

FACTS FOR POLICYMAKERS

Adolescent Violence and Unintentional Injury in the United States

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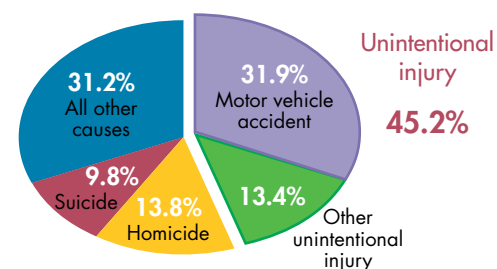
Vulnerable Teens

Overall rates of injury and death increase dramatically from childhood to late adolescence.¹ Due to developmental and social factors, such as time spent without adult supervision and increasing independence, adolescents are more likely to engage in risk-taking behaviors than either younger children or adults. Biology also plays a role. The maturation of brain networks responsible for self-regulation often does not occur until late adolescence, making adolescents more likely to engage in risk-taking behaviors. These are just a few of the factors that contribute to greater risk of injury or violence in this age group.²

Violence and unintentional injury are two of the interrelated areas of vulnerability that adolescents may

encounter. Combined with problems related to mental health, sexual and reproductive health, substance use, and nutrition and obesity, violence and unintentional injury form part of a complex web of potential challenges to adolescents' health.³

Leading causes of death, ages 10-18



Because of rounding, figures do not add up to 100%.

Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2006. Web-based Injury Statistics Query and Reporting System (WISQARS). www.cdc.gov/ncipc/wisqars

NCCP

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Facts about Violence and Unintentional Injury

Alcohol use by adolescents increases risk of both violence and unintentional injury. The latter is the leading cause of death among all adolescents, and motor vehicle crashes account for the majority of these injuries.^{4,5}

Motor Vehicle Accidents and Unintentional Injuries

Adolescents and young adults (age 15-20) have the highest rates of fatal motor vehicle crash involve-

ment (59.5/100,000). The risk is higher for adolescent males.⁶

Age

◆ Per mile driven, drivers age 16 to 19 are four times more likely to crash than older drivers.⁷

Gender

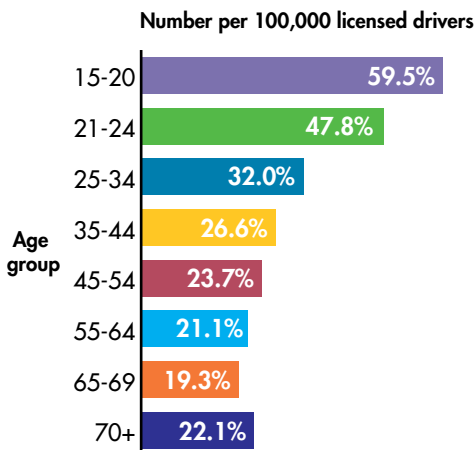
◆ In 2005, the motor vehicle death rate for male drivers and passengers age 16 to 19 was more than one and a half times that of their female counterparts.⁸

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Drivers involved in fatal crashes in 2006



Source: Teen Driver Crashes: A Report to Congress, July 2008, National Highway Traffic Safety Administration.

Race

- ◆ African-American students (12%) and Hispanic students (13%) were more likely than white students (10%) and males (14%) were more likely than females (9%) to rarely or never wear seat belts.⁹

Behavior

- ◆ Nearly 50 percent of adolescents admit to text messaging while driving, which recent studies found increases risk of crash by up to 23 times and may cause as much or more impairment than drinking.^{10 11}

Violence

Substantial numbers of serious violent offenders emerge in adolescence without warning signs in childhood and the cost of youth violence exceeds \$158 billion each year.^{12 13}

Adolescents are victimized by violent crimes at a higher rate than any other age group (47/1,000 for age 12-15 and 52/1,000 for age 16-19, as compared to 25.4/1,000 for the general population). The effects of violence may compound or interact with other risks already faced by adolescents.^{14 15}

- ◆ In 2006, more than 720,000 young people (age 10 to 24) were treated in emergency departments for injuries sustained from violence.¹⁶

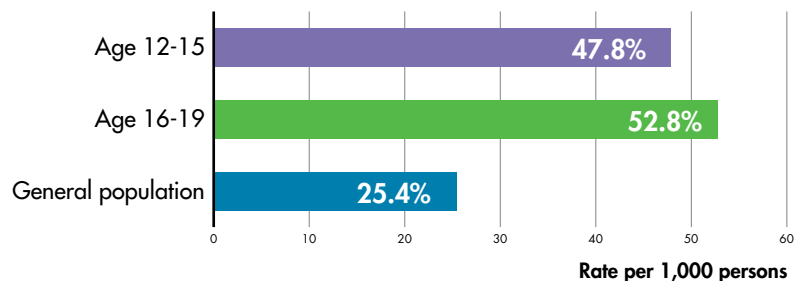
- ◆ Studies vary: between nine and 60 percent of adolescents have experienced some form of dating violence.¹⁷

- ◆ Victims of dating violence are not only at increased risk for injury, they are also more likely to engage in sexual activity (2.6 times), binge drinking (1.3 times), suicide attempts (3.3 times), and physical fights (1.7 times).¹⁸

- ◆ Among 10 to 19 year-olds, homicide is the leading cause of death for African Americans but not for their Hispanic or White counterparts.¹⁹

- ◆ Forty-four percent of lesbian, gay, bisexual, or transgender students reported being physically harassed.²⁰

Violent crimes victimization rates in 2006



Source: Bureau of Justice Statistics, U.S. Department of Justice.

