



International Society for Child and
Adolescent Injury Prevention

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ISCAIP News!

ISCAIP was invited to attend the recent meeting on childhood injuries by the **Department of Violence and Injuries Prevention, World Health Organization**, Geneva. It is great to see that more interest is being given to this issue, and the idea of a world report has been accepted in principle to raise the profile of the problem. ISCAIP is exploring ways how it can partner with WHO and will report in more detail on that soon. We hope that all members of ISCAIP in your other capacities will also try and stimulate such collaborations. (see below for more information)

The **British Medical Journal** has called for more papers on Africa and this led to an interesting exchange of letters and responses on various topics including injuries. ISCAIP members responded by promoting the need for more research and publication on injuries in Africa. You can see the discussion thread on Africa at www.bmj.com.

The **International Epidemiological Association**, is hosting the World Congress on Epidemiology (www.wce2005.org) in Bangkok, Thailand, in Aug 2005. They have agreed to give ISCAIP a session on childhood injuries. Please let us know if anyone is planning to attend the meeting (email Adnan Hyder at: ahyder@jhsph.edu). That would help us identify who can participate in such a session. This would both raise ISCAIP's profile at another international meeting, and also it will be good to get some new members from the Asian region!

Case Study from India by Anu Bose

The New Year in many parts of India is on 14th April. On New Year's Eve, a little boy in India was hit by a car, and presumably died. The car that hit him was hired by affluent, successful visitors seeking to establish business ventures in India. It does not matter what the details are. What matters is the seeming inaction that followed, hurtful to those who are aware as to how seriously this would be viewed and how differently the matter would have been dealt with in the home country of those who flew out with not enough being done.

What is one to suppose? Was this little life less precious? Did these events unfold in such a manner because there was no voice to speak for this little boy? Sad as it may be, the fact remains that the basic requirements that follow such a tragedy were not fulfilled. This makes one pause for thought.

What is it that makes well-informed people behave in an inappropriate manner in a different culture? Is it an inability to read the cues? Is a situation where one does not do all that is needed to be done, a genuine paralysis of action, or a sense of naiveté? Do these events evoke a sense of moral responsibility and social obligation even if there is no legal liability? And are we sure there is no liability?

As the world shrinks, and countries eye potential new markets, what information should travelers be provided with? Is it just about the vaccines that are required? Should Injury make it onto the list of advice to travelers? Travel to countries such as India, where road traffic injury rates are very high, is fraught with risks, both as potential victims and as users of offending vehicles. There have been several instances where vehicles hired by foreign corporations have caused death. Should corporate insurance rules be changed, to provide cover to those in the countries where one is seeking to do business? Should the insurance pay for the victims even if the insured were not at fault? Would that prompt local drivers and rental agencies to cooperate in seeking help for such unfortunate victims?

What is the responsibility of those of us who work with children? Are we to be the child's advocate or are we to be beaten by the system and plead that we are but individuals? How much could we do in a background where death and destruction are daily occurrences? Whose responsibility is it to question those who speed away or fly away? Does one citizen have the right to question another?

Does ISCAIP have a role? Should we be helping put together guidelines for foreign travelers in areas of the world where road traffic injuries are high? I invite you to write in with thoughts and comments which would possibly lead to some positive action.

Thoughts on the problem of hit and run incidents involving tourists by Anna Cronin de Chavez

There is a need for a much greater global awareness of the severity of the road traffic injury (RTI) problem in poorer countries, including travelers and local people as victims. For example health advice to UK travelers focuses largely on infectious diseases, food and sun safety not on high risk of road crashes. This is interesting when a third of the 7000 medical insurance claims of UK travelers each year are for crashes. In the European Union 30% of fatalities to tourists are due to injuries, this is likely to be much higher in other parts of the world where injury rates are higher. As well as providing maps to show where there are risks to malaria etc, travelers should be given information about where RTI rates are high. This is also relevant to people from high-income countries who go to work or volunteer in low-income countries, and to their companies or aid agencies. For example a company owned by the Department for International Development of the UK Government had recorded 13 fatal injuries, including young children, as a direct result of their activities. The impact of foreign individuals and companies on vulnerable communities is poorly recorded or acknowledged.

There is a major problem of uninsured drivers, which encourages hit and run cases, increases threat of violence at a crash scene and results in a lack of emergency and long term care for victims. Drivers are less likely to have insurance where wages and resources are poor and where corruption and inter-personal violence is common. The UK may be seen to have a relatively good chance of having all drivers insured, but there are still over 1 million uninsured drivers on UK roads. These uninsured drivers are also those more likely to cause a crash, not have a valid driving license and abandon the scene of a crash.

UK Travel insurance does, in some cases, allow victims of crashes to claim compensation for the victims where the insured traveler has been proved to have caused the crash. How often does that get claimed by victims in poorer countries? Can corporate insurance cover such incidents? There is a continual need to protect vulnerable road users from irresponsible drivers or passengers by implementing the recommendations of the World Report on Road Traffic Injury Prevention.

