EXECUTIVE SUMMARY

Every day, families in America watch television that both entertains and educates. Yet most parents would be surprised to learn that there is a potential hazard lurking in the living room: televisions and other heavy furniture tipping over and injuring children. Flat screen televisions, which are top-heavy and have narrow bases, can tip over from an entertainment center or table with the pull of an ambitious two-year old exploring his new limits and boundaries. Large, heavy and old cathode ray tube (CRT) televisions placed on dressers or high furniture could also slide off when a child tries to climb the drawers to reach the television or whatever else may be on top. Because of its weight, a 36-inch CRT television falling three feet creates the same momentum as a 1-year-old child falling 10 stories.\(^1\)

An alarming number of children are harmed in the U.S. each year by a television tipping over. In fact, between 2000-2010, on average, every three weeks a child died from a television tipping, according to a U.S. Consumer Product Safety Commission Report (CPSC).\(^2\) Every 45 minutes, or less than the length of a Sesame Street episode, a child is sent to the emergency department.\(^3\) Children aged 5 and under are at the greatest risk for injury, accounting for 72% of the injuries and 88% of hospitalizations among children.\(^3\)

The economic costs are substantial: approximately $8.3 million is spent each year in medical costs to treat children aged 19 and under in emergency departments for injuries from television tip-overs.\(^3,4\) And, even more troubling, the frequency of these injuries is increasing. There was a 31% increase in the number of injuries in children aged 19 and under from 2002 to 2011.\(^5\)

Every one of these injuries and deaths is completely preventable. The goals of this report are to elevate the issue of television and furniture tip-overs in the national conversation and to discover and address the challenges that prevent parents from securing heavy items in their homes. In the following pages, Safe Kids Worldwide, through the support of SANUS, provides new analysis of the risk posed by television tip-overs to children. This research complements the groundbreaking work by the CPSC in identifying this emerging hazard, as well as earlier analyses of tip-over-related injuries.\(^1,2,5\)

In addition, with our October 2012 national survey of over 1,000 parents, Safe Kids Worldwide explores the knowledge, attitudes and behaviors of parents with young children toward securing their televisions and furniture. We found that injuries caused by televisions tipping over are not on most parents’ minds. Three out of four parents haven't heard about televisions tipping and injuring children. Only one in four parents mounts their flat screen television to the wall.\(^6\) The top
three reasons why respondents to our survey said they don’t mount their televisions to the wall are:

Parents are concerned about damaging the wall;

They don’t think that it matters; and

They are worried that the television might fall off of the wall.⁶

Despite these concerns, 46% of parents feel that securing a flat screen television to a wall is the safest place to put it.⁶

Safe Kids Worldwide is focused on overcoming the second reason why parents don’t secure televisions to the wall. We aim to educate and empower parents and caregivers of young children to secure televisions and furniture and protect children from these injuries. Parents can embrace these safety measures as part of a larger child-proofing effort in their homes, much as toddler gates and electrical socket covers have become an every-day part of keeping kids safe in the home.

Our report concludes with a call to action to address both the lack of awareness of this serious safety challenge and the obstacles that prevent safer homes for children. We are calling on parents and caregivers to conduct a television safety check of their homes, evaluating the safety of televisions and furniture and making sure that they are secured to the wall. By taking these steps, we believe that we can prevent unnecessary injuries and deaths, and keep our nation’s children safe from tip-overs.
Only one-quarter of adults take action to secure their TVs to a wall.

Every 45 minutes a child visits the ER because of a TV tipping over.

7 out of 10 children injured by TV tip-overs are 5 years old or younger.

There has been a 31% increase in TV tip-over-related injuries over the last ten years.

Every 3 weeks a child dies from a television tip-over.*

12,801 injuries in 2011


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THE FINDINGS: Scope of the Problem

Safe Kids Worldwide chose to focus on the risk posed by television tip-overs because televisions contribute to the majority of deaths and injuries caused by heavy objects in the home. A 2011 U.S. Consumer Product Safety Commission (CPSC) report found that 169 children died from television tip-overs between 2000 and 2010. In fact, 69% of deaths involved a television, compared to 26.5% involving furniture and 4.5% involving appliances (Figure 1).

