



District of Columbia Youth Risk Behavior Survey



2012



Acknowledgments

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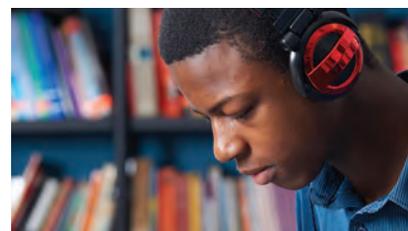
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Letter from the Office of the State Superintendent of Education



The 2012 District of Columbia Youth Risk Behavior Survey (YRBS) continues a national trend of monitoring important health-related risk and protective factors and provides students with the opportunity to report on a range of health behaviors and attitudes. By collecting this data anonymously from all eligible D.C. public middle and high school students, we are able to provide the public with cutting-edge statistics that describe the health challenges and successes faced by D.C. youth.

The Office of the State Superintendent of Education (OSSE) collaborated with the Department of Health (DOH) and other District agencies, community-based organizations as well as select leaders from our public schools to ensure that the survey asked timely and relevant questions that will best inform health-related prevention and intervention efforts across the District.

Findings from the 2012 YRBS are compared to 2007 data, revealing that D.C. youth have seen several health-related successes since 2007. As national rates of obesity have risen in recent years, local efforts to reduce obesity in D.C. demonstrate significant improvements with a reduction in the number of D.C. obese high school students. At the same time, there have also been significant reductions in all forms of school violence in D.C., including property damage and theft, injury resulting from a weapon, and physical fighting on school property. In 2012, fewer middle school students reported being sexually active, and condom use among high school students remains well above the national average.

Despite these successes, several areas of youth health require continued programmatic efforts in order to best meet students' needs. Bullying remains a prevalent problem among D.C. students, impacting approximately 30% of middle school students and 11% of high school students. Additionally, high school students' use of both marijuana and cigars/cigarillos has increased. Finally, mental health remains a prominent issue that we must commit to focusing on for the overall health of our students.

As we continue to forge ahead, we must all keep in mind the strong relationships between students' health and their academic outcomes. OSSE will remain invested in addressing the health-related needs of our students in order to support their success toward a quality education and life. We extend our gratitude to all students who contributed their time toward the completion of this survey.

Regards,

Jesús Aguirre
State Superintendent of Education



Letter from the Department of Health



I am pleased to announce the release of the 2012 District of Columbia Youth Risk Behavior Survey (YRBS), an important tool in identifying the risk and protective factors that impact the health of District of Columbia youth. The YRBS provides the Department of Health (DOH), the Office of the State Superintendent of Education (OSSE), other District agencies, and community partners with critical information that will be used to strategically improve the health of younger residents and avoid future preventable health challenges. Information for the YRBS is collected through an anonymous survey from all D.C. public middle and high school students.

The 2012 YRBS reflects that public health and education initiatives to improve access to healthy fresh local foods, physical activity, and health education have resulted in significant progress in several areas. For example, the percentage of D.C. high school students who are obese decreased from 17% in 2007 to 15% in 2012. This data is encouraging considering that obese youth are at increased risk for acute and chronic health problems, low self-esteem, and other social and psychological problems. Similarly, the number of D.C. middle and high school students who reported playing on at least one sports team has increased since 2007. Physical activity has been associated with both physical and psychological benefits such as maintaining a healthy weight, cardiovascular health, improved control over symptoms of anxiety and depression, and assisting in social development. In addition, high school students were 39% less likely to receive Ds and Fs if they played on at least one sports team.

Despite the improvements seen in nutrition and physical activity from 2007 to 2012, D.C. middle and high school students reported concerns related to bullying and feeling unsafe at school or on the way to and from school. YRBS data reveals that health-related risks, such as being very overweight or going hungry because there was not enough food in the home, were more prevalent among students who bully others as well as students who are bullied. In addition, comprehensive emotional health and wellness programs are needed to address feelings of depressed mood, suicidal thoughts and attempts, and dating violence that were reported among District youth. Finally, increased focus must be directed toward decreasing the risk factors for alcohol, tobacco, and other drug use, as the 2012 YRBS reflects an increase in both marijuana and tobacco use among high school students.

DOH is committed to continued support of programs and initiatives that improve the health and well-being of District youth. The information collected in the YRBS will help shape the District's health-related priorities and inform the development and expansion of programming needed to ensure that this generation of District residents is the healthiest in the nation. I am heartened by our progress and look forward to continued improvement.

Sincerely,

Joxel Garcia, MD, MBA
Director
Department of Health



Youth Risk Behavior Survey Methodology

The District of Columbia Office of the State Superintendent of Education (OSSE), in collaboration with the District of Columbia Department of Health, conducts the local Youth Risk Behavior Survey (YRBS) for District of Columbia (D.C.) youth. The YRBS is part of the national Youth Risk Behavior Surveillance System (YRBSS), an initiative of the Centers for Disease Control and Prevention (CDC). As such, the D.C. YRBS follows protocols developed by the CDC, and the D.C. middle and high school YRBS survey questionnaires are adapted from the CDC-developed core instruments. The following information describes the sampling, recruitment and data collection methods used for the 2012 D.C. YRBS.

Sampling Method

The YRBS data were collected via a census sampling of all traditional public and public charter middle and high schools serving grades 6–8 and 9–12 in D.C. Students attending alternative schools, special education schools and juvenile detention schools were not eligible for participation in the survey and were therefore not sampled. All parents or guardians of D.C. students attending eligible public and public charter schools received a letter that gave their child the opportunity to opt out of participation in the YRBS. All students at eligible schools who did not choose to opt out of the survey were eligible to participate in the survey.

Local YRBS surveys, such as the D.C. YRBS, are able to be weighted by the CDC to adjust for student non-response using the distribution of students by grade, sex and race/ethnicity if the surveys meet the following criteria: (1) include a scientifically selected sample, (2) include appropriate documentation, and (3) receive an overall response rate of greater than 60%. This weighting procedure ensures that data from the 2012 D.C. YRBS can be considered representative of D.C. students in grades 6–8 and 9–12. Surveys that do not meet these three criteria are not weighted by the CDC and are therefore representative only of the students who participated in the survey.

School and Student Participation

Middle School Participation – There were 74 sampled middle schools eligible to participate in the 2012 D.C. YRBS, of which 69 took part in the survey. This resulted in a 93% school response rate.

From these middle schools, 11,455 students were eligible to participate in the survey. YRBS surveys were collected from 9,657 students. After data editing, 9,418 surveys were usable. This resulted in an 82% student response rate.

The overall response rate (calculated by multiplying the school response rate by the student response rate) at the middle school level was 77%.



High School Participation – There were 40 sampled high schools eligible to participate in the 2012 D.C. YRBS, of which 37 took part in the survey. This resulted in a 93% school response rate.

From these high schools, 14,721 students were eligible to participate in the survey. YRBS surveys were collected from 11,292 students. After data editing, 10,778 surveys were usable. This resulted in a 73% student response rate.

The overall response rate at the high school level was 68%.

Overall Combined Middle and High School Participation – In total, 114 middle and high schools were eligible to participate in the 2012 D.C. YRBS. Of the 114 total eligible schools, 106 schools took part in the survey, resulting in a 93% school response rate.

Of the 26,176 students in grades 6–8 and 9–12 who were eligible to participate in the 2012 D.C. YRBS, 20,949 students took part in the survey. After data editing, 20,196 surveys were usable, resulting in a 77% student response rate.

The overall response rate for the 2012 D.C. YRBS was 72%.

D.C. YRBS Data Collection

The data collection included training survey administrators, collecting classroom-level data and processing the collected data.

The 2012 D.C. YRBS was conducted by the trained survey administrators at eligible D.C. schools between October 31, 2012, and January 28, 2013. On the day of the survey, the field staff provided all the materials necessary to conduct the 2012 D.C. YRBS. Survey administrators reviewed all survey materials to ensure that all classes were accounted for and that student response rates were documented accurately. Students who were absent or unable to participate in the original survey administration were offered a make-up session. Schools were revisited when necessary to ensure that any classrooms that may have missed the original survey session due to a field trip or other unforeseen circumstance were properly surveyed.

On a weekly basis, the survey administrators returned all collected 2012 D.C. YRBS data to the ICF project office for processing. Processing the data included ensuring that all school- and classroom-level data were received in addition to reviewing individual surveys for excessive stray marks or damage. At the conclusion of data processing, all survey forms were packaged and transmitted for scanning, data quality assurance and weighting per the CDC's survey administration protocols. The final weighted data file was used in the creation of this report.



How to Understand This Report

This report presents data from the 2012 District of Columbia Youth Risk Behavior Survey (YRBS) and covers the following risk behavior categories:

- Alcohol, tobacco and other drugs;
- Emotional health and wellness;
- Nutrition, physical activity and sedentary behaviors;
- Sexual health;
- Lesbian, gay, bisexual, transgender and questioning;
- Violence and bullying; and
- Dating violence and neighborhood violence.

The report notes significant differences within subgroups of the D.C. youth population (e.g., sex, grade) for various health behaviors and describes behaviors that have undergone significant changes since the YRBS was previously administered citywide to both public and public charter schools in 2007. Data from the 2012 YRBS were compared to data from the 2007 YRBS because these are the only two years for which YRBS data is representative of the D.C. youth populations in grades 6-8 and 9-12. When data are reported separately for different subgroups (e.g., males and females), the data shown apply only to those groups and should not be added together. Also, due to rounding, figure totals may not always add up to 100%.

How to Understand Statistically Significant Results

The term “significant” is used throughout the report to denote a change that is statistically significant. Statistical significance refers to differences in data that do not occur by chance—“significance” indicates that there is a “real” difference between the groups or years being compared. All comparisons in this report were calculated using a significance level of 95%, indicating that there is at least a 95% probability that the result did not occur by chance. Significance here does not say anything about the size of the change or difference that has occurred. Rather, it indicates that the change or difference observed has a 95% chance of being true and less than a 5% chance of not being true. Analyses comparing the risk between different subgroups where no significant differences in risk were found are indicated as follows:

NS No significant difference in risk between the subgroups being compared



How to Understand Significance Reported in Tables

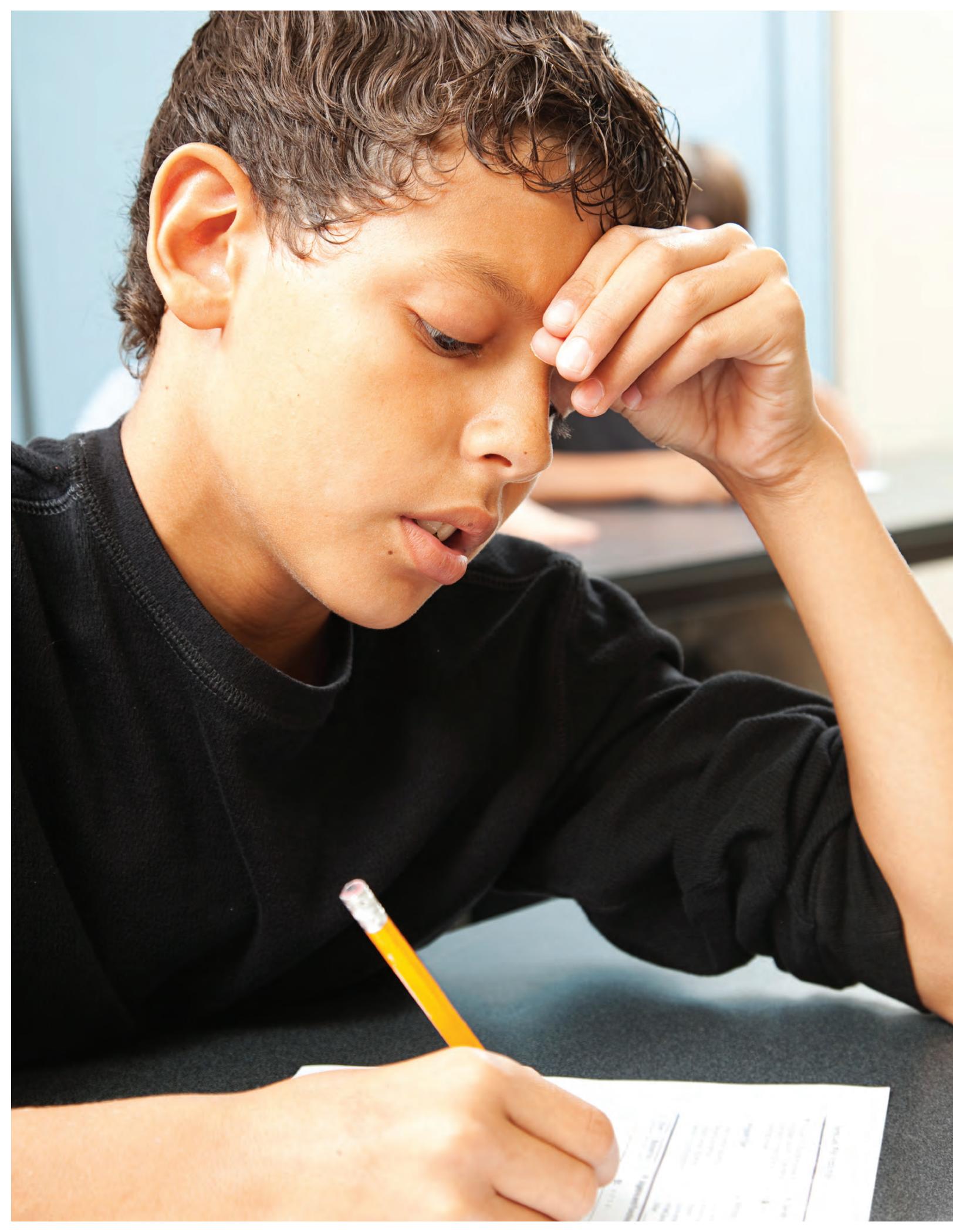
Tables are used throughout the report to display changes in the data from 2007 to 2012. Each table has a column for 2007 data, a column for 2012 data and a column to denote significance. Arrows are used in the significance column to denote if a change is significant. The direction of the arrow indicates if the data show a significant increase, a significant decrease or a non-significant change. Color is used to show if the behavior has improved over time (green) or if it has worsened over time (red). The arrows used are as follows:

- ↔ No significant change
- ↑ Significant increase in a positive direction (e.g., significant increase in eating fruit)
- ↓ Significant decrease in a positive direction (e.g., significant decrease in riding in a vehicle with someone who drank alcohol)
- ↑ Significant increase in a negative direction (e.g., significant increase in marijuana use)
- ↓ Significant decrease in a negative direction (e.g., significant decrease in condom use)

How to Understand Increased Risk

Several sections of the report present data showing that certain subgroups of the population have a higher or lower likelihood of engaging in particular risk behaviors compared to other subgroups. For example, high school students who bully others are 2.6 times more likely to attempt suicide. This means that if the attempted suicide rate for high school students who do not bully others is 10.8%, then the attempted suicide rate for high school students who do bully others is 28.0%. These data are provided to demonstrate the inter-relation of several risk behaviors and to illustrate the amount of increased risk some students face for engaging in risk behaviors.

