level indicators of injury morbidity and mortality involves systemic change.

Description of problem We will not solve the public health problem of injury simply by educating individuals about the nature of injury risk, improving their risk assessment, and providing these individuals with information to enable them to reduce the level of risk to which they are exposed. Substantial improvement in the societal injury burden will occur only when changes are made at the societal level that focus on reducing the population level indicators of injury related harm.

Results In this presentation, we consider a shift from the contemporary *systematic* approach to injury and violence prevention, to a *systemic* approach more consistent with the principles of ecological public health. We consider the extent to which the logic of the systematic model, and the related misconceptions about the role of uncertainty in science, limit local, national, and global efforts to minimise injury related harm. The shift from an individual to a population perspective has substantial implications for the way we perceive, direct, undertake, and evaluate injury prevention research and practice. The analogy of “the population as patient” provides a clear illustration of the foundational truths that underpin the preferred public health approach to the prevention of injury.

Conclusions We conclude by delineating a new program of work that could be of considerable benefit to the injury-related health of populations.

37 PROMOTING SOCIAL AND COMMUNITY CHANGES AS THE BASIS FOR SUICIDE PREVENTION

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10.1136/injuryprev-2016-042156.37

To date, there have been no effective, broadly applied, comprehensive and sustainable approaches to preventing suicide and risk-related premature deaths in the United States. Rare examples of exceptional programs exist – in the US Air Force and the police force of Montreal, Quebec, Canada – but no one has replicated these results, nor is it clear that they are suitable for dealing with the extraordinary diversity within and between states, let alone an entire country. Preventing suicides and premature deaths – to the extent that there is a substantial reduction in population-level rates – will require systemic, systematically applied and coordinated interventions. They will require carefully crafted public health initiatives that reach far ‘upstream’ while also dealing with persons on the ‘edge of death.’ While suicide is often viewed from the perspectives of individuals who have killed themselves, these deaths are drawn from diverse groups who share common characteristics. Effective prevention programs must address the diversity of these groups even as it is essential to meet the needs of individuals suffering great distress. Suicide prevention must be built as a mosaic; no single piece will convey the entire picture.

This presentation will consider an approach developed with a partner State to design and implement a “full court press” approach necessary for creating and sustaining the mosaic of efforts required for preventing suicide, attempted suicide, and antecedent risks that are common to these adverse outcomes, as well as other related forms of premature death. It will consider the challenges involved when promoting effective, broad based coalitions; the opportunities from forging synergies among

diverse groups; the development of dynamic models to explore the impact of programmatic changes and interventions; and the central role of “culture change” that will be essential to creating and sustaining a powerfully effective suicide prevention movement.

38 INJURY PREVENTION AS A BYPRODUCT

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10.1136/injuryprev-2016-042156.38

Background It is plausible to suggest that population changes in injury incidence and outcomes require sustained changes in societal level determinants. However, social change takes time and effectiveness of the approach is difficult to demonstrate using standard research paradigms.

Description of problem To our knowledge there are no convincing reports in the scientific literature of successful, coordinated efforts to develop and implement a systems-level injury prevention interventions based on an initial elucidation of societal level determinants of that population’s level injury rates. In this presentation we describe work we conducted over many years in relation to a wide variety of injuries types, and an array of legal, policy and environmental interventions. Using empirical examples to illustrate our points, we aim in this presentation to i) develop a picture of what a systems level intervention might look like, ii) explain what “implementation” means in this context and iii) discuss the challenges and potential benefits of a societal approach.

Results The presented examples demonstrate three findings. First, it is extremely difficult to encourage stakeholder commitment to building interventions in the community “from the ground up”; Targeted solutions to circumscribed, technical problems, are almost universally preferred. Second, targeted interventions, apparently successful in terms of specific outcomes, may not in fact be successful if all relevant outcomes are included in the effectiveness analyses. Third, for many types of injury we will achieve greater success by not explicitly attempting to reduce injury risk (most people believe that injuries will not happen to them) but to engage the population in activities they value, such as increasing resilience and independence, and that produce fewer injuries as a byproduct.

Conclusions While the systemic approach to injury prevention has face validity as a concept. There is insufficient evidence of its effectiveness as a prescription for prevention practice.

Pre-Conference Sessions Sunday 18.9.2016 13:00–14:45

SU IP W2

39 CHILD AND ADOLESCENT INJURIES IN THE ARAB GULF: UNDERSTANDING THE BURDEN AND RISK FACTORS

¹Adnan A Hyder, ¹Amber Mehmood, ²Ruben Peralta, ²Rafael Conunji, ¹Kate Allen. ¹Johns Hopkins International Injury Research Unit, USA; ²Hamad Medical Corporation, Qatar

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Background The WHO estimates that every day 2,000 children and adolescents are killed by preventable injuries. In the high-

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

40

PROMOTING THE SAFETY OF THE VICTIM OF DOMESTIC VIOLENCE

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10.1136/injuryprev-2016-042156.40

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.

41

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