![Graph showing 69% of deaths in children aged 17 and under from product instability involved a television (n=245)]

Between 2008 and 2010, there were an estimated 25,300 injuries annually to children aged 17 and under from all products. Fifty-four percent of these injuries involved a television (Figure 2).

![Graph showing 54% of injuries in children aged 17 and under from product instability involved a television (n=25,200)]

To better understand the characteristics of TV tip-over injuries, Safe Kids Worldwide investigated recent trends using data from the CPSC National Electronic Injury Surveillance System (NEISS).

We found that in 2011, more than 12,800 kids aged 19 and under were seen in emergency departments for injuries caused by televisions tipping
over, and that over the last decade, more than 122,000 children were seen in emergency departments for these injuries. The number of emergency room visits for kids aged 19 and under has increased an alarming 31% over the last decade. The overall rate of these injuries has increased from 12 injuries per 100,000 children in 2002 to 15.4 injuries per 100,000 children in 2011 (Figure 3). 2010 saw the highest rate of injuries in the past decade, at 18.2 injuries per 100,000 children. While the number of injuries declined in 2011, we hypothesize that this is related to fewer televisions being sold. Concerns about the economy may have led to fewer television purchases in 2011. However, with falling prices and consumers upgrading their flat screen televisions, there is potential for the number of injuries to increase, and with one child injured every 45 minutes, it is still a serious problem. Previous research has demonstrated that there is a strong correlation between television sales and the annual rate of television tip-over-related injuries in children.

Children aged 5 and under are at the greatest risk. 7 out of 10 (72%) children who are injured by a TV tipping over are 5 years old or younger (Figure 4).
The number of injuries has risen most dramatically in children aged 5 and under over the ten-year period (Figure 5).³

**FIGURE 5:** Television tip-over-related injuries have risen in the youngest age group, 2002-2011³

![Graph showing increases in television tip-over-related injuries from 2002 to 2011 for different age groups.]

Boys aged 5 and under are more likely to be injured by televisions tipping over than girls of the same age. The gender gap decreases as children become older (Figure 6).³

**FIGURE 6:** Boys are more likely to be injured than girls in the youngest age categories³

![Bar graph comparing estimated number of injuries for boys and girls in different age groups.]
The top five injuries caused by television tip-overs that are seen in emergency departments among children aged 19 and under are bruises and scrapes (53,750 injuries), internal organ injuries (23,650), fractures (15,200), lacerations (13,400) and other/not stated (5,700) (Figure 7A).³

**FIGURE 7A:** Top five diagnoses for television tip-over-related injuries in children aged 19 and under, 2002-2011³

Of injuries occurring only to the head (45,600 injuries), internal organ injury was the most common diagnosis (23,500), followed by contusions and abrasions (11,000) and lacerations (4,800) (Figure 7B).³ Internal organ injuries in the head include subdural hematomas and cerebral contusions, but not concussions.¹¹

**FIGURE 7B:** Internal organ injury is the most common diagnosis for head injuries caused by a television tip-over³
The most common body parts involved in television tip-over injuries in children aged 19 and under are the head, face, and mouth (62,000 injuries), the foot (24,600) and the lower leg (8,900) (Figure 8).

FIGURE 8: Injuries to the head, face and mouth are the most frequent.

There has been an increase in the number of injuries to the head in children aged 5 and under between 2002 and 2011 (Figure 9).

FIGURE 9: Rise in the number of injuries to the head among children aged 5 years and younger, 2002-2011.