In addition to being presented as an increased likelihood (e.g., 1.5 times more likely), some of the data are presented as a percentage of increased or decreased risk. For example, high school students who watch TV four or more hours per day have a 23% higher risk of being obese. Said another way, high school students who watch four or more hours of TV per day are 1.23 times more likely to be obese. Although these two statements are worded differently, they mean the same thing. It is important for readers to keep this in mind while interpreting the data presented throughout the report.

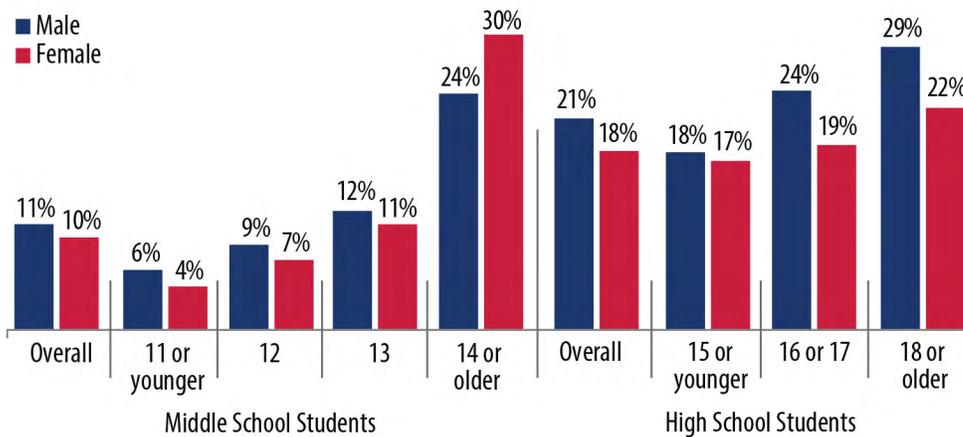


Alcohol, Tobacco and Other Drugs

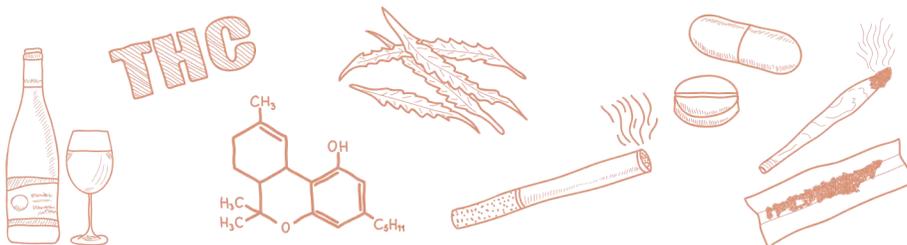
Alcohol, tobacco and other drug use among youth is a major public health concern given the association between substance use and increased risk for accidents, violence, unsafe sex and other unhealthy behaviors. Substance use and abuse contribute to some of the nation's leading causes of death, disability and social problems both during adolescence and into adulthood.¹ Understanding youth's current attitudes and behaviors related to alcohol, tobacco and other drug use is crucial to informing prevention efforts and is central to identifying the most prominent substance use concerns in D.C. and developing solutions to address them.

ALCOHOL, TOBACCO AND OTHER DRUG USE

Lifetime synthetic marijuana use among middle and high school students, by age

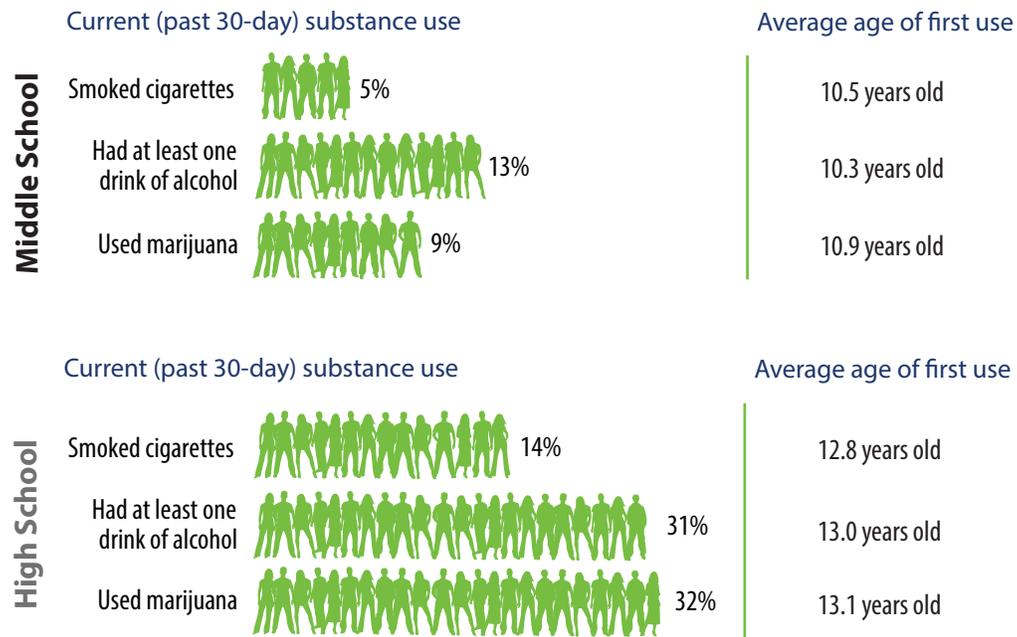


The use of synthetic marijuana was significantly higher at each successive age group among both middle and high school students.

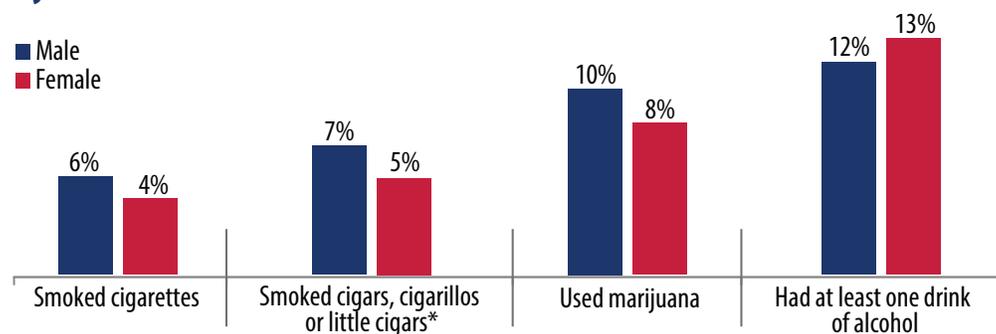


Alcohol, Tobacco and Other Drugs

Average age of initiation and current (past 30-day) use of cigarettes, alcohol and marijuana among middle and high school students



Current (past 30-day) substance use among middle school students, by sex



Trends in current (past 30-day) substance use: 2007 and 2012

Percentage of D.C. high school youth who...	2007	2012	Trend
Smoked cigarettes	11%	14%	↔
Smoked cigars, cigarillos or little cigars	10%	17%	↑
Used marijuana	21%	32%	↑
Had at least one drink of alcohol	34%	31%	↔

Overall, more middle school students reported current use of alcohol (13%) than marijuana (9%).

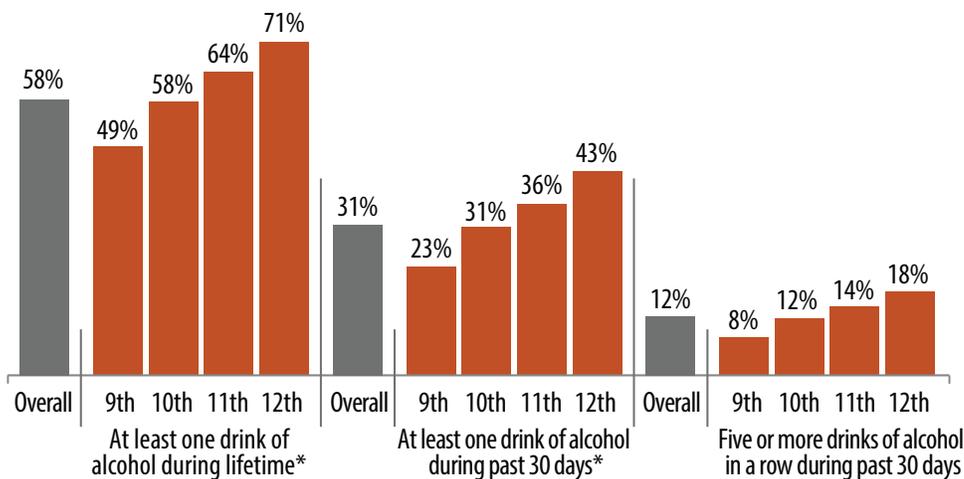


Significantly more middle and high school students reported marijuana use than reported different forms of tobacco use (i.e., smoking cigarettes, smoking cigars, cigarillos, little cigars).

Marijuana use among high school students significantly increased from 2007 to 2012 (11% increase), making marijuana the most used substance among high school students in 2012.

Alcohol, Tobacco and Other Drugs

Alcohol use among high school students, by grade



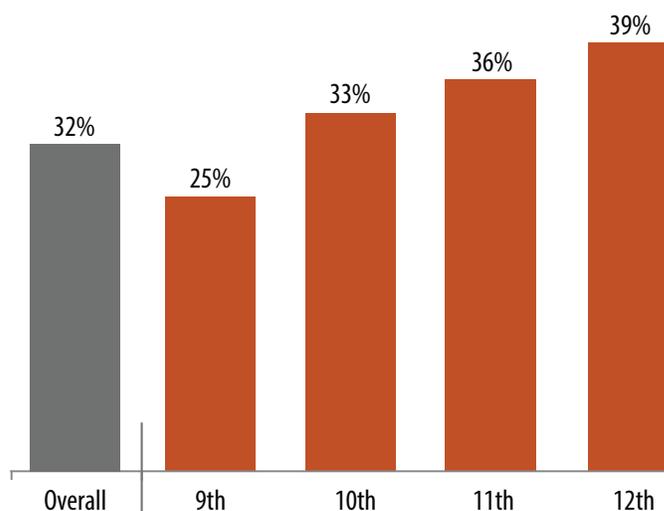
*Significant difference between students at each successive grade

Both lifetime and current (past 30-day) use of alcohol were significantly higher at higher grade levels, with 71% of 12th grade students having at least one drink in their lifetime and 43% using alcohol in the past 30 days.

Between 2007 and 2012, lifetime use of alcohol significantly decreased (from 67% to 58%), while the percentage of high school students reporting current alcohol use (31%) and binge drinking (12%) in 2012 was unchanged from 2007.

Marijuana use increased at each successive grade level, with significantly more 12th grade students (39%) smoking marijuana than ninth grade students (25%).

Current (past 30-day) marijuana use among high school students, by grade



District of Columbia Youth Risk Behavior Survey 2012

Number of cigarettes smoked per day by high school students during the past 30 days

 **86%**
Did not smoke cigarettes

 **5%**
Less than 1 cigarette

 **3%**
1 cigarette

 **4%**
2-5 cigarettes

 **1%**
6-10 cigarettes

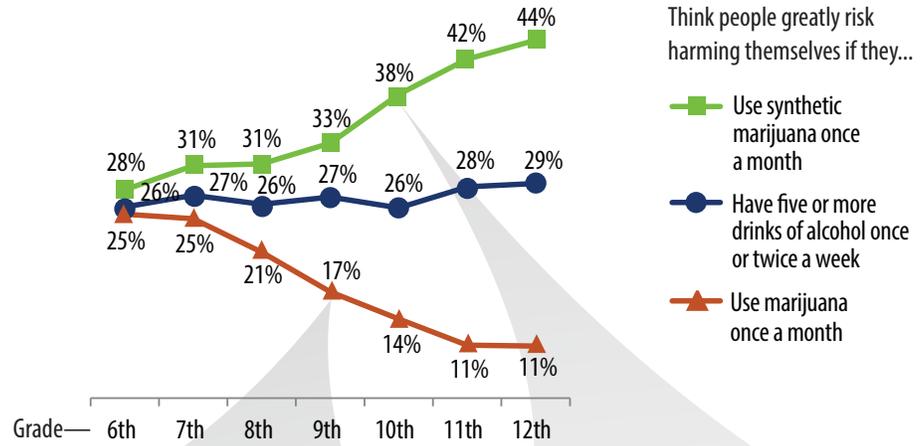
 **1%**
More than 10 cigarettes

The majority of high school students who reported smoking during the past 30 days, smoked one or fewer cigarettes.

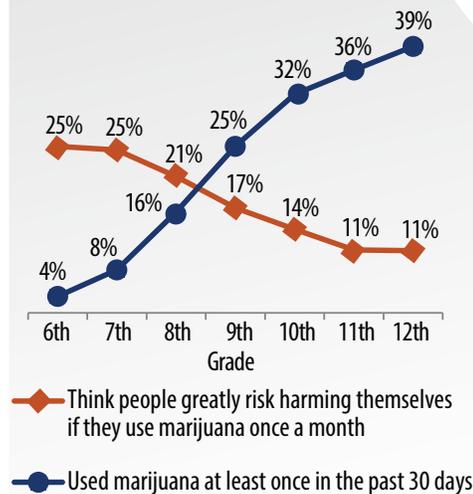
Alcohol, Tobacco and Other Drugs



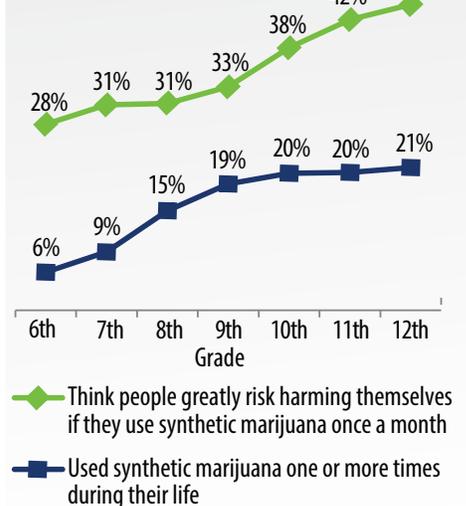
Perceived risk of using synthetic marijuana, marijuana and alcohol among middle and high school students, by grade



Current (past 30-day) marijuana use and perceived risk of using marijuana, by grade



Lifetime synthetic marijuana use and perceived risk of using synthetic marijuana, by grade



The percentage of students who believe that people greatly risk harming themselves if they use marijuana once a month was lower at each successive school grade, and the percentage of students who used marijuana during the past 30 days was higher at each successive grade level.

