Emerging Trends in Adolescent Injury and Violence

OVERVIEW

The number one cause of preventable death and disability in U.S. adolescents is injury.\(^1\) Nearly 72% of all deaths among adolescents between the ages of 10-24 are attributable to injuries from only four preventable causes: motor vehicle crashes, other unintentional injuries (e.g., suffocation, drowning, poisoning, fires and falls), homicide and suicide.\(^2\) These injuries, which are often preventable, take a major toll not only on the individual but also on society. The cost of injury is often defined by mortality rates, but injuries can also cause lifelong disabilities, psychological effects and detriment to a person’s overall health and well being. Additionally, monetary costs arise from medical expenses, police and fire services, property damage and wage losses.\(^3\)

In the past few years, the rising impact of electronic media and devices on adolescent injury and interpersonal aggression along with an upward trend in unintentional poisoning have presented new challenges for those working in adolescent health. Comprehensive policy, system and environmental changes in combination with health education are needed in order to effectively prevent injuries. Furthermore, many disciplines, from health educators, to engineers, to policy makers, must work together marrying their expertise to protect the public from the consequences caused by injuries.

National Perspective

- Motor vehicle crashes are the leading cause of death for young people ages 12-19.\(^4\)
- The proportion of drivers reportedly distracted at the time of a fatal crash has increased from 7% in 2005 to 11% in 2009.\(^2\) Texting while driving appears to be the greatest risk factor.\(^5,6\)
- Nearly 7.7% of high school students rarely or never wore a seat belt when riding in a car driven by someone else.\(^7\)
- Adolescents between the ages of 10-14 years old have the highest rates of sports- and recreation related injury.\(^4\)
- Many teens abuse prescription drugs in combination with alcohol or other drugs, increasing the risk for adverse outcomes.\(^8\)
- Electronic aggression (bullying) appears to be greatest in middle/junior high school.
- Nearly 16.2% of students had been electronically bullied, including being bullied through e-mail, chat rooms, instant messaging, web sites, or texting.\(^7\)
- Nearly 33% of high school students engage in physical violence.\(^7\)
- State and local agencies receive more than 3 million reports of child maltreatment each year — that is nearly 6 reports every minute.\(^10\)

Key Words: child injury, falls, motor vehicle safety, poisonings, bullying, violence, abuse, prevention, costs, community, parents
Vulnerable Populations

- Mortality rates for unintentional injury are the greatest among American Indians and Alaska Natives and lowest among Asian or Pacific Islanders; the rates are similar among Whites and African Americans (except for drowning which is higher among African Americans).[^9]

- For all age groups across all races/ethnicities and for all causes of unintentional injury, males have a higher risk of unintentional death and injury than females.[^9]

- Among 10-24 year-olds, homicide is the leading cause of death for African Americans; the second leading cause of death for Hispanics and Asian/Pacific Islanders; and the third leading cause of death for American Indians and Alaska Natives.[^9]

Strategy in Action!

**Urban Networks to Increase Thriving Youth (UNITY)**

UNITY cities and communities promote effective, sustainable efforts to prevent violence before it occurs by emphasizing collaboration across multiple sectors and disciplines including, justice, education, labor, social services, public health and safety and youth serving organizations. For example, in Louisville, Kentucky, a multidisciplinary coalition worked to implement policies that limit alcohol promotion, increase neighborhood lighting, and decrease graffiti and neighborhood blight. In Boston, a community coalition connects students to employment opportunities and to after-school and summer activities that build coping skills and prevent violence. To learn more, visit [www.preventioninstitute.org/unity.html](http://www.preventioninstitute.org/unity.html)
Risk and Protective Factors

Adolescent injury and violence are attributed to a number of risky behaviors that start or peak during adolescence, including:

- Not using seat belts
- Driving under the influence
- Carrying weapons
- Not wearing protective equipment during sports
- Being associated with delinquent peers
- Engaging in a physical fight

Other risk factors associated with injury risk include socioeconomic factors, such as family income, low parental education, single parent household, community violence, high poverty and residential instability.

