

Nebraska Injury Surveillance Report



Youth Risk Behavior Survey

Nebraska Health and Human Services System

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Introduction

Injury is a major public health problem in Nebraska. Injuries are commonly subdivided into unintentional and intentional (homicide and suicide). Unintentional injuries alone were the fifth leading cause of death in Nebraska from 1999 to 2001, contributing to an average of 645 deaths each year^{1, 2, 3}. Additionally, injuries result in disability and an economic burden to society.

The impact of injury varies by age. Unintentional injuries were the leading cause of death for Nebraskans age 1 to 44 from 1999 to 2001⁴. In addition, more than 56,700 Nebraskans under the age of 19 were treated at the emergency department or hospitalized in 2001⁵. Injury victims are generally younger than persons dying from other leading causes of death. The average years of potential life lost (YPLL) to injury is 27.6 years⁶.

Reducing injuries, disabilities, and deaths due to unintentional injuries and violence is one of Nebraska 2010 Health Goals and Objectives⁴.

The number of injury deaths, disabilities, and the medical costs resulting from injuries are often addressed. However the causes of these injuries, and particularly the behaviors that lead to the injuries, are often overlooked. As indicated in the 1999 Missouri Youth Risk Behavior Survey (YRBS) report⁷, “most health problems that affect young people today are caused by a few preventable behaviors, and many health problems experienced by adults are the results of patterns of behavior established in youth.”

Preventing injuries is similar to preventing diseases; we must first understand their causes. Research has proven that injuries can be prevented through a combination of education, changes in people’s immediate surroundings, product modifications, and laws or other incentives to change behaviors and minimize risk factors⁸. Surveillance is one of the first and most basic components of injury prevention and control. Risk behaviors people engage in need to be determined. Surveillance data is fundamental to determining program and prevention priorities and evaluating the effectiveness of the program activities⁹. The State and Territorial Injury Prevention Directors’ Association (STIPDA) produced ‘Consensus Recommendations for Injury Surveillance in State Health Departments’ in 1999¹⁰. This document identifies 14 specific injuries and injury risk factors to be monitored using 11 data sets. The two risk factor surveillance systems--the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS) --are among these data sets.

Health and education officials at national, state, and local levels are using the YRBS data to analyze and improve policies and programs to reduce priority health-risk behaviors among youth. The YRBS data also are being used to measure progress toward achieving 16 national health objectives for 2010 and 3 of the 10 leading health indicators¹¹.

The purpose of this report, which is based on YRBS, is to provide facts to improve understanding of risk behaviors that result in injuries and to develop a baseline for monitoring the risk factors related to injuries in youth. The report aims to improve Nebraska injury surveillance to better support injury prevention programs and policies. This report can be used to develop injury prevention plans that address behaviors of youth.

Method

The YRBS is a self-administrated, school-based survey for students in grades 9-12. The YRBS has been completed seven times in Nebraska during the spring semester: 1991, 1993, 1995, 1997, 1999, 2001, and 2003. YRBS is based on the self-reported health behaviors of a random sample of youth. This report presents results of data from 1991 to 2001.

In order to produce representative samples of students in grades 9-12 a two-stage cluster sample design strategy was used. In Nebraska, the first step was to select schools with probability proportional to school enrollment size. At the second sampling stage, intact classes of a required subject or intact classes during a required period (e.g., second period) were selected randomly. All students in selected classes were eligible to participate in the survey. Certain states and cities modified these procedures to meet their individual needs. For example, all schools, rather than a sample of schools, were selected to participate.

The Centers for Disease Control and Prevention has established guidelines, which indicate that in states and large cities with an overall response rate of $\geq 60\%$ and appropriate documentation, the data are weighted and are considered representative of students in grades 9-12 in that jurisdiction¹¹. School response rate multiplied by student response rate produces an overall response rate for each site. Prior to 1997, Nebraska YRBS data could be weighted but since 1997, Nebraska YRBS data were not weighted because the above requirements were not met. For example, in the spring of 2001, 48 schools with 9-12 grade students were randomly selected from all Nebraska public schools with students in these grades. Only 52% of these schools agreed to participate in the survey; many urban public schools chose not to participate. Ninety-five percent (1856 of the 1950 sampled students) completed the 87-question survey. The overall response rate was 49.4%, less than the required 60%. Thus, Nebraska was among 11 states with unweighted data. Therefore, the total sample cannot be said to truly represent the state's 9-12 grade students; Nebraska's urban adolescents are under represented. Nevertheless, the surveys provide valuable information describing the risk behaviors of those surveyed.

Organization of the Report

This report includes information on the risk behaviors related to injuries. These behaviors were grouped into behaviors that result in intentional or unintentional injuries and violence. Each question in the 2001 survey is broken down by gender and grade level alone in addition to the overall result. Since the majority of the 2001 questions were included in the 1991 through 1999 surveys, the results summarize the trend from 1991-2001 for those questions. In addition, national results of the 2001 survey for each question are provided. Then, a set of national and Nebraska 2010 objectives corresponding to these behaviors are presented; these were selected from the Healthy People 2010¹² and the Nebraska 2010 Health Goals and Objectives¹³. Discussions and recommendations addressing the significance of the problems and effective countermeasures follow.

RESULTS

Student Demographics

Table 1 provides a breakdown by age, sex, grade, and ethnic origin. The distribution of females (49.7%) and males (50.4%) was approximately even. Age and grade distributions were consistent over the years except in 1997 when fewer 12th graders participated in the survey, resulting in fewer students 18 years or older.

Table 1 Demographic Summary of Students Nebraska YRBS Survey 1991--2001														
Age	1991		1993		1995		1997		1999		2001		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
12 years old or younger	3	0.1	3	0.1	4	0.2			1	0.0	1	0.1	12	0.1
13 years old	2	0.1	1	0.0									3	0.0
14 years old	186	7.6	234	7.4	129	6.3	54	7.0	159	7.6	141	7.6	903	7.3
15 years old	575	23.6	750	23.6	505	24.8	229	29.8	504	24.1	460	24.8	3,023	24.5
16 years old	713	29.3	854	26.9	573	28.1	235	30.6	545	26.0	435	23.5	3,355	27.1
17 years old	621	25.5	811	25.5	488	23.9	179	23.3	528	25.2	487	26.3	3,114	25.2
18 years old or older	335	13.8	522	16.4	339	16.6	72	9.4	356	17.0	328	17.7	1,952	15.8
Total	2,435	100.0	3,175	100.0	2,038	100.0	769	100.0	2,093	100.0	1,852	100.0	12,362	100.0
Sex														
Female	1,222	50.2	1,558	49.1	958	47.1	379	49.3	1,094	52.3	924	49.9	6,135	49.7
Male	1,214	49.8	1,615	50.9	1,075	52.9	390	50.7	999	47.7	928	50.1	6,221	50.3
Total	2,436	100.0	3,173	100.0	2,033	100.0	769	100.0	2,093	100.0	1,852	100.0	12,356	100.0
Grade														
9th grade	589	24.1	760	23.9	496	24.3	233	30.3	534	25.5	494	26.7	3,106	25.1
10th grade	678	27.8	860	27.1	608	29.8	253	32.9	531	25.4	418	22.6	3,348	27.1
11th grade	721	29.5	852	26.8	498	24.4	184	23.9	532	25.4	477	25.7	3,264	26.4
12th grade	452	18.5	703	22.1	436	21.4	99	12.9	496	23.7	464	25.0	2,650	21.4
Total	2,440	100.0	3,175	100.0	2,038	100.0	769	100.0	2,093	100.0	1,853	100.0	12,368	100.0
Race/Ethnicity														
White - not Hispanic	2,125	87.3	2,920	92.2	1,859	91.7	702	91.8	20	1.0	9	0.5	7,635	62.0
Black - not Hispanic	152	6.2	31	1.0	37	1.8	10	1.3	27	1.3	11	0.6	268	2.2
Hispanic or Latino	53	2.2	107	3.4	51	2.5	26	3.4	26	1.2	20	1.1	283	2.3
Asian or Pacific Islander	30	1.2	34	1.1	22	1.1	5	0.7	62	3.0	36	2.0	189	1.5
American Indian or Alaskan														
Native	45	1.8	28	0.9	23	1.1	8	1.0	4	0.2	2	0.1	110	0.9
Other	29	1.2	46	1.5	36	1.8	14	1.8	1,943	93.3	1,768	95.8	3,836	31.1
Total	2,434	100.0	3,166	100.0	2,028	100.0	765	100.0	2,082	100.0	1,846	100.0	12,321	100.0

The majority of students were white (62%), and ‘others’ were close to one third (31.1%). It should be noted that since 1999, students are allowed to select more than one choice for the “race and ethnicity” question; thus the results in this category are not comparable.

Overview of Youth Deaths and Injuries

There were a total of 1,992 injury deaths in Nebraska from 1999 to 2001, including 172 youth age 14-19 that accounted for 8.6% of total injury deaths. Of these 172 deaths, most of them (76.2%) were caused by motor vehicle crashes (Table 2).

**Table 2. External Causes of Deaths for Youth 14-19
Nebraska 1999-2001**

Rank	Cause	Age 14-19	
		N	%
1	Motor vehicle accident	131	76.2
2	Other external causes	12	7.0
3	Drowning and Submersion	10	5.8
4	Other and unspecified accident	5	2.9
5	Poisoning	4	2.3
6	Firearms	3	1.7
7	Other and unspecified transport accident	2	1.2
8	Falls	2	1.2
9	Suffocation and Strangulation	2	1.2
10	Smoke/Fire/Flame	1	0.6
Total		172	100.0

Source: Nebraska Death Certificate Data, Nebraska Health and Human Services System

Nebraska E-code data is an important source for monitoring nonfatal injuries. Table 3 shows the top 10 external causes of injury that are most commonly treated in Nebraska acute care hospitals. Struck by or against an object, falls, and motor vehicle crashes are the three leading causes of injuries among youth (14-19) in Nebraska.

**Table 3. Top ten leading external causes of injuries*
among Youth (14-19)
Nebraska, 2001**

Rank	Cause of Injury	N
1	Struck by, against	5,449
2	Fall	3,444
3	Motor vehicle crashes	3,271
4	Overexertion	2,631
5	Unspecified	2,414
6	Cut/pierce	1,468
7	Other specified and classifiable	820
8	Adverse effects	718
9	Transport, other	411
10	Hot Object or substance	292

Total 20,918

Source: Nebraska 2001 E-code data. Office of Epidemiology, NHHSS

*including inpatients and outpatients injury records.

BEHAVIORS THAT CONTRIBUTE TO UNINTENTIONAL INJURIES

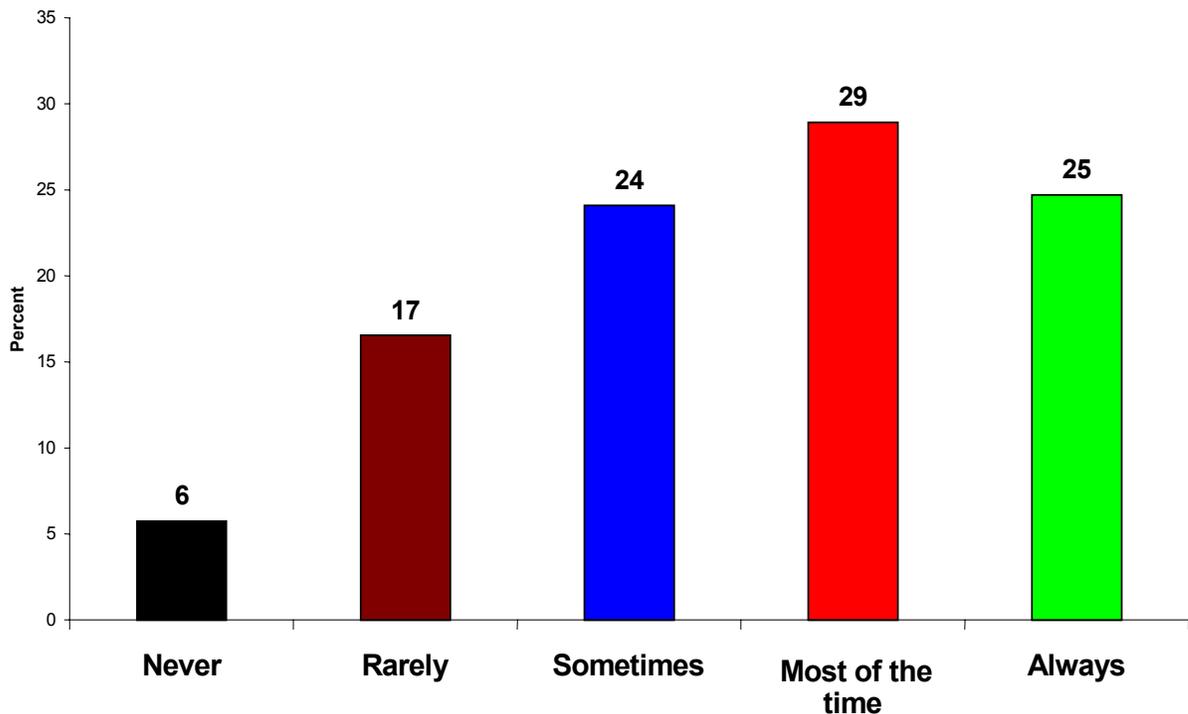
Safety Belt Usage

2001 Findings

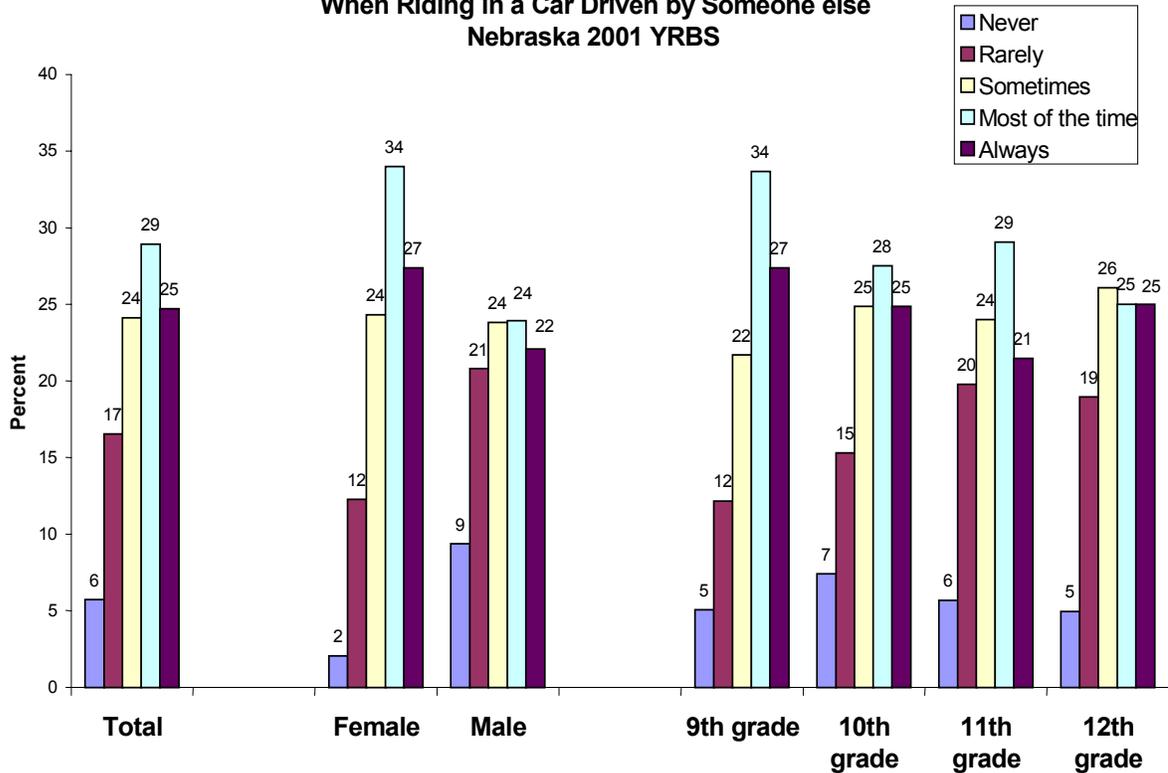
One quarter of students (25%) reported “always” wearing seat belts when riding in a car driven by someone else; almost 29% of students said they wore seat belts “most of the time”. Close to a quarter of students (24%) “sometimes”, 17% of students “rarely”, and 6% “never” wore seat belts when riding in a car driven by someone else (Figure 1).

More females (27%) than males (22%) always wore seat belts. More males (30%) than females (14%) report never or rarely wore a seat belt when riding in a car. Students in grade 11 (26%) and in grade 12 (24%) were more likely than students in grade 9 (17%) and in grade 10 (22%) to report “never” or “rarely” using a seat belt (Figure 2).

**Figure 1. Percentage of Students Who Wore a Seat Belt
Nebraska 2001 YRBS**



**Figure 2. Percentage of Students Who Wore a Seat Belt When Riding in a Car Driven by Someone else
Nebraska 2001 YRBS**



Safety Belt Use Comparison

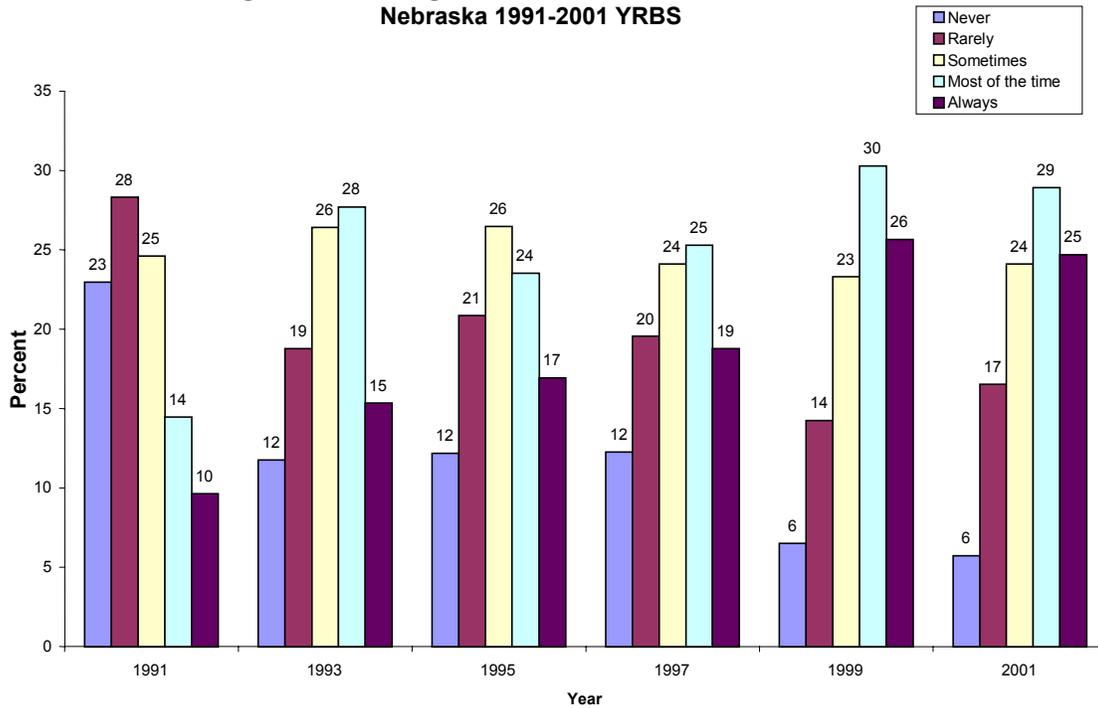
There were encouraging changes in the percentage of students wearing seat belts when riding a car driven by someone else (Figure 3).

