



PROGRESS REVIEW

Violent and Abusive Behavior

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ October 6, 1999

The Assistant Secretary for Health and Surgeon General chaired the satellite broadcast of the third and final progress review for the Healthy People 2000 objectives on Violent and Abusive Behavior. The Centers for Disease Control and Prevention (CDC), lead agency for this Healthy People priority area, organized the review and its broadcast. The participants discussed topics related to homicide, violence against women, child maltreatment, youth violence, and suicide. Of the 19 objectives, five had met their targets, five others showed progress, five had moved away from their targets, and four lacked data to establish a trend. Discussion centered on the following objectives in priority area 7 of Healthy People 2000:

Homicide, Violence against Women, and Child Maltreatment

7.1 The homicide rate for the total population (age-adjusted) increased from 8.5 per 100,000 in 1987 to 10.1 in 1994, then decreased to 7.8 in 1997. The year 2000 target is 7.2 per 100,000. For black males aged 15-34, the rate rose from 91.1 per 100,000 in 1987 to 140.5 in 1993. In 1997, the rate decreased to 97.6, still well above the target of 72.4. The homicide rate for black females aged 15-34 increased from 20.2 per 100,000 in 1987 to 24.1 in 1991; the rate decreased to 14.4 in 1997, surpassing the target of 16.0. For Hispanic males aged 15-34, the homicide rate increased from 41.3 (per 100,000) in 1987 to 56.8 in 1992; in 1997, the rate declined to 34.9 (target, 33.0). There was an increase in the number of States reporting data for Hispanics over the decade. For American Indians/Alaska Natives, the homicide rate (age-adjusted) increased from 11.2 per 100,000 in 1987 to 12.2 in 1991. This rate fluctuated in subsequent years with a general downward trend, reaching 10.8 in 1997, still above the target of 9.0. The homicide rate for children aged 3 and younger was 3.9 per 100,000 in 1987, 4.9 in 1993, and 4.5 in 1996 (target, 3.1).

7.3 For the total population, the rate of firearm-related deaths (age-adjusted) was 14.6 per 100,000 in 1990, 15.6 in 1993, and 12.2 in 1997. The year 2000 target is 11.6.

7.4 In 1993, the incidence of maltreatment of children younger than 18 was 41.9 per 1,000 children. The subcategories of types of abuse that were tracked (physical abuse, sexual abuse, emotional abuse, and incidents of neglect) also showed upward trends between 1986 and 1993. The year 2000 targets were to reduce the incidences below the 1986 baselines.

7.5 The rate of physical assaults against women by male intimates decreased from 8.8 cases per 1,000 women in 1992 to 7.5 in 1996. The victimization survey was redesigned in 1992 and elicited higher rates than previously for sex offenses tracked by this objective.

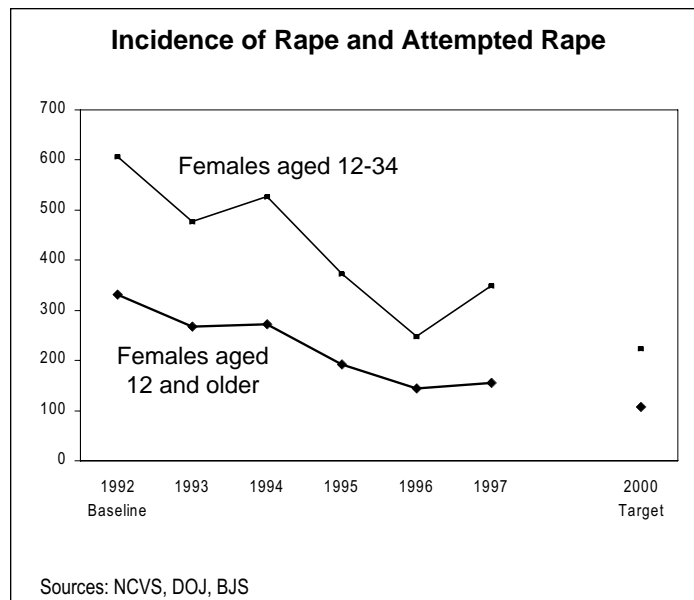
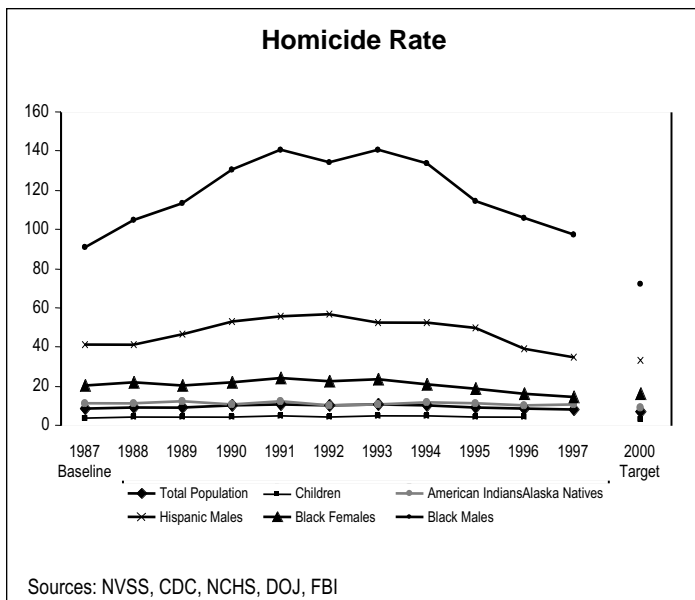
7.7 For females aged 12 and older, the incidence of rape and attempted rape decreased from 332 per 100,000 in 1992 to 156 in 1997. The year 2000 target is 108. For females aged 12-34, this rate decreased from 607 per 100,000 in 1992 to 349 in 1997. The target is 225.

