Injury

Adolescents are very susceptible to injuries, whether from unintentional acts such as motor vehicle crashes or from intentional acts such homicide or suicide. In fact, nearly 15,000 adolescents die annually due to injury-related causes. That is more than one death every hour of every day (National Center for Injury Prevention and Control, 2002a). In contrast, 5,000 adolescents die annually due to natural causes. This chapter includes information and data related to both unintentional and intentional injuries other than suicide. Suicide is covered in the chapter of this report entitled Mental Health and Suicide.

Injuries may result in death, hospitalization, or emergency room visits; these comprise the primary data sources. But countless other injuries that may adversely affect the health and well-being of adolescents go unreported. The two leading injury-related causes of death are motor vehicle crashes and firearms. In general, males are more likely to die from an injury than females, especially 15-19 year olds. The male mortality rate due to injuries is 46.6 per 100,000, compared to the female rate of 21.9 per 100,000. For every injury death, there are 41 hospitalizations and 1,100 emergency department visits. Injuries accounted for 26 percent of adolescent male and eight percent of adolescent female hospital discharges between 1995 and 1997 (Centers for Disease Control and Prevention, 2000). During this same time, adolescents ages 10-19 made about 11.6 million visits to emergency departments annually. Roughly half of these visits were injury related. The four leading causes of injuries were being struck, falls, cuts, and motor vehicle crashes. The most common emergency department diagnoses were fractures, sprains, open wounds, and contusions.

In Arizona in 2001, there were 129 deaths due to injury among children ages 1-14, and 143 injury deaths to adolescents ages 15-19 (Arizona Department of Health Services, 2002a).

According to the *Arizona Child Fatality Review Program's Tenth Annual Report* (Arizona Department of Health Services, 2003), the largest number of preventable child (birth-age 17) deaths in 2002 occurred among adolescents ages 15-17. In this age group, 67 percent of the deaths were deemed preventable when reviewed by multi-disciplinary child fatality review teams, compared to 30 percent for all children birth–age 17. Nearly 51 percent of deaths occurring among adolescents ages 10-14 were preventable. While these are from all causes, the most common cause of preventable deaths is injury (unintentional and intentional). Among adolescents ages 10-14, the leading causes of preventable deaths were motor vehicle crashes, suicide, and homicide. Among adolescents ages 15-17, the leading causes of preventable deaths were motor vehicle crashes, homicide, and suicide.

According to the Arizona Child Fatality Review Program, factors related to preventable deaths from motor vehicle crashes included non-use of seat belts, use of alcohol or other drugs, and age of the driver. With respect to homicides, the primary means was gunshot wound. Substance abuse was a factor in nearly half of the preventable homicide deaths. With respect to suicides, the primary means were gunshot wounds and hanging. It was found that over half of these adolescents were having a life crisis and a quarter had expressed suicidal thoughts. Other factors related to suicide included loss of a friend or acquaintance due to suicide, substance abuse, domestic violence, and other family problems.

The Arizona child fatality review teams identified the ages of children who died from child maltreatment. While most were young children, between 16-17 percent were adolescents ages 10-14 and between 2-3 percent were adolescents ages 15-17. Factors included a family history of substance abuse and domestic violence.

Unintentional Injury

Introduction

There are known factors related to the incidence of injury among adolescents; these include age, gender, behavioral problems, alcohol and other drug use, risk-taking behaviors, and sports participation (Hatcher & Scarpa, 2002). Behaviors associated with motor vehicle crashes, a leading cause of unintentional injuries, include reckless driving, driving at night, driving while intoxicated, and failure to use a seat belt. In a review of over 200 research studies on adolescent safety and injury, the authors recommend that prevention efforts reach adolescent boys who are more at risk for unintentional injuries, that they focus on reduction of risky behaviors, and that they take a multifaceted approach focusing on adolescents, influences from family and friends, and the role of the broader community (Hatcher & Scarpa, 2002).

