

2018

Dane County Youth Assessment



Dane County Youth Commission

Survey Overview
September 2018



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Acknowledgements

Project Administration

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- 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



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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: ***2018 Dane County Youth Assessment, Dane County Youth Commission, Madison, Wisconsin***. 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 Commission and the community.





About the Dane County Youth Assessment (DCYA)

The Dane County Youth Commission is pleased to release the summary report for the 2018 Dane County Youth Assessment (DCYA). Every three years, youth in grades 7-12 complete a survey that captures their opinions, concerns, behaviors, attitudes, and experiences on a range of topics. 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 county schools.

Survey Development and Administration

Survey development is led by K12 Associates Consulting and a committee of educators, public health professionals, project funders, and parent representatives. The survey includes questions about protective and risk behaviors across contexts of school, peer relations, family, and community. The 2018 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 2018, middle and high school students took the DCYA across seventeen public school districts and one private high school. Students with special needs or reading challenges received reading assistance. Student participation is voluntary and anonymous. Parents are notified at least four weeks in advance of survey administration, may review the survey at their school district office, and may opt their child out of participating. School districts attempt to survey all 7th-12th graders, with most districts capturing over 90% of students. Due to the size of their student populations and administration complexities, the Madison Metropolitan School District (MMSD) and the Sun Prairie Area School District (SPASD) used sampling methods to survey 50% of their 7th-12th graders.

Data Analysis and Reports

The data for the sample of MMSD and SPASD students that took the survey are weighted to ensure representation of the entire MMSD and SPASD student bodies 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 over time 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 of youth responses to each question by demographic cohorts are posted on the Dane County Youth Commission website.ⁱ

Ongoing analyses by research partners will yield additional information about Dane County youth including national and state comparisons, trends over time, and factors influencing youth behavior. These reports will be posted on the Youth Commission website as they become available.

The Youth Commission would like to thank the funding partners, participating school districts, committee members, and the students and parents of Dane County for making this project possible.

Interpreting This Data

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 each reported percentage falls in a range of possibilities. Using the whole high school data set, for example, there is more confidence the percentage reflects the *real*/number of youth in the county having this experience. When smaller subgroups are considered, for example, 12th grade boys using alcohol every 30 days, there is less confidence in one, singular percentage. With a smaller set of respondents, it is safer to conclude that 25% falls in a range of percentages, like 22% to 28%. In general, the larger the number of respondents the more likely the percentage approximates the real number of youth. There is also greater confidence in results by comparing percentages over time. Asking different students the same questions over time, with similar responses is a good indicator data points are relatively accurate.

Health Equity

Throughout the 2018 Dane County Youth Assessment, as in previous years, differences in health and other outcomes exist between various groups of students. The U.S. Department of Health and Human Services defines these ongoing health inequities as health differences “closely linked with social, economic, and/or environmental disadvantage [which] adversely affect groups of people who have systematically experienced greater obstacles to health based on...characteristics historically linked to discrimination or exclusion.”ⁱⁱ

The following groups are more likely to experience these disparities:

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

Eliminating the disparities faced by these and other marginalized groups will result in health equity, which is defined as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”ⁱⁱⁱ

Student Demographics

The weighted sample of 7th-12th grade students who participated in 2018 DCYA is 31,298. The weighted demographic characteristics of those students are presented in the adjacent table.

Gender	Characteristic	# of Youth	% of Youth
	Female	15,516	49.8%
	Male	14,832	47.6%
	Non-binary	382	1.2%
	Gender fluid	232	0.7%
	Other	166	0.5%
Grade	Characteristic	# of Youth	% of Youth
	7 th	5,403	17.2%
	8 th	5,273	16.8%
	9 th	6,089	19.4%
	10 th	5,607	17.9%
	11 th	5,043	16.1%
Race	Characteristic	# of Youth	% of Youth
	Asian (not Hmong)	206	0.7%
	American Indian or Alaskan Native	1,299	4.2%
	Black or African American (not Hispanic)	2,892	9.3%
	Hispanic or Latino	3,558	11.4%
	Asian (Hmong)	524	1.7%
	Middle Eastern or North African	170	0.5%
	Native Hawaiian or Pacific Islander	80	0.3%
	White (not Hispanic)	19,973	64.2%
	Multi-racial (more than one race)	2393	7.7%

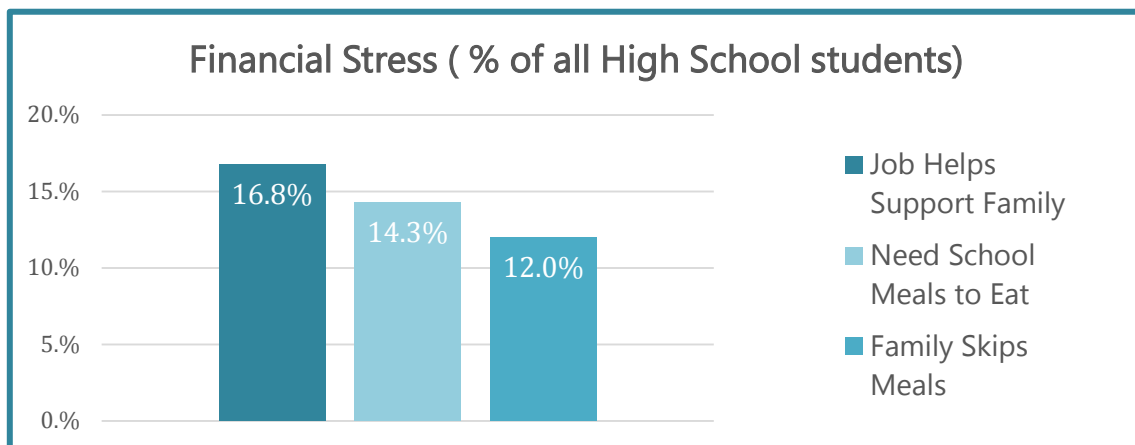
Age	Characteristic	# of Youth	% of Youth
	12 or younger	2,763	8.7%
	13	5,408	17.1%
	14	5,845	18.5%
	15	5,826	18.4%
	16	5,400	17.1%
	17	4,449	14.1%
	18 or older	1,935	6.1%
Assigned Sex at Birth	Characteristic	# of Youth	% of Youth
	Female	15,478	49.7%
Sexual Orientation	Male	15,686	50.3%
	Characteristic	# of Youth	% of Youth
	Straight/Heterosexual	25,909	86.1%
	Gay or Lesbian	555	1.8%
	Bi-sexual	1,813	6.0%
	Pansexual	525	1.7%
	Asexual	117	0.4%
	Questioning my sexual orientation	700	2.3%
	Other	487	1.6%
Transgender	Characteristic	# of Youth	% of Youth
	Transgender	394	1.3%

Family and Home

Youth were asked questions about family economic conditions and parental risk and protective factors.

