

income Arab Gulf States, the under-5 injury mortality rate is 22.2 per 100,000, which is higher than any other high-income region in the world. Limited research is available on the burden and risk factors associated with child and adolescent injuries in this area of the world. This panel session aims to address this knowledge gap by sharing results from child-injury studies conducted in three high-income developing countries in the Arab Gulf.

Moderator Dr. Adnan A Hyder, Johns Hopkins International Injury Research Unit (JH-IIRU, USA)

- **Talk 1: Pattern of childhood injuries: Findings from hospital based injury surveillance system in Oman - Dr. Amber Mehmood**, Johns Hopkins International Injury Research Unit, USA
 - **Abstract:** Findings from a trauma registry implemented in two hospitals in the Sultanate of Oman. Results from the registry were used to characterise the burden of injuries among children and adolescents (<18 years). Recommended areas for action will be discussed.
- **Talk 2: Designing a successful intervention program to increase child restraint use in Qatar - Dr. Ruben Peralta/Dr. Rafael Consunji**, Hamad Medical Corporation, Qatar
 - **Abstract:** Considerations and lessons-learned from the development and roll-out of an intensive tutorial to increase child restraint use among parents in Doha, Qatar will be presented along with 5-year time-trends for child road traffic injury rates.
- **Using a burden of disease approach to quantify injuries among youth in the United Arab Emirates - Dr. Kate Allen**, Johns Hopkins International Injury Research Unit, USA
 - **Abstract:** A burden of disease analysis was conducted in the UAE using 2010 data from the Ministry of Health. Age, sex and nationality-specific rates of Years of Life Lost were calculated and used to identify priority areas for child injury prevention in the UAE. Discussion will focus on how such an analytical approach can be used to better understand the burden of injuries.
- **Discussant:** Dr. Olakunle Alonge, Johns Hopkins International Injury Research Unit, USA
- **Q&A - Dr. Adnan A Hyder**, Johns Hopkins International Injury Research Unit, USA

Intimate Partner Violence and Post Separation Stalking

SU IP W2

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PROMOTING THE SAFETY OF THE VICTIM OF DOMESTIC VIOLENCE

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Background The MARAC (Multi Agency Risk Assessment Conferences) is implemented in 22 cities in Finland. The goal of MARAC is to provide a forum for sharing information and taking actions to reduce harm to high-risk domestic violence victims. The MARAC model was first developed in Cardiff, in 2003, in response to lack of systematic risk assessment amongst agencies responding to domestic violence and the need for a forum for

local agencies to share information about victims experiencing extremely serious levels of abuse.

Methods The aim of this presentation is to evaluate in what extent these multi-agency meetings are able to reduce harm to high-risk victims and their children. The data consist of all the cases which have been referred to MARAC in Finland 1.10.2010–31.3.2014 (n = 259). Two forms of data were collected. Firstly, police files were pulled six months after the MARAC was held. Secondly the data was collected through support persons and by interviewing the victims about victims experiences of violence six-months after the MARAC was held.

Results Results showed that the MARAC method has successfully reduced the number of recurrent domestic violence reported to the police. The re-victimisation was reduced in more than 70 per cent of the cases, and no new reports of recurring violence were filed with the police during the six-month follow-up period. Victims themselves reported that even though the physical violence had stopped, almost 40 per cent of them still experienced various forms of stalking.

Conclusions The results showed that is also important to pay attention to the prevention of stalking while helping the high-risk domestic violence victims. Stalking was criminalised in the beginning of 2014. Besides the law, professionals in the social and health care services, law enforcement, and criminal justice need more knowledge and tools on stalking. MARAC also, is one useful method to help the victims of stalking.

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DIGITAL TECHNOLOGY, POST SEPARATION VIOLENCE AND STALKING

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Background Intimate partner stalking is the most common and the most dangerous form of persecution. VARJO-project (2012–2017) focuses on post separation violence and stalking. In most cases, persecution includes digital stalking

Description of the problem By the aid of digital technology, persecution has become even more intrusive. Controlling often starts already during the relationship; PINs and security numbers are known, or stalker has installed monitoring software to spouse's computer or mobile phone. When break up happens, the stalker has already tools for stalking. Digital stalking causes a remarkable fear and distress for the victim, but the use of digital technology in relation to partner violence is a serious problem to which people have awoken only in recent years. It is important that professionals and victims understand how technology works, why it puts them at risk and how they can decrease those risks.

Changes The VARJO-project has looked for partners among the IT-professionals. Cooperation enables the exchange of know-how. As a result of this, the VARJO-project has translated Jennifer Perry's guide and adapted it according the Finnish conditions: Digital stalking In relationship – How To Protect yourself, informed the local IT-experts about the phenomenon of stalking and has trained the workers of The Federation of Mother and Child Homes and Shelters. Security company Lokkit Ltd has trained the workers of Shelters and started cooperation with the National Institute of Health and Welfare.

