

Why I campaign

Quotes from women campaigners, including mothers, wives, sisters and partners

"I campaign out of fear - my brother was one of the 50,000 Americans killed on the road in 1965. My own children are at the age when road crashes are the greatest threat to them, and thus my own sanity. I campaign out of indignation - I refuse to accept that lives, including those of my family and friends, should be sacrificed so that others can arrive at their destinations seconds earlier. I campaign in an attempt to reduce the threat to others and ensure that when tragedy occurs, our society treats death and injury on the road appropriately - because life should not be cheaper on the road!"

"...Woven through all my campaigning is my strong belief that all life is precious and God given and so the environment and human beings should be treated with respect...I have been inspired by other people's stories and moved by seeing how grief and anger have given energy to try to change those systems and attitudes which only add hurt and a legitimate sense of profound injustice... I want to raise my voice with theirs...I also want to shout to the world that this outrageous carnage can and must stop. Driving safely and with consideration for other users and for communities travelled through is not impossible..."

"Drivers who kill or maim are treated with abhorrent leniency by the criminal justice system...In most cases drivers' culpability is heavily and successfully mitigated...lost or mutilated lives are rendered acceptable collateral damage - the notion of living with risk taken to a dishonest edge...I campaign now because I am deeply offended by a system I nurtured and believed in...I yet hope that mounting public outcry will steer government to clarify road traffic laws, so that the deterrents are implemented as expected..."

"I campaign because everyone should have the right to the healthcare treatment they require and deserve despite the financial cost. My husband and I were both seriously injured by a woman driving under the influence of drugs. My husband survived for 11 days, being driven in an unstable, deteriorating condition between a spe-

cialist unit and a local hospital without facilities for head injury, purely due to lack of intensive care beds. I am left permanently disabled. I campaign because my injuries were not even taken into account since there is no charge of 'Causing injury by dangerous driving'. I campaign because of the overwhelming financial burden on our police, ambulance, fire, healthcare and legal systems. Mostly I campaign to try and make sure other people do not have to go through the hardship and heartbreak I have had to."

"The death of a child (whatever age) in a road crash changes your life mercilessly...The light of my life has gone out and the heart of our family has been ripped out...RoadPeace and its members have given me strength to cope with the grief...How can we convince so far unaffected people to unite against irresponsible driving? Changing the habit of irresponsible drivers is my mission."

Why I campaign: One bereaved mother's reasons

I campaign to highlight the inadequacies of an out-dated legal system that has not evolved to address the problems caused by the increasing use and misuse of motor vehicles. I campaign because I was, and still am, **Devastated** that my son was killed on the road **Appalled** that the driver responsible for his death was not held accountable. **Amazed** that the Police failed to conduct a proper investigation **Saddened** that the Coroner could not deliver a verdict that reflected the manner in which he died. **Exhausted** trying to comprehend a legal system that regards the killing of a human being by another as irrelevant. **Furious** that his death was only mentioned to the Magistrates by chance - it was not considered or mentioned in the charge, and consequently not reflected in the sentence **Bewildered** that the previous motoring convictions of the driver could not be taken into account by the court. **Disbelieving** of the level of leniency by the courts **Angered** that preventable crashes are perceived as accidents and that there is no deterrent for the perpetrators. **Dismayed** at the apathy of politicians to address an escalating problem that affects everyone of us.

well over 70,000 people in the UK alone have followed him to a premature grave as road victims. How did they die - did they kill themselves or were they killed by others? Nobody knows - it is the greatest violation of Human Rights and abdication of responsibility for the protection and preservation of life that exists in the so-called civilised world. More than 5,500 people died on our roads in the year Simon was killed. This figure has now reduced to 3,500. This is called a "success." The fact that someone is killed almost every two hours on our roads is described as a success - do you agree?"

Will you campaign with us? For everyone of us is a potential victim!

Aim of the 'Women for worldwide peace on the roads' campaign

The World Health Organisation has described road traffic injury as a major, neglected, public health and development crisis, and has called for greater efforts to help turn the tide of the rising numbers of road deaths and injuries. RoadPeace's experience with bereaved and injured road crash victims over many years, confirms the urgency of preventing future tragedies.

