Confronting Injury and Violence Globally: A Tale of Two Traumas

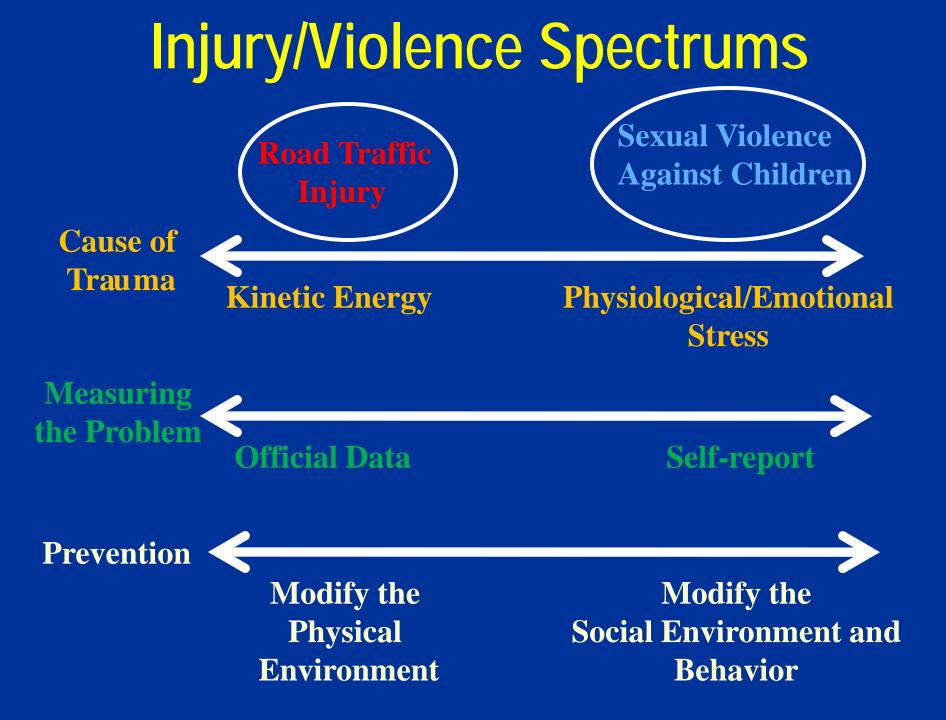
James A. Mercy, PhD

Acting Associate Director for Science National Center for Injury Prevention and Control Centers for Disease Control and Prevention





SAFER•HEALTHIER•PEOPLE™







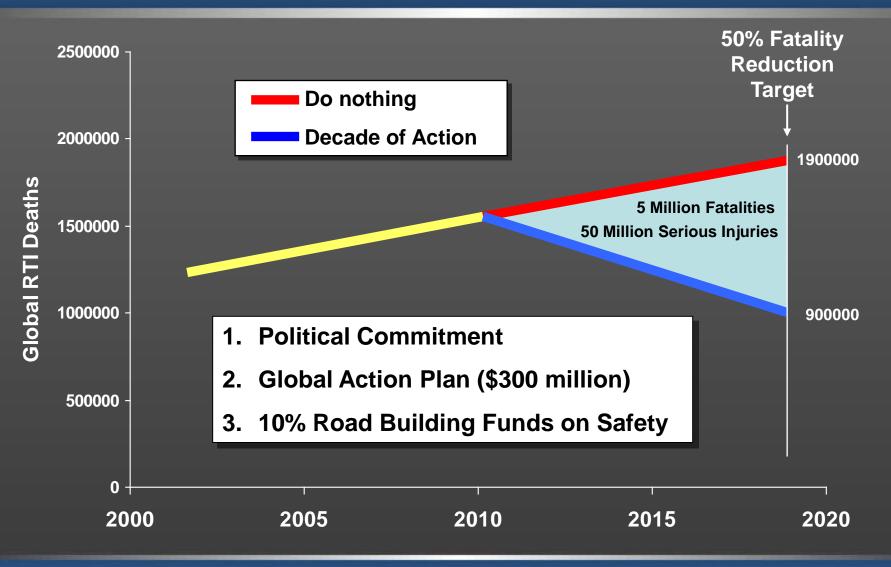
About the Commission:

