

OAHP Key Adolescent Health Issue



Injury, Violence & Safety



Introduction

Adolescence is a time when young people are developing their identity. It is an exciting time of exploration and growth coupled with impulsivity and uncertainty as the adolescent learns new roles and skills. During this time, teens may encounter situations at home, at school and in the community where they are exposed to violence, encounter threats to their safety, and sustain injury. Key injury, violence, and safety issues for Ohio adolescents include: intimate partner violence; bullying and cyber bullying; suicide; homicide and assault (including gun and gang violence); motor vehicle injuries; and traumatic brain injuries. Each of these issues presents a complicated array of factors that can put adolescents at risk or build resiliency against experiencing injury and violence. Since these issues seldom occur in a vacuum, effectively addressing injury, violence, and safety for adolescents requires a comprehensive approach that includes policies, programs, and partnerships.

Engaging in healthy relationships can influence safe and good decision making throughout a lifetime and promote positive outcomes. Providing adolescents with the knowledge and skills to engage in healthy relationships and foster connectedness to schools and communities decreases the risk for injury and violence and increases protective factors and resilience. The Center for Disease Control and Prevention provides research for fostering youth and school connectedness including strategies that reduce school violence, increase school attendance, and improve graduation rates.¹

During this time, teens may encounter situations at home, at school and in the community where they are exposed to violence, encounter threats to their safety, and sustain injury.

The three leading causes of injury death for 15-24 year olds in Ohio are motor vehicle crashes, suicide, and homicide. In Ohio, motor vehicle crashes kill more adolescents than any other cause of death.² Speed, alcohol use, driving at night, and distractions, including cell phones/texting and multiple passengers, are all risk factors contributing to motor vehicle crashes among teens. Graduated driver's license (GDL) laws have proven to be an effective way to reduce death and injury among teen drivers.³ The Ohio Teen Safe Driving Coalition, along with the Ohio Injury Prevention Partnership - Child Injury Action Group, have identified teen safe driving as a priority.

Suicide is a growing health concern and the second leading cause of injury death. According to the 2011 Ohio Youth Risk Behavior Survey, 1 in 7 Ohio high school students have reported that they have seriously considered suicide in the past twelve months.⁴ Mental illness, depression, and substance abuse are the leading risk factors compounded by external circumstances that hinder at-risk adolescent's ability to cope with stressors.⁵ Examples of stressors may include disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse, and being the victim of bullying.⁵ The Ohio Suicide Prevention Foundation notes the need for Ohio to create a comprehensive public health approach to prevent suicide that involves surveillance, epidemiology, prevention research, communication, education programs, policies and systems change.⁶

Homicides are the third leading cause of injury death for youth and young adults aged 10 – 24.² For a period spanning from 2000-2010, firearms were a leading cause of death by intent for this age group. The risk of homicide increases with age, from the fourth leading cause for ages 10-14 to the leading cause of injury death for ages 20-24. There are significant racial disparities in firearm injury deaths. From 2008-2010, for the 15-19 year age group, black males were killed by firearms at a substantially higher rate than white males (48.4 versus 2.1 per 100,000 respectively). For the 20-24 age range, the rates are even more disparate being 29 times higher for blacks than for whites.² Presently in Ohio, there is no funding or coordinating body for state-level primary youth gang and gun violence prevention efforts.

Other significant causes of injury and violence are sexual and intimate partner violence victimization; gender-based violence (GBV); and sports related traumatic brain injuries. There is limited Ohio data, in the adolescent age group, related to sexual and intimate partner violence victimization including bullying, sexual harassment, or gender based violence. However, in the 2011 Ohio YRBS, 9% of high school students reported ever having been physically forced to have unwanted sexual intercourse, a 1% increase from 2003.⁴ Based on national prevalence data, it is estimated that one in three adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner. This figure far exceeds rates of other types of youth violence.⁷ Further, two out of three teens are verbally or physically harassed every year.⁷ Gender-based violence results in physical, sexual and psychological harm to both men and women and includes any form of violence or abuse that targets individuals on the basis of their sex, although women and girls are usually the primary victims.⁸ Sexual violence against males and females also occurs when gender identity conflicts with gender norms. Marginalized groups, including persons with disabilities and the LGBT community, are often targets of increased harassment and GBV due their perceived differences.⁹