Conclusions Local co-operation between intimate partner violence workers and IT-professionals enables more effective

training for health care and social care staff. When IT-professionals and computer and mobile phone service staff identify the phenomenon of domestic violence and technological-facilitated stalking, better service and more privacy is enabled for the victims.

42 WOUNDED INTEGRITIES: FINNISH WOMEN'S AND CHILDREN'S EXPERIENCES OF POST-SEPARATION STALKING

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Background In this study, we examined the under-researched area of Finnish women's and children's experiences of post-separation stalking to learn how they experience it in their everyday lives and the impact it has on their wellbeing. In particular, we looked at how post-separation stalking threatens women's and children's integrity and how it should be acknowledged in the prevention of stalking and the promotion of victims' safety.

Methods The data consist of narratives of 20 Finnish women and 13 children who were exposed to post-separation stalking. The women were interviewed individually. The data was collected from children through therapeutic group sessions, thematic interviews and one mother-and-child therapy session.

Results Although women/mothers are the main targets of stalking, it also threatens children's wellbeing. The latter are used to carry out stalking, as targets of revenge or as abused informants. The data analysis shows that stalking threatens women and children's integrity socially, psychologically, emotionally, physically, ontologically and morally. As a consequence of these different dimensions of wounding, women's and children's safety and security are severely threatened. Wounded integrity reflects on victims' identities, social relations and everyday activities and is visible in help-seeking processes. Wounded integrity takes on different meanings in the aspects of wellbeing, safety and security.

Conclusions The findings highlight the need for professionals in social and health services, law enforcement and criminal justice to consider the different dimension of how stalking wounds women's and children's integrity. Taking these different dimensions of wounding into account will enable the implementation of more effective means to prevent post-separation stalking and promote victims' safety, security and wellbeing.

International Collaborative Effort on Injury Statistics and Methods (Injury ICE): Surveillance, Burden and Evaluation

SU IP W3

43 ICECI: INJURY SURVEILLANCE IN SOUTH AFRICA

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Background South Africa is a middle income country with large disparities in wealth and has one of the world's highest rates of injury mortality; more than half are from intentional injuries, particularly violence a major problem in the Western Cape Province.

Injuries claim 450 lives each month. Homicide was the third leading contributor to premature mortality in 2010.

Description of the problem Reliable mortality and morbidity data are vital for estimating Burden of Disease accurately and directing resources for injury prevention and control. This poses a particular challenge in low-income countries, which experience high rates of injury, particularly if these injuries are concentrated at peak times, overwhelming emergency treatment centres and displacing patients seeking treatment for other conditions.

Results The Western Cape has implemented a province-wide mortality surveillance system, the Provincial Injury Mortality Surveillance System that provides complete coverage of injury-related deaths. There are several trauma registries in tertiary hospitals and intermittent cross-sectional studies in all facilities serving selected high-risk areas.

This overview describes methodological aspects, including the use of separate coding axes for key variables akin to an ICECI structure, which simplifies data capture, before data are coded to either ICD-10 or Burden of Disease categories.

The results demonstrate the utility of the surveillance data in identifying high-risk areas and groups at-risk. Data collection has been co-ordinated by the Health Department in collaboration with injury prevention researchers and the institutionalisation of all except the mortality component represents a key challenge for ongoing surveillance.

Conclusions The data have been instrumental in providing ongoing burden of disease estimates for the province and complementing national burden of disease studies, evaluating interventions such as alcohol and gun control, and influencing prevention and interpersonal violence and alcohol harm reduction policies.

44 INJURY AND EXTERNAL CAUSES IN THE 11TH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

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Background The International Classification of Diseases (ICD) is the most widely used classification of injuries and their external causes, particularly in vital registers of deaths and systems to report on cases admitted to hospitals. The ICD has been revised 10 times, most recently in the late 1980s. The World Health Organisation (WHO) is conducting the 11th revision.

Description of the problem Potential reasons to revise the classification include: the emergence of new knowledge; changing priorities and conceptualization of injuries and external causes; and matters unresolved in earlier revisions. National clinical modifications of earlier revisions (ICD-9 and ICD-10) have developed numerous, useful but sometimes non-comparable extensions to the international version. Dissatisfaction with aspects of the ICD external causes chapter prompted development of the International Classification of External Causes of Injuries (ICECI) and the revision provides an opportunity to integrate the ICECI with a new edition of the ICD.

Results In the first phase of the revision, advice was provided to the WHO on proposed changes, largely by Topic Advisory Groups, one of which has focused on the injury and external causes chapters. Also, the ICD was converted from a manually-curated list to a formal database of numerous potentially codeable entities, from which well-specified versions of ICD-11 (called 'linearizations') can be derived for particular purposes. In