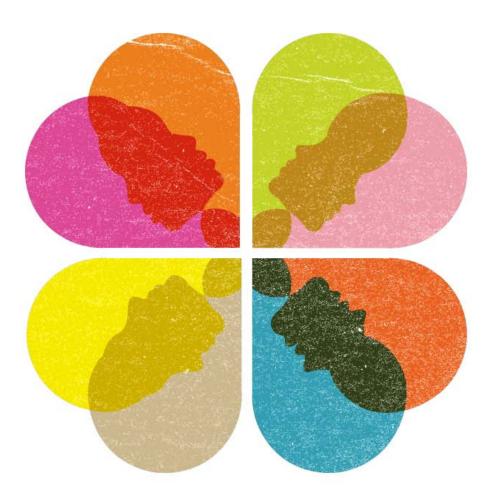
- An independent High Level Commission under the Chairmanship of the former NATO Secretary General Lord Robertson with a member from each of the G8 countries and all major world regions;
- Supported by an expert advisory group including representatives from the WHO, World Bank, OECD, UNECE and NGOs;
- Funded by the FIA Foundation a UK registered charity established to promote road safety, the environment and sustainable mobility





A Decade of Action... Saving 5 Million Lives





Together for girls

We can end sexual violence



United Nations Development Fund for Women UNIFEMER



CDC FOUNDATION

Helping CDC Do More, Faster









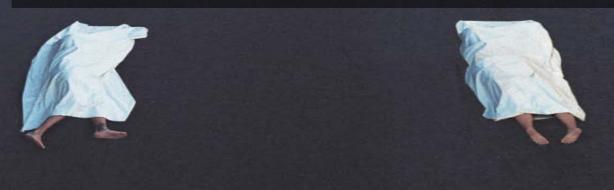
BD Helping all people live healthy lives



Health Impact

Global Burden of Road Traffic Injuries

1.2 million deaths each year 9th leading cause of death 2.1% of all deaths 20-50 million injuries



Costs of Global Road Traffic Injuries

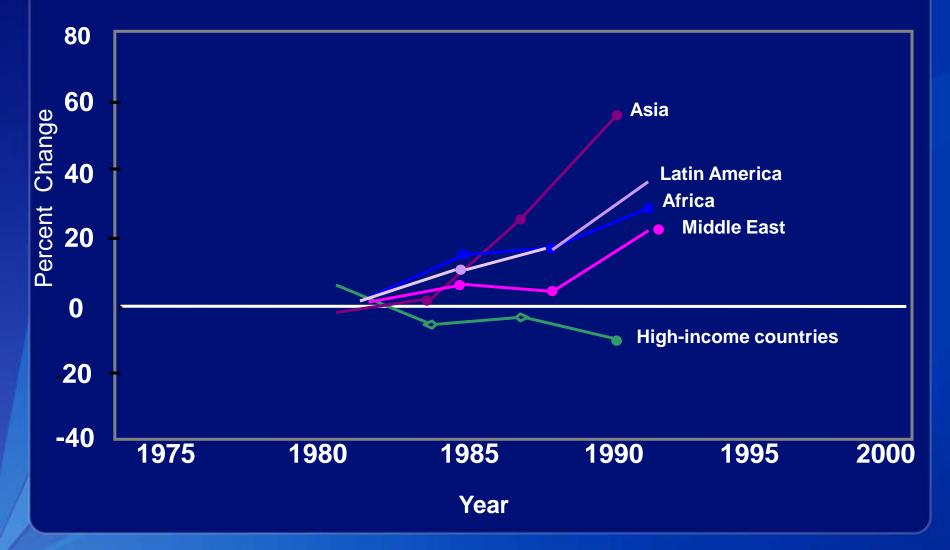
Every year, road traffic crashes cost an estimated:

US\$518 billion

- US\$65 billion in low-income and middle-income countries
- 1% to 2 % of GNP in low-income and middleincome countries
- 2% of GNP in high-income countries

Road traffic injuries put significant strain on health care budgets.

