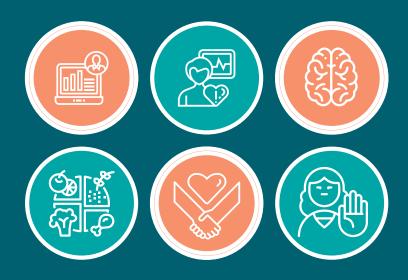


District of Columbia

YOUTH RISK BEHAVIOR SURVEY

2021



CONTENTS

YOUTH RISK BEHAVIOR SURVEY 2021

03

Letter from the State Superintendent

06

Demographics and Student Characteristics

18

Mental and Emotional Health

34

Disease Prevention/Sexual Health

48

Appendix A Youth Risk Behavior Survey Methodology **O5**

How to Understand this Report

12

Alcohol, Tobacco and Other Drugs

28

Nutrition and Physical Activity

38

Safety and Violence

50

Appendix B Additional Data



Letter from the

STATE SUPERINTENDENT

As the state education agency for the District of Columbia, the Office of the State Superintendent of Education (OSSE) works to ensure learners of all ages and backgrounds are equipped with the knowledge and skills needed to pursue and thrive on the life path of their choice. This requires a strategic, data-driven focus on academic performance measurements and, just as importantly, students' physical, mental, and social-emotional wellbeing. We know that healthy bodies and minds build the foundation of academic success.

Since 2007, the District of Columbia's biennial Youth Risk Behavior Survey (YRBS) has provided education leaders with critical data on how often certain healthy and unhealthy behaviors occur, how those behaviors might change over time, what emerging issues may appear in certain sub-

groups of our students and, most importantly, how school and community programs can help promote student success in school and in life. The latest DC YRBS was conducted in fall 2021, capturing critical data on student experiences, health, and risk and protective factors. Students across 109 DC public and public charter middle and high schools participated anonymously in the survey, ensuring confidentiality.

This cycle, the DC YRBS questionnaire included several new questions to better understand student mental health, the impact of parent or guardian job loss during the COVID-19 pandemic, and the rate of students' witnessing of violence in their communities.

The 2021 YRBS administration was conducted while COVID-19 was still very present. Though DC schools were back to in-person learning by the time this survey was administered in the fall of 2021, the public health emergency was still ongoing, and the previous 12 months of life experience were still top of many students' minds as they reflected upon the 2021 YRBS questionnaire.

We see in the 2021 YRBS data that our students continue to face mental and emotional health concerns, with the highest rates of suicidality among middle school females, particularly Hispanic/Latinx and Black females. We also see an increase in disordered eating among all middle and high school females. A new question added this cycle reports that 28 percent of high school students have seen someone physically attacked, beaten, stabbed, or shot in their neighborhood. Overall, disparities between LGBQ+ and transgender students and heterosexual students continue to be pervasive, including in substance use, poor mental health, feelings of unsafety, and sexual violence.

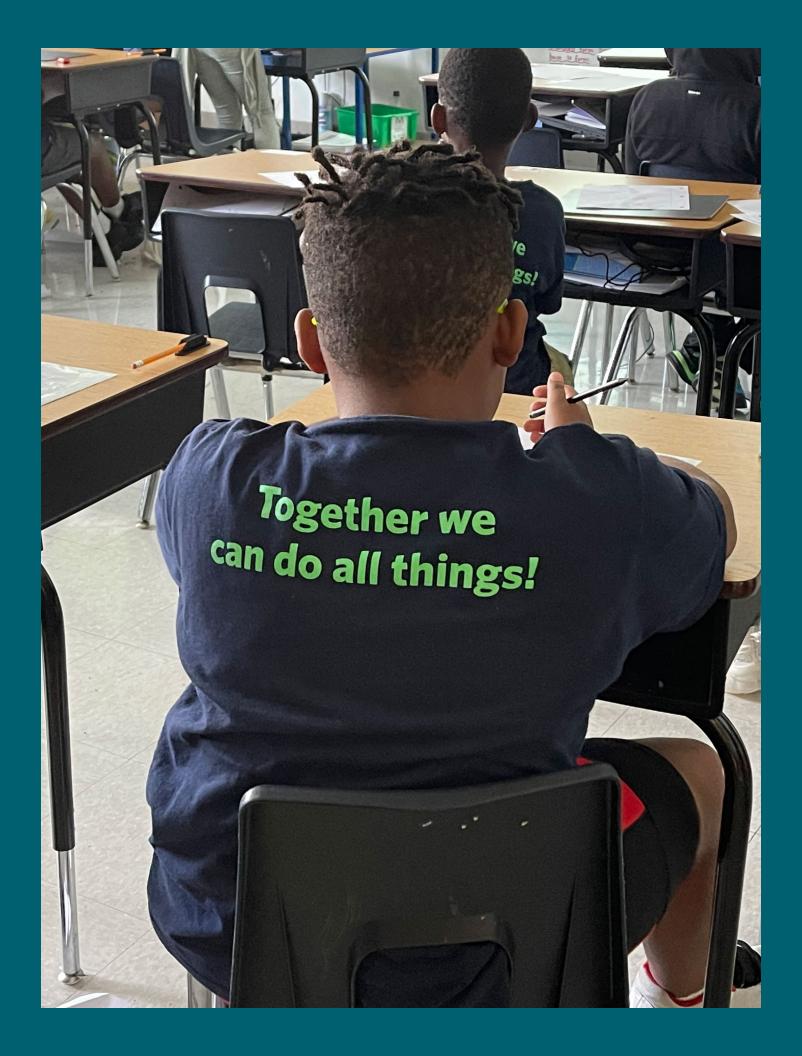
Despite these challenging data, we see some encouraging short- and long-term trends in youth risk behaviors. For example, the data shows overall declines in alcohol, tobacco, and most other substance use among middle and high school students. Data also demonstrate a significant reduction in sexually active middle school students, with a decrease from 29 percent to 7 percent between 2007 and 2021 respectively.

We hope the 2021 DC YRBS Report guides schools and community partners to make evidence-based decisions on intervention efforts, professional development opportunities and investments in student supports. In alignment with OSSE's 2023-25 Strategic Plan, we will continue to collaborate with schools, local education agencies (LEAs), District agencies, and community partners to support all DC students.

Sincerely,

Dr. Christina Grant

State Superintendent of Education



HOW TO UNDERSTAND THIS REPORT

This report presents data from the District of Columbia Youth Risk Behavior Survey (YRBS) for 2021 and covers the following risk behavior categories, which coincide with the categories of OSSE's Health Education Standards:

- Alcohol, Tobacco and Other Drugs
- Mental and Emotional Health
- · Nutrition and Physical Activity
- Disease Prevention / Sexual Health
- Violence and Safety

The report finds significant differences between and within specific groups of students in the District of Columbia youth population (e.g., sex, grade, race and ethnicity) for various health behaviors and describes behaviors that have undergone significant changes since the YRBS was previously administered in 2007, 2012, 2015, 2017 and 2019. When data are reported separately for different groups (e.g., males and females), the data shown apply only to those groups and should not be added together.

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, but because an actual difference exists between the groups or years being compared. All comparisons in this report were calculated using a significance level of 95 percent, indicating that there is at least a 95 percent 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, but rather, it indicates that the change or difference observed has a 95 percent chance of being true and less than a 5 percent chance of not being true.

How to Understand Significance Reported in Tables

Tables are used throughout the report to display changes in the data between the 2007, 2012, 2015, 2017, 2019, and 2021 surveys. Trend tables in this report have a respective column for each year in addition to two trend columns, the first indicating whether there was a significant short-term change in students' behavior between the most recent survey administrations (2019 and 2021) and the second indicating whether there is a significant long-term change between 2007 and 2021. Unless otherwise noted, arrows are used in the significance column to denote if there is a significant linear change between the earlier and later year.

When 2007 data are not available for the long-term trend column, only significant change between 2012 and 2021 is measured. The direction of the arrow indicates if the data show a significant increase (upward arrow), a significant decrease (downward arrow), or a non-significant change (horizontal arrow). 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:

| \leftrightarrow | 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) |



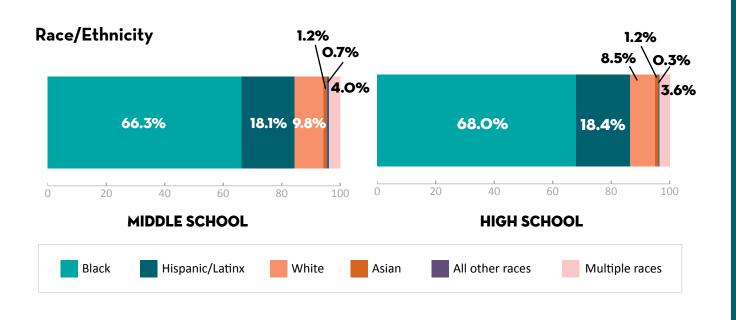
DEMOGRAPHICS AND STUDENT CHARACTERISTICS

DEMOGRAPHICS AND STUDENT CHARACTERISTICS

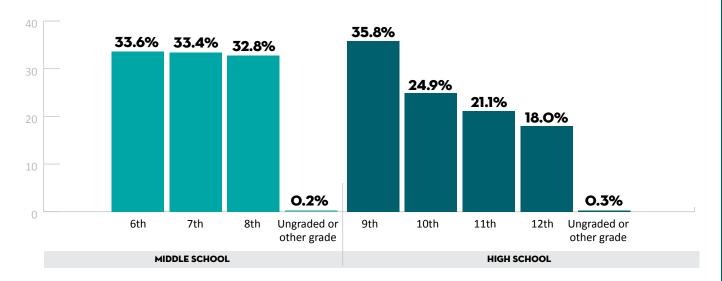
Survey participants had the following characteristics:

Sex

| | MIDDLE SCHOOL | HIGH SCHOOL |
|--------|---------------|-------------|
| MALE | 48.5% | 47.6% |
| FEMALE | 51.5% | 52.4% |

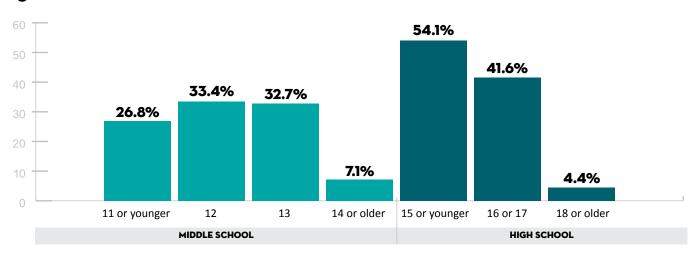


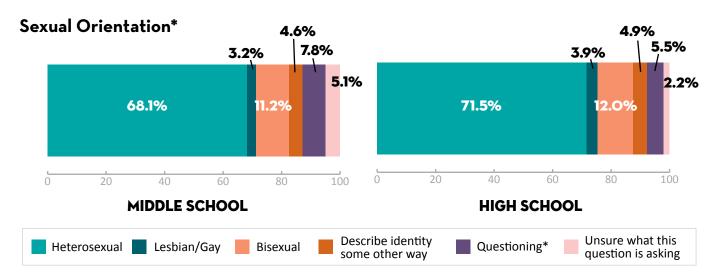
Grade



DEMOGRAPHICS AND STUDENT CHARACTERISTICS (CONTINUATION)

Age





^{*} Two new options for sexual orientation were added to the 2021 YRBS: 1) "I describe my sexual identity some other way" and 2) "I am not sure about my sexual identity (questioning)". The response "not sure" was replaced by "I do not know what this question is asking."