7.13 The number of States (including the District of Columbia) with systems to review unexplained child deaths increased from 33 in 1991 to 48 in 1996, surpassing the year 2000 target of 45 States.

7.19 The number of States (including the District of Columbia) that enacted laws requiring that firearms be properly stored to minimize access by minors increased from one in 1989 to 15 in 1999. The year 2000 target was for laws to be enacted in all 50 States.

DEVELOPMENTS

- A survey sponsored by the National Institute of Justice and the CDC found that women in the U.S. experience an estimated 876,000 rapes and 5.9 million physical assaults a year. Eighteen percent of the women surveyed had been victims of attempted or completed rape at some time and, of these, about half were under the age of 18.
- In 1995, the U.S. Air Force implemented a community-wide suicide prevention program among its 350,000 personnel when it was recognized that suicide had become the second leading cause of death. Since then, the suicide rate has fallen by 78 percent to the lowest rate on record.
- Vermont instituted the position of State Defender General with responsibility for defending the rights of victims of violence.
- The Administration on Aging (AOA) established a National Center for Elder Abuse, which can be accessed via the Internet. AOA reported that nearly half a million people over the age of 60 have been the victims of abuse and neglect.
- In responding to the problem of male youths at risk for violent and abusive behavior, the Department of Education's Safe Schools activity funds mentorship programs to pair adult males with youth. These programs are active throughout the country and in the District of Columbia.
- The Indian Health Service collaborated with several Tribes to implement violence prevention activities that are based on tribal values. The programs work with health care providers and community networks on reservations to assist youth and families at risk for violence.
- The Surgeon General's Call to Action advances 15 key recommendations that encourage community action to reduce suicide. These first steps revolve around a framework for enhancing awareness, intervention, and methodology (AIM).



Suicide and Youth Violence

7.2 The rate of suicide in the total population (age-adjusted) was 11.7 per 100,000 in 1987 and decreased during the decade to 10.6 in 1997, close to the year 2000 target of 10.5. Sub-objectives tracked certain special populations, including adolescents aged 15-19, males aged 20-34, and white males aged 65 and older. For each of these groups, the suicide rate declined from 1987 to 1997. However, for American Indian/Alaska Native males, the suicide rate (age-adjusted) increased from 20.1 per 100,000 in 1987 to 21.3 in 1997, moving away from the target of 17.0.

7.8 The incidence of injurious suicide attempts among adolescents aged 14-17 increased from 2.1 percent in 1990 to 2.6 percent in 1997. The year 2000 target is 1.8 percent.

7.9 The incidence of physical fighting among youth decreased from 137 incidents per 100 students per month in 1991 to 115 in 1997. The year 2000 target is 110.

7.10 The incidence of weapon-carrying by adolescents aged 14-17 decreased from 107 incidents per 100 students per month in 1991 to 74 in 1997, surpassing the year 2000 target of 86.

FOLLOW-UP

- Encourage coordination and integration between the variant approaches of public health and the criminal justice system to the problem of violent behavior.
- Intensify efforts to reduce the incidence of child abuse, adolescent suicide attempts, and other violence-related behaviors for which recent trends have shown movement away from Healthy People 2000 targets.
- Enhance the understanding of coping skills and resiliency for use in intervention strategies and prevention programs.
- Increase research on the association of drug abuse and violent behavior.

- Ensure that coroners have adequate training to recognize the evidence of physical assault when preparing death reports.
- To better deal with victims of rape, increase the availability of forensic training for the legal profession, the criminal justice system, and emergency response teams.
- Promote the use of effective violence prevention programs in communities, especially those employing role models for male adolescents.

PARTICIPANTS

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