

2015 Dane County Youth Assessment Overview Report



**Dane County Youth Commission
September 2015**

Contents

Acknowledgements	1
Report Availability, Usage and Citation.....	2
For More Information.....	2
About the Dane County Youth Assessment (DCYA)	3
Student Demographics.....	5
Family and Home	6
School Experience	7
Activities	8
Bullying	9
Victims of Abuse.....	10
Tobacco, Alcohol and Drug Use	11
Sexual Behaviors	14
Emotional Health.....	15
Comparison to 2012	17

Acknowledgements

Project Administration

- Meghan Benson, Chair, Dane County Youth Commission
- Connie Bettin, Dane County Human Services, staff to the Dane County Youth Commission
- Brian Koenig, K12 Associates consulting firm

Financial Sponsors

- Dane County Human Services
- United Way of Dane County
- Participating Schools
- Public Health Madison & Dane County
- City of Madison



Dane County Youth Commission

- Meghan Benson, Chair
- Barbara Davis
- Henry Gaylord
- Michael Hernandez
- Bridget Maniaci
- Nichelle Nichols
- Carol Nickles, Vice Chair
- Kathy Hubbard
- Matt Veldran, Board Supervisor
- Nick Zweifel, Board Supervisor
- Connie Bettin, Staff

Dane County Youth Assessment Steering Committee

The Steering Committee is a subcommittee of the Dane County Youth Commission charged with providing the oversight and leadership necessary to complete a project of this scope. 2015 Youth Assessment Steering Committee members are:

- Meghan Benson, Committee Chair, Dane County Youth Commission
- Bonnie Augusta, community member
- Lucy Brown, Dane County Youth Commission
- Sandy Erickson, United Way of Dane County
- TJ Hansen, Marshall School District
- Michael Hernandez, Dane County Youth Commission
- Kathy Hubbard, United Way of Dane County
- Mamadou Ndiaye, Public Health Madison & Dane County
- Mary O'Donnell, City of Madison Community Development Division
- Sarah Wollner, Madison Metropolitan School District
- Connie Bettin, staff, Dane County Human Services/Youth Commission

Survey Development Assistance

- Jeannette Deloya, Madison Metropolitan School District
- Susan Webb-Lukomski, Public Health Madison & Dane County

Participating Schools and Key Staff

- Belleville School District:..... Wendy Fahey
- Cambridge School District: Denise Parker
- Deerfield School District: Jacquie Schuh
- DeForest School District: Rebecca Schneider
- Edgewood High School: Shannon McDonough
- Madison Metropolitan School District: Sarah Wollner & Jeanette Deloya
- Marshall School District: T.J. Hansen
- McFarland School District: Anne Nichols & Jill Runde
- Middleton-Cross Plains Area School District: Jerry Nicholson
- Monona Grove School District: Tress DeGroot
- Mount Horeb Area School District: Carol Nickles, Committee Chair
- Oregon School District: Amy Miller
- Sauk Prairie School District: Susan BaumannDuren
- Stoughton Area School District: Lisa Koenecke
- Sun Prairie Area School District: Brian Dean
- Waunakee School District: Christy Sheppelman
- Wisconsin Heights School District: Vivian Heatwole

Report Availability, Usage and Citation

This report and future analysis reports are posted on the Dane County Youth Commission website:

www.danecountyhumanservices.org/family/youth/dane_county_youth_commission.aspx.

This report may be printed without permission. Citation for any reporting of data from the Dane County Youth Assessment: 2015 Dane County Youth Assessment, Dane County Youth Commission. The Dane County Youth Commission is interested to know how community organizations make use of this data and it requests that reports using this data be shared with the Dane County Youth Commission.

For More Information

Connie Bettin, LCSW
Dane County Youth Commission
1202 Northport Drive, Rm 426
Madison, WI 53704
bettin@countyofdane.com
Phone: (608) 242-6422

About the Dane County Youth Assessment (DCYA)

The Dane County Youth Commission is pleased to release the summary report for the 2015 Dane County Youth Assessment (DCYA). Every three years, youth in grades 7-12 complete an assessment that captures their opinions, concerns, behaviors, attitudes and experiences on a range of topics. The data gathered from the DCYA provides current and reliable data to educators, policymakers, service providers, parents and funding sources, to inform grant writing, policy and programming decisions. The DCYA is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, and Dane County schools. The Youth Assessment has been administered since 1980.

Survey Development and Administration

Survey development is led by project vendor K12 Associates and a committee of educators, public health professionals, project funders, and parent representatives. The survey includes questions about both positive and risk behaviors across contexts of school, peer relations, family and community. The 2015 DCYA includes new questions on emerging youth issues while retaining important questions from past surveys to measure trends. The survey includes items from the national Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey and other national surveys to allow for comparisons to youth in the U.S. and in Wisconsin. Extensive efforts are made to ensure that questions are clear and understandable. A Spanish version is available.