Throughout this report, analysis that refers to lesbian, gay, bisexual, and questioning (LGBQ+) students includes those who identify as lesbian, gay, bisexual, questioning, or those who describe their identity some other way.

Note: Hispanic/Latinx includes "Multiple races - Hispanic"; Multiple races ONLY reports "Multiple races - Non-Hispanic". All other races = Alaska Native and American Indian + Native Hawaiian and Pacific Islander.

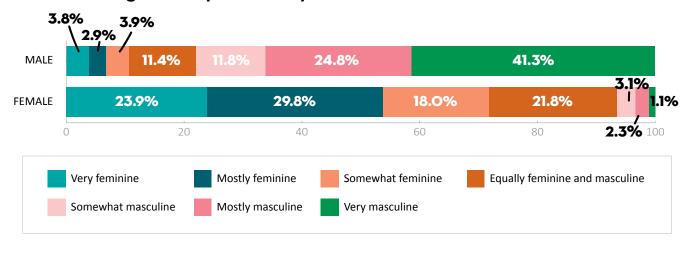
Transgender

| MIDDLE SCHOOL PERCENTAGE | HIGH SCHOOL PERCENTAGE |
|--------------------------|------------------------|
| 1.8% | 2.1% |

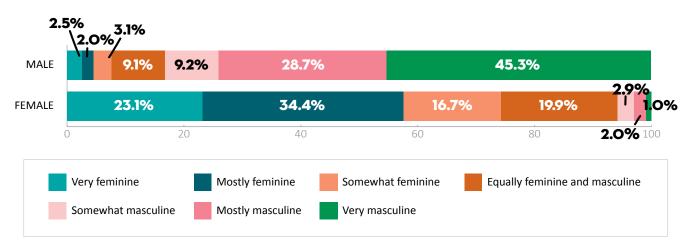


The Human Rights Campaign defines transgender as an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.¹ Being transgender does not imply any specific sexual orientation.

Middle school gender expression*, by sex

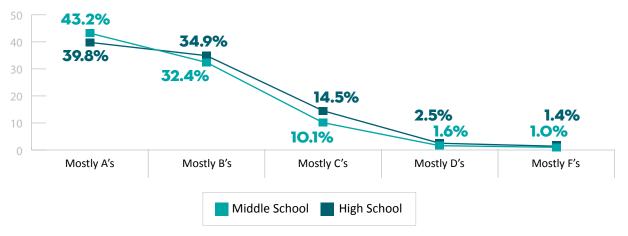


High school gender expression*, by sex



^{*} Gender expression is self-reported by students regarding how they feel others at school would describe them based on appearance, style, dress, or the way they walk or talk.

Self-reported academic performance in school during the previous 12 months



Please note that 11.7% of middle school students and 7.0% of high school students did not self-report their grades in school.



Poor academic performance (making mostly D's and F's) in school is 1.7 times as likely among middle school students who reported household job loss during the COVID-19 pandemic.

DEMOGRAPHICS AND STUDENT CHARACTERISTICS (CONTINUATION)

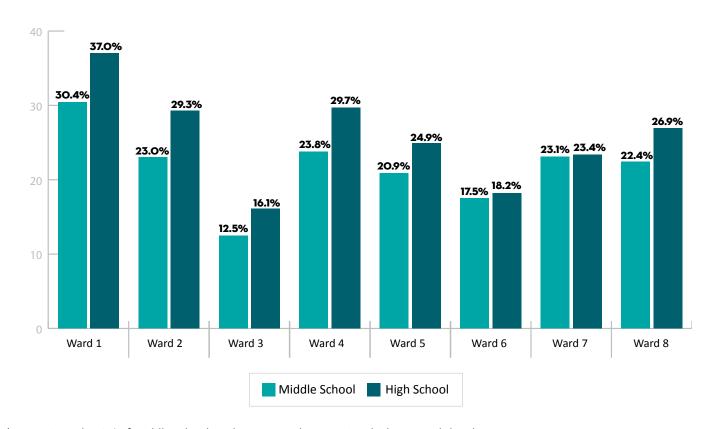
Permanent or temporary unemployment of parent or other adult in home during the COVID-19 pandemic

| | MIDDLE SCHOOL | HIGH SCHOOL |
|-------------|---------------|-------------|
| NO JOB LOSS | 78.0% | 73.8% |
| JOB LOSS | 22.0% | 26.2% |



More than one in five DC middle school students and more than one in four high school students report a parent or other adult in their home having temporarily or permanently lost a job during the COVID-19 pandemic.

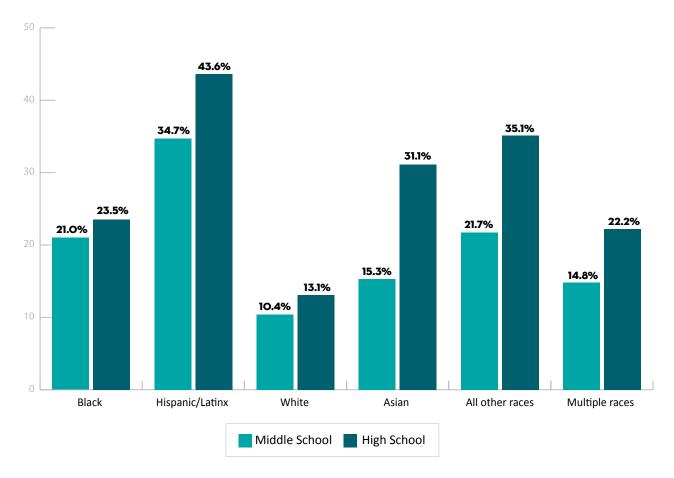
Middle school and high school parental or adult job loss, during the COVID-19 pandemic by ward of residence*



^{*}Approximately 40% of middle school students report knowing in which DC ward they live.

^{*}Approximately 60% of high school students report knowing in which DC ward they live.

Middle school and high school parental or adult job loss during the COVID-19 pandemic, by race





Hispanic/Latinx students experienced the highest rates of parental or adult job loss in their household during the COVID-19 pandemic, at 34.7% for middle school students and 43.6% for high school students.



ALCOHOL, TOBACCO AND OTHER DRUGS

As the Centers for Disease Control and Prevention (CDC) has shared, substance use during adolescence is associated with poor mental health, sexual risk behaviors, experiencing violence, and suicidality.²⁻⁶ While some data have indicated stable or declining use of illicit drugs among adolescents over many years, other research has reported a recent dramatic rise in overdose deaths among young people ages 14-18.⁷ In the District, the rate of substance use among high school students is down from 2019, including cigarette and cigar smoking, use of electronic vapor products, marijuana use, and alcohol use, with the largest categorical decrease in marijuana use. In addition to the downward trend within the District, DC students were also less likely than the national average to report the current use of cigarettes, electronic vapor products, and alcohol. Still, some student groups face disproportionate risks, and students who identify as LGBQ+ are using most substances more significantly than their heterosexual peers. Understanding student patterns associated with substance use is critical to inform interventions to support students who are most impacted.

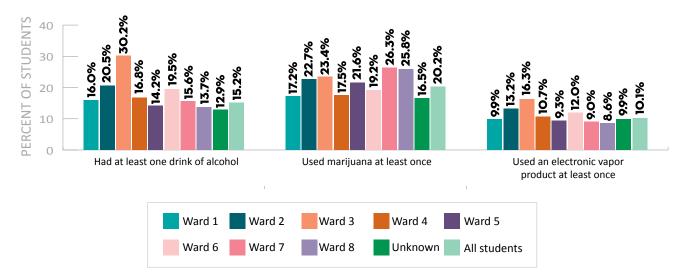
ALCOHOL, TOBACCO AND OTHER DRUGS

| Substance Use | Middle School Average Age of First Use | High School Average Age of First Use |
|-----------------------------------|---|---|
| Smoked cigarettes | 10.3 years | 12 years |
| Had at least one drink of alcohol | 9.9 years | 12.8 years |
| Used marijuana | 11.2 years | 13.6 years |



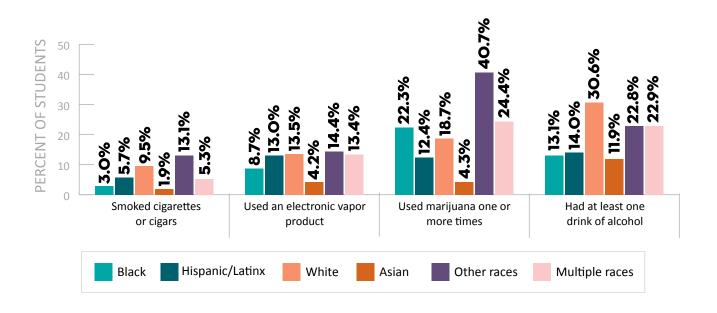
Nearly one in 10 middle school students report having had their first drink of alcohol, other than a few sips, at age 9 or younger.

High school substance use within the last 30 days, by ward of residence*



^{*} Approximately 60% of high school students report knowing in which DC ward they live.

High school substance use within the last 30 days, by race/ethnicity



ALCOHOL, TOBACCO AND OTHER DRUGS (CONTINUATION)

| | Trends in alcohol age of initiation: 2007 to 2021 | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|---------------|---|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| MIDDLE SCHOOL | Percentage of students who had their first drink of alcohol, other than a few sips, before age 11 years | 17.6% | 14.2% | 10.9% | 14.4% | 13.1% | 11.7% | Down ↓ | Down ↓ |
| нісн ѕсноог | Percentage of students who had their first drink of alcohol, other than a few sips, before age 13 years | 25.4% | 22.0% | 18.8% | 16.1% | 17.8% | 12.6% | Down ↓ | Down ↓ |

| Trends in high school students' current (past 30-day) substance use: 2007 to 2021 | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|---|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Smoked cigarettes* | 11.0% | 13.8% | 8.2% | 8.1% | 5.3% | 3.2% | Down ↓ | n/a |
| Smoked cigars, cigarillos, or little cigars | 10.4% | 16.5% | 11.5% | 10.5% | 6.6% | 2.6% | Down ↓ | Down ↓ |
| Used electronic vapor products | n/a | n/a | 13.4% | 10.9% | 13.0% | 10.1% | Down ↓ | n/a |
| Used marijuana | 20.5% | 32.2% | 28.7% | 33.0% | 29.2% | 20.2% | Down ↓ | No Change ↔ |
| Had at least one drink of alcohol | 34.2% | 31.4% | 20.1% | 20.5% | 20.2% | 15.2% | Down ↓ | Down ↓ |

^{*} The wording of this question was altered from "How old were you when you smoked a whole cigarette for the first time?" to "How old were you when you first tried cigarette smoking, even one or two puffs?" in 2017, and the CDC will not provide long-term trend data for questions with wording changes. Therefore, though the long-term trend appears to be declining, no long-term trend data are available for this question.