Change in Traffic Fatalities per 100,000



Leading Causes of Death 2004 and 2030 Compared

TOTAL 2004

	LEADING CAUSE	%	
1	Ischaemic heart disease	12.2	
2	Cerebrovascular disease	9.7	
3	Lower resp. infectious	7.0	
4	Chronic obstr. pulmonary disease	5.1	
5	Diarrhoeal diseases	3.6	
6	HIV/AIDS	3.5	
7	Tuberculosis	2.5	
8	Trachea, bronchus, lung cancers	2.3	
9	Road traffic injuries	2.2	
10	Prematurity & low birth weight	2.0	

TOTAL 2030

	LEADING CAUSE	%
1	Ischaemic heart disease	12.2
2	Cerebrovascular disease	9.7
3	Chronic obstr. pulmonary disease	7.0
4	Lower resp. infectious	5.1
5	Road traffic injuries	3.6
6	Trachea, bronchus, lung cancers	3.5
7	Diabetes mellitus	2.5
8	Hypertensive heart disease	2.3
9	Stomach cancer	2.2
10	HIV/AIDS	2.0

Global Burden of Sexual Violence Against Children

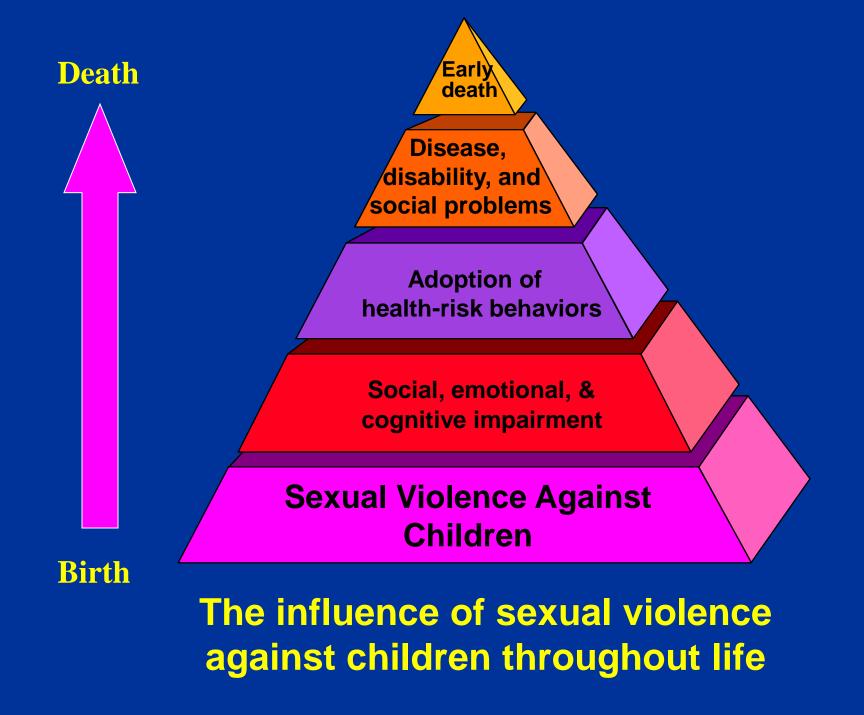
In 2002 150 million girls and 73 million boys had experienced sexual violence with physical contact

Source: Andrews et al., Child Sexual Abuse, WHO, 2004

Lifetime Prevalence of Child Sexual Abuse in High Mortality, Developing Regions of the World