Poverty, Food Insecurity, and Homelessness

- 11.5% of all 7th-12th graders report skipping meals or eating less at least once in the past 30 days because their family did not have enough money for food. Youth reported 12.2% in 2015.
- 20.8% of all 7th-12th graders said they are eligible for free or reduced school lunch, a federal food subsidy for lower income families, compared to 21.4% in 2015.
- 2.1% of all 7th-12th graders report being homeless at one time in their lifetime, compared to 3.4% in 2015.
- 70.8% of the lowest income high school students report that some or all of their employment income is used to help support their family.
- 35.3% of Latinx, 31.6% of Black/African-American and 11.3% of White high school youth report using some or all of their income to support their family.



Positive Parenting and Adverse Childhood Experiences

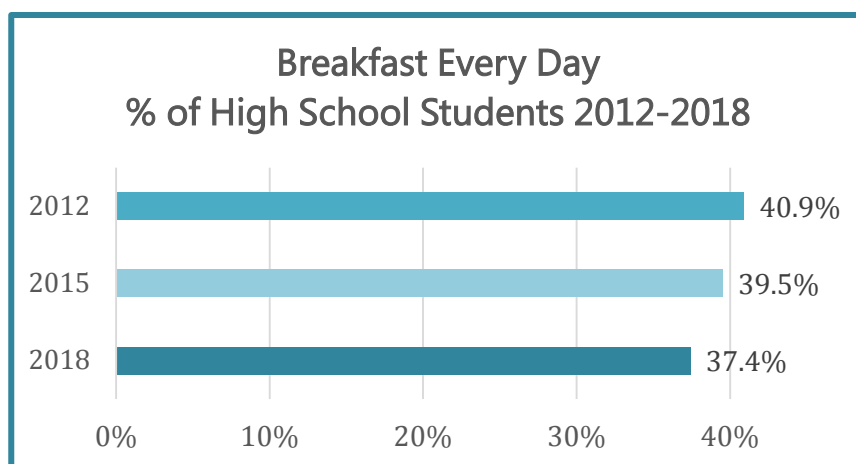
- 78.4% of high school and 83.3% of middle school students say their parent often or always monitor their school progress.
- 89.9% of high school and 95.2% of middle school students say their parents often or always know where they are when they go out.
- 88.5% of Latinx, 84.0% of Black/African-American, and 89.9% of White high school students say their parents often or always know where they are when they go out.
- 68.1% of high school students say their parents talk with them about healthy dating relationships but only 41.0% say they talk with them about safe sex practices.
- 22.7% of high school youth report having at least one of the following happening in their home: parents abuse alcohol or drugs; a parent has been in jail; parents who physically fight; or a parent with a mental health problem that worries them.

Physical Health

Youth were asked about their physical health including nutrition, exercise, and sleep.

Nutrition

- 59.9% of high school students say they have at least one serving of fruits and vegetables each day and 23.8% say they have 3 or more servings a day, both virtually unchanged from 2015 (58.9% and 21.7% respectively). Similar results are seen for middle school students.
- The percentage of all high school students who say they are trying to lose weight has stayed consistent from 2012 (35.7%) to 2015 (37.5%) to 2018 (36.7%).
- The percentage of high school students trying to lose weight, who identify as female (48.7%), is higher than students who identify as male (24.8%).



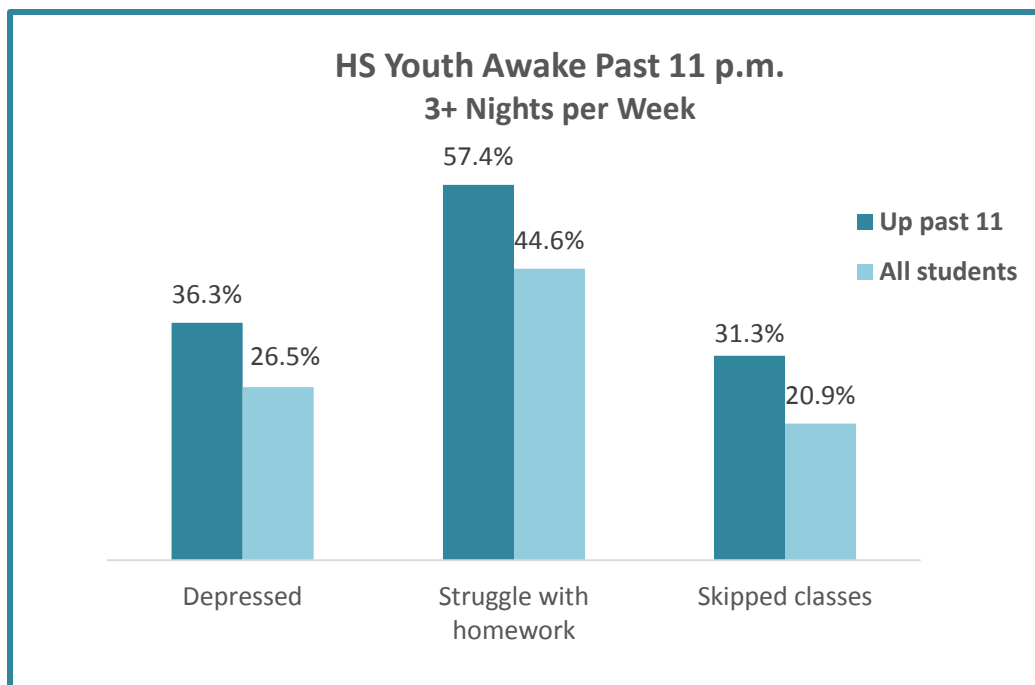
Exercise

- 91.2% of high school students report being physically active for 60 minutes at least one or more days per week.
- 75.5% of high school students report exercising on their own one or more times a week with 44.0% exercising on their own 3 or more days a week.
- Those high school students who do not exercise report a lack of time as the main barrier (53.9%) compared to a lack of interest, skills, or transportation (12.9%, 12.5%, 11.6%). Lack of time is a consistent barrier across race, gender identification and economic status.