Although the number of students who believe that people greatly risk harming themselves if they use synthetic marijuana was higher among higher grade levels, the percentage of students reporting synthetic marijuana use was also higher.

Alcohol, Tobacco and Other Drugs

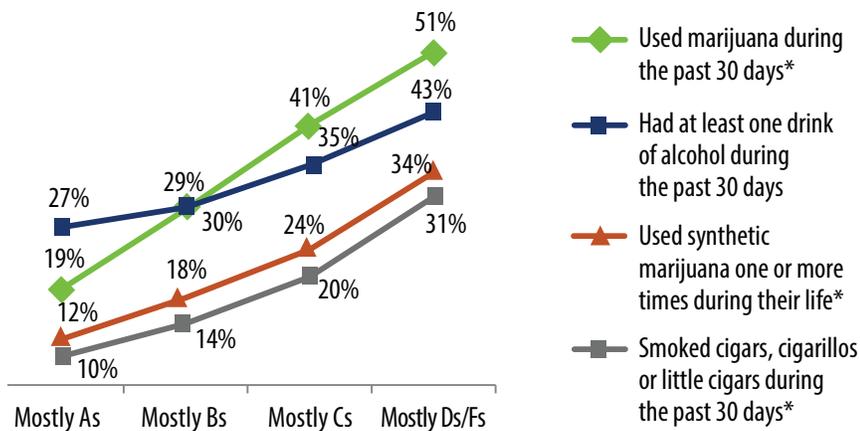
Trends in substance-related behaviors: 2007 and 2012

Percentage of D.C. middle school students who...	2007	2012	Trend
Rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol.	28%	20%	↓
Percentage of D.C. high school students who...	2007	2012	Trend
Rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol.	29%	26%	↓
Drove a car or other vehicle after drinking alcohol during the past 30 days.	7%	11%	↑
Drank alcohol or used drugs before the most recent time they had sexual intercourse during the past three months.	17%	21%	↔



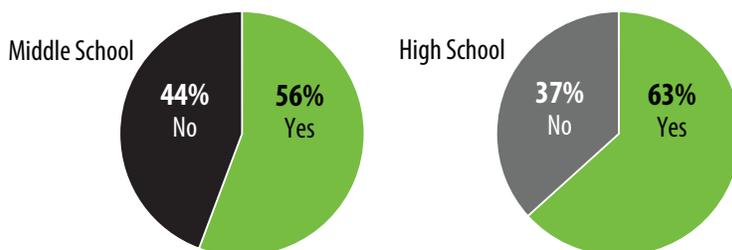
PROTECTIVE FACTORS

Substance use among high school students, by academic performance



*Reported by significantly more students who received Ds and Fs than students who received As, Bs and Cs.

Percentage of students who saw or heard alcohol, tobacco or other drug protective messages from sources outside their school during the past 12 months*



*Significant difference between middle school and high school students

Additional protective factors among high school students

Talked with at least one parent or guardian about the dangers of tobacco, alcohol or other drug use during the past 12 months

47%

Think their close friends would disapprove or strongly disapprove if they were using marijuana once a month or more

34%

Think their close friends would disapprove or strongly disapprove if they were having one or more drinks of alcohol nearly every day

46%

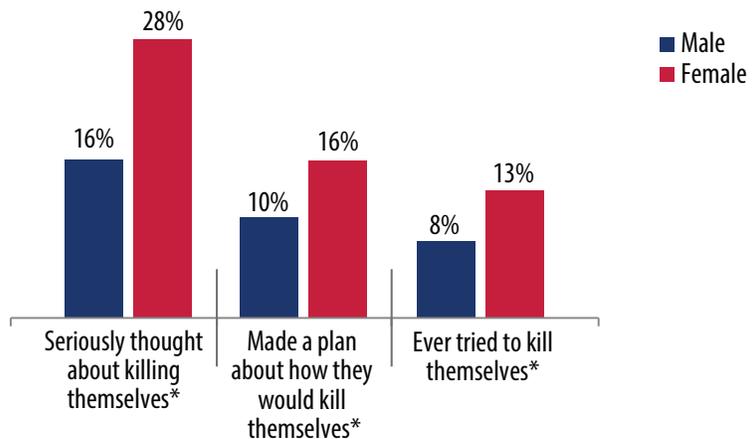
Emotional Health and Wellness



SUICIDAL THOUGHTS AND ATTEMPTS

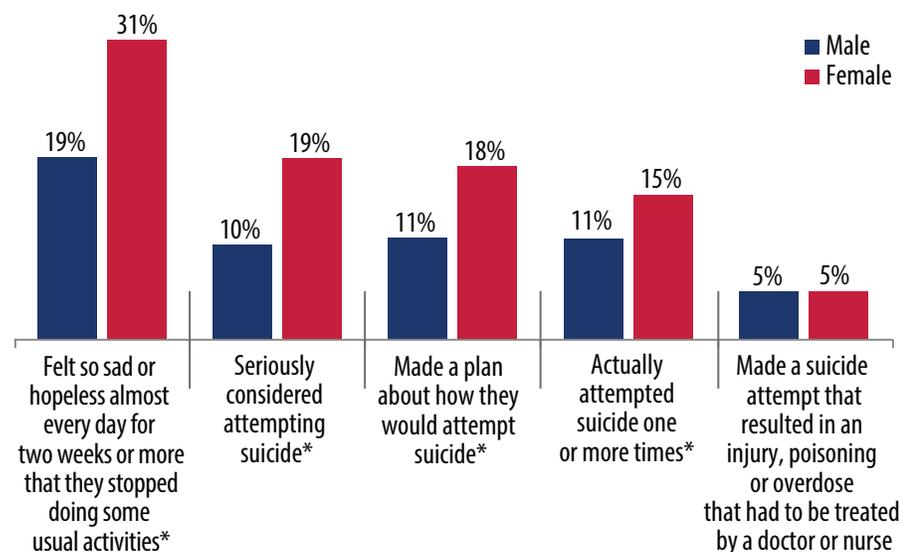
Suicide is the third leading cause of death among youth aged 10 to 24 in the United States, and non-fatal suicide attempts result in approximately 157,000 youth receiving medical treatment from emergency departments for self-inflicted injuries.² Understanding the factors that place D.C. youth at an increased risk for suicidal thoughts and behaviors is necessary for effectively developing programs that promote emotional wellness among youth. Prevention and intervention efforts that address the underlying causes of emotional distress among females are particularly important given that females are at an increased risk for depression, suicidal thoughts and suicidal behaviors compared to males.

Middle school students' lifetime suicidal thoughts and behaviors, by sex



*Significant difference between male and female students

High school students' mood, suicidal thoughts and suicidal behaviors during the past 12 months, by sex



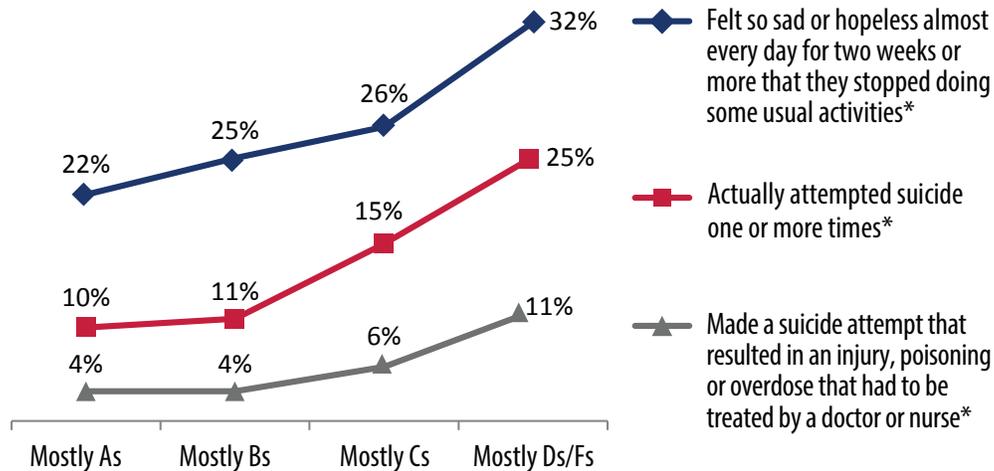
*Significant difference between male and female students

Among D.C. middle and high school students, significantly more females reported higher levels of suicidal thoughts and planning and a higher number of suicide attempts than their male counterparts.

Significantly more high school females also reported feelings of sadness or hopelessness compared to males.

Emotional Health and Wellness

Depressed mood and suicide attempts among high school students, by academic performance



*Significant difference between those receiving mostly As, Bs and Cs and those receiving mostly Ds and Fs



Among high school students, mood and suicidal behaviors were associated with academic performance. Students receiving As, Bs and Cs were significantly less likely to report a depressed mood or suicide attempts compared to students receiving Ds and Fs.

SOUTH CAPITOL STREET MEMORIAL AMENDMENT ACT OF 2012



The South Capitol Street Memorial Amendment Act of 2012 was passed in response to a mass shooting in the District of Columbia in 2010. This bill centers on improving mental health outcomes for D.C. youth and calls for the extension of behavioral health services to all public and public charter school students, enhances truancy regulations to ensure needed services are delivered to youth and increases behavioral health screening at local youth-serving agencies. Data-driven, coordinated approaches for addressing the underlying sources of mental health difficulties among youth offer greater accountability and codified systems that can serve to assess and improve youth emotional and mental health outcomes.³

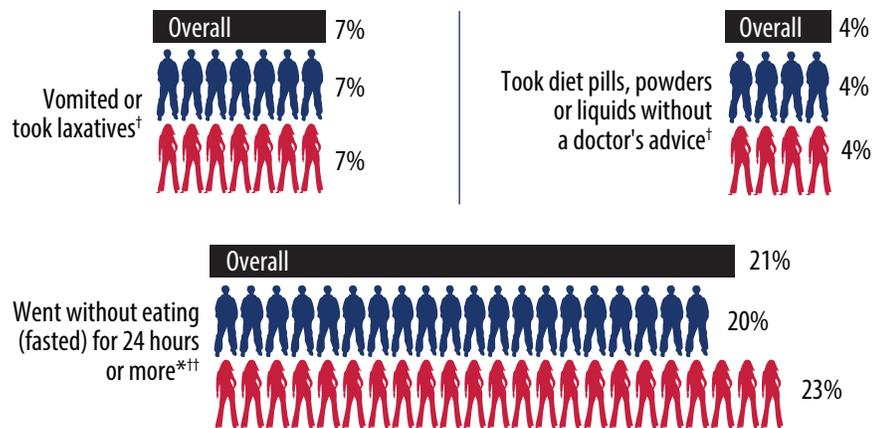
Emotional Health and Wellness



DISORDERED EATING BEHAVIORS

Disordered eating behaviors during adolescence can have several negative physical and psychological effects including inadequate nutrition intake, low self-esteem, feelings of depression, suicidal thoughts and behaviors, stress, and high levels of alcohol and drug use. Unhealthy dieting and eating behaviors can contribute to the development of eating disorders such as anorexia or bulimia, which are associated with numerous health problems later in life including infertility, cardiovascular distress, kidney dysfunction and loss of bone density.^{4,5}

Middle school students' lifetime disordered eating behaviors, by sex

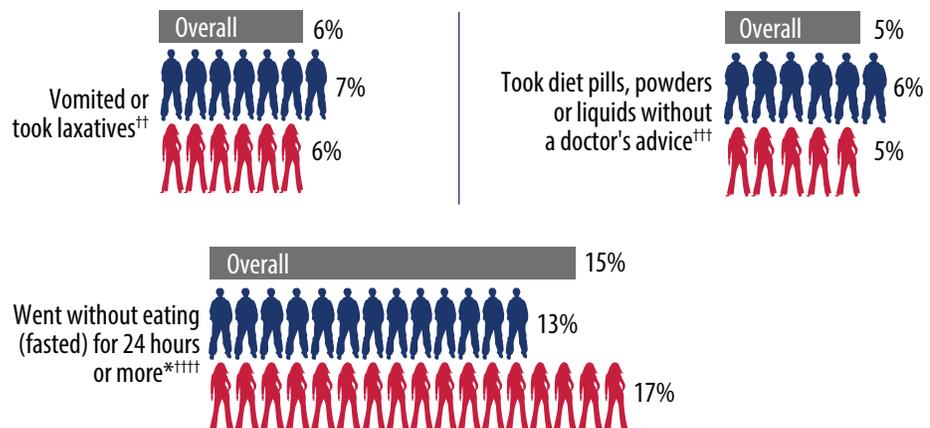


*Significant difference between male and female students

†Significantly lower than in 2007 overall and among males; the percentage of female students reporting these behaviors was not significantly different in 2012 compared to 2007.

††The percentage of students reporting this behavior (overall, male and female) was not significantly different in 2012 compared to 2007.

High school students' current (past 30-day) disordered eating behaviors, by sex



*Significant difference between male and female students

††The percentage of students reporting this behavior (overall, male and female) was not significantly different in 2012 compared to 2007.

†††Significantly lower than in 2007 among males; the percentage of female students and overall students reporting this behavior was not significantly different in 2012 compared to 2007.

††††Significantly higher than in 2007 among females; the percentage of males and overall students reporting this behavior was not significantly different in 2012 compared to 2007.

Nutrition, Physical Activity and Sedentary Behaviors

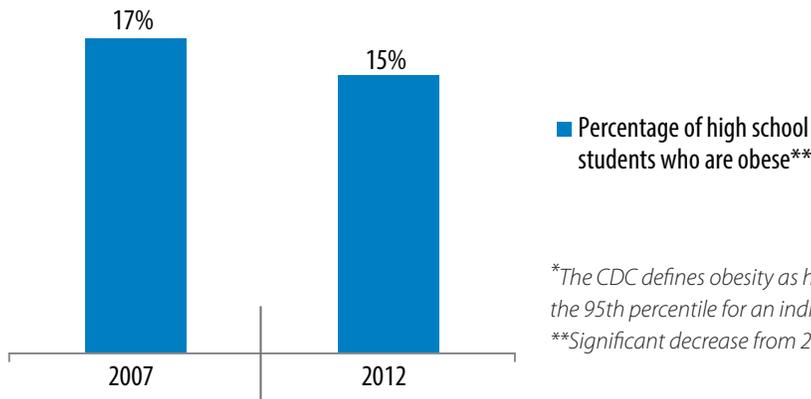
OBESITY, OVERWEIGHT AND THE HEALTHY SCHOOLS ACT OF 2010



Over the past 30 years, the number of obese youth aged 12 to 19 has nearly tripled. This rise in obesity is concerning given that obese youth are at increased risk for acute and chronic health problems including cardiovascular disease, diabetes, and sleep apnea as well as social and psychological problems such as poor self-esteem. The District of Columbia Healthy Schools Act aims to help children and teens maintain a healthy weight by improving access to healthy fresh local foods, increasing the amounts of fruits, vegetables and whole grains offered in school meals and increasing the amounts of physical activity and health education in schools.⁶ Given the requirements of the Healthy Schools Act, it is imperative that teachers and schools be equipped with the resources needed to properly prepare students to make appropriate health decisions.