	Female %	Male %
Africa (High Mortality)	21.3	9.6
Africa (Very High Mortality)	42.7	29.8
Latin America/Caribbean	13.3	20.0
Eastern Mediterranean	28.0	11.5
Southeast Asia	67.7	35.0

Source: Andrews et al., Child Sexual Abuse, WHO, 2004



Health Impacts of Sexual Violence Against Children

Health-risk Behaviors

- Sexual promiscuity
- Sexual perpetration
- Alcohol abuse
- Illicit/injected drug use
- Smoking

Disease and Injury

- STDs, including HIV
- Gynecological problems
- Heart disease
- Diabetes
- Stroke
- Cancer
- Suicide
- Hepatitis

Mental health and well-being

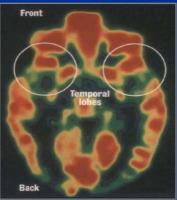
- Depression, post-traumatic stress disorder (PTSD)
- Aggression/Violence Perpetration
- Anxiety
- Somatic complaints
- Attempted suicide
- Social ostracism
- Anxiety
- Academic achievement
- Revictimization
- Unwanted pregnancy

Toxic Stress Damages Brain Architecture

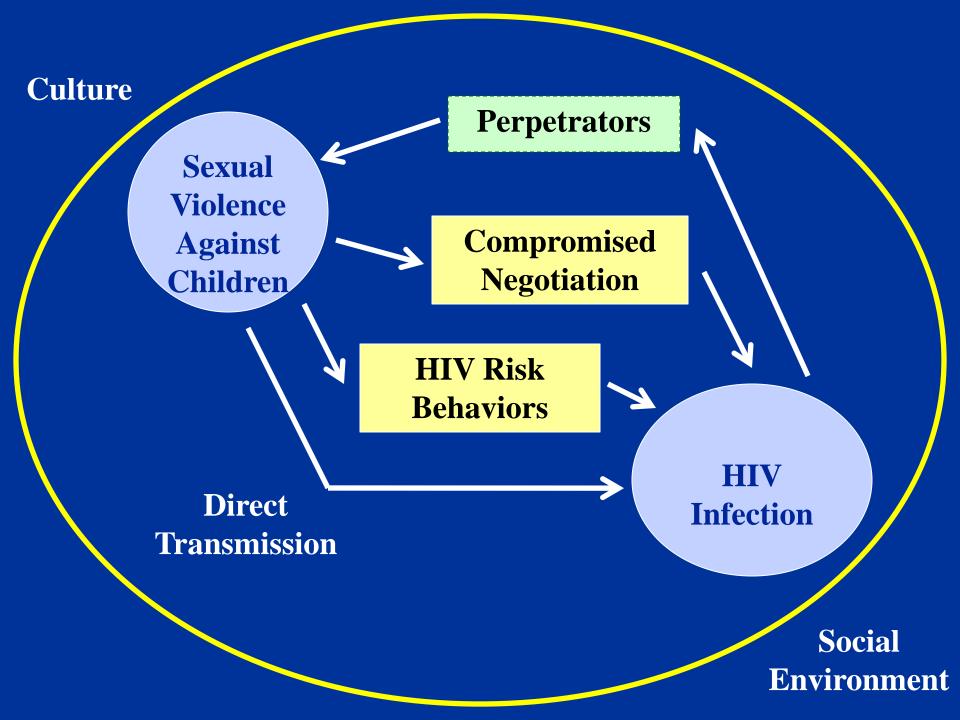
 Excessive and repeated stress causes the release of chemicals that impair cell growth and interfere with the formation of healthy neural circuits in the brain

<image><section-header>

 Toxic stress can damage the brain's stress response system and contribute to premature aging of the body



Abused Brain



Fraction of Mental Disorders and Suicidal Behavior Attributable to Child Sexual Abuse (CSA) by Sex

	Female %	Male %
Depression	7-8%	4-5%
Alcohol Use/Dependence	7-8%	4-5%
Drug Use/Dependence	7-8%	4-5%
Panic Disorder	13%	7%
PTSD	33%	21%
Suicide Attempts	11%	6%