Sleep

The National Sleep Foundation states that nine or more hours of sleep a night is optimal for healthy adolescent development. Less than 8 hours of sleep a night is considered insufficient and associated with learning and discipline problems, risk behaviors, and health problems including obesity, depression, substance use, accidents, and infections.^{iv}

- 31.6% (29.4% in 2015) of middle school youth and 59.3 % (53.8% in 2015) of high school youth report they stay awake later than 11:00 p.m. three or more school nights per week.
- 31.2% of high school youth stay up past 11p.m. every school night.
- 14% of middle school youth stay up past 11 p.m. every school night.
- 48% of the lowest income students report being awake every school night compared to the highest income students (26%).
- Students that report staying up late or sleeping less than nine hours per night are far more likely to feel depressed, compared to all other students, and report they struggle getting homework done compared to other youth. They also report having skipped classes in the last 30 days in greater percentages.



Phones on at night

Teens, ages eleven to seventeen, 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 that do not.^v

- 91.3 % of high school youth report leaving a phone or tablet on in their room at night.
- 44.3% of high school youth say their sleep has been interrupted some nights to every night by their device.

Emotional Health

Youth experience emotional and mental health challenges ranging from short-term adjustment issues to long-term mental illness impacting their lives including social interactions and educational achievements.^v The DCYA asked youth about anxiety, stress, depression, self-harm and suicidal thoughts, and attempts. High school youth were also asked about long-term mental health disorders.

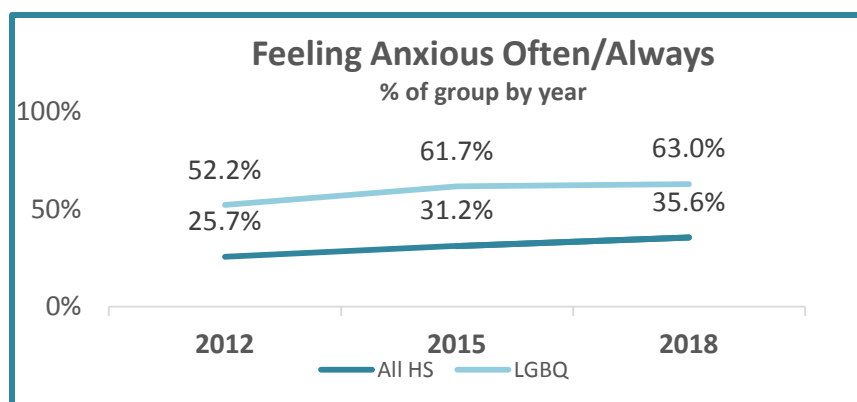
Overview: Long-term mental health issues

Disorder	Female	Male	All High School
Depression	34.6%	17.4%	26.2%
Anxiety	40.1%	18.1%	29.9%
Eating disorder	6.7%	2.1%	4.6%

Anxiety

Questions asked from the Generalized Anxiety Disorder scale include how often youth “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.”

- 47.0% of high school females and 23.6% of high school males report having these feelings of anxiety often or always.
- 28.2% of Black/African-American high school youth report having these feelings always or often, rising to 38.3% for Black/African-American females.
- 60.6% of youth who identify as gay or lesbian, 65.3% of youth who identify as bi-sexual and 60.4% of youth questioning their sexual orientation report feeling anxious “Always or often” compared to 30.8% of youth who identify as straight/heterosexual.
- Low income youth are more anxious (69.5%) than their more affluent peers (28.8%).



Reasons for Anxiety

Students were asked to identify the three main reasons for feelings anxious.

Main reason for feeling anxious	% of HS students selecting this reason
Pressure to perform in school (hard classes, getting good grades)	63%
Too much homework	60%
Pressure to get into a good college	40%
I really don't experience much stress or anxiety	23%
Social pressure to be popular, look good	21%
Pressure to have money, have things (phone, clothes, car)	17%
Feeling like I don't fit in at school	63%
Fear deportation for me or my family	3% (20% of Latinx students)

Depression

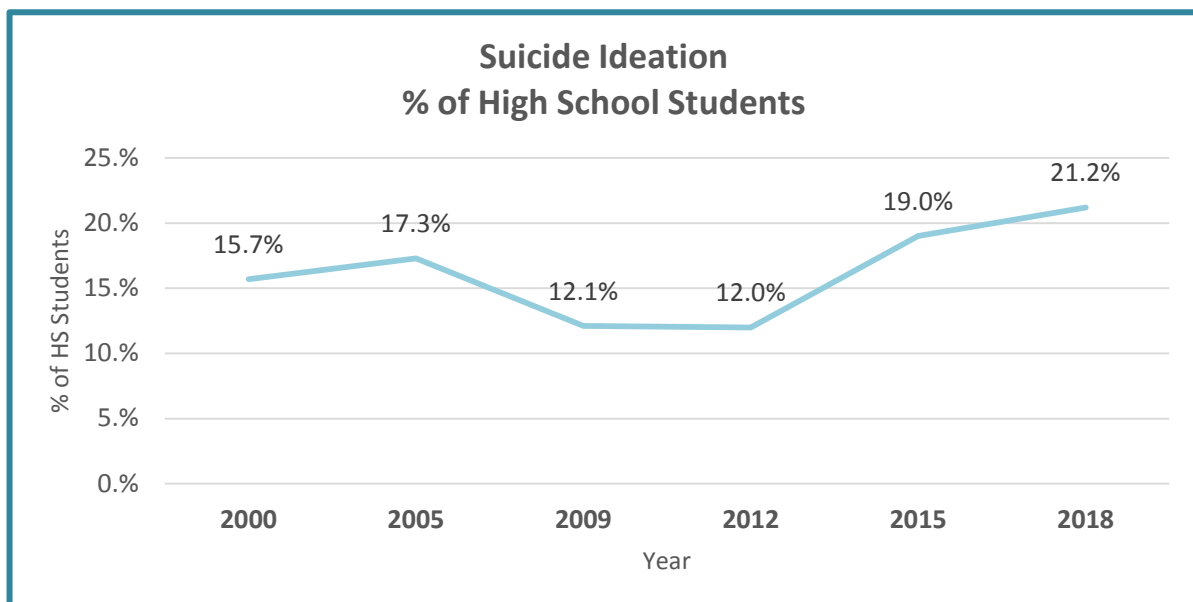
Loss of interest in activities and prolonged feelings of sadness and hopelessness suggest clinical depression.^{vi} Youth were asked, "During the past 12 months, did you ever feel so sad or hopeless almost every day for at least 2 weeks in a row that you stopped doing some usual activities?"

- 23.5% of all 7th-12th grade youth responded affirmatively to this question compared to 21.7% of in 2015 and 19.4% in 2012.
- 34.2% of high school female youth report depressive symptoms up from 30.3% in 2015 and 25.6% in 2012.
- High school females (34.2%) are more likely than males (18.3%) to report depressive symptoms.
- 52.1% and 56.3% of high school youth who identify as gay or lesbian and bi-sexual responded affirmatively compared to 21.8% of youth who identify as straight or heterosexual.
- Low income high school youth report being more depressed (61.9%) than their more affluent peers (15.1%).