Between January and March 2015, sixteen public school districts and one private high school participated in the Dane County Youth Assessment. The survey was administered electronically at middle and high schools to students in regular and alternative school programs. Students with special needs or reading challenges received reading assistance to complete the survey. Student participation in the DCYA is voluntary and anonymous. Parents are notified four weeks in advance of survey administration, invited to review the survey at their school district office, and given the option to select their child out of the process. School districts attempt to survey all 7th-12th graders, with most districts capturing over 90%. Due to its size, the Madison Metropolitan School District (MMSD) uses sampling methods to survey approximately 50% of its 7th-12th graders.

Data Analysis and Reports

The data for the sample of MMSD students that participated in the survey are weighted to ensure representation of the entire MMSD student body of 7th-12th graders. Results of student responses to survey questions are presented as percentages of the weighted number for each item.

Behavioral risk surveys using self-report methodology are widely used and have been proven to be valid and reliable. The large number of participants in the DCYA, the fact that results are in line with national trends, and the consistency in findings from year to year supports the validity of the DCYA. While the survey is available at school district offices for public review prior to its administration, distribution is restricted until after it is administered in order to preserve the integrity of student responses. This report provides an overview of survey findings. A complete set of data tables with all survey questions and countywide responses is posted on the Dane County Youth Commission website.²

Further analyses conducted by funding partners and researchers will yield additional information about Dane County youth including national and state comparisons, trends over time and factors influencing youth behavior. These reports will also be posted on the Dane County Youth Commission website as they become available. All published reports may be printed without permission. Citation for any reporting of the data is 2015 Dane County Youth Assessment, Dane County Youth Commission, Madison, Wisconsin.

The Youth Commission would like to thank those who made this important project possible including the funding partners, participating school districts, DCYA committee members, and the students and parents of Dane County.

Interpreting These Data

All the data in this report should be applied carefully with the understanding that these are approximations of student attitudes and behavior.

For the reader this means that each reported percentage falls in a range of possibilities. Using the whole data set (nearly 26,000 youth) there is more confidence that the percentage reflects the *real* number of boys and girls in the county, for example. However, when we look at smaller subgroups, say 12th grade boys involved in sports, there is less confidence in any one particular percentage. With a smaller set of respondents it would be safer to say that 25% falls in a broader range of percentages, like 21% to 29%. In general, the larger the number of respondents the more confident you can be that the percentage is a closer approximation to the real number of youth, if somehow we could discover this number.

We can also be more confident in our numbers by comparing percentages over time. Asking different students the same questions over time, and getting similar responses is a good indicator that our measurements are relatively accurate.

Health Disparities

Throughout the 2015 Dane County Youth Assessment, disparities between various groups are apparent in health, social and educational behaviors and outcomes. The U.S. Department of Health and Human Services defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. The following groups are more likely to experience these disparities:

- Females
- Girls
- Transgender and other gender non-conforming individuals
- Lesbian, gay, and bisexual individuals
- People of color
- Individuals with lower socioeconomic status
- People with disabilities

Student Demographics

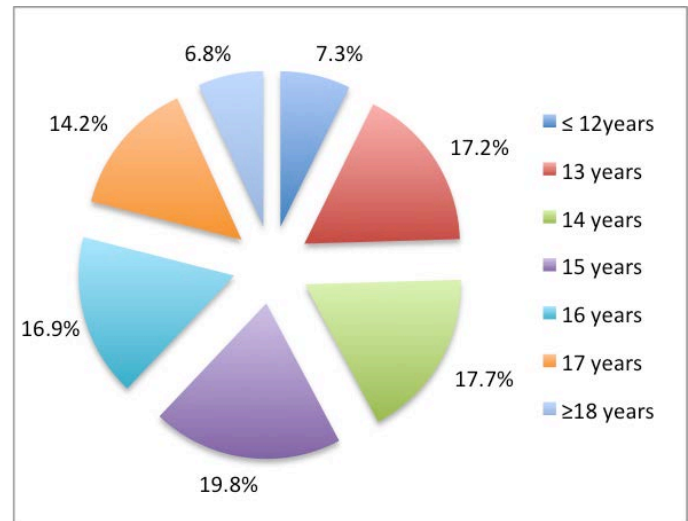
21,558 were in the sample of Dane County 7th-12th grade youth that took the survey. They represent a weighted number of 28,197 youth. The weighted demographic characteristics of the youth who participated in the 2015 Dane County Youth Assessment (DCYA-15) are as follows:

Characteristic		# of Youth	% of Youth
Sex	Female	14038	50.2
	Male	13901	49.8

Characteristic		# of Youth	% of Youth
Grade	7	4483	16.0
	8	4947	17.7
	9	5602	20.0
	10	5183	18.5
	11	4307	15.4
	12	3435	12.3

Characteristic		# of Youth	% of Youth
Race	Asian (not Hmong)	1054	3.8
	Black or African American	2630	9.4
	Hispanic or Latino	2573	9.2
	Hmong	558	2.0
	Middle Eastern/Arab American	205	0.7
	Native American	178	0.6
	White (not Hispanic)	18594	66.4
	Multi-racial	1901	6.8
	Other	315	1.1

Age of Youth Represented in the 2015 DCYA



Other characteristics

- 89.1% of all 7th-12th grade youth identify as “straight” or heterosexual. The remaining 10.9% reported that they identify as gay, lesbian, bisexual or questioning their sexual orientation.
- 1.5% of high school students identified themselves as transgender. Another 4.6% said they weren’t sure what transgender meant.

