communities. Accordingly, the work with them includes its own special features and sensitivity. In their own NGOs, the wider visibility and understanding of domestic violence is needed. It is also essential, that their voice will be heard when developing national, regional and local structures for better public services for the victims of domestic violence.

Results   As an example of innovative development work, Saumuri project (from third sector) collaborated with VÄISTÖ project (from public sector). In addition to the VIOLA Free From Violence, five pilot NGOs of disabled people were involved to the development work.

Service users were involved to the designing, educating and evaluating of collaboration with public sector.

A permanent, regional, networked structure of excellence of domestic violence, with the models of collaboration in the area of South Savo was established. Structure is coordinated by both public and third sector including also group of service users (Experts by Experience).

Conclusions   Permanent, visible structures are needed in several levels. Both inter- and intra-organisational forms of collaboration and knowledge exchange should be modelled. Raising awareness of violence, structured forms of asking about violence (routine inquiries modified according to the needs of organisations, e.g.) and simple care pathways are needed in NGOs as well as in public sector. This will promote also professionals openness towards user knowledge.

| 34 | SEAMLESS PATHWAYS OF CARE FOR VICTIMS OF SEXUAL VIOLENCE |

Suvi Nipuli, Katriina Bildjuschkin. *National Institute for Health and Welfare, Finland*

Background Seamless pathways of care for victims of sexual violence are important to the provision of effective acute care, which can help prevent subsequent traumatization and other long-term effects and support criminal investigation of the case. Nowadays, in Finland, there are only a few locations in the country where the victims of sexual violence have access to seamless pathways of care.

Description of the problem Hospital districts answered an enquiry that was conducted in the spring of 2015 about the present state of the services. The existing pathways of care for the victims of sexual violence were explored. According to the enquiry, hospital districts often lack adequate information and guidelines for helping the victims of sexual violence. Furthermore, a literacy review was made about the global and local recommendations concerning the service needs of victims. The review revealed a lot of good international and national guidelines about the victims' service needs.

Results   National Institute for Health and Welfare is now developing (during 2015–2016) a national service model for acute medical and psychosocial care of victims of sexual violence. The included pathways of care will contain guidelines for forensic, medical and psychosocial care and follow-up services including psychosocial support and sexual health services. The guidelines are meant to be adapted to specific local circumstances.

Conclusions   The pathways link different service providers on primary and special health care, voluntary sector and police together and improve cooperation. The guidelines are aimed to guide the development of health services for victims of sexual violence. They are also of relevance to policy-makers in charge of health service planning at local level.

Achieving Population Level Changes in Health: A Dialogue on Pathways to Progress

SU AP W3

| 35 | ACHIEVING POPULATION LEVEL CHANGES IN HEALTH: A DIALOGUE ON PATHWAYS TO PROGRESS |

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Population level reduction in injury-related harm is rarely achieved by simply multiplying the scale of a prevention program that has been shown to be efficacious under controlled research circumstances. More often population level impact is achieved by starting *de novo* from within the public domain, and designing and implementing complex solutions using existing social infrastructures and institutions. Injury prevention projects delivered to whole populations are complex, and while local involvement is critical to the success of population-based interventions, effective action to prevent injury does require orchestrated support from societal leadership. Support can maximise and amplify the outcomes of local initiatives with changes in the social institutions in which causal events, conditions and attributes are created and sustained. Past successes, e.g., tobacco control and use of seat belts, have required extensive and prolonged attention with interventions ultimately engaging all aspects of society, including cultural norms. The implementation of a broad prevention approach will reduce intrinsic risk factors across the whole population before they manifest themselves as proximal risk factors.

For this session, a presenter will introduce the concepts to be discussed and then other presenters will provide brief examples of empirical prevention research that demonstrates the effectiveness of state-of-the-art methods of achieving population-level improvements in health. This will be followed by participant interaction from the floor. Discussion notes will be collected and posed as working lines of inquiries for a future journal supplement. This session will provide an opportunity for free flow of ideas between injury prevention researchers and advocates. The session will drive innovation and development of the field by setting the stage for lines of inquiry.

Presentations "The nature of population level change" Roderick McClure

"Suicide and Social Processes" Eric Caine

"Injury Prevention as a byproduct" Ronan Lyons

"Pathways to Progress Overview and Facilitated Discussion" Karin Mack

| 36 | INJURY PREVENTION AS SOCIAL CHANGE |

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Background Society is the system within which populations exist. Sustained change made at the societal level to reduce population-