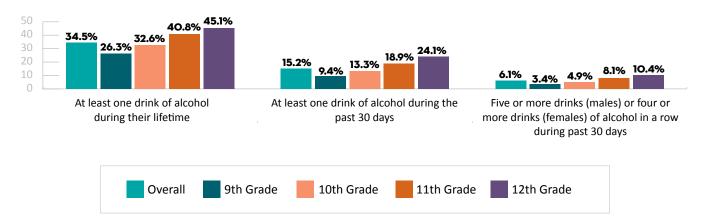
- The rate of substance use among high school students is down from 2019, including cigarette and cigar smoking, use of electronic vapor products, marijuana use, and alcohol use, with the largest categorical decrease in marijuana use (9 percentage points).
- High school students who reported the job loss of a parent or an adult in their household during the COVID-19 pandemic were 1.4 times as likely to use cigarettes at least once in the last 30 days compared to their peers.

| Trends in high school students' substance-related behaviors: 2007 to 2021 | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|---|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol | 29.0% | 25.5% | 20.4% | 22.1% | 20.1% | 14.0% | Down ↓ | Down ↓ |
| Drove a car or other vehicle after drinking alcohol during the past 30 days | n/a | 11.2% | 7.8% | 7.0% | 6.6% | 4.7% | Down ↓ | Down ↓ |
| Drank alcohol or used drugs before the most recent time they had sexual intercourse during the past three months | 17.4% | 20.5% | 18.1% | 19.2% | 16.5% | 20.7% | Uр↑ | No Change ↔ |



Of students who reported drinking and driving, 28% did so frequently (on six or more occasions in the past 30 days).

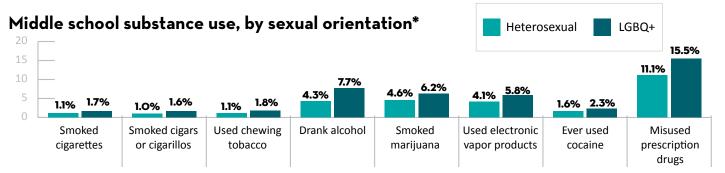
High school alcohol use, by grade



^{*} All three categories of drinking were significantly higher at higher grade levels.

ALCOHOL, TOBACCO AND OTHER DRUGS (CONTINUATION)

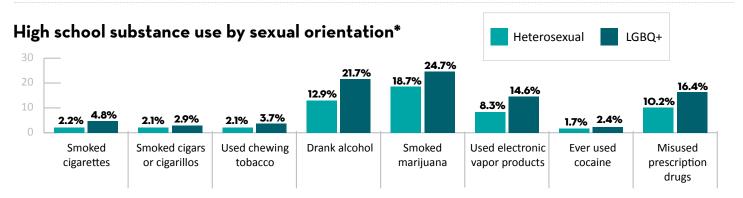
LGBQ+ youth are using most substances significantly more than their heterosexual counterparts



* Differences are significant between students who identify as heterosexual and students who identify as LGBQ+ for all substances except cocaine.



LGBQ+ students make up 28.2% of the middle school population.

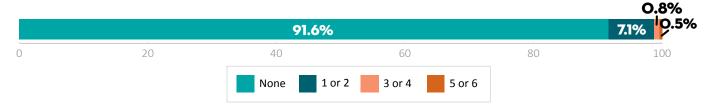


* Differences are significant between students who identify as heterosexual and students who identify as LGBQ+ for all substances except cocaine and cigars.



LGBQ+ students make up 26.8% of the high school population.

High school illicit drug* use

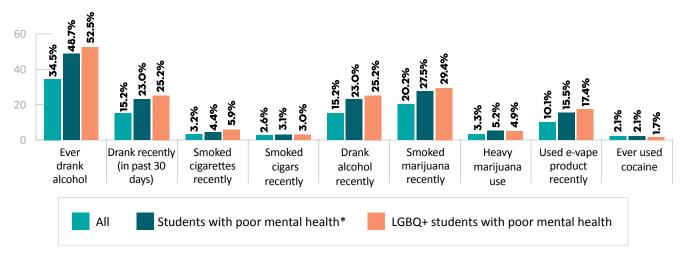


*Illicit drugs include cocaine, inhalants, heroin, methamphetamines, ecstasy, or prescription pain medicine without a doctor's prescription. Marijuana use is not included in the analysis.



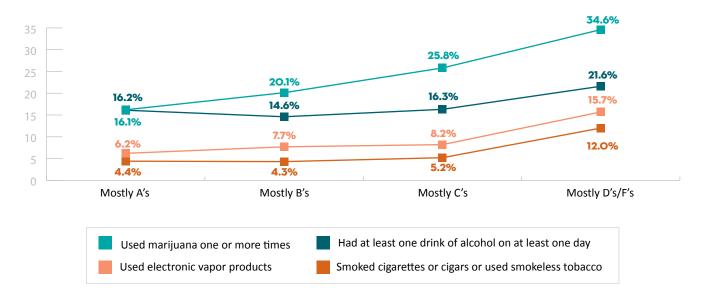
12% of all high school students report having used prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (down from 20% in 2019).

Differences in substance use for those with poor mental health, comparing all high school students and LGBQ+ students



- * Poor mental health refers to students who reported that their mental health was most of the time or always not good 30 days prior to the survey.
- ^ Suicidality refers to seriously considering, making a plan to, or attempting suicide.

High school substance use within the last 30 days, by academic performance





Middle school students who reported the job loss of a parent or an adult in their household during the COVID-19 pandemic were 2.5 times as likely to use cigarettes, 1.6 times as likely to use alcohol, and 1.5 times as likely to use marijuana over the last 30 days, as compared to their peers who did not experience household job loss.

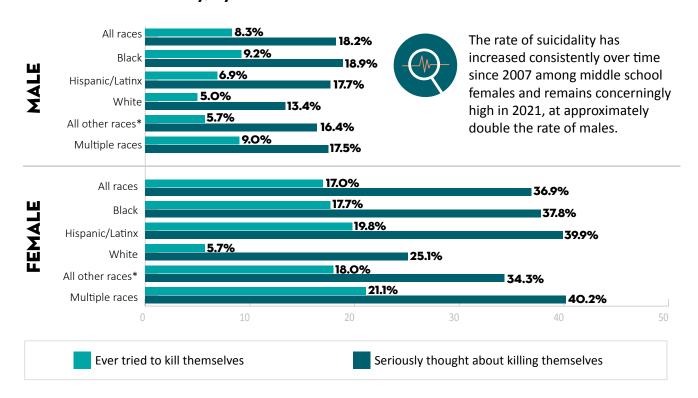


MENTAL AND EMOTIONAL HEALTH

Mental and emotional well-being is essential for youth to have a positive quality of life and function well at home, in school, and in their communities. Suicide is among the leading causes of death nationally for youth ages 10-24 years. In DC, youth are contemplating and attempting suicide at worrying rates, with the rates for certain groups, such as middle school females (particularly multi-racial, Hispanic/Latinx and Black females) being the most profound. Further, LGBQ+ middle school students are 2.8 times as likely to attempt suicide as their heterosexual peers, and 2.5 times as likely to experience poor mental health. OSSE is committed to working with schools and mental and behavioral health partners to develop safe and supportive school environments and to identify and respond to demonstrated needs through a multi-tiered, integrated, and coordinated model of service delivery.

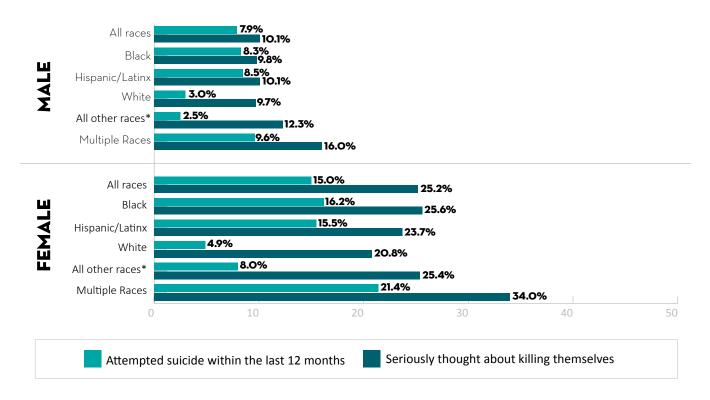
MENTAL AND EMOTIONAL HEALTH

Middle school suicidality, by race and sex



^{*} Asian students are included with "All other races" in this analysis, due to low sample sizes.

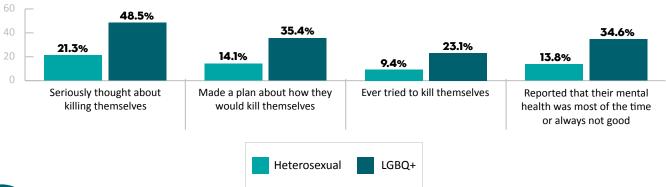
High school suicidality, by race and sex



^{*}Asian students are included with "All other races" in this analysis, due to low sample sizes.

MENTAL AND EMOTIONAL HEALTH (CONTINUATION)

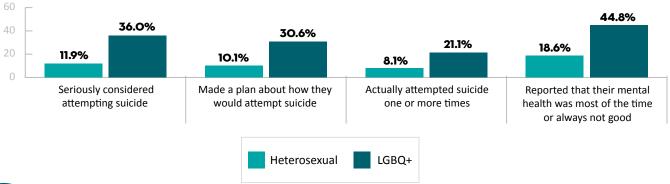
Middle school suicidality and mental health, by sexual orientation





LGBQ+ middle school students are 2.8 times as likely to attempt suicide as their heterosexual peers, and 2.5 times as likely to experience poor mental health.

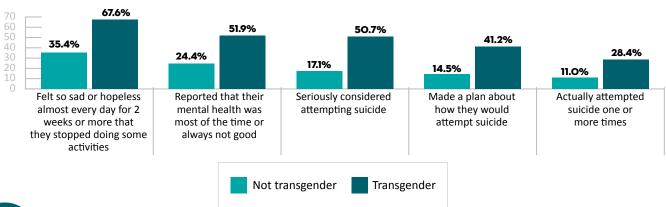
High school suicidality and mental health, by sexual orientation





LGBQ+ high school students are 2.4 times as likely as their heterosexual peers to experience suicidality, and three times as likely to experience poor mental health.

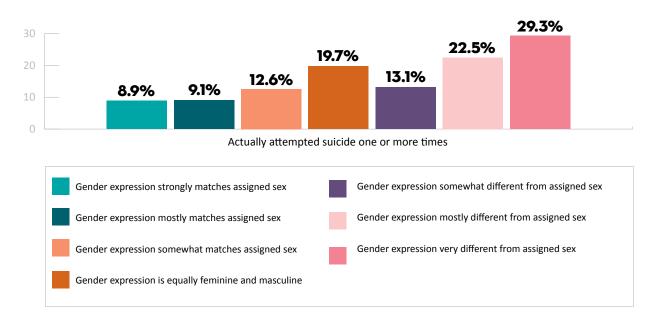
High school suicidality, by gender identity





Over one in four transgender high school students has attempted suicide one or more times, a rate more than 2.6 times their non-transgender peers.