National

Healthy People 2010 objectives (U.S. Department of Health and Human Services, 2000) related to injury are as follows. The ones listed here relate to unintentional injuries, but some clearly include intentional injuries, as well (e.g., nonfatal firearm-related injuries and nonfatal head injuries). Other objectives that relate primarily to intentional injuries are listed in the next section on Intentional Injuries.

- Reduce drownings. **Baseline:** 1.0 per 100,000 persons ages 10-14; 2.2 per 100,000 persons ages 15-19; 2.2 per 100,000 persons ages 20-24; **Target:** .9 drownings per 100,000 U.S. residents

- Increase the proportion of motorcyclists using helmets. **Baseline:** 62 percent of 9^{th}-12^{th} grade students (1999); **Target:** 79 percent of motorcycle operators and passengers

- Reduce nonfatal pedestrian injuries on public roads. **Baseline:** 44 per 100,000 persons ages 10-15; 38 per 100,000 persons ages 16-20; **Target:** 19 nonfatal injuries per 100,000 U.S. residents

- Reduce nonfatal firearm-related injuries. **Baseline:** 143.8 per 100,000 males ages 15-24; **Target:** 8.6 injuries per 100,000 U.S. residents

- Reduce hospitalizations for nonfatal head injuries. **Baseline:** 117.6 per 100,000 males ages 15-24; **Target:** 45 hospitalizations per 100,000 U.S. civilians

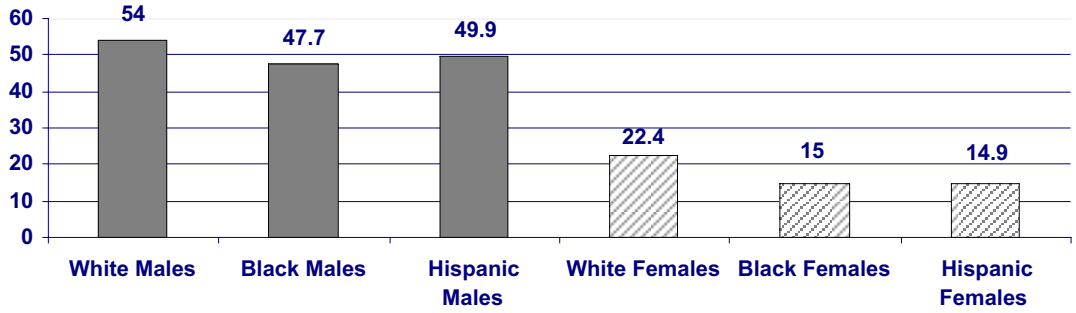
- Reduce deaths caused by motor vehicle crashes. **Baseline:** 26.4 per 100,000 for persons ages 15-24; **Target:** 9.2 per 100,000 U.S. residents

- Increase use of safety belts. **Baseline:** 84 percent of 9th-12th grade students **(**1999**); Target:** 92 percent U.S. residents

- Reduce nonfatal injuries caused by motor vehicle crashes. **Baseline:** 3,116 per 100,000 persons ages 16-20 (1997); 2,496 per 100,000 persons ages 21-24 (1997); **Target:** 933 nonfatal injuries per 100,000 U.S. residents

Unintentional injury is the leading cause of death among adolescents. In 1997, the overall mortality rate for unintentional injury was 27.3 deaths per 100,000 adolescents ages 15-24 (National Adolescent Health Information Center, 2000). As shown in Figure 40, among adolescents ages 15-24, White males have the highest injury mortality rate (54 per 100,000), followed by Hispanic males (49.9 per 100,000), and Black males (47.7 per 100,000).

Figure 40. Unintentional injury mortality among adolescents ages 15-24 by race/ethnicity and gender, 1997 (National Adolescent Health Information Center, 2000).



As noted above, the leading cause of injury-related deaths among adolescents is motor vehicle crashes. In 2000, motor vehicle crashes accounted for 25 of the 67 deaths per 100,000 youths ages 15-24 (37 percent) (Federal Interagency Forum on Child and Family Statistics, 2003). The death rate for males is twice that of females. Motor vehicle injuries were the most common cause of death among all females, and White, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander males.

