

PANTA Plus

Injury and Violence Prevention



For the latest
Kentucky Youth Risk Behavior Survey data:





INJURY & VIOLENCE

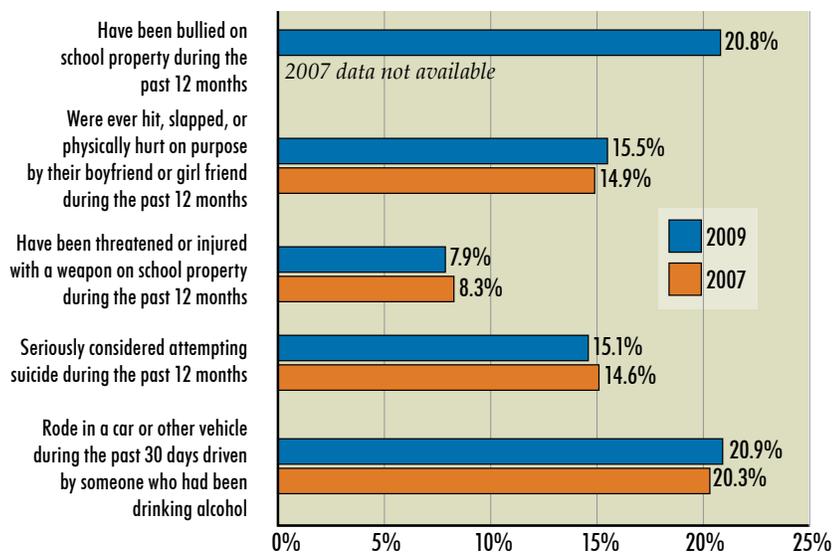
High School Fact Sheet

In the United States, injuries are the leading cause of death and disability for people aged 1 to 44 years. Approximately 72% of all deaths among adolescents aged 10-24 years are attributed to injuries from only four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%). Highly associated with these injuries are adolescent behaviors such as physical fights, carrying weapons, making a suicide plan, and not using seatbelts.¹ The rates of some of these risk behaviors among Kentucky students are fairly high or have even been steadily increasing. Many students rarely or never wear a seatbelt (13.4%), and many students were in a physical fight one or more times during the past 12 months (28.7%). Also, the risk of suicide could become more common with 26.7% of students feeling so sad or hopeless almost everyday for two weeks or more in a row during the past 12 months, that they stopped doing some usual activities.

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/injury/index.htm>. Retrieved 7/09/09.

Injuries & Violence in Kentucky

The following graph represents the injuries and violence of high school students in 2007 and 2009. Please note that none of the data represent statistically significant changes.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth Disproportionately at Risk

- Males (18.6%) were more likely than females (7.8%) to have never or rarely wore a seat belt when riding in a car driven by someone else
- Males (33.8%) were more likely than females (9.3%) to have carried a weapon such as a gun, knife, or club on one or more of the past 30 days
- Whites (22.5%) were more likely than blacks (10.8%) to have carried a weapon such as a gun, knife, or club on one or more of the past 30 days
- Males (10.3%) were more likely than females (2.5%) to have carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days
- Males (35.6%) were more likely than females (21.7%) to have been in a physical fight one or more times during the past 12 months
- Males (13.8%) were more likely than females (5.1%) to have been in a physical fight on school property one or more times during the past 12 months
- Females (32.1%) were more likely than males (21.7%) to have felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>
For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrebs/index.htm>