Suicidal Thoughts and Suicide Attempts

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?"

- 20.7% of all 7th-12th grade youth report having suicidal thoughts during the past 30 days. This compares to 2015 at 18.7% and 2012 at 12.3%.
- 26.0% 9th-12th grade females report having suicidal thoughts as do 25.1% of 7th – 8th grade females compared to 2015 reports of 24.1% and 23.7% respectively.
- Lower income high school youth report a higher rate of suicidal thoughts (46.1%) than their more affluent peers (13.2%).
- 16.6% of high school youth who identify as straight/heterosexual report they have had suicidal ideation in the past 12 months compared to 41.7% gay/lesbian, 50.7% bi-sexual and 38.3% of youth questioning their sexual orientation.
- 21.0% of high school students have access to a gun, and 35.3% of high school males with some suicide ideation have access to a gun.
- 5.0% of middle and high school youth report that they have attempted suicide in the past 12 months similar to 2015 reports of 5.8% and 4.7% in 2012.
- American Indian high school youth report the highest rate of suicide attempts (12.9%) compared to the lowest rate reported by White and Asian/Not Hmong youth (4.2%)



Self-harm

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

- 15.5% of 9th-12th and 14.9% of 7th-8th grade youth report they had intentionally harmed themselves in the past 12 months compared to 21.9% and 14.4% respectively in 2015.
- 90.5% of males, 80.3% of females, and 48.2% of youth who identify as gender non-binary, gender fluid, or other, report they have “Never” engaged in self-harming behavior.

Receiving Mental Health Services

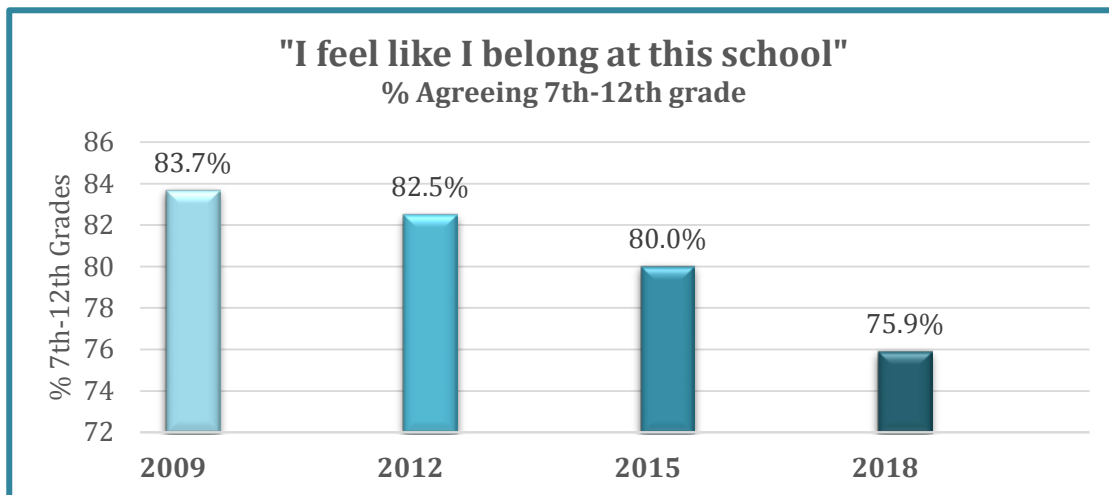
- 83.2% of all high school youth report they are NOT receiving mental health services.
- 78.7% of high school females are NOT receiving mental health services.
- 65.6% of high school students who identify as gay/lesbian/bi-sexual or questioning are NOT receiving mental health services.
- 69.3% of high school students who report feeling anxious are not receiving mental health services.
- 62.6% of high school students reporting depression are NOT receiving mental health services.

School Experience

Youth were asked about their school engagement, grades, aspirations, and experiences.

School Connection and Attitudes about Education

- 75.9% of all 7th -12th grade youth “Agree” when asked if they feel like they *belong* at their school.
- 69.0% of Black/African American and 79.2% of White high school youth “Agree” when asked if they belong to their school compared to 77.4% of all high school youth.
- 64.2% of gay/lesbian youth feel like they belong at school.
- 74.4% of all 7th – 12th grade youth “Agree” when asked if they feel *close* to people at their school. These percentages are slightly higher for HS students.
- 64.1% of 9th-12th grade Black/African-American students “Agree” that they feel close to people at their school compared to 66.9% in 2015.



Homework

- 44.6% high school students and 37.6% of middle school students “Agree” that they struggle getting homework done.
- 41.8% of White, 50.4% of Black/African American, 54.2% of Latinx, and 58.5% of Asian/Hmong high school youth “Agree” that they struggle getting homework done.
- 60.6% of gay/lesbian youth “Agree” that they struggle getting homework done.
- The main reason high school students say they struggle with homework is because they are too tired (77.6%) or have too much homework (76.8%). These reasons are consistent across race and identified sexual orientation.

Missing School without Permission

- 20.9% of high school youth reported they had skipped class at least once in the past 30 days rising to 34.6% for Black/African American and 34.2% for Latinx youth.
- 8.4% 7th-8th said they skipped class in the last 30 days.

Negative Behavior Observed at School

- 57.6% of middle school youth have observed name calling based on a person's race, sexual orientation, or gender followed by gang activity (56.4%) and bullying (35.1%).
- 56.7% of high school youth say bullying was the most prevalent negative behavior observed followed by name calling based on a person's race, sexual orientation, or gender (55.7%) and alcohol or drug use (49.6%).

Out-of-School Time

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

- 60.7% of all 7th-12th grade youth have done some volunteer work in the past 12 months compared to 62.4% in 2015.
- 56.2% of high school youth report regular or occasional work (i.e. babysitting or lawn work).
- 60.2% of high school females and 52.2% of high school males are employed.
- Overall, high school youth looking for, but unable to find employment has steadily declined since 2009 as follows: 27.5% in 2009, 21.4 % in 2012, 19.3% for 2015 and 18.1% in 2018.
- 29.6% of Black/African-American high school youth are looking for a job but cannot find one in 2018 compared to 35.5% in 2015.