Also as noted above, adolescent risk behaviors contribute to their high injury mortality rates. Adolescents are far less likely to use seat belts than any other age group. According to the national Youth Risk Behavior Survey in 2001 (Centers for Disease Control and Prevention, 2002), 85.9 percent of students reported using seat belts, while 14.1 percent reported rarely or never wearing seat belts when riding with someone else. Males were more likely than females to report not wearing their seat belts. Of the students who had ridden a motorcycle in the previous year, 37.2 percent reported that they rarely or never wore a helmet. Again, males were more likely to report this behavior than females. Also, Black students were more likely to report not wearing helmets than other racial/ethnic groups.

A little over 30 percent of students had ridden at least once with a driver who had been drinking alcohol. Overall, Hispanic students (38.3 percent) were significantly more likely than White or Black students (30.3 percent and 27.6 percent respectively) to have ridden with a

driver who had been drinking alcohol. During the 30 days preceding the survey, 13.3 percent of students nationwide had driven a car or other vehicle after drinking alcohol, with White and Hispanic students more likely than Black students to have driven after drinking alcohol. When driving after drinking, adolescents are more likely than adults to crash, even when drinking less. Alcohol is involved in about 35 percent of driver fatalities and about 40 percent of drownings among adolescents.

Arizona

Healthy Arizona 2010 (Arizona Department of Health Services, 2001) has created the following objectives related to unintentional injury:

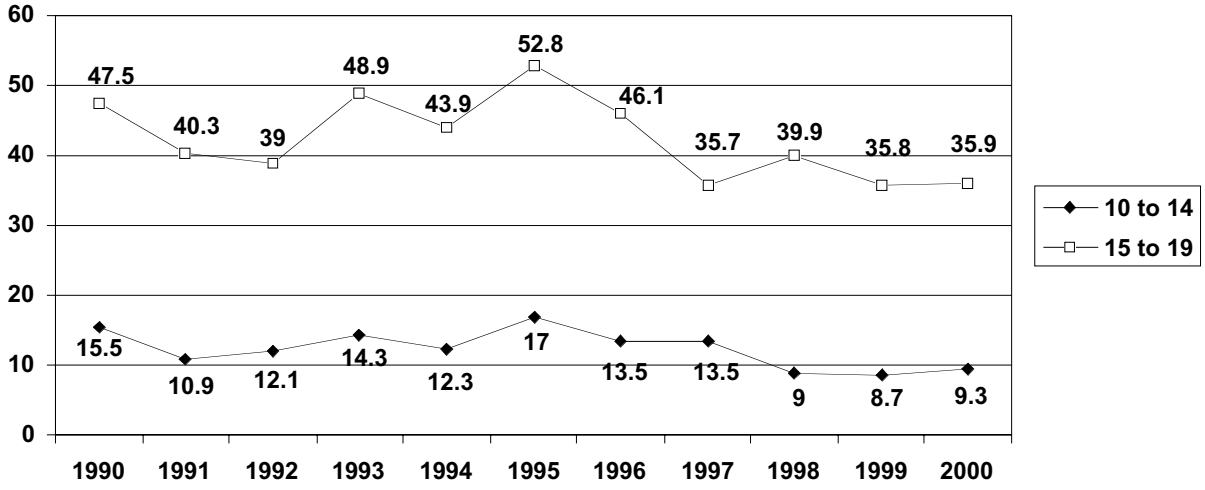
- Reduce deaths due to drowning. **Baseline:** 2.2 drownings per 100,000; **Target:** No more than 1.0 drowning per 100,000

- Reduce injury, disability and death caused by motor vehicle crashes. **Baseline:** 21 deaths per 100,000 and 1,487 non-fatal injuries per 100,000; **Target:** No more than 16 deaths per 100,000 and no more than 1,100 non-fatal injuries per 100,000

In 2001, the mortality rate for unintentional injuries for those ages 1-14 was 11.6 deaths per 100,000; the mortality rate for those ages 15-19 was 37.6 deaths per 100,000 (Arizona Department of Health Services, 2000a). Males ages 1-14 years of age had a rate of 13.7 per 100,000, compared to 9.4 per 100,000 for females in Arizona. The rates for adolescents ages 15-19 follow the same pattern, with 51.3 per 100,000 for males and 22.9 per 100,000 for females.