Useful References:

- 1) Department of Health (2005) **Health Advice for Travellers**
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en>
 - 2) Department of Health (2002) **Health information for Overseas Travel** Ch 4.
<https://www.the-stationery-office.co.uk/doh/hinfo/travel18.htm>
 - 3) Bauer R, Körmer C, Sector M. (2005) **Scope and patterns of tourist injuries in the European Union.**
[Inj Control Safe Promotion](#) 12(1): 57-61.
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Child Injury Meeting at WHO! By Anna Cronin de Chavez

The World Health Organization hosted an historic consultation meeting on Child Injury Prevention on the 31 March and 1 April 2005. Staff from four WHO headquarter departments, as well as four regional advisors, and four UNICEF staff, met with 28 other delegates from international and regional child injury prevention organizations, governments, nongovernmental organizations, foundations and donors. The goal of the meeting was to develop a draft WHO strategy for global child injury prevention and begin planning a World report on child injury prevention. The following specific topics were discussed during the meeting: the current situation of child injury globally; potential areas for effort and collaboration; a WHO strategy for child injury prevention; and the rationale, concepts and process for developing a World report on child injury prevention.

In her opening speech Dr Catherine Le Galès-Camus, Assistant Director General of Non-communicable Diseases and Mental Health, WHO, stated that although the burden of deaths, injuries and disabilities in children around the world was enormous, they are definitely preventable. Much success has been documented in high income countries. The challenge is to adapt these interventions in poor regions and countries in order to reduce the enormous, unequal burden in these areas. In 2001 UNICEF published the Innocenti Report Card which described child deaths by injury in rich nations. The World report on child injury prevention will use this report as one of the building blocks in its development.

The two-day meeting concluded by agreeing on four major outcomes:

- 1 To develop a WHO strategy for child injury prevention
 2. To develop a short "white paper" on child injury prevention for policy makers
 3. To prepare an article on the need to address child injuries for a prestigious medical journal
 4. To begin preparations for the development of a World report on child injury prevention.
- A second meeting of this collaborative effort is planned for the end of 2005.

Events of Interest in 2005 by Monica Dennis

Child Safety Awareness Training, Friday 14 October 2005, Bridgend, UK. For further information contact safetytraining@healthcarealliances.co.uk

Four Nations-One Goal: the Home Safety Challenge, City Hall, Cardiff, Wales, UK: 10 March 2005. This conference recently held in Cardiff provided an update on home safety and injury prevention in the UK and news of activity from Europe. Delegates were informed about the work that is underway in **England** to identify barriers and facilitators to implementing the evidence base for injury prevention. They were also informed about the recent publication of injuries in children 0-14 years and inequalities. This work has now been transferred to the National Institute of Clinical Excellence from the 1 April 2005. **Ireland** is also making progress in pushing the home safety agenda forward. A home safety strategy has recently been launched and plans are in place to implement it.. It was evident that **Wales** was making good progress with improvements in safety standards in the home environment and support for the development of Firebrake Wales, a charity dedicated to working in partnership with the fire and rescue services to promote fire safety in the home. The recommendations made by the *British Medical Association* (2001) for National Centres in each country in the UK was raised in the **Scottish** presentation. This was a recommendation that was supported in Wales however, it is a proposal that has not progressed. It could be established and run by a multi-agency partnership to bring together data on injuries from a wide variety of sources, carry out research, evaluation and training programs Injuries in children 0-14 years and inequalities can be downloaded from <http://www.publichealth.nice.org.uk/page.aspx?o=20>

Following is a **list of selected papers on Child and Adolescent Injury Prevention**, which have been taken from the *SafetyLit* newsletter edited by David Lawrence, San Diego State University (reproduced with permission; see <http://www.safetylit.org>).

Childhood injuries: prevention is always better than cure.- Sim TP, Ng KC. Singapore Med J 2005; 46(3): 103-5.

Knowledge, attitude and practices of childhood injuries and their prevention by primary caregivers in Singapore. Thein MM, Lee BW, Bun PY. Singapore Med J 2005; 46(3): 122-6.

Bullying and symptoms among school-aged children: International comparative cross sectional study in 28 countries. - Due P, Holstein BE, Lynch J, Diderichsen F, Gabhain SN, Scheidt P, Currie C. Eur J Public Health 2005.

Effects of violence exposure and daily stressors on psychological outcomes in urban adolescents.- Self-Brown S, LeBlanc M, Kelley ML. J Traum Stress 2004; 17(6): 519-27.

Family violence: walking the tight rope between maternal alienation and child safety.- Wilson D, McBride-Henry K, Huntington A. Contemp Nurse 2005; 18(1-2): 85-96.

Psychological health and bullying behavior among adolescent prisoners: A study of young and juvenile offenders.- Ireland JL. J Adolesc Health 2005; 36(3): 236-43.

What girls need: recommendations for preventing violence among urban girls in the US.- Molnar BE, Roberts AL, Browne A, Gardener H, Buka SL. Soc Sci Med 2005; 60(10): 2191-2204.

The in situ performance of playground surfacing: implications for maintenance and injury prevention.- Sherker S, Short A, Ozanne-Smith J. Inj Control Safe Promot 2005; 12(1): 63-6.

Causes and consequences of moped injuries in children and adolescents.- Mayr J, Schwantzer G, Swatek P, Neugebauer H, Berghold A. Inj Control Safe Promot 2005; 12(1): 49-51

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