

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.

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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.

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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.

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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