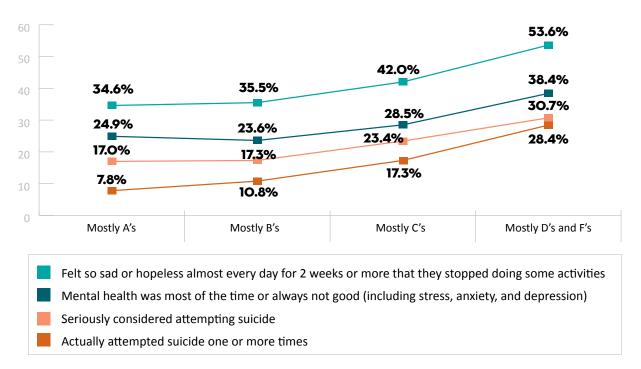
High school suicidality, by gender expression





High school students' gender expression is strongly associated with suicidality, with higher rates of suicide attempts particularly among those whose gender expression is very or mostly different from their assigned sex (i.e., males who reported a very or mostly feminine gender expression or vice versa) or who identify as equally feminine and masculine.

High school depressed mood and suicidality, by academic performance

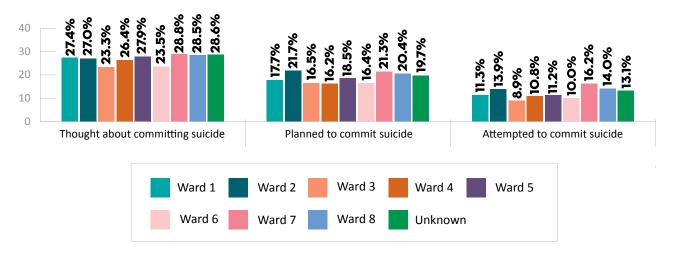




High school students who receive mostly D's and F's are 3.6 times more likely to report attempting suicide as students receiving mostly A's.

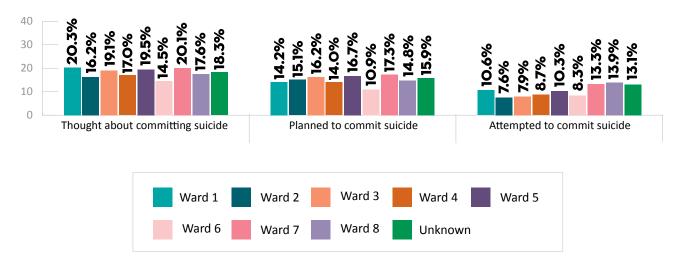
MENTAL AND EMOTIONAL HEALTH (CONTINUATION)

Middle school suicidality, by ward of residence*



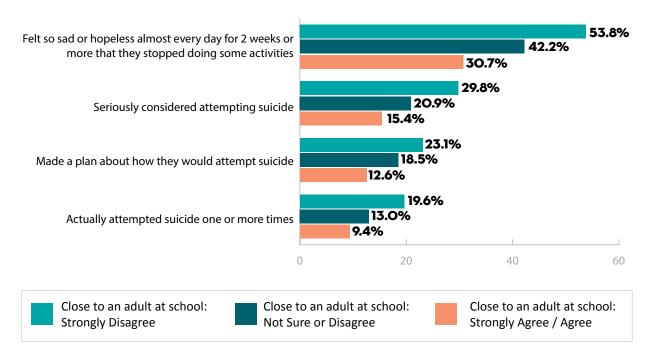
^{*} Approximately 40% of middle school students report knowing in which DC ward they live.

High school suicidality, by ward of residence*



^{*} Approximately 60% of high school students report knowing in which DC ward they live.

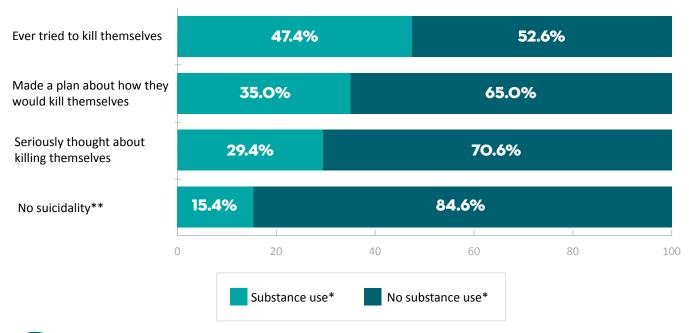
High school depressed mood and suicidality, by level of closeness with school-based supportive adult





Transgender high school students report the lack of a school-based supportive adult at twice the rate of their non-transgender peers.

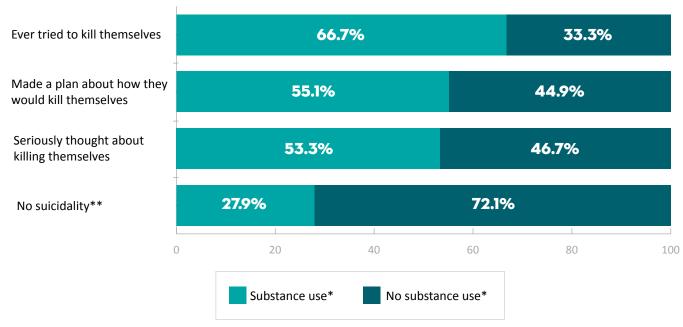
Middle school suicidality, by substance use*





Suicidal behaviors are associated with higher rates of substance use among middle school students. Students who have attempted suicide use substances at a rate three times higher than their non-suicidal peers.

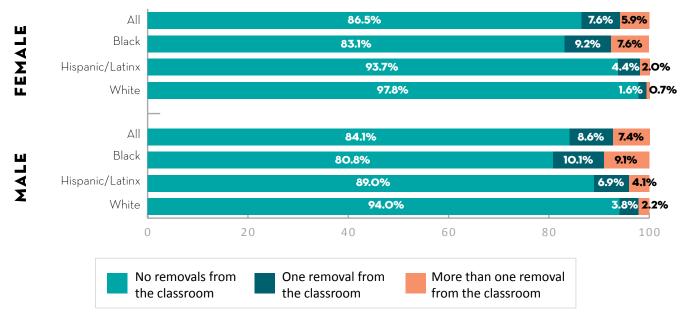
High school suicidality, by substance use*



^{*} Substance use refers to cigarettes, cigars or cigarillos, chewing tobacco, alcohol, marijuana, electronic vapor products, cocaine, prescription drugs, and inhalants.

^{**} No suicidality refers to students who report none of the following: seriously considered suicide, made a plan to commit suicide, or attempted suicide.

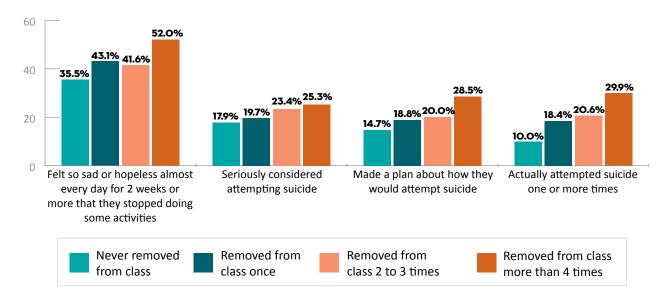
High school discipline experience, by race and sex





The percentage of all high school students who have been removed from class for at least one day for disciplinary reasons decreased by half between 2019 and 2021.

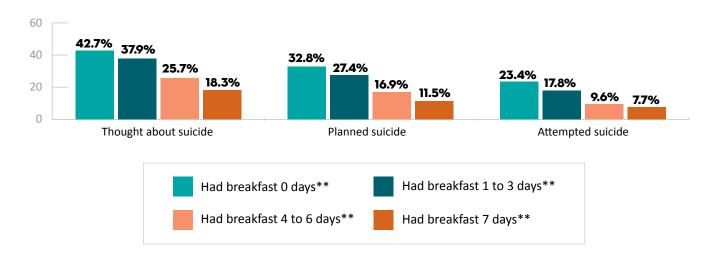
High school depressed mood and suicidality, by discipline experience



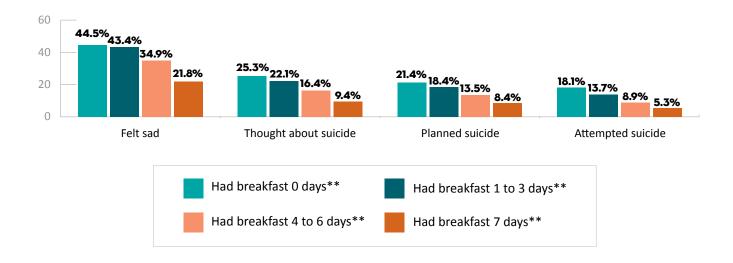


High school students who have been removed from class for disciplinary reasons four or more times in the past 12 months are nearly three times as likely to attempt suicide as their peers who have never been removed from class.

Middle school suicidality, by breakfast consumption*



High school depressed mood and suicidality, by breakfast consumption. *



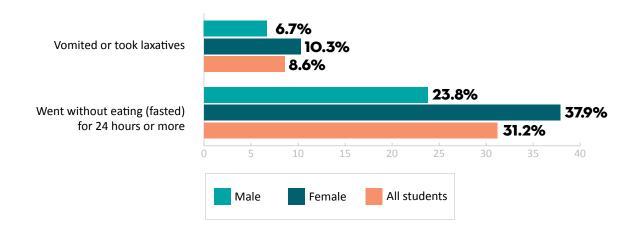
^{*} Breakfast consumption is any breakfast, not just school breakfast.

^{**} In the seven days prior to the survey.



Students who report suicidality (thinking about, making a plan to, or attempting to commit suicide) report eating breakfast less frequently.

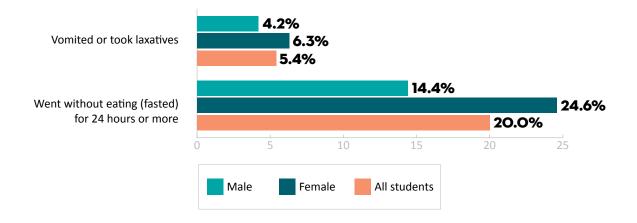
Middle school students' lifetime disordered eating behaviors, by sex





The percentage of middle school students who have ever gone without eating for 24 hours or more has increased by roughly 10 percentage points since the start of the DC YRBS data collection in 2007. The most notable increase is among female middle school students, from 21.7% in 2007 to 37.9% in 2021.

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





The percentage of female high school students who have ever gone without eating for 24 hours or more increased by 8.4 percentage points since 2019.