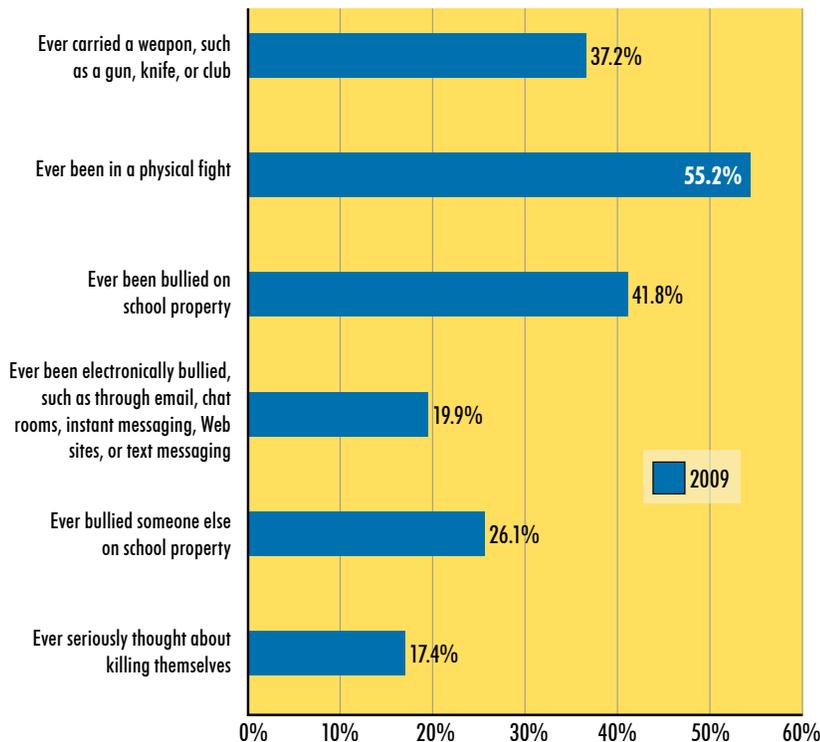
Middle School Fact Sheet

In the United States, injuries are the leading cause of death and disability for people aged 1 to 44 years. Approximately 72% of all deaths among adolescents aged 10-24 years are attributed to injuries from only four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%). Highly associated with these injuries are adolescent behaviors such as physical fights, carrying weapons, making a suicide plan, and not using seatbelts.¹

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/injury/index.htm>. Retrieved 7/09/09.

Injuries & Violence in Kentucky

The following graph represents the injuries and violence of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Youth Disproportionately at Risk

- Males (56.5%) were more likely than females (16.3%) to have ever carried a weapon, such as a gun, knife, or club
- Males (70.4%) were more likely than females (38.8%) to have ever been in a physical fight
- Blacks (73.1%) were more likely than whites (53.5%) to have ever been in a physical fight
- Females (28.9%) were more likely than males (11.6%) to have ever been electronically bullied, such as through email, chat rooms, instant messaging, Web sites, or text messaging
- Whites (21.5%) were more likely than blacks (10.4%) to have ever been electronically bullied, such as through email, chat rooms, instant messaging, Web sites, or text messaging
- Females (20.6%) were more likely than males (14.4%) to have ever seriously thought about killing themselves

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+HealthYouth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

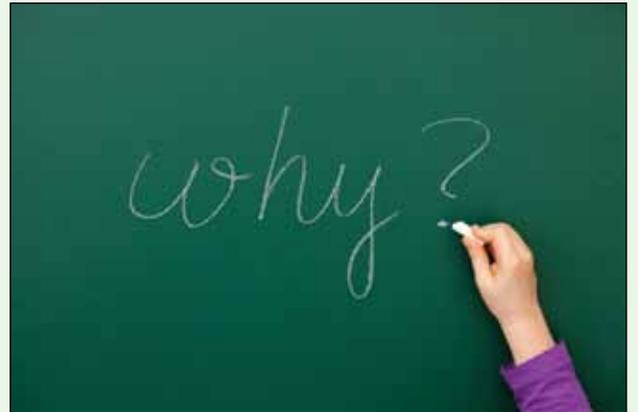


INJURY AND VIOLENCE PREVENTION

Data

Though injury and violence are the leading causes of death for Kentucky adolescents, they are also considered to be the most preventable deaths, through programs to increase driving safety, implementing suicide prevention training for middle and high school students and staff, and focus on reducing bullying on school property and online.

- Injuries and violence (including suicide) are the leading causes of death for all Kentucky adolescents. The top three causes of death for Kentucky adolescents ages 10-24 years are attributed to unintentional injuries (57%), suicide (12%) and homicide (8%).⁷³
- Motor vehicle crashes accounted for 43.7% of all injury related deaths among 5-17 year old Kentuckians in 2008.⁷⁴
- Between 2004 and 2008, the rate of completed suicide in Kentucky among children and adolescents ages 5 to 17 doubled.⁷⁴
- Nearly 21% of Kentucky high school students reported being bullied on school property during the past 12 months, according to the 2009 Kentucky Youth Risk Behavior Survey (YRBS).⁷⁵



Emerging, Promising and Best Practices

Teen Driving

Alive at 25 Teen Driving Program. Alive at 25 is a 4-hour defensive driving course that focuses on the driving behaviors of teen drivers that put them at risk. In addition, parents can get involved by taking Alive at 25 Parent Program Online. It provides parents with the unique risks and hazards teens face. It's media rich and includes other resources, state links and teen driving laws. <http://aliveat25.us>

Suicide Prevention

SOS Signs of Suicide® Prevention. SOS is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell).

