

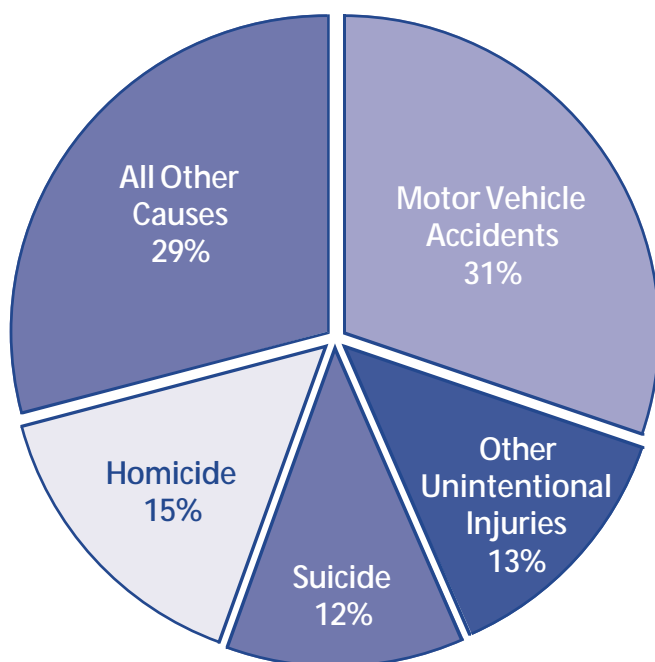


## Fact Sheet on **Violence:** Adolescents & Young Adults

### **Highlights:**

- ▶ Since peaking in the early 1990s, adolescent/young adult homicide rates have fallen steadily.
- ▶ Homicide remains the second leading cause of death for adolescents and young adults.
- ▶ Homicide rates increase dramatically throughout adolescence and young adulthood.
- ▶ Homicide is the leading cause of death for adolescent and young adult Black males.
- ▶ Four out of five adolescent and young adult homicide deaths involve firearm use.
- ▶ More than two-thirds of violent crimes committed by adolescents have adolescent victims.
- ▶ The majority of reported rapes occur during adolescence and young adulthood.

- ▶ Homicide is the second leading cause of death for adolescents and young adults.

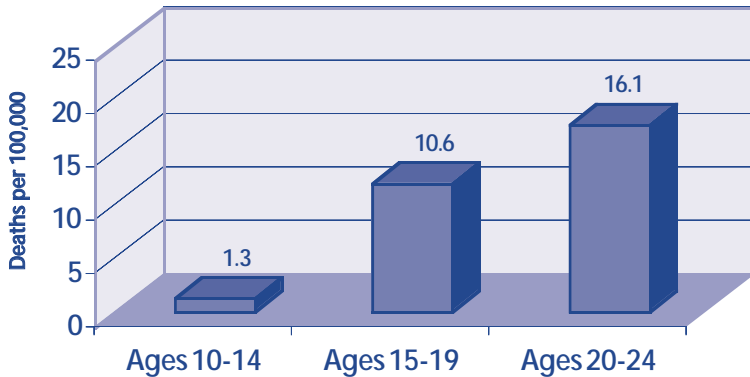


Leading Causes of Mortality:  
Adolescents/Young Adults Ages 10-24, 1999

In 1999, the Centers for Disease Control and Prevention reported that 5,244 adolescents and young adults ages 10-24 were victims of homicide. The homicide death rate was 9.2 deaths per 100,000, or 15% of all deaths for this age group. Homicide was the second leading cause of death for adolescents and young adults after motor vehicle accidents (NCIPC, 2002; Anderson, 2001).

- ▶ Homicide rates increase dramatically throughout adolescence and young adulthood.

Homicide Rates by Age, 1999

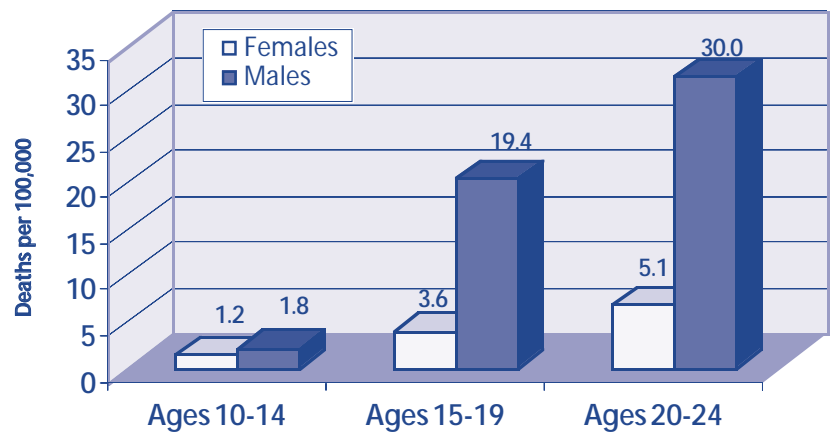


Homicide is primarily a youth-centered problem. Death rates due to homicide climb rapidly in adolescence (ages 15-19) and peak during early adulthood (ages 20-24). Rates then decline throughout the lifespan (Anderson, 2001).

- ▶ Adolescent/young adult males are 5 times more likely than females to be homicide victims.