High School - Full or Part-time Employment

Characteristic	2009	2012	2015	2018
Females	34.3%	28.4%	32.8%	35.4%
Males	31.0%	26.6%	30.2%	34.9%
All high school youth	32.6%	27.6%	31.5%	35.1%

Extracurricular activities

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

- 87.1% high school youth are involved in some extracurricular activities each week with 62.9% involved 3 or more days per week.
- 80.7% of high school students participating in extracurricular activities 3 days or more each week are involved in sports, compared to 88.4% in 2015.
- Low income high school students are less likely to participate in sports (49.1% never involved) than high income youth (21.1% never involved).
- Middle school youth participate in sports more than any other activity.
- 64.0% of all high school youth and 62.2% of low income middle school youth report they have "Never" participated in school or neighborhood after school programs.
- Middle and high school students participate in extracurricular activities 3 or more days at a similar rate of 58.4%.

Other HS Extracurricular Activities

- ❖ 37.1% music, art, or drama
- ❖ 35.2% religious or spiritual
- ❖ 28.2% tutoring, homework club, or academic support
- ❖ 22.5% leadership

Bullying

Bullying is recognized as a widespread problem and research points to serious implications for youth who are victimized as well as for those who engage in bullying behavior. 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.^{vi} The DCYA asks youth about being both a victim and perpetrator of bullying behavior.

Bullying in Middle School

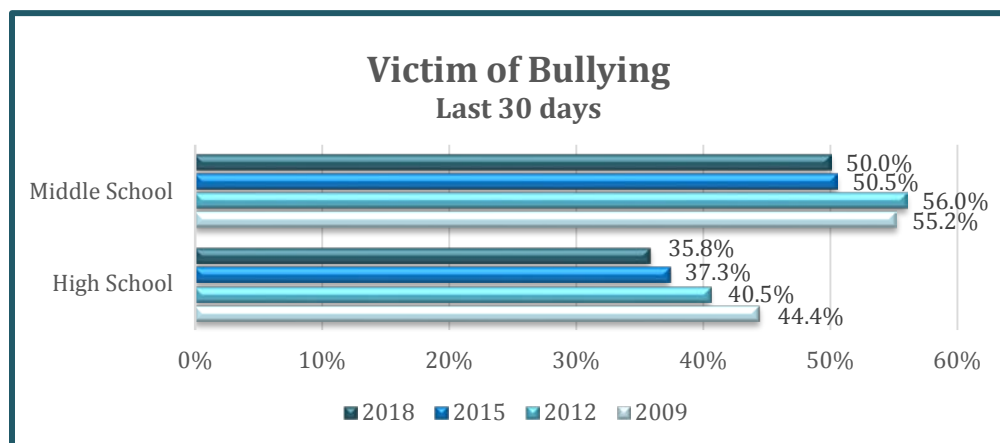
- 48.9% of all 7th -8th grade youth report that they had been bullied in the last 30 days compared to 50.4% in 2015, 55.4% in 2012 and 43.9% in 2009 (Espelage Scale).^{vii}
- 34.1% of middle school youth said they told someone to stop harassing another student in the last 30 days.
- 19.3% of middle school youth say they have been bullied or harassed via the internet or text in the last 30 days.

Targets of Middle School Bullying

- ❖ Feel more anxious (32.7%).
All MS 23.2%
- ❖ Feel more depressed (25.1%)
All MS 17.7%
- ❖ Identify as lesbian, gay, bi-sexual or questioning (10.1%)
All MS 8.0%
- ❖ Feel unsafe at school (31.1%)
All MS 23.6%

Bullying in High School

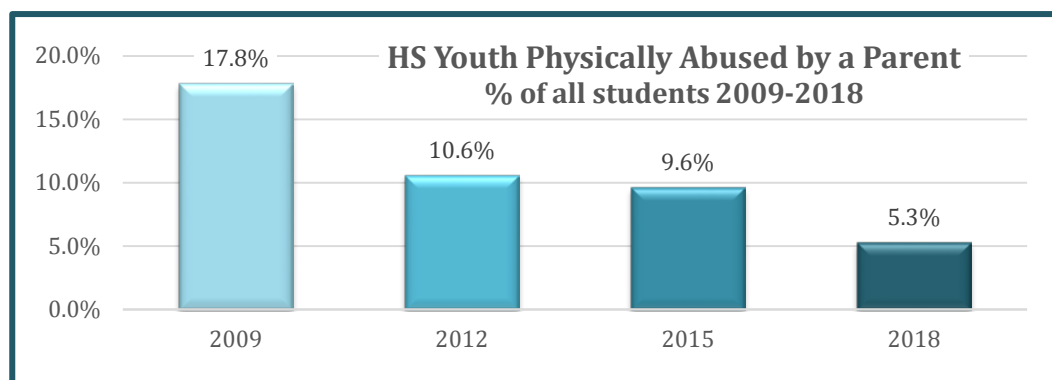
- 35.7% of high school youth said they had been pushed, picked on, made fun of, or called names at least once in the past 30 days compared to 37.3% in 2015, 40.5% in 2012, and 44.4% 2009.
- The survey found that regardless of age and sex, youth report being bullied more about how they look than about their race/ethnicity, or perceived sexual orientation.
- High school females report more bullying via internet or text (24.3%) than males (15.1%).
- 30% of high school youth who identify as gay/lesbian report bullying compared to 17% of youth who identify as straight/heterosexual.



Abuse

Physically abused by a parent

- 5.3% of all 9th-12th grade youth report they have been hit by a parent, leaving signs of injury.
 - 34.0% of high school youth who have been physically abused by their parents have run away from home compared to 7.2% all high school youth who have run away from home.
 - 54.3% of abused high school youth have had some suicidal ideation compared to 21.2% suicidal ideation reported by all high school youth.
- 11.1% of high school youth who identify as lesbian/gay/bi-sexual or questioning say they have been hit by a parent leaving signs of injury, compared to 5.3% of all high school 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.
 - 9.6% of high school students *who have dated* report being physically abused by their boyfriend or girlfriend.
 - 5.2% of high school youth *who have dated* report that a boyfriend or girlfriend had forced them to have sexual contact.
- 5.0% of all high school youth report being physically abused by their boyfriend or girlfriend.

Sexual assault and sex trafficking

- 7.8% of all 9th-12th grade youth report they have been forced, either verbally or physically, to take part in a sexual activity in their lifetime.
- 19.3% of high school youth who identify as lesbian/gay/bi-sexual/questioning report that they have been physically or verbally forced to participate in sexual activity in their lifetime.
- 77.4% of high school youth who have been forced to participate in sexual activity are female.
- 2.5% of all high school youth report having had sexual contact in order to stay safe or to get something like a place to stay, money, gifts, alcohol, or drugs (sex trafficking).
- 12.0% of the lowest income cohort, 9.9% of gender fluid, and 5.6% of gay/lesbian youth report sex trafficking involvement.