State and US Data

- 6.2% of 9th-12th graders in 2013 Wisconsin Youth Risk Behavior Survey (WYRBS-13) say they are gay, lesbian or bisexual (GLB).
- Wisconsin GLB students were far more likely to report being bullied, feeling depressed or to have considered suicide than other students.
- In a 2007 study 25% of transgender students had attempted suicide. (Grossman, 2007)

Family and Home

Youth were asked questions about economic conditions that can create family stress, as well as other family factors that can either put youth at greater risk or protect them.

Poverty, food insecurity and homelessness

- 3,327 youth, or 12.2% of all 7th-12th graders, had to skip meals or eat less at least once, in the past 30 days, because their family did not have enough money for food. This is slightly higher than the DCYA 2012 measurement.
- 21.4% of all 7th-12th grade youth said they are eligible for free or reduced price school lunch, a federal food subsidy for lower income families.
- Nearly 1000 7th-12th grade students said they have been homeless at one time in their lifetime or about 3.5% of all youth surveyed.

Inadequate sleep

The National Sleep Foundation states that 9 or more hours of sleep a night is optimal for adolescents, a recommendation accepted by the Centers for Disease Control and Prevention. Less than 8 hours of sleep a night is considered insufficient and is associated with learning and discipline problems, many risk behaviors and health problems, including obesity, depression, substance use, accidents and infections.

- 29.4% of middle school youth and 53.8% of high school youth said they stay awake later than 11:00 p.m. 3 or more school nights per week.
- Nearly 27% of HS youth stay up past 11pm every school night. These students are far more likely to feel depressed (31.7%) compared to all other students (22.4%) and to say they struggle getting homework done (59.5%) more so than other youth (48.4%). Also, 33.1% have skipped classes in the last 30 days compared to all HS students at 21.7%.

Phones on at night

- 77.6% of DCYA-15 HS students leave a phone or tablet on in their room at night.
- 61.3% of MS youth leave a phone or tablet on at night.
- Twice as many MS and HS youth who leave a phone or tablet on at night stay up past 11 than students without one on.
- A 2014 Australian study found that teens (ages 11 to 17) who take their computers and other devices to bed with them most nights are 2.5 times more likely to be deprived of sleep during weekdays than teens who do not.

MS Youth Awake Past 11pm



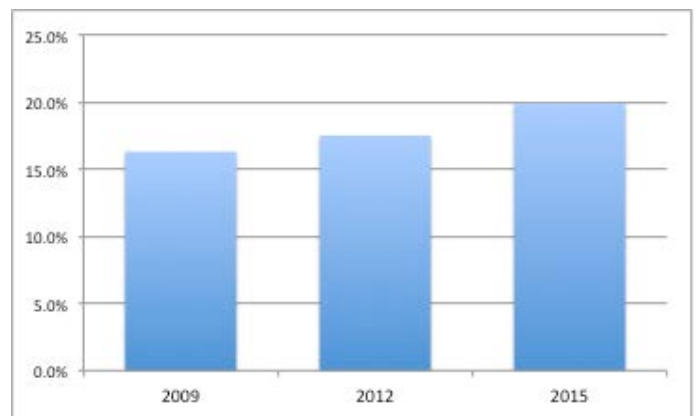
School Experience

Students who are more engaged in school are more likely to earn better grades and perform well on standardized tests, and less likely to drop out of school. Youth were asked a series of statements about school. Those who said they agree or strongly agree with the statements are counted here.

School Connection and Attitudes about Education

- 19.9% of all 7th-12th grade youth disagree when asked if they feel like they *belong* at their school. 22.3% disagree when asked if they feel *close* to people at their school. These percentages are slightly higher for HS students.
- 33.1% of African-American 9th-12th students disagree that they feel close to people at their school.
- The percent of students who say they don't feel like they belong was 16.3% in 2009, 17.5% in 2012 and for 2015 nearly 20%.
- 73.7% HS students say most of their classes are interesting. These youth are far more likely to say they plan to go to college, than students who say their classes are not interesting.
- 48.4% HS students and 39.1% of MS students agree that they struggle getting homework done. 33.5% of all 7th-12th youth say reading goes slowly for them.
- Of all students who say reading goes slowly 54.3% are boys but students who struggle with homework are split evenly between boys and girls.

**I don't feel like I belong at this school
7th-12th grade youth**



Skipping Class

- 21.7% of high school youth reported that they had skipped classes (been absent without permission) at least once in the past 30 days. That percentage jumps to 30.9% for students who say they struggle with homework.
- 12.9% 7th-8th said they skipped class in the last 30 days. This is nearly 4% more than in 2012.

