger policy and legal reinforcement and monitoring. A comprehensive action plan for the prevention of child maltreatment should be developed to significantly contribute in reducing the burden of child maltreatment and risk factors targeting prevention in Albania.

Brain Injuries

Parallel Tue 1.5

258 HEAD INJURIES IN YOUNG CHILDREN; THE FORGOTTEN PANDEMIC

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Background Head injuries represent the most common and most serious injury occurring in childhood. We analysed the profile of childhood head injury patients treated in a Paediatric Trauma Unit over a 25 years period.

Methods A retrospective record-based study was performed at the Trauma Unit of the Red Cross War Memorial Children's Hospital in Cape Town, South Africa. The Childsafe South Africa Childhood Injury Surveillance System was data-mined for the information. Inclusion criteria were children under the age of 13 years and presenting with a head injury during the period between January 1991 and July 2025.

Results 10205 children presented after a sustaining a head injury. There were 6457 boys and 3745 girls. In 281 (2.75%) of cases the children were injured as a result of physical violence. The majority of children presented with superficial lacerations and abrasions, mostly affecting the scalp and skull. Injuries were mainly caused by falls from a variety of heights or were traffic-related. Almost two-thirds of traffic-related injuries involved children as victims of a motor vehicle crash. The majority of head injuries in young children occurred in the vicinity or within the child's own home. In 56 cases the severity of the injury was not recorded. From the remaining 10146, 6864 (67.3%) were classified as minor; 2918 (28.6%) as moderate; 225 (2.2%) as severe and 135 (1.3%) children died within 24 hours after admission.

Conclusions Head injuries are a significant and ongoing cause of morbidity in particular of young children and represent the most important component of childhood injuries. Protection of young children, especially in their own home and on the streets requires urgent attention.

259 RANDOMISED CONTROLLED TRIAL OF A TEXT MESSAGE ALCOHOL INTERVENTION FOLLOWING AN INJURY ADMISSION

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Background Despite known benefits, brief interventions (BIs) for problem drinking are often not implemented in trauma care