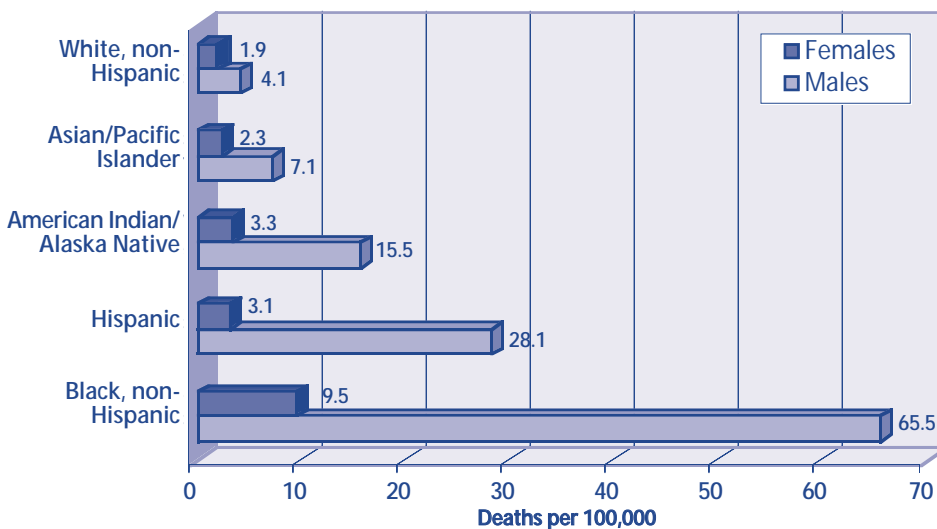
Adolescent and young adult males have a higher rate of homicide victimization than their female peers. In 1998, the homicide rate for males ages 10-24 was five times the rate for same-age females (16.7 per 100,000 vs. 3.3 per 100,000). This is a long-standing trend: from 1981-1998, 82% of all homicide victims among 10-24 year olds were males (NCIPC, 2002).

Homicide Rates by Age & Gender, 1998



- ▶ Homicide is the leading cause of death for adolescent and young adult Black males.

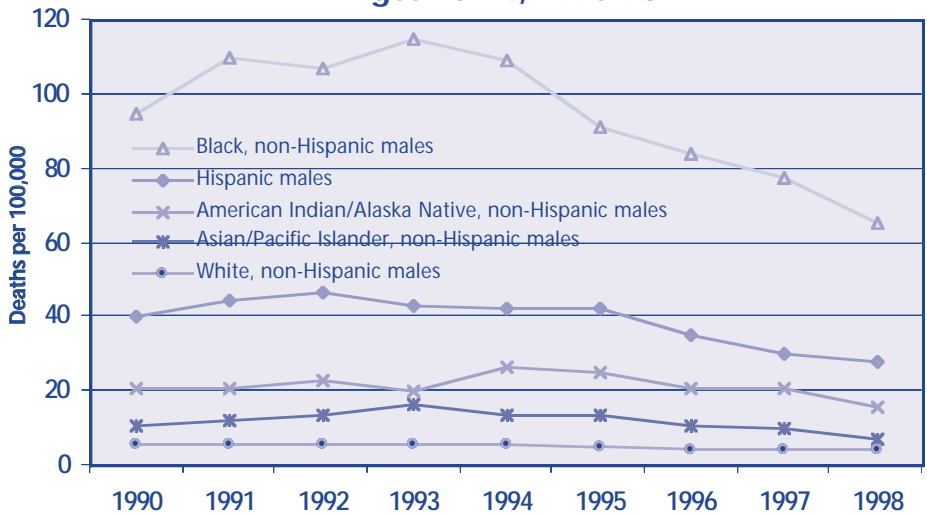
Homicide Rates by Race/Ethnicity & Gender, Ages 10-24, 1998



Homicide accounts for half of all deaths among Black, non-Hispanic males ages 10-24. In 1998, the homicide death rate for Black, non-Hispanic males in this age group (65.5/100,000) was four times the average rate of 16.7/100,000 for all males ages 10-24 (data not shown). Similarly, the homicide rate for Black, non-Hispanic females was three times the average rate for females in this age group (NCIPC, 2002).

- ▶ Since peaking in the early 1990s, adolescent/young adult homicide rates have fallen steadily.

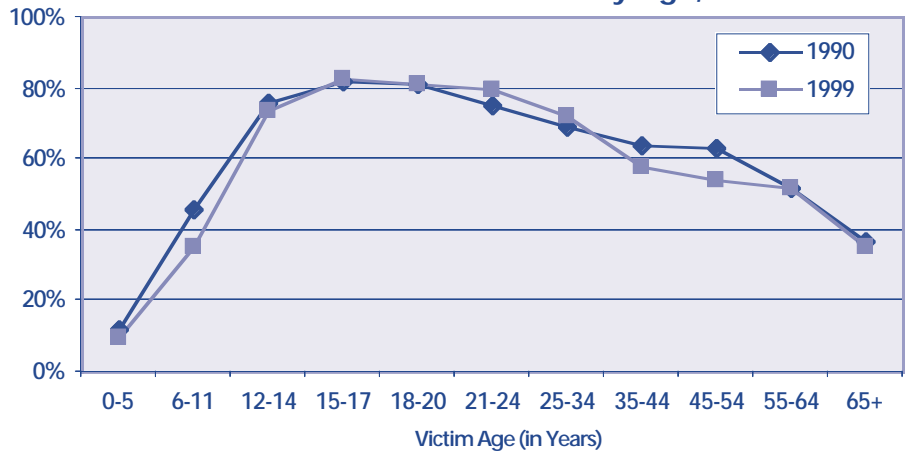
**Male Homicide Trends by Race/Ethnicity, Ages 10-24, 1990-98**