Over a ten-year period, an estimated 34,600 children aged 5 and under were seen for a TV tip-over-related head injury. Said another way, on average, ten children aged 5 and under are seen each day in an emergency department for a head injury from a TV tipping over on them. Of these ten children, one child each day will have to be hospitalized for their head injury.
Nearly all (94%) children aged 19 and under who were seen in emergency departments for injuries from television tip-overs were treated and released, and did not require hospital stays. However, of the 5,700 children who did need to be hospitalized in the last ten years, 9 out of 10 (88%) of these children were aged 5 and under (Figure 10).³

**FIGURE 10:** Children aged 5 and under account for most of the hospital stays³

The average cost of an emergency department visit for an unintentional injury to a child aged 19 and under is $682.⁴ This means that approximately **$8.34 million** is spent in medical costs each year to treat children aged 19 and under in emergency departments for injuries from TV tip-overs.³⁴ However, the actual cost of these injuries is much higher, as this figure does not include the cost of hospitalizations. Hospital stays are much more expensive: the average medical expense for treating a head injury from any cause that requires hospitalization in a child aged 5 and under is $35,674, and the work loss cost for each of these injuries is $111,149, for a combined cost of $146,823 for each injury.⁴
THE FINDINGS: Lack of Awareness and Perceived Challenges Deter Parents from Mounting Televisions on Walls

To learn more about current television and furniture safety behaviors, Safe Kids Worldwide commissioned a national online survey of 1,005 parents with children aged 10 and under in October 2012.

Only 28% of parents secure their flat screen televisions to the wall, and only 2% of parents with a CRT television secure it to the wall. The most common place that parents put their televisions is on a TV stand or a dresser; 28% of parents had their flat screens secured to a wall and 5% had it secured to furniture. Only 2% of parents with CRT televisions had them secured to a wall and 1% had it secured to furniture (Figure 11). Sixty-five percent of parents did not secure bookshelves or dressers to walls.

**FIGURE 11:** Televisions are most often placed on a dresser or TV stand, and are not secured

<table>
<thead>
<tr>
<th>Where TV is Placed</th>
<th>Has Flat Screen (n=884)</th>
<th>Where TV is Placed</th>
<th>Has CRT (n=636)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV stand</td>
<td>48%</td>
<td>Dresser</td>
<td>43%</td>
</tr>
<tr>
<td>Entertainment center</td>
<td>33%</td>
<td>TV stand</td>
<td>38%</td>
</tr>
<tr>
<td>Secured to wall</td>
<td>28%</td>
<td>Entertainment center</td>
<td>25%</td>
</tr>
<tr>
<td>Dresser</td>
<td>25%</td>
<td>Table</td>
<td>13%</td>
</tr>
<tr>
<td>Table</td>
<td>8%</td>
<td>Floor</td>
<td>10%</td>
</tr>
<tr>
<td>Bookshelf</td>
<td>5%</td>
<td>Countertop</td>
<td>6%</td>
</tr>
<tr>
<td>Secured to furniture</td>
<td>5%</td>
<td>Bookshelf</td>
<td>6%</td>
</tr>
<tr>
<td>Countertop</td>
<td>3%</td>
<td>Someplace else</td>
<td>4%</td>
</tr>
<tr>
<td>Someplace else</td>
<td>2%</td>
<td>Secured to wall</td>
<td>2%</td>
</tr>
<tr>
<td>Floor</td>
<td>2%</td>
<td>Secured to furniture</td>
<td>1%</td>
</tr>
</tbody>
</table>
Parents don’t know that tip-overs are a problem. Only 27% of parents had heard about televisions falling over and hurting children (Figure 12), and two-thirds of parents weren’t told about securing devices when they bought their TV (Figure 13).6

**FIGURE 12:** 73% of parents hadn’t heard media reports about televisions tipping over 6

![Circle chart showing 73% no and 27% yes](chart1)

**FIGURE 13:** Most parents were not asked about buying a securing device when they bought a television6

![Circle chart showing 65% no, 35% yes](chart2)

Safety is not a priority when purchasing a flat screen television. When buying a television, buyers are thinking about picture quality, size and price. Only 6% of parents ranked placement to prevent tip-overs as the most important factor when they bought a flat screen television, and 52% of parents ranked it the least important (Figure 14).6
Why don’t parents mount televisions to the wall? Parents are worried about damaging their walls, and they don’t know that mounting a television is important. Twenty-six percent of parents didn’t mount their flat screen televisions because they were worried about damaging the wall, and 22% didn’t think that it mattered. Other reasons why parents didn’t mount flat screen televisions were that they were concerned that it might fall down (19%), the appearance of cords (17%), and they didn’t know how to install the device (16%) (Figure 15).

