

INJURY



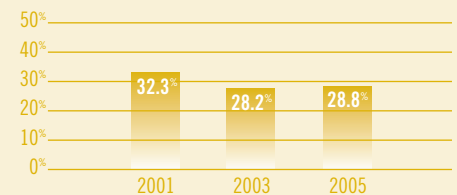
Injury is the leading cause of death for Rhode Islanders between 1–44 years old. Youth, particularly male youth, are at risk for injury or death from incidents, such as motor vehicle crashes, suicide and suicide attempts, homicide, assaults, and falls. For students, injuries can contribute to absenteeism, decrease academic performance, and lead to long-term disabilities and health problems.

According to 2005 Youth Risk Behavior Survey (YRBS) data, measures of injury prevention have not changed significantly in the past two years. While the new data do not indicate increasing trends in injury, violence, or mental health problems, they show a lack of recent progress. The percentages of students who in the past thirty days rode in a car with

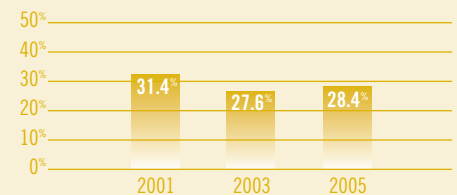
a driver who had been drinking and who were in physical fights during the past year increased slightly (see Graphs 1 and 2). The percentage of students who seriously considered attempting suicide during the past year remained about the same (see Graph 3).

Results from the 2005–2006 School Accountability for Learning and Teaching (SALT) survey provide insights to injury prevention based on Rhode Island students' experiences and perceptions of safety (see Graph 4). Rates of fear of violence, experience of violence, and feelings of safety in school vary among elementary, middle, and high school students. The percentages are higher of students who fear being hurt or bothered at school and who report feeling less safe at school than in the previous year, than are reports of actual experiences of violence. These data suggest that the effects of injury, such as from violence, reach beyond the students who are directly affected. It is important for students to be *and* feel safe in school.

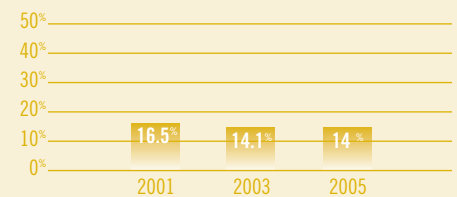
GRAPH 1: Percent of students in the past 30 days who rode in a car with a driver who had been drinking, 2001–2005 (YRBS).



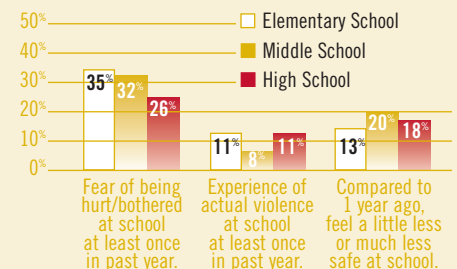
GRAPH 2: Percent of students who were in a physical fight during the past 12 months, 2001–2005 (YRBS).



GRAPH 3: Percent of students who seriously considered attempting suicide in the past 12 months, 2001–2005 (YRBS).



GRAPH 4: Rhode Island students' ratings of school safety, 2005–2006 (SALT).



WHAT SCHOOLS AND DISTRICTS CAN DO TO HELP PREVENT INJURY

Schools can use various approaches to help reduce the risk of injury and resulting health and academic consequences for their students.

Discussion Questions

District and school leaders can use the following questions to start a conversation in the school community about ways to prevent injury among their student population.

1. How do students' overall rates for injury, violence, and suicide attempts in our school or district compare to the rest of the state?
2. How do these rates compare with what we as administrators, teachers, and nurses see in the student body?
3. Is maintaining a safe physical environment an issue in our school or district?
4. Is violence a big discipline issue in our school or district?
5. How can we improve our behavioral health services for students?
6. How can we improve active supervision to promote safety in our school or district?
7. Do injury and violence interfere with attendance and students' ability to learn?
8. Do we have a written crisis response plan?
9. What are our goals around injury prevention and how can we achieve them?

Best Practices

Below is a list of model Rhode Island programs that schools can both learn from and implement to reduce risk behaviors that may lead to injury.

- » *The Student Assistance Program (SAP)* is a statewide school-based program that addresses risk factors for injury and violence with Masters-level counselors who provide a range of prevention and early intervention services.
- » *Westerly's Integrated Social Services Program* is a Child Opportunity Zone program that provides students and families with health, education, and community services in order to create a safe and nurturing environment conducive to learning.
- » *Life Skills Training (LST)* is an elementary and middle school program that seeks to modify major social and psychological factors that promote the initiation and early use of substances.
- » *Multisystemic Therapy (MST)* is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders to promote positive social behavior and decrease antisocial behavior, including substance use.
- » *Strengthening Families Program I (SFP-I)* involves elementary school-aged children (6–12 years old) and their families in family skills training sessions. SFP-I uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems.
- » Put protocols in place that ensure every student is connected with a caring school adult mentor.

Recently passed legislation in Rhode Island:

Increased penalties for refusing to submit to a Breathalyzer test, and required annual reports from the Attorney General to identify cases involving impaired and drunk driving and Breathalyzer refusals.

Penalties to deter adults who knowingly provide alcohol to minors.

Enhancement to graduated driver licensing law, limiting cell phone use by youth less than 18 years while driving.

*For additional information contact
George McDonough at
George.McDonough@ride.ri.gov
or Beatriz Perez at
Beatriz.Perez@health.ri.gov.*



For more information on model programs, visit www.colorado.edu/cspv/blueprints or www.modelprograms.samhsa.gov.
www.thriveri.org