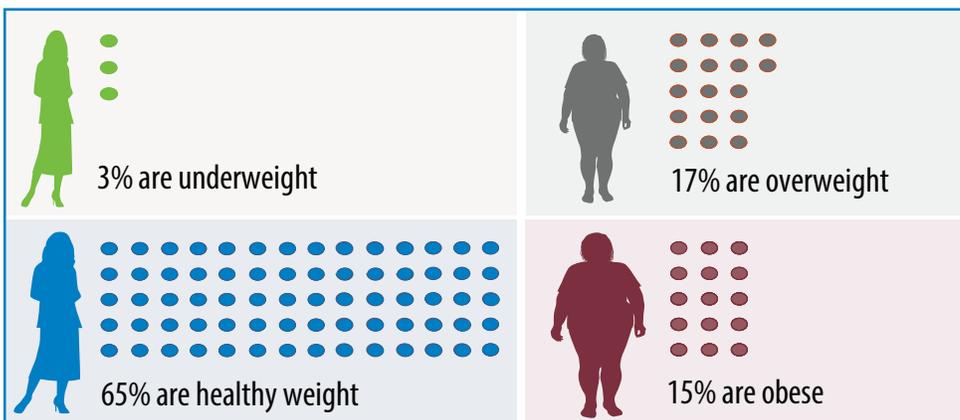
The percentage of D.C. high school students who are obese significantly decreased from 17% in 2007 to 15% in 2012.

OBESITY AMONG D.C. HIGH SCHOOL STUDENTS: 2007 AND 2012*



*The CDC defines obesity as having a BMI greater than the 95th percentile for an individual's age and sex.
 **Significant decrease from 2007 to 2012

Among D.C. high school students...[†]



[†]The CDC defines overweight as having a BMI at or above the 85th percentile for age and sex and underweight as having a BMI at or below the 5th percentile. BMI was calculated based on students' self-report of height and weight. The CDC defines obesity as having a BMI greater than the 95th percentile for an individual's age and sex.



Nutrition, Physical Activity and Sedentary Behaviors

NUTRITION AND ADOLESCENTS' WEIGHT

Why do school nutrition programs matter?

- Only 25% of high school students ate breakfast every day, and 18% of high school students never ate breakfast during the past seven days.
- High school students who never ate breakfast were 33% more likely to be obese or overweight than students who ate breakfast at least once per week.
- 11% of middle school students and 17% of high school students reported going hungry* because there was not enough food in their home.
- Middle school students who reported going hungry were 88% more likely to report being very overweight than students who never or rarely went hungry.
- High school students who reported going hungry were 21% more likely to be obese than students who never or rarely went hungry.

**Reported sometimes, most of the time or always going hungry because there was not enough food in their home during the past 30 days*

Trends in selected healthy eating behaviors among high school students during the past seven days: 2007 and 2012

Percentage of D.C. high school students who, in the past 7 days...	2007	2012			Trend	
	Ever	Never	1-3 times	4-28 times		Ever
Drank 100% fruit juice*	82%	22%	37%	41%	78%	↓
Ate fruit*	78%	17%	39%	44%	83%	↑
Ate green salad*	60%	43%	35%	22%	57%	↓

**Significant difference between 2007 and 2012*

District of Columbia Youth Risk Behavior Survey 2012

More high school students reported eating fruit in 2012 than in 2007 (5% increase) while fewer students reported drinking 100% fruit juice (4% decrease) and eating green salad (3% decrease).



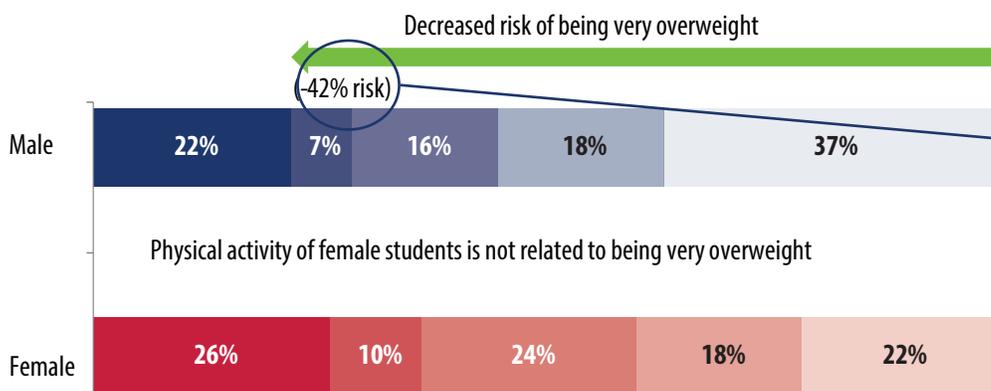
Nutrition, Physical Activity and Sedentary Behaviors

PHYSICAL ACTIVITY AND ADOLESCENTS' WEIGHT

The CDC recommends that youth aged 5-17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily to promote health.⁷ Physical activity has been associated with both physical and psychological benefits in young people, including maintaining a healthy cardiovascular system and healthy body weight, improving their control over symptoms of anxiety and depression and assisting in social development.⁸

Percentage of middle school students who reported physical activity for at least 60 minutes per day, by sex

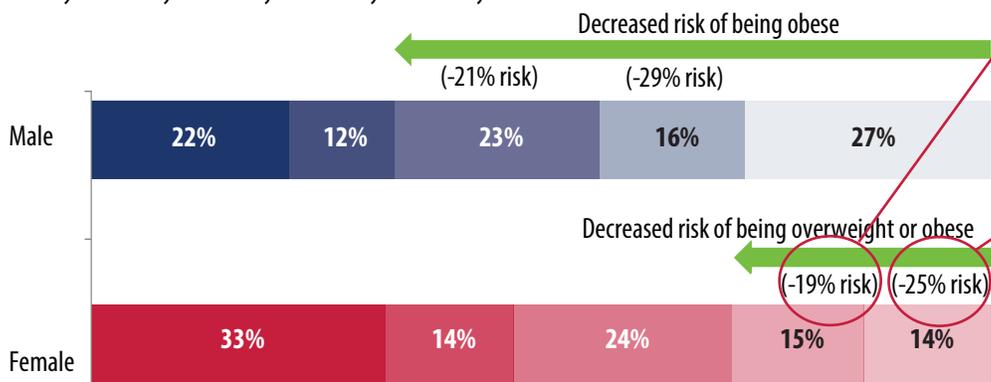
■ 0 days* ■ 1 day ■ 2-3 days ■ 4-5 days ■ 6-7 days
 ■ 0 days* ■ 1 day ■ 2-3 days ■ 4-5 days ■ 6-7 days



*Significantly lower than in 2007

Percentage of high school students who reported physical activity for at least 60 minutes per day, by sex

■ 0 days* ■ 1 day ■ 2-3 days ■ 4-5 days ■ 6-7 days
 ■ 0 days* ■ 1 day ■ 2-3 days ■ 4-5 days ■ 6-7 days



*Significantly lower than in 2007

Among D.C. students, physical activity and sports participation are protective factors* for being overweight and obese.

*Protective factors: Individual or environmental characteristics, conditions or behaviors that, when present, improve the health and well-being of youth.

How to read this chart:

Male middle school students who exercise for at least 60 minutes one or more days per week are 42% less likely to report being very overweight.

Female high school students who exercised for at least 60 minutes 4-5 days per week were 19% less likely to be overweight or obese.

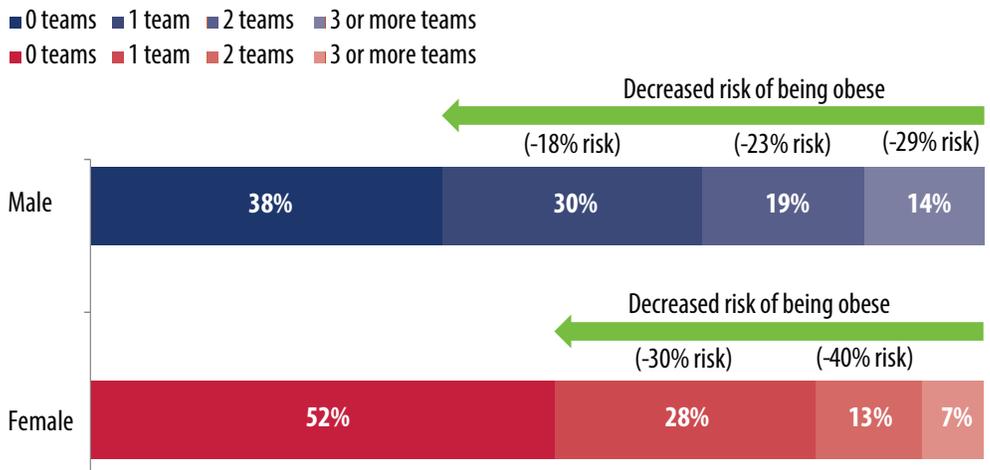
Female high school students who exercised for at least 60 minutes 6-7 days per week were 25% less likely to be overweight or obese.

Nutrition, Physical Activity and Sedentary Behaviors

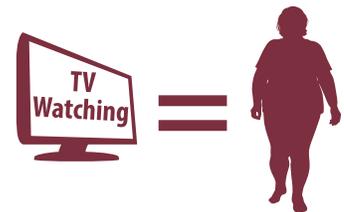
The number of middle and high school students playing on at least one sports team increased since 2007.



Sports team participation among high school students, by sex



TV watching and playing video games are risk factors for obesity among D.C. high school students.



Reported TV watching on an average school day among high school students

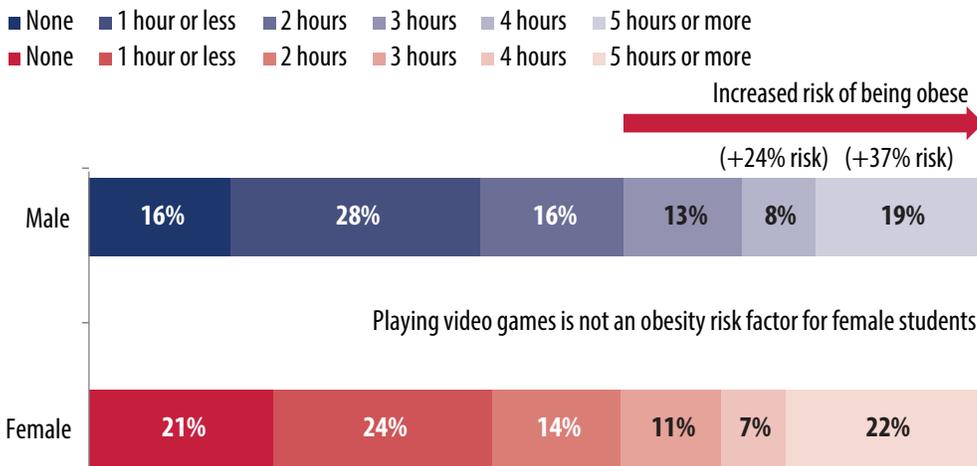


Middle school students who reported playing on at least one sports team during the past 12 months were 53% less likely to report being very overweight compared to students who did not play on a sports team.

Students who watch three or more hours of TV on a school day face a significantly increased risk for obesity; this risk increases with every additional hour above three hours that students spend watching TV.

Nutrition, Physical Activity and Sedentary Behaviors

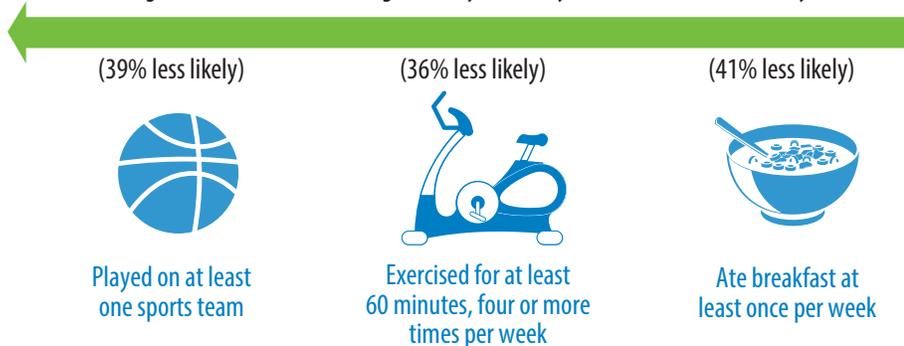
Hours of playing video or computer games/using a computer for non-school work purposes on an average school day among high school students, by sex



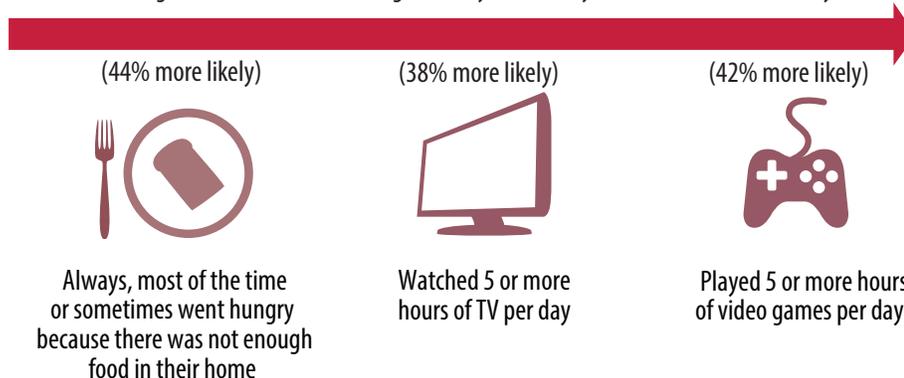
Male high school students who spend more time playing video or computer games that are not for educational purposes are at a significantly increased risk for obesity compared to male students who spend fewer hours per day playing video games.

ACADEMIC PERFORMANCE AND HEALTH

High school students were significantly less likely to receive Ds and Fs if they:



High school students were significantly more likely to receive Ds and Fs if they:



Physical activity and school nutrition programs are not only protective for maintaining a healthy weight among high school students, but are also protective for achieving academic success.