- Percentage of students who always wore seat belts increased from 10% in 1991 to 25% in 2001.
- Percentage of students “most of the time” using seat belts increased from 14% in 1991 to 29% in 2001.
- Percentage of students who “never” wore seat belts decreased from 23% in 1991 to 6% in 2001.
- The increase in students who always wore seat belts was greater among females. (Figure 4)

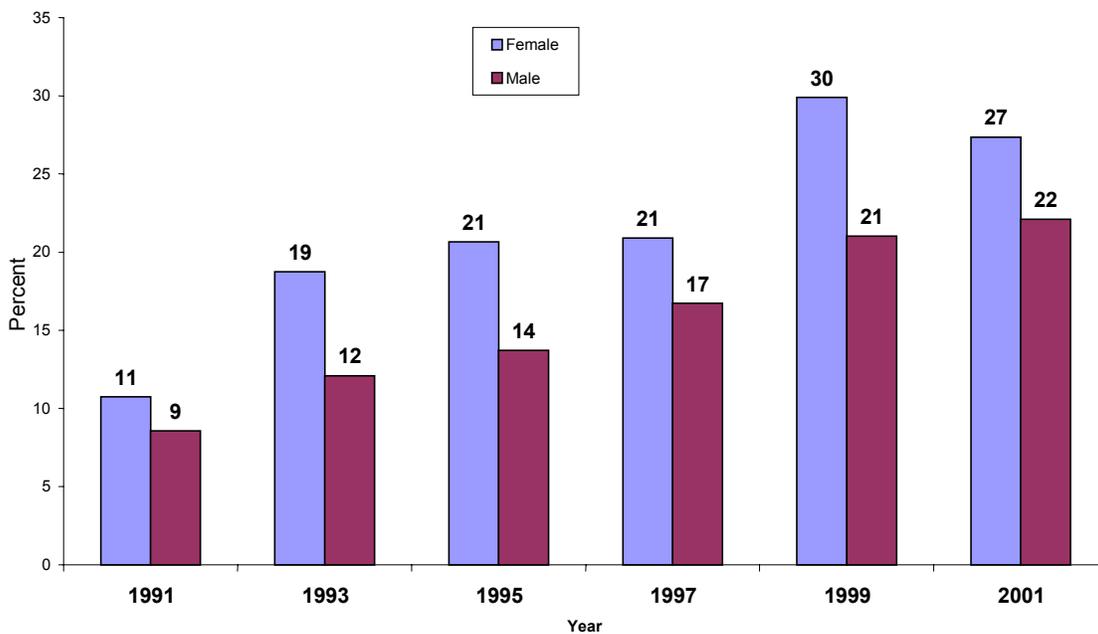
National Results

Nationwide, 14.1% of students had rarely or never worn seat belts when riding in a car driven by someone else. Male students (18.1%) were significantly more likely than female students (10.2%) to have rarely or never worn seat belts.¹¹

**Figure 3. Percentage of Students Who Wore a Seat Belt
Nebraska 1991-2001 YRBS**



**Figure 4. Percentage of Students Who Always Wore a Seat Belt
Nebraska 1991-2001 YRBS**



Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-19 is to increase to 92 the percentage of adults age 18 years and older who self-reported always or nearly always using safety belts when riding in or driving a motor vehicle.

Motorcycle Helmet Use

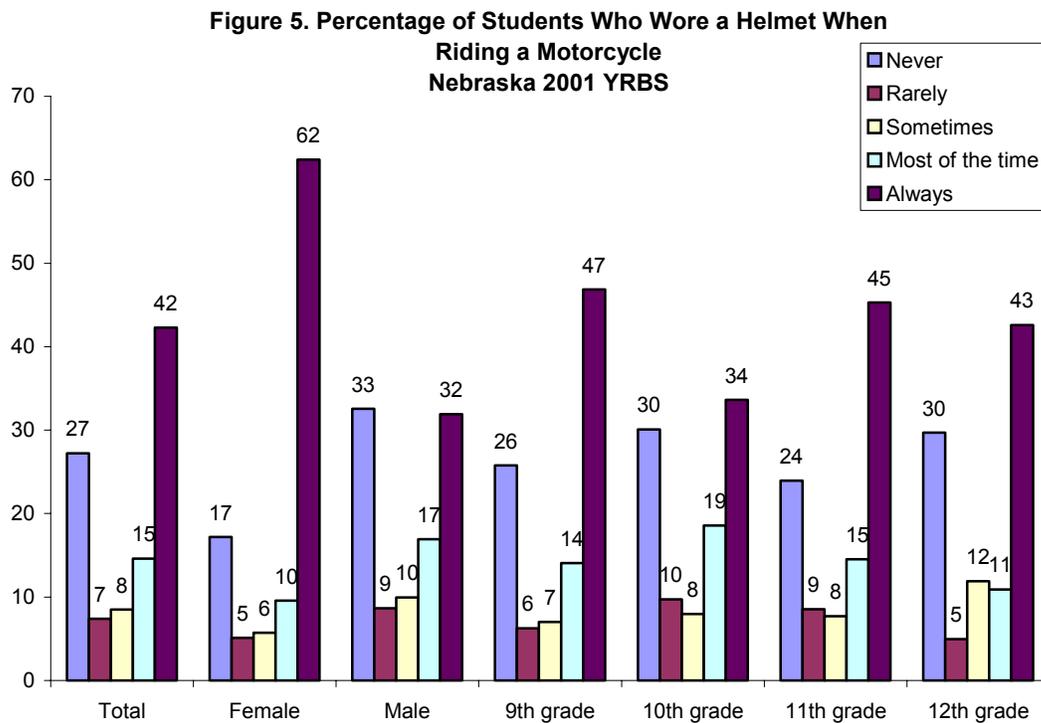
Helmet use reduces fatalities. Approximately 29 motorcycle riders were killed each year during 1974 to 1988, before Nebraska’s helmet law went into effect, while nine motorcycle crash deaths per year occurred during 1989 to 2002 after the helmet law became effective in 1989.¹⁴ Observed helmet use rate was close to 100% in recent years according to the Nebraska Office of Highway Safety.

2001 Findings

One-fourth of students reported they rode motorcycles during the past 12 months. Most riders were males (66%).

Among students who rode motorcycles during the past 12 months:

- Despite the helmet law, less than half of students (42%) always wore a helmet when riding motorcycles while 34% of students never or rarely wore a motorcycle helmet.
- Males (42%) were more likely than females (22%) never to wear a helmet or to rarely use a helmet. Overall, 32% of 9th, 40% of 10th, 33% of 11th, and 35% of 12th graders never or rarely wore a helmet when they rode a motorcycle (Figure 5).



Motorcycle Helmet Use Comparison

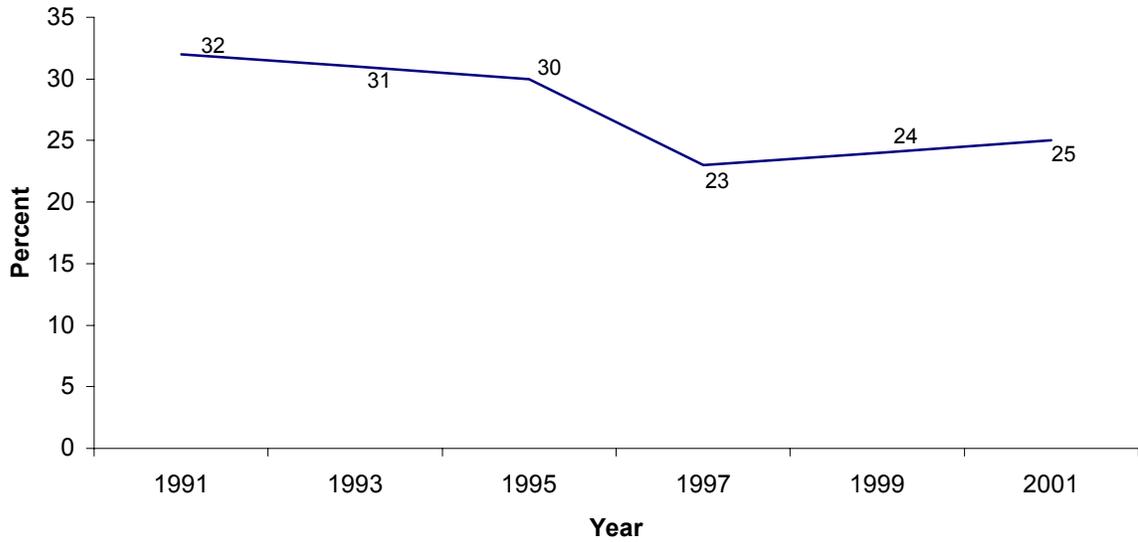
There appears to be a decline in the number of students who rode a motorcycle during the past 12 months, from 32% in 1991 down to 25% in 2001 (Figure 6).

The proportion of students who “rarely” or “never” wore helmets when riding a motorcycle increased from 46% in 1991 to 52% in 1995, then progressively declined to 35% in 2001. The proportion of students who “most of the time” or “always” wore helmets when riding a motorcycle remained relatively steady around 45% during 1991 through 1997, then increased to 48% in 1999 and 57% in 2002 (Figure 7).

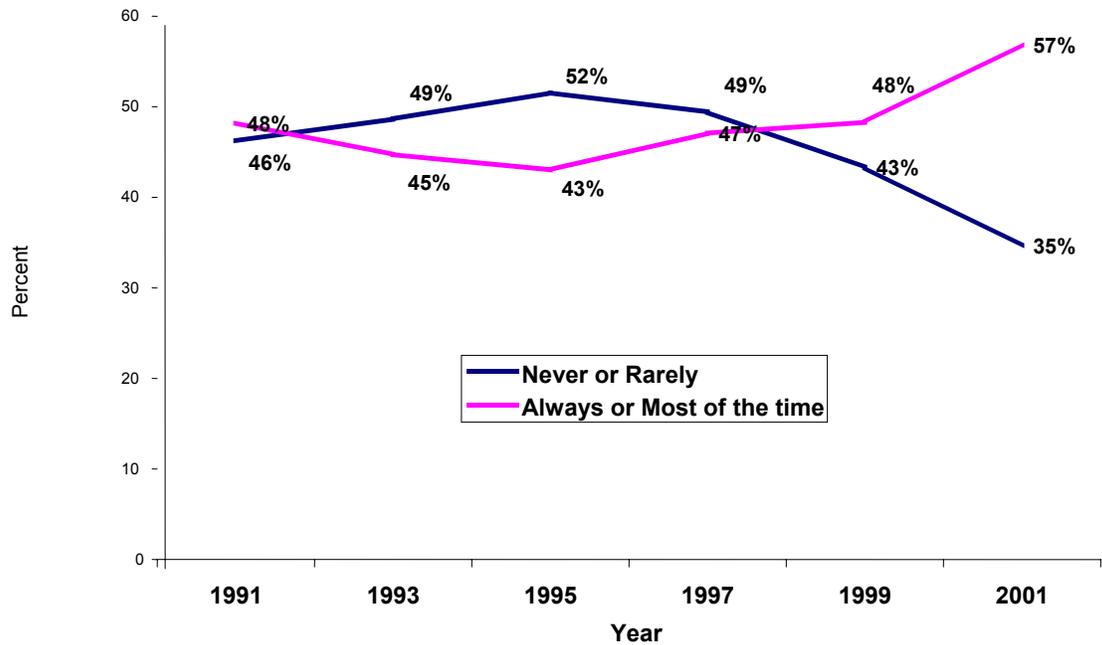
National Results

Nationwide, 25.3% of students had ridden a motorcycle during the 12 months preceding the survey. Of these students, 37.2% rarely or never wore a motorcycle helmet. Male students (40.9%) were significantly more likely than female students (30.1%) to have rarely or never worn a motorcycle helmet.¹¹

**Figure 6. Percentage of Students Who Rode a Motorcycle
Nebraska 1991-2001 YRBS**



**Figure 7. Percentage of Students Who Wore a Helmet When Riding a Motorcycle
Nebraska 1991-2001 YRBS**



Healthy People 2010 Objective

Objective #15-21 is to increase the proportion of motorcyclists using helmets to 79 percent. The 1998 baseline is 67 percent.

Nebraska 2010 Health Goal and Objective: None available

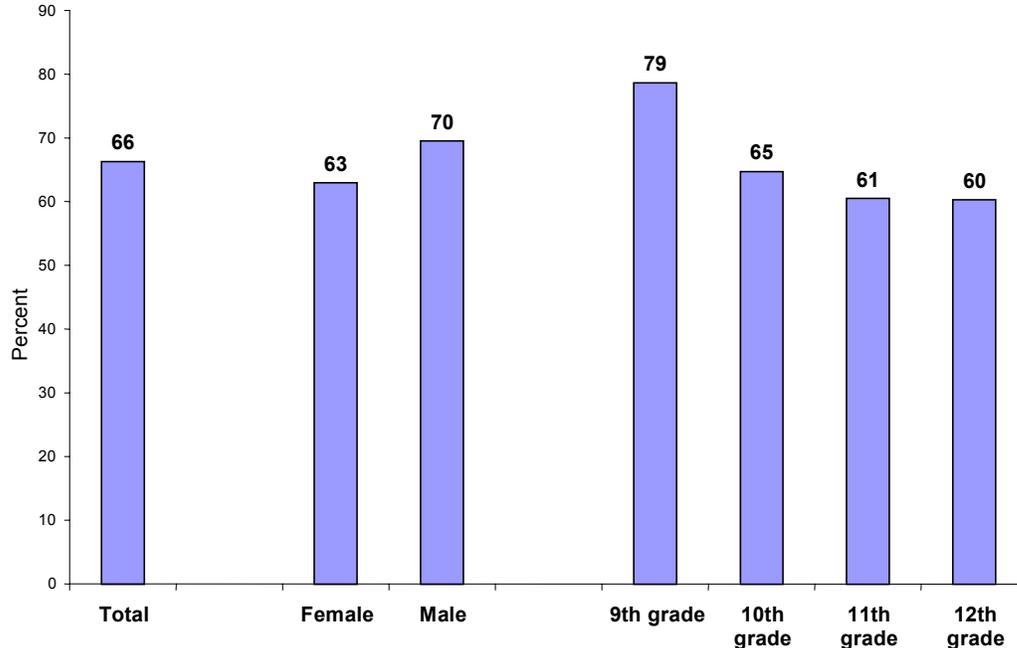
Bicycle Helmet Use

A substantial proportion of the American public is potentially at risk for bicycling injuries due to overall low usage of helmets. Head injuries are the most serious injuries sustained by bicyclists of all ages, accounting for 70 to 80 percent of deaths from bicycle crashes. Studies have shown that bicycle helmets are 85 to 88 percent effective in preventing head and brain injury, making this an effective means of protection for bicycle riders¹⁵.

2001 Findings

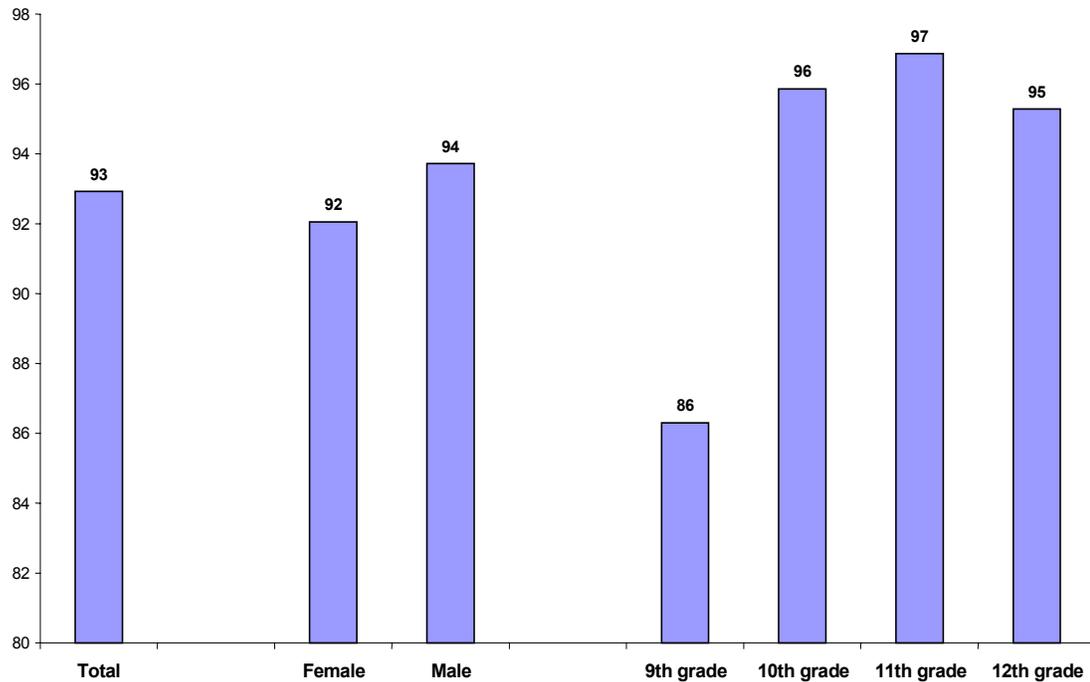
Overall, 66% of students had ridden a bicycle during the 12 months preceding the survey. Male students (70%) were slightly more likely than female students (63%) to ride bicycles. Students who rode a bicycle declined with grade level, from 79% of 9th graders to 60% of 12th graders. This may be because older students drive cars instead of riding bicycles (Figure 8).