Source: Andrews et al., Child Sexual Abuse, WHO, 2004

Surveillance

Road Traffic Data Sources

Health/Medical

- Vital statistics (deaths)
- Hospitalizations
- Emergency dept visits

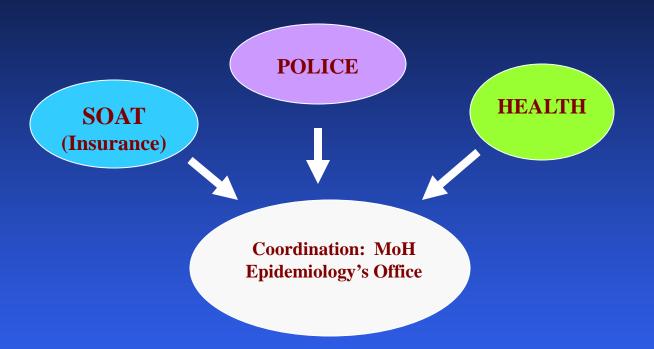
Other

- Surveys--ask people
- Observations

Traffic Safety/Police

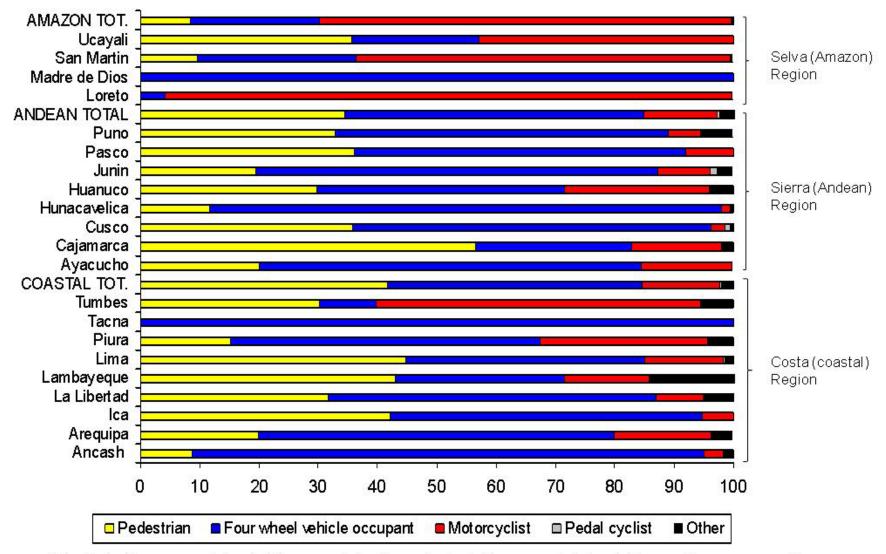
- Police accident reports
- Citations or tickets
- Licensing information
- Amount of travel
- Amount of travel by mode

National Road Traffic Injury Surveillance System: Peru



In 2007, the Ministry of Health established a National Road Traffic National Injury Surveillance System

Non-fatal road traffic injuries by road user type and state of sentinel unit, Peru Aggregated data from 23 states , 2007-2008



Note: Pedestrian: person injured while was walking; Four wheel vehicle occupant:: injured driver and /or passenger of the vehicle; Motorcyclist: injured driver and/or passenger of the motorcycle or motor-car; Pedal cyclist: person injured while riding a bicycle; Other: person injured as occupant of animal-drawn vehicle, animal cart, train, water transport, etc.