Nutrition, Physical Activity and Sedentary Behaviors

EMOTIONAL HEALTH AND ADOLESCENTS' WEIGHT

Overweight or obese high school females were...



28% more likely to report being depressed*

36% more likely to have thought about suicide

46% more likely to have attempted suicide

than high school females who are not overweight or obese.**

**This statistic compares obese female students (not including those who are overweight) to female students who are not obese.*

***Obesity and/or being overweight was not related to feeling sad or hopeless, suicidal thoughts or attempted suicide among males.*

Obese high school students were...



52% more likely to vomit or take laxatives



66% more likely to fast[†]



81% more likely to take diet pills

[†]Overweight students also report increased likelihood of fasting.

Obesity is associated with a significantly increased likelihood of depression, suicidal thoughts and attempted suicide among female high school students but not among male high school students.

High school students who are obese were significantly more likely to report engaging in risky weight loss behaviors compared to students who are not obese.



Sexual Health

In 2012, 54% of D.C. high school youth and 19% of middle school youth reported ever having sexual intercourse.

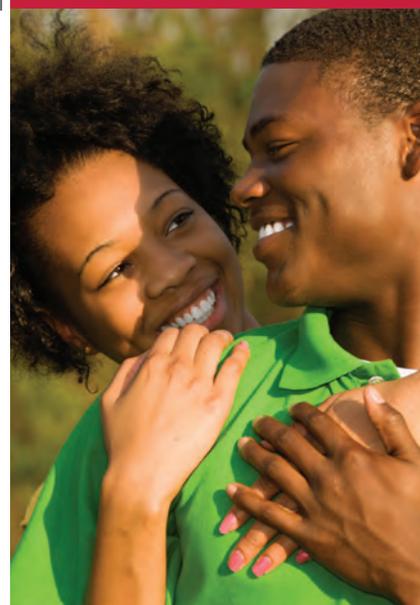
The CDC estimates that youth make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections occurring in the United States each year.⁹ Through examining the sexual health behaviors of D.C. youth, schools and other youth-serving agencies can support the adoption of healthy attitudes and behaviors and ultimately reduce the risk for HIV, other STDs and unintended pregnancy.

SEXUAL ACTIVITY

Trends in sexual behaviors among middle and high school youth: 2007 and 2012

Percentage of D.C. youth who...	Middle School			High School		
	2007	2012	Trend	2007	2012	Trend
Had sexual intercourse during their life*	29%	19%	↓	57%	54%	↔
Male youth	43%	29%	↓	64%	62%	↔
Female youth	17%	9%	↓	51%	47%	↔
Had sexual intercourse with one or more people during the past three months	—	—		41%	37%	↓
Had sexual intercourse with four or more people (high school) or three or more people (middle school) during their life*	12%	8%	↓	20%	22%	↔
Male youth	21%	14%	↓	30%	33%	↔
Female youth	3%	3%	↔	14%	12%	↔

*Significant difference between male and female youth.



Among both middle and high school youth, females were significantly less likely than males to be sexually active or to have had four or more sexual partners.

41% of high school youth reported having oral sex with one or more people during their lifetime.

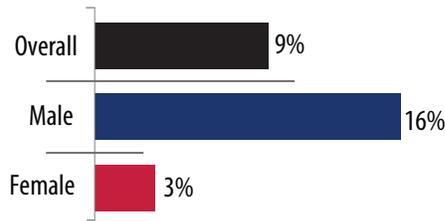
Sexual Health



INITIATION OF SEXUAL INTERCOURSE

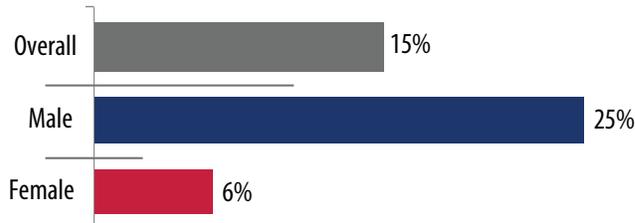
Youth who report having their first sexual experience at an early age are more likely to not only engage in other sexual risk behaviors but are also more likely to experience violence in their relationships, face forced sex and either become pregnant or impregnate someone else.¹⁰

Initiation of sexual intercourse by age 11 among middle school youth, by sex*



*Significant difference between male and female youth

Initiation of sexual intercourse by age 13 among high school youth, by sex*

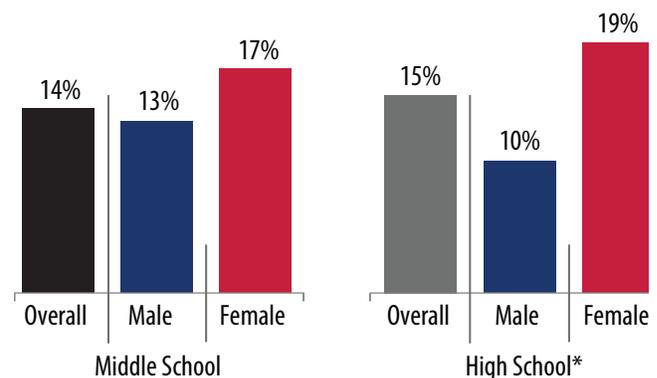


*Significant difference between male and female youth

Young people with older sexual partners may be at an increased risk for HIV infection given that the population with the largest number of new HIV infections is adults aged 20-24.¹¹

Among sexually active high school youth in D.C., a significantly larger percentage of females reported that their most recent sexual partner was three or more years older than them.

Sexually active youth whose most recent sexual partner was three or more years older, by sex

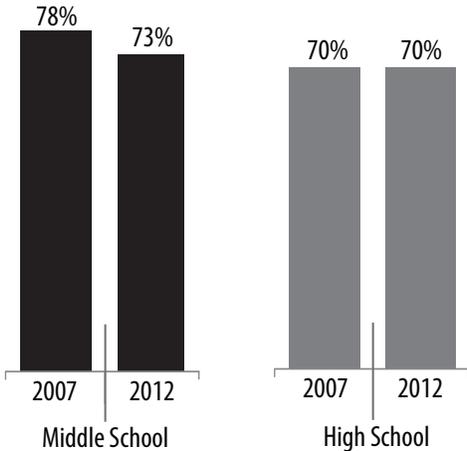


*Significant difference between male and female youth

Sexual Health

CONDOM USE

Condom use during most recent sexual intercourse among middle school and high school youth*

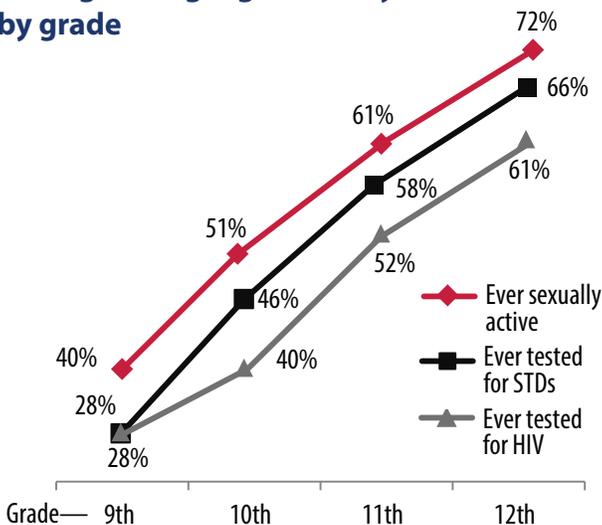


*This question was asked of high school youth who reported having sexual intercourse in the past three months and of middle school youth who reported ever having sexual intercourse.

Condom use among middle school youth decreased significantly from 2007 to 2012.

Condom use among high school youth remained high at 70% compared to the national average of 60%.¹²

Sexual activity and STD and HIV testing among high school youth, by grade

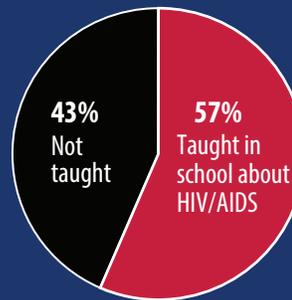


District of Columbia Youth Risk Behavior Survey 2012

PROTECTIVE FACTORS

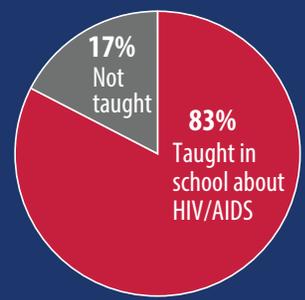
Education is an important protective factor in assisting youth in making healthier decisions regarding their sexual behaviors. Research has shown that when implemented correctly, evidence-based sexual health education programs are effective in decreasing youth sexual risk behaviors, including delaying the onset of sexual activity and increasing the use of condoms among youth who are sexually active.¹³

HIV/AIDS prevention and education among middle school youth*



*Percentage who were taught in school about HIV/AIDS is significantly lower than in 2007 (72%).

HIV/AIDS prevention and education among high school youth*



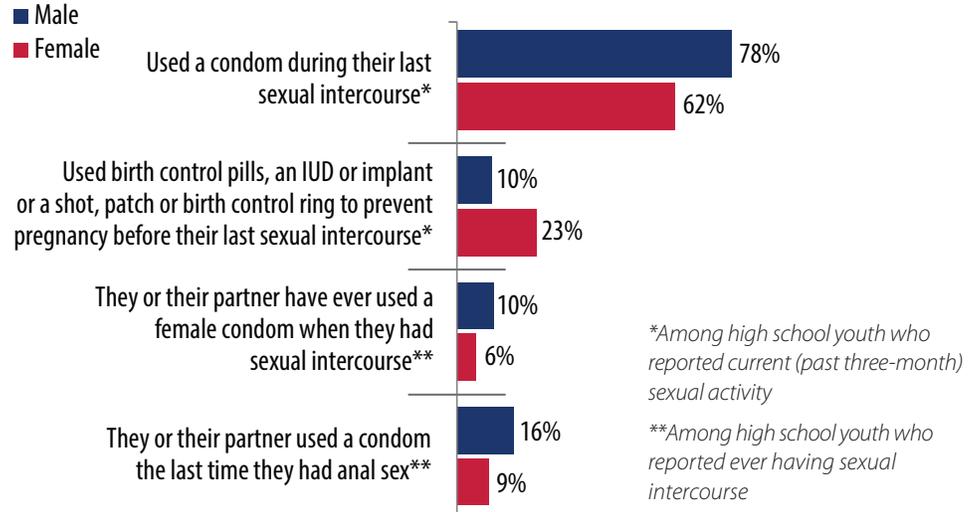
*Percentage who were taught in school about HIV/AIDS is not significantly different from 2007 (85%).

The percentage of youth who have ever been sexually active and the percentage who have been tested for STDs or HIV infection were significantly higher among youth in higher grade levels.

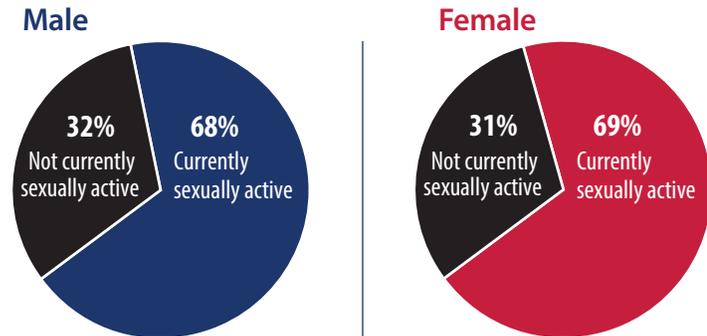
There is greater disparity between the percentage of youth who have ever been sexually active and the percentage who have been tested for STDs among ninth grade youth (12%) than among the youth in 10th through 12th grades (3%–6%).

Sexual Health

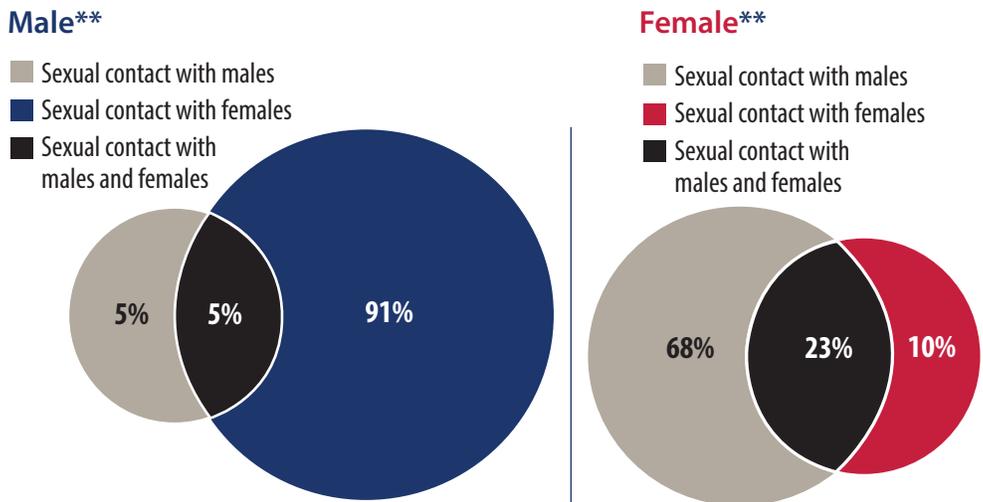
Birth control and condom use among high school youth, by sex



Current (past three-month) sexual activity among high school youth who reported ever having sexual intercourse, by sex



Sexual contact among high school youth, by sex



**Among high school youth who reported ever having sexual intercourse

Approximately 9% of high school youth and 2% of middle school youth reported ever having been pregnant or gotten someone else pregnant.



Among sexually active high school youth in 2012, 5% of males and 23% of females reported having sexual contact with both males and females during their lifetime.

Lesbian, Gay, Bisexual, Transgender and Questioning

Youth do not engage in risky behaviors solely on the basis of their sexual orientation, gender identity and/or gender expression. Research indicates that when youth are victimized who either self-identify as lesbian, gay, bisexual, transgender and/or questioning (LGBTQ) or are perceived to be LGBTQ, they are at an increased risk for relational, mental health and substance use problems compared to their peers. Stigma, social prejudices and the related mistreatment of youth on the basis of their LGBTQ sexual orientation or transgender identity and gender expression¹⁴ contribute to a disproportionate number of LGBTQ youth facing negative health outcomes. As such, effective school- and community-based programs are needed that specifically target and meet the needs of the LGBTQ youth population. Moreover, research suggests that transgender youth are particularly vulnerable, thus requiring increased access to resources and services that meet transgender youth's specific needs, including culturally relevant and compassionate physical health care, mental health services, schooling, employment and housing opportunities.¹⁵

LGBQ IDENTITY

15.3% of D.C. high school youth identify as lesbian, gay, bisexual or questioning.



