

policies that provide a solid base for taking SDG 16.1 seriously and making the case for the necessary build up to escalate their application.

Conclusions We currently have much of the needed knowledge to drastically reduce death rates everywhere and to start building killing-free societies, as sought by SDG 16.1. Failure to seize this opportunity may not only prove an strategic failure in the efforts to reduce violence, but may also jeopardise other development goals. SDGs are interdependent, and failure to address certain targets will obstruct advances in others. Disregarding violence prevention as an integral part of the solution could undermine the process and even lead to unwarranted harmful practices.

341 SEVERE VIOLENCE IN EASTERN JUTLAND, DENMARK, 2003–2014

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Background We set out to study some aspects of the nature of severe violence in the Danish region of Eastern Jutland (Oestjylland) over a twelve-year period (2003–2014).

Methods Retrospective register study. Victims of non-fatal, non-sexualised, interpersonal violence in Eastern Jutland between 2003 and 2014 were included, if they were 15 years or older. For cases in 2003 through 2014 patterns in gender, age and trauma force were evaluated. For cases in 2003, 2004, 2013 and 2014 severity was studied using the variables threat-to-life, Shepherd's severity score as well as the necessity of hospitalisation, medical intervention and surgery whilst injury patterns were studied using the variables lesion type and topographic location.

Results There were 389 cases in 2003 through 2014, of which 122 (31%) were in 2003–2004 and 2013–2014. Males were more likely than females to sustain injuries from sharp force ($p = 0.013$), whilst the opposite was the case for strangulation ($p < 0.001$). Lesions in women were almost exclusively caused by blunt trauma or strangulation, and a difference between females and males was found in the distribution of lesions by trauma force ($p < 0.001$). No difference in topographic distribution of lesions was found between females and males ($p = 0.154$). The ratio between the number of forensic clinical examinations and police cases with a suspect showed a downward trend ($p = 0.060$). Neither differences in severity between cases with female and male victims ($p = 0.129$) nor temporal changes in severity ($p = 0.464$) were found. Finally, the number of cases involving other tools decreased ($p = 0.045$) whilst the number of cases involving knives showed an upward trend ($p = 0.061$).

Conclusions Victims in this study were older, the severity of their injuries greater, and the topographic lesion distribution different than what is seen in other studies. One explanation may be that most studies include victims of violence altogether whilst this study focused on victims of severe violence. More and larger-scale research is warranted to allow for comprehensive data collection, further study the nature of violence, and elucidate injury patterns, to continuously develop and strengthen the evidence base of (clinical) forensic medicine.

342 COMMUNITY SAFETY BY DESIGN: PREVENTING VIOLENCE THROUGH LAND USE

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Background Violence is preventable, and land use strategies can enhance community safety. A growing evidence base, grounded in research and community practice, describes the factors that affect the likelihood of violence. Many of these factors are impacted by how land is used, by whom and for what purposes. Even though community safety is essential for a thriving neighbourhood, land use decisions are rarely made with violence prevention in mind and have historically done great harm to communities of colour and low-income groups. Too often, contemporary land use decisions criminalise behaviour when they could expand access and opportunities instead. Reframing the issue to focus on preventing violence rather than crime and incorporating a greater focus on safety in land use decisions holds immense promise for increasing community safety.

Objective This session explores the relationship between land use and community safety as an emerging topic in research and practice and delineates the roles of multiple sectors in enhancing safety.

Results Land use decisions across diverse sectors can have transformative impacts on community health and practitioners and researchers are searching for ways to think more deeply about these connexions. The Spectrum of Prevention, a signature Prevention Institute tool for developing comprehensive community health strategies, offers a framework to develop mutually-reinforcing strategies across levels ranging from policy and legislation to individual knowledge and skills. These recommendations offer the opportunity to shift norms around land use and community safety and build capacity among practitioners and researchers to make land use decisions that help prevent violence before it occurs.

Conclusions Land use decisions made with community safety as an explicit desired outcome can prevent violence, transform and revitalise public spaces, expand opportunities, and foster connexion and hope within communities.

343 ADDRESSING COMMUNITY VIOLENCE THROUGH TRAINING: RUKAJUU BEEKEEPING PILOT INTERVENTION IN DAR ES SALAAM, TANZANIA

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Background More than half of DSM, Tz. homicides are a result of community violence. In 2005, it was found, those most at risk for homicide death are: male Tanzanians, aged 20–35 years, lack of employment/education, caught stealing sale-able goods such as cell phones, purses, and domestic meat animals. Most deceased had family responsibilities.

The most malleable variable is: lack of employment/occupation. The objective of this research is to gain insight into ways to operationalize interventions designed to improve income generation of at-risk youth.