Figure 41 shows the mortality rates due to unintentional injury among adolescents ages 10-14 and ages 15-19 from 1990 to 2000. The injury mortality rate for adolescents ages 10-14 has decreased in recent years and has remained fairly stable. For older adolescents, there has been a great deal of variation in the decade between 1990 and 2000, but rates appear to be decreasing in recent years.

Figure 41. Unintentional injury mortality rates among Arizona adolescents by age group, 1990-2000 (Arizona Department of Health Services, 2002b).



Looking at the average annual mortality rates from 1990 to 2000, the leading causes of unintentional injury death for children ages 1-14 were motor vehicle crashes (7.4 per 100,000), drowning (3.1 per 100,000), and fire, flames or smoke (.9 per 100,000) (Arizona Department of Health Services, 2002b). Accidental discharge of firearms and mechanical suffocation had the same rate of .4 per 100,000. Among adolescents ages 15-19, the leading causes of unintentional injury death were motor vehicle crashes (32.3 per 100,000), drowning (2.0 per 100,000), and accidental discharge of firearms (1.4 per 100,000). Poisoning by drugs and gases or vapors were the next highest categories of death with morality rates of 1.2 per 100,000 and .8 per 100,000 respectively.

Another measure of the impact injuries have on the adolescent population is the hospitalizations due to injuries. In 2001, there were 314.1 hospitalizations for nonfatal injuries and poisonings per 100,000 children ages 1-14. There were 657.7 hospitalizations for nonfatal injuries per 100,000 adolescents ages 15-19. Males had higher hospitalization rates than females for both age groups (Arizona Hospital Discharge Database, 2001). Nonfatal injuries also varied by race and ethnicity. For ages 1-14, American Indians had the highest rate (666.7 hospitalizations for nonfatal injury and poisoning per 100,000), followed by Blacks (328.9 per 100,000), Whites (292.1 per 100,000), and finally Hispanics (228.9 per 100,000). The same pattern occurred for 15-24 year olds, with rates for American Indians as high as 1,304.2 per 100,000.

Traumatic Brain Injury (TBI) is one of the leading causes of death and disability in children and young adults in the United States. In Arizona, from 1995 to 1998, adolescents ages 15-19 had the highest rates of TBI (174.7 per 100,000) in all age groups less than 85 years of age. The same pattern is found for Spinal Cord Injury (SCI), with 20-24 year olds having the highest rates of SCI (10.9 per 100,000 in all age groups under 85, followed by 15-19 year olds (10.4 per 100,000). The three main causes of TBI and SCI are motor vehicle crashes, falls, and firearms. Adolescents ages 15-19 old had the highest rates of motor vehicle crashes resulting in TBI (89 per 100,000) and SCI (4.1 per 100,00) in 1998. As for TBI resulting from firearms, male adolescents had higher rates than females, peaking for 20-24 year olds (41 per 100,000 for males versus 5 per 100,000 for females) (Arizona Department of Health Services, 2002c).]

Data from the 2003 Youth Risk Behavior Survey (Arizona Department of Education, 2003) provide insights into adolescents' behavior that puts them at risk for unintentional injuries. Findings that relate to unintentional injuries include those listed below; other findings that relate primarily to intentional injuries are included in the following section on Intentional Injuries.

- 14.1 percent of students, during the past 30 days, drove a car or other vehicle one or more times when they had been drinking alcohol; 35.3 percent of students, during the past 30 days, rode one or more time in a car or other vehicle driven by someone who had been drinking alcohol.

- 12.8 percent of students never or rarely wear a seat belt when riding in a car driven by someone else.

- 88.0 percent of students who rode a bicycle during the past 12 months never or rarely wore a bicycle helmet.