Tobacco, Alcohol, and Drug Use

Nicotine and tobacco use

The health, social, and financial consequences of nicotine and tobacco use are well known. Nearly all use begins in adolescence. If young people can remain free of tobacco and nicotine 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.^{viii} The survey asks youth about cigarette and tobacco use including use of e-cigarettes.

- 3.0% of high school youth report smoking a whole cigarette in the last 30 days compared to 7.0% in 2015.
- 18.8% of high school students say they have used vapor electronic cigarettes in the last 30 days compared to 16.0% in 2015.
- 55.4% of high school youth report there is a “Slight to no risk” to e-cigarette use compared to 19% reporting there is “Slight or no risk” to smoking cigarettes.
- 3.5% of middle school youth report they used e-cigarettes and 34.5% said there is little or no risk to regular e-cigarette use compared to 18% reporting there is “Slight or no risk” to cigarette use.

Alcohol, marijuana, and other drug use

The potential consequences of underage alcohol, marijuana, and other drug use are many.^{ix-xii} 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 use in the past 12 months

- 30.9% of high school youth report drinking alcohol in the past 12 months compared to 34.8% in 2015 and 43.1% in 2012.
- 49.2% of high school seniors had a drink in the last 12 months compared to 71.6% in 2015.
- Asian/Not Hmong (81%), Black/African American (81%), Latinx (72%), White (67%), and Native American (66%) high school youth report “Never” drinking.
- 7.8% of middle school students report drinking alcohol in the past 12 months compared to 8.1% in 2015 and 12.3% in 2012.

Alcohol use past 30 days

- 22% of all high school youth report consuming alcohol in the last 30 days increasing to 47.2% for students 18 years old or older.
- In 2015 32.6% of high school students drank in the last 30 days, and 47.3% of students 18 years old or older drank in the last 30 days.

Binge drinking

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.”

- 10.6% of high school youth report binge drinking in the past 30 days compared to 11.1% in 2015, 15.8% in 2012, and 12.6% in 2009.
- 20.4% of high school seniors and 22.5% of senior males report binge drinking.
- 18.6% of American Indian, 11.1% of White, 10.1% of Asian/Hmong, 9.0% of Latinx, 6.3% of Black/African American, and 5.3% of Asian/Not Hmong high school youth report binge drinking in the past 30 days.

Why youth don't drink ...

High school youth who never use alcohol were asked the main reason they don't drink and reported:

- *18.7% say they worry about the impact on their future*
- *16.1% say it's bad for your health*
- *14.0% say parents would be disappointed*
- *9.9% say they had a taste and didn't like it*

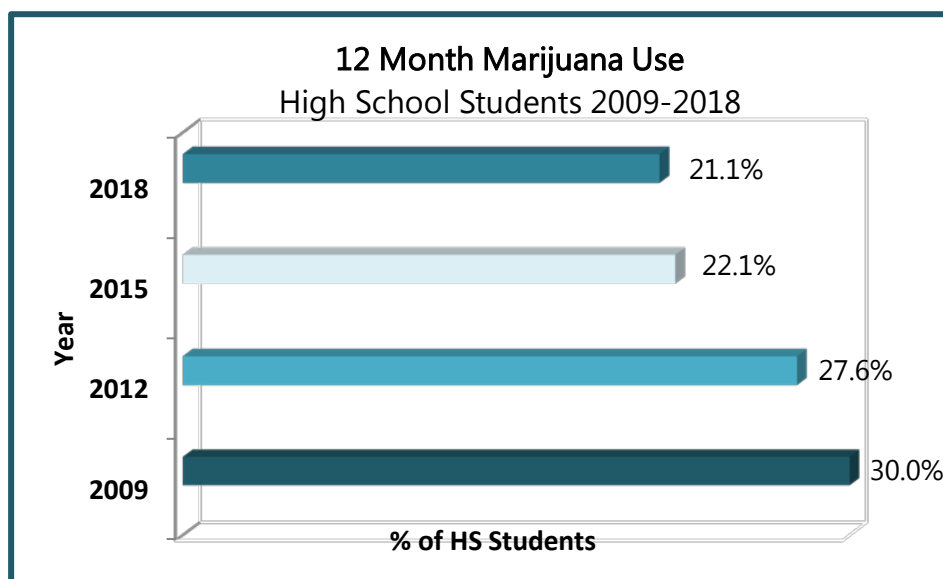
Access to alcohol

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

Source of Alcohol Access	Percent of high school youth drinking last 12 months
At parties	24.0%
My parents	22.2%
Someone else buys it for me	14.5%
I sneak it from home	8.3%
Other adults	5.5%
Brother/sister	4.5%
I buy it myself	2.7%
I steal it from a store	1.1%
I get it some other way	10.0%

Marijuana use

- 21.1% of high school youth and 3.3% of middle school youth report using marijuana in the past 12 months; virtually unchanged from 2015 (HS 22.1% and MS 3.8%).
- 5.3% of high school youth report they used marijuana every day compared to 6.7% in 2015 and 8.2% in 2012.
- 21.7% of Native American, 21.2% of Multi-Racial, 20.9% of Black/African American, 16.0% of Latinx, 14.2% of White, 6.6% Asian/Not Hmong, and 5.8% Asian/Hmong report using marijuana at least one time in the last 30 days.



Drug use

The count and percent of youth who reported any use of drugs other than marijuana in the past 30 days* is highlighted in the table below.

Other Drugs	% of high school students using drugs in last 30 days	
	N	Percent
Over the counter, non-prescription drugs to get high	1,124	6.3%
Prescription drugs not prescribed for you	804	4.5%
Synthetic marijuana	431	2.4%
Inhalants (glue, paint, spray cans, markers)	343	1.9%
Cocaine or crack	277	1.6%
Bath salts	269	1.5%
Ecstasy	268	1.5%
Speed, crystal meth	213	1.2%
Steroids, HGH	212	1.2%
Heroin	207	1.2%