Adolescent homicide rates have fallen dramatically since peaking in the early 1990s. Rates for Black males fell from a 1993 peak of 114.8/100,000 to 65.5/100,000 in 1998, while rates for Hispanic males fell from 46.7/100,000 in 1992 to 28.1/100,000 in 1998. Among Whites, rates for males peaked at 5.8/100,000 in 1991, and fell to 4.1/100,000 in 1998. Overall, rates for females have declined from the 1993 peak of 5.2 to 3.3/100,000 in 1998 (NCIPC, 2002).

- ▶ Four out of five adolescent and young adult homicide deaths involve firearm use.

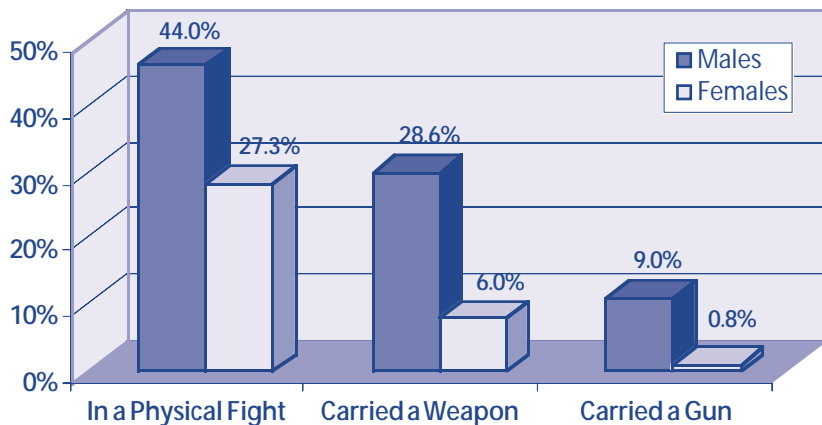
**Homicides w/Firearm Involvement by Age, 1990 & 1999**



The use of firearms in homicide peaks during adolescence and young adulthood. Firearms are used in more than 80% of cases where the victim is 15-24 years of age. This pattern was fairly constant from 1990 to 1999 (NCIPC, 2002).

- ▶ Male adolescents engage in violence-related behaviors more often than females.

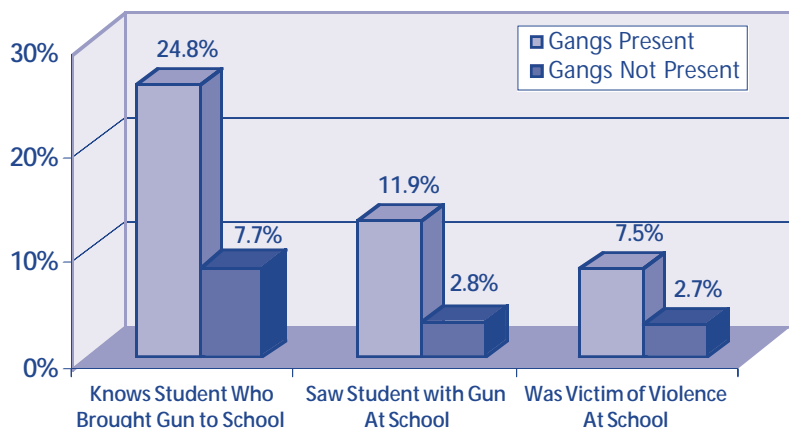
**Violence-Related Behavior by Gender, High School Students, 1999**



In 1999, 29% of male high school students reported carrying some type of weapon (knife, club or gun) within the past 30 days. Almost 1 in 10 reported carrying a gun. In addition, more than 4 in 10 male students reported having been in a physical fight during the same period. However, males and females were almost equally likely to report partner violence: 8.3% of males and 9.3% of females were physically hurt by their partner in the past year (data not shown) (Kann et al., 2000).

- ▶ Schools with gangs are 3 times more likely to report violent behavior than schools without gangs.

**Violence-Related Events Reported by Students, by Presence of Gangs in Schools, 1995**

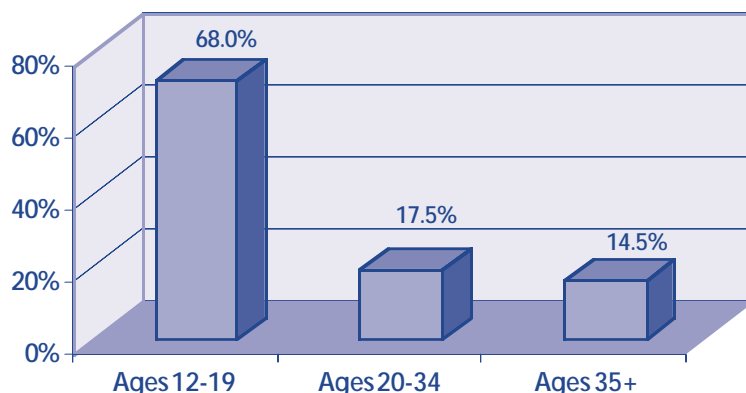


A study comparing schools with and without gangs suggests that gang presence contributes to higher levels of violent behaviors. In schools where students reported the presence of gangs, weapon carrying was 3.5 times more likely and students were about 3 times more likely to be the victim of violence within the past 6 months (Chandler et al., 1998). The National Youth Gang Survey reports that there were 780,200 gang members in 1998, an 8% decrease from 1996 (OJJDP, 2000).