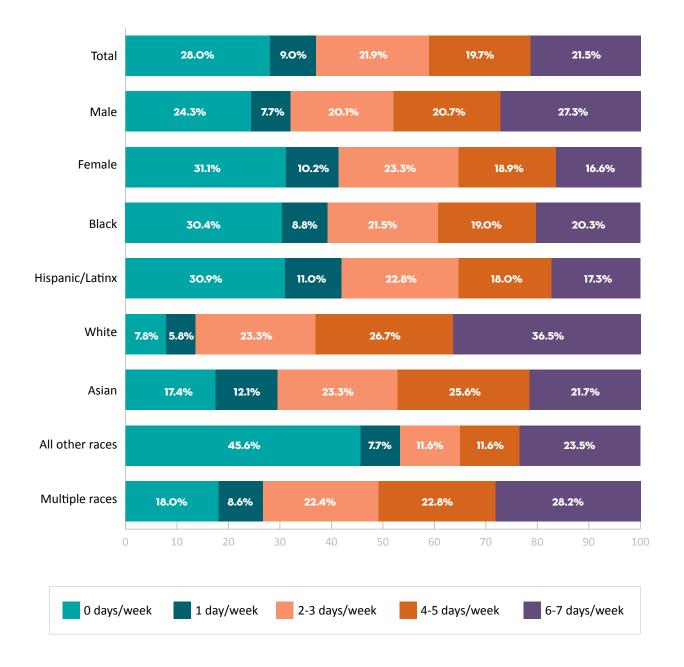


NUTRITION AND PHYSICAL ACTIVITY

Healthy eating and physical activity contribute significantly to student success in school and life. Not only are poor nutrition and inadequate physical activity significant risk factors for obesity and other chronic diseases, they also impact students' academics and mental health. In the District, high school students who receive mostly D's or F's are more than three times as likely to report being hungry "most of the time" or "always" during the prior 30 days than students who receive mostly A's. Additionally, Hispanic/Latinx students and Black students are approximately four times as likely to report exercising on zero days per week as compared to White students. To close the achievement gap and ensure students are prepared for success, our schools and communities must be supportive of students' food security and opportunities for physical health. OSSE remains committed to ensuring all students can access the healthy meals they deserve, a commitment clearly demonstrated in the height of the pandemic as we partnered with the U.S. Department of Agriculture (USDA) and the Department of Human Services (DHS). With this partnership, we extended the Summer Pandemic EBT program¹¹ throughout the school year and expanded it to provide necessary healthy food to children under 6 years old in all households receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

NUTRITION AND PHYSICAL ACTIVITY

High school physical activity, by race and sex

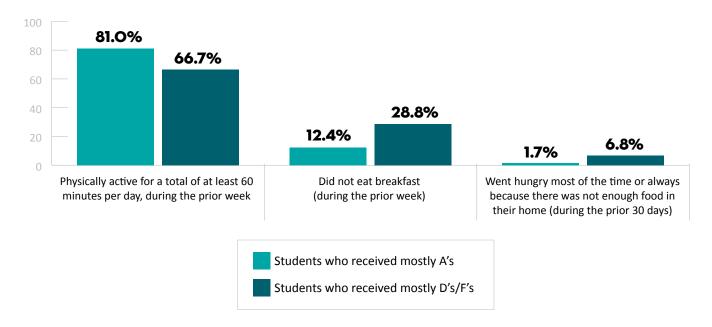




Black and Hispanic/Latinx high school students are roughly four times as likely to exercise zero days per week than White students.

NUTRITION AND PHYSICAL ACTIVITY (CONTINUATION)

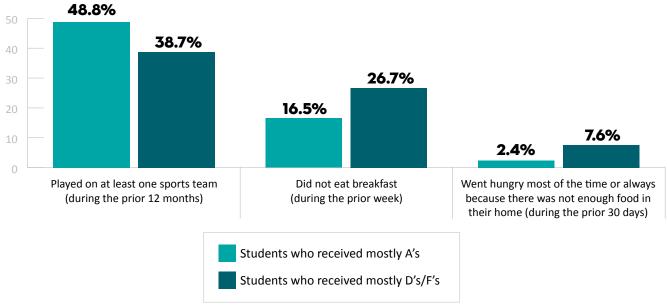
Middle school physical activity, eating habits, and hunger, by academic performance





Among middle school students who do not eat breakfast, the rate of students who receive mostly D's and F's is more than double that of those receiving mostly A's.

High school physical activity, eating habits, and hunger, by academic performance





High school students who went hungry most of the time or always during the prior 30 days are three times as likely to receive mostly D's/F's than mostly A's.

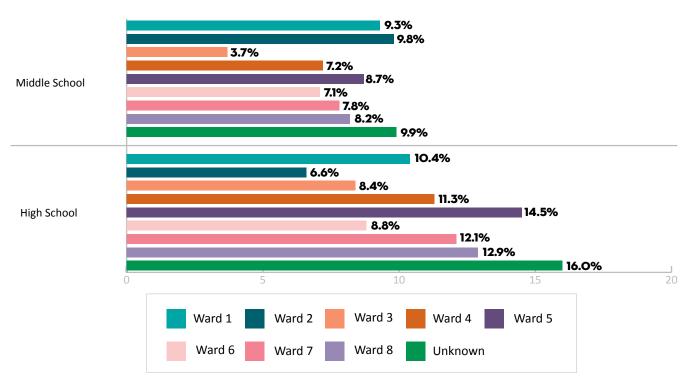
Physical Activity: Sports Team Participation

| Percentage of high school students who, during the prior 12 months | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-term trend (2007 - 2021) |
|--|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Played on at least one sports team (run by their school or community groups) | 48.6% | 54.5% | 54.9% | 52.4% | 50.3% | 45.8% | No change ↔ | Down ↓ |



High school students who participate on a sports team are approximately three times as likely to be physically active on four or more days per week, after accounting for other demographic factors.

Experiences of hunger*, by ward of residence**



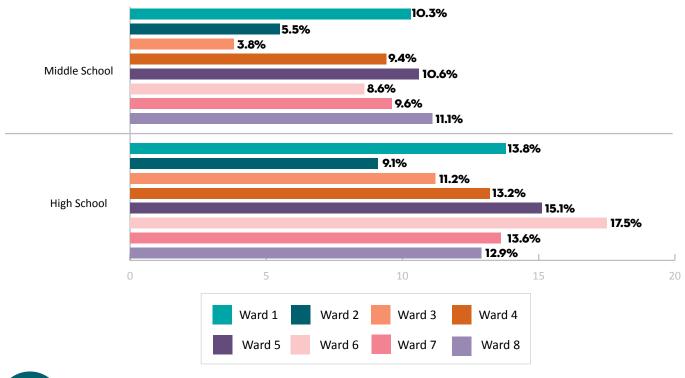
- * Hunger includes students who report having gone hungry due to a lack of enough food in the home sometimes, most of the time, or always during the past 30 days.
- ** Approximately 60 percent of high school students and 40 percent of middle school students report knowing in which DC ward they live.



- High school students' experience of hunger most of the time or always has decreased by one-fourth, from 4.6 percent in 2019 to 3.3 percent in 2021.
- Middle school students with a parent or adult in their household who experienced job loss during the COVID-19 pandemic were 1.6 times as likely to experience hunger than their peers.

NUTRITION AND PHYSICAL ACTIVITY (CONTINUATION)

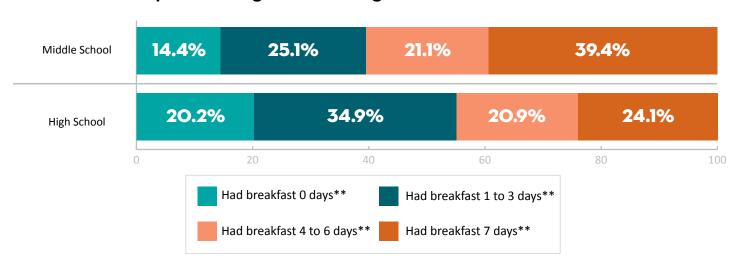
Experiences of hunger, by ward of school





Middle and high school students enrolled in Ward 2 and 3 schools are less likely to go hungry than students enrolled in schools in other wards.

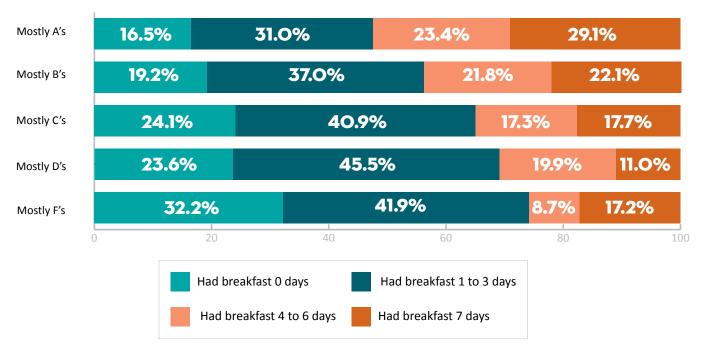
Breakfast consumption* among middle and high school students



^{*} Breakfast consumption is any breakfast, not just school breakfast.

^{**} In the seven days prior to the survey.

Breakfast consumption* among high school students, by academic performance



^{*} Breakfast consumption is any breakfast, not just school breakfast, in the seven days prior to the survey.



High school students who report eating breakfast zero days over the seven days prior to the survey are three times as likely to either plan for or attempt suicide than those who report having breakfast all seven days.



DISEASE PREVENTION/SEXUAL HEALTH

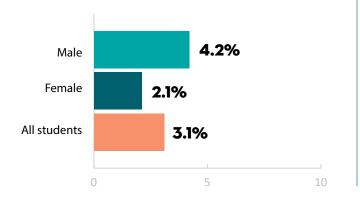
In 2020, young people aged 13–24 accounted for more than half (57 percent) of all new HIV diagnoses in the United States, underscoring the importance of sexual health education and prevention measures.¹²

In the District, we see several positive trends in sexual behaviors among youth, including lower rates of students' having sexual intercourse for the first time before age 11 (middle school) and 13 (high school) and decreased rates of students with multiple sexual partners. However, we also see continued cause for concern. DC youth continue to report steadily declining rates of condom usage at the middle and high school levels, with high school condom use down by 18 percentage points since 2007. Supporting comprehensive strategies around students' sexual health will be vital to assist youth with making choices that benefit their sexual and overall health and well-being.

DISEASE PREVENTION/SEXUAL HEALTH

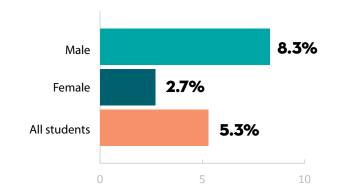
MIDDLE SCHOOL

Percent of middle school students who had sexual intercourse by age 11, by sex*



HIGH SCHOOL

Percent of high school students who had sexual intercourse by age 13, by sex*



^{*} Significant difference between male and female youth



- Middle school students who are LGBQ+ are 3.1 times as likely to have had sex before the age of 11 than their heterosexual peers, after accounting for other demographic factors.
- High school students who are LGBQ+ are 1.6 times as likely to have had sex before the age of 13 than their heterosexual peers, after accounting for other demographic factors.

| Trends in condom use during most recent sexual intercourse among middle school and high school youth* | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|---|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Middle School | 78.1% | 73.0% | 68.8% | 67.8% | 63.0% | 52.6% | Down ↓ | Down ↓ |
| High School | 69.9% | 70.1% | 66.6% | 61.2% | 57.1% | 52.0% | Down ↓ | Down ↓ |

^{*}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.