Sexual Violence Against Children Data Sources

Health/Medical

- Hospitalizations
- Emergency dept visits
- Reproductive health clinic data
- STD treatment data

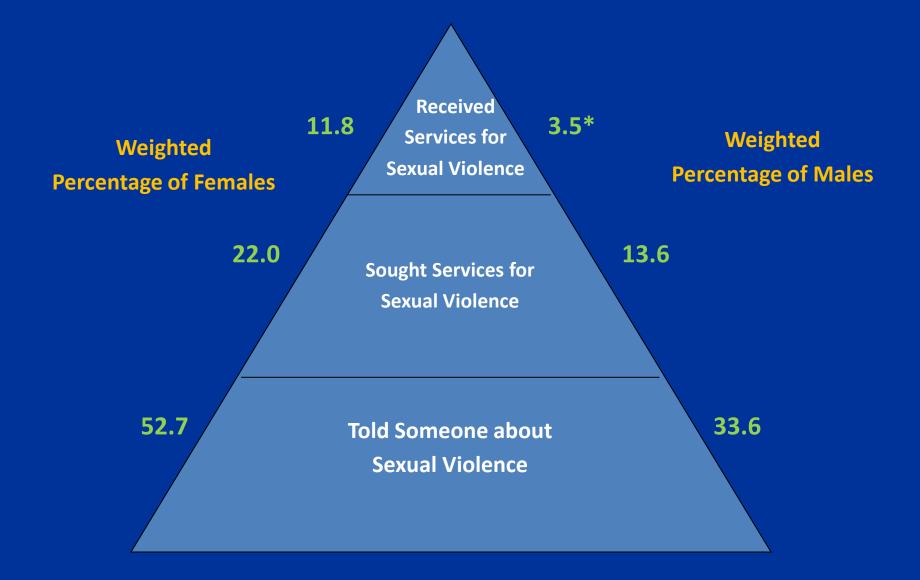
Police/Social Service

- Police reports
- Child welfare service records
- School reports

Other

Surveys--ask people

Help Seeking and Service Utilization Among Victims of Childhood Sexual Violence, Tanzania, 2009



Survey Method

Household survey

 Three-stage cluster sample survey design



 Randomly select one eligible respondent aged 13-24 years in each household

Protecting Child Respondents

 Conduct interviews in private with predefined procedure for handling interruptions and use same-sex interviewers

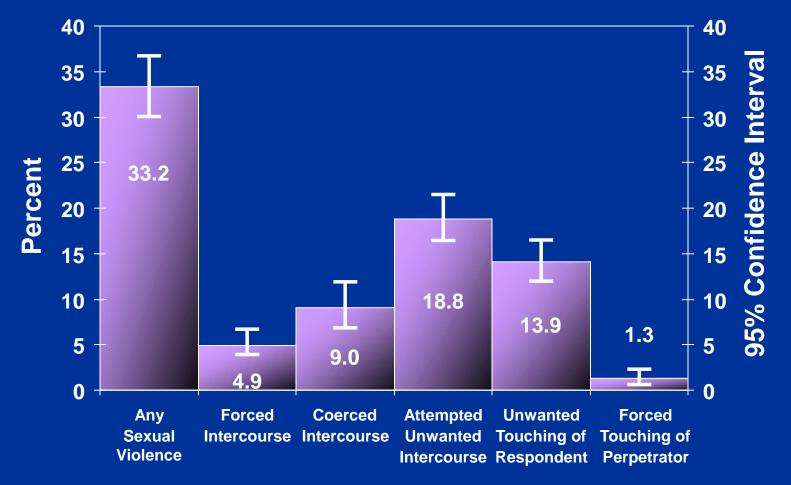
One interview per household

 Provide a list of services to every respondent



 Have service agencies contact respondents who are upset or express a desire to get help

Sexual Violence Prior to age 18 Among Females 13-24 Years of Age, Swaziland 2007



Sexual Violence

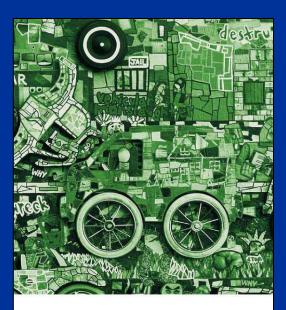
Prevention

Road Traffic Injury Intervention Package

- Speed
- Impaired driving
- Seatbelts
- Helmets
- Roadway design

Contributing Factors Global Status Report – 2009

- <u>29%</u> have urban speed limits below 30 mph
- <u>Less than half</u> of countries have a BAC law at 0.05 g/dL or below
- <u>43%</u> lack primary seat belt laws that cover the driver and all passengers
- <u>60%</u> of countries lack a universal motorcycle helmet law