**Figure 8. Percentage of Students Who Rode a Bicycle
Nebraska 2001 YRBS**



Of the students who rode bicycles, 93% rarely or never wore a bicycle helmet; 92% of females and 94% of males rarely or never wore a helmet when riding on a bike. Eighty six percent of 9th, 96% of 10th, 97% of 11th, and 95% of 12th graders never or rarely wore a bicycle helmet (Figure 9).

**Figure 9. Percentage of Students Who Rarely or Never Wore a Helmet When Riding a Bicycle
Nebraska 1991-2001 YRBS**



Bicycle Helmet Use Comparison

The percentage of students who rarely or never wear a helmet when riding a bicycle showed a slight decline from 98% in 1991 to 93% in 2001 (Figure 10).

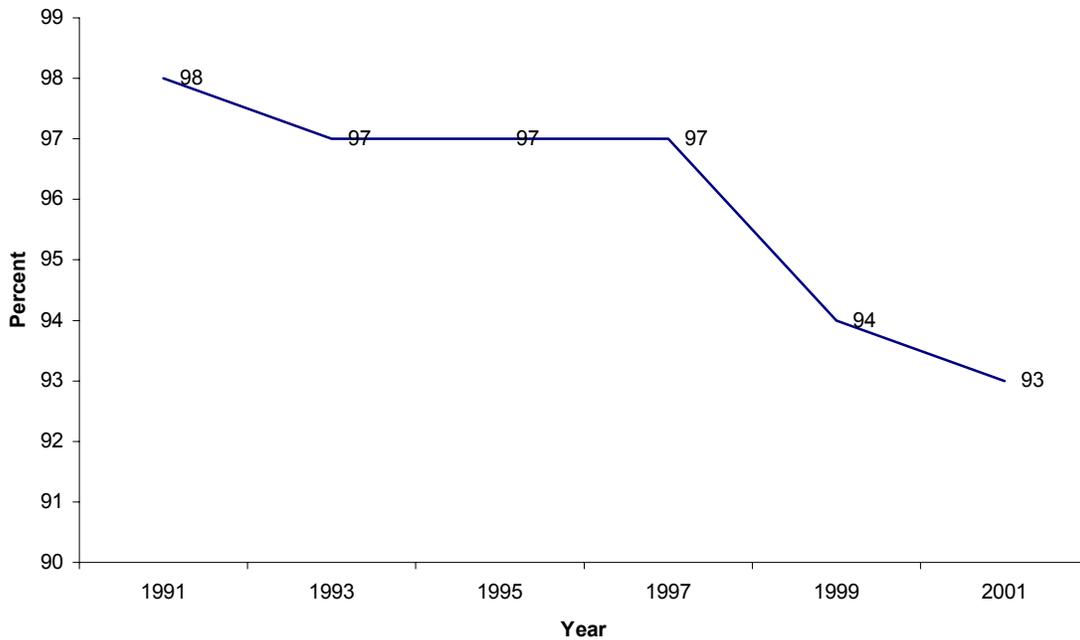
National Results

Nationwide, 65% of students had ridden a bicycle during the 12 months preceding the survey. Of these students, 85% rarely or never wore a bicycle helmet.¹¹

Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-23 is to increase the proportion of children age 5 to 15 years who always wear a bike helmet when riding a bicycle to at least 50 percent.

**Figure 10. Percentage of Students Who Never or Rarely Wore a Helmet When Riding a Bicycle
Nebraska 1991-2001 YRBS**



Riding with an alcohol impaired driver

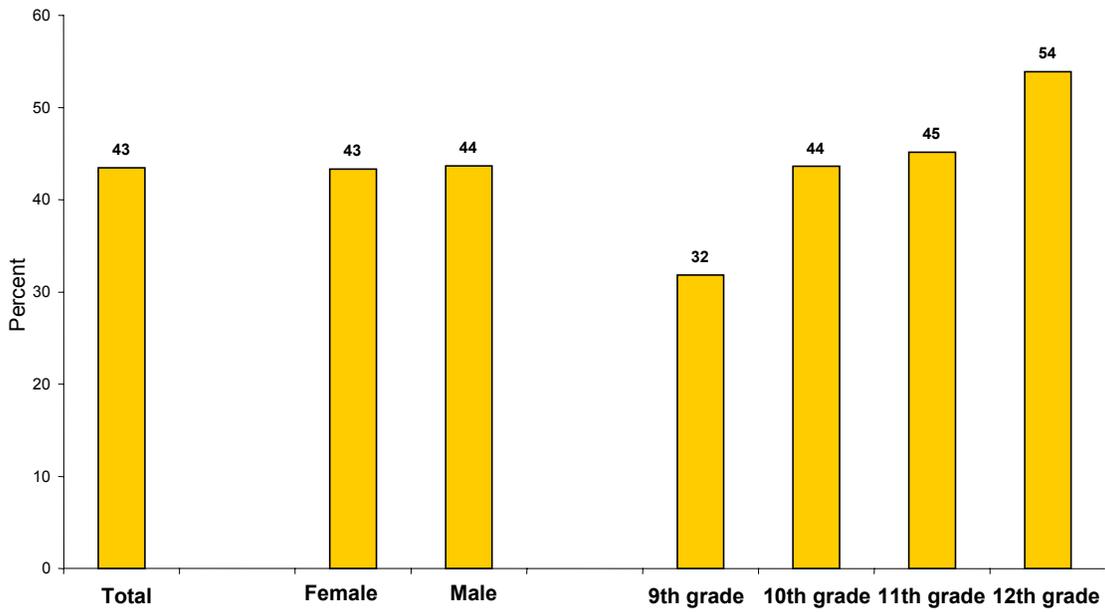
Motor vehicle crashes are the leading cause of injury death in the United States for people age 1-34¹. Alcohol use is the principal contributor to motor vehicle crashes. During 2001, 17,448 people in the U.S. died in alcohol-related motor vehicle crashes, representing 41% of all traffic-related deaths.¹⁶

2001 Findings

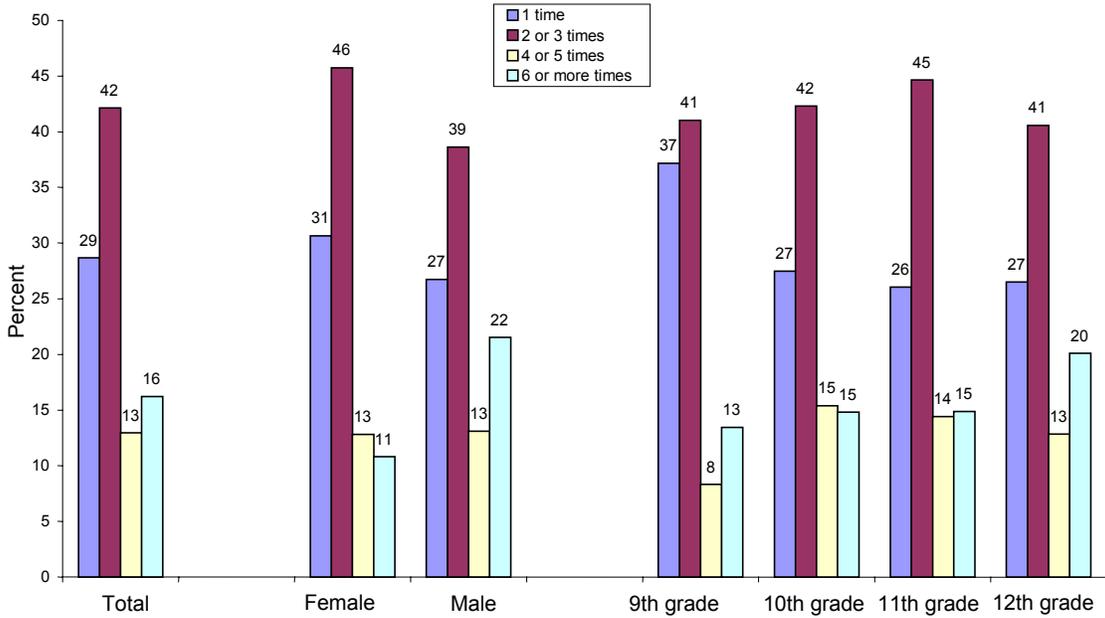
Forty three percent of students rode one or more times during the 30 days preceding the survey in a car or other vehicle driven by someone who had been drinking alcohol. Almost the same proportion of females (43%) and males (44%) reported they rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol. It appears that the percentage of students who rode in a car or vehicle driven by someone who had been drinking alcohol increased with grade level, from 32% for 9th graders to 54% for 12th graders (Figure 11).

Of those students who during the past 30 days rode in a car or other vehicle driven by an alcohol impaired driver, most of them (71%) rode 2 or more times while 29% did one time only. More male students (35%) than female students (24%) rode 4 or more times. Students in 9th grade (22%) were less likely than students in 10th, 11th, and 12th grades to report riding 4 or more times (30%, 29%, and 33%, Figure 12).

**Figure 11. Percentage of Students Who Rode With an Alcohol Impaired Driver
Nebraska 2001 YRBS**

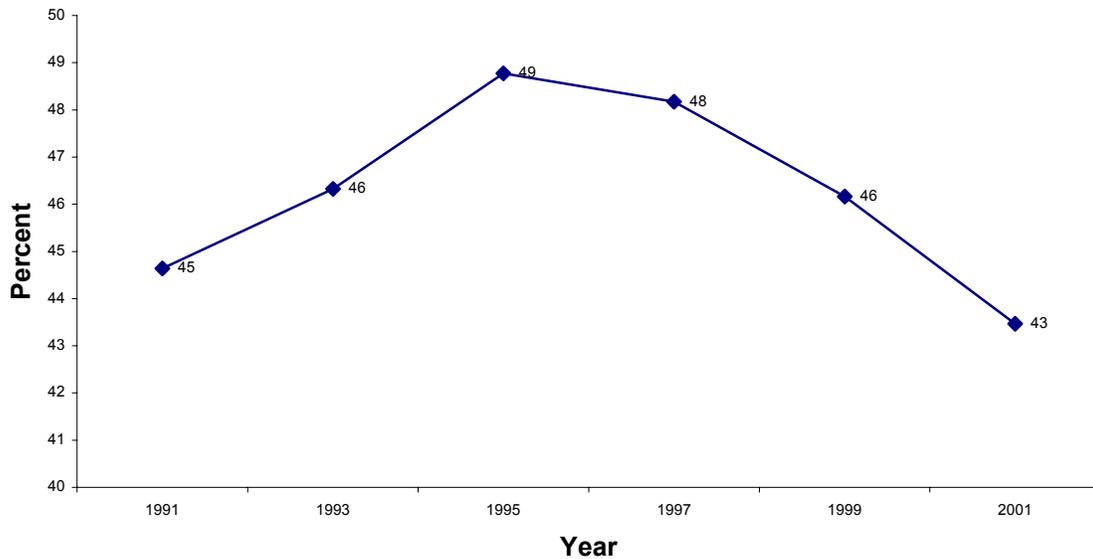


**Figure 12. Percentage of Students Who Rode With an Alcohol Impaired Driver
Nebraska 2001 YRBS**



*one or more times during the past 30 days.

**Figure 13. Percentage of Students Who Rode With an Alcohol Impaired Driver
Nebraska 1991-2001 YRBS**



Riding with an Alcohol Impaired Driver Comparison

The percentages of students who during the 30 days previous to the survey rode in a car or other vehicle driven by someone who had been drinking alcohol have remained fairly steady during 1991 to 2001, around 46%.

National Results

During the 30 days preceding the survey, 30.7% of students nationwide had ridden one or more times with a driver who had been drinking alcohol. Male students in grade 11 (32.8%) were significantly more likely than female students in grade 11 (25.4%) to report this behavior.¹¹

Healthy People 2010 Objective

Objective #26.1 is to reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Nebraska 2010 Health Goal and Objective: None available

Alcohol Impaired Driving

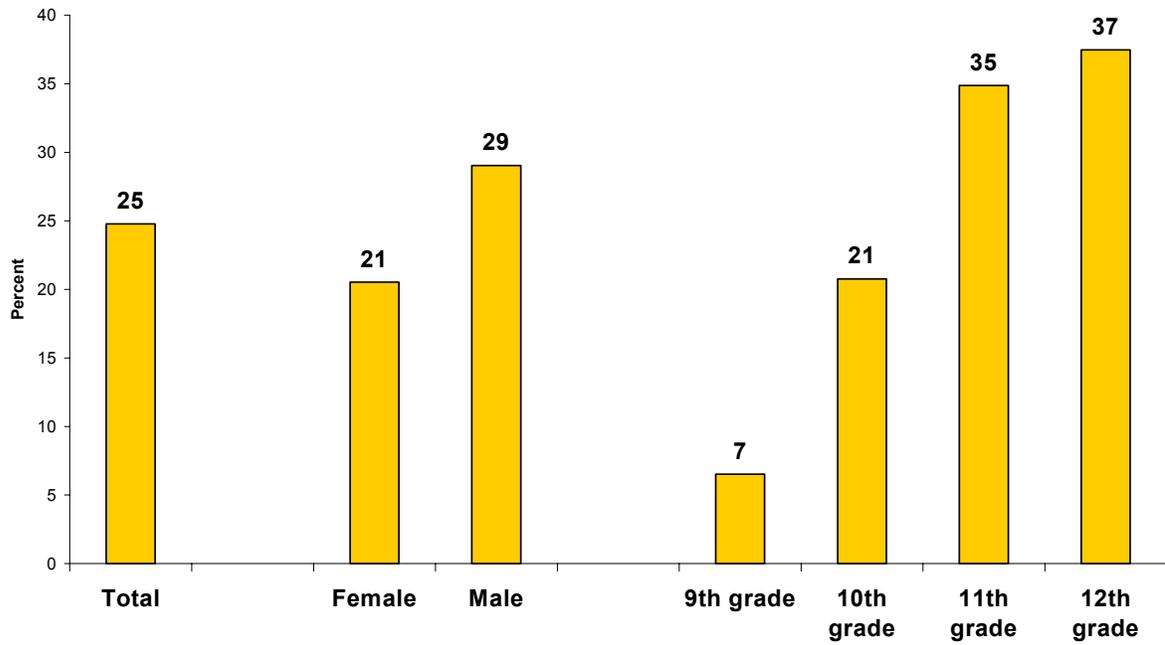
2001 Findings

A quarter (25%) of students had driven a car or other vehicle at least once after drinking alcohol during the 30 days preceding the survey. More males (29%) than females (21%) had driven a motor vehicle after drinking. A significant increase for drinking and driving was observed as grade level increased, from 7% for 9th graders to 38% for 12th graders.

Driving after Drinking Comparison

From 1991-2001, the percentage of students who drove after drinking alcohol went from a low of 22% in 1991 to its highest value (27%) in 1995 and then declined to 25% in 2001.

**Figure 14 . Percentage of Students Who Drove After Drinking Alcohol
Nebraska 2001 YRBS**



**Fig 15. Percentage of Students Who Drove after Drinking Alcohol
Nebraska 1991-2001 YRBS**

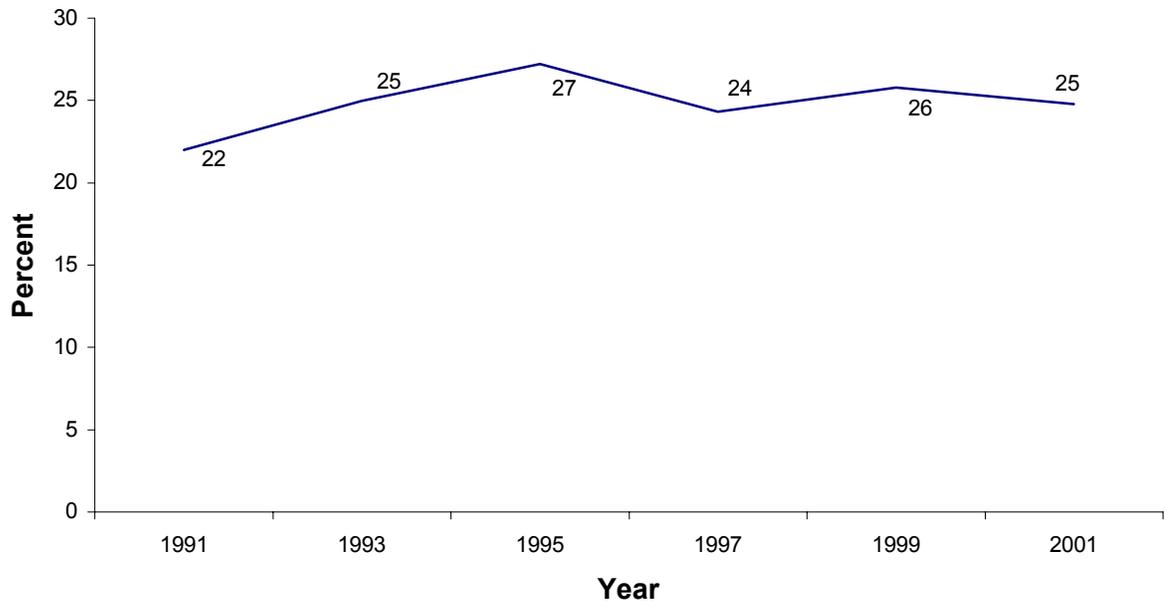


Table 4. Riding with an Alcohol Impaired Driver and Alcohol Impaired Driving During the Past 30 Days, Nebraska YRBS 1991-2001

Riding with an Alcohol Impaired Driver	Alcohol Impaired Driving					
	Yes		No		Total	
	N	%	N	%	N	%
Yes	2,864	90.4%	2,831	31.2%	5,515	45.7
No	304	9.6%	6,254	68.8%	6,558	54.3
Total	3,168	100.0%	9,085	100.0%	12,073	100.0

Further analysis (Table 4) shows that students who rode with an alcohol impaired driver (2,864) were more than 9 times as likely to engage in drinking and driving than those who did not ride with an alcohol impaired driver (304). Of these 2,864 students, 58.7% were females and 60.3% were 9th or 10th graders. Compared with the students who did not ride with an alcohol impaired driver and did not drink and drive (6,254), these youth are more likely to report never or rarely using safety belts when riding in a motor vehicle (35.4% vs. 21.4%).