**Drug use was measured using a 12-month time frame in 2015. Data from 2018 and 2015 should not directly be compared.*

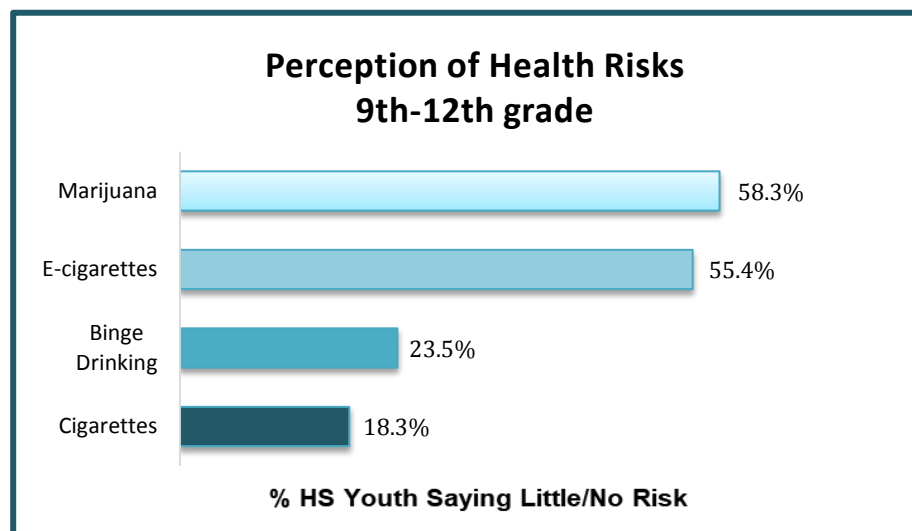
Prescription medications in the home

- 21.5% of high school youth report having no prescription drugs in their home.
- 17.8% of high school youth report having prescription drugs in their home that are locked in a secure place.
- 60.7% of high school youth report having prescription drugs at home in a place they can access like a bathroom cabinet or kitchen counter.

Perceptions of smoking, drinking, and marijuana use

Youth ranked how wrong their parents and their friends would consider it if they smoked cigarettes, drank alcohol, used prescription drugs, or smoked marijuana:

- 42% high school youth said their parents would think it was “Very wrong” for them to drink alcohol compared to 72.7% for tobacco use, 79.9% for abuse of prescription drugs, and 58.0% for marijuana use.
- 21.4% of high school youth said their friends would think drinking alcohol was “Very wrong” compared to 43.5% for tobacco, 52.9% for prescription drug abuse, and 28.1% for marijuana.
- 64.1% middle school youth said their parents would think it was “Very wrong” for them to drink alcohol compared to 84.6% for tobacco use, 82.0% for abuse of prescription drugs, and 80.7% for marijuana use.
- 57.4% of middle school youth said their friends would think drinking alcohol was “very wrong” compared to 67.9% for tobacco, 68.1% for prescription drug abuse, and 66.0% for marijuana.



Sexual Behaviors

Sexual activity begins during the teen years for many youth. Nationwide, 1 in 4 teen girls has a sexually transmitted infection (STI)^{xii}. The same sexual behaviors that put teens at risk for infections may also result in unintended pregnancy and other consequences. The 2018 DCYA high school survey included questions related to sexual activity to identify risks that can be prevented or addressed by parents, health care providers, schools, public health and others who work with youth.

Sexual activity that can result in pregnancy or infections

- 35.7% of high school youth have engaged in some sexual activity.
- 22.6% of all high school youth said they have voluntarily had sexual intercourse compared to 28.8% in 2015 and 28.1% in 2012.
- Of the high school youth who are sexually active, 16.6% of Asian/Not Hmong, 25.9% of Asian/Hmong, 32.0% White, 42.6% of American Indian, 44.2% of Multi-Racial, 46.9% Latinx, and 51.9% Black/African-American high school students report having had voluntary sexual intercourse.
- Of the high school youth who are sexually active, 61.7% of the lowest income high school youth report having voluntarily had sexual intercourse, compared to 27.3% of the highest income high school cohort.

High-risk sexual behaviors of sexually active high school youth

Sexually active high school youth were asked questions about sexual behaviors that put them at higher risk for infections and pregnancy.

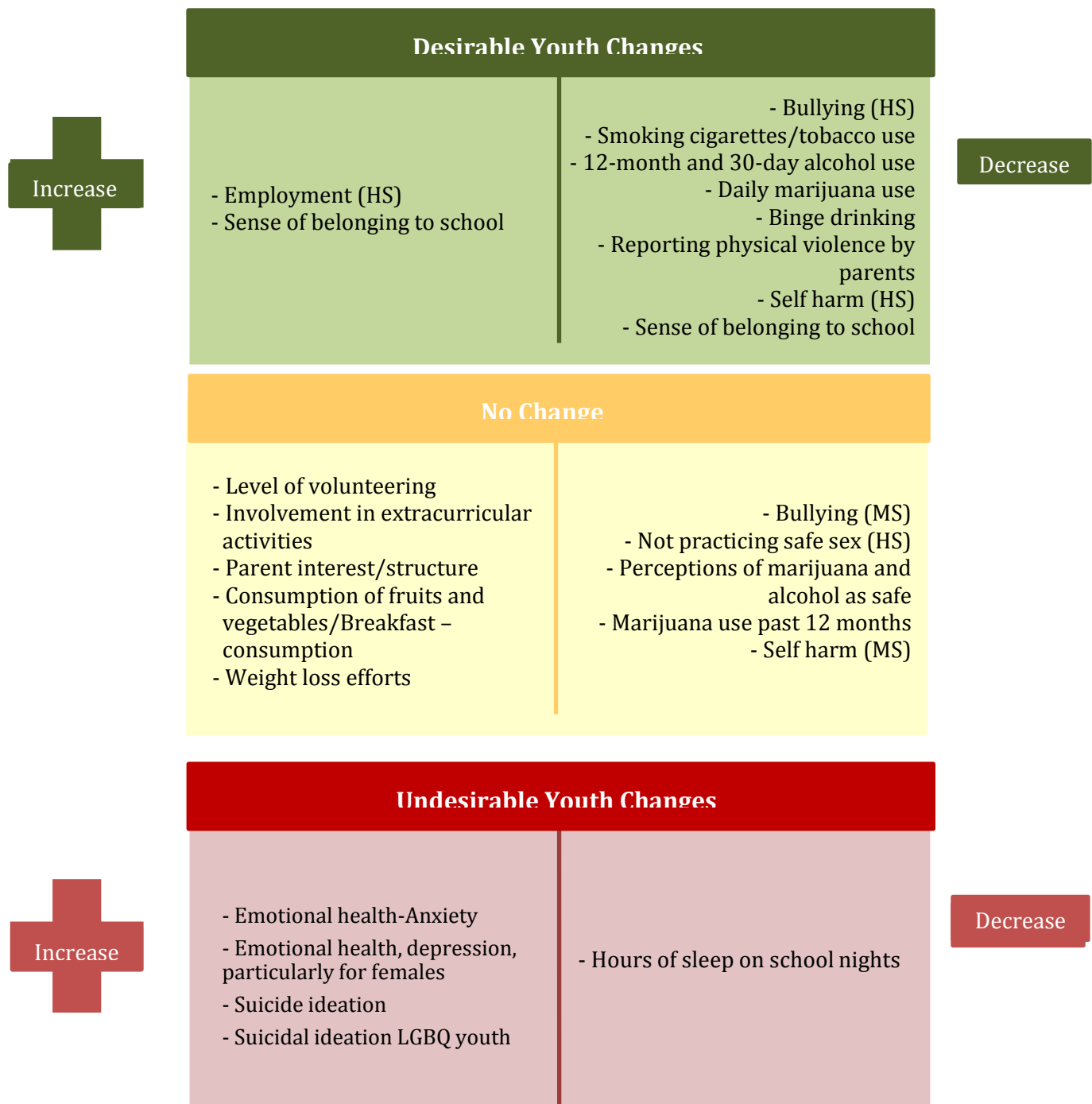
- 10.7% high school youth say they had sexual intercourse before age 16.
- 48.3% of the lowest income high school youth had sexual intercourse at or prior to age 14 compared to 13.9% of the highest income high school cohort.
- 30.7% of sexually active high school youth said they have had intercourse with 3 or more partners.
- 33.2% of sexually active high school youth have had intercourse while under the influence of alcohol, marijuana, or other drugs.
- 14.9% of 9th graders who have had intercourse report they “Never” use birth control compared to 6.8% of 12th graders.
- 74.3% of high school youth who say they are having intercourse “Always” use some form of birth control compared to 70.1% in 2015 and 73.7% in 2012.
- 58.6% of low income, high school youth report “Always” using birth control
- 59 – 60% of American Indian, Latinx, Asian/Not Hmong, and Black/African American youth report “Always” using birth control. 48.6% of Asian/Not Hmong use birth control. 75.3% of White youth use birth control.