- ▶ More than two-thirds of violent crimes committed by adolescents have adolescent victims.

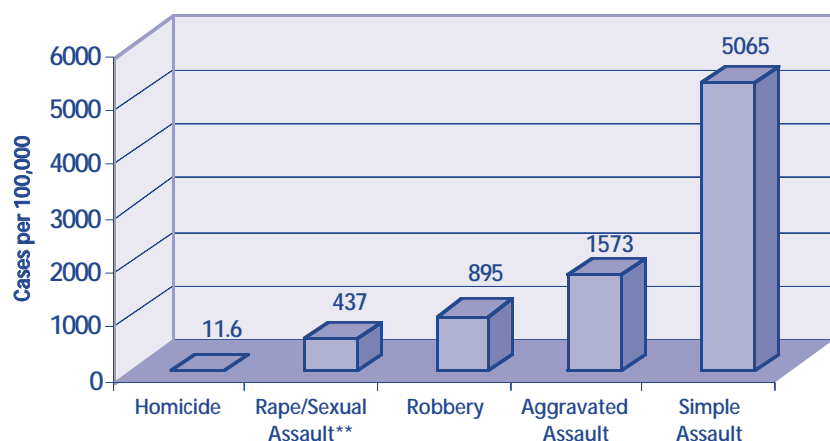
In 1999, adolescents ages 12-20 were responsible for 32.3% of all violent crimes committed by a single offender and 40.7% of violent crimes involving multiple offenders. In both cases, adolescents who committed violence were most likely to target other adolescents; two-thirds of such crimes had victims ages 12-19. This accounts for the majority of violent crime against youth: 71.8% of all single-offender (and 65.4% of multiple-offender) violent crimes involving victims ages 12-19 were committed by adolescents ages 12-20 (BJS, 2001).

**Age of Victim in Violent Crimes\* Committed by Adolescents Ages 12-20, 1999**



- ▶ In 1998, 1.4 million adolescents/young adults were victims of a non-fatal, serious violent crime.

**Violent Crime Victimization, Ages 12-24, 1998**

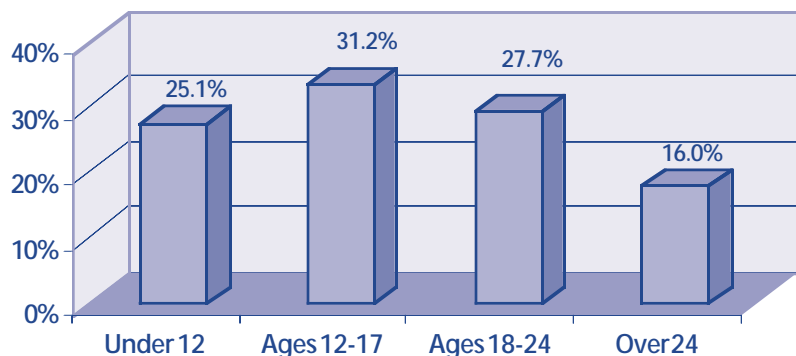


While clearly the most severe form of violence, homicide accounts for a very small percentage of all violent crimes committed each year. Serious violent crimes (including rape/sexual assault, robbery, and aggravated assault) outnumber homicides by about 250 to 1. Simple assaults, which tend to be under-reported, outnumber homicides by 437 to 1. As with homicide, the rate of non-lethal violence peaks during adolescence and young adulthood (NCIPC, 2002; BJS, 2000).

# Special Issues: Sexual Violence

- ▶ The majority of reported rapes occur during adolescence and young adulthood.

**Age of Victim at Time of First Rape\*\***

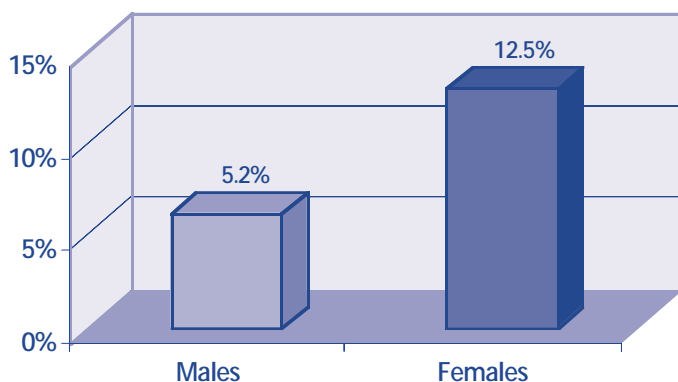


The vast majority (84%) of rape victims are first victimized by age 24, with 58.9% of victims reporting having been raped between ages 12-24. Sexual victimization at an early age, including child sexual abuse, can have serious negative health consequences, such as increased risk of post-traumatic stress disorder, mental health disorders like depression, substance abuse, and repeat rape (Tjaden & Thoennes, 2000; Saywitz et al., 2000).

- ▶ Female adolescents are 2 times more likely than males to be the victim of rape.