National Results

During the 30 days preceding the survey, 13.3% of students nationwide had driven a car or other vehicle one or more times after drinking alcohol. Male students (17.2%) were significantly more likely than female students (9.5%) to have driven after drinking alcohol. Overall, students in grade 10 (10.4%) were significantly more likely than students in grade 9 (6.6%) to have driven after drinking alcohol; students in grade 11 (16.7%) were significantly more likely than students in grades 9 and 10 (6.6% and 10.4%, respectively) to report this behavior. Students in grade 12 (22.1%) were significantly more likely than students in grades 9, 10, and 11 (6.6%, 10.4%, and 16.7%, respectively) to report this behavior.¹¹

Healthy People 2010 Objective

Objective #26–1 is to reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.

Nebraska 2010 Health Goal and Objective: None available

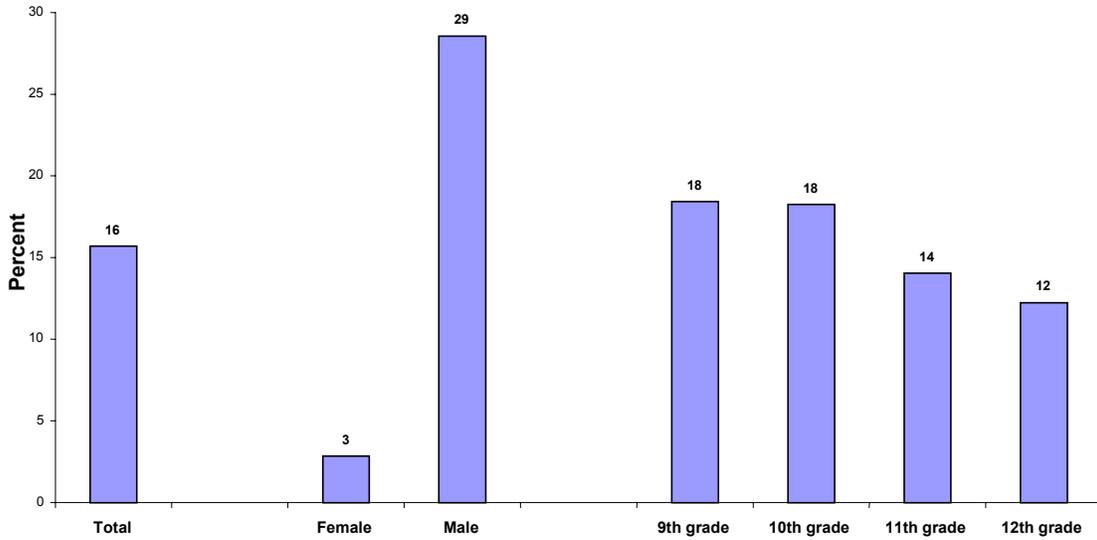
BEHAVIORS THAT CONTRIBUTE TO INTENTIONAL INJURIES

Carrying a Weapon

2001 Findings

Overall, 16% of students had carried a weapon at least once during the 30 days preceding the survey. Male students (29%) were much more likely than female students (3%) to have carried a weapon. Eighteen percent of 9th graders, 18% of 10th graders, 14% of 11th graders, and 12% of 12th graders carried a weapon such as gun, knife, or club during the past 30 days. (Figure 16)

**Figure 16. Percentage of Students Who Carried a Weapon
Nebraska 2001 YRBS**

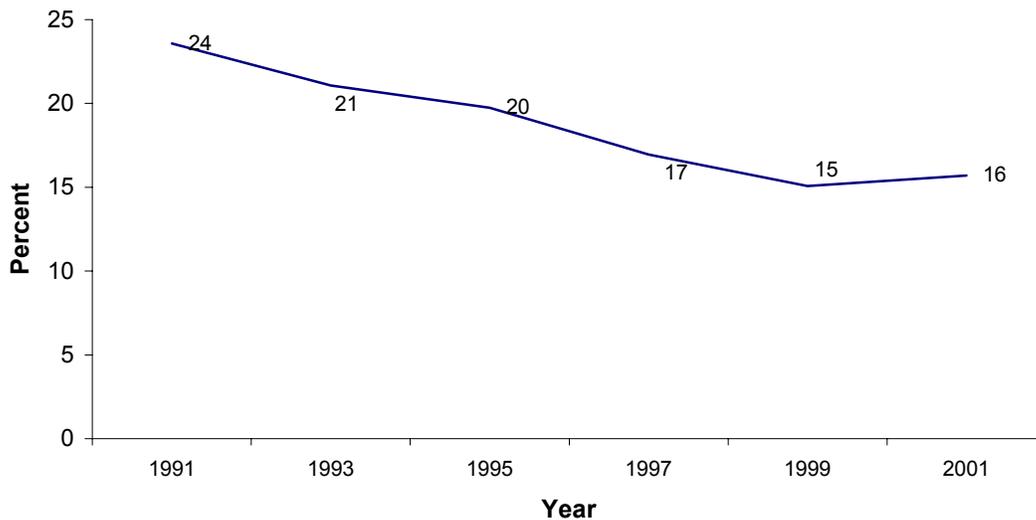


* On at least once of the 30 days preceding the survey

Carrying Weapons Comparison

There is a significant decrease in the percentage of students who carried a weapon during the past 30 days, from 24% in 1991 to 16% in 2001. (Figure 17)

**Fig 17. Percentage of Students Who Carried a Weapon*
Nebraska 1991-2001 YRBS**



National Results

Nationwide, 17.4% of students had carried a weapon (e.g., a gun, knife, or club) on one or more of the 30 days preceding the survey. Male students (29.3%) were significantly more likely than female students (6.2%) to have carried a weapon.¹¹

Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

Carrying a Gun

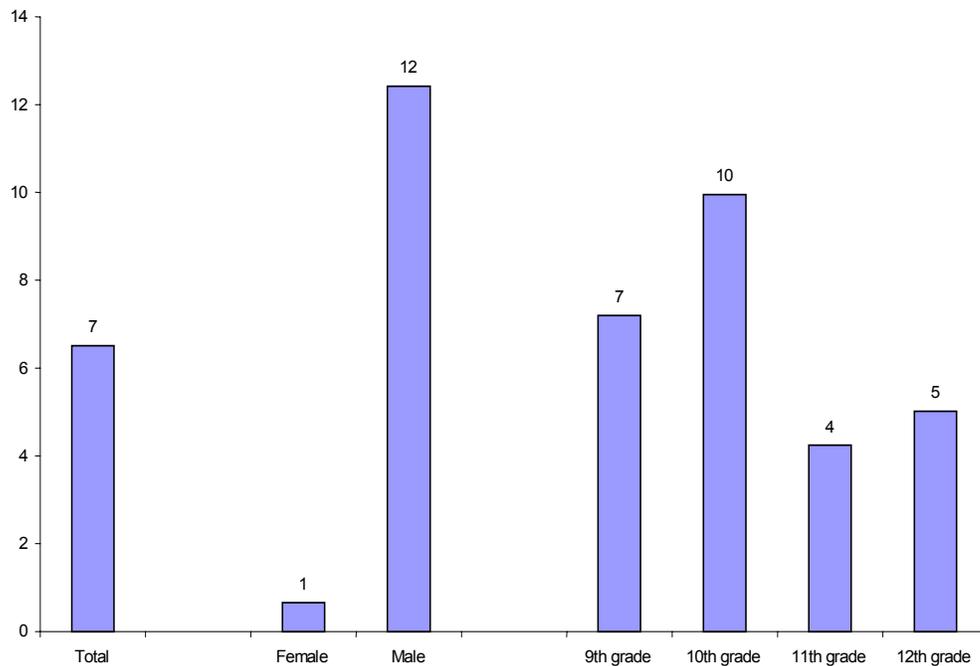
2001 Findings

Overall, 7% of students had carried a gun on one or more of the past 30 days. Almost all of the students who carried a gun were male (95%). More male students (12%) than female students (1%) carried a gun on one or more of the past 30 days. Seven percent of 9th graders, 10% of 10th graders, 4% of 11th graders, and 5% of 12th graders had carried a gun on one or more of the 30 days preceding the survey. (Figure 18)

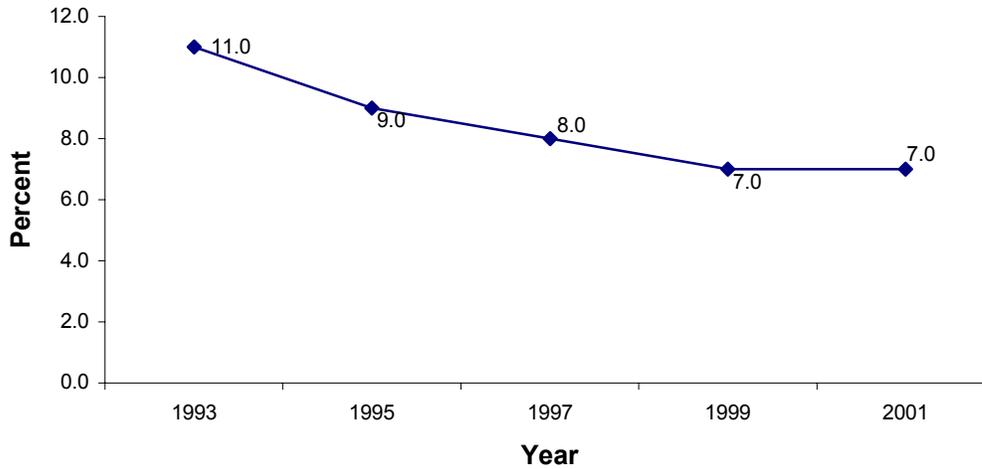
Carrying a Gun Comparison

There was a slight decrease in the proportion of students who carried a gun on one or more of the past 30 days, from 10% in 1993 to 7% in 2001.

**Figure 18. Percentage of Students Who Carried a Gun
Nebraska 2001 YRBS**



**Figure 19. Percentage of Students Who Carried a Gun
Nebraska 1993-2001 YRBS**



National Results

Nationwide, 5.7% of students had carried a gun on one or more of the 30 days preceding the survey. Male students (10.3%) were significantly more likely than female students (1.3%) to have carried a gun.¹¹

Carrying a Weapon on School Property

2001 Finding

Overall, 5% of students had carried a weapon such as a gun, knife or club on school property on one or more of the past 30 days. Similar to the results above, students who carried a weapon at school were predominately male (95%). More male students (8%) than female students (1%) carried a weapon on one or more of the past 30 days. Five percent of 9th graders, 6% of 10th graders, 4% of 11th graders, and 4% of 12th graders had carried a weapon on school property during the 30 days preceding the survey. (Figure 20)

Of those students who carried a weapon at school, more than one-fourth (26%) carried one time, 22% carried 2 or 3 times, 6% 4 or 5 times, and almost half of the students carried a weapon 6 or more times (47%).

Furthermore, for the students who carried a weapon one or more times during the past 30 days, nearly a quarter (23%) of them carried a weapon at school.

Carrying a Weapon on School Property Comparison

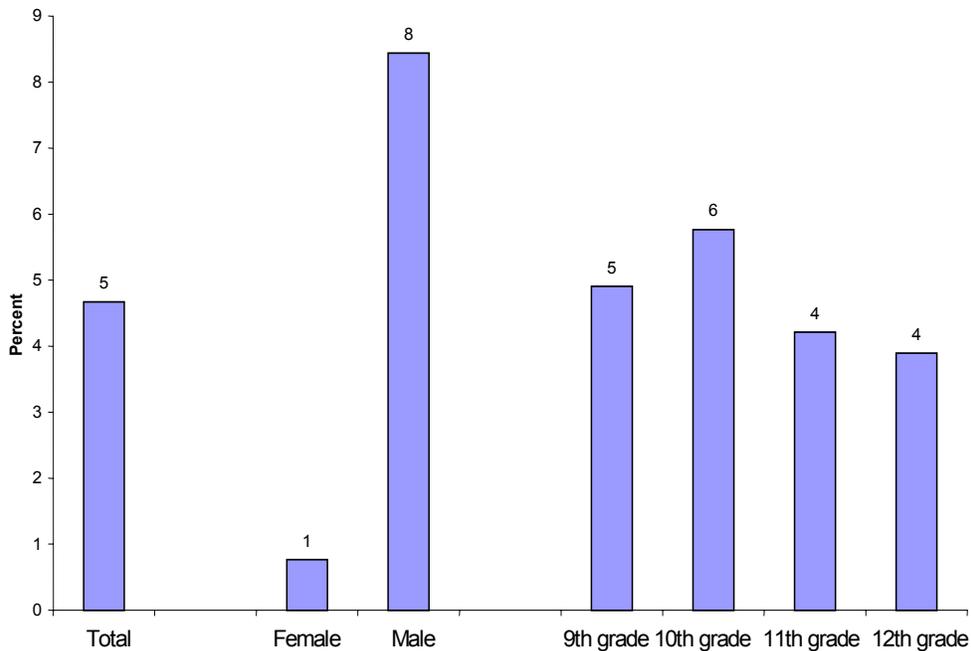
It appears that the percent of students who carried a weapon on school property decreased from 9% in 1993 to 5% in 2001.

National Results: not available

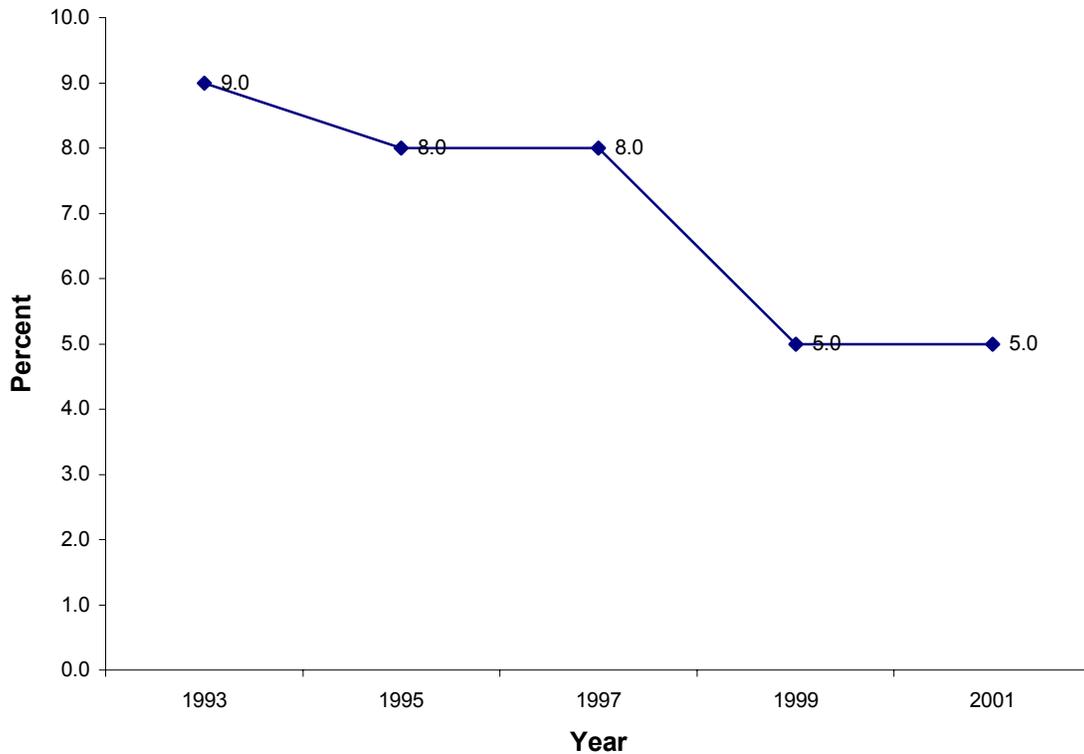
Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-39 is to reduce the proportion of high school students who carried weapons on school property to no more than 4.9 percent nationwide and to no more than 3.5 percent in Nebraska.

**Figure 20. Percentage of Students Who Carried a Weapon at School
Nebraska 2001 YRBS**



**Figure 21. Percentage of Students Who Carried a Weapon at School
Nebraska 1993-2001 YRBS**



Missing School Due to the Perception of Feeling Unsafe at School

2001 Findings

Overall, 4% of students reported that they did not go to school during the 30 days preceding the survey because they felt they would be unsafe at school or on their way to or from school. Four percent of male and 5% of female students did not go to school because they felt they would be unsafe. Close to 6% of 9th, 4% of 10th, 3% of 11th, and 4% of 12th graders did not attend school because they felt they would be unsafe.