This initiative is launched in order to campaign more effectively by sharing knowledge and lessons with other countries and organisations.

Our ultimate aim is to reduce the risk of road use to that of other everyday activities and achieve parity with the treatment of and provision for other victims of crime and disease.

Launched at the start of International Women's Month 2005, the **'Women for worldwide peace on the roads'** campaign is set to continue.

Throughout the coming year, we will organise and launch a series of events and publications, including a roundtable discussion, national and local meetings, international reviews and a campaign guide.

We will organise a survey focussing on the three highlighted areas. This survey will review the extent to which the **true scale** of road death and injury is acknowledged and adjustments made for under-reporting. It will also research the **priority for road danger reduction**, in terms of financial and human resources. It will further identify the resources allocated to collision investigation and prosecution, and compare the **rights of road traffic victims** with those of other victims.

RoadPeace will conduct this survey in the UK and coordinate it in other countries, including Uganda, South Africa, Bangladesh and India.



We invite the support and collaboration of: individuals, organisations and statutory bodies concerned with:

- women's issues
- equality and justice
- the environment
- international development and poverty alleviation
- criminal justice
- advocacy
- health
- policing

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Member of the European Federation of Road Traffic Victims, FEVR, with UN consultative status.

This brochure was designed by Tea McAleer, whose mother was killed by a speeding driver in Mostar, Bosnia and Hercegovina, on 4.10.2004



A new campaign by RoadPeace, marking International Women's Month March 2005

Women around the world are at the forefront of campaigning for justice and reduction of danger on the roads. They are compelled to campaign because of the devastation suffered by families when children or loved ones are cruelly and needlessly killed or maimed in traffic. The threat of road danger also affects women's daily lives and imposes unacceptable restrictions on their everyday activities.

Safe roads are as basic a need as clean water and clean air

EVERY DAY 3,000 people are killed on the world's roads - the equivalent of a Twin Towers tragedy! In response, many women have started campaigning - individually and through organising effective campaign groups: MADD (Mothers Against Drunk Driving) and ASIRT (Association for Safe International Road Travel) in the USA, RoadPeace in the UK, The League Against Road Violence in France, Drive Alive in South Africa, Prague Mothers, and many other organisations, including under the umbrella of The European Federation of Road Traffic Victims, FEVR. This is not to deny the role of men or the impact on them, but the focus of this new campaign is on the growing role of women and the need for their increased participation.

This launch publication focuses on the UK, highlighting that many problems and challenges exist in a country with what is considered to be a good road safety record.



photos by Paul Wenham-Clarke whenitwascold.co.uk

ROAD DEATHS AND INJURIES SHATTER LIVES

'Women for worldwide peace on the roads' will engage women in a worldwide active network and produce a Campaign Guide for the 8th World Injury Prevention and Safety Promotion Congress in South Africa in April 2006.

We will campaign for

- acknowledgement of the true scale and cost of road death and injury
- increased priority for road danger reduction
- justice for road crash victims.

"...WHO applauds the work of non-governmental organisations, and in particular the women campaigners amongst them, for bringing the scale of road death and injury to the world's attention..." Dr. Margie Peden, World Health Organisation (WHO) Coordinator for Unintentional Injury Prevention

Women have often led the call for peaceful resolutions and their engagement and support are now needed to help bring an end to the 'war on the roads'.

¹ WHO (2004), World report on road traffic injury prevention

² Babtie Silcock and TRL (2003), Updating the Crash Costing Guidelines for Low Income Countries. DFID

³ Asian Development Bank (2004), Arrive Alive ASEAN commits to cutting road deaths

⁴ Lawrence G, B Hardy, J Carroll, W Donaldson, C Vitvikiis, and D Peel (2004), A study on the feasibility of measures relating to the protection of pedestrians and other vulnerable road users-Final Report, TRL Report

⁵ Jacobs G, A Aeron-Thomas and A Astrop (2000), Estimating global road fatalities,TRL Report 445.