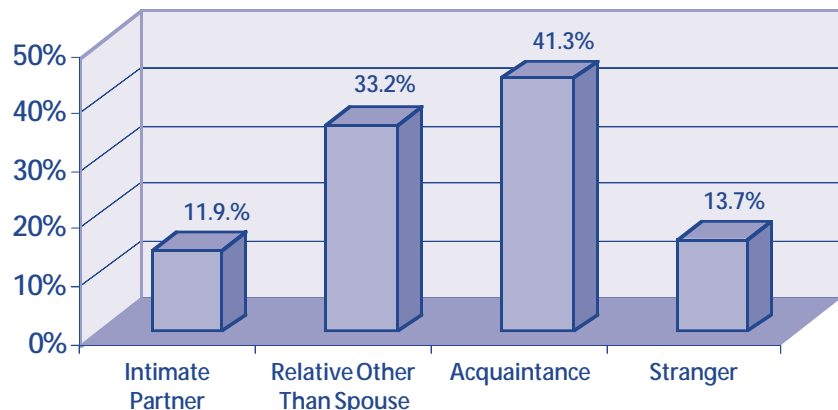
Females are much more likely than males to be the victims of rape at all ages, but this disparity is greatest during adolescence and young adulthood. Male rape victims tend to be younger than females, with 48.0% of male rape victims reporting having been raped before age 12, compared to 21.6% for females (Tjaden & Thoennes, 2000). Among female high school students, Hispanics (15.1%) and Blacks (13.5%) were more likely than Whites (10.1%) to report being forced to have sexual intercourse within the past year (Kann et al., 2000).

**Forced Sexual Intercourse by Gender, High School Students, 1999**



- ▶ The perpetrator is known by the victim in 86% of rape cases among children and adolescents.

**Rape Cases Among Children & Adolescents Ages 0-18, by Type of Perpetrator**



Relatively few (13.7%) rapes are committed by a stranger. This pattern holds true for both male and female victims. The vast majority of these victims, both female (99.2%) and male (89.0%) were raped by a male (Tjaden & Thoennes, 2000). In addition, perpetrators of sexual violence tend to be older than their victims. In cases with victims ages 12-17, 75% of the attackers were ages 18 and older, while 42% were ages 25 and older (Snyder & Sickmund, 1999).

**Data Sources:**

Anderson, R.N. (2001). *Deaths: Leading Causes for 1999*. National Vital Statistics Reports, 49(11). Hyattsville, Maryland: National Center for Health Statistics. [URL (1/02): [http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49\\_11.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_11.pdf)]

Bureau of Justice Statistics, U.S. Department of Justice. (2000). *Criminal Victimization in U.S., 1998 Statistical Tables*. [URL (1/02): <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus98.pdf>]

Bureau of Justice Statistics, U.S. Department of Justice. (2001). *Criminal Victimization in U.S., 1999 Statistical Tables*. [URL (1/02): <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus99.pdf>]

Chandler, K.A., Chapman, C.D., Rand, M.R., & Taylor, B.M. (1998). *Students' Reports of School Crime: 1989 and 1995*. NCES 98-241/NCJ-169607. Washington, DC: U.S. Departments of Education and Justice. [URL (1/02): <http://nces.ed.gov/pubs98/crime/98241.pdf>]

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National Center for Injury Prevention and Control, Centers for Disease Control & Prevention. (2002). *United States Injury Mortality Statistics*. [URL (1/02): <http://www.cdc.gov/ncipc/>]

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. (2000). *1998 National Youth Gang Survey*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. [URL (1/02): <http://www.ncjrs.org/pdffiles1/ojjdp/183109.pdf>]

Saywitz, K.J., Mannarino, A.P., Berliner, L., & Cohen, J.A. (2000). *Treatment for Sexually Abused Children and Adolescents*. American Psychologist, 55, 1040-1049. [URL (1/02): <http://www.apa.org/journals/amp.html>]

Snyder, H.N., & Sickmund, M. (1999). *Juvenile Offenders and Victims: 1999 National Report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. [URL (1/02): <http://www.ncjrs.org/html/ojjdp/nationalreport99/toc.html>]

Tjaden, P., & Thoennes, N. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. Washington, DC: National Institute of Justice, U.S. Department of Justice. [URL (1/02): <http://www.ncjrs.org/pdffiles1/nij/183781.pdf>]

\* Includes assault, robbery, and rape/sexual assault (including verbal threats).  
 \*\* The Bureau of Justice Statistics (BJS) defines rape as forced sexual intercourse, which is vaginal, anal or oral penetration by the offender(s), and includes attempted rape and verbal threats of rape. Sexual assault is separate from rape, and includes unwanted sexual contact and verbal threats. The definition of rape used by the National Violence Against Women Survey does not include verbal threats of rape, which differs slightly from the BJS definition.

**NOTES:** In all cases, only the most recent final data were used. No preliminary data were used. Some final data are released 1-3 years after collection. For questions regarding data sources, please contact NAHIC. For racial/ethnic data, the category names presented are those used by the data collection agency or survey sponsor. Every attempt was made to standardize age ranges. When this was not possible, age ranges were those provided by the data collection agency or survey sponsor.