Discussions with parents

- 68.1% of all 7th-12th grade youth report having “had a good talk with their parents” about healthy dating relationships, 48.1% about waiting to have sex, and 47.7% about preventing pregnancy and sexually transmitted infections.
- 72.6% of high school females say they have had a good conversation with their parents about healthy dating relationships compared to 63.3% of males.

Comparison to Previous Surveys

The DCYA asks students the same question to capture trends or data changes over time. Of the factors examined for this overview report, those that are the same or comparable to 2009, 2012 and 2015 DCYA questions were examined. Three of more of the same data points from the 2009, 2012, 2015 and 2018 DCYA surveys reflect a desirable or undesirable pattern or trend over time.



Emerging issues requiring further consideration

Several data points provide information for further research and consideration by stakeholders but are not considered a trend. These data points have not been analyzed for statistical significance for this report but are anticipated to be studied within subsequent issue papers.

- Use of e-cigarettes
- Low risk perception of e-cigarettes
- School pressure related to anxiety
- Sleep interruption by cell phones
- Impact of food insecurity
- Racial and income risk factor disparities
- LGBTQ identified and gender non-conforming youth risk factor disparities

Notes about Demographic Categories

Sex and Gender

For the first time, the 2018 DCYA asks students two separate questions regarding sex assigned at birth and gender identity. Sex assigned at birth is the classification given to individuals based on biological characteristics, such as physical anatomy or chromosomes. Gender identity is one's internal sense of being male, female, both genders, neither gender, or another gender or genders.¹

The options for sex assigned at birth are limited to female and male in order to make comparisons to prior years' data and analyze trends over time as these were the only two options included in previous DCYA surveys. The gender identity question was added this year to offer more expansive options for students, including female, male, non-binary, gender fluid, and other.

A person who does not identify as either female or male may identify as non-binary.² A person whose gender is not fixed and shifts across more than one gender may identify as gender fluid.³ The number of responses for gender non-binary, gender fluid and other were too small to disaggregate. Factors impacting this cohort of students require more in-depth analysis than is intended for an overview report and will be presented in subsequent issue papers. As such, throughout this report, references to female or male are based on the sex assigned at birth question.

The question about whether students identify as transgender remains a separate question as it has since 2012 in order to analyze trends over time for this population of students in 2012, 2015, and 2018. Transgender is an "encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth."⁴

Sexual Orientation

The 2018 DCYA also expanded options for sexual orientation from gay, lesbian, bisexual, or questioning to include pansexual, asexual, and other. Those who identify as pansexual are sexually attracted to many genders or any gender, and those who identify as asexual lack sexual attraction toward others.⁵

Race

The race categories that were used in the 2018 DCYA were expanded from previous years' surveys to reflect the proposed changes for the 2020 US Census,⁶ which included collapsing the race and ethnicity categories into one category (which includes "Hispanic or Latino") and adding a "Middle Eastern or North African" category.⁷ However, after DCYA survey administration began in early 2018, the US Census Bureau announced that these changes will not be made in 2020.⁸

Additionally, the 2018 DCYA includes Hmong as a separate race category in recognition of the relatively large Hmong population in Dane County and the different experiences that these students may have, especially those who are refugees or the children or grandchildren of refugees, compared to other Asian subpopulations.

Finally, throughout this report, the term "Latinx" will be used as a gender-neutral descriptor for students who identified themselves as "Hispanic or Latino" in the survey.

¹ <http://www.transstudent.org/definitions/>

² <https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive>

³ <http://www.transstudent.org/definitions/>

⁴ <http://www.transstudent.org/definitions/>

⁵ <http://www.transstudent.org/definitions/>

⁶ <http://www.pewresearch.org/fact-tank/2014/03/14/u-s-census-looking-at-big-changes-in-how-it-asks-about-race-and-ethnicity/>

⁷ <http://www.pewresearch.org/fact-tank/2014/03/24/census-bureau-explores-new-middle-east-north-africa-ethnic-category/>

⁸ <https://www.census.gov/newsroom/press-releases/2018/2020-race-questions.html>

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- ⁱⁱⁱ U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. *The National Plan for Action Draft* as of February 17, 2010. Chapter 1: Introduction. Available from: <http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34>
- ^{iv} <https://sleepfoundation.org/press-release/national-sleep-foundation-recommends-new-sleep-times/page/0/1>
- ^v <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4229101/>
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- ^{ix} Office of the Surgeon General, (2007) *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* (PDF 1.41MB) Rockville, MD: U.S. Department of Health and Human Services, p. 10.
- ^x Hingston, R.W., Heeren T., Winter M.R. (2006, July) *Age at drinking onset and alcohol dependence: age at onset, duration and severity*, Archives of Pediatric & Adolescent Medicine, 160 (7), p. 739-46.
- ^{xi} National Institute on Drug Abuse, *Marijuana: Facts Parents Need to Know*, Revised March 2011.
- ^{xii} CDC. (2008). *Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease*. Retrieved July 13, 2012 from <http://www.cdc.gov/stdconference/2008/press/release-11march2008.pdf>