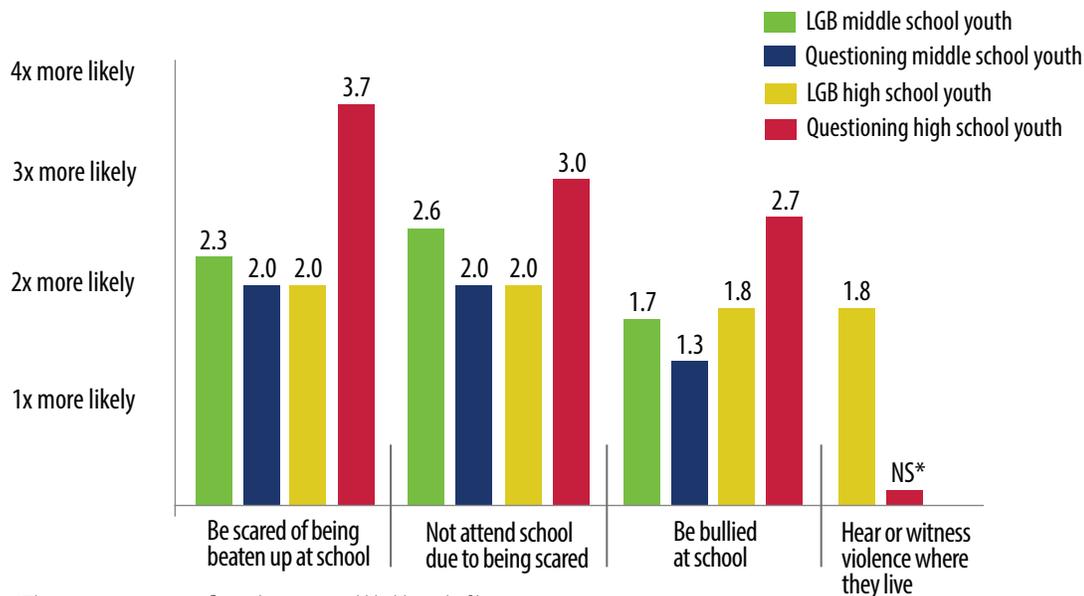
6.2% of D.C. middle school youth identify as lesbian, gay or bisexual.

8.9% of D.C. middle school youth identify as questioning or not sure.

Lesbian, Gay, Bisexual, Transgender and Questioning

VIOLENCE AND BULLYING

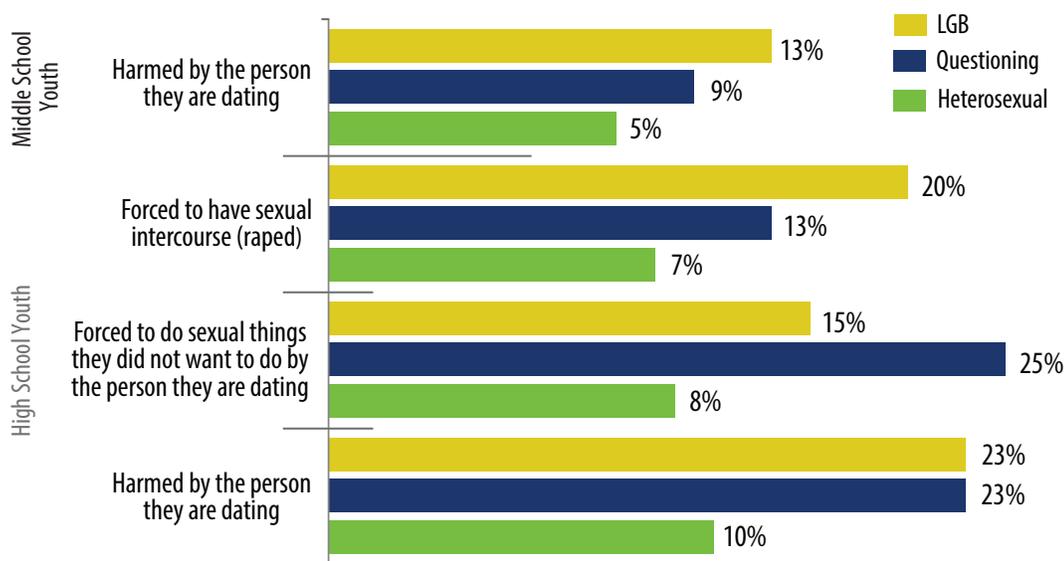
LGBQ youth were more likely than heterosexual youth to...



*There was not a significantly increased likelihood of hearing or witnessing violence where they live among questioning high school youth.

DATING VIOLENCE

A higher percentage of LGBQ youth in D.C. reported being...



LGBQ high school youth were 2.8 times more likely to report being forced to have sexual intercourse (raped), 2.3 times more likely to report being forced to do sexual things they did not want to do by the person they were dating and 2.5 times more likely to be harmed by the person they were dating than heterosexual youth. LGBQ middle school youth were 2.5 times more likely to be harmed by the person they were dating than heterosexual youth.

District of Columbia Youth Risk Behavior Survey 2012

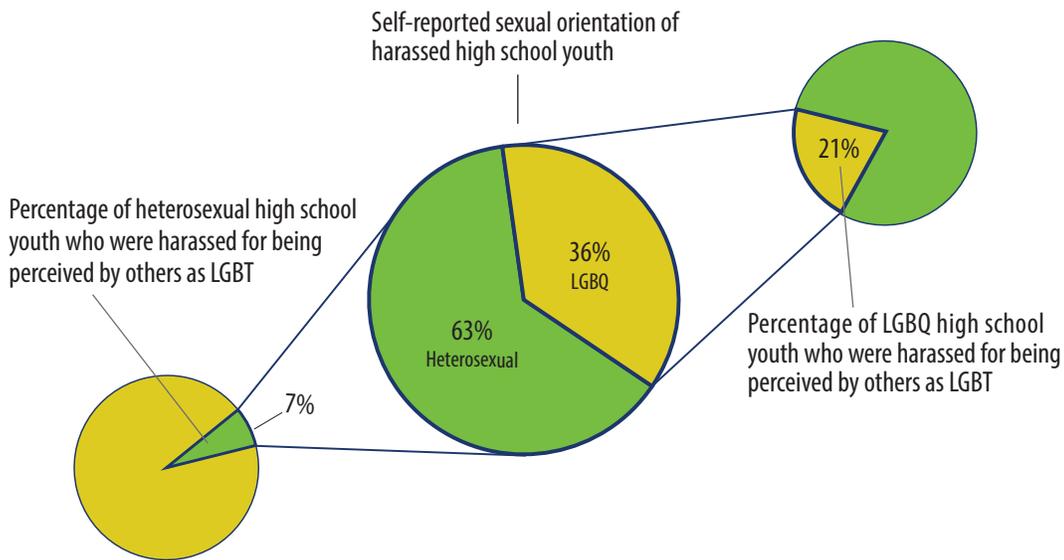
LGBQ youth are at a significantly increased risk for experiencing fear and being bullied at school.

LGBQ youth are also at a significantly increased risk for being raped and experiencing relationship violence compared to their heterosexual peers.

Lesbian, Gay, Bisexual, Transgender and Questioning

HARASSMENT

Harassment of high school youth due to other youth's perception that they are lesbian, gay, bisexual or transgender



During the past 12 months, 21% of LGBTQ high school youth and 7% of heterosexual high school youth reported that they have been harassed on school property because someone thought they were lesbian, gay, bisexual or transgender.

D.C. HUMAN RIGHTS ACT OF 1977



Under the D.C. Human Rights Act it is unlawful to "...deny, restrict, or to abridge or condition the use of, or access to, any of its facilities, services, programs, or benefits of any program or activity to any person otherwise qualified, wholly or partially, for a discriminatory reason, based upon the actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, political affiliation, source of income, or disability of any individual."¹⁶



Lesbian, Gay, Bisexual, Transgender and Questioning

EMOTIONAL HEALTH

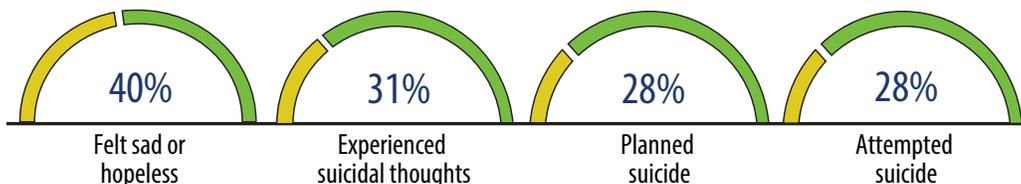
Suicidal thoughts and behaviors among lesbian, gay and bisexual middle school youth



LGB middle school youth are 5.6 times more likely to have ever experienced suicidal thoughts, 5.0 times more likely to have ever planned suicide and 5.3 times more likely to have attempted suicide *during their lifetime* than their heterosexual peers.*

**Questioning/not sure middle school youth were not more likely to report suicidal behaviors compared to their heterosexual peers.*

Suicidal thoughts and behaviors during the past 12 months among lesbian, gay and bisexual high school youth



LGBQ high school youth are 1.9 times more likely to have felt sad or hopeless, 2.7 times more likely to have experienced suicidal thoughts, 2.3 times more likely to have planned suicide and 2.3 times more likely to have attempted suicide *during the past 12 months* than their heterosexual peers.*

**Questioning/not sure high school youth were equally likely to report feeling sad or hopeless and suicidal behaviors as LGB high school youth.*

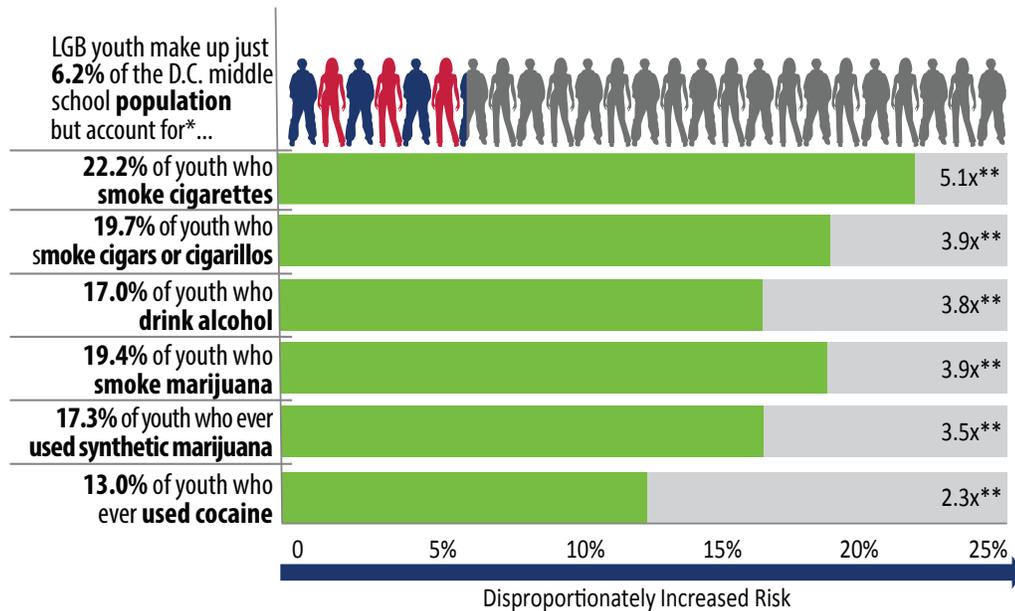
LGB middle school youth in D.C. are at a disproportionate risk for suicidality.

LGBQ high school youth in D.C. are at a disproportionate risk for depression and suicidality.

Lesbian, Gay, Bisexual, Transgender and Questioning

SUBSTANCE USE

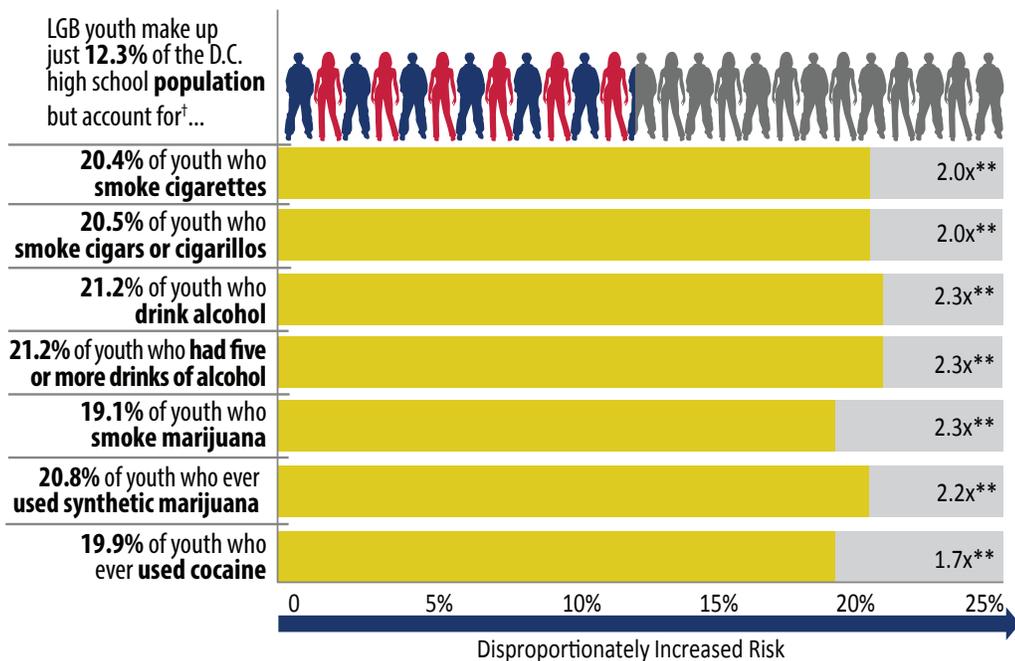
Substance use among lesbian, gay and bisexual middle school youth



*Questioning/not sure middle school youth were not more likely to report substance use compared to their heterosexual peers.

**LGB youth were more likely to use each substance compared to their heterosexual peers.

Substance use among lesbian, gay and bisexual high school youth



†Of the substances reported above, questioning/not sure high school youth were only at increased risk for cocaine use and were 2.3 times more likely than their heterosexual peers to have ever used cocaine.

**LGB youth were more likely to use each substance compared to their heterosexual peers.

LGB youth in D.C. are also at a disproportionate risk for substance use compared to their heterosexual peers.