In looking at Native American adolescents' patterns of behavior related to injuries, based on data from the 2001 Youth Risk Behavior Survey of over 5,000 American Indian high school students in 75 schools throughout Arizona (Bureau of Indian Affairs, 2001), it was found that:

- 20 percent drove a car or other vehicle after drinking alcohol, with males reporting this more (23 percent) compared to females (16 percent).

- 27 percent of students reported rarely or never using seat belts when riding in a car or truck driven by someone else. This number decreased with age from 31 percent of 9th graders to 24 percent of 12th graders, and was less for females (22 percent) compared to males (32 percent).

- 68 percent of students said they rarely or never wore a helmet when on a motorcycle in the 12 months preceding the survey.

Intentional Injury

Introduction

Violence is a leading cause of injury and death among adolescents; however, a report from the Surgeon General on youth violence concludes that the tools and knowledge do exist for the

prevention and reduction of youth violence (U. S. Department of Health and Human Services, 2001). Major findings from the report state that there are two trajectories for youth violence, one that begins before puberty, and one beginning during adolescence. Teens who become violent before age 13 usually commit more crimes, which are also considered serious, and become increasingly violent even as adults. However, the majority of adolescents belong to the latter group, wherein violent behavior, if it exists, ends with transition to adulthood. Programs found to be most effective in preventing youth violence include individual skill building, parent effectiveness training, and improvements in the school social climate, as well as changes in involvement in peer groups.

National

Healthy People 2010 objectives (U.S. Department of Health and Human Services, 2000) related to injury are as follows. The ones listed here relate to intentional injuries, although some include unintentional injuries as well (e.g., nonfatal firearm-related injuries and nonfatal head injuries). Other objectives that relate primarily to unintentional injuries are listed in the previous section on Unintentional Injuries.

- Reduce nonfatal firearm-related injuries. **Baseline:** 143.8 per 100,000 males ages 15-24; **Target:** 8.6 injuries per 100,000 U.S. Residents

- Reduce hospitalizations for nonfatal head injuries. **Baseline:** 117.6 per 100,000 males ages 15-24; **Target:** 45 hospitalizations per 100,000 U.S. civilians

- Reduce the annual rate of rape or attempted rape. **Baseline:** 3.4 per 1,000 persons ages 20-24; **Target:** .7 rapes or attempted rapes per 1,000 persons U.S. residents

- Reduce homicides. **Baseline:** 1.5 per 100,000 persons ages 10-14; 11.7 per 100,000 persons ages 15-19; **Target:** 3.0 homicides per 100,000 U.S. residents

- Reduce physical fighting among adolescents. **Baseline:** 9th grade—41 percent; 10th grade—38 percent; 11th grade—31 percent; 12th grade—30 percent; **Target:** 32 percent for students in grades 9-12

- Reduce physical assaults. **Baseline:** 70.5 per 1,000 persons ages 12-15; 76.8 per 1,000 persons ages 16-19; 56 per 1,000 persons ages 20-24; **Target:** 13.6 physical assaults per 1,000 persons ages 12 years and older (non-institutionalized population)

- Reduce weapon carrying by adolescents on school property. **Baseline:** 6.9 percent of students in grades 9-12 carried weapons on school property during the past 30 days (1999); **Target:** 4.9 percent of students in grades 9-12

- Reduce maltreatment of children. **Baseline:** 12.9 child victims of maltreatment per 1,000 children under age 18 years (1998); **Target:** 10.3 victims per 1,000 U.S. Residents

- Reduce child maltreatment fatalities. **Baseline:** 1.6 child maltreatment fatalities per 100,000 children under age 18 years (1998); **Target:** 1.4 deaths per 100,000 children under age 18 years

Violent injury and deaths disproportionately affect children, adolescents, and young adults. In 1995, homicide rates were highest for African Americans 15-24 years old (74.4 per 100,000), 14 times that of Whites (5.4 per 100,000) and twice that of Hispanics (34.1 per 100,000) (U. S. Department of Health and Human Services, 2000). Between 1985 and 1991, the annual homicide rate for males ages 15-19 increased by 154 percent (National Center for Injury Prevention and Control, 2002b). After 1994, the homicide rates began to decline and dropped from 34.0 per 100,000 to 22.6 per 100,000 in 1997. Homicide is the leading cause of death among Blacks age 15-24 and is the second leading cause of death for all others in that age group. In 1997, 85 percent of homicides among 15-19 year olds were committed with firearms.

