

2008 and 2018, the greatest increase in risk of becoming looked after occurred in the most deprived local authorities, with the gap widening by 6 children per 100,000, per year (95% CI 3 to 8). Ongoing analyses will determine how rising inequalities were distributed across age groups and children's category of need upon entering care. Fixed effects models will be used to assess the relationship between changes in determinants of children entering care, such as child poverty and expenditure on preventative services, and changes in risk of becoming looked after.

Conclusion This study provides evidence that the dramatic rise in children taken into care has been greater in the poorest areas of the country. Policies that address the determinants of children entering care at local area level are important for tackling the inequalities picture, and the rise in LAC. A limitation of this analysis relates to the use of 2015 income deprivation scores, which may not accurately reflect the relative status of local authorities across all years.

RF27 **RISK FACTORS FOR INTIMATE PARTNER VIOLENCE IN ASYLUM SEEKING AND REFUGEE POPULATIONS: A SYSTEMATIC REVIEW**

¹R El-Moslemany*, ¹L Mellon, ¹L Tully, ²S McConkey. ¹Psychology, Royal College of Surgeons in Ireland, Dublin, Ireland; ²International Health and Tropical Medicine, Royal College of Surgeons in Ireland, Dublin, Ireland

10.1136/jech-2019-SSMabstracts.142

Background Intimate partner violence (IPV) is a pressing public health concern with well-documented evidence of adverse health consequences including mortality, physical, psychological and sexual harm. The specific experience of the asylum seeking and refugee populations includes exposure to pre-migration, migration and post-migration risk factors for adverse events. This migration history, along with factors such as differences in cultural values and norms may make these populations especially vulnerable to IPV. The aim and objective of this review was to identify risk factors for IPV in the asylum seeking and refugee populations by synthesising and critiquing the literature on this topic.

Methods We identified 7,219 records by searching the PubMed, Web of Science, SCOPUS, Global Health, Embase, PsycINFO, Westlaw and SSRN electronic databases. We searched grey literature databases, agency websites and repositories. We critically appraised and extracted data using the JBI SUMARI tool. We ranked evidence quality using the GRADE approach. Meta-analysis was not possible due to heterogeneity. We took a framework analysis approach to narrative synthesis i.e. familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation. We considered any risk factor as the exposure and IPV as the outcome. We separated asylum seekers and refugees for subgroup analysis. We registered the review with PROSPERO and adhered to the PRISMA reporting criteria.

Results This review is ongoing. Searching resulted in 7,220 records. There were 4,693 records after we removed duplicates. We screened 4,693 titles and abstracts, selecting 52 studies for full-text assessment against explicit eligibility criteria. We excluded 28 studies with reasons for exclusion. We included 24 studies in the analysis. Twenty studies had a cross-sectional design, three were prevalence studies and one a cohort study. Political violence, conflict victimization, attitudes to IPV, previous experience of IPV and education emerged as

categories of risk factors that may be associated with IPV. 96% of studies had a cross-sectional design, therefore temporality and direction of associations were difficult to determine.

Discussion There is a large gap in research and policy-relevant evidence in this area. This review is important because it may be the first systematic review on this particular topic. The challenges for this study include inconsistent terminology, absent definitions, validity and reliability of measures of risk factors and IPV, self-report of IPV. This review may have implications for policy on safeguarding residents in reception centres and camps, screening for and reporting of IPV in clinical practice and future research.

RF28 **AREA- AND INDIVIDUAL-BASED MEASURES OF SOCIOECONOMIC CIRCUMSTANCES AND ADHD PRESCRIPTION UPTAKE AMONG YOUNG CHILDREN IN SCOTLAND: A POPULATION-BASED REGISTER STUDY**

¹PM Henery*, ¹SV Katikireddi, ²R Wood, ¹R Dundas, ¹A Leyland, ¹A Pearce. ¹MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK; ²Information Services Division, NHS National Services Scotland, Edinburgh, UK

10.1136/jech-2019-SSMabstracts.143

Background Attention-deficit hyperactivity disorder (ADHD) in childhood can have adverse effects on mental health, learning, and employment opportunities. There is evidence of a relationship between socioeconomic disadvantage and likelihood of ADHD in childhood; however, most studies use area-level measures which may underestimate inequality compared to individual/family-based measures. This study aimed assess whether area-level and individual-level measures of social disadvantage were predictive of child ADHD via dispensed prescriptions.

Methods We used birth data for all children born in Scotland 2010–2012 (n=195,419) linked to Prescription Information System up to March 2018. Two measures of socioeconomic circumstances (SECs) at the child's birth were used: Scottish Index of Multiple Deprivation (SIMD) (area-based), and four class measure of the NS-SEC of the mother (individual-based). Prescription use was defined as a record of any dispensed prescription for ADHD up until March 2018 (median age 6). We used binary logistic regression to estimate risk ratios (RRs) for prescription uptake by each SEC measure before and after adjusting for covariates/confounders (sex, age of child as of March 2018, number of births in pregnancy, mother's age at first live birth, mother's birth country, relationship status of parents).

Results Prescription use varied by area deprivation (0.58% of children born in the most deprived SIMD decile compared to 0.14% in the least deprived) and social class (0.62% for children born to mothers in the unemployed/other social class compared to 0.16% in the managerial/professional social class). The strength of association narrowed slightly after adjustment for confounders/covariates; the fully adjusted RR for prescription use was 2.14 (95% C.I.: 1.33–3.44) in the most compared to least deprived SIMD decile and 2.32 (95% C.I.: 1.78–3.04) for children born to mothers who were unemployed/other compared to managerial/professional. After mutual adjustment for both SEC measures, the effect of SIMD was reduced whilst that of mother's social class remained consistent.

Conclusion Both area-level and family-level deprivation at birth are associated with increased prescription use among