Missing School Due to the Perception of Feeling Unsafe At School Comparison

Percentages of students who 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 were 3% in 1993, 3% in 1995, 3% in 1997, 2% in 1999, and 4% in 2001. No significant differences were revealed over this time period. (Figure 23)

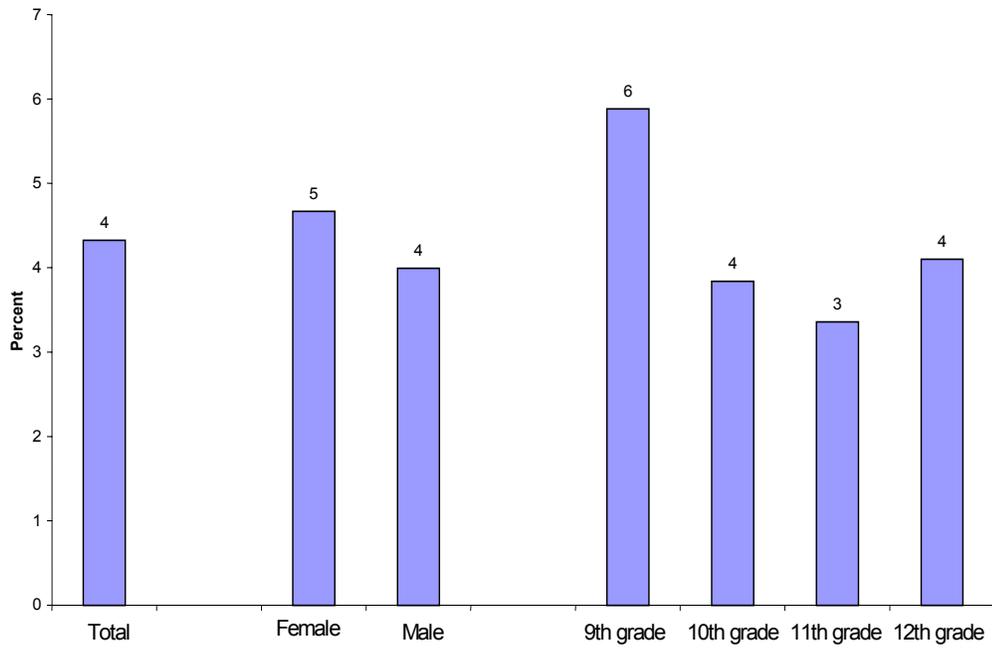
National Results

Nationwide, 5.2% of students had missed one or more days of school during the 30 days preceding the survey because they had felt unsafe at school or when traveling to or from school.¹¹

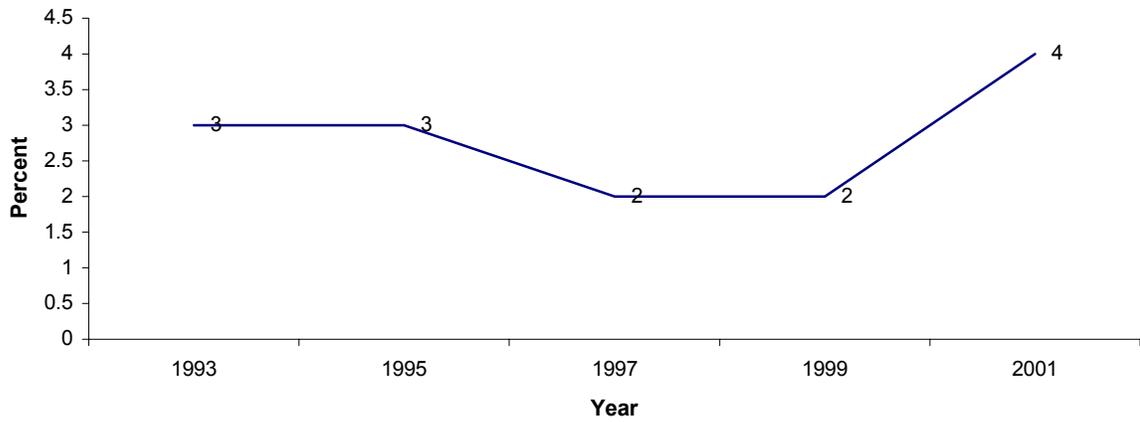
Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 22. Percentage of Students Who Did Not Attend School Because of Feeling Unsafe
Nebraska 2001 YRBS**



**Figure 23. Percentage of Students Who Did Not Attend School Because of Feeling Unsafe
Nebraska 1993-2001 YRBS**



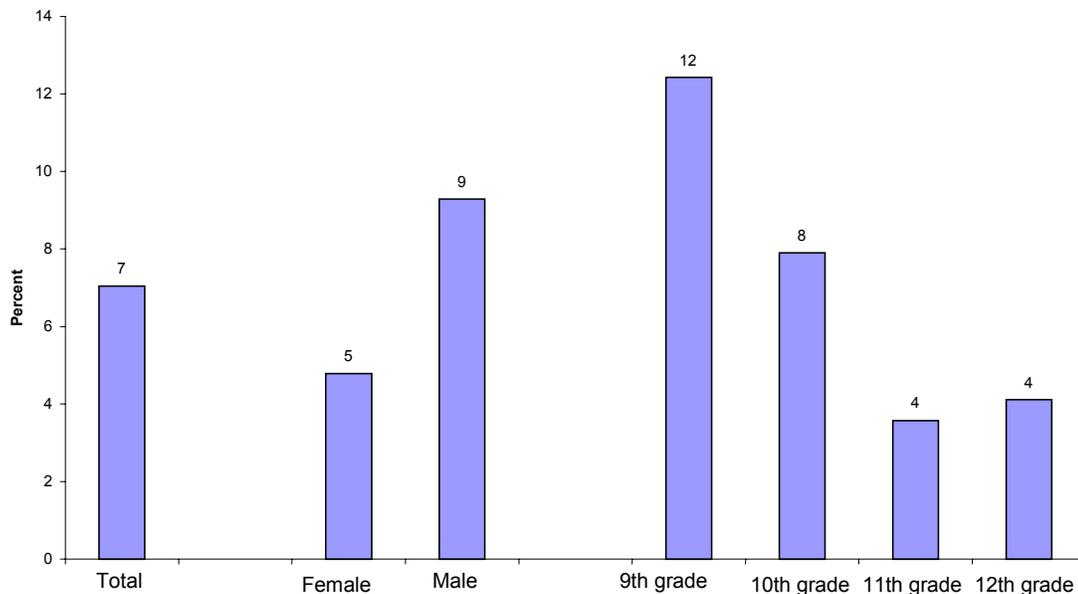
Threatened or Injured at School

2001 Findings

Overall, 7% of students reported being threatened or injured with a weapon such as a gun, knife, or club on school property during the 12 months prior to the survey. Nine percent of male students and 5% of female students were threatened or injured with a weapon on school property. It appears that the percentage of students who 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 decreased as grade level increased. Twelve percent of 9th, 8% of 10th, 4% of 11th, and 4% of 12th graders were threatened or injured with a weapon on school property.

9th

**Figure 24. Percentage of Students Threatened/Injured in School
Nebraska 2001 YRBS**



Threatened or Injured at School Comparison

The percentage of students who 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 has changed somewhat but has remained fairly steady. They were 8% in 1993, 9% in 1995, 8% in 1997, 8% in 1999, and 9% in 2001.

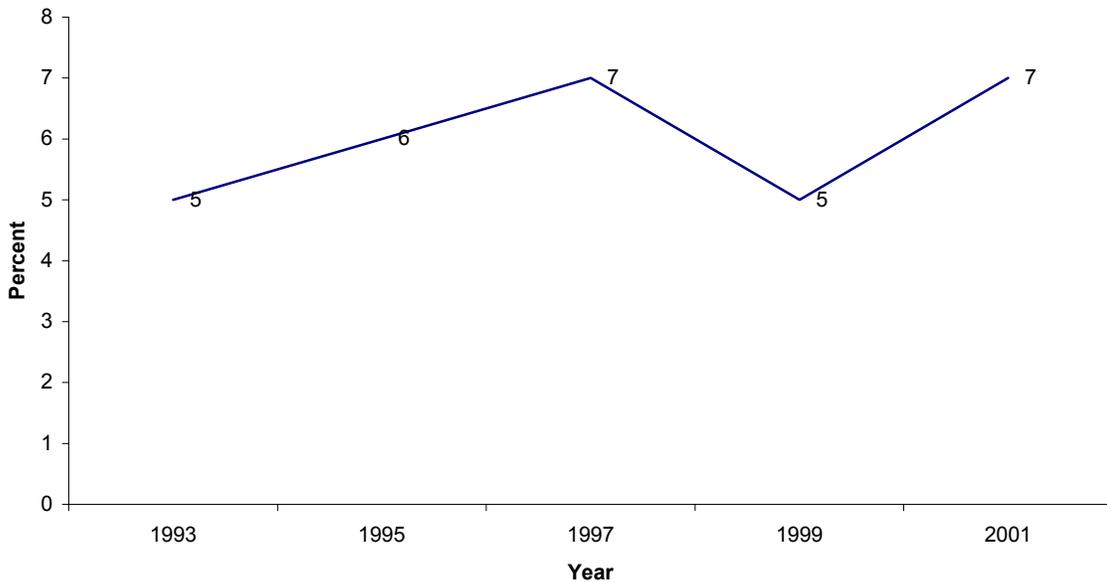
National Results

Nationwide, 8.9% of students had been threatened or injured with a weapon on school property at least once during the 12 months preceding the survey. Male students (11.5%) were significantly more likely than female students (6.5%) to have been threatened or injured with a weapon on school property. Overall, students in grade 9 (12.7%) were significantly more likely than students in grades 10, 11, and 12 (9.1%, 6.9%, and 5.3%, respectively) to have been threatened or injured with a weapon on school property.¹¹

Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 25. Percentage Of Students Threatened/Injured in School
Nebraska 1993-2001 YRBS**



Physical Fighting

2001 Findings

More than a quarter (27%) of students were in a physical fight one or more times during the 12 months prior to the survey. Male students (35%) were more likely than female students (20%) to have reported that they were in a physical fight during the past 12 months. The percentage of students who were in physical fight decreased as grade level increased. Percentages reported were 34% in grade 9, 27% in grade 10, 25% in grade 11, and 22% in grade 12. (Figure 26)

Physical Fighting Comparison

It appeared that the percentage of students who were in a physical fight one or more times during the past 12 months decreased from 1991 to 2001 (45% in 1991, 35% in 1993, 33% in 1995, 31% in 1997, 30% in 1999, and 27% in 2001). (Figure 27)

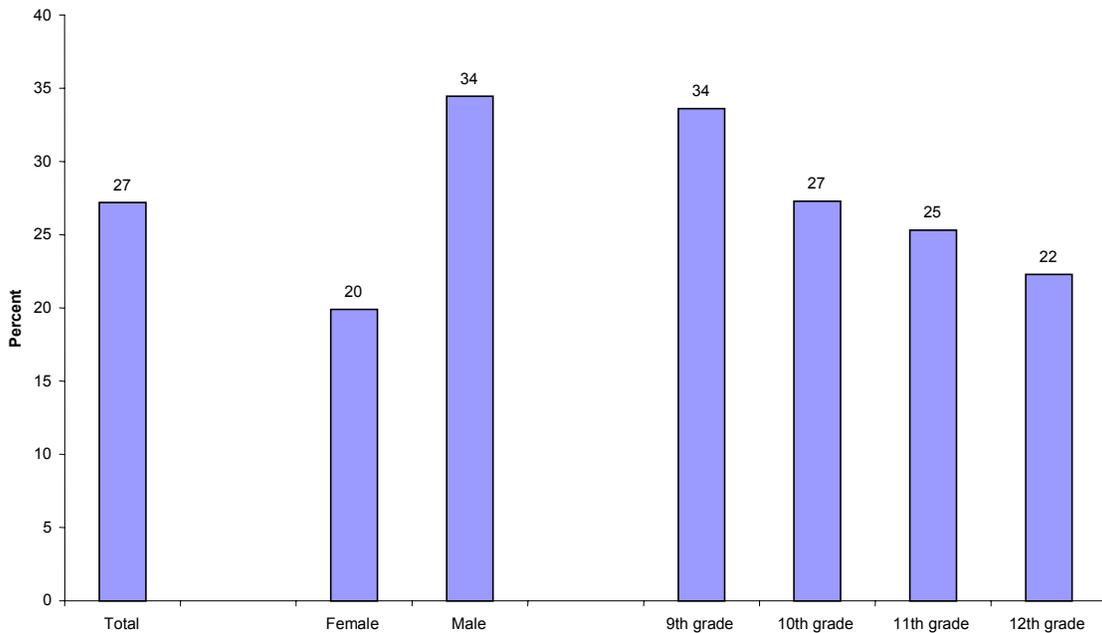
National Results

Nationally, 33.2% of students had been in a physical fight one or more times during the 12 months preceding the survey. Male students (43.1%) were significantly more likely than female students (23.9%) to have been in a physical fight. Overall, students in grade 9 (39.5%) and grade 10 (34.7%) were significantly more likely than students in grade 11 (29.1%) and grade 12 (26.5%) to report this behavior.¹¹

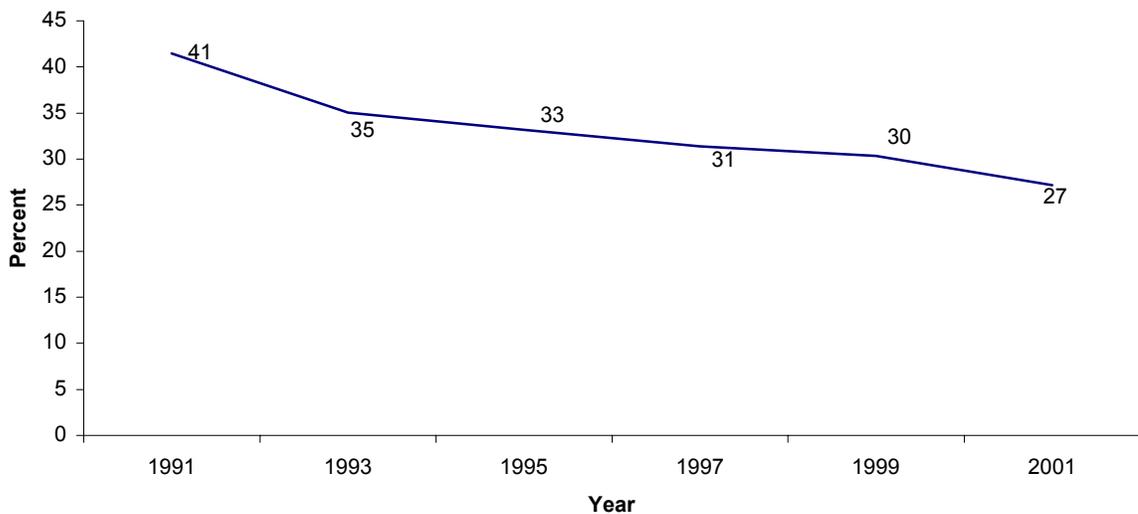
Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-38 is to reduce the prevalence of physical fighting among high school students to no more than 32 percent nationwide and to no more than 25 percent in Nebraska.

**Figure 26. Percentage of Students in a Physical Fight
Nebraska 2001 YRBS**



**Figure 27. Percentage of Students in a Physical Fight
Nebraska 1991-2001 YRBS**

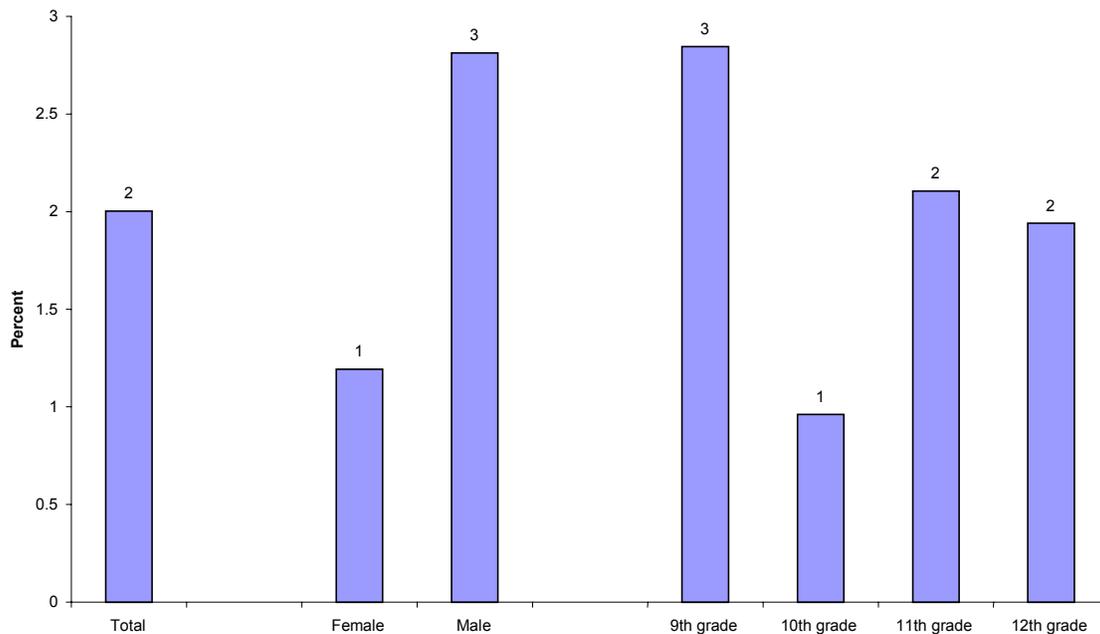


Injured in a Physical Fight

2001 Findings

Overall, 2% of students were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the 12 months prior to the survey. Among the students who were injured in a physical fight, 3% were male and 1% were female. Three percent of the 9th graders, 1% of the 10th graders, 2% of the 11th graders, and 2% of the 12th graders reported they were injured in a physical fight and sought medical treatment. (Figure 28)

**Figure 28. Percentage of Students Injured in a Fight
Nebraska 2001 YRBS**



Injured in a Physical Fight Comparison

Consistent with the decrease in physical fighting during 1991 to 2001, the percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times declined slightly during the same period. (4% in 1991, 3% in 1993, 3% in 1995, 3% in 1997, 2% in 1999, and 2% in 2001). (Figure 29)

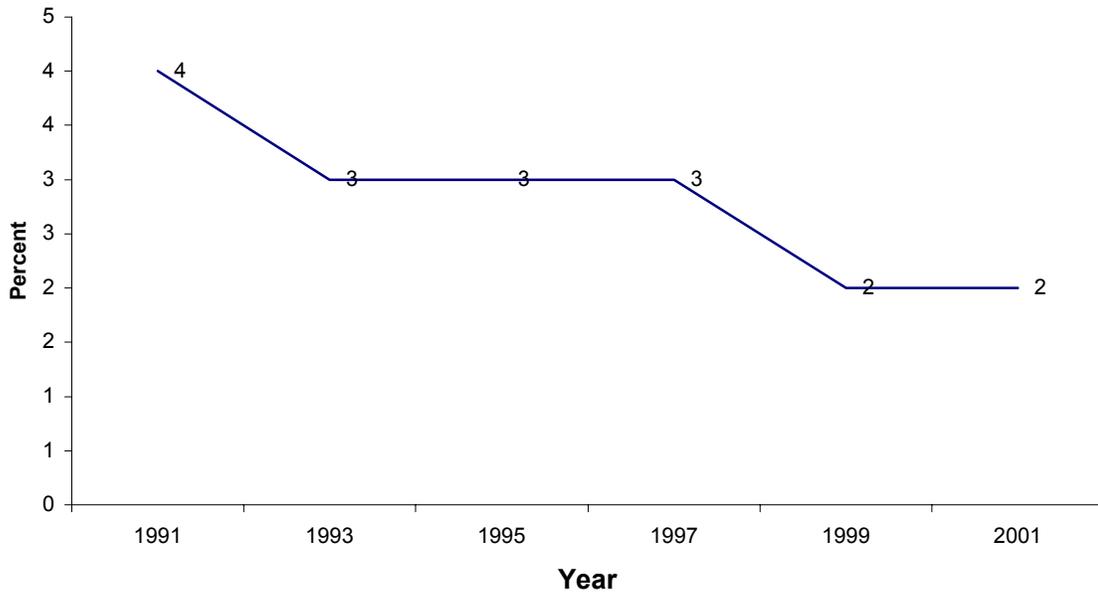
National Results

Nationwide, 4% of students had been treated by a doctor or nurse for injuries sustained in a physical fight one or more times during the 12 months preceding the survey. Male students (5.2%) were significantly more likely than female students (2.9%) to have been injured in a physical fight.¹¹

Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 29. Percentage of Students Injured in a Fight
Nebraska 1991-2001 YRBS**