Antisocial Behavior at School

- Far and away the most common antisocial behavior MS students see at school is bullying (75.6%) with gang activity (13.2%) and use of drugs and alcohol (13.1%) second.
- The survey found that for HS youth, bullying was also the most prevalent (60.9%) but other students using alcohol or drugs (44.7%) was a closer second and students selling or distributing drugs was at 30.2%.

Other things HS students see at school

- 44.7% have seen youth using drugs or alcohol
- 30.2% have seen someone selling or distributing drugs
- 13.7% have seen gang activity

Activities

The DCYA provides a snapshot of how youth spend their time outside of the school day, including activities that develop their skills and connection to community.

Jobs and volunteer work

- 53.7% of high school youth currently work at jobs, either regularly or occasionally (such as babysitting or lawn work). Females are more likely than males to be employed. The percent of high school youth who work is higher than in 2009 and 2012.
- 62.4% of all 7th-12th grade youth have done some volunteer work in the past 12 months. This is slightly fewer than 2012.
- Overall, HS youth looking for a job but can't find one has declined since 2009. 27.5% in 2009, 21.4 % in 2012 and 19.3% for 2015.
- However, 35.5% of African-American youth in 9th-12th grades say they are looking for a job but can't find one.

Percentage of high school youth with regular jobs (not just babysitting or yardwork)

Characteristic	2009	2012	2015
Females	34.3	28.4	32.8
Males	31.0	26.6	30.2
All high school youth	32.6	27.6	31.5

Extracurricular activities

Youth were asked about frequency of participation in extracurricular activities (dance, drama, music, sports and school organizations) and in team sports (lessons, practice or games).

- 62.5% high school youth are in 3 or more days of extracurricular activities each week.
- 88.4% of HS students who are participating in some extracurricular activities 3 days or more each week are involved in sports.
- MS students participate in extracurricular activities 3+ days at about the same proportion (59.7%) as HS youth and 90% are in sports.
- 12.3% percentage 7th-12th grade youth who are involved in sports are involved in other activities too with the most common being dance, music or art.

Other HS extracurricular activities

- 36.5% religious or spiritual
- 36.1% music, art or drama
- 30.2% tutoring, homework club or academic support
- 21.2% leadership

Bullying

Bullying is recognized as a widespread problem, and research points to serious implications for youth who are victimized as well as for bullies. Bullies are at higher risk for anger, aggression, hyperactivity and delinquency. Being victimized by peers has been linked to illnesses, school avoidance, poor academic performance, increased fear and anxiety, suicidal thoughts, and long-term internalizing difficulties including low self-esteem, anxiety, and depression. Similar problems are seen long after experiencing childhood physical and sexual abuse. The DCYA included questions about bullying behavior that youth may have engaged in, and whether they have been a victim of bullying or other types of abuse.

Bullying in Middle School

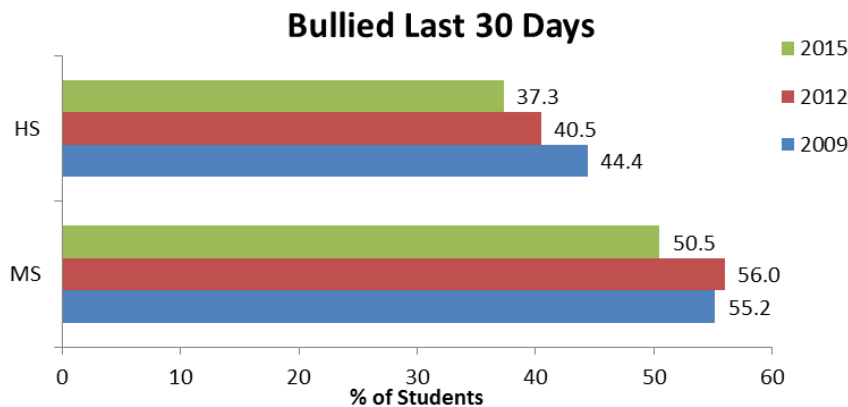
- 50.5% of all 7th-8th grade youth said they had been bullied in the last 30 days. This compares to 55.4% in 2012 and 43.9% in 2009 (Espelage scale).
- 46.9% of MS students said they told someone to stop harassing another student in the last 30 days.
- 20.5% of MS youth say they have been bullied or harassed via the internet or text in the last 30 days.
- High school males are more likely to bully others via internet or text.

Targets of MS Bullying

- More likely to feel anxious (36.8%)
- More likely to feel depressed (30.3%)
- More likely to be GLBQ (14.6%)
- Disagree that they feel safe at school (24.6%)

Victim of bullying

- 37.3% of high school youth said they had been pushed, picked on, made fun of or called names at least once in the past 30 days. This is lower than in 2012 (40.5%) and 2009 (44.4%).
- 50.5% of middle school youth had recently been harassed in these ways. This is less than 2012 than 2009.
- The survey found that regardless of age and sex, youth are more likely to be bullied about how they look than about their race/ethnicity or perceived sexual orientation.
- 19.8% of all 7th-12th grade youth reported having been bullied, threatened or harassed via internet or text message in the past 12 months. Girls report significantly more (25.6% of females) of this type of bullying than boys (13.9% of males).