Through the use of modeling, youth are taught to recognize the signs of distress, in either themselves or a friend, and to respond effectively.

www.mentalhealthscreening.org.

QPR Suicide Prevention Gatekeeping Course.

QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Trained gatekeepers learn: to recognize the warning signs of suicide; how to offer hope; how to get help and save a life. For information about suicide prevention trainings or programs, contact the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services at 502.564.4456 or visit the website at <http://dbhdid.ky.gov/dbh/kspg.asp>.

Columbia University TeenScreen Program. TeenScreen identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. Each teen who chooses to participate completes a 10-minute paper-and-pencil or computerized questionnaire covering anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior. Teens whose responses indicate risk for suicide or other mental health needs participate in a brief clinical interview with an on-site mental health professional. www.teenscreen.org

Coping and Support Training (CAST). CAST is a 6-week skills training prevention program that decreases emotional distress, suicidal behaviors, drug involvement and school problems; and increases personal control and problem-solving coping. www.reconnectingyouth.com

Reconnecting Youth (RY). RY is a peer group approach to building life skills. It is a high-school semester course that helps high-risk youth improve school achievement, mood management/suicidal behaviors, drug use control and more. www.reconnectingyouth.com

For information about suicide prevention trainings or programs, contact the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services at 502.564.4456 or visit the website at <http://dbhdid.ky.gov/dbh/kspg.asp>.

Bullying/Violence Prevention

Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence (AVB). AVB is a curriculum designed to prevent violence and inappropriate aggression among middle school youth, particularly those living in environments with high rates of exposure to violence. Based on research demonstrating the role of cognitive patterns in mediating aggressive behavior, AVB addresses the differing roles that individuals typically play in promoting or preventing violence. www.thtm.org/special.htm

Al's Pals: Kids Making Healthy Choices. Al's Pals is a school-based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decision-making in children ages 3-8 in preschool, kindergarten, and first grade. <http://www.dontletminorsdrink.com/downloads/AlsPals.pdf>

Building Assets--Reducing Risks (BARR). BARR is a multifaceted school-based prevention program designed to decrease the incidence of substance abuse (tobacco, alcohol, and other drugs), academic failure, truancy, and disciplinary incidents among 9th-grade youth. <http://www.search-institute.org/BARR>



CASASTART (Striving Together to Achieve Rewarding Tomorrows). CASASTART is a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old who have a minimum of four identified risk factors. Youth participants may remain in the program up to 2 years. Specific program objectives of CASASTART include reducing drug and alcohol use, reducing involvement in drug trafficking, decreasing associations with delinquent peers, improving school performance, and reducing violent offenses. www.casacolumbia.org

LifeSkills Training (LST). LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence



enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. www.lifeskillstraining.com

Olweus Bullying Prevention Program. The Olweus Bullying Prevention Program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. Program targets are students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. www.olweus.org

Stop Bullying Now! This website from the U.S. Department of Health and Human Services has valuable resources for students, parents, and educators with activities and ideas for individualized campaigns for schools. www.stopbullyingnow.hrsa.gov

Too Good for Violence (TGFV). TGFV is a school-based violence prevention and character education program for students in kindergarten through 12th grade. It is designed to enhance pro-social behaviors and skills and improve protective factors related to conflict and violence. <http://www.mendezfoundation.org/home.php>

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school

campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

School Safety

Teen Driving

- Discourage use of traditional driver education programs that do not provide adequate behind-the-wheel training
- Encourage use of safety belts
- Discourage use of alcohol
- Discourage distractions when driving (eating, drinking, music, cellular phones)
- Discourage students from driving off campus for lunch

Suicide Prevention

- Develop a comprehensive school crisis plan for working with a student at risk of suicide or suicide attempt
- Train all faculty members in suicide prevention gatekeeping
- Implement an evidence-based suicide prevention program for students
- Be prepared to engage in “postvention”; have a school crisis plan in place for dealing with the suicide death of a student or faculty member
- Discourage alcohol and drug use
- Encourage behavioral health screening as part of routine health maintenance for all age groups
- Advocate for adequate community and private behavioral health resources

Violence/Bullying Prevention

- Implement bullying, cyberbullying and dating violence awareness/prevention programs for teachers, educational administrators, parents and children coupled with adoption of evidence-based prevention programs.