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**Background on NAHIC**

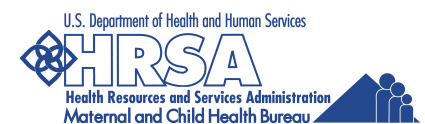
The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) to serve as a national resource for adolescent health research and information to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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Copies of any of the listed Adolescent Fact Sheets can be found on the World Wide Web at <http://youth.ucsf.edu/nahic>. Hard copies can be requested at (415) 502-4856, or by email at: [nahic@itsa.ucsf.edu](mailto:nahic@itsa.ucsf.edu).



**Cite as:** National Adolescent Health Information Center. (2002). Fact Sheet on Violence: Adolescents & Young Adults. San Francisco, CA: National Adolescent Health Information Center, University of California, San Francisco.

NAHIC Adolescent Fact Sheets
Fact Sheet on Adolescent Health Care Utilization
Fact Sheet on Demographics: Children & Adolescents
Fact Sheet on Mental Health: Adolescents & Young Adults
Fact Sheet on Mortality: Adolescents & Young Adults
Fact Sheet on Preventive Health Services for Adolescents
Fact Sheet on Reproductive Health: Adolescents & Young Adults
Fact Sheet on Substance Use: Adolescents & Young Adults
Fact Sheet on Suicide: Adolescents & Young Adults
Fact Sheet on Unintentional Injury: Adolescents & Young Adults
Fact Sheet on Violence: Adolescents & Young Adults



Fact Sheet on

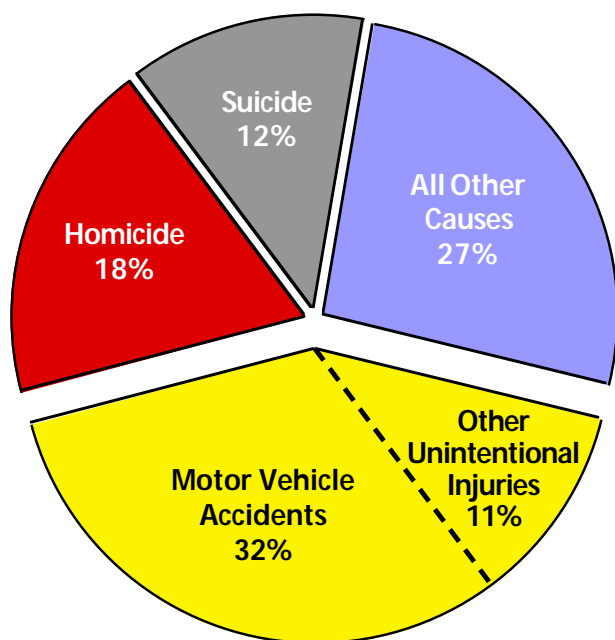
# Unintentional Injury:

## Adolescents & Young Adults

### Highlights:

- ▶ Unintentional injury is the leading cause of death for adolescents and young adults.
- ▶ The mortality rate for unintentional injury peaks in late adolescence/early adulthood.
- ▶ Male adolescents engage in behaviors which put them at risk for injury more often than females.
- ▶ White adolescents are more likely than Blacks or Hispanics to die from unintentional injuries.
- ▶ 99% of motor vehicle-related injuries to adolescents and young adults are non-fatal.
- ▶ There has been a steady decrease in unintentional injury mortality among adolescents.

- ▶ Unintentional injury\* is the leading cause of death for adolescents and young adults.



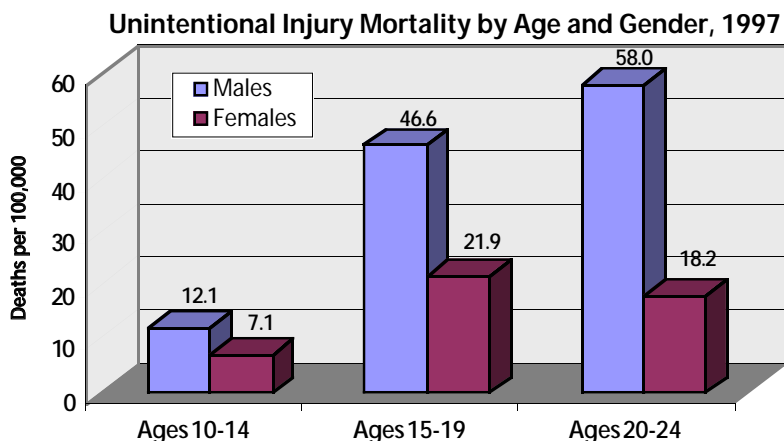
Leading Causes of Mortality:  
Adolescents/Young Adults Ages 10-24, 1997

In 1997, 43% of all deaths among adolescents and young adults ages 10-24 resulted from unintentional injury. Of the 35,960 deaths in this age group, 15,204 were attributed to such causes for a death rate of 27.3 per 100,000. Of these deaths, three-quarters (11,677) were caused by motor vehicle accidents (21.2 per 100,000). Drowning (2.4% of all deaths), poisoning (2.1% of all deaths), and fire and falls (each 0.8% of all deaths) accounted for much lower percentages. (CDC Wonder, 2000).

### \*Unintentional Injuries:

*This fact sheet focuses on unintentional injuries as distinct from those defined as intentional, whether self or externally inflicted. Information about intentional injury is available in the Violence and the Suicide Fact Sheets.*

- ▶ The mortality rate for unintentional injury peaks in late adolescence/early adulthood.

