

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

wards due to resource constraints. We evaluated a mobile phone text message intervention (YourCall) designed to overcome this challenge.

Methods Of 1564 potentially eligible injured patients aged 16–69 years recruited from the three trauma admitting public hospitals in Auckland and screened using the Alcohol Use Disorders Identification Test (AUDIT), 598 were identified as moderate risk drinkers and enrolled in a parallel, single-blind RCT. The intervention group received 16 text messages incorporating BI principles in the four weeks after hospital discharge. Controls received one text message acknowledging participation in the study. Primary outcomes comprised differences in hazardous alcohol use (AUDIT-C) between the intervention and control groups at 3, 6 and 12 months following the injury. Data were analysed using a mixed-effects model for repeated measures.

Results Baseline features were similar in both groups (71% males; mean age 34 years; 21% Māori, 62% European; mean AUDIT-C 6.8). Significant reductions in hazardous alcohol use during follow-up were observed in both groups. A small but significantly lower risk of hazardous drinking was evident in the intervention compared with control group (least square means difference: -0.322 ; 95% CI: -0.636 , -0.008). This effect was maintained across the 12-months of follow-up and similar among Māori and non-Māori (interaction $p = 0.257$).

Conclusions The effect of the Your Call intervention was similar to most standard BIs despite its modest intensity and the restriction of this trial to moderate risk participants only. Text interventions are scalable low cost approaches that can overcome barriers and inequities in implementing BIs in trauma care settings. The expanding cell phone coverage makes this modality particularly salient in economically disadvantaged groups and low- and middle-income countries.

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CHALLENGES IN THE IMPLEMENTATION OF CONCUSSION GUIDELINES IN COMMUNITY SPORT

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Background Concussion in sport has become a major injury prevention priority worldwide because of its potential severity. International consensus guidelines for concussion in sport have been developed and promoted. To date, there has been little consideration of the barriers that might influence how well these guidelines are adopted and implemented in practice, especially in community sport.

Methods A self-report online survey was developed from Theory of Planned Behaviour constructs. 111 coaches and sports trainers from community Australian Football and Rugby League completed both pre- and post-season surveys and data on their attitudes towards using concussion guidelines was extracted. Post-season attitudes were assessed relative to pre-season attitudes and whether or not responders had used the guidelines during the intervening playing season. Specific feedback about any challenges in using the guidelines was also sought.

Results 71% of respondents had used the guidelines. Post-season attitude was related to pre-season attitude ($p = 0.002$), football code ($p = 0.015$), and team role ($p = 0.045$). There was a significant interaction between team role and guideline use ($p = 0.012$), with coaches who had used the guidelines, and sports trainers who had not, reporting more positive post-season

attitudes. Implementation challenges included disputing of decisions about return-to-play by players, parents, and coaches, and a perceived lack of time. Recommendations for improved guideline materials included using larger fonts and formal witnessing of advice given.

Conclusions This is the first study to examine the implementation of concussion guidelines in community sport. Information from those who attempt to use them is valuable to inform the refinement of implementation and dissemination processes around concussion guidelines across sports. New education should be developed about the importance of advice given to parents/players them by those who follow these guidelines.

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THE DISTRICT OF COLUMBIA CONCUSSION CARE & TRAINING PROJECT: A MODEL FOR YOUTH CONCUSSION EDUCATION

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Background The District of Columbia's "Concussion Protection Act of 2011" legislation requires training of youth sports program stakeholders to ensure concussion awareness and training to properly recognise, treat, and recover from a concussion. A partnership between the Children's National Medical Centre, MedStar Sports Medicine and community stakeholders was established in March 2015 to develop an infrastructure and pathways for appropriate training and documentation of compliance.

Methods The Concussion Care and Training Program (CCTP) included four priority areas: Creating Awareness, Concussion Training, Policy and Protocol Development, and Evaluation and Performance Measurement. The CCTP team implemented a combined clinical and public health approach to provide comprehensive, up-to-date training and documentation. Partnerships were established with program administrators in schools, recreation programs, and community associations to establish training needs and maximal accessibility of target audiences. Specific products were developed and disseminated across the community.

Results The CCTP performed 29 training activities to over 6000 participants. Of the 225 training participants who completed the program assessments, the largest affiliations were associated with Children's School Services (24%), Public Schools (17%), and Private Schools (14%). The most common participant roles were School Nurses (44%) and Coaches (33%). Overall, 40% of training participants were aware of the DC concussion law prior to the training. Only 41% of coaches and 32% of parents claimed to be aware of the law.

Conclusions This model program reached stakeholders of all ages and levels of youth athletes across diverse communities to provide concussion education/training, media outreach and public awareness. This model may be used by other localities to increase youth sports concussion awareness and training among community participants.