Firearm injuries accounted for 13 of the 67 deaths per 100,000 youths ages 15-19 (19 percent) in 2000 (Federal Interagency Forum on Child and Family Statistics, 2003). Data on nonfatal firearm-related injuries from the Firearm Injury Surveillance Study (1993 to 1997) show that youth 14 years of age and under have more nonpowder firearm injuries compared to gunshot wounds, compared to 15-19 year olds (Powell, Jovitz, & Tanz, 2001). Firearm-related injuries are more often unintentional with younger adolescents (62-66 percent of firearm-related injuries). For older adolescents ages 15-19, 56 percent of firearm-related injuries are due to assault.

The 2001 Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2002) indicated that:

- 17.4 percent of students had carried a weapon (e.g., a gun, knife, or club) on at least one of the 30 days preceding the survey. Male students (29.3 percent) were significantly more likely than female students (6.2 percent) to have carried a weapon. This significant gender difference was identified for all racial/ethnic and grade subpopulations.

- 5.7 percent of students had carried a gun on at least one day of the 30 days preceding the survey. Male students were significantly more likely than female students to have carried a gun in all ethnic groups and grades.

- Among students nationwide, 33.4 percent had been in a physical fight at least one time during the 12 months preceding the survey. Male students (43.1 percent) were more likely than female students (23.9 percent) to have been in a physical fight. This significant gender difference was identified for all the racial/ethnic and grade subpopulations. Overall, students in grades 9 and 10 were significantly more likely than those in grades 11 and 12 to report this behavior.

- A little over nine percent of students had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend at least one time during the 12 months preceding the survey.

- Among all the students, 7.7 percent reported that they have been forced to have sexual intercourse. Females (10.3 percent) were twice as likely to report forced intercourse than males. Also, Black and Hispanic students were more likely to report forced intercourse.

In 2001, there were three million child protective services referrals involving some five million children made (U.S. Department of Health and Human Services, 2003). Of these, 67 percent were assessed to determine if maltreatment had occurred. More than one-quarter of the

investigations resulted in finding that the child was maltreated or at risk for maltreatment. About 903,000 children were found to be victims of abuse or neglect. Of these children, 57 percent were neglected; 19 percent were physically abused; ten percent were sexually abused; and seven percent were psychologically abused. Rates of child abuse decline with age, so the majority of abuse victims are young children and infants. Among 16 and 17 year olds, the rate was 5.7 victims per 1,000. Rates were similar for males and females. Half of the victims were White; 25 percent were Black; 15 percent were Hispanic; two percent were American Indian; and one percent were Asian/Pacific Islander. In 2001, it was reported that 1,300 children died from abuse or neglect, resulting in a rate of 1.8 deaths per 100,000.

A Commonwealth Fund nationally representative survey of girls in 5th-12th grades assessed the prevalence of abuse in that population. One out of five girls reported a history of physical or sexual abuse (Schoen, Davis, Collins, Greenberg, Des Roches, & Abrams, 1997). The abuse typically occurred at home and was done by family or a friend. Over ten percent of the girls did not feel safe at home.