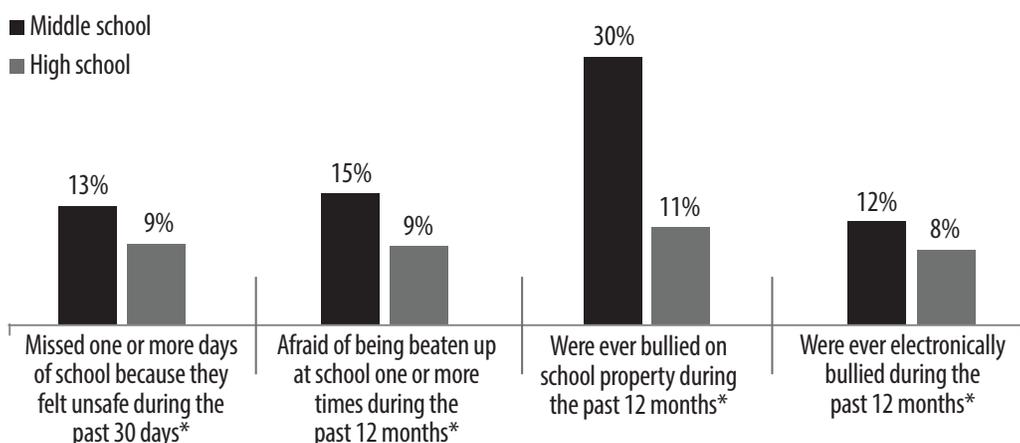


Violence and Bullying

Violence and bullying are associated with serious health concerns among youth including changes to sleeping and eating patterns, increased substance use and feelings of depression and anxiety.¹⁷ Given its pervasiveness, bullying—which can include harassment and threats as well as physical violence—has become a matter of great public concern in recent years. Advances in technology have contributed to this pervasiveness, allowing bullying to persist at home as well as at school. Understanding the factors associated with violence and bullying and its prevalence in schools can help to address the problem and limit the toll that violence and bullying can take on both victims and bullies.

BULLYING, SAFETY AND FEAR

Bullying and violence-related experiences among D.C. middle and high school students



*Significantly more middle school students reported each bullying or violence-related experience compared to high school students.

YOUTH BULLYING PREVENTION ACT OF 2012



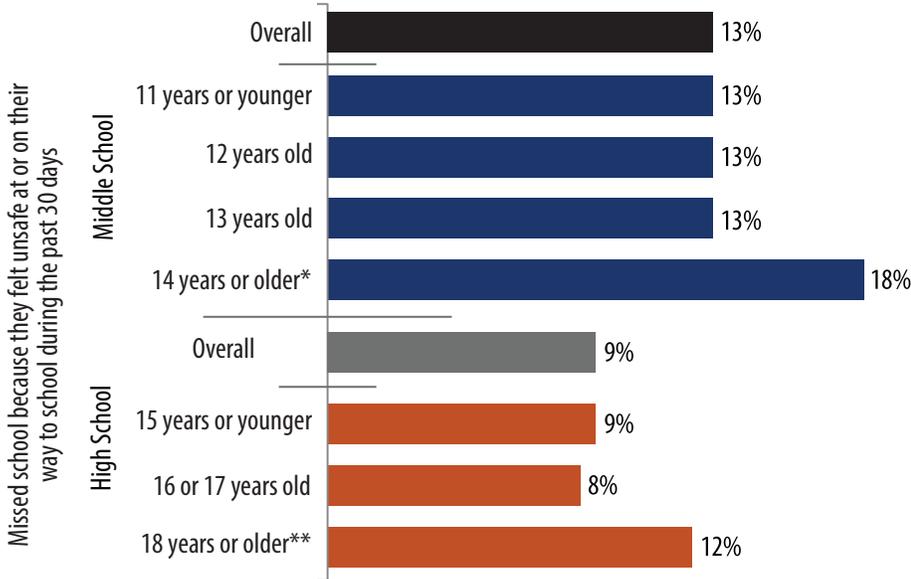
On June 22, 2012, Mayor Vincent C. Gray signed into law the Youth Bullying Prevention Act of 2012, unique legislation that challenges the District as a whole to address and work to eradicate bullying. The Act requires the creation of a bullying prevention task force, and the creation and implementation of a bullying prevention policy by all District-wide youth-serving agencies.¹⁸

During the past 12 months, 30% of middle school students and 11% of high school students reported being bullied on school property.

Among both middle and high school students, significantly more females reported being bullied on school property and being electronically bullied than male students.

Violence and Bullying

Missed school because they felt unsafe at or on their way to or from school among middle and high school students, by age



*Significant difference between students aged 14 years and older and younger students

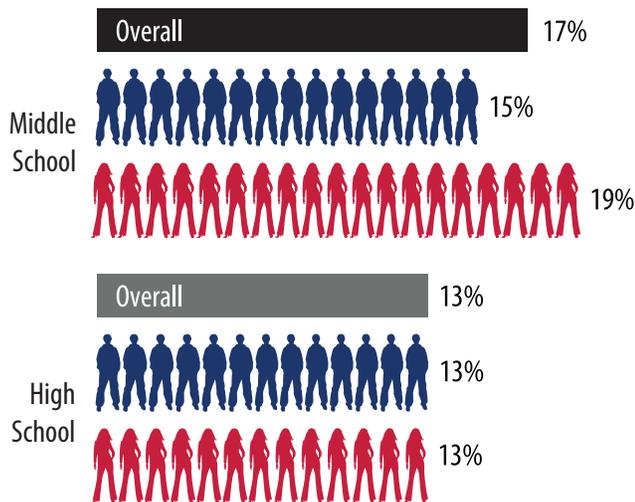
**Significant difference between students aged 18 years and older and younger students

13% percent of middle school students and 9% of high school students reported not going to school on one or more days during the past month because they felt unsafe either at school or on their way to or from school.

In both middle and high school, a significantly higher percentage of older students reported missing school on one or more of the past 30 days because they felt unsafe at school or on their way to or from school compared to younger students.

BULLYING AGGRESSION

Bullying aggression on school property among D.C. middle and high school students, by sex*



Significantly more female middle school students reported bullying others at school than male middle school students. An equal percentage of female and male high school students reported bullying others.

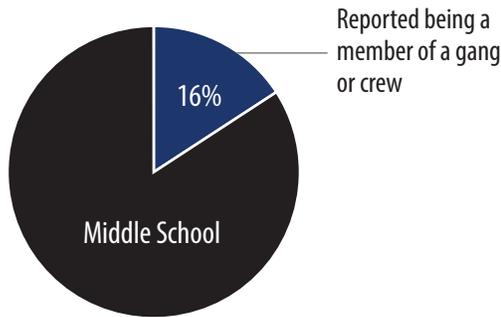
Overall, significantly more middle school students than high school students reported bullying others on school property during the past 12 months.

*Have bullied someone else on school property during the past 12 months

Violence and Bullying

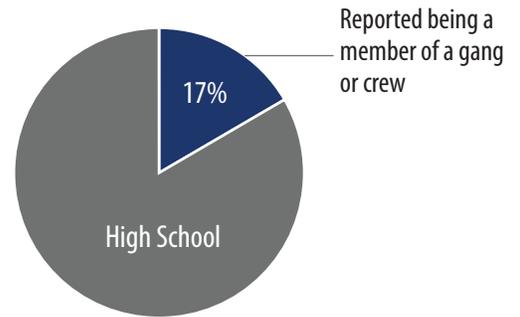
GANG OR CREW MEMBERSHIP

Gang or crew membership during the past 12 months among middle school students*



*More male students reported being a member of a gang or crew (19%) than female students (13%).

Gang or crew membership during the past 12 months among high school students*



*More male students reported being a member of a gang or crew (22%) than female students (12%).

During the past 12 months, 16% of middle school students and 17% of high school students reported being a member of a gang or crew.

Though bullying remains a prevalent problem among D.C. students, there have been significant reductions in school violence since 2007.

VIOLENCE

Trends in violence victimization and violent behaviors among high school students: 2007 and 2012

Violence victimization among D.C. high school students during the past 12 months	2007	2012	Trend
Were threatened or injured with a weapon on school property during the past 12 months	11%	9%	↓
Had property stolen or deliberately damaged on school property during the past 12 months	28%	21%	↓
Violence perpetration among D.C. high school students	2007	2012	Trend
Were in a physical fight on school property one or more times	19%	15%	↓
Were in a physical fight one or more times during the past 12 months	44%	38%	↓
Carried a weapon one or more times during the past 30 days	22%	20%	↓

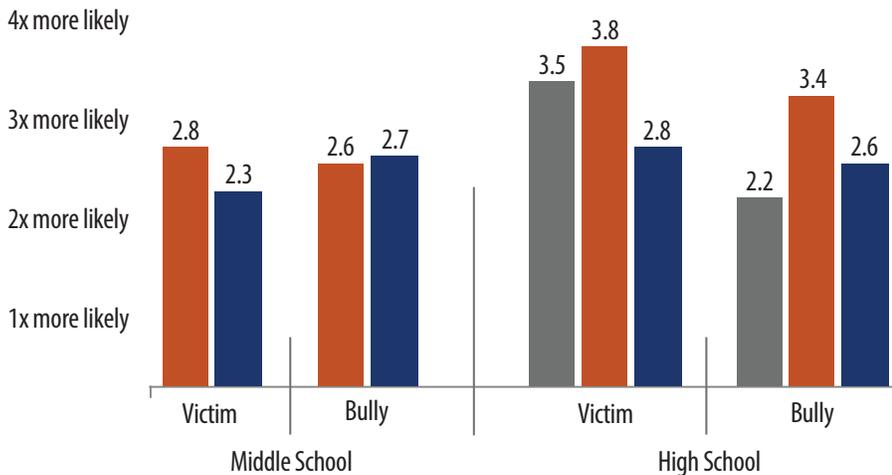


Violence and Bullying

RISK FACTORS ASSOCIATED WITH BULLYING AGGRESSION AND VICTIMIZATION

Middle and high school students who bully others and who are bullied were more likely to...

- Feel depressed
- Think about committing suicide
- Attempt suicide



Students' mental health and wellness are closely related to both bullying aggression and victimization.

Middle school students...

Were more likely to be **victims** of bullying if they...

3.5x more likely



1.8x more likely



Always, most of the time or sometimes went hungry because there was not enough food in their home

Were more likely to **bully** others if they...

1.6x more likely



Always, most of the time or sometimes went hungry because there was not enough food in their home

High school students...

Were more likely to be **victims** of bullying if they:

1.7x more likely



Always, most of the time or sometimes went hungry because there was not enough food in their home

1.3x more likely



Were more likely to **bully** others if they:

1.6x more likely



Always, most of the time or sometimes went hungry because there was not enough food in their home

1.3x more likely



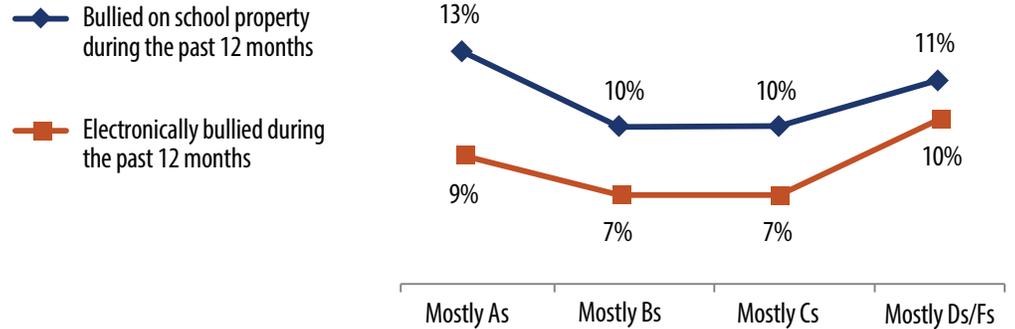
Health and nutrition-related risks were more prevalent among students who bully others and students who are bullied.

Violence and Bullying

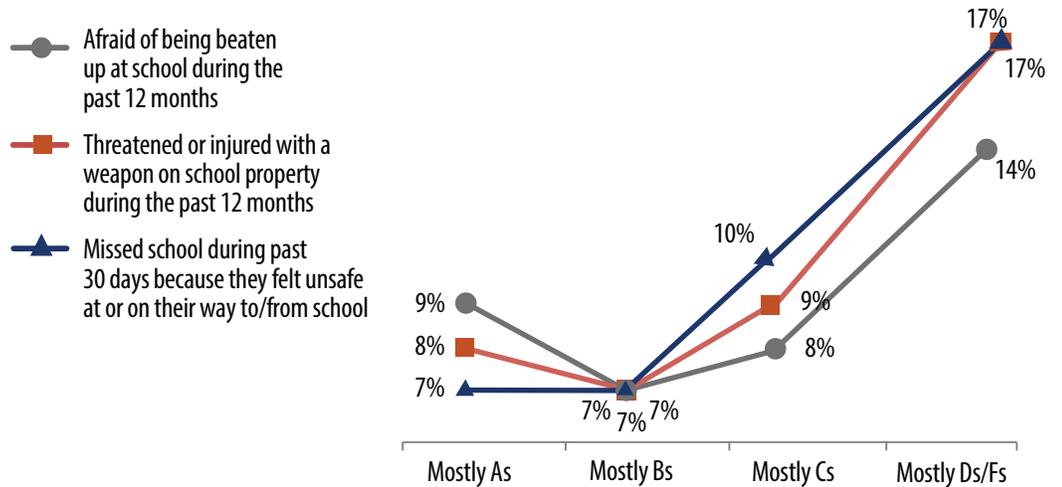
Students who received mostly As were significantly more likely to have been physically bullied on school property and students who received mostly Ds and Fs or who received mostly As were significantly more likely to have been electronically bullied than students who received Bs or Cs.