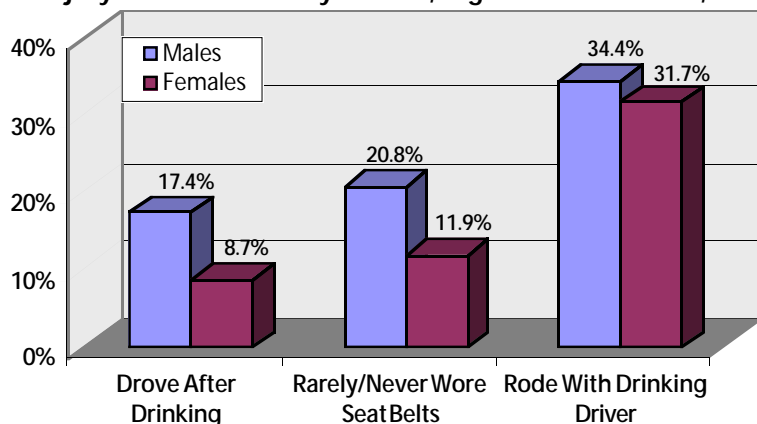


While mortality rates for most causes of death increase throughout the lifespan, injury-related deaths peak during late adolescence/early adulthood. Adolescent males have a consistently higher rate of death due to injury, averaging almost three times the rate of adolescent females (40.5 vs. 15.5 deaths/100,000, ages 10-24). A major difference between male and female patterns is that the male injury death rate increases through early adulthood, while it declines for females (CDC Wonder, 2000).

- ▶ Male adolescents engage in behaviors which put them at risk for injury more often than females.

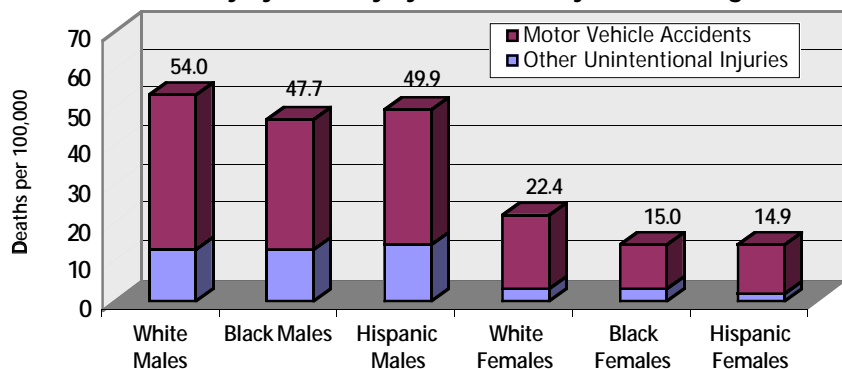
Among high school students, males were more likely than females to report engaging in behaviors which put them at risk for injury. These behaviors also varied by race/ethnicity: Blacks (22.5%) were more likely than Whites (15.5%) or Hispanics (14.4%) to have rarely or never worn seat belts; Hispanics (39.5%) were more likely than Blacks (34.4%) or Whites (32.4%) to have ridden with a drinking driver; and Whites (14.6%) were more likely than Hispanics (12.7%) or Blacks (7.9%) to have driven after drinking alcohol (YRBSS, 2000).

**Injury Risk-Behaviors by Gender, High School Students, 1999**



- ▶ White adolescents are more likely than Blacks or Hispanics to die from unintentional injuries.

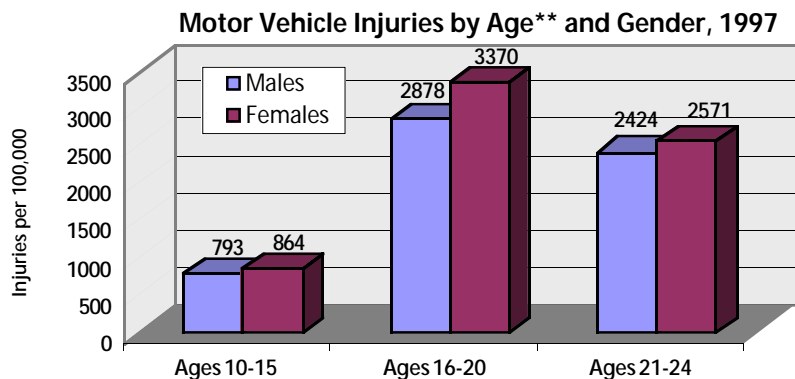
**Unintentional Injury Mortality by Race/Ethnicity & Gender, Ages 15-24, 1997**



Both White male and White female adolescents are more likely to die from unintentional injuries than their Black and Hispanic counterparts. This difference is mostly due to the disparity in motor vehicle deaths (NCHS, 1999).