- Advocate for protection of children from exposure to firearms

American Academy of Pediatrics Policy Statements

The Teen Driver⁷⁶

Because motor vehicle crashes pose a major, continuing threat to the health of teenagers, the American Academy of Pediatrics makes several recommendations on teen drivers which include the following:

- Support for strong graduated driver licensing systems
- Work with schools to encourage safety belt use and discourage alcohol use
- Discourage school policies that allow students to drive off campus for lunch
- Support community efforts that encourage safe teenaged driving

Role of the Pediatrician in Youth Violence Prevention⁷⁷

Youth violence continues to be a serious threat to the health of children and adolescents in the United States. In a policy statement issued in July 2009, pediatricians are encouraged to clearly define their role and develop the appropriate skills to address this threat effectively. Pediatricians are encouraged to become familiar with Connected Kids: Safe, Strong, Secure, the American Academy of Pediatrics' primary care violence prevention protocol. As advocates, pediatricians may bring newly developed information regarding key risk factors such as exposure to firearms, teen dating violence, and bullying to the attention of local and national policy makers.

This policy statement asks that practices incorporate:

- preventive education
- screening for risk
- linkages to community-based counseling and treatment resources

Suicide and Suicide Attempts in Adolescents⁷⁸

American Academy of Pediatrics (AAP) issued a clinical report in September 2007, Suicide and Suicide Attempts in Adolescents. Suicide is the third-leading cause of death for adolescents 15 to 19 years old (second in Kentucky). Pediatricians can take steps to help

reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic, and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis.

This report encourages health care professionals to utilize suicide-risk screening during acute and routine visits and work closely with families and other health care professionals to ensure good communication, continuity and follow care for at risk youth.

The report stresses the importance of knowledge regarding:

- risk factors,
- appropriate interviewing techniques,
- mood disorders and appropriate treatments
- risks and benefits of antidepressant medication.

State and Federal Laws

State Laws

Teen Driving

KRS 186.450 Kentucky's Graduated Licensing Law: Introduces new drivers to risks and hazards they face behind the wheel gradually, significantly reducing their chance of getting into a motor vehicle crash.

Suicide Prevention

KRS 158.070 Requires principals, guidance counselors, and teachers to complete a minimum of two hours of instruction in suicide prevention each school year.

KRS 156.095 Requires every public middle and high school administrator to disseminate suicide prevention awareness information to all middle and high school students by September 1 of each year.

Bullying/Violence Prevention

KRS 158.156 Requires school staff to report to law enforcement, any violation of a Chapter 508 felony this includes the victim and the offender.

KRS 158.148 Student discipline guidelines and model policy; local code of acceptable behavior and disci-



pline; required contents of code.

KRS 158.150 School Safety and Violence Prevention; Suspension, Expulsion of Pupils.

KRS 158.444 Relating to the safety, learning, and well-being of students; identifies Golden Rule as the model for improving attitude and the rule for conduct for all public school students; require school districts to have plans, policies, and procedures dealing with measures for assisting students who are engaging in disruptive and disorderly behavior.

KRS 510.155 Regarding unlawful use of electronic means originating or received within the Commonwealth to induce a minor to engage in sexual or other prohibited activities.

Federal Laws

Persistently Dangerous Schools: The Unsafe School Choice Option (USCO) (section 9532 of the Elementary and Secondary Education Act (ESEA) of 1965, as amended by the No Child Left Behind Act of 2001) requires that each State receiving funds under the ESEA establish and implement a statewide policy requiring that students attending a persistently dangerous public elementary or secondary school, or students who become victims of a violent criminal offense while in or on the grounds of a public school that they attend, be allowed to attend a safe public school.