Physical Fight on School Property

2001 Findings

Overall, 9% of students were in a physical fight on school property during the 12 months preceding the survey. Male students (14%) were three times more likely than female students (4%) to be in a physical fight on school property one or more times during the past 12 months. It appeared that students were less likely to have been in a physical fight at school as grade level increased; 13% of 9th graders, 10% of 10th graders, 7% of 11th graders, and 5% of 12th graders reported this behavior. (Figure 30)

Physical Fight on School Property Comparison

From 1993 through 2001, there was a decrease in the percentage of students who were in a physical fight on school property one or more times during the past 12 months. The percentages were 12% in 1993, 12% in 1995, 13% in 1997, 10% in 1999, and 9% in 2001. (Figure 31)

National Results

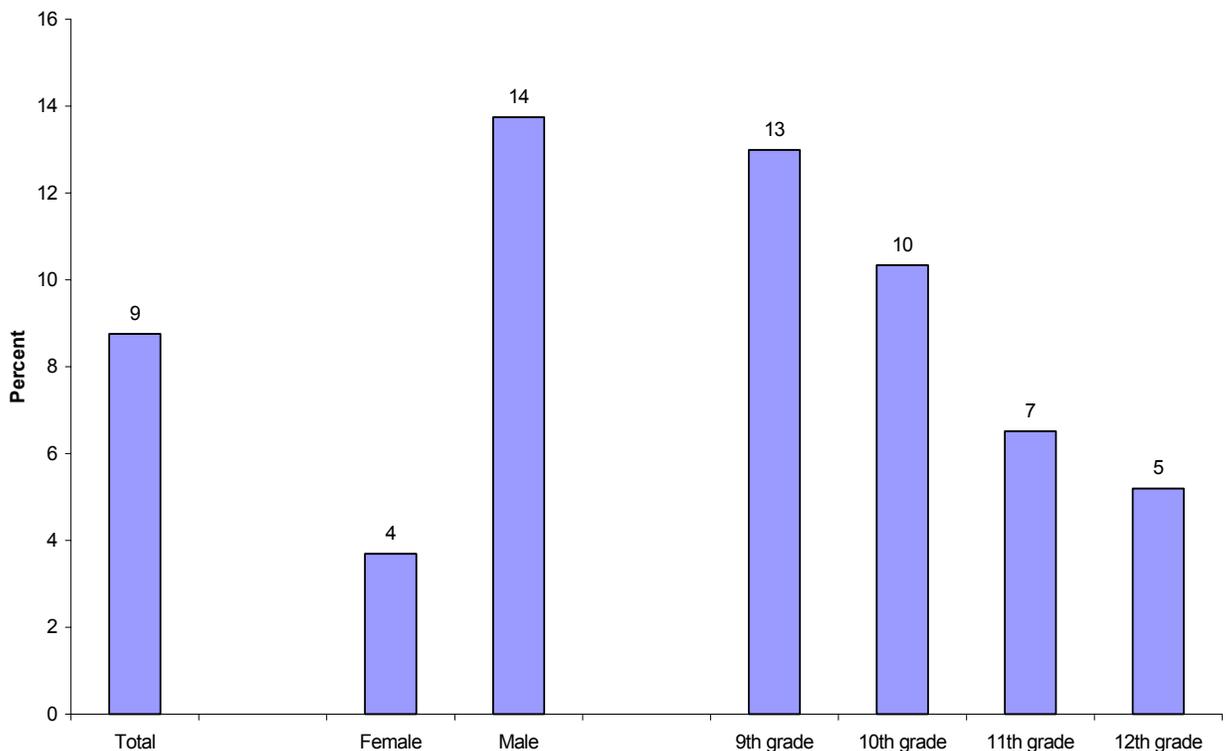
Nationwide, 14.2% of students had been in a physical fight on school property one or more times during the 12 months preceding the survey. Overall, male students (18.5%) were significantly more likely than female students (9.8%) to have been in a physical

fight on school property. Female students in grade 9 (12.7%) were significantly more likely than female students in grades 11 and 12 (7.1% and 6.0%, respectively) to have been in a physical fight on school property. Male students in grades 9 and 10 (24.3% and 22.3%, respectively) were significantly more likely than male students in grade 11 and 12 (14.4% and 10.2%, respectively) to report this behavior.¹¹

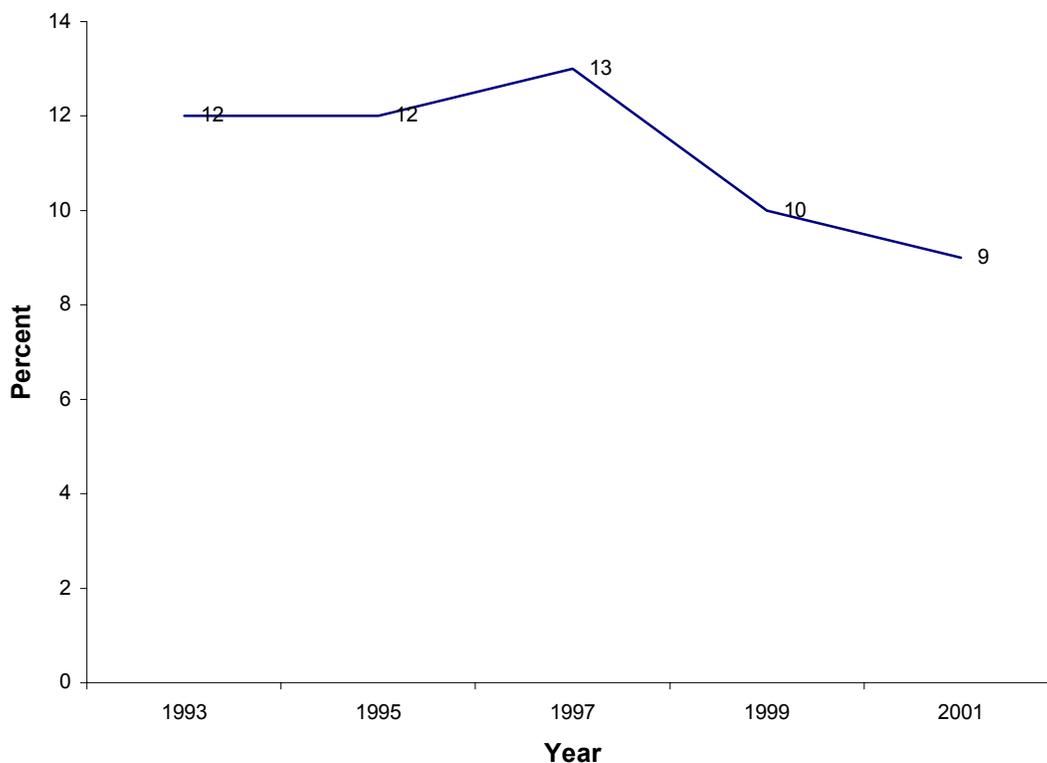
Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 30. Percentage of Students in a Physical Fight at School
Nebraska 2001 YRBS**



**Figure 31. Percentage of Students in a Physical Fight at School
Nebraska 1993-2001 YRBS**

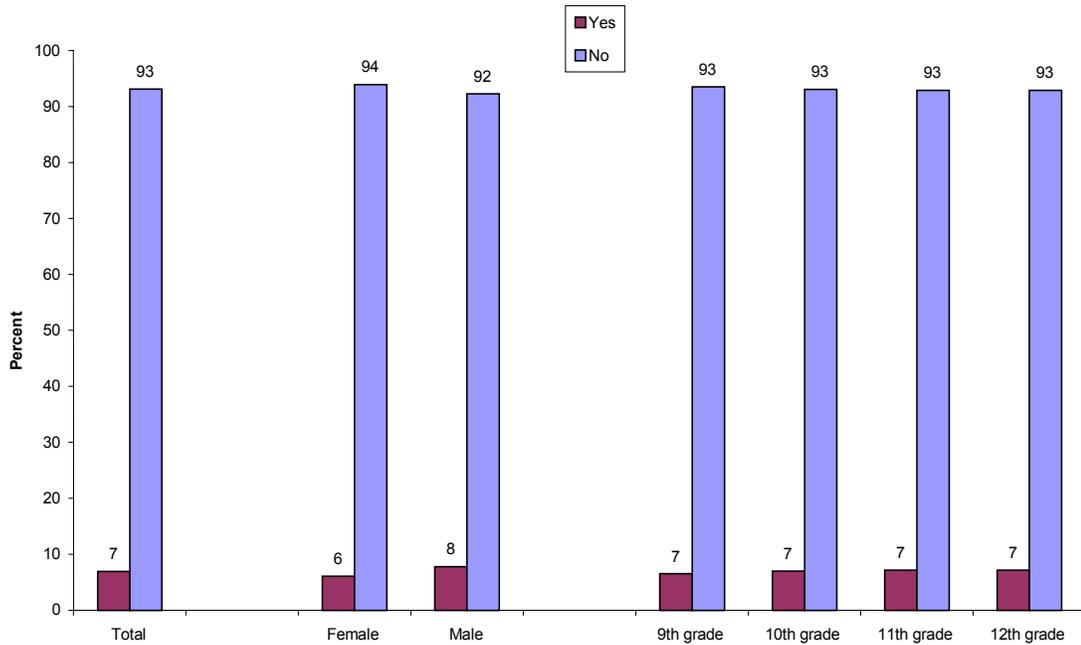


Hit by Boyfriend or Girlfriend

2001 Findings

Nearly seven percent of students reported that their boyfriends or girlfriends hit, slapped, or physically hurt them on purpose during the 12 months preceding the survey. There was no significant difference between males (8%) and females (6%) that were hit by their boyfriends or girlfriends on purpose. (Figure 32)

**Figure 32. Percentage of Students Ever Hit By Boyfriend or Girlfriend
Nebraska 2001 YRBS**



Hit by Boyfriend or Girlfriend Comparison

This question started in the 1999 YRBS survey. In 1999, 7% of students reported that their boyfriends or girlfriends hit, slapped, or physically hurt them on purpose during the 12 months preceding the survey. The 2001 figure was also 7%. (Figure 33)

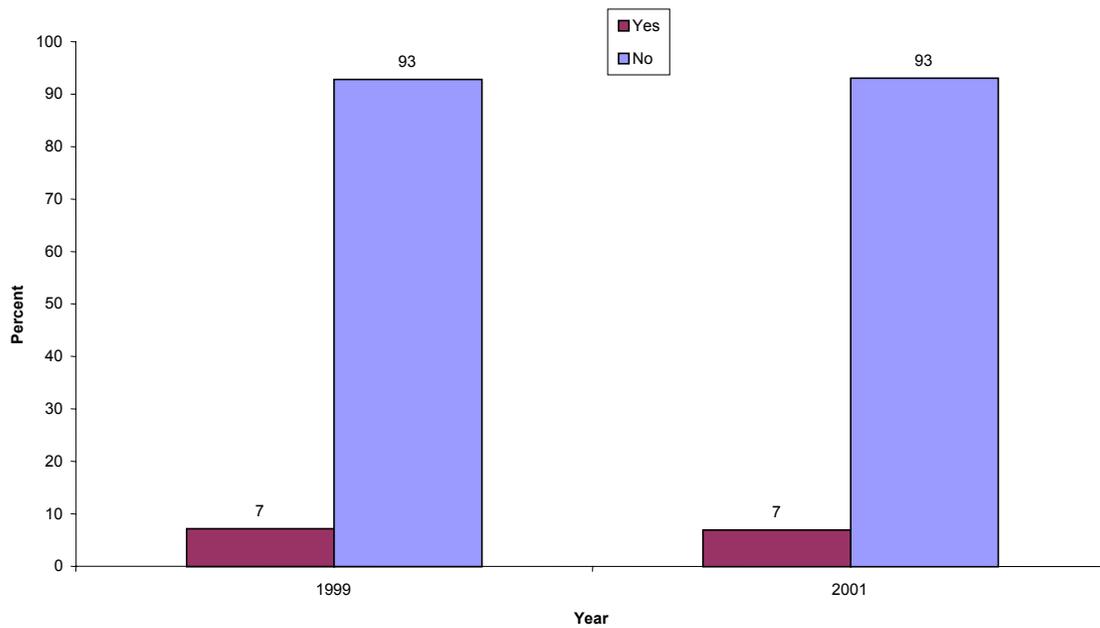
National Results

During the 12 months preceding the survey, 8.8% of students nationwide were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend.¹¹

Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-34 is to reduce the rate of physical assaults on persons age 12 years or older by current or former intimate partners to no more than 3.3 assaults per 1,000 persons in this age group for the United States. The Nebraska objective is to reduce this rate to no more than 2.7 assaults per 1,000 persons.

**Figure 33. Percentage of Students Ever Hit By Boyfriend or Girlfriend
Nebraska 1999-2001 YRBS**



Forced Sexual Intercourse

2001 Findings

Overall, 5% of students reported that they had ever been forced to have sexual intercourse when they did not want to. Female students (8%) were more than twice as likely as male students (3%) to have been forced to have sexual intercourse. Eleventh graders (6%) and 12th graders (6%) were more likely than 9th graders (4%) and 10th graders (5%) to report such forced behavior. (Figure 34)

Forced Sexual Intercourse Comparison

In the 1999 YRBS survey, 7% of students had ever been forced to have sexual intercourse when they did not want to while the 2001 figure was 5%. (Figure 35)

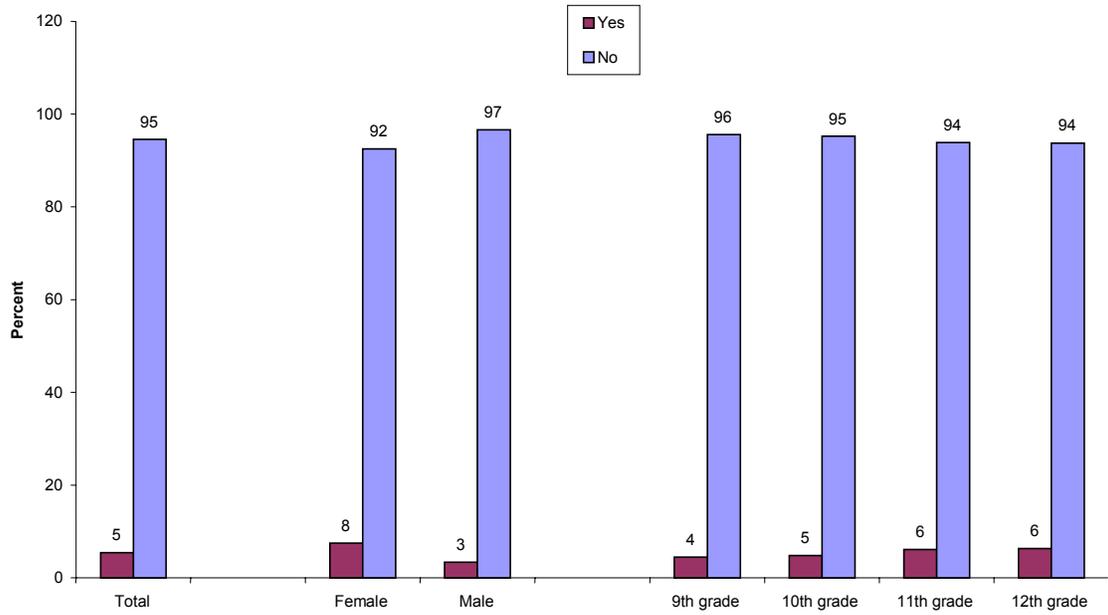
National Results

Nationwide, 7.7% of students had ever been forced to have sexual intercourse when they did not want to. Female students (10.3%) were significantly more likely than male students (5.1%) to have been forced to have sexual intercourse.¹¹

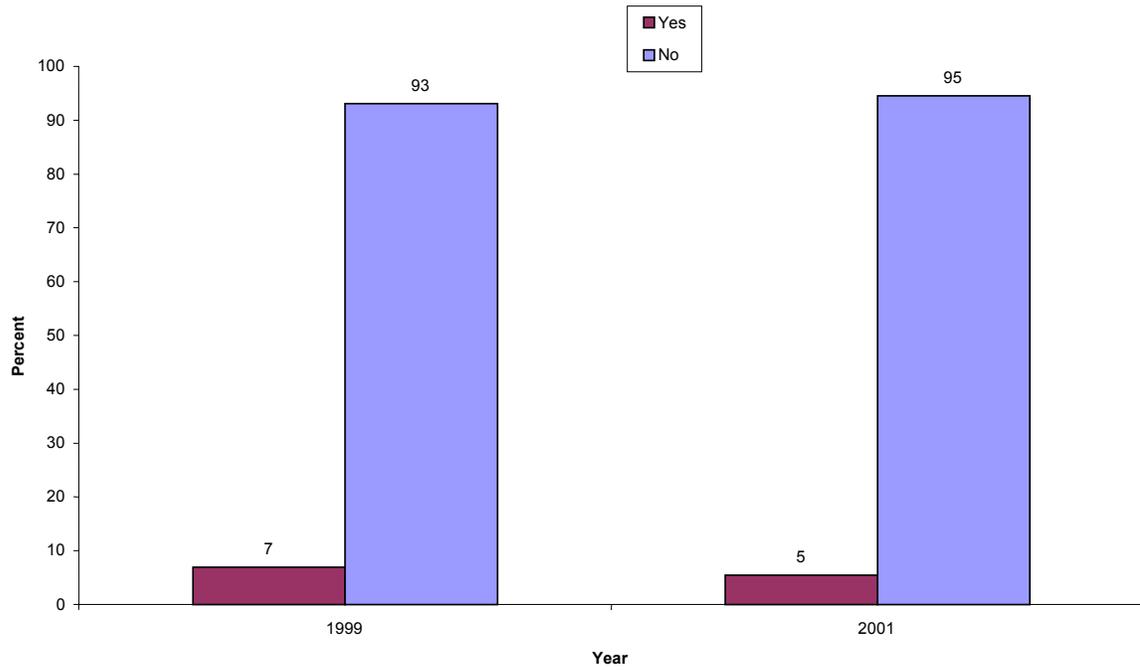
Healthy People 2010 and Nebraska 2010 Health Goal and Objective

Objective #15-35 is to reduce the rate of forcible rapes or attempted rapes among persons age 12 years and older to no more than 0.7 rapes per 1,000 population nationwide and to no more than 0.2 per 1,000 population in Nebraska. These rates include rape for both male and female victims.