⁶ FEVR (1997), 'Impact of Road Death and Injury', Geneva

⁷ WHO (2004), World report on road traffic injury prevention

⁸ Aeron-Thomas A, Jacobs G, Sexton B, Gururaj G, and Rahman F (2004), The involvement and impact of road crashes on the poor, TRL Report

⁹ <http://www.driveandsurvive.co.uk/cont5.htm>

¹⁰ Wood, M (2004), 'Perceptions and experience of antisocial behaviour: findings from the 2003/2004 British Crime Survey.' Home Office Online report 49/04

¹¹ WHO (2004), World report on road traffic injury prevention

¹² ibid

¹³ DETR (1997) Road safety strategy: Current problems and future options

¹⁴ Blomfield S (2005), Britain worst in EU for heart disease, with costs of £7.5b a year, The Independent on Sunday, 13 February 2005

¹⁵ House of Commons Transport, Local Government and the Regions Select Committee (2002), Road Traffic Speed, Ninth Report.

¹⁶ Allsop R (2002), Road Safety Work-Implementation and Monitoring Now and Pragmatism about the Longer Term', International Symposium on Road Safety, University of Hong Kong, March 2002.

¹⁷ www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_033570.pdf

¹⁸ MPS press office email, 14 April 2003

¹⁹ Evening Standard (2003), June 12 2003.

²⁰ House of Commons Transport Select Committee (2004), Traffic law and its enforcement.

²¹ Roberts Y (2005), How the courts still let down our most vulnerable children, The Observer, 6 Feb 2005

²² MacGregor S, letter to the Guardian, Manchester, 4 January 1988

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TRUE SCALE OF ROAD DEATH AND INJURY

Worldwide, over 1.2 million people are killed each year on the roads, four times more than are killed in combat¹. In the UK, ten families a day are bereaved through a road crash. **But the true burden from road crashes is far greater still.**

Under-reporting

Official national statistics almost never refer to the problem of under-reporting, which is especially severe in low-income countries. Road deaths are estimated to be far greater than reported - four times greater in Bangladesh², over three times in Indonesia, and as high as nine times the official figure in the Philippines³.

Under-reporting of injuries is even worse. In Europe, serious injuries to vulnerable road users (pedestrians, cyclists and motorcyclists) are over two times greater than officially reported⁴. Only a fraction of serious injuries are reported in low-income countries. WHO uses a severity ratio guideline of 15 serious injuries and 70 slight injuries for every road death, while many low-income countries, including China and India, report less than 10 total injuries for each death⁵.

Disabled

Road casualty statistics are presented in terms of an annual incidence. There is no mention of those who are still physically suffering from crashes that occurred in previous years. For every person killed in a road crash, there will be at least one with a lifelong disability. There is no acknowledgement of the long-term condition of road traffic injury as there is with other diseases, such as cancer or heart disease.

"My husband was a keen safe cyclist...this driver drove into him without apparent reason. He suffered a serious brain injury, which left him with memory problems...he is now registered blind. He cannot read, make decisions, go out alone...he can no longer ride his bike, the great love of his life. He has little independent life now."

Secondary casualties

A European study of people bereaved through a road crash found that almost one third remained suicidal three years or longer after the crash, while 62% suffered

In the EU, one in 80 citizens is expected to die 40 years prematurely and one in three will need hospital treatment - thus virtually every European family will be directly affected by a road crash.

depression⁶. Calculations of casualties and costs completely ignore the health impact on families.

Financial impact

There is a direct financial impact on societies and on families. The cost of crashes in low-income countries is greater than the Development Aid received by them⁷. The unexpected burden of medical costs and/or the loss of the victims' or carers' income can tip families into poverty. A study in Bangladesh and India found that half of the rural bereaved households identified as poor after the crash, had not been poor before⁸.

Fear of road danger

Fear of road danger restricts people in their everyday life, especially children and the elderly. It leads to increased congestion and obesity when parents drive their children everywhere, and isolation for those living on their own.

"Kate was knocked down on a zebra crossing by a hit and run driver, who was only charged for driving while banned. No mention was made of Kate's death. I stood up to object and was threatened with contempt of court. After 9 years, the impact continues to reverberate. Our grief and cataclysmic loss has affected each of us. My son, then 21, suffers with severe depression. He has found it particularly difficult to come to terms with the great sense of injustice. My husband and I have separated after 27 years. Kate was 24, a law graduate. She was our joy, the light of our life, so loved, so kind, so loving. Not to have her death acknowledged - not to see justice done - I am sure if the case had been given proper attention, the cost would not have been so high."