Assessment and Planning

KCSS (Safe School Assessments) The Kentucky Center for School Safety (KCSS), Kentucky Department of Education (KDE), and Kentucky School Boards Association (KSBA) are collaborating to provide safe school assessments to any school in Kentucky. The safe school assessment provides the school with an independent look at the school's climate and culture as it relates to enhancing the learning environment. The safe school assessment process involves many aspects, including an examination of the school and recommendations. This also provides the school with a needs assessment that can be used in developing a school safety component of the school's Comprehensive School Improvement Plan. A Safe School Assessment is a service provided by the Kentucky Center for School



Safety at no cost to the school or district. <http://www.kysafeschools.org/clear/assessment.htm>

School Connectedness: Strategies for Increasing Protective Factors Among Youth Students who feel connected to school believe that adults and peers in the school care about their learning as well as about them as individuals. When students feel connected to school, they are less likely to engage in a variety of risk behaviors, including violence and gang involvement. Connected students are also more likely to have higher grades and test scores, have better school attendance, and stay in school longer. This document provides school administrators and teachers with strategies they can use to enhance school connectedness among students.

<http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm>

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. Easy-to-use self-assessment and planning tool that enables school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: <http://www.cdc.gov/healthyyouth/shi/index.htm>. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.



Health Education Curriculum Analysis Tool (HECAT) - Centers for Disease Control and Prevention – Division of Adolescent School Health. This tool can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

<http://www.cdc.gov/HealthyYouth/HECAT/index.htm>



Frequently Asked Questions

What is a *Persistently Dangerous School?

If a school reports a qualifying number of these incidents of the following violations for three consecutive years, a school is considered “Persistently Dangerous”:

The following 2 violations qualify with one or more incidents per year:

- Forcible Rape
- Criminal Homicide

The following 4 violations qualify based on enrollment (a) for a school with fewer than 500 students, five or more incidents in the school year; (b) for a school with 500 or more students, the total number of incidents in the school year represents one percent or more:

- Robbery
- Firearms Violations
- Assault in the first degree
- Assault in the second degree

*Students attending a Persistently Dangerous School have the right to transfer to a safer school; victims of violent crimes have the right to transfer to another school also.

Won’t talking about suicide give someone the idea?

You don’t give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it in an open, sensitive, educational manner is one of the most helpful things you can do. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

If a person is determined to kill themselves, aren’t they going to do it even if someone tries to stop them?

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.



People who talk about suicide won't really do it; they just want attention, right?

Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like “You’ll be sorry when I’m dead,” or “I can’t see any way out” – no matter how casually or jokingly said, may indicate serious suicidal feelings.

Resources

Highway Safety

Kentucky Office of Highway Safety

<http://highwaysafety.ky.gov>

National Highway Traffic Safety Administration

www.nhtsa.gov

AAA Teen Driving and Safety

<http://discover.aaa.com/PGA/TeenDriving>

Mothers Against Drunk Driving (MADD)

www.madd.org

Students Against Drunk Driving (SADD)

www.sadd.org

Suicide Prevention

Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services

<http://dbhdid.ky.gov/dbh/sped.asp>

Kentucky Suicide Prevention Group

www.kentuckysuicideprevention.org

American Association of Suicidology

www.suicidology.org

American Foundation for Suicide Prevention

www.afsp.org

Suicide Prevention Resource Center

www.sprc.org

Suicide Prevention Action Network

www.spanusa.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)

www.nrepp.samhsa.gov

Kentucky Community Crisis Response Board

<http://kccrb.ky.gov/>



Bullying/Violence Prevention

Youth Violence Prevention: Centers for Disease Control and Prevention

www.cdc.gov/ViolencePrevention/index.html

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)

www.nrepp.samhsa.gov

Kentucky Center for Instructional Discipline

www.kycid.org

UCLA School Mental Health Project

<http://smhp.psych.ucla.edu/>

KY Family Violence Prevention Resources Branch

<http://chfs.ky.gov/dcbs/dpp/violenceprevention.htm>

KY Domestic Violence Association

www.kdva.org

KY Association of Sexual Assault Programs

<http://kyasap.brinkster.net/>

Prevent Child Abuse KY (1-800-CHILDREN)

www.pcaky.org

Kentucky Center for School Safety

www.kysafeschools.org

Make a Difference for Kids, Inc.

<http://www.makeadifferenceforkids.org/>