VIOLENCE, BULLYING AND ACADEMIC PERFORMANCE

Experiences of bullying and violence-related behaviors among high school students, by academic performance



Experiences of bullying and violence-related behaviors among high school students, by academic performance*

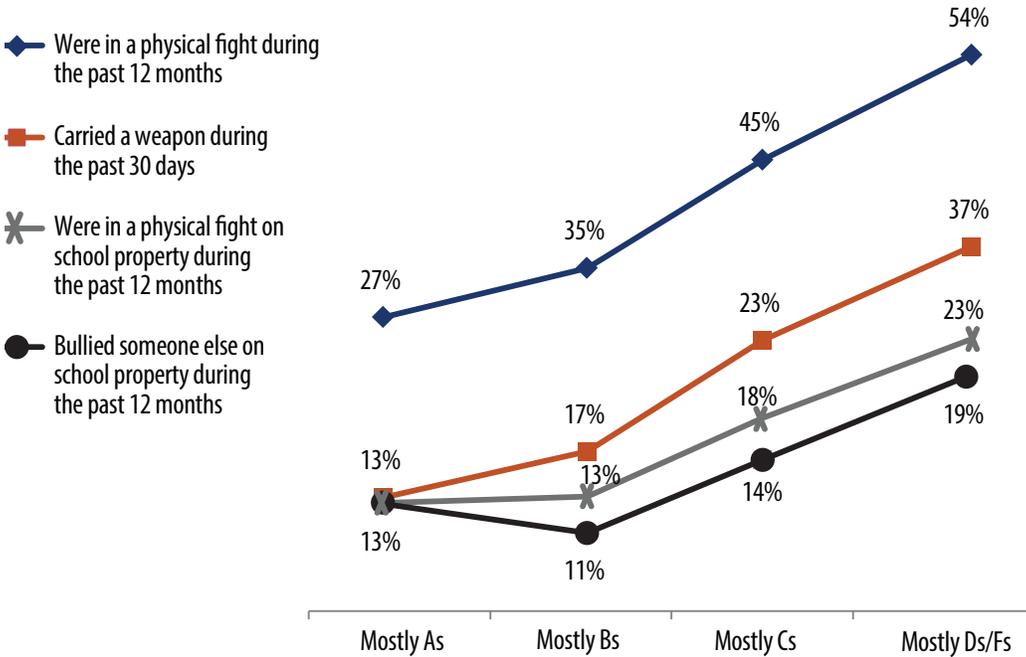


*Having property damaged or stolen during the past 12 months was not associated with academic performance.

Students who received mostly Ds and Fs were significantly more likely to have missed school because they felt unsafe, had been threatened or injured with a weapon and had been afraid of being beaten up at school during the past 12 months than students who received As or Bs.

Violence and Bullying

Physical violence and weapon carrying among high school students, by academic performance



Students who received mostly Ds and Fs were significantly more likely to have been in a physical fight, been in a physical fight on school property and carried a weapon than students who received mostly As, Bs and Cs. Students who received mostly Ds and Fs were also significantly more likely to have bullied someone else on school property than students who received mostly As and Bs.

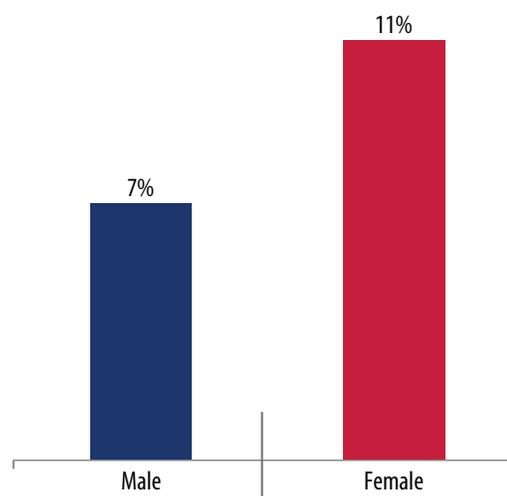


Dating Violence and Neighborhood Violence

Dating violence among youth is associated with a greater likelihood of experiencing emotional problems and engaging in risky behaviors, many of which persist into adulthood. According to the CDC's 2010 National Intimate Partner and Sexual Violence Survey, approximately one in five adult women and one in seven adult men who have experienced rape, physical violence and/or stalking, reported experiencing relationship violence between the ages of 11 and 17.¹⁹ As such, early intervention may help limit lifetime interpersonal violence exposure. This section describes D.C. youth's experiences with dating violence and neighborhood violence and the relationship between these experiences with violence and other health-related factors. For the purposes of this report, dating violence is defined as experiencing harm from someone a youth is dating or going out with and includes being physically forced to have sexual intercourse (raped), being physically hurt or being forced to do sexual things that the youth does not want to do. Neighborhood violence is defined as a youth seeing or hearing people where she or he lives be violent and abusive.

RAPE

Percentage of high school students reporting having ever been physically forced to have sexual intercourse when they did not want to, by sex*

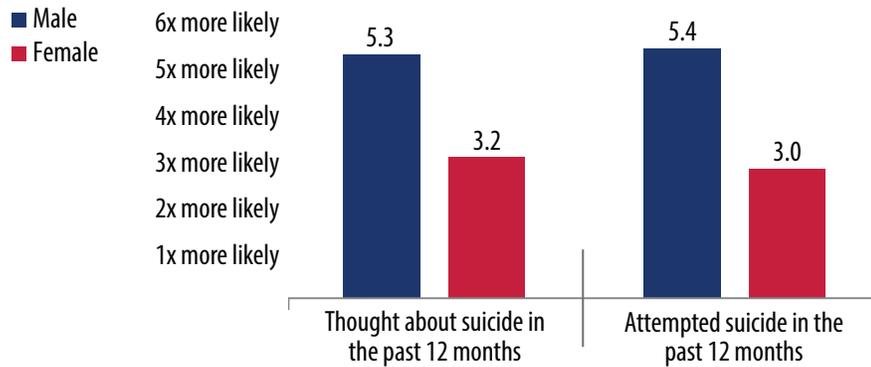


**The percentage of high school students reporting being forced to have sexual intercourse has remained statistically unchanged since 2007.*

Significantly more females than males reported having ever been physically forced to have sexual intercourse.

Dating Violence and Neighborhood Violence

High school students who have been raped are more likely to have...*



*In comparison to high school students who did not report ever being forced to have sexual intercourse



Male and female high school students who have been raped are at a significantly increased risk for both thinking about suicide and attempting suicide.

Being raped is associated with a significantly higher likelihood of suicidal thoughts and suicide attempts among male students than female students.

Among male high school students who reported being raped, 30% reported thinking about committing suicide and 32% reported at least one suicide attempt during the past 12 months.

High school students who have been raped were...



than high school students who have not ever been raped.*

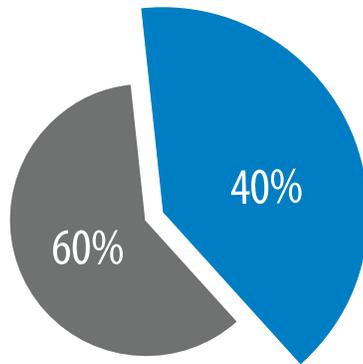
*Comparisons to male and female students who did not report ever being forced to have sexual intercourse

Male and female high school students who have been raped are at a significantly increased risk for not attending school because they feel unsafe.



Dating Violence and Neighborhood Violence

Forty percent of D.C. high school students reported seeing or hearing people where they live be violent and abusive during the past 12 months.



High school students who reported seeing or hearing violence where they live were...

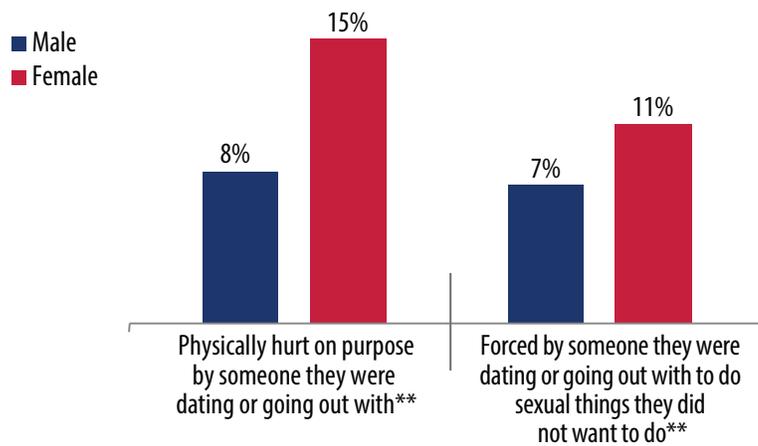
2.1x more likely to have been raped

2.3x more likely to have experienced dating violence

than high school students who did not report seeing or hearing violence where they live.

DATING VIOLENCE

Dating violence among high school students, by sex*



*Among high school students who dated or went out with someone during the past 12 months

**Significant difference between male and female students

Among middle school students who dated or went out with someone during the past 12 months, 10% were physically hurt on purpose by someone they were dating.

High school females were significantly more likely to experience dating violence than high school males; however, middle school females and males were equally likely to be physically hurt by someone they were dating.

Dating Violence and Neighborhood Violence

DATING VIOLENCE AND MENTAL HEALTH

Middle school students who experienced dating violence were...



2.5x more likely to think about suicide



2.0x more likely to attempt suicide

than middle school students who did not report experiencing dating violence during the past 12 months.*

**Dating violence for middle school students is defined as being physically hurt on purpose by someone they were dating.*

High school students who experienced dating violence were...



4.0x more likely to feel depressed



5.4x more likely to think about committing suicide



5.7x more likely to attempt suicide

than high school students who did not report experiencing dating violence during the past 12 months.*

**Dating violence for high school students is defined as being physically hurt on purpose by someone they were dating or being forced to do sexual things they did not want to do by someone they were dating.*

Middle and high school students who have experienced dating violence are at a significantly increased risk for thinking about and attempting suicide.



Dating Violence and Neighborhood Violence

How to read this table:

High School Students:
Males who reported that someone they were dating forced them to do sexual things they did not want to do were 4.7x more likely to use alcohol during the past 30 days.

Middle School Students:
Female middle school students who reported that someone they were dating or going out with hurt them on purpose were no more likely to have ever used cocaine than female middle school students who did not report physical harm from someone they were dating or going out with.

DATING VIOLENCE AND DRUG USE

	Middle School Students		High School Students			
	Physically hurt on purpose		Forced to do sexual things		Physically hurt on purpose	
Alcohol, tobacco and other drug use	Male	Female	Male	Female	Male	Female
Current (30-day) use						
Cigarettes	2.3x	3.5x	3.4x	2.8x	3.1x	3.1x
Cigars or cigarillos	1.8x	3.5x	4.9x*	1.9x	2.7x	3.1x
Alcohol	1.8x	3.8x	4.7x*	1.9x	3.3x	2.5x
Marijuana	1.9x	2.5x	2.5x*	1.4x	1.9x	2.3x
Lifetime use						
Ever used synthetic marijuana	NS	2.1x	3.4x	2.2x	2.5x	2.7x
Ever used cocaine	NS	NS	9.7x*	4.7x	6.8x*	3.4x

*Significantly higher likelihood of use among males compared to females

Middle and high school students who experienced dating violence during the past 12 months were significantly more likely to use alcohol, tobacco and other drugs than those who did not report experiencing dating violence.

Among high school students who reported dating someone who forced them to do sexual things they did not want to do, males were significantly more likely to use alcohol, tobacco and other drugs than females.

DATING VIOLENCE AND SEXUAL HEALTH

High school males who had sexual intercourse at or before age 13 were...



1.7x more likely to be forced to do sexual things they did not want to do

than high school males who became sexually active at a later age.

High school females who had sexual intercourse at or before age 13 were...



1.4x more likely to date someone who physically hurt them on purpose

than high school females who became sexually active at a later age.

High school males whose most recent sexual partner was three or more years older were...



2.0x more likely to be forced to do sexual things they did not want to do

than high school males whose most recent sexual partner was fewer than two years older, the same age or younger than they were.

Dating Violence and Neighborhood Violence

Male high school students who reported having at least one supportive teacher or other adult that they feel they can talk to at school were...

50% less likely to have experienced dating violence



than male high school students who did not report having a supportive adult.

Having a supportive adult that male high school students feel they can talk to is a protective factor against experiencing dating violence. This is particularly important given that male students are at a disproportionately increased risk for experiencing dating violence compared to female students.

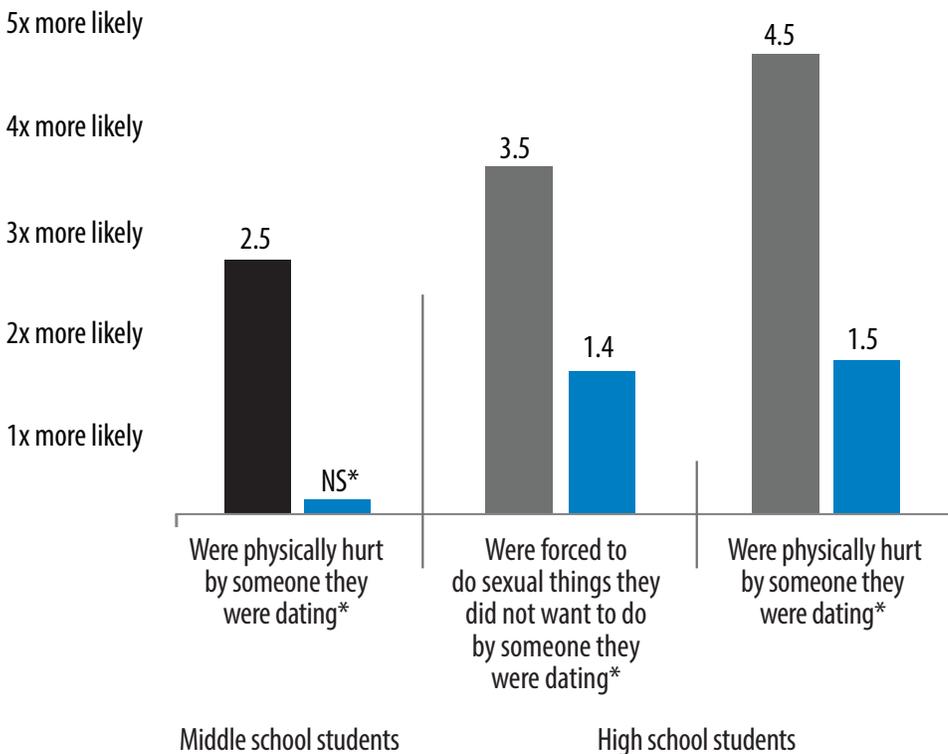
Experiencing dating violence was associated with a significantly increased likelihood of middle and high school students missing school because they felt unsafe and with an increased likelihood of high school students receiving lower grades in school.

Youth experiencing dating violence were not only significantly more likely to attempt suicide and to use alcohol or drugs but were also significantly more likely to experience academic difficulty, highlighting the need for programs and interventions targeting these youth.

DATING VIOLENCE AND ACADEMICS

Academic- and truancy-related effects of experiencing dating violence among middle and high school students

- More likely to not attend school because they felt unsafe
- More likely to receive Ds and Fs in school



*Compared to students who did not experience this type of dating violence



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Important Contact Information



Office of the State Superintendent of Education

Vision

All District residents receive an excellent education.

Mission

The mission of the Office of the State Superintendent of Education is to remove barriers and create pathways for District residents to receive a great education and prepare them for success in college, careers and life.

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 [@OSSEDC](https://twitter.com/OSSEDC)

 ossedc.wordpress.com

Department of Health

Mission

The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia. Including identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources. For more information about the Department of Health please visit <http://www.doh.dc.gov>.

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