Lack of priority for road danger reduction

Inadequate response

Road safety is often stated as a priority for the transport sector, but tends to be ignored by the health and justice sectors. Throughout the EU, for people under 45 the number of road deaths is six times that from cancer and 14 times from coronary heart disease⁹, yet road safety plans often exclude health recommendations, as did the UK Government's Road Safety Strategy of March 2000.

And traffic policing is not considered core police work, despite the fact that fear from road danger is regularly reported as a key public concern and the main police task is to protect life. Community safety units, at present set up throughout the UK, focus on preventing muggings, domestic violence and racist and homophobic crimes. Road danger is excluded, even though the most recent British Crime Survey, involving 50,000 citizens, identified speeding as the lead antisocial behaviour¹⁰.

"It angers me when people refer to Michael's death as an 'accident'. Why does society automatically presume that when a person is killed on the road that it is an accident? In my eyes Michael was murdered, they did not use a gun or knife - they used a car as the weapon."

Lack of investment

Much mention is made of the cost of road crashes¹¹ - of 1-2% GDP lost in road crashes. But how much is being invested to prevent them and reduce their consequences? According to WHO, the death toll from road crashes is 42% that of HIV, yet road safety receives only 3% of the HIV funding for research and development¹². In 1996, road crashes were estimated to cost the country £10 billion, while the UK Government spent less than £1 billion on road safety, half of which was spent on hospital treatment for victims¹³.

Can road safety even be considered a transport sector priority if it receives 1% of its budget?

UK Government Road Safety Spending (£million)		
	Total budget	Road safety (% total)
Home Office	£6,730	£255 (3.8%)
Dept. of Health	£35,320	£474 (1.3%)
Dept. of Transport	£12,380	£106 (0.9%)

Source: PACTS (1996), Road Safety Spending in Great Britain: Who stands to gain?

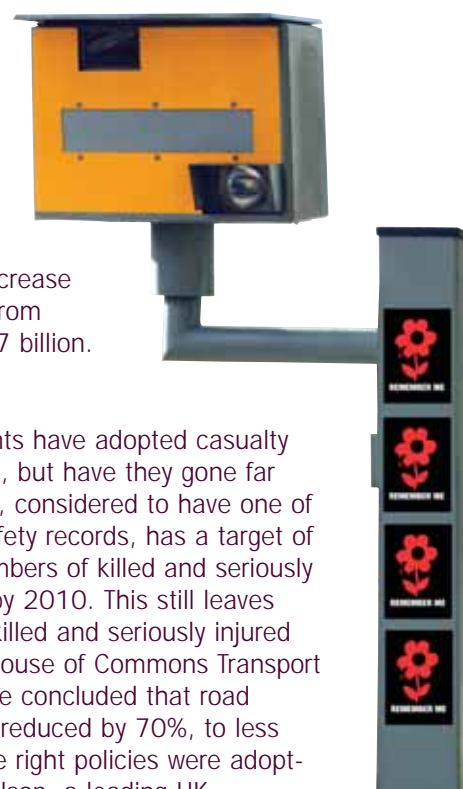
Heart disease is estimated to cost the UK £7.5 billion per year and the government invests £3.4 billion in combating it¹⁴. If road danger reduction was given the same priority - 45% investment - the amount spent preventing and treating road casualties would have to increase almost six-fold, from £1 billion to £5.7 billion.

Lack of vision

Many governments have adopted casualty reduction targets, but have they gone far enough? The UK, considered to have one of the best road safety records, has a target of reducing the numbers of killed and seriously injured by 40% by 2010. This still leaves 26,447 people killed and seriously injured each year. The House of Commons Transport Select Committee concluded that road deaths could be reduced by 70%, to less than 1000, if the right policies were adopted¹⁵. Professor Allsop, a leading UK Government Road Safety Advisor, advocates that our long term vision should be to reduce the risk on our roads to that of other everyday activities, which would be about 500 deaths a year¹⁶. At present the level of risk accepted on the road is too high. For instance, 30 mph is the default urban speed limit in the UK, yet half of all pedestrians hit at this speed will die. We would not accept these odds anywhere else.

