

Intentional Injury

Publicly funded services to address Intentional Injury are described in CHILD Profile, Mental Health Services, and School-Based Health Centers. In addition, the DOH Injury Program addresses intentional injury.

Key Findings:

Deaths and Hospitalizations

- In 2006, there were 81 deaths due to intentional injury for Washington state children ages 0-19 (44 suicides and 37 homicides). The 2006 death rate for intentional injury was 4.7 per 100,000 children ages 0-19, which is not significantly different from the 1990 rate of 5.3 per 100,000.¹
- In 2006, there were 720 nonfatal hospitalizations due to intentional injury among Washington youth ages 0-19, for a rate of 41.6 per 100,000. This represents a 30% decline from 1990 rate of 59.7 per 100,000.³
- From 2004-2006, youth ages 15-19 had both the highest death rates and the highest hospitalization rates for intentional injuries among all Washington children followed by infants.^{1,3,c}
- In 2006, 39 Washington youth ages 15-19 committed suicide in 2006 and 407 were hospitalized after a suicide attempt.^d The suicide rate for Washington youths ages 15-19 was 8.5 per 100,000, down from 12.6 per 100,000 in 1990. The nonfatal hospitalization rate was 88.6 per 100,000, a decrease from the 1990 rate of 138 per 100,000.^{1,3}

Definitions:

Intentional injury deaths: Deaths due to homicides and suicides^a
Intentional injury hospitalizations: Nonfatal hospitalizations due to assault or attempted suicide.^b

- From 2004-2006, males 0-19 had intentional injury death rates almost three times greater than females while females were 1.3 times more likely to be hospitalized for an intentional injury.³
- Intentional injury death rates were higher in American Indian/Alaska Native, Black and Hispanic children compared to White, Non Hispanics. Hospitalization data by race are not available.^{1,c}
- Firearms were the most frequently used mechanism of deaths due to intentional injury, followed by suffocation, cutting/piercing, and poisoning.¹
- While the leading cause of intentional injury hospitalizations differ by age, for Washington children ages 0-19 the most common causes for nonfatal intentional injury hospitalizations were poisoning, cutting/piercing, and injuries caused by being struck by an object or person.³
- The Healthy People 2010 goals for children and adults combined are to reduce suicides to no more than 5.0 per 100,000 population and homicides to no more than 3.0 per 100,000. Washington has not met these goals.²

Youth Violence^e

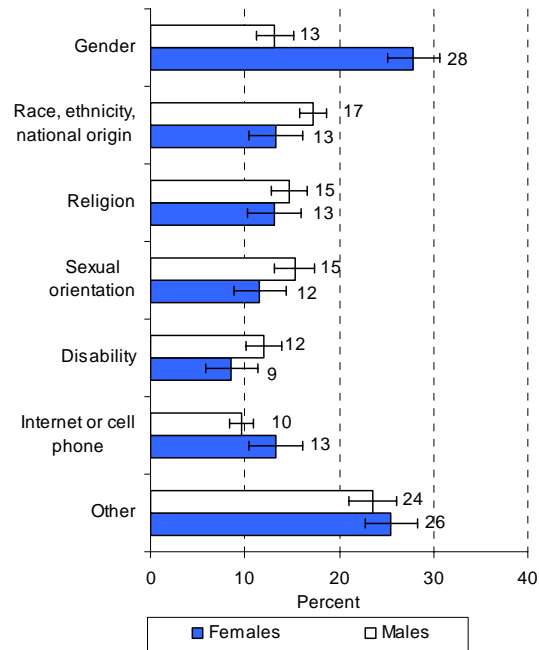
- In 2006, fighting at school in the past year was reported by 16 percent of 8th graders, 12 percent of 10th graders and 6 percent of 12th graders. Males in all three grades reported fighting in school more than females. Nationally, in 2005, about

14 percent of 10th graders reported being in a fight at school. (Data not shown)^{4,5}

- About 32 percent of 6th graders, 27 percent of 8th graders, 23 percent of 10th graders, and 16 percent of 12th graders reported they were bullied in the past 30 days at school or on their way to or from school. There were no significant differences by gender. (Data not shown)⁴
- Among 10th graders in 2006, the most common reason for harassment for females was gender and via the internet or cell phone. The reasons for harassment among males was varied.⁴
- In 2006, about 11 -15 percent of 8th, 10th, and 12th graders reported they had seriously considered suicide in the past year and about 3-5 percent of 8th, 10th, or 12th graders reported a suicide attempt in the past year. Girls were more likely than boys in all grades to seriously consider or attempt suicide. Nationally in 2005, about 17 percent of 10th graders seriously considered suicide in the past year.^{4,5}
- The Healthy People 2010 goal is to reduce suicide attempts by adolescents in grades 9-12 to no more than 1 percent. Washington has not met this goal.²

