



drivers and persons involved. This report was based on 9,611 crashes caused by drivers' fault.

Results: On average, the fatality rate was 5.2%. Two major causes of fatal crashes were driving under the influence of alcohol (DUI) 38.2% and speeding 17.7%. In rural districts, of the 5,748 crashes, the average fatality rate was 7.7% and the primary causes were DUI (15.3%) and speeding (9.0%). Of the 444 fatal crashes, speeding (14.7%) and DUI (35.1%) accounted for nearly half of them. In urban districts, of 3,863 crashes, the average fatality rate was 1.3%. Also speeding (3.3%) and DUI (6.2%) were the primary causes of the crashes. Of those crashes, the average fatality rate was about 3% to 6%. Multivariate analysis showed DUI and speeding were the significant factors associated with fatality in rural district.

Conclusions: Driving under alcohol influence was really common in eastern Taiwan, especially at rural district. This issue should be tackle without delay. The characteristics of road-users and the efficiency of trauma rescue system should be further assessed. Campaigns of road safety and public transport education are in needed.

SP-074

The Roles and Experience of Bystanders in the Bullying Process

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Background: The responses of bystanders can enhance or reduce the effects of bullying. Besides adolescents, adults could also be bystanders. This study intended to understand the bullying process via bystanders' observation and the possible factors of the bystanders' various responses.

Method: Ten focus groups (five for boys and five for girls) were conducted to collect adolescents' attitude and responses about bullying. Each group consisted of six junior high school students. Five teachers and five parents were interviewed to understand their experiences about youth bullying. Content analysis and ground theory were used to analyze the results. All participants have signed the informed consents.

Results: According to students' observation, girls conducted verbal and indirect bullying more frequently than boys. The victim was probably bullied by different ways consecutively, such as starting from verbally abused, followed by social isolated and physical bullied in the end. Some distinct roles of adolescent bystanders can be identified as reinforcers, defenders, and outsiders. Factors accounting for becoming bystanders may include victim characteristics, class atmosphere, teacher's attitude, and bystander's personality. Most of the teachers reacted to bully passively, which means not until something happened did they deal with it. Unlike verbal bullying or social isolation, physical bullying always caught teachers' attention. Parents usually did not

realize the serious part of youth bullying unless their child was the target.

Conclusion: Most students, teachers and parents are aware of or even involved in the bullying process. Future interventions should emphasize on persuading bystanders to prevent or stop bullying.

SP-075

Epidemiology of Hospitalized Burns Patients in Taiwan, 2007

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Although burn injuries are not the leading causes of injury-related deaths in Taiwan, patients need a lot of time and medical services to treatment or recovery after burning. This research brought "inpatient expenditures by admissions (DD)" and "registry for contracted medical facilities (HOSB)" form national health insurance research database in 2007 into analysis by using SPSS 14.0 software. There was 7,126 inpatient cases caused by burn injuries (males 61.23%, females 38.77%), and the average medical expenditures in each admission was 107,448 NT dollars in Taiwan, 2007. The total inpatient rate was 31.04 per 100,000, and males were higher than females (males 37.58 per 100,000, females 31.04 per 100,000). The inpatient rate of child form 0 through 4 years old was higher than any others. Among hospitalized burns patients, 53.79% (3,833 people) were consulted at plastic surgical department, 41.36% (2,947 people) were hospitalized in the medicine center. Each person complicated with 2.5 other diseases or injuries and received 1.51 surgeries or operations in the average. The hospital mortality caused by burn injuries was 138 people. The factors associated with hospital mortality caused by burn injuries were 1) ages, 2) sites of burn injuries, 3) inhalation injury, 4) degrees of burn injuries, 5) intentional burn, 6) hospitalized in the medicine center, 7) the number of other diseases or injuries, and 8) the number of operations by using logistic regression analysis.

SP-076

Injury Mortality Trends by Sex, Age and Cause in Taiwan

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Injury, threatening human lives and wealth, is the principal public health problem in Taiwan. The situation caused by injury in adolescent, youth, and middle-aged groups is especially remarkable. By long-term trend analysis of injury mortality rate, we may evaluate past injury prevention strategies and anticipate proper ones for the future. The research used the 1986-2007 Vital Statistics of Department of Health, Executive Yuan,