- Short-term trend: DC middle school condom use declined by 10 percentage points between 2019 and 2021.
- Long-term trends: Since 2007, condom use has declined by over 25 percentage points among middle school students and 18 percentage points among high school students.

DISEASE PREVENTION/SEXUAL HEALTH (CONTINUATION)

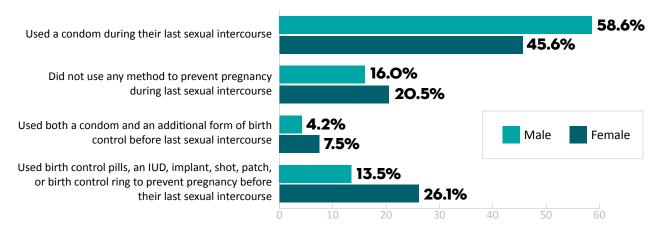
| | | MIDDLE SCHOOL | | | | | | | |
|---|-------|---------------|-------|-------|-------|-------|----------------------|-------------------------------------|--|
| Percentage of youth who | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) | |
| Had sex during their life* | 29.2% | 18.5% | 11.6% | 13.7% | 12.2% | 7.0% | Down ↓ | Down ↓ | |
| Male youth | 43.1% | 28.5% | 19.5% | 22.9% | 19.6% | 10.8% | Down ↓ | Down ↓ | |
| Female youth | 16.5% | 9.3% | 4.1% | 5.2% | 5.4% | 3.6% | Down ↓ | Down ↓ | |
| Had sex with one or more people during the past three months* | - | - | - | - | - | - | - | - | |
| Had sex with four or more people (high school) or three or more people (middle school) during their life* | 12.0% | 8.1% | 4.7% | 4.9% | 4.0% | 1.9% | Down ↓ | Down ↓ | |
| Male youth | 21.2% | 13.8% | 8.5% | 8.7% | 7.0% | 3.1% | Down ↓ | Down ↓ | |
| Female youth | 3.4% | 2.8% | 1.0% | 1.3% | 1.0% | 0.8% | No change ↔ | Down ↓ | |
| Has ever had oral sex* | - | - | - | - | - | - | - | - | |
| Male youth | - | - | - | - | - | - | - | - | |
| Female youth | - | - | - | - | - | - | - | - | |

| | | HIGH SCHOOL | | | | | | | |
|---|-------|-------------|-------|-------|-------|-------|----------------------|-------------------------------------|--|
| Percentage of youth who | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) | |
| Had sex during their life* | 56.5% | 53.5% | 40.9% | 45.6% | 44.0% | 28.5% | Down ↓ | Down ↓ | |
| Male youth | 64.1% | 61.5% | 50.9% | 54.6% | 51.6% | 34.1% | Down ↓ | Down ↓ | |
| Female youth | 51.0% | 46.7% | 32.7% | 37.5% | 37.6% | 23.9% | Down ↓ | Down ↓ | |
| Had sex with one or more people during the past three months* | 40.6% | 36.6% | 28.2% | 31.1% | 30.9% | 18.0% | Down ↓ | Down ↓ | |
| Had sex with four or more people (high school) or three or more people (middle school) during their life* | 20.3% | 21.7% | 13.8% | 14.0% | 12.2% | 6.2% | Down ↓ | Down ↓ | |
| Male youth | 29.9% | 33.0% | 23.4% | 23.0% | 19.6% | 10.1% | Down ↓ | Down ↓ | |
| Female youth | 14.3% | 12.2% | 5.9% | 6.3% | 5.8% | 2.9% | Down ↓ | Down ↓ | |
| Has ever had oral sex* | - | 41.2% | 33.5% | 39.2% | 38.1% | 24.1% | Down ↓ | Down ↓ | |
| Male youth | - | 51.9% | 42.7% | 46.1% | 42.8% | 27.5% | Down ↓ | Down ↓ | |
| Female youth | - | 31.4% | 24.6% | 32.0% | 33.5% | 20.9% | Down ↓ | Down ↓ | |



- Among both high school males and females, sexual activity (oral sex or sexual intercourse) has declined by over one-third since 2019.
- Among middle school students, the percentage of students who have ever had sex has declined by nearly half since 2019.

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

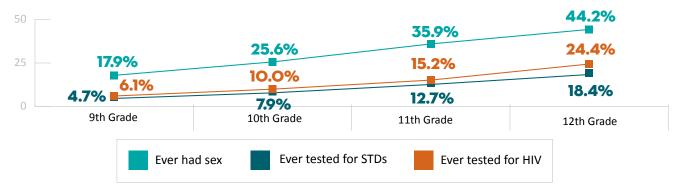


^{*} Among students who have ever had sexual contact



High school LGBQ+ students were 34% less likely to use a condom the last time they had sex than heterosexual students, after accounting for other demographic factors.

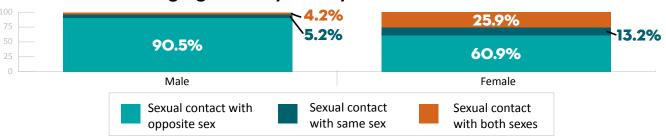
Sexual activity and STD and HIV testing among high school youth, by grade





- The number of twelfth graders who have ever had sex is down by nearly one-third since 2019. Notably, however, the percentage of twelfth graders who have ever tested for HIV declined by almost half between 2019 and 2021, from 45.1% to 24.4%.
- Sexual activity as well as STD and HIV testing occur most frequently among DC high school students in higher grade levels.

Sexual contact among high school youth, by sex*



^{*} Among students who have ever had sexual contact



Female high school students reported having sexual contact with the same sex or both sexes at over four times the rate of their male counterparts.



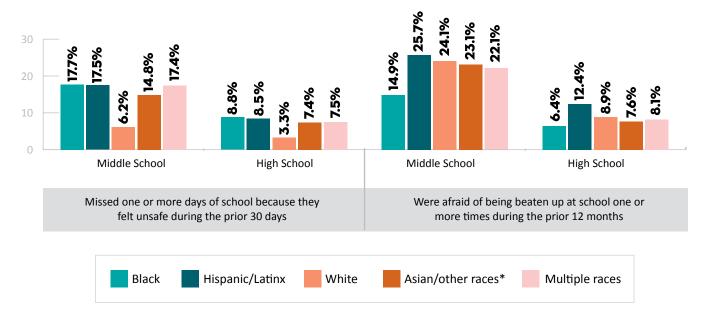
SAFETY AND VIOLENCE

Violence is one of the leading causes of death and non-fatal injuries among young people between the ages of 10 and 24 in the United States. This cycle, a new question was added to the DC YRBS questionnaire on students' witnessing of violence (seeing someone get physically attacked, beaten, stabbed or shot) in their community, and 28 percent responded affirmatively, as compared to 20 percent nationally. Witnessing or experiencing violence can have profound impacts on student well-being. High school students in the District who have witnessed violence are twice as likely to use substances and are more likely to experience depression.

Dating violence has decreased in overall, with trends lower than the national average. Still, concerns are notable within specific student groups. In particular, transgender high school youth are four times as likely to experience dating violence and three times as likely to have been physically forced to have sex than non-transgender youth, after accounting for other demographic variables. These data show the continued need for inclusive policies and programs that support safe schools and communities for all students.

SAFETY AND VIOLENCE

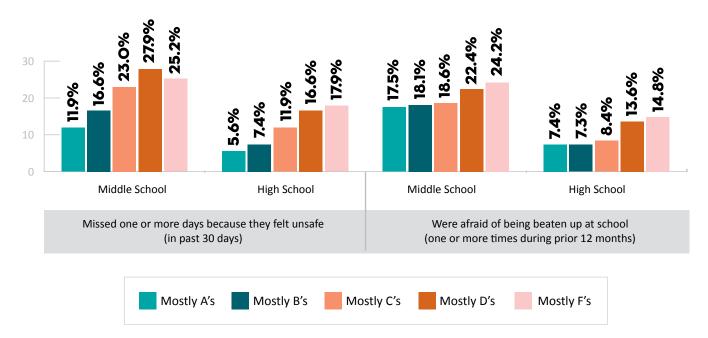
Feelings of unsafety, by race/ethnicity





One in four LGBQ+ middle school students reported feeling afraid of being beaten up at school, compared to roughly one in seven heterosexual middle school students.

Feelings of unsafety, by academic performance

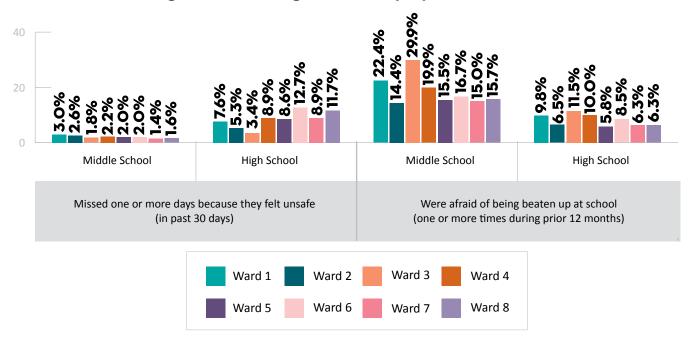




Roughly one in four middle school students who report missing school due to feeling unsafe also report receiving mostly D's or F's in school.

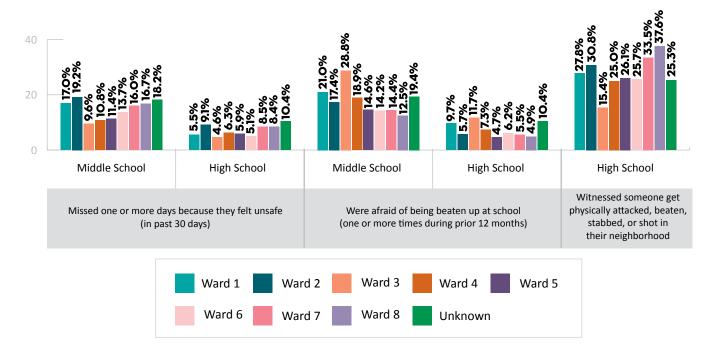
^{*}Asian and other races were combined due to low sample sizes

Middle school and high school feelings of unsafety, by ward of school*



^{*} Ward of school analyses are point in time analyses, as District wards are updated every 10 years based on Census data.

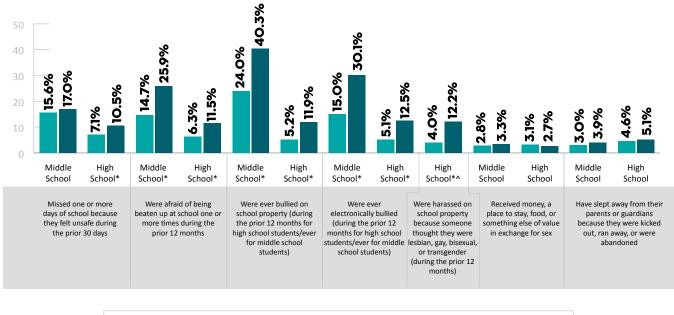
Middle school and high school feelings of unsafety, by ward of residence*

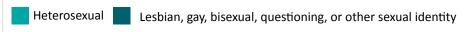


^{*} Approximately 60% of high school students report knowing in which DC ward they live.