Arizona

Healthy Arizona 2010 (Arizona Department of Health Services, 2001) has created the following objectives related to intentional injury:

- Reduce deaths due to homicide. **Baseline:** 10.4 homicides per 100,000; **Target:** No more than 5 homicides per 100,000

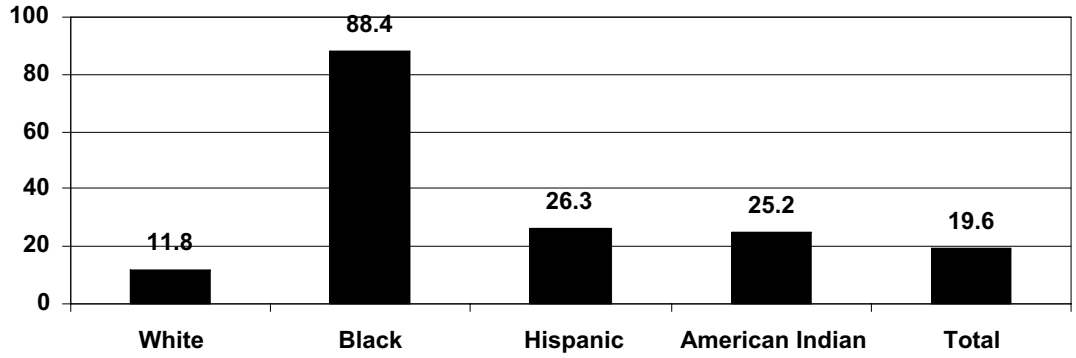
- Develop and/or enhance data systems for abusive behaviors (such as child abuse, elder abuse, intimate partner, family violence, rape, and sexual assault). **Baseline:** To be determined; **Target:** To be determined

Overall, there were 467 total deaths due to homicide in Arizona in 2001. There were 24 deaths due to homicide among children age 1-14, resulting in a rate of 2.2 deaths per 100,000 children. There were 11 deaths to male children for a mortality rate of 1.9 deaths per 100,000; there were 13 deaths to female children, resulting in a rate of 2.4 deaths per 100,000. The majority of the homicides among children were in urban counties. Homicide was the second leading cause of death for adolescents ages 15-19 with a rate of 12.9 homicides per 100,000 adolescents and 49 deaths. For females the rate was 2.2 homicides per 100,000 and for males the rate was 22.8 homicides per 100,000 (four and 45 deaths respectively). Among urban adolescents the mortality rate was 14.4 homicides per 100,000, and among rural adolescents the rate was 5.9 homicides per 100,000 (Arizona Department of Health Services, 2002b).

The report published by the Arizona Department of Health Services (2002b), *Injury Mortality to Arizona Residents 1990-2000*, provides more detailed information about violent deaths among adolescents. There were 59 adolescent homicides in 2000, of which 46 were firearm-related. Of the 47 suicides among children ages 5-19, 27 were by firearm. The mortality rate associated with firearm death was 1.0 death per 100,000 children ages 5-14 and 19.6 deaths per 100,000 for adolescents ages 15-19. These rates are lower than the firearm death rates for the same age groups in 1990, which were 1.9 for 10-14 year olds and 20.7 for 15-19 year olds. Males have higher firearm-related mortality rates than females; males ages 15-19 had a rate of 33.6 firearm deaths per 100,000 as compared to females with a rate of 4.5. A similar trend is seen between rural and urban adolescents. Urban adolescents had a rate of 22.9 deaths,

whereas rural adolescents had a firearm death rate of 4.5. Finally, Blacks had much higher mortality rates from firearms, 88.4 per 100,000, compared to other ethnic/racial groups (26.3 per 100,000 for Hispanics, and 25.2 per 100,000 for American Indians). Figure 42 shows the firearm mortality for adolescents ages 15-19 by ethnic/racial group.

Figure 42. Firearm related mortality rates for adolescents age 15-19, by race/ethnicity, 2000 (Arizona Department of Health Services, 2002b).



As for arrests due to violent crimes in 2000, older male adolescents ages 15-17 had a higher number of arrests compared to 10-14 year olds, as shown in Table 21 (Arizona Department of Public Safety, 2000). In addition, there were an estimated 514 gangs in Arizona between 2000 and 2001 with 15,779 gang members and 29,883 gang associates (Arizona Criminal Justice Commission, 2002a).

Table 21. Arrests for violent crimes among adolescents, by gender, type of crime, and age group, 2000 (Arizona Department of Public Safety, 2000).