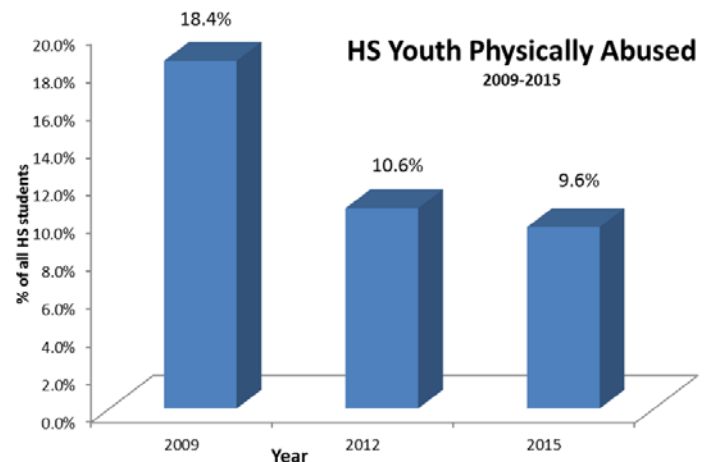
Victims of Abuse

Physically abused by a parent

- 2,081 youth, or 7.6% of all 7th-12th grade youth, reported that they have been hit by a parent, leaving signs of injury.
- 33.5% of HS youth who have been physically abused by their parents have run away from home. This is compared to 7.6% all HS youth who have run away.
- 51% of abused HS youth have had some suicide ideation compared to 19% for all HS youth.

Abused by a boyfriend or girlfriend

- 53.0% of high school youth say they have dated or “gone out” with someone in the last 12 months.
- 11.9% of high school youth who are dating reported that they were physically abused by their boyfriend or girlfriend.
- 5.5% of high school youth who are dating reported that a boyfriend or girlfriend has forced them to have sexual contact.
- 56.6% of HS youth who have been dating and physically abused are females.



Sexually abused

- 6.6% of all 9th-12th grade youth said they have been forced, either verbally or physically, to take part in a sexual activity (in their lifetime, by anyone).
- 72.7% of the HS youth who have been forced to participate in sexual activity are female.
- 2.8% of 9th-12th grade youth reported had sexual contact with someone for a place to stay, drugs, gifts or alcohol.

CDC (2015) data on sex trafficking

Severe forms involve force, fraud, or coercion and such cases involving young people under the age of 18. Victims can come from all backgrounds and become trapped in different locations and situations.

- The majority of victims are women and girls, though men and boys are also impacted;
- They include all races, ethnicities, sexual orientations, gender identities, citizens, non-citizens, and income levels;
- They are trapped and controlled through assault, threats, false promises, perceived sense of protection, isolation, shaming, and debt; and
- They do not have to be physically transported between locations to be victimized.

Tobacco, Alcohol and Drug Use

Tobacco use

The health, social and financial consequences of tobacco use are well known. Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a “gateway drug” because its use generally precedes and increases the risk of other drug use. The survey results related to lifetime cigarette smoking, current cigarette smoking and use of smokeless tobacco are highlighted here.

Cigarette smoking

- 12.6% of high school youth said they have smoked a whole cigarette in their lifetime. Males and females are equally likely to have ever smoked.
- 16% of high school students say they have used vapor electronic cigarettes in the last 30 days.
- 46.5% of high school youth who have ever smoked a whole cigarette have gone on to become current smokers (last 30 days). Females and males have comparable rates of continued smoking after initial exposure.
- The two most common ways youth get cigarettes is either by them at a convenience store or “bum one” from a friend

Other tobacco products

Youth were asked about use of other non-cigarette tobacco products like little cigars, chewing tobacco, flavored cigarettes and more.

- The most popular was smoking tobacco from a hookah or water pipe (3.7%) and smoking little cigars (3.5%).
- About 35% of the youth who use these products are not regular cigarettes smokers

Alcohol, marijuana and other drug use

The potential consequences of underage alcohol, marijuana and drug use are many. Underage alcohol use increases the risk of academic failure and is correlated with injuries, poisoning, illegal drug use, risky sexual behavior, violence and suicide. Regular use of alcohol in the teen years can impact brain development and may have consequences beyond adolescence. Youth who begin drinking alcohol before age 14 are more likely to experience alcohol dependence as adults compared to those who postpone their first drink of alcohol until age 21 or older.

Using marijuana leads to changes in the brain that are similar to those caused by alcohol and other drugs. Marijuana affects alertness, concentration and short-term memory, making learning difficult. Driving skills are impaired after smoking marijuana due to slowed reaction time, impaired motor coordination and altered perception in judging distances and reacting to signals and sounds.

Understanding the patterns and trends of alcohol and drug use by Dane County youth allows parents, schools and communities to implement effective prevention and intervention strategies. Alcohol and marijuana are the most commonly used mood altering substances by Dane County youth, but lesser used drugs are also of concern.