Sports-related traumatic brain injuries (TBIs) alone were associated with both the greatest number and largest increase (110%) in annual emergency room visits in Ohio from 2002-2010.¹⁰ A concussion is a TBI caused by a blow, bump, or jolt to the head or by any fall or hit that "jars" the brain. Returning to play too early and experiencing repeated TBI may cause Second Impact Syndrome or Post-Concussion Syndrome which could result in severe consequences such as brain damage, paralysis, and even death. Educating parents, coaches and players about the signs and symptoms of concussion/TBI and the dangers of returning to play too quickly or without appropriate medical evaluation are key.¹¹ As of April 2013, the Ohio Return to Play Law went into effect. This law requires education for coaches and referees about the signs and symptoms of concussions and head injuries and specifies that athletes with the signs and symptoms must be removed from the game and the not be allowed to return to play until they have been assessed and receive written clearance by a physician or other approved licensed health care provider. The Ohio Department of Health has created a required information sheet for parents, guardians and athletes regarding this law.¹²

The following examples highlight some of the state and local level efforts addressing Injury, Violence & Safety issues for adolescents and young adults:

The **Ohio Sexual and Intimate Partner Violence Consortium** is working on decreasing the incidence of teen relationship violence in Ohio through partnership with funded local programs and a wide range of local service providers including rape crisis centers and domestic violence prevention programs. The **Ohio Alliance to End Sexual Violence** and the **Ohio Domestic Violence Network** are key partners in the effort to prevent and intervene in teen dating violence.

The **Ohio Anti-Harassment, Intimidation and Bullying Initiative (HIB)**, formed by the **Ohio Department of Education** and several state agencies, sponsor professional development about Ohio's Anti HIB Model policy and best practices for creating a safe and supportive learning environment.

The **Ohio Suicide Prevention Foundation** provides technical assistance, training, and support through local suicide prevention coalitions and other organizations that address and work to prevent suicide.

The **Ohio Teen Safe Driving Coalition** along with the **Ohio Child Injury Action Group of the Ohio Injury Prevention Partnership** are working toward strengthening Ohio GDL by improving the delivery of driver education and raising awareness and understanding about the GDL law among teens and parents of teen drivers.



Ohio SNAPSHOT

- In 2011, 22.7% of 9th – 12th graders reported that they were bullied on school property; 14.3% were bullied away from school property; and 14.7% were bullied electronically.⁴
- In 2011, 14.3% of 9th - 12th graders seriously considered attempting suicide in the previous 12 months; 14.5% had made a plan to attempt suicide; and 9% actually attempted suicide.⁴
- Assaults have led to 2,209 inpatient hospitalizations from 2000 – 2010 for ages 15 – 24 and are the third leading cause of hospitalizations for ages 15 – 19 and 20 – 24 (behind self-harm and motor vehicle traffic). In 2010, 145 deaths, 705 inpatient hospitalizations, and 17,169 emergency department visits resulted from assaults for ages 15 – 24.¹⁰
- Motor vehicle crashes are the leading cause of death among adolescents. In 2011, 124 youth occupants aged 16 – 20 were killed and 14,817 were injured in crashes representing 13.5% and 14.3% of the total motor vehicle-related deaths and injuries, respectively, among Ohioans of all ages.¹³
- In 2011, 16.7% of 9th – 12th graders reported that they never or rarely wore a seat belt when riding in a car driven by someone else; 21.0% reported riding in a car or other vehicle driven by someone who had been drinking alcohol at least once during previous 30 days.⁴
- On average more than 4,000 Ohio youth are treated in emergency departments (ED) annually for sports/recreation related traumatic brain injuries (TBIs). Between 2002 and 2010 there was a dramatic rise of 110% in ED visits for sports related TBIs.¹⁰

Goals and Objectives

Goal 3: Adolescents will engage in healthy relationships.

Objective 3.1: Decrease the incidence of teen relationship violence and sexual assault.

Objective 3.2: Decrease the rate of adolescents who engage in or are subjected to bullying, cyber-bullying, sexual harassment, and violence including gender based violence.

Objective 3.3: Decrease the number of completed and attempted suicides.

Objective 3.4: Decrease the incidences of assault-related hospitalizations and homicide-related deaths.

Goal 4: Injuries and deaths in adolescents associated with motor vehicles will decline.

Objective 4.1: Increase programs and policies to educate teen drivers, their parents and decision makers on the importance of safe teen driving behaviors.