^{*} Approximately 40% of middle school students report knowing in which DC ward they live.

Percentage of students who...





^{*} Differences are significant between heterosexual and LGBQ+ students.

[^] This question was asked only at the high school level.



LGBQ+ middle school students were 1.7 times as likely to be bullied on school property, and more than two times as likely to be electronically bullied than their heterosexual peers.

Trends in violent behaviors among middle school students: 2007 to 2021

| Violence perpetration among mid- dle school students | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|--|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Were ever in a physical fight | 76.3% | 69.8% | 63.7% | 67.5% | 65.1% | 60.5% | Down ↓ | Down ↓ |
| Ever carried a weapon | 33.8% | 22.8% | 23.1% | 26.7% | 26.7% | 20.9% | Down ↓ | Down ↓ |
| Bullied someone else on school property during the prior 12 months | n/a | 17.0% | 13.9% | 14.5% | 12.1% | 7.9% | Down↓ | Down ↓ |



Middle school males are 1.3 times as likely to carry a weapon than middle school females, and 1.4 times as likely to have been in a fight.

Trends in violence victimization and violent behaviors among high school students: 2007 to 2021

| Violence victimization among high school students during the prior 12 months | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|---|-------|-------|-------|-------|-------|-------|----------------------|-------------------------------------|
| Were threatened or injured with a weapon on school property during the prior 12 months | 11.2% | 8.5% | 7.6% | 9.8% | 9.4% | 5.7% | Down ↓ | Down ↓ |
| Had property stolen or deliberately damaged on school property one or more times during the prior 12 months | 27.9% | 21.3% | 17.5% | 18.9% | 17.1% | 9.9% | Down ↓ | Down↓ |
| Violence perpetration among high school students during the prior 12 months | 2007 | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
| Were in a physical fight on school property one or more times during the prior 12 months | 18.8% | 15.3% | 13.8% | 15.5% | 14.1% | 7.4% | Down ↓ | Down ↓ |
| Were in a physical fight one or more times during the prior 12 months | 44.1% | 37.6% | 32.4% | 31.0% | 28.7% | 18.7% | Down↓ | Down ↓ |
| Carried a weapon one or more times during the prior 30 days | 21.5% | 20.0% | 18.1% | 18.8% | 15.6% | 11.3% | Down↓ | Down↓ |



High school students experiencing unstable housing were 2.2 times as likely to have possessions stolen or deliberately damaged at school and three times as likely to be threatened with a weapon at school, as compared to students with stable housing, after accounting for other demographic factors.

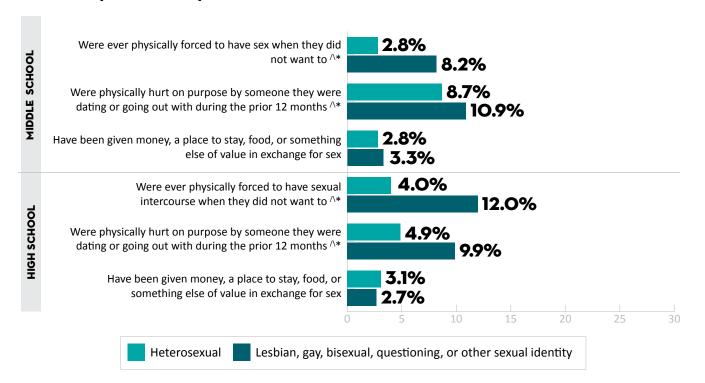
Percentage of students who...

| Were a member of a gang or crew (during the prior 12 months) | 2012 | 2015 | 2017 | 2019 | 2021 | 2019 - 2021 Trend | Long-Term Trend (2007 - 2021) |
|--|-------|-------|-------|-------|------|----------------------|-------------------------------------|
| High School | 16.5% | 17.3% | 14.7% | 13.4% | 6.2% | Down ↓ | Down ↓ |
| Male | 21.6% | 21.3% | 18.6% | 16.2% | 7.3% | Down ↓ | Down ↓ |
| Female | 11.5% | 13.3% | 10.7% | 10.4% | 5.1% | Down ↓ | Down ↓ |



In just under a decade, membership in gangs and crews has fallen by two-thirds among high school males, from 21.6% in 2012 to 7.3% in 2021.

Violent experiences, by sexual orientation

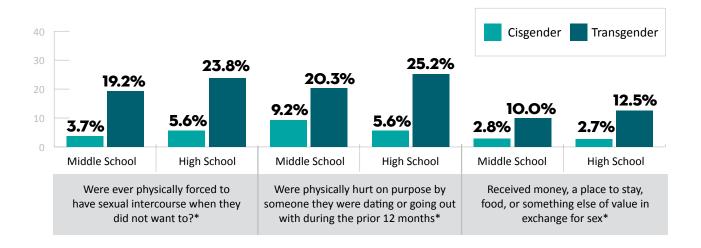


- ^ Among students who dated or went out with someone during the past 12 months
- * Statistical difference between heterosexual and LGBQ+ students



LGBQ+ high school students are three times as likely to have been to have been to report being forced to have sex, and two times as likely physically hurt to have been by the person they were dating compared to heterosexual youth, after accounting for other demographic variables.

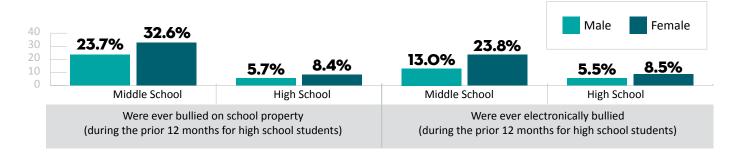
Percentage of students who...





Transgender middle school students are 5.1 times as likely as their cisgender peers to have been forced into sexual intercourse when they did not want to and 4.5 times as likely to be physically hurt by someone they were dating or going out with.

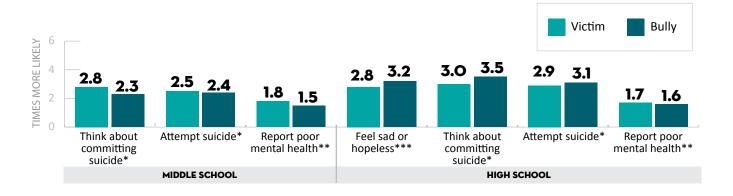
Bullying among DC middle and high school students, by sex





Middle school students' experience of electronic bullying has increased since 2019, most notably among middle school females, of whom nearly one in four now report having been electronically bullied, up from approximately one in six in 2019.

Risk factors associated with bullying aggression and victimization ^ Students who bully others and who are bullied are more likely to:



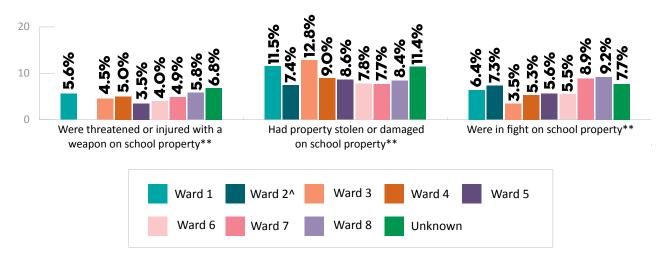
[^] As compared to peers who did not bully others or experience bullying.

^{*}Questions around suicidality for middle school students ask if students have in their lifetime ever seriously thought about killing or ever tried to kill themselves. Questions for high school students ask if students have in the prior 12 months ever seriously considered attempting suicide or actually attempted suicide.

^{**} Questions around mental health for both high school and middle school students ask how frequently students have felt their mental health was not good (poor mental health includes stress, anxiety, and depression in the past 30 days).

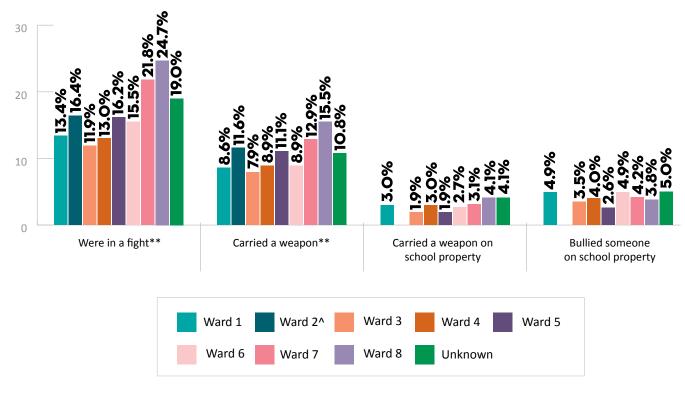
^{***}Questions around depression for high school students ask if, in the prior 12 months, they have felt so sad or hopeless consistently in the past two weeks or more that they stopped doing some usual activities.

High school violence victimization, by ward of residence*



[^] Data were suppressed for Ward 2 due to the low sample size, or number of students in this ward responding to the associated survey question(s).

High school violent behavior, by ward of residence*



[^] Data were suppressed for Ward 2 due to the low sample size, or number of students in this ward responding to the associated survey question(s).

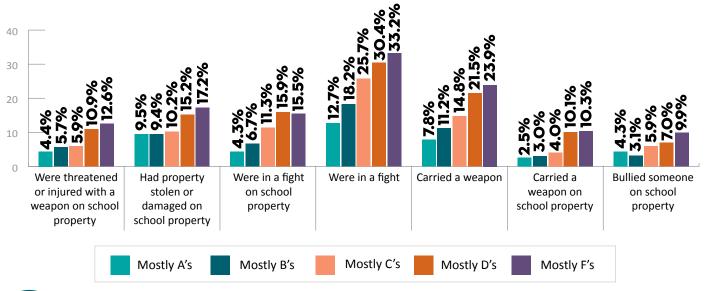
^{*} Approximately 60 percent of high school students report knowing in which DC ward they live.

^{**} In the 12 months prior to the survey.

^{*} Approximately 60% of high school students report knowing in which DC ward they live.

^{**} In the 12 months prior to the survey.

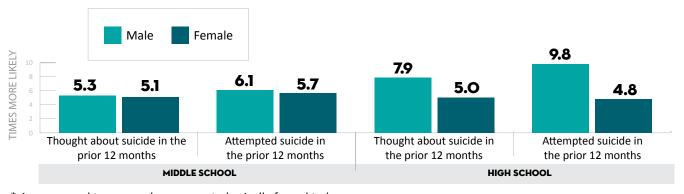
High school violence victimization and violent behavior, by academic performance





The percentage of high school students having been in a physical fight in the 12 months prior to the survey is down by one-third since 2019.