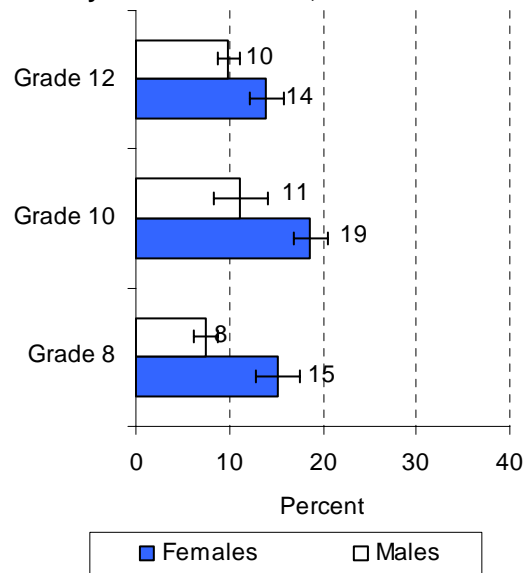
Harassment, Bullying or Intimidation⁴

**Percent Reporting Bullying, Harassment, Intimidation by Gender and Reason
Grade 10, WA HYS 2006**

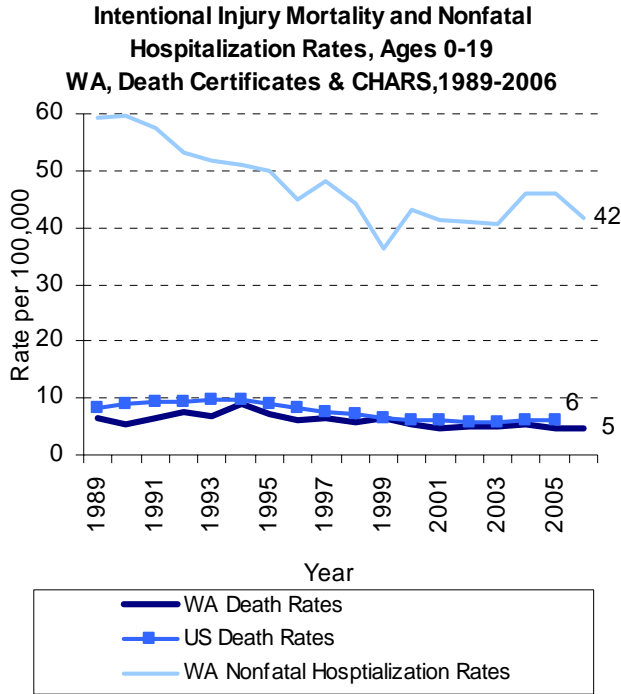


Seriously Considered Suicide⁴

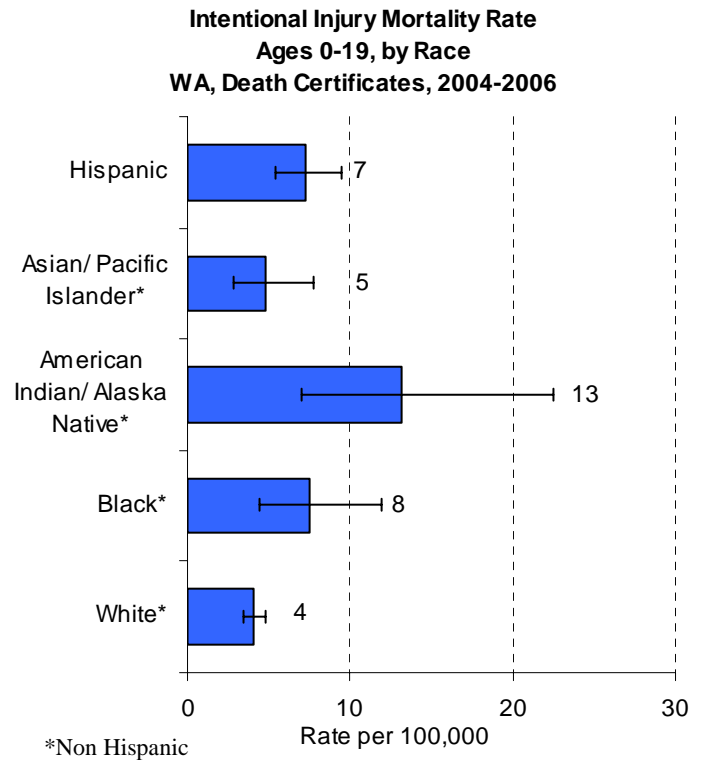
**Percent Reporting Seriously Considered Suicide in Past 12 months
By Grade and Gender, WA HYS 2006**