GLOBAL STATUS REPORT ON ROAD SAFETY TIME FOR ACTION

Success Story - Vietnam



- □ 3% helmet use prior to the law
- □ 99% use after law (2007)



- Saved 1,000 lives to date, injuries down 25%
- Child helmet coverage began in 2009

Roundabouts Save Lives



Roundabouts are one of the new "vaccines for road safety"

 80-90% reduction of fatal injuries compared to traditional intersections in Sweden

• As effective as our best vaccines

Generally well accepted by citizens

Framework for Action to Address Sexual Violence Against Girls

Motivate and Sustain Political Will

- Promote Equitable Gender Relations and Protective Norms
- Create Safe Environments and Families

Strengthen and Coordinate Response Systems
Establish Systems for Monitoring and Evaluation Safe Dates – School and Community-based Dating Violence Prevention Program

Based on a RCT at 3-year follow-up:

 Reduced psychological, physical, and sexual dating violence perpetration

 Equally effective for males and females, whites and minority adolescents

 Effects were mediated by changes in dating violence and gender role norms and awareness of community services

Success Story in Progress: Swaziland

- National Awareness
 Campaign
- Sexual Offenses Unit for Children in Courts and Police Stations
- Sexual Offense Bill
- UNICEF's 2008 Plan of Work
- Community outreach

Protection for sexual offense victims in Swaziland



© UNICEF Swaziland/2008/Phakathi

Swaziland's Chief Justice, Richard Banda, cuts the ribbon to open the country's first Sexual Offences Unit. Witnessing are (from left):Justice Monakgeng, UNICEF Representative Dr. Jama Gulaid and Ministry of Justice and Constitutional Affairs Principal Secretary Sicelo Dlamini.

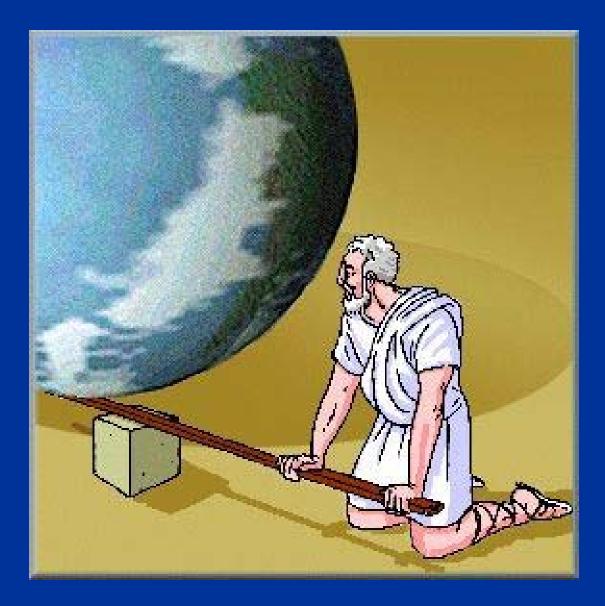
By Jabulile Phakathi

MBABANE, Swaziland, 30 December 2008 – In response to concern about the alarming rates of violence against children documented in a 2007 national study conducted by UNICEF and the US Centers for Disease Control, Swaziland has established its first Sexual Offenses Unit for children and young people.

Housed in the Magistrate's Court, the unit has a childfriendly interview room, offices

for five prosecutors and a resource centre for staff.

A New Lever for Public Health





For more information

Visit CDC's National Center for Injury Prevention and Control web site:

www.cdc.gov/ncipc





SAFER • HEALTHIER • PEOPLE[™]

Disclaimer

The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.