**Figure 34. Percentage of Students Who Had Ever Been Forced to Have Sex
Nebraska 2001 YRBS**



**Figure 35. Percentage of Students Who Had Ever Been Forced to Have Sex
Nebraska 1999-2001 YRBS**



Sadness

2001 Findings

Overall, 22% of students said they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Female students (26%) were more likely than male students (17%) to have felt sad or hopeless almost every day for ≥ 2 weeks. It appears that the students in 9th grade (24%) and 10th grade (24%) were more likely than the students in 11th grade (21%) and 12th grade (18%) to report this behavior (Figure 36).

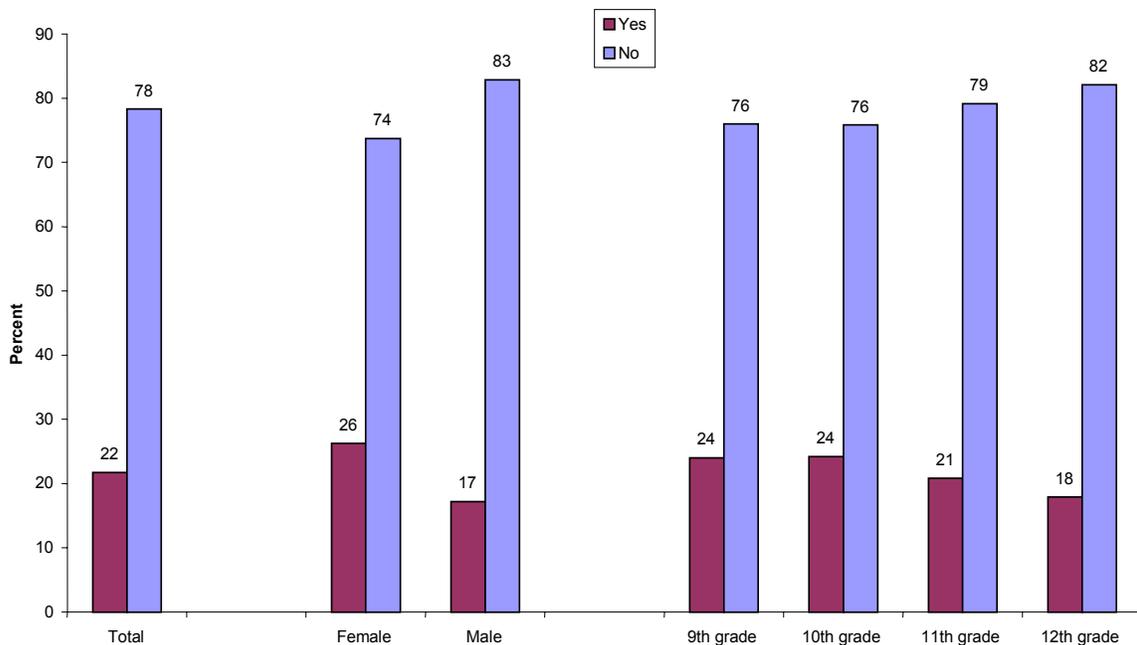
Sadness Comparison

There was almost no change in percent of students, who felt so sad or hopeless almost every day at least two weeks in a row that they stopped doing some usual activities (Figure 37).

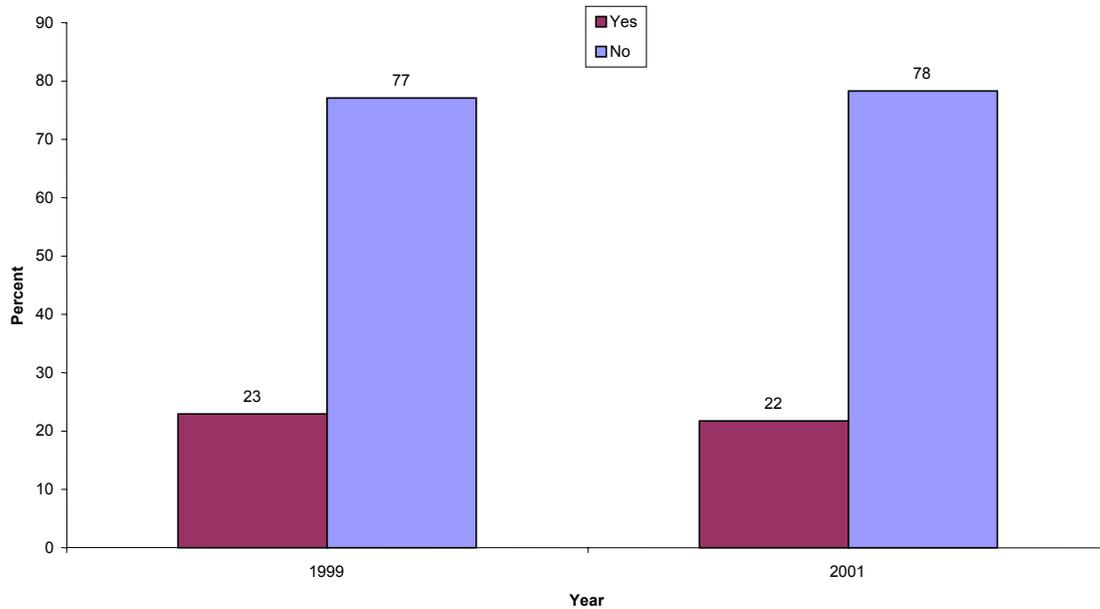
National Results

Nationwide, during the 12 months preceding the survey, 28.3% of students had felt so sad or hopeless almost every day for ≥ 2 weeks in a row that they stopped doing some usual activities. Overall, female students (34.5%) were significantly more likely than male students (21.6%) to have felt sad or hopeless almost every day for ≥ 2 weeks.¹¹

**Figure 36. Percentage of Students Who Ever Felt So Sad That They Stopped Activities
Nebraska 2001 YRBS**



**Figure 37 Percentage of Students Who Ever Felt So Sad That They Stopped Activities
Nebraska 1999-2001 YRBS**



Suicide Ideation

2001 Findings

Overall, 17.7% of students seriously considered attempting suicide during the 12 months preceding the survey. Female students (22%) were more likely than male students (13%) to have seriously considered suicide during the past 12 months. Twenty two percent of 9th, 18% of 10th, 16% of 11th, and 15% of 12th graders reported that they seriously considered attempting suicide during the past 12 months (Figure 38).

Suicide Ideation Comparison

There was a difference in the percentage of students who seriously considered attempting suicide during the 12 months preceding the survey from 1991 through 2001. In the 1991 YRBS survey, 29% of students seriously considered attempting suicide during the 12 months preceding the survey, while there were 24 % in 1995, 22% in 1997, 17% in 1999, and 18% in 2001(Figure 39).

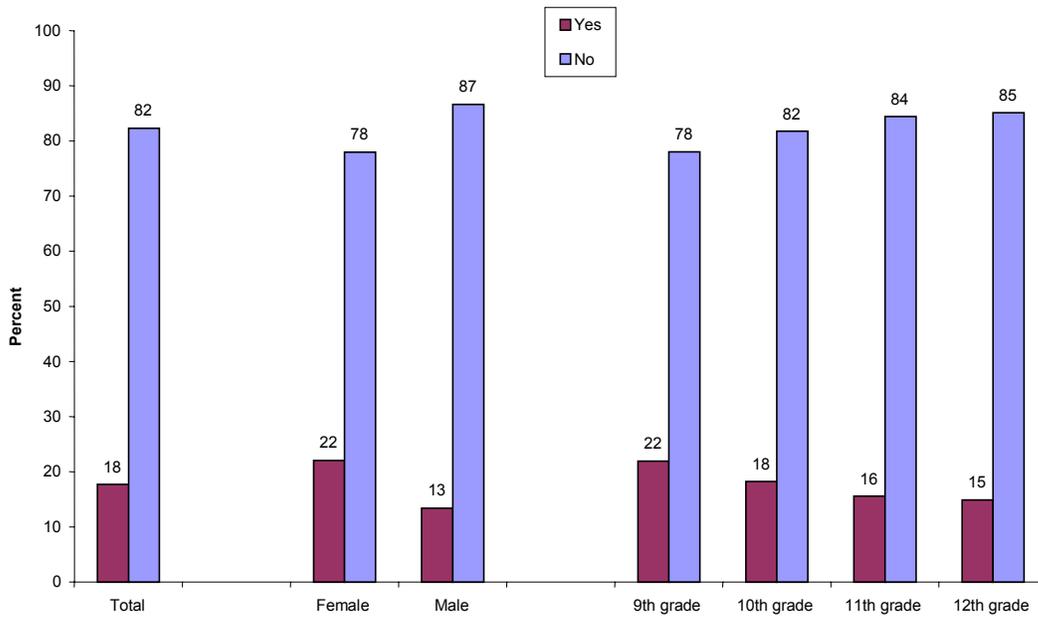
National Results

Nationwide, 19.0% of students had seriously considered attempting suicide during the 12 months preceding the survey. Female students (23.6%) were significantly more likely than male students (14.2%) to have considered attempting suicide. ¹¹

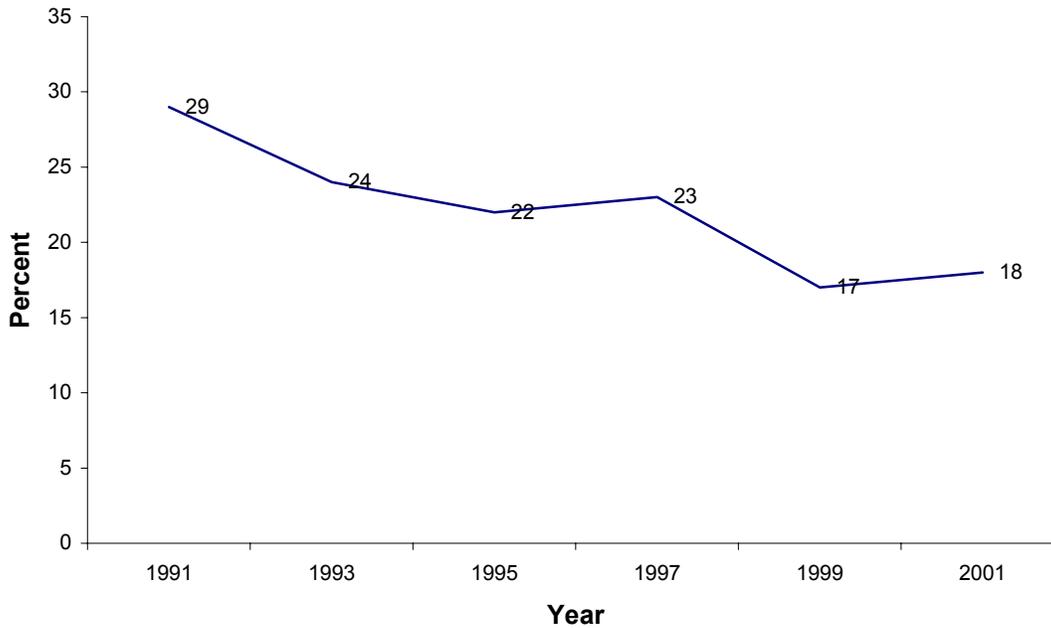
Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 38. Percentage of Students Who Seriously Considered Attempting Suicide
Nebraska 2001 YRBS**



**Figure 39. Percentage of Students Who Seriously Considered Attempting Suicide
Nebraska 1991-2001 YRBS**



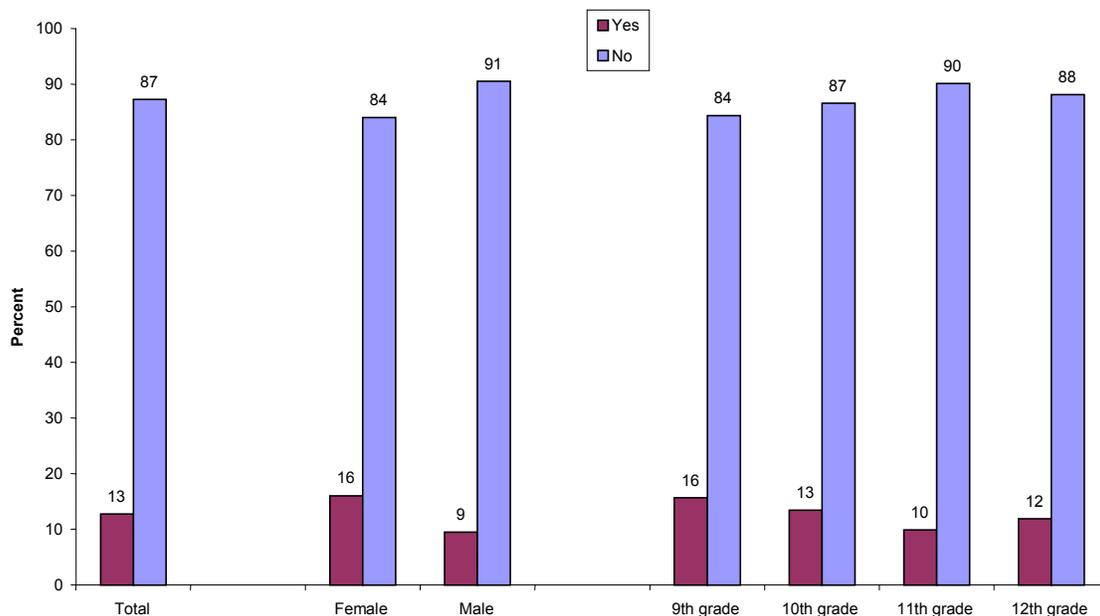
Suicide Planning

2001 Findings:

Nearly thirteen percent of students made a plan about how they would attempt suicide during the 12 months preceding the survey. Females (16%) were more likely than males (9%) to make a plan about how they would attempt suicide during the past 12 months

preceding the survey. Sixteen percent of 9th, 13% of 10th, 10% of 11th, and 12% of 12th graders reported they made a plan during the past 12 months.

**Figure 40. Percentage of Students Who Made a Suicide Plan
Nebraska 2001 YRBS**



Suicide Planning Comparison

There was a difference in the percentage of students who made a plan about how they would attempt suicide during the 12 months preceding the survey from 1991 through 2001. In the 1991 YRBS survey, 17% of students made a plan about how they would attempt suicide during the 12 months preceding the survey, while the percentages were 20% in 1993, 16% in 1995, 19% in 1997, 14% in 1999, and 13% in 2001 (Figure 41).

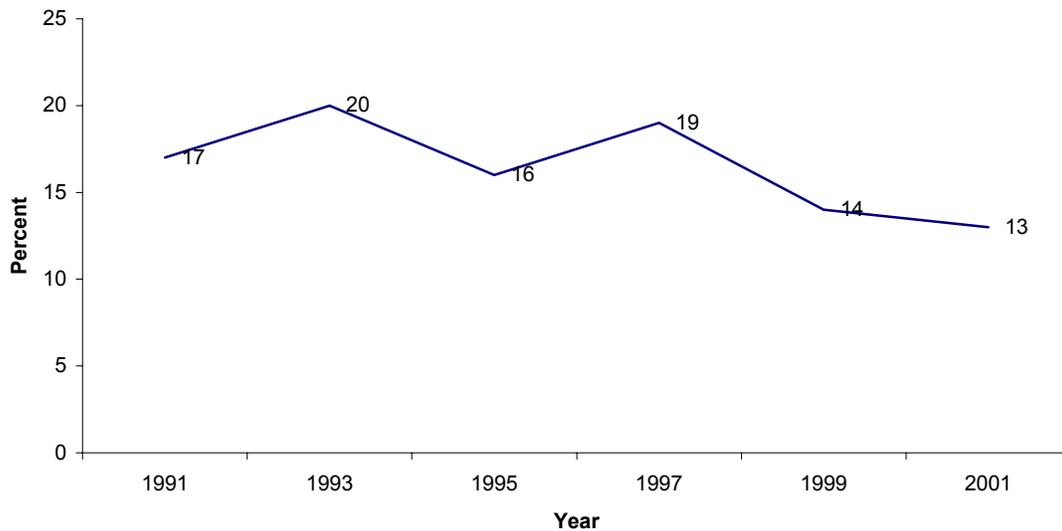
National Results

More serious suicide ideation was reported by 14.5% of students nationwide who, during the 12 months preceding the survey, had made a specific plan to attempt suicide. Overall, female students (18.3%) were significantly more likely than male students (10.9%) to have made a suicide plan. Female students in grade 9 (20.1%) were significantly more likely than female students in grade 12 (13.0%) to have made a suicide plan, and female students in grade 10 (22.7%) were significantly more likely than female students in grades 11 and 12 (15.7% and 13.0%, respectively) to have made a suicide plan. ¹¹

Healthy People 2010 Objective: None available

Nebraska 2010 Health Goal and Objective: None available

**Figure 41. Percentage of Students Who Made a Suicide Plan
Nebraska 1991-2001 YRBS**



Suicide Attempts

2001 Findings:

Overall, 6% of students actually attempted suicide one or more times during the 12 months prior to completing the survey. Females (9%) were more likely than males (6%) actually attempted suicide during the past 12 months. Nine percent of 9th, 8% of 10th, 4% of 11th, and 5% of 12th graders actually attempted suicide during the past 12 months (Figure 42).

Suicide Attempts Comparison

In the 1991 YRBS survey, 7% of students actually attempted suicide one or more times during the 12 months prior to completing the survey, while the percentages for 1993, 1995, 1997, 1999, and 2001 were 9%, 8%, 9%, 6%, and 6% respectively (Figure 43).