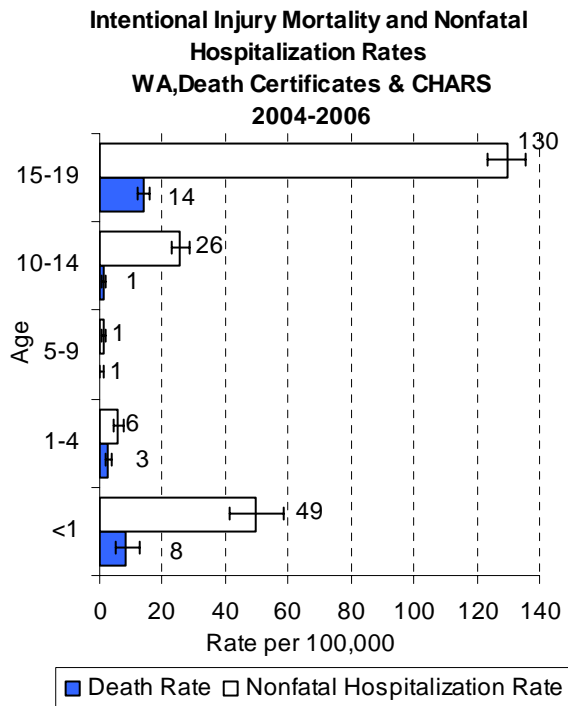
Mortality and Nonfatal Hospitalizations: Time Trend^{1,3}