	Crime	Ages 10-14	Ages 15-17	Total
Male	Murder	0	16	16
	Rape	4	19	23
	Robbery	58	203	261
	Aggravated Assault	464	702	1,170
	Other Assaults	1,666	1,774	3,440
	Total	2,192	2,714	4,906
Female	Murder	1	1	2
	Rape	0	1	1
	Robbery	6	15	21
	Aggravated Assault	107	147	154
	Other Assault	787	884	1,671
	Total	901	1,048	1,949

In the 2002 Arizona Youth Survey Report coordinated by the Arizona Criminal Justice Commission (Arizona Criminal Justice Commission, 2002b), 9.1 percent of male adolescents

reported carrying a gun in the neighborhood, compared to 2.1 percent for female adolescents. Almost 14 percent of male students report attacking someone with intention of hurting at least once in the past year, compared to 7.3 percent for females. A little over two percent of males report taking a gun to school. The rate of fighting on school property was highest in 8th grade (21.5 percent reported being in a fight at least once in the past year), decreasing with age (6.5 percent of 12th graders).

Similar issues were addressed in the 2003 Youth Risk Behavior Survey. Data from the 2003 Youth Risk Behavior Survey (Arizona Department of Education, 2003) provide insights into adolescents' behavior that puts them at risk for intentional injuries. Findings include the following:

- 17.0 percent of students carried a weapon such as a gun, knife, or club on one or more of the past 30 days.
- 4.0 percent of students carried a gun on one or more of the past 30 days.
- 4.9 percent of students carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days.
- 5.0 percent of students did not go to school on one or more of the past 30 days because they felt unsafe at school or on their way to or from school.
- 9.2 percent of students had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months.
- 30.2 percent of students have had property, such as their car, clothing, or books stolen or damaged on school property during the past 12 months.
- 30.7 percent of students were in a physical fight one or more times during the past 12 months.
- 3.1 percent of students were injured in a physical fight one or more times during the past 12 months and had to be treated by a doctor or nurse.
- 10.8 percent of students were in a physical fight on school property one or more times during the past 12 months.
- 7.6 percent of students were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months

Twenty percent of Native American high school students who responded to the 2001 Youth Risk Behavior Survey at Bureau-funded schools said they carried a weapon to school over the past month. Even more (44 percent) report engaging in a physical fight. As in the general population, fighting decreases with age, 49.5 percent of 9th graders compared to 38 percent of 12th graders. Ten percent of students reported being physically threatened or injured with a weapon on school property during the thirty days preceding the survey (Bureau of Indian Affairs, 2001).

The Arizona Department of Education sends an annual survey to Arizona schools. Questions are asked about school safety. In 2001, the most commonly reported policies to increase school safety were to require visitors to report in to an office or receptionist, to have a closed campus, and to monitor halls during and between classes. About 10 percent of the schools use some type of security equipment and about 40 percent have some type of a security professional working during the school day.

In 2001, there were 145 hospitalizations to children age 1-14 for abuse, resulting in a rate of 13.1 hospitalizations per 100,000 children (Arizona Hospital Discharge Database, 2001). This is an increase from 1999, with 58 admissions and a rate of 5.7 admissions per 100,000 children. Males had higher hospitalization rates than females, with corresponding rates of 16.9 and 9.1, respectively. Two children died before being discharged from the hospital. For older adolescents ages 15-19, there were 330 admissions in 2001, resulting in a rate of 86.8 hospitalizations per 100,000 adolescents. Male adolescents had a rate of 110.6 hospitalizations per 100,000 adolescents, and females had a rate of 61.2 hospitalizations per 100,000 adolescents. One adolescent died from injuries before being discharged from the hospital.

What would help?

- Communities can make drivers education available, enforce seat belt laws, and explore other means for reducing the high rate of unintentional injury resulting from motor vehicle crashes.

- Communities can target injury prevention programs based on data related to causes and circumstances of injury among adolescents.

- Communities can promote, support, and evaluate violence prevention and counseling programs, starting in early childhood and extending through adolescence.

- Families can take action to prevent unauthorized and unsupervised access of adolescents to firearms.

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