

# Appendices

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## Appendix A

### A Fact Sheet on Youth Violence

Support from community leaders, policy makers, funding organizations, and the public is key in developing and implementing a successful intervention to prevent youth violence. The first step in gaining this support is convincing stakeholders that youth violence is, in fact, a significant concern. On the following page, you'll find a fact sheet with a compelling overview of youth violence as a national public health problem.

Please feel free to copy and distribute the fact sheet. For more information about youth violence, violence in the schools, or firearm use among youth, please visit CDC's Division of Violence Prevention on the World Wide Web at [www.cdc.gov/ncipc/dvp/dvp.htm](http://www.cdc.gov/ncipc/dvp/dvp.htm) and CDC's Division of Adolescent and School Health at [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash). For age- or sex-specific violence data or data for a particular state or region, visit WISQARS™, CDC's web-based interactive injury mortality data system: [www.cdc.gov/ncipc/osp/data.htm](http://www.cdc.gov/ncipc/osp/data.htm).

## Youth Violence—A National Problem

Violent injury and death disproportionately affect children, adolescents, and young adults in the United States. Although rates for homicides have dropped in recent years, they are still unacceptably high.

### Fatal violence

Homicide is the second leading cause of death among young people ages 15 to 19. Among African American youths in that age group, homicide is the leading killer. From 1990 to 1999, nearly 34,000 young people ages 18 and younger were victims of homicide. That's an average of about 9 youths killed each day over the last decade.

Just as alarming as the number of young people dying from violence is the number of young people who are committing violent acts. In 1997, 1,700 youths under age 18 were implicated in 1,400 murders. Among the homicide offenders in 2000 whose age was known by authorities, approximately 48% were 24 or younger and 9% were younger than 18.

### Nonfatal violence

Violence does not have to be fatal to greatly affect individuals and communities. Violence-related injuries can leave emotional and physical scars that remain with victims long after the violent event has occurred. The rates of nonfatal victimization for rape, sexual assault, robbery, and aggravated assault are higher among people under age 25 than among other age groups.

Findings from the 1999 Youth Risk Behavior Survey (YRBS)—which is based on a nationally representative sample of students in grades 9 through 12—reveal that a significant portion of young people are involved in violent

behavior. In the 30 days preceding the survey, weapon carrying was reported by 17.3 percent of students; 6.9 percent carried a weapon on school property. In the 12 months preceding the survey, 35.7 percent of students reported having been in a physical fight at least once and 4 percent reported being treated by a doctor or nurse for injuries sustained in a physical fight. Almost 9 percent of students reported being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend during the previous 12 months.

### Firearms and youth

In 1999, firearm-related homicides were the second leading cause of injury death among 15- to 19-year-olds and the third leading cause of injury death among 10- to 14-year-olds. Nearly 25 percent of all Americans who died from firearm injuries in 1999 were between ages 15 and 24.

In 1999, about 1 in 20 students participating in the YRBS reported carrying a firearm at least once in the 30 days before the survey. Although this figure represents a decline since the 1995 YRBS, it is still troubling.

### Deadly school violence

Preliminary results from a current CDC study indicate that between July 1, 1994, and June 30, 1999, 253 violent deaths occurred on school property, on the way to or from school, or at or on the way to or from a school-sponsored event. The majority

of these incidents were homicides involving firearms. These violent deaths occurred in communities of all sizes, locales, income levels, and racial and ethnic make-up.

Preliminary results also show that, while the number of school-associated violent death events has decreased

steadily since the 1992–1993 school year, the occurrence of multiple-victim events—those with two or more deaths per event—appears to have increased. During the four school years from August 1995 through June 1999, there were 15 multiple-victim events; only three such events occurred between August 1992 and July 1995.

## References

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## Appendix B

### The Public Health Approach

The public health approach is a systematic process for identifying and describing a health problem, developing and evaluating interventions to prevent the problem, and implementing those interventions in communities. There are four basic steps to the public health approach. They may occur sequentially or, more commonly, simultaneously.

#### **Step 1. Detect and define a problem through surveillance**

Collecting and analyzing data allows us to identify a public health problem and to describe how big the problem is. In the case of youth violence, we would want to know how many people are injured or die as a result of violence committed by children and adolescents. We'd also want to know when and where youth violence occurs most often (for example, at night in public places or at home, immediately after school); characteristics of the individuals who commit violent acts (for example, their age, attitudes and beliefs, family history, school performance, etc.); and the circumstances surrounding that violence (for example, whether the perpetrator knew the victim). And we'd want to know how much injuries and deaths caused by youth violence cost society in terms of health care expenses and lost years of productivity.

The information gathered through surveillance allows decision makers to allocate resources where they are needed most. It can also tell us what kind of impact our efforts are having and whether we need to change course.

#### **Step 2. Determine the causes of the problem**

Studying the data on youth violence can help us identify risk factors that lead directly or indirectly to the problem. If we know who is most at risk for committing violence and why, we can develop more tailored—and, hence, more effective—interventions to prevent youth violence.

### **Step 3. Develop and test interventions for preventing the problem**

The information obtained through surveillance and research helps us design interventions to combat the problem of youth violence. But before we implement these interventions on a wide scale, we need to know if they are effective. We must evaluate the interventions to make sure they work as intended, without any undesired effects. These evaluations may be conducted in a variety of ways: randomized controlled trials, controlled comparisons of populations for occurrence of health outcomes, time-series analyses of trends in multiple areas, or observational studies such as case-control studies.

### **Step 4. Implement the interventions**

Once we know an intervention is effective, we need to share it with other communities so they can prevent youth violence. We can disseminate interventions widely through training and public awareness programs, through journals, or through special publications—like this sourcebook.<sup>1</sup>

Source: Mercy JA, Rosenberg ML, Powell KE, Broome CV, Roper WL. Public health policy for preventing violence. *Health Affairs* 12(1993):7-29.