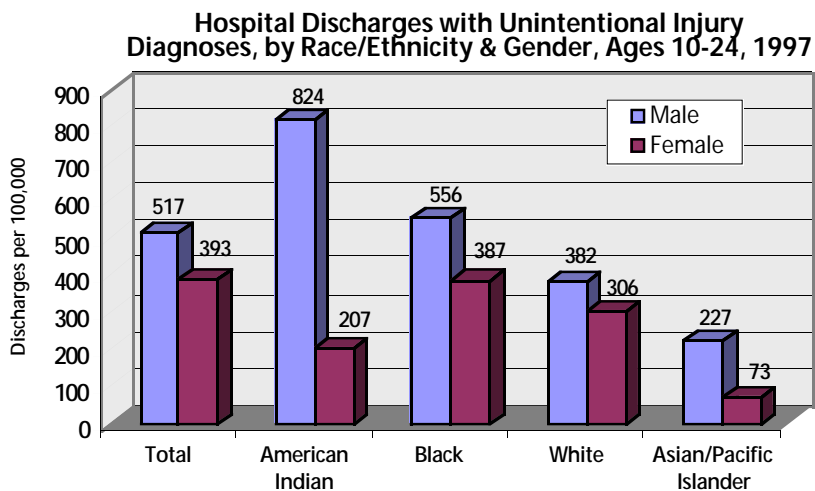
- ▶ 99% of motor vehicle-related injuries to adolescents and young adults are non-fatal.



Injury mortality is a small part of the total cost of injury. In 1997, only 1% of the 1.12 million motor vehicle-related injuries among 10-24 year olds resulted in death. Although males have a higher death rate, females have a higher injury rate. In addition, adolescents ages 16-20 have the highest rates of both motor vehicle-related injury and mortality of any age group (NHTSA, 1998).

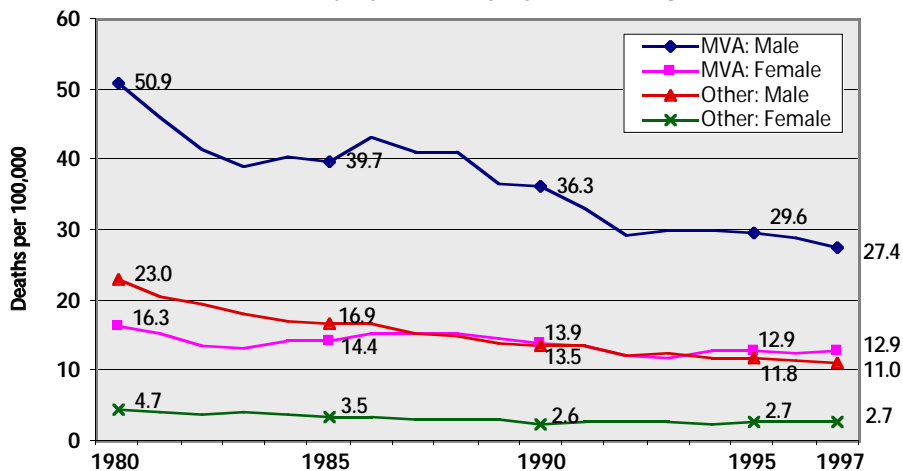
- ▶ Unintentional injury is the second leading cause of hospitalization for 10-24 year-old males.\*\*\*

In 1997, unintentional injury accounted for 8% of all hospital discharges among adolescents and young adults ages 10-24. There is great gender disparity, with unintentional injury accounting for 19.0% of hospital discharges among males, and only 4.5% among females. This is largely due to pregnancy, which accounts for over half of all female hospitalizations for this age range. As with motor vehicle accidents, less than 1% of all hospitalizations for unintentional injuries to 10-24 year olds resulted in death (NHDS, 1999).



- ▶ There has been a steady decrease in unintentional injury mortality among adolescents.

**Trends in Unintentional Injury Mortality by Gender, Ages 10-24, 1980-97**



Overall, injury-related mortality among adolescents and young adults has fallen by 43% since 1980 (from 47.7 per 100,000) and by 18% since 1990 (from 33.5 per 100,000) to 27.3 deaths per 100,000 in 1997. This trend was seen among both males and females, although males experienced the greatest reduction in mortality rates with a 48% decline since 1980 vs. 25% for females, and a 23% decline since 1990 vs. 5% for females (CDC Wonder, 2000).

## Data Sources:

Centers for Disease Control & Prevention, National Center for Injury Prevention and Control. (1999). United States Injury Mortality Statistics. [online database: <http://www.cdc.gov/ncipc>]

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Kann, L., Kinchen, S.A., Williams, B.I., Ross, J.G., Lowry, R., Hill, C.V., Grunbaum, J., Blumson, P.S., Collins, J.L., Kolbe, L.J. (1998). Youth Risk Behavior Surveillance, 1997. Surveillance and Evaluation Research Branch, Division of Adolescent and School Health. Atlanta, GA: Centers for Disease Control and Prevention.

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\*\* Age groups used were those provided by NHTSA.

\*\*\* Hospital discharge rates are derived from a nationally representative sample and calculated using U.S. Census Bureau population figures. 22.4% of discharge forms listed Other or Not Stated for the Race/Ethnicity category. The resulting rates may not be reliable.

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. For questions regarding data sources or availability, please contact NAHIC. For racial/ethnic data, the category names presented are those of the data sources used.

## 2000 NAHIC Adolescent Fact Sheets

Fact Sheet on Demographics: Children and Adolescents

Fact Sheet on Mortality: Adolescents and Young Adults

Fact Sheet on Adolescent Violence

Fact Sheet on Suicide: Adolescents and Young Adults

Fact Sheet on Injury: Adolescents and Young Adults

Fact Sheet on Preventive Health Services for Adolescents

Fact Sheet on Adolescent Pregnancy Prevention

Fact Sheet on Adolescent Substance Use

Fact Sheet on Adolescent Sexuality

Fact Sheet on Adolescent Health Care Utilization

Fact Sheet on Mental Health

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### Background on NAHIC

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