National Results

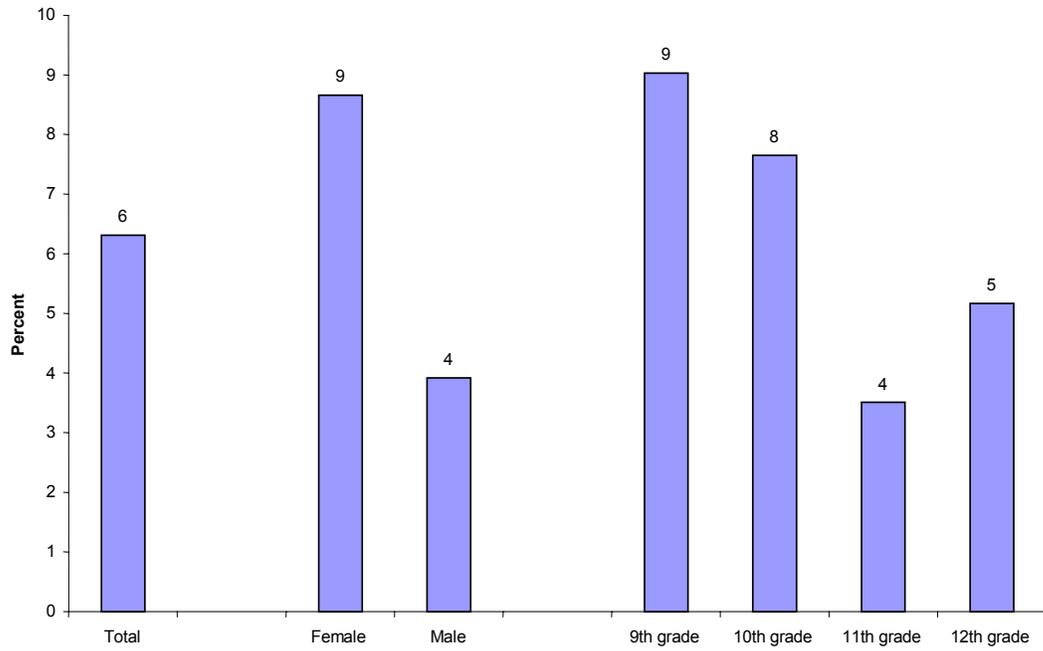
Nationwide, 8.3% of students had attempted suicide one or more times during the 12 months preceding the survey. Overall, female students were significantly more likely than male students to have attempted suicide. Female students in grades 9 and 10 (14.0% and 14.8%, respectively) were significantly more likely than female students in grades 11 and 12 (7.5% and 5.8%, respectively) to report this behavior.¹¹

Healthy People 2010 Objective

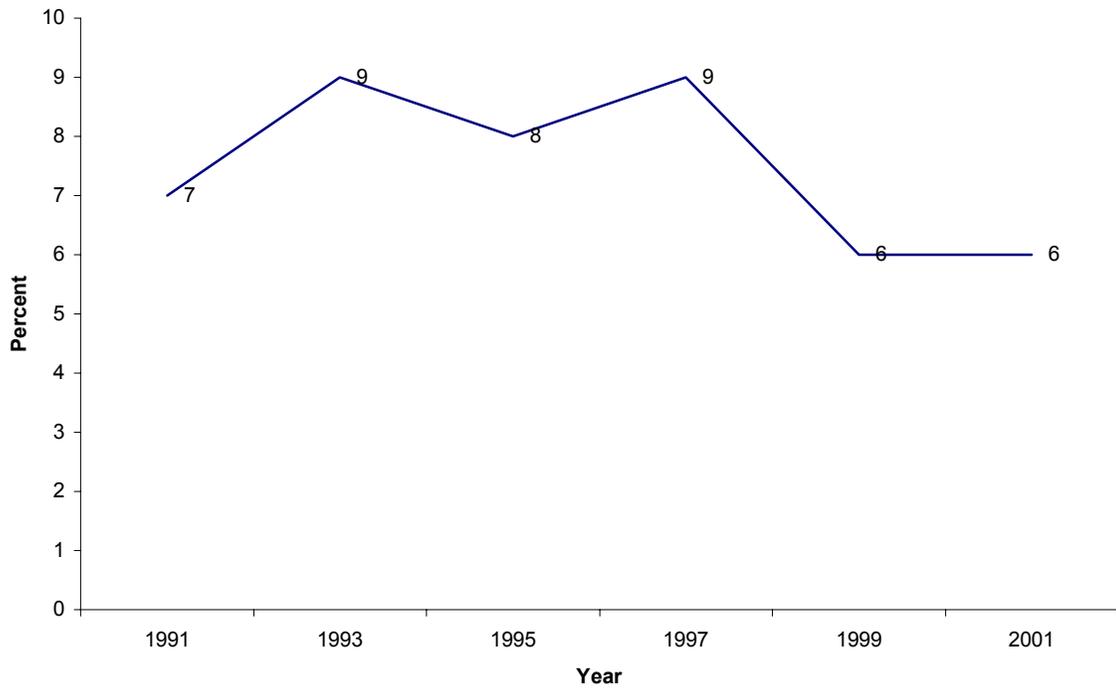
Objective #18–2 is to reduce the rate of suicide attempts by adolescents.

Nebraska 2010 Health Goal and Objective: None available

**Figure 42. Percentage of Students Who Attempted Suicide
Nebraska 2001 YRBS**



**Figure 43. Percentage of Students Who Attempted Suicide
Nebraska 1991-2001 YRBS**

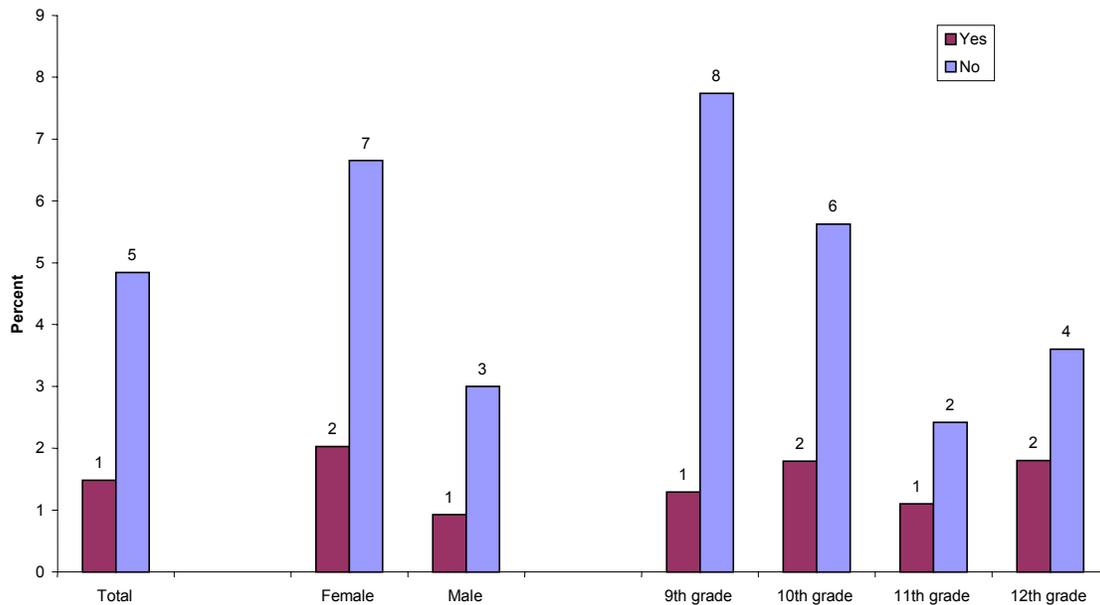


Suicide Resulting in Injury

2001 Findings

There were 26 or 1.5% of students who made a suicide attempt during the 12 months preceding the survey that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse. Nearly 2% of females (18) and 1% of males (8) attempted suicide resulting in an injury that had to be treated by a doctor or nurse. One percent of 9th, 2% of 10th, 1% of 11th, and 2% of 12th graders reported that they had to be treated by a doctor or nurse after attempting suicide (Figure 44).

**Figure 44. Percentage of Students Whose Suicide Attempt Resulted in Injury
Nebraska 2001 YRBS**



Suicide Resulting in Injury Comparison

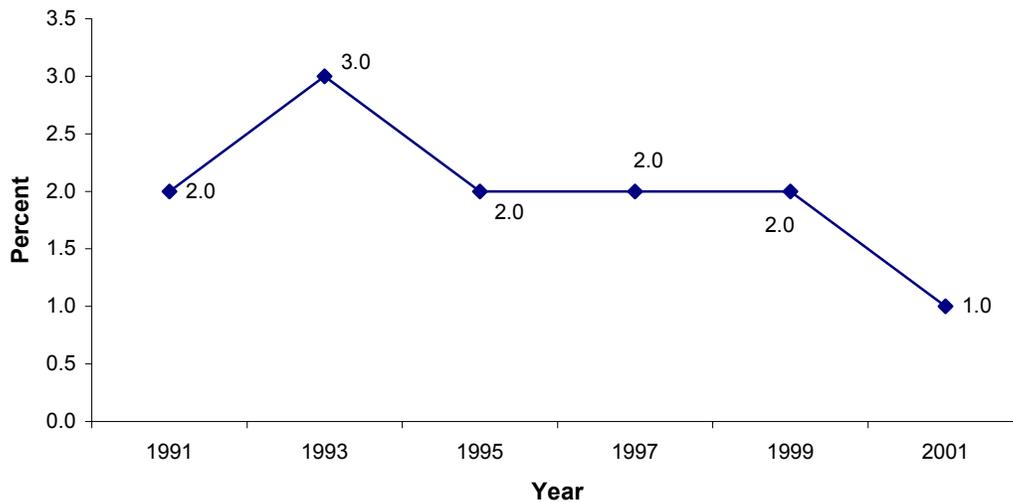
There were differences in the percentage of students who attempted suicide during the past 12 months that resulted in an injury that had to be treated by a doctor or nurse. (2% in 1991, 3% in 1993, 2% in 1995, 1997, and 1999, and 1% in 2001, Figure 45).

National Results

Nationwide, 2.6% of students made a suicide attempt during the 12 months preceding the survey that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse. Overall, students in grades 9 (3.2%) and 10 (3.0%) were significantly more likely than students in grade 12 (1.6%) to have made a suicide attempt that required medical attention.¹¹

Healthy People 2010 Objective: None available

**Figure 45. Percentage of Students Whose Suicide Attempt Resulted in Injury
Nebraska 1991 - 2001 YRBS**



Summary and Discussion

The YRBS results have been utilized to develop policies and programs to prevent and/or reduce health risk behaviors among adolescents. The data help determine public health priorities and provide quantifiable evidence and trend of health risks among youth that demand public health attention and action.

The following specific positive changes were observed by the Youth Risk Behavior Survey from 1991 to 2001:

- More students wear safety belts
- More students wear helmets when riding a motorcycle
- Fewer students carried weapons
- Fewer students carried guns and carried guns at school
- Fewer students were in fights and fewer students were injured as a result of fights
- Fewer students considered suicide, and attempted suicide

However, the following health-risk behaviors of youth in Nebraska showed no improvement, which is cause for concern because these behaviors place students at risk for disabling injury and death.

- Even though more students reported using safety belts, there were close to one-fourth of students who never or rarely wore a safety belt.
- Almost a quarter of students reported only sometimes using a safety belt when riding in a vehicle.
- Most students did not wear helmets when riding bicycles.
- There were almost no changes in the proportion of students who rode in a car driven by an alcohol-impaired driver during the 10 year period.

BEHAVIORS THAT CONTRIBUTE TO UNINTENTIONAL INJURIES

Discussion

Motor vehicle crashes are the leading cause of death for youth. Restraint use including seatbelts, child safety seats, and booster seats is the most effective way to reduce risk of death and serious injury in a motor vehicle crash.

Safety Belt Use

Safety belts are the most effective way to reduce risk of death and serious injury in a motor vehicle crash. The data from the Nebraska Office of Highway Safety showed that in 2002 most people killed in motor vehicle crashes (78%) did not use safety belts when the crash occurred.¹⁷ Analysis of Nebraska CODES indicated that **individuals who did not use restraints were more than 12 times as likely to be killed in a crash than those who used restraints at the time of the crash.**¹⁸ Safety belt usage among Nebraskans has steadily increased since the safety belt law took effect on January 1, 1993; usage has gone from 54% in 1993 to 70% in 2002.¹⁹ The Nebraska YRBS indicate that safety belt usage among youth is consistent with this trend. However, there are still 23% of students who never or rarely wore a safety belt, and almost a quarter of students only sometimes use a safety belt when riding in a vehicle, placing them at risk for disabling injury or death. Health-risk behaviors, such as safety belt use, are usually established during the youth years, extend into adulthood and are maintained for a lifetime. Improving safety belt use among youth must be a priority.

Bicycle Helmet Use

Most students did not wear helmets when riding bicycles. Reaching the Nebraska 2010 Health Objective of a bicycle helmet use rate of at least 50 percent is a challenge. According to the Nebraska 2010 Health Goals and Objectives²⁰, based on Nebraska hospital reports, there were more than 1,830 emergency room or outpatient hospital visits for bicycle injuries in 1999. Most of these visits (69%) were recorded for children 5-14 years old.

Head injury is the most common cause of death and serious disability in bicycle-related crashes; head injuries are involved in about 60 percent of the deaths, and 30 percent of the bicycle-related ED visits.²¹ Many of these nonfatal head injuries produce lifelong disability from irreversible brain damage and result in huge costs to society.

Riding with an Alcohol Impaired Driver and Alcohol Impaired Driving

During 1991 to 2001, there were almost no changes in the proportion of students who rode in a car driven by an alcohol impaired driver. There were also almost no changes in the proportion of students who drove after drinking alcohol. Alcohol impaired driving is one of the leading factors contributing to crashes that result in serious and fatal injuries. According to the National Highway Traffic Safety Administration, nationwide, alcohol was involved in 41% of crash deaths in 2002.¹⁶ In addition, the National Safety Council estimated that the cost of alcohol-related motor-vehicle crashes was over \$31 billion in 2001.²² Nebraska CODES indicate that from 1996 to 2001, more than one third (35%) of the 1,727 crash deaths in Nebraska were alcohol related.²³ Approximately 20% of alcohol impaired drivers killed in crashes were 20 years old or younger despite of legal drinking age in Nebraska being 21.

Co-occurring Risk behaviors

Alcohol impaired driving and riding with an alcohol impaired driver are risk behaviors that often co-occur among youth. Students who rode with an alcohol impaired driver were more than 9 times as likely to engage in drinking and driving than those who did not ride with an alcohol impaired driver. They were also less likely to wear safety belts when riding in a car driven by someone else. According to the Nebraska CODES report, most (89%) alcohol impaired drivers killed in crashes were not wearing safety belts when crashes occurred.²³

Recommendations

Reducing motor-vehicle injuries remains a public health challenge. Use of safety belts and child safety seats and deterrence of alcohol-impaired driving are important preventive measures to further reduce motor-vehicle injuries and deaths.²⁴

Create an environment that supports upgrading Nebraska’s safety belt use law.

States with a primary enforcement safety belt law have a safety belt usage rate that is estimated at 15% higher than states with a secondary enforcement law.²⁴ Restraint usage is the best available means of preventing fatalities and injuries in motor vehicle crashes. Safety belts cut the risk of death or serious injury in a crash by 45 to 50 percent.²⁵

Communities need to implement and enforce effective strategies to reduce alcohol-related crashes. Strategies include minimum legal drinking age laws and zero tolerance laws for drivers under 21 years of age, 0.08% blood alcohol concentration (BAC) laws, sobriety checkpoints, and intervention training programs for alcohol servers.²⁶

Create an environment that supports adopting bicycle helmet use requirements.

Bicycle helmets reduce the risk of serious head injury by as much as 85% and the risk of brain injury by as much as 88%.²⁷

Strengthen Nebraska’s Graduated Licensing provisions.

Crashes are the leading cause of death among American teens, accounting for more than one third of all deaths of 16 to 18 year-olds. An effective way to reduce this toll is graduated licensing. Graduated systems that are well designed restrict night driving, limit teen passengers, establish zero tolerance for alcohol, and require a specified amount of supervised practice during the initial phase.²⁸

In addition to risk behaviors related to motor vehicle crashes, some behaviors that contribute to intentional injuries warrant public health attention and action. These include dating violence, forced sexual intercourse, and suicide.

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Discussion

Violence permeates every aspect of our children’s lives, from the influence of the media to the dangers they face from guns in schools. Children need to know that violence on TV, in the movies and in video games is not real. In real life, children have alternatives when dealing with conflict and anger. Schools need to consider media literacy programs to educate children as part of the school health curriculum.²⁹

Most experts agree with few exceptions, violent and abusive behaviors are learned, and therefore, can be unlearned through education and practice. Providing teens with clear and accurate information on all forms of violence—including sexual harassment, sexual assault, dating violence, and gender violence—can lead to a reduction of this violence.³⁰

Dating Violence

Questions about dating violence started with the 1999 YRBS survey, so not enough data is yet available to identify a trend. However, as awareness has increased, it has become increasingly apparent that violence—the experience of being abused and of abusing others—often begins during the teen years.³⁰

Forced Sexual Intercourse

Questions about forced sexual intercourse have also only been asked in the two most recent surveys, so it is not possible at this time to identify a trend. However, research has found that a victim of sexual assault is most likely to experience their first sexual victimization before the age of 18.³¹

Suicide

A total of six percent of Nebraska youth reported attempting suicide in 2001. However, 13% made a suicide plan and 18% seriously considered attempting suicide. On a positive note, the percentage of students who seriously considered attempting suicide decreased from 29% in 1991 to 18% in 2001. Nonetheless youth suicide is a public health problem.

The research on risk and protective factors suggest that one promising prevention strategy is to promote overall mental health among school-aged children by reducing early risk factors for depression, substance abuse and aggressive behaviors and building resiliency. A second positive approach is to detect youth most likely to be suicidal by confidentially screening for depression, substance abuse, and suicidal ideation. Additionally, efforts to limit young people's access to lethal agents—including firearms and medications—may hold great suicide prevention value. Media education is also important, as the risk for suicide contagion as a result of media reporting can be minimized by limited, factual and concise media reports of suicide. Finally, following exposure to suicide or suicidal behaviors within one's family or peer group, suicide risk can be minimized by having family members, friends, and peers of the victim evaluated by a mental health professional with referral to additional mental health services for those deemed at risk.³²

Recommendations

Establish a social environment within a school that promotes safety and prevents unintentional injuries, violence, and suicide. The social environment of a school encompasses the formal and informal policies, norms, climate, and mechanisms through which students, faculty, and staff members interact daily. A social environment can promote safety or contribute to increased risk for unintentional injuries, violence, and suicide.³³

Integrate school, family, and community efforts to prevent unintentional injuries, violence, and suicide. Schools cannot prevent unintentional injuries, violence, and suicide in isolation from the communities and families they serve. Schools, communities, and families can provide each other with reciprocal benefits. Teachers and law enforcement officials believe that a lack of family involvement in school is a major contributor to school violence. When parents are involved in school, violent and antisocial behavior decreases.³³

Recommendations for other risk behaviors are available in the School Health Guidelines to Prevent Unintentional Injuries and Violence.³³

Data Quality Recommendations

Recommendations regarding improving data quality focus on three areas: completeness, accuracy, and representativeness. These important factors determine how useful the data may be to define problems, and design, implement, and evaluate education and prevention programs.

Educate school administrators and teachers, parents, and students on how valuable the YRBS survey is and how the data is being used.

For the YRBS data to be representative, CDC sampling instructions should be strictly followed to select schools and students across the state. Enhance state and local efforts to increase school and student participation so as to increase response rates.

Recommendations for other risk behaviors are available in the School Health Guidelines to Prevent Unintentional Injuries and Violence.³³

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