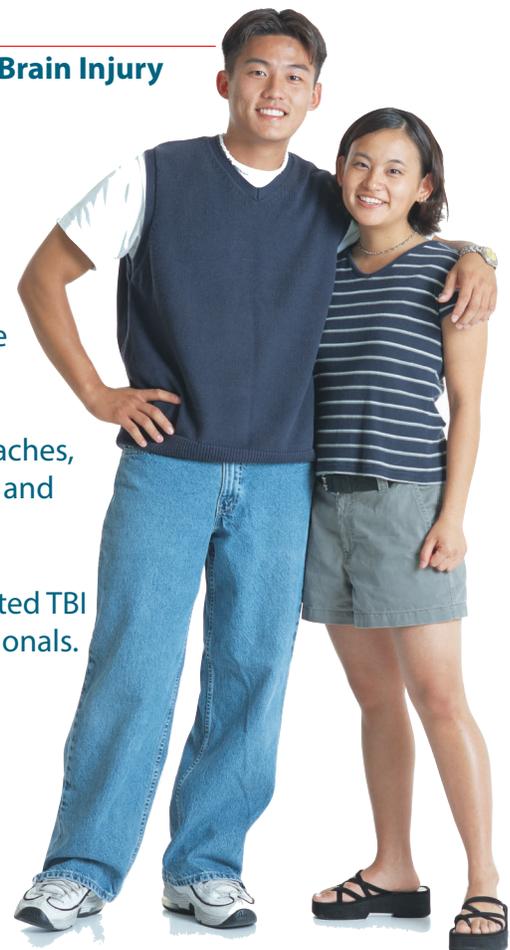
Goal 5: Decrease the incidence and consequences of Traumatic Brain Injury (TBI) in adolescents.

Objective 5.1: Increase the percentage of adolescents using protective equipment when participating in sports and recreational activities.

Objective 5.2: Increase the percentage of coaches utilizing safe practices in contact sports.

Objective 5.3: Increase education for health care providers, coaches, sporting officials, parents, and adolescents about identification, and treatment of TBI.

Objective 5.4: Increase the number of adolescents with suspected TBI who are evaluated and treated by appropriately trained professionals.



References

1. Centers for Disease Control and Prevention. (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services.
2. Ohio Department of Health. (2010). Vital Statistics. Retrieved from <http://www.healthyohioprogram.org/~media/HealthyOhio/ASSETS/Files/injury%20prevention/Burden%20report/Leading%20Causes%20of%20Injury%20Table%20only200810revised2%204pdf%20%20Adobe%20Acrobat%20Pro.ashx>
3. Governors Highway Safety Association.(2013). Graduated Driver Licensing Laws. Retrieved from http://www.ghsa.org/html/stateinfo/laws/license_laws.html
4. Ohio Department of Health (2011). Youth Risk Behavior Survey. Retrieved from http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/youthrsk/youthrsk1.aspx
5. American Psychological Association. (2013). Teen Suicide is Preventable. Retrieved from <http://www.apa.org/research/action/suicide.aspx>
6. Ohio Suicide Prevention Foundation. (2013). *Ohio Suicide Prevention Foundation Strategic Plan 2013-2016*. Columbus, OH.
7. Davis, A. (2008). Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus. Retrieved from <http://www.nccdcrc.org/nccd/pubs/Dating%20Violence%20Among%20Teens.pdf>.
8. United States Agency for International Development. (2013). Retrieved from http://transition.usaid.gov/our_work/cross-cutting_programs/wid/gbv/index.html
9. United States Agency for International Development.(2013). Retrieved from <http://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/gender-based-violence>
10. Ohio Hospital Association. (2010).Retrieved from <http://www.ohanet.org/member-data-center/>
11. Centers for Disease Control and Prevention. (2013). Injury Prevention and Control: Traumatic Brain Injury. Retrieved from <http://www.cdc.gov/concussion/sports/prevention.html>
12. Ohio Department of Health. (2013). Concussion in Youth Sports: Ohio's Return to Play Law. Retrieved from <http://www.healthyohioprogram.org/concussion.aspx>
13. Ohio Department of Public Safety. (2011). Ohio Traffic Crash Report. Retrieved from http://ohiohighwaysafetyoffice.ohio.gov/otso_annual_crash_facts.stm