A number of protective factors decrease and/or prevent the risk for adolescent injury and violence, including:

- Family connectedness
- Commitment to school
- Problem solving skills
- Intolerant attitude toward deviant behaviors
- Community cohesion
- Access to care

“Injury is probably the most under recognized major public health problem facing the nation today, and the study of injury represents unparalleled opportunities for reducing morbidity and mortality and for realizing significant savings in both financial and human terms — all in return for a relatively modest investment.”

Institute of Medicine, National Academy of Sciences

Start Today

Align your community efforts to reduce the prevalence of adolescent injury with the National Action Plan for Child Injury Prevention, released in 2012 by the Centers for Disease Control and Prevention (CDC) and more than 60 organizations. To learn more, visit www.cdc.gov/safechild
Tips for Health Educators and Public Health Professionals

1. Implement and support policies and programs to enhance transportation safety including, banning texting and cell phone use from all moving vehicles; graduated driving licenses; sobriety check points; alcohol ignition interlocks; enhance speeding enforcement.

2. Encourage distracted driving as part of all driver education.

3. Advocate for community design and support traffic engineering strategies that promote safety and prevent injuries including, road modifications, speed bumps, roundabouts and bicycle lanes.

4. Encourage parents to talk about prescription drug abuse with their children. While 60% of parents report discussing drugs like marijuana “a lot” with their children, only a third discuss the risks of abusing prescription drugs.12


6. Include information about over the counter and prescription medication in school health curricula.

7. Promote and strengthen policies and programs to prevent falls by advocating proper design and maintenance of playgrounds, home safety devices (e.g., stair gates), and use of protective gear when playing active sports to help prevent children from sustaining injuries related to falls.

8. Create a concussion action plan to ensure that concussions are identified early and managed correctly and encourage school administrators to include the plan in school’s concussion policy. An example concussion action plan can be found at http://www.cdc.gov/concussion/sports/response.html.

Resources

American Association of Suicidology
http://www.suicidology.org/web/guest/home
The American Association of Suicidology aims to understand and prevent suicide. This webpage provides statistics and research, information on education and training, and resources for those who are thinking about suicide, suicide loss survivors, and suicide attempt survivors.

CDC National Center for Injury Prevention and Control (NCIPC)
http://www.cdc.gov/injury/index.html
This site includes information about NCIPC activities, scientific and surveillance injury data, publications available for order, research grants and funding opportunities, other CDC centers and injury resources.

CDC Healthy Youth!
http://www.cdc.gov/HealthyYouth/injury/index.htm
This site provides a wide array of fact sheets relating to school health, violence prevention, unintentional injury prevention, and suicide prevention.
Resources cont’d

**National Sexuality Health Standards**
Provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K–12.

**National Resource Center for HIV/AIDS Prevention among Adolescents**
www.preventyouthHIV.org
Newly launched by the Office of Adolescent Health (OAH) the Center will support adolescent service providers by providing web-based resources, evidence-based program information, and links to training and technical assistance to help prevent HIV/AIDS among adolescents, in particular adolescents from minority and high-risk populations.

**Planned Parenthood Federation of America**
http://www.plannedparenthood.org/
A national organization dedicated to enhancing and protecting reproductive health for all. The national office oversees the state and local affiliates where education and clinical care is provided. They provide information for professionals, parents, and adolescents.

**Rape, Abuse, & Incest National Network (RAINN)**
http://rainn.org/
The nation’s leading organization dedicated to the prevention of sexual violence, they also have hotlines and information for victims/survivors as they go through the healing process. They also focus on helping with public policy. Website provides links to state organizations.

**Scarleteen**
http://www.scarleteen.com/
Scarleteen is an independent, grassroots sexuality education and support organization and website. Founded in 1998, Scarleteen.com is visited by around three-quarters of a million diverse people each month worldwide, most between the ages of 15 and 25. It is the highest ranked website for sex education and sexuality advice online and has held that rank through

**The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior**
On June 28, 2001, Surgeon General David Satcher unveiled science-based strategies which he said represent an effort to find “common ground” upon which the nation could work to promote sexual health and responsible sexual behavior.
References