Students ever physically forced to have sex* are more likely to have:

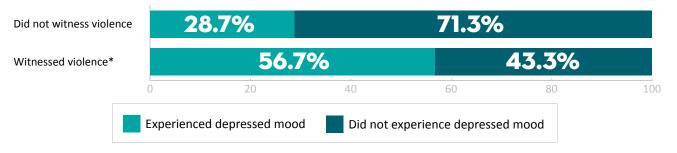


^{*} As compared to peers who were not physically forced to have sex.



Male middle and high school students who have ever been forced to have sex are roughly five to 10 times as likely to consider or attempt suicide.

High school witnessing of household violence, by mental health challenges

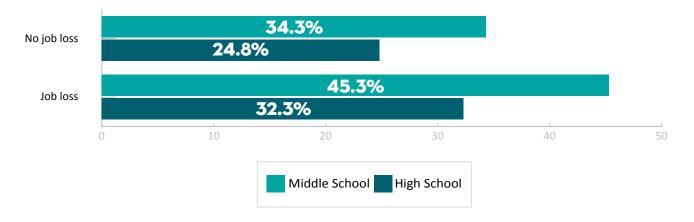


* Seeing or hearing household violence and abuse includes serious hitting, shouting, throwing items, yelling, or name calling, but not 'play fighting' during the 12 months before the survey.



High school students who have witnessed violence in the home are also two times as likely to use substances compared to those who have not.

Middle and high school household violence*, by parent/adult job loss status





- High school students who report parent or household adult job loss during the COVID-19 pandemic are 1.6 times as likely to experience unstable housing, as compared students who did not experience household job loss.
- Twice as many high school students who report a parent or adult in their household losing a job during the COVID-19 pandemic report engaging in sex work.**

^{*} Seeing or hearing household violence and abuse includes serious hitting, shouting, throwing items, yelling, or name calling, but not 'play fighting' during the 12 months before the survey.

^{**} Sex work includes being given money, a place to stay, food, or something of value in exchange for sex.



Youth Risk Behavior Survey Methodology

The District of Columbia Office of the State Superintendent of Education (OSSE) conducts the DC Youth Risk Behavior Survey (YRBS). The LGBTQ Health Data Collection Amendment Act of 2018 requires all DC public and public charter schools to administer the YRBS biennially. The YRBS is part of the national Youth Risk Behavior Surveillance System (YRBSS) led by the Centers for Disease Control and Prevention (CDC). As such, the DC YRBS follows protocols developed by the CDC, with the DC middle and high school questionnaires being adapted from the CDC developed core instruments. The following information describes the sampling, recruitment, and field data collection methods used for the 2021 DC YRBS.

Sampling Method

The first sampling stage included a census of all District of Columbia public schools (DCPS) and public charter middle and high schools, serving grades 6-8 and 9-12. In the second sampling stage, a census of students was taken using classes during second period. All students in these classes were eligible to participate in the survey. Local YRBS surveys, such as the DC YRBS, that have (1) a scientifically selected sample, (2) appropriate documentation, and (3) an overall response rate of greater than 60 percent are able to be weighted by the CDC to adjust for student nonresponse and the distribution of students by grade, sex, and race/ethnicity. These three criteria ensure that data from the 2021 DC YRBS surveys can be considered representative of DC students in grades 6-8 and 9-12. Surveys that do not meet these criteria are not weighted by the CDC and are representative only of the students who participate in the survey.

School and Student Participation

Of the 38 high schools eligible to participate in the 2021 DC YRBS, all 38 schools took part in the survey, for a 100 percent school response rate. The survey was completed by 11,567 high school students, yielding a student response rate of 69 percent. The overall high school response rate was 69 percent.

Of the 70 middle schools eligible to participate in the 2021 DC YRBS, 70 schools took part in the survey, for a 100 percent school response rate. The survey was completed by 11,783 middle students, yielding a student response rate of 76 percent. The overall middle school response rate was 76 percent.

Obtaining Agreements to Participate and Managing Survey Logistics

Gaining approval to conduct the 2021 DC YRBS from local education agencies (LEAs) and each school required a well-coordinated partnership between OSSE and the contractor, ICF. Beginning in the summer of 2021, OSSE provided LEA leaders with information about the survey through various communication methods (i.e., memoranda, e-mails, fact sheets, and telephone calls). These communications included information on the purposes of the survey, content of the survey, uses of the DC YRBS data, the survey collection window, parental permission, and the requirements of the LEA and school for participating in the survey.

LEA Approval Process

Each LEA was provided with a form to be completed and returned to OSSE signifying their agreement to participate and designating a primary point of contact at the LEA. After the form was received, OSSE notified ICF, and each school was assigned an ICF school liaison.

OSSE and ICF school liaisons worked with each LEA or each school directly to (1) identify a point of contact for the school to coordinate the survey logistics, (2) determine a date for the survey that was convenient and minimized disruptions to normal school day activities, and (3) obtain a list of second period classes for the data collection. ICF school liaisons worked closely with school points of contact to quickly finalize the survey arrangements in preparation for the field data collection.

DC YRBS Data Collection

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

Training the Field Data Collection Staff

The survey administrators participated in a two-day training that was modeled after the highly successful national YRBS training. The training develops technical skills of the survey administrator, while engendering a strong commitment to the concept of the project and the project team. Over the course of the training, the survey administrators first observe demonstrations by the training team on the procedures for data collection.

The survey administrators then acquire these skills through practice, demonstrating them to one another and refining each other's performance through constructive feedback. By the end of the training, the survey administrators acquire the requisite skills, are capable of professionally representing OSSE and ICF, are bonded to the project, the training team, and each other, and are better equipped to perform effectively in the field.

Classroom-Level Data Collection

The 2021 DC YRBS was conducted by the trained survey administrators at eligible schools in the fall of 2021. Prior to the scheduled survey administration date, field staff delivered a packet containing the following information to each school point of contact: finalized survey arrangement details, parent exemption letters, and instructions for teachers to read when distributing the letters.

Approximately two to three days prior to the scheduled administration date, field staff communicated with the school point of contact to confirm that all teachers had sent the letters home with students and were tracking the return of any signed letters exempting a student from participating in the survey. On the day of the survey, field staff provided all the materials necessary to conduct the 2021 DC YRBS, and after the survey, staff reviewed survey materials to ensure all classes were accounted for and student response rates had been documented accurately. Students who were absent or unable to participate in the original survey administration were offered a make-up session. Field staff revisited schools to survey classes that may have missed the original survey session due to COVID-19 illness or other unforeseen circumstances.

Processing the Data Collected

On a weekly basis, the survey administrators returned all collected 2021 DC YRBS data to the ICF project office for processing. Processing of the data included ensuring that all school- and classroom-level data were received and reviewing individual surveys for excessive stray marks or damage. At the conclusion of data processing, ICF packaged and transmitted all survey forms to CDC's YRBS technical assistance (TA) contractor for scanning. After scanning was completed, a data file was created and sent to the CDC to be edited. The CDC edited the data for logical consistency and overall data quality and returned the edited file to the YRBS TA contractor for weighting.

APPENDIX B

For additional information on student subgroup responses, please see the following:

2021 DC YRBS Data Files

Responses based on age, grade, race/ethnicity, and gender:

2021 DC Middle School Summary Tables

2021 DC High School Summary Tables

Responses based on academic achievement:

2021 DC Middle School Academic Achievement

2021 DC High School Academic Achievement

Responses based on sexual identity:

2021 DC Middle School Sexual Identity

2021 DC High School Sexual Identity

Responses based on sexual contacts (high school only):

2021 DC High School Sexual Contacts

Detailed Trend information:

2021 DC Middle School Trend Report

2021 DC High School Trend Report

REFERENCES

Images

Page 6: Photo by Allison Shelley/The Verbatim Agency for EDUimages

Page 18: Photo by Allison Shelley for EDUimages

Page 28: Photo by Allison Shelley for EDUimages

Page 38: Photo by Allison Shelley for EDUimages

Demographics

1. Human Rights Campaign. (2020). *Sexual orientation and gender identity definitions*. www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions

Alcohol, Tobacco and Other Drugs

- 2. Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: association with sex and drug behavior. *American journal of preventive medicine*, 27(3), 224–231. www.doi.org/10.1016/j.amepre.2004.06.001
- 3. Clayton, H. B., Lowry, R., August, E., & Everett Jones, S. (2016). Nonmedical use of prescription drugs and sexual risk behaviors. *Pediatrics*, 137(1), e20152480. www.doi.org/10.1542/peds.2015-2480
- 4. Clayton, H. B., Lowry, R., Basile, K. C., Demissie, Z., & Bohm, M. K. (2017). Physical and sexual dating violence and nonmedical use of prescription drugs. *Pediatrics*, *140*(6), e20172289. www.doi.org/10.1542/peds.2017-2289
- 5. Tapert, S. F., Aarons, G. A., Sedlar, G. R., & Brown, S. A. (2001). Adolescent substance use and sexual risk-taking behavior. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 28(3), 181–189. www.doi.org/10.1016/s1054-139x(00)00169-5

- 6. Lowry R, Holtzman D, Truman BI, Kann L, Collins JL, Kolbe LJ. Substance use and HIV-related sexual behaviors among US high school students: are they related? *Am J Public Health*. 1994 Jul;84(7): 1116-20. doi: 10.2105/ajph.84.7.1116. PMID: 8017535; PMCID: PMC1614756.
- 7. Friedman, J., Godvin, M., Shover, C. L., Gone, J. P., Hansen, H., & Schriger, D. L. (2022). Trends in drug overdose deaths among US aAdolescents, January 2010 to June 2021. *JAMA*, 327(14), 1398–1400. www.doi.org/10.1001/jama.2022.2847

Mental and Emotional Health

- 8. Centers for Disease Control and Prevention. (30 March 2020). What are childhood mental health disorders? www.cdc.gov/childrensmentalhealth/basics.html
- 9. Centers for Disease Control and Prevention. (30 March 2020). *Anxiety and depression in children.* cdc.gov/childrensmentalhealth/depression.html

Nutrition and Physical Activity

- Fanelli, S. M., Jonnalagadda, S. S., Pisegna, J. L., Kelly, O. J., Krok-Schoen, J. L., & Taylor, C. A. (2020). Poorer diet quality observed among US adults with a greater number of clinical chronic disease risk factors. *Journal of primary care & community health*, 11, 2150132720945898. www.doi.org/10.1177/2150132720945898
- 11. Government of the District of Columbia. (2022, July 8). Mayor Bowser announces that the District will distribute over \$41 million in food assistance to more than 80,000 children [Press release]. www.mayor.dc.gov/release/mayor-bowser-announces-district-will-distribute-over-41-million-food-assistance-more-80000

Disease Prevention / Sexual Health

12. Centers for Disease Control and Prevention. (5 May 2023) *Diagnoses of HIV infection in the United States and dependent areas*, 2020. HIV Surveillance Report; 33.

Safety and Violence

13. Centers for Disease Control and Prevention. (7 April 2020). *Preventing youth violence*. www.cdc.gov/violenceprevention/youthviolence/fastfact.html



District of Columbia Office of the State Superintendent of Education 1050 First St. NE, Washington, DC 20002

osse.dc.gov



