

**1D.004 STRENGTHENING ROAD SAFETY POLICIES: EXAMPLES FROM PHILIPPINES, CHINA, INDIA AND TANZANIA**

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10.1136/injuryprev-2021-safety.16

**Context** The Global Health Advocacy Incubator's (GHAI's) support for road safety policy change across four countries provides lessons for advocates across diverse geographic and political contexts.

**Process** GHAI supports civil society organizations that advocate for public health policies with a proven, systematic approach that includes financial and technical assistance in the areas of advocacy, communications and legal support. GHAI's Road Safety program supports coalitions in China, India, Philippines and Tanzania. Lessons from countries where laws have now been passed are informing advocacy in the other countries.

**Analysis** Global best practices have been adapted to local and national political, legal and regulatory systems. Some campaigns focus on building government ownership, others center on improving media coverage to build public support, and across all there is a focus on building a strong network of civil society supporting road safety policies.

**Outcomes** Following advocacy campaigns, the Philippines' first child restraint bill for motor vehicles and a comprehensive new road safety bill in India were both signed into law in 2019. The lessons learned are now being applied in other countries. GHAI is building media capacity with our partners to be able to inform public awareness, mobilizing civil society networks and helping stakeholders prepare for implementation of newly passed laws.

**Learning Outcomes** Participants will learn: How to adapt advocacy strategies for safe systems to their own country contexts; universal lessons about the importance of partnerships and media advocacy in policy change; and how policy change can be used to further prevent injury and death.

## 1E – Intimate Partner Violence, March 22, 2021

**1E.001 HEALTH METRICS IN VICTORIAN FAMILY VIOLENCE HOMICIDES**

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10.1136/injuryprev-2021-safety.17

**Introduction** The International Classification of Diseases (ICD)-10 coding describes injury patterns for compilation of national mortality statistics published by the World Health Organisation (WHO). ICD-10 is exposed to many sources of variability including interpretation of the medical cause of death (MCoD) statements and multiple injuries in fatal assaults. We aim to identify the main sources of discrepancies between the ICD-10 statistics and autopsy reports in family violence (FV) homicides. The purpose is to identify reliability problems of injury ascertainment using ICD-10 and inform precise methods in describing MCoD injuries in FV.

**Methods** Victorian FV homicides, January 2006 to December 2018, were identified by screening closed cases after coroners' investigations of assaults for eligible victim-offender/family-like relationship. Australian Bureau of Statistics assigned ICD-10 codes were examined in the context of all injury patterns. The MCoD statements and information in autopsy reports was compared to the ICD-10 coding for underlying and MCoD.

**Results** A total of 195 FV homicides were identified during the 12-year period. Substantial discrepancies were found in usage of nonspecific codes and external cause/intent assignment. These included 15/195 (7.69%) of cases where underlying codes differed by intent.

**Conclusions** This is a population study investigating ICD-10 coding in Victorian FV homicides over a 12-year period. Forensic pathologists should classify specific information available on autopsy reports in a format compatible with ICD coding and WHO death registration. This research may inform a standardised approach towards data specificity in all cause injury deaths, with potential implications for injury prevention and the justice system.

**1E.002 GANDHI NIVAS: A COLLABORATIVE, EARLY INTERVENTION TO IMPROVE SAFETY FROM FAMILY VIOLENCE**

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10.1136/injuryprev-2021-safety.18

**Context** In New Zealand, Police have been empowered to issue Safety Orders (PSO) to protect those who are at risk of harm from a member of their family. PSOs serve to temporarily improve safety by requiring the person at risk of using violence to leave the home they share with protected persons and remain away for the duration of the Order.

**Process** Seeking to enhance the safety of women and children in their community, South East Asian community members in South Auckland collaborated with Police to establish an early intervention initiative to address the over-representation of Asian identified women among victims of family violence. Gandhi Nivas was founded to provide temporary accommodation for men and safety services for women and children late in 2014. Police bring some men bound by PSOs to Gandhi Nivas homes where they can stay voluntarily. Residence provides an opportunity for men and their families to engage with social, counselling and violence intervention services offered by Sahaayta. Services include 24/7 professional social work at the residence, counselling and support services for families and referrals as needed for other services.

**Analysis** Since late 2015, researchers have been working with Gandhi Nivas to conduct qualitative and statistical studies of this innovative community-led collaboration. To conclude our presentation, we provide an overview from the multi-study programme of research. Researchers' identified promising findings from studies of both men's and women's experiences of Sahaayta's services as well as early indications that family violence re-offending reduces after men reside at Gandhi Nivas.