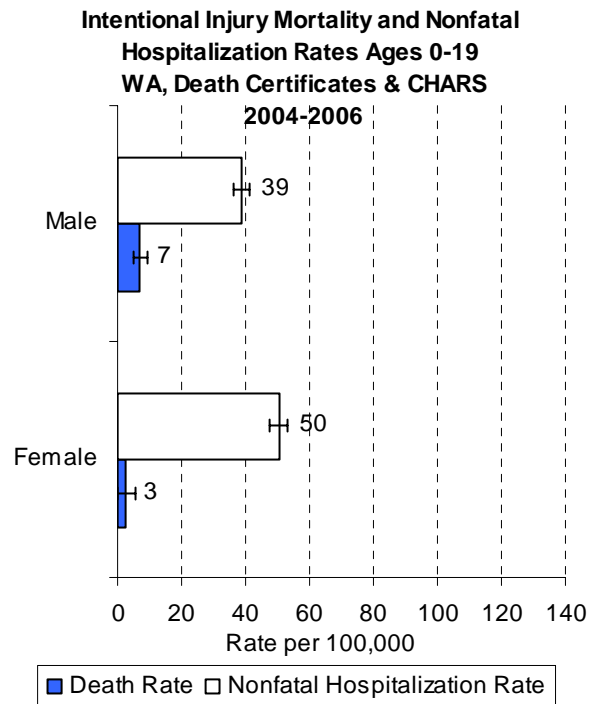
Mortality: Race and Ethnicity¹



Mortality and Nonfatal Hospitalizations: Age^{1,3}

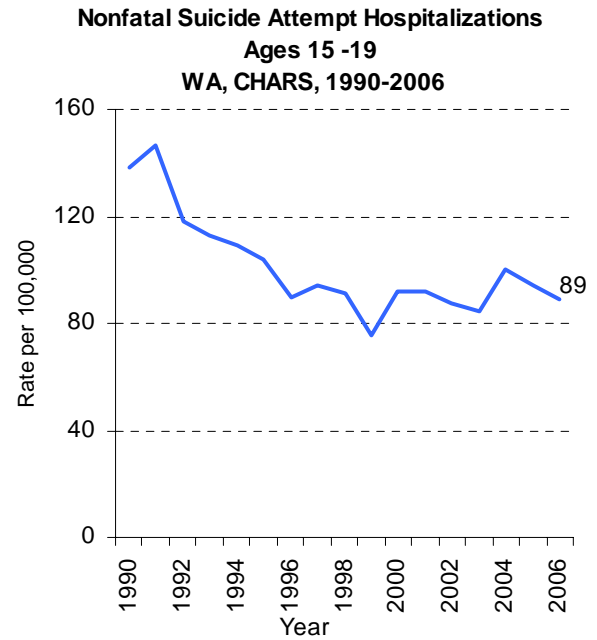
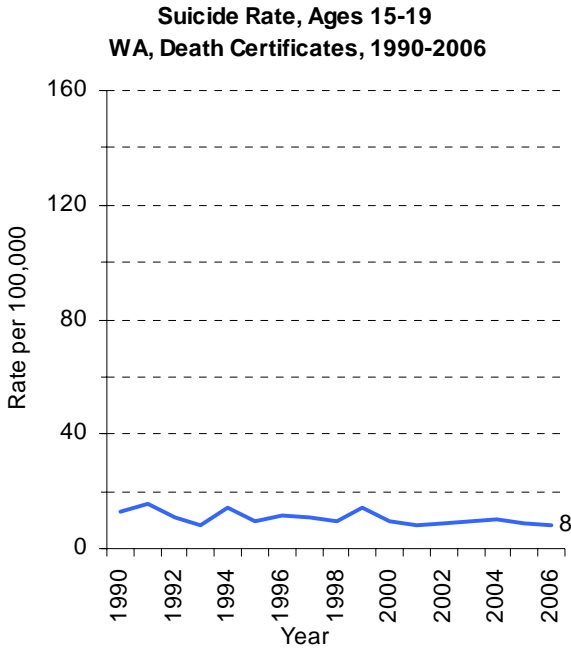


Mortality and Nonfatal Hospitalizations: Gender^{1,3}



**Mortality: Block Grant Measure-
Suicides: 15 to 19 year olds ¹**

**Nonfatal Hospitalizations for Suicide Attempts
15 to 19 Year Olds ³**



Leading Causes of Nonfatal Intentional Injury Hospitalizations 2002-2006 WA Children Ages 0-19 by Age ³				
Causes				
Rank	Ages <10	Ages 10-14	Ages 15-19	Ages 0-19
1 st	Struck by or Against	Poisoning	Poisoning	Poisoning
2 nd	Cut/Pierce	Cut/Pierce	Cut/Pierce	Cut/Pierce
3 rd	Poisoning	Struck by or Against	Struck by or Against	Struck by or Against

Data Sources

1. Death Certificate Data: (1990-2006) Washington State Department of Health, Center for Health Statistics. Accessed via VISTAPhW 7.3.0.4, Calculator Version 6.0.2.1 Web07-07-2008
2. Healthy People 2010: Understanding and Improving Health, US Department of Health and Human Services, Washington DC. US Government Printing Office, 2000.
3. Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health, Center for Health Statistics. Data provided by the Injury and Violence Prevention Program, Washington State Department of Health.
4. Washington State Healthy Youth Survey 2006 Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Website: <https://fortress.wa.gov/doh/hys/>
5. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Surveillance System (YRBSS). Website: <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>

Endnotes

- a. For death certificate data for years 1999 on, intentional self-harm (suicide) includes ICD-10 codes X60-X84 and Y87.0. Assault (homicide) includes ICD-10 codes X85-Y09 and Y87.1. For death certificate data for years 1980-1998 ICD-9 codes were used: intentional self-harm includes ICD-9 codes E950-E959, and assaults include ICD-9 codes E960-E969. Comparability ratio (used to enable comparison of ICD-9 and ICD-10 coded data) for intentional injury mortality was 1.00 (SE 0.0005 for suicides and 0.0006 for homicides).
- b. The data source is the Washington State Comprehensive Hospital Abstract Reporting System (CHARS). Hospitalization data uses ICD-9 codes and includes nonfatal hospitalizations due to assault (ICD-9 codes E960-E969), or attempted suicide (ICD-9 codes E950-E959). Patients hospitalized more than once with the same diagnosis are counted as separate incidents. Oregon hospitalizations of Washington residents excluded.
- c. Significance was determined based on Z score testing with significance at p value < 0.05.
- d. Hospitalization data presented here excludes those who died after a suicide attempt.
- e. Significance from the Healthy Youth Survey is based on chi-square testing with significance at p < 0.05.