Adult alcohol use in Wisconsin

(From the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014 – Page 9):
Wisconsin's rates of alcohol use and misuse have been among the highest – if not the highest – in the nation. As of 2012, Wisconsin adults continue to have the highest rate of binge drinking among all U.S. states and territories. As of 2013, Wisconsin's rate of heavy drinking among adults is still higher than the national rate. The rate of binge drinking among Wisconsin women of childbearing age is currently the highest in the nation.

Alcohol use

Lifetime alcohol use

- 49.9% of high school youth said they have had a drink of alcohol in their lifetime, down slightly from 2012 and 2009.
- Among this group, nearly half (46.6%) had their first drink at the age of 15 or older.

Alcohol use in the past 12 months

- 34.8% of high school youth and 8.1% of middle school youth said they drank alcohol in the past 12 months. These percentages are lower than 43.1% and 12.3% respectively for 2012.
- 71.6% of high school seniors have had a drink in the last 12 months. They more likely to drink more often also. 36.9% say they drink monthly or more often.

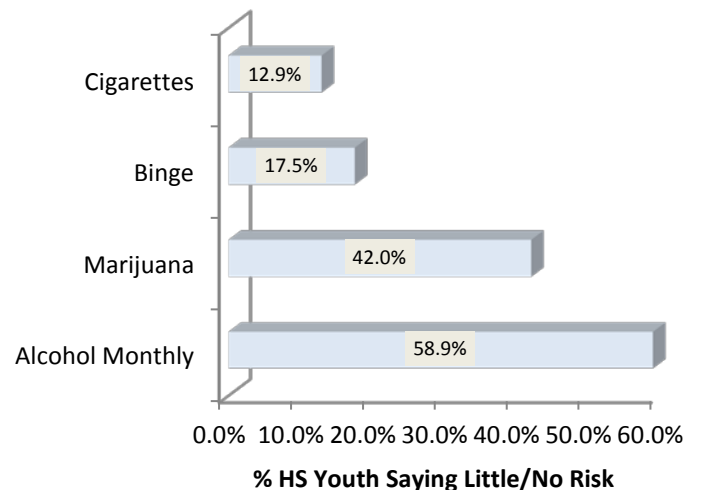
Why some kids don't drink

- High school youth who never drink were asked the main reason they don't drink (2015 DCYA)
- 23.9% said they worry about the impact on their future.
- 15.3% says it's bad for your health.
- 12.0% say parents would disapprove.
- 10.9% say they tasted it and didn't like it.

Binge drinking, getting drunk

Binge drinking is defined in the survey as "having 5 or more alcoholic drinks at one time, in a row, within a couple of hours."

- 11.1% of high school youth reported binge drinking in the past 30 days, down from 12.6% in 2009 and 15.8% in 2012.
- The percent of binge drinking increases to 21.0% for all high school seniors, and 23.8% senior boys.
- The percentage of youth who report getting drunk from drinking in the last 30 days are 12.1% for all high school youth and 23.7% for seniors, with little difference between senior boys and girls.



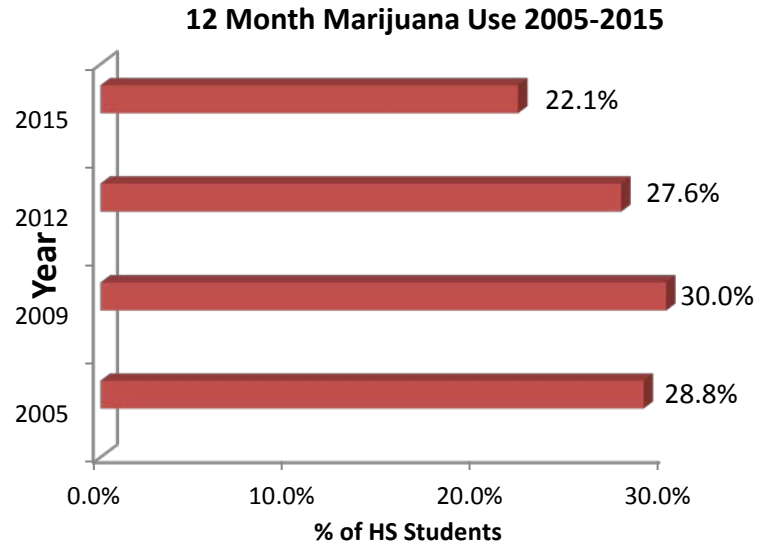
Access to alcohol

Youth who reported any past alcohol use identified the *usual place* they get alcohol.

Source of Alcohol Access	% of High School Youth who have drunk
At parties	27.3
My parents	20.8
Someone else buys it for me	15.5
I sneak it from home	7.7
Other adults	6.0
Brother/sister	4.4
I buy it myself	2.7
I steal it from a store	1.4
I get it some other way	10.4

Marijuana use

- 1 out of 3 high school youth (32.6%) said they have smoked marijuana in their lifetime.
- 22.1% of high school youth and 3.7% of middle school youth said they have smoked marijuana in the past 12 months. Both percentages are a slight decrease from 2012 (HS 27.5% and MS 5.5%).
- 6.7% of high school youth say they smoked marijuana every day. This is a small decrease from 8.2% in 2012.