FIGURE 14: 52% of parents ranked placement to prevent tip-over as the least important factor when they purchased a flat screen television

FIGURE 15: 22% of parents didn’t mount their flat screen television because they thought that it didn’t matter
Cost: Half of parents (48%) believe that buying a mounting device for a flat screen television would be expensive (Figure 16).^{6}

**FIGURE 16:** 48% of parents think that purchasing a mounting device for a flat screen television would be expensive^{6}

![Chart showing cost perceptions](chart)

<table>
<thead>
<tr>
<th>Cost Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very inexpensive</td>
<td>6%</td>
</tr>
<tr>
<td>Somewhat inexpensive</td>
<td>35%</td>
</tr>
<tr>
<td>Somewhat expensive</td>
<td>41%</td>
</tr>
<tr>
<td>Very expensive</td>
<td>48%</td>
</tr>
</tbody>
</table>

Base: All respondents, n=1005

Installing a mount: Half of parents think that installing a mounting device for a flat screen television would be difficult (Figure 17).^{6}

**FIGURE 17:** 50% of parents think that installing a mounting device for a flat screen television would be difficult^{6}

![Chart showing difficulty perceptions](chart)

<table>
<thead>
<tr>
<th>Difficulty Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very difficult</td>
<td>9%</td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td>41%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>32%</td>
</tr>
<tr>
<td>Very easy</td>
<td>10%</td>
</tr>
</tbody>
</table>

Base: All respondents, n=1005
Surprisingly, 46% of parents feel that securing a flat screen TV to the wall is the safest place for it, and 4% feel that securing a CRT television to the wall is the safest (Figure 18).  

**FIGURE 18:** 46% of parents with flat screen televisions feel that securing it to a wall is the safest place to position their television.

![Diagram showing the safest way to position each type of television.](image)
WHERE WE NEED TO GO: A CALL TO ACTION

The research supports a clear path forward: educate more parents about the problem of television tip-overs and empower them to secure their televisions and keep their children safe. Here’s how we’ll do it:

**Raise awareness.** Safe Kids Worldwide is launching a parent and caregiver awareness campaign to increase the visibility of this safety issue. We will provide specific steps that parents can take to prevent television and furniture tip-overs, including information about using mounting devices and safety straps to secure televisions and furniture to the wall. We want all parents to feel confident, motivated and able to secure their televisions and furniture, either by themselves or with the help of professional installers.

**Empower parents and effect behavior change.** Safe Kids Worldwide urges parents and caregivers to conduct a safety check in their homes to assess whether their televisions or furniture could potentially tip over. Kids are curious and are constantly exploring. Parents need to use their imagination when evaluating the safety of their television. Could a child climb drawers and pull the dresser and television over? Could a toddler knock the television off an entertainment center?

Safe Kids Worldwide also strongly urges parents and caregivers, especially those with young children, to secure their televisions and furniture as a key part of child-proofing their homes. Just like parents put up safety gates to prevent young children from falling down stairs and use electrical socket covers to prevent shocks, parents should view mounts and wall straps as another affordable and important way to protect children. The cost and effort of installing a mount or strap is relatively small, compared to what can happen when a television or piece of furniture isn’t safely secured.
CONCLUSION

Our goal in producing this report is to raise awareness of the serious safety issue of televisions and furniture tipping onto children, and to discover and address the challenges that prevent parents from securing heavy items in their homes. In the last decade, more than 122,000 children were taken to emergency departments for television tip-over-related injuries, and more than 169 children died. Every one of these tragic injuries was preventable. By educating and empowering parents, we hope that families will embrace the importance of securing televisions and furniture, and will make the necessary changes in their homes to ensure the safety of their children.
REFERENCES


Suggested Citation