Fixed speed cameras are not used as a preventive measure in the UK - government guidelines restrict them to where there have been at least four fatal or serious injury collisions.

"I expected that the horrific and violent death of my only child would be taken seriously, and that the organisations and people concerned with health and safety at work would want to examine what had happened with a view to seeing what could be done to prevent similar events in future. I was completely wrong. No one was remotely interested. I went through the mindless procedures of the Coroner, the Police, the Crown Prosecution Service, the Health and Safety Executive, etc, and felt I was entering an Alice-in-Wonderland world where people based their work on a routine denial of reality."



Lack of justice for road traffic victims

A sudden violent bereavement or injury is hard enough to bear, but the pain and suffering are compounded by societies' and governments' inappropriate response to road crashes. They are still too often seen as 'accidents', leading to less priority for the investigation, which in turn affects chances of criminal and civil justice. Victims suffer further trauma by the treatment they receive, especially when they are denied the same rights and support services provided to other crime victims.

"Had my child died of natural causes, I think I could have coped in time, but I cannot cope with the fact that he was killed needlessly, and society and the law, in whom I previously had complete faith, did not punish the person who killed him...putting theft of property before theft of life...basically there is no joy in my life anymore."

Collision investigation

Collision investigation is not a priority for the police. Serious weaknesses were reported in the UK in 2000, and in 2001 the Road Death Investigation Manual was launched to improve the quality and consistency of fatal crash investigations. But it is advisory only and there is no monitoring of its application or impact. No manual exists for road injury investigations. UK collision investigation remains poorly resourced, i.e. finance and human resources¹⁷. In 2003, less than 50 collision investigators investigated 348 fatal road crashes and 940 'near fatal' crashes in London¹⁸. Although road deaths are twice the number of murders, there are over 1000 murder detectives in London¹⁹.

Estimated cost per crash (UK £)

	Police resources	Insurance/administration	Total cost
Fatal	1500	240	1,492,910
Serious	210	150	174,530
Slight	50	90	17,550

In many low-income countries, including Bangladesh and much of India, the general police are responsible for investigating fatal and injury road crashes. Even where traffic police investigate, their training will be poor and resources minimal.

Criminal prosecution

In the UK, road death and injury are considered motoring offences and treated far less seriously than other homi-

cides or injuries off the road. The most common charge for a culpable road death is 'Driving without due care or attention', which is heard by lay magistrates and receives an average £250 fine (imprisonment is not possible). Because the death is not part of the charge, the number of drivers prosecuted for fatal crashes in the UK is neither monitored nor recorded²⁰. Training is often a problem for state prosecutors. Until recently, case workers without any legal qualification could be used in the UK to prosecute in fatal road crashes.

Civil compensation

Access to justice must include financial recompense, yet this is often impossible when there is a failure to bring a criminal prosecution. Drivers have a duty of care towards other road users, especially the vulnerable, who will suffer disproportionately in a collision. Several countries, including China, India, France and the Netherlands, have adopted a driver liability policy, whereby any pedestrian or cyclist injured in a collision will have their medical treatment paid by the driver's motor insurance.

Support and representation

Road victims, including the bereaved, are too often denied basic support services available to other victims of crime. The UK's Victims Charter excluded all road victims, and the Victims Code that will replace it still excludes all those injured completely and the bereaved from support services. Thus a person brain injured by a drink driver has fewer rights than someone whose mobile phone was snatched. Victim Support, the government-funded organisation supporting crime victims in the UK, is not funded to help road traffic victims. The Home Office recently provided the equivalent of 1% of Victim Support's annual budget (total £31 million) for pilot projects related to road traffic victims, but no longer term funding. None is allocated to road victim charities, which have to rely on donations from victims²¹.

Some countries, including Canada and Australia, are funding support services for road crash victims from the revenue from motoring offences. In Uganda, half of traffic fines can be used to compensate victims. A victim surcharge is being considered in the UK and RoadPeace has argued that fines for speeding and other motoring offences should be dedicated to road victim rehabilitation and support services.

Charities representing road victims' interests are often not represented on key decision-making bodies. In the UK, they are not represented on the Home Office Victim Advisory Panel, although road victims outnumber murder victims by 4 to 1, nor are they represented on the Department for Transport's Road Safety Advisory Panel.