Other drug use

The count and percent of youth who reported any use of these drugs in the past 12 months is highlighted in the table. The middle school survey asked about fewer drugs.

Other Drugs	High School	
	Count	Percent
Over the counter (non-prescription) drugs to get high	928	5.4
Prescription drugs not prescribed for you	827	4.8
Inhalants (glue, paint, spray cans, markers)	359	2.7
Synthetic marijuana	843	4.9
Ecstasy	619	3.5
Cocaine or crack	461	2.7
Speed, crystal meth	373	2.2
Heroin	359	2.1
Bath salts	363	2.1
Steroids, HGH	386	2.2

Parents' attitudes about smoking, drinking and marijuana use

Youth ranked how wrong their parents would consider it if they smoked cigarettes, drank alcohol or smoked marijuana. Data was analyzed for those who said their parents would consider it “wrong” or “very wrong.”

- Youth were more likely to report that their parents would strongly disapprove of them smoking cigarettes than smoking marijuana. A significantly lower percentage of youth reported strong parental disapproval of alcohol use.
- Overall, strong parental disapproval of substance use was reported by a higher percentage of middle school than high school students, and by slightly more females than males.

Sexual Behaviors

Sexual activity begins during the teen years for many youth. Nationwide, 1 in 4 teen girls has a sexually transmitted infection (STI), and by the time today's teens are 25 years old, half of them will have contracted an STI. The same sexual behaviors that put teens at risk for infections may also result in unintended pregnancy and other consequences. The 2015 DCYA high school survey included a range of questions related to sexual activity in an effort to identify risks that can be prevented or addressed by parents, health care providers, schools, public health and others that work with youth.

Sexual activity that can result in pregnancy or infections

- 37.0% of high school youth have engaged in sexual activity that can result in pregnancy or STI. This is the same percentage as 2012 (37.3%)
- 28.8% of high school youth said they have had sexual intercourse. This is also the same percentage as 2012 (28.1%).
- 29.2% of sexual active youth say they don't always use some form of birth control when having intercourse. This is a higher percentage than 2012 (26.3%).

Pregnancy and STI Knowledge

Many high school youth who participated in the 2015 Dane County Youth Assessment were wrong or not sure about some basic birth control and STI questions.

- "I could tell if my partner has an STI" should be answered 'NO' but 54.1% of HS students said 'YES' or "NOT SURE"
- 19.7% thought withdrawal during intercourse would prevent pregnancy. Another 13.6% weren't sure.
- 30.5% didn't know where to get health care for sexual or reproductive health concerns.

High-risk sexual behaviors of sexually active high school youth

Sexually active high school youth were asked additional questions about sexual behaviors that put them at higher risk for infections and pregnancy including: becoming sexually active at a young age; having multiple partners; sexual activity under the influence of alcohol or drugs; not always using birth control to prevent pregnancy; and not always using a barrier method to prevent STI.

- 10.2% high school youth say they were sexual activity by age 15.
- 23.2% of sexually active high school youth said they have had 4 or more sexual partners.
- 32.2% of sexually active high school youth say they have had sex with people they just met.
- 35.1% of sexually active high school youth have had sex while under the influence of alcohol, marijuana or other drugs.

Discussions with parents

The consequences of sexual activity underscore the importance of early and ongoing conversations about sexual risk behaviors and sexual health. Teens are more likely to make safer, healthier decisions when armed with age-appropriate, medically-accurate information about sexual risk behaviors and sexual health.

- 59.6% of all 7th-12th grade youth said they have "had a good talk with their parents" about healthy dating relationships, 45.2% about waiting to have sex, and 43.3% about preventing pregnancy and sexually transmitted infections.
- High school females are most likely to have had these discussions with parents.

Emotional Health

Youth experience a range of emotional and mental health challenges ranging from short-term reactions to stress to long-term mental illness. Mental illness impacts many domains of students' lives, including their social interactions and educational achievements. Among adolescents ages 13 to 18, about 20% have mental health disorders severe enough to cause significant impairment in daily functioning, and nearly two-thirds of these adolescents do not receive mental health services. Early identification and treatment of mental health disorders is needed to achieve the best possible outcomes for youth, including prevention of future mental health problems.

Questions in the DCYA provide an understanding of emotional health issues for youth in our community. Youth were asked questions about symptoms of stress and depression, self harm (e.g., cutting), and suicidal thoughts and attempts. High school youth were also asked about long-term mental health disorders.

