- **Talk 2: Role of trauma registries to improve quality of care in developing countries – case studies from three different settings –** *Dr. Amber Mehmood,* Johns Hopkins International Injury Research Unit, USA
  - Abstract: Trauma registries play an important role in performance improvement and hospital-based injury surveillance. Case studies from Pakistan, Kenya and Kampala are presented with details about inclusion, exclusion criteria, data collection platform, implementation model, funding sources and stakeholder engagement. All three registries used electronic platforms, however implementation strategies differed. Dedicated trauma registry personnel results in reliable capture of cases, complete follow up of patients and better quality of data but has higher cost of operation. Trauma registries not only helped in measuring hospital injury burden but also helped documenting the care processes with potentially impactful solutions. Implementation of trauma registries may cause both direct and indirect positive impact on trauma care in the hospital regardless of method of implementation. Long term and sustainable impact could only be seen with strong support from key hospital administrators.
- **Talk 3: Developing an internet-based traumatic brain injury registry in Uganda –** *Dr. Olive Kobusingye,* Makerere University School of Public Health, Uganda
  - Abstract: The primary aim of this review was to define core variables for an internet-based data registry focused on TBI in Uganda. A comprehensive review was conducted. Six databases including PubMed/Medline, Embase, Scopus, Cochrane Reviews, System for Information on Grey Literature and Global Health Ovid were searched for literature pertaining to TBI in the African region and TBI registries in low-and middle-income countries. Thirty-five articles were identified as relevant to the focus of inquiry. The majority of the articles were from Nigeria, followed by South Africa and Tunisia. Few included definition used to define TBI. The most commonly collected core variables were demographics, injury event, initial assessment, emergency department care, in-patient care and outcome at hospital discharge.
- **Discussant: Steps forward: what are the best "systems" to care for the injured in low-resource settings** – Dr. Junaid Razzak, Johns Hopkins International Injury Research Unit, USA
- **Q&A** – Dr. Adnan A. Hyder, Johns Hopkins International Injury Research Unit, USA

Intimate Partner Violence

SU AP W2

32 BETTER SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE. CLOSE COOPERATION BETWEEN THE PUBLIC SECTOR, NGOS AND EXPERTS BY EXPERIENCE

Helena Ewalds. *Development Manager, National Institute for Health and Welfare, Olli Humalamäki, Social Worker, The City of Mikkeli, Sirkku Mehtola, Executive Director, Viola Free From Violence*

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Background In Finland we have for many years worked to improve the public services (health care and social services) for victims of domestic violence. The specialised services for victims of domestic violence are usually run by NGOs. One of the obstacles has been that the staff in social- and health care don't identify the victims of domestic violence. There is still lack of education but the main reason is that they don't ask about violence. Domestic violence enquiry and assessment form has been develop and used in different settings but there is still need to spread the use of the form. The aim of the project (VÄISTÖ) we are presenting includes not only the use of routine enquiry but also how to intervene in domestic violence and establish the practice and develop public services.

Methods The VÄISTÖ-project is part of the National Development Plan for Social Welfare and Health Care (Kaste Program). The purpose is that national, regional and local actors work together to create and implement good practices. This project is implemented in the municipalities of North Karelia and South Savo areas together with two NGOs Viola Free From Violence (SAUMURI-project) and Victim Support (ORAVA-Project). The roles of NGOs have been important when it comes to engaging the Experts by Experience in the development work.

The service developments that have been done are following:

1. Define the roles of domestic violence work in social- and health care public services. How is doing what and when.
2. Dictate the responsibilities and put it in the structures. For example it is your obligation to intervene in domestic violence.
3. Dictate the coordination between different agencies.
4. The service developments have only been achieved by close teamwork between professionals, experts and Experts by Experience.

Results and Conclusions The key learning from this project has been that use of routine enquiry helps professionals in social- and health care settings better intervene in domestic violence. The professionals need an ongoing education in using the enquiry and assessment form. Despite education the professionals also need some expert to consult in situations when domestic violence is disclosed. In public services we also need professionals who are experts in domestic violence issues. One of the key findings in this service model is that the clients are getting more coordinated and comprehensive help. The clients are not as often as earlier redirected from one place to another.

33 HEARING THE VOICE OF DISABLED PEOPLE. DEVELOPING BETTER SERVICES OF DOMESTIC VIOLENCE

[1]Sisko Piippo, [2]Birgitta Huisman-Laine. [1]*University of Eastern Finland, VIOLA Free From Violence, Saumuri Project, Finland*; [2]*VIOLA Free From Violence, Saumuri Project, Finland*

10.1136/injuryprev-2016-042156.33

Background The New Social Welfare Act in Finland highlights citizens' equal access to the services, as well as municipalities' responsibility to collect users' experiences from service system and organise specialised services for victims of domestic violence.

Description of the problem As a marginal group, particularly people with disability are very vulnerable. They position is weak in the service system in getting help as a victim of domestic violence. Also, domestic violence is an untold problem in their own

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*

10.1136/injuryprev-2016-042156.34

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

Rod McClure, Karin Mack, Natalie Wilkins. *Centres for Disease Control and Prevention, Atlanta, GA USA*

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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

[1]Rod McClure, [1]Karin Mack, [1]Natalie Watkins, [2]Tamzyn Davey. *[1]Centers for Disease Control and Prevention, USA; [2]University of Queensland, Australia*

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