Methods This pilot study will use pre-test post-test design with four interventions:

Introduction + Health training (2 sessions)

Introduction + Health + Entrepreneurship training (6 sessions)

Introduction + Health + Beekeeping training (6 sessions)

Introduction + Health + Beekeeping + Entrepreneurship training (10 sessions)

Intervention started April 2015 and will be completed January 2016. Post intervention data will be collected 3, 6 and 12 months after the last session. As a pilot study, evaluation variables include: availability/cooperation of subjects, research collaborators and institutions, timing, facilities and equipment needed, researcher experience, and costs.

Results Four youth camps were randomly chosen from 243 mapped camps in 4 wards of DSM. Fifteen members of each camp were invited to join. At the introductory session, camps were randomly chosen for intervention arms. Baseline data were collected quantitatively: demographics, health parameters, assets, risk for violence, and reading, writing, math skills. And qualitatively : involvement with community violence, income generation practices, money spending patterns, helpful and deviant deeds, aspirations.

Conclusions This pilot research is providing insight needed to conduct an experimental study to examine sustainable ways to reduce community violence. It builds on government and NGO youth employment initiatives; it is giving insight as to how such initiatives can be most effective.

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COMPARING VIOLENT DEATH PATTERNS AND TRENDS IN MEXICO AND COLOMBIA FROM 2000 TO 2012. DIFFERENCES AND SIMILARITIES

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Background Violent death has been a public health issue in the Americas. In the past few years, this problem has decreased in Colombia, as opposed to the situation in Mexico. This paper aims to analyse and compare violent death patterns and trends in Colombia and in Mexico from 2000 to 2012.

Methods This comparative, longitudinal study used secondary data furnished by the national agencies in charge of recording, processing, and analysing vital statistics in each of the two countries. The causes of violent death recorded in the International Classification of Diseases were analysed. A comparative analysis of cause of death using the variables country, year, age group, cause, sex, and religion was made, obtaining proportions. A multivariate analysis was made using the dependent variable “country”, and the independent variables “sex”, “age group”, and “cause”.

Results From 2000 to 2012, there were 472,658 violent deaths in both countries: 59.2% in Colombia and 40.8% in México. At the beginning of the period under study, the risk of violent death was six times higher in Colombia than in Mexico; at the end of the period under study, such risk decreased to 1.6 times higher in Colombia than in Mexico. The most affected population is men

of working age; the risk of death includes death by firearms and death by sharp weapons.

Conclusions Violent death decreased in Colombia and increased in Mexico during the period under study. However, the risk of violent death is still higher in Colombia than in Mexico. The increase in violent deaths in Mexico is related to the fight against drug trafficking in its different forms, to criminal gangs, and to outlawed groups. In Mexico, the causes of death suggest greater suffering.

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THE PUBLIC HEALTH IMPLICATIONS OF SMALL ARMS AND LIGHT WEAPONS (SALWS) INJURIES IN SOKOTO STATE, NORTH WEST, NIGERIA

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Background A Small Arms and Light Weapons (SALWs) facilitate and prolong violence, which has enormous public health consequences. This study describes the prevalence, types, risk factors of and outcomes of SALW injuries in a relatively insurgent free state. The cases of Small Arms and Light Weapons (SALWs) injuries admitted in Usmanu Danfodiyo University Teaching Hospital, Sokoto (UDUTH) between January 2003- December 2012 were examined. The prevalence of SALW use in Nigeria is unknown, and with the rising spate of ethno-religious conflicts and political unrest, there may be an increase in the propagation of SALWs use and consequent injuries; hence the need to examine the prevalence of hospital admission due to SALW injury and its Public Health implications.

Methods The study was a quantitative research using a cross sectional approach to assess prevalence, risk factors, types of injury and treatment outcomes of small arms and light weapons injuries in UDUTH in Sokoto State of Nigeria using patient folder audit. Data from the case files of 299 randomly selected victims of SALW injuries over a ten-year period was extracted and analysed to determine the prevalence, types of injuries and outcome of treatment. Bivariate analysis of dependent and independent variables were done to establish association with treatment outcome.

Results Analysis of the 299 case files established a prevalence of 0.07%, with 14% fatality, and peak age range of 26–35 years. The commonest types of injuries were wounds, systemic organ injuries and fractures. Brain trauma, though not very common had 75% mortality while systemic organ injury had 24.6% mortality. Significant association was established between nature of injury, education, residence, area of occurrence, context of injury and year of occurrence and treatment outcome. Nature of injury and residence were the only predictors of treatment outcome.

Conclusions This study established 0.07% prevalence of SALW injuries with nature of injury and residence as significant predictors of treatment outcome in UDUTH Sokoto. Strategies to promote the prevention of SALW injuries and good treatment outcome should focus on those predictors.