Strangulation risks in youngsters

Improperly called 'choking game' in Anglophone countries or 'jeu du foulard' ('scarf game') in France, this practice, is far from being a game. It basically consists of external compression of the airway, either at the sternum or neck, either by hand (often in a group of youngsters) or with a rope or wire (performed in solo) with the intention to restrict oxygen flow to the brain (hypoxia) and to achieve a condition of euphoria ('getting high').

Children (from 5 years onwards) and adolescents, especially those in the age group of the 12-16 years, from all social classes and backgrounds, are at risk. When they try the 'choking game' in teams, alternatively by self-strangulating or by being strangulated, the main risks are brain injury after fainting and falling, or due to a cardiac arrest.

Those who practice on one's own are often only discovered after they died from accidental strangulation or hanging.

One should be alert when youngsters regularly play with a belt or a rope in unexpected place, when they frequently report recurrent and violent headaches, present 'ecchymoses' (marks of purple discoloration of the skin -bruises- due to passage of blood from ruptured blood vessels into subcutaneous tissue) on chest or around their neck, micro-hemorrhages in the eyes, amnesia, or show signs of mental confusion.

A survey in 2007 by the French IPSOS-research institute revealed that, in a sample of more than a 1 000 persons representative of the French population aged over 15 years, 6% of the parents who have heard of the "game" consider that their children might have practised it once. Out of these, 5% declare knowing children or adolescents who have been injured or died of this practice. Nearly half of those who practised or have seen others doing it, were not at all aware of the serious risks involved in such practices.

The APEAS (Association of victims' parents) organized an International Symposium on 3-4 December 2009, in Paris, at the Ministère de la Santé (NHS).

The presentations and conclusions from this seminar are now published. (L'Harmattan, ISBN 978-2-296-11260-5 (French) and 978-2-296-12292-5 (English).

More information (various languages): *http://www.jeudufoulard.com/*

Violence prevention

WHO, in partnership with the London School of Hygiene and Tropical Medicine, launched its latest report on violence against women - *Preventing intimate partner and sexual violence against women: taking action and generating evidence -,* at the 10th Injury Prevention-World Conference in London.

This manual - developed with input from a globally representative panel of experts - aims to provide information for policy-makers and planners to develop programmes for preventing intimate partner and sexual violence against women.

Evidence base

The evidence-based prevention of intimate partner and sexual violence is still in its early days and much remains to be accomplished. At present, only one strategy has evidence supporting its effectiveness – and this only relates to intimate partner violence. The strategy in question is the use of school-based programmes to prevent violence within dating relationships. Evidence is, however, emerging of the effectiveness of a number of other strategies for preventing intimate partner and sexual violence, including microfinance programmes for women combined with gender-equality education; efforts to reduce access to and harmful use of alcohol; and changing social and cultural gender norms. Many more strategies appear to have potential, either on theoretical grounds or because they target known risk factors, but most of these have never been systematically implemented – let alone evaluated.

Public health role

The public health approach to prevention taken in this document is intended to complement criminal justice-based approaches. The approach relies upon the use of population-based data to describe the problem, its impact and associated risk and protective factors, while drawing upon the scientific evidence for effective, promising and theoretically indicated prevention strategies. Part of the approach is also to ensure that all policies and programmes include in-built monitoring and evaluation mechanisms. At the same time, taking a life-course perspective will help to identify early risk factors and the best times to disrupt the developmental trajectories towards violent behaviour using a primary prevention approach. For successful primary prevention, early intervention is required that focuses on younger age groups.

No time to wait for action

Although pressing, the need for evidence and further research in all these areas in no way precludes taking action now to prevent both intimate partner violence and sexual violence. Those programmes that have evidence supporting their effectiveness should be implemented and, where necessary, adapted. Those that have shown promise or appear to have potential can also play an immediate role – provided strenuous efforts are made to incorporate at the outset rigorous outcome evaluations. It is only by taking action and generating evidence that intimate partner and sexual violence will be prevented and the field of evidence-based primary prevention of such violence will successfully mature.

More information:
http://www.who.int/violence_injury_prevention/violence/activities/intimate/en/index.html

Violence and knife crime among young people

At the 10th World Conference on Injury Prevention and Safety Promotion on Tuesday, 21 September 2010 in London, WHO-Europe launched a report on Violence and knife crime among young people. The report is the first comprehensive assessment of interpersonal violence and knife crime among young people in the 53 countries of the WHO European Region. It highlights interpersonal violence as the third leading cause of death and a leading cause of disability among people aged 10–29 years in the Region. This burden is unequally distributed, and 9 of 10 homicide deaths in the Region occur in low- and middle-income countries. Irrespective of country income, interpersonal violence disproportionately affects young people from deprived sections of society and males, who comprise 4 of 5 homicide deaths.

The report identifies numerous biological, social, cultural, economic and environmental factors that interact to increase young people's risk of being involved in violence and knife-related crime. Factors that can protect against violence developing among young people include good social skills, self-esteem, academic achievement, strong bonds with parents, positive peer groups, good attachment to school, community involvement and access to social support. Good evidence indicates that reducing risk factors and enhancing protective factors will reduce violence among young people. The experience accumulated by several countries in the Region and elsewhere shows that social policy and sustained and systematic approaches that address the underlying causes of violence can make countries in the Region much safer.

These make compelling arguments for advocating for increased investment in prevention and for mainstreaming objectives for preventing violence among young people into other areas of health and social policy.

For more information:
http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications

('Preventing violence and knife crime among young people', by Dinesh Sethi, Karen Hughes, Mark Bellis, Francesco Mitis and Francesca Racioppi); ISBN: 978-928-900-2028)