System-level Challenges in Preventing and Treating Violence and Unintentional Injury

Access and Utilization

Adolescents' access and use of health and health-related services lag behind that of other children.²¹

- ◆ Adolescents are more likely to be uninsured than any other age group and represented 40 percent of the eight million uninsured children in 2008.^{22 23}
- ◆ Of the 195 accredited pediatric residency training programs in

the U.S., 27 have fellowship programs in adolescent medicine.^{24 25}

- ◆ In a survey of over 350 hospitals emergency departments (ED), about 50 percent admit pediatric patients but do not have a specialized inpatient pediatric ward. Twenty-five percent have access to an ED pediatric attending physician at all times, and only six percent have all recommended pediatric supplies.²⁶

- ◆ Despite evidence that preventive counseling from a clinician improves seat belt and helmet use and decreases use of illegal substances and other high-risk behaviors among adolescents, few clinicians provide such counseling.^{27 28 29 30}

Curricula and After-school Programs

- ◆ Sixty-five percent of states required teaching of violence prevention in middle and high schools, and there is little information available on whether or how often evidence-based curricula are used.³¹
- ◆ From 2000 to 2006, where violence prevention was taught in

high schools, the median number of hours of instruction required decreased from 4.1 to 2.5.³²

- ◆ Two states, Illinois and New York, have passed legislation requiring schools to address social and emotional learning, a critical element of effective violence prevention programs.^{33 34}
- ◆ Eight percent of children enrolled in afterschool programs are high of school age.³⁵

Licensing Regulation

- ◆ The Insurance Institute for Highway Safety survey rated driver licensing systems as only “fair” or “marginal” in more than 20 states. Higher ratings are dependent on implementing safety precautions such as graduated driver licensing, which reduces crash risk for teen drivers.^{36 37 38}

Recommendations

Most highly effective programs combine components that address both individual risks and environmental conditions. They often do this by targeting individual skills and competencies, as well as by using interventions appropriate to the emotional and cognitive capacities of adolescents.^{39 40} A comprehensive health prevention and response system that fosters communication and cooperation across sectors can provide adolescents better access to high quality services and supports that are responsive to their unique needs. Specifically, federal and state governments should:

- ◆ **fund programs that foster improved decision-making skills and provide positive models to reduce risk-taking behaviors that often lead to violence and injury.** High quality after school programs that target at-risk youth reduce crime, criminal victimization, alcohol and substance use, teen pregnancy, and risky behaviors.⁴¹
- ◆ **support programs that educate and empower young people as peer educators and advocates.** Peers influence youth’s health behaviors. Research shows that people are more likely to change behaviors and attitudes if they can identify with the messenger.⁴²
- ◆ **provide funding to replicate school-based health centers throughout the state, particularly those that provide mental health, behavioral health, and counseling services.** Access to on-site, school-based health centers increases the likelihood that adolescents will receive health and counseling services.^{43 44}
- ◆ **pass legislation to support empirically proven strategies to reduce risky and dangerous behaviors among adolescents, such as:**
 - enforcement of primary seat belt laws and passenger laws;⁴⁵
 - implementation of graduated driver licensing programs;^{46 47}
 - universal implementation of proven violence prevention programs;
 - regulation of the sale and resale of firearms; and⁴⁸
 - enforcement of underage drinking laws.⁴⁹ Young people age 15 to 24 represent only 14 percent of the U.S. population but account for 30 percent (\$19 billion) of the total costs of motor vehicle injuries among males and 28 percent (\$7 billion) of total costs among females.⁵⁰
- ◆ **finance effective, evidence-based programs to help parents recognize behavioral problems in their children and prevent negative behaviors, such as Functional Family Therapy or other Blueprints model programs.**⁵¹ Parenting style can contribute to aggressive behavior or moderate negative influences.⁵²
- ◆ **finance mechanisms to allow foster youth to voluntarily retain state guardianship with appropriate services and supports up to age 25.** Former foster youth more often become involved in crime or are victims of crime, and they more frequently experience episodes of homelessness.⁵³
- ◆ **provide incentives to hospital emergency departments to provide high quality treatment and rehabilitation services for pediatric patients.** Because children’s and adolescents’ bodies respond differently than adults’ in similar medical crises, they require care that responds to their unique needs and equipment that has been specifically designed for their size.⁵⁴

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