Mental health disorder

Percentage of high school youth who reported long-term mental health problems

Disorder	Females	Males	All High School Youth
Depression	22.4	11.1	16.7
Anxiety	28.6	12.0	20.3
Eating disorder	6.7	2.0	4.4

Anxiety and depression

Anxiety

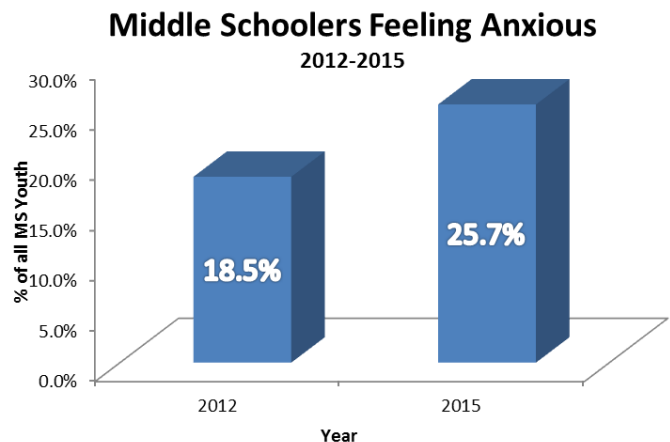
Youth were asked how often they have: “felt nervous, anxious or on edge”; “not been able to stop or control worrying”; and “felt problems were piling up so high that you could not handle them.”

- The survey found that females are more likely than males to often or always have these symptoms of stress. High school females are particularly affected.
- Nearly 30% of African-American high school students say they feel anxious always or often. That percentage jumps to 45% for African-American girls.

Depression

Youth were asked, “During the past 12 months, did you ever feel so sad or hopeless almost every day for at least 2 weeks in a row that you stopped doing some usual activities?” This loss of interest in activities and prolonged feelings of sadness and hopelessness suggest clinical depression.

- 21.9% of all 7th-12th grade youth have had sustained sadness that interfered with their activities in the past 12 months.
- Females were more likely than males to report these depressive symptoms, with high school females being most affected (30.3%). This is higher than 2012 which was 25.6% of high school females



Self harm

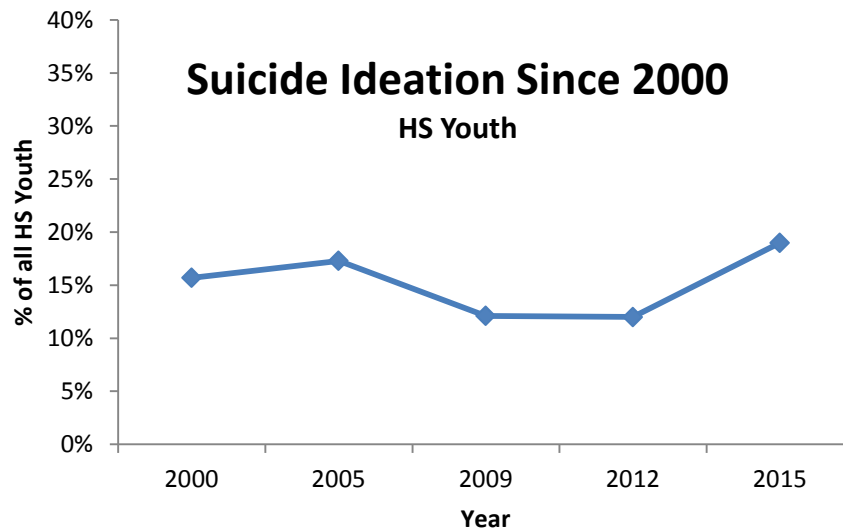
Youth were asked if they had intentionally hurt themselves, such as cutting or burning, in the past 12 months.

- 21.9% of 9th-12th graders and 14.4% of 7th-8th cut or burned themselves on purpose. This is almost double for high school students (11.1%) and higher for middle school students too (11.7%) compared to 2012.
- There is no difference in the prevalence of self harming behaviors between middle school and high school youth, for either females or males.

Suicidal thoughts and attempted suicide

Youth were asked, “During the past 30 days, have you thought seriously about killing yourself?” and “During the past 12 months, have you attempted to kill yourself?”

- 18.7% of all 7th-12th grade youth reporting having suicidal thoughts during the past 30 days. This is much higher than 2012 (12.3).
- 24.1% 9th-12th grade females are having suicidal thoughts and 23.7% of 7th – 8th grade females. This is a large increase over 2012 for middle school girls which was 15.8% in 2012.
- 1,508 youth (5.8%) said they have attempted suicide in the past 12 months. This too is an increase over 2012 which was 1,179 youth and 4.6%.



Comparison to 2012

Of the factors examined for this overview report, those that are the same or comparable to 2012 DCYA questions were examined to identify changes in the percentages of affected youth since 2012. These comparisons are detailed in the report and key factors are recapped here. (MS = Middle School; HS = High School)

Desirable Increase

- Employment (HS)
- Volunteering (HS)

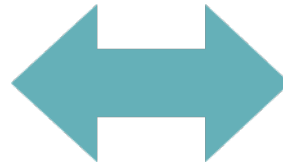


Undesirable Increase

- Marijuana use and driving (HS)
- Marijuana use by 12th graders
- Suicidal thoughts
- Anxiety
- Staying up late on school nights
- Self harm (HS)
- Skipping class (MS)

No Change

- Ever had any alcohol (HS)
- Sexual activity (HS)
- Skipping breakfast
- Skipping classes (HS)



Desirable Decrease

- Texting and driving
- Being bullied (MS)
- Cigarette smoking
- Marijuana use last 12 months (HS)
- Can't find a job (HS)



Undesirable Decrease

- Fruit and vegetable consumption
- Students who feel like they belong at their school