



ALVERNO COLLEGE  
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RESEARCH CENTER FOR WOMEN AND GIRLS



# The Status of Girls in Wisconsin

2014 Report

In partnership with



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## The Status of Girls in Wisconsin 2014 Report was produced by:

Alverno College Research Center for Women and Girls  
Rhonda M. Ware, JD, Executive Director

## In partnership with:

Girl Scouts of Wisconsin Southeast\*  
Christy L. Brown, JD, CEO

## In collaboration with:

The Brewers Community Foundation  
Cecelia Gore, MBA, Executive Director

Women's Fund of Greater Milwaukee\*  
Margaret Henningsen, BA, Executive Director

Wisconsin Women's Council\*  
Christine Lidbury, MPA, Executive Director

Pearls for Teen Girls, Inc.  
Danae Davis, JD, CEO and President

Boys & Girls Clubs of Greater Milwaukee  
Vincent Lyles, President/CEO

Images of Us Sports  
Bernell Hooker, BA, CEO

AAUW West Suburban-Milwaukee Branch  
Mitzi Dearborn, PhD, Branch College Liaison

\*The Status of Girls in Wisconsin Founding Sponsors in collaboration with Alverno College.

## Research Team:

Allyssa Bosse, BA

Jessica Brumm-Larson, PhD

Kim Good, MSW

Amy Kerznar, BA

Jennifer Kunz, PhD

Justin LaManna, PhD

Kristin Nelson, BA

Mary-Catherine Nimphius, BA

Kim Skerven, PhD, Report Chair

## Review Team:

Ed de St. Aubin, PhD, Marquette University

Jennifer Evertsén, MS, Alverno College

Sandra Graham, PhD, Alverno College

Joe Hatcher, PhD, Ripon College

Wendy Halm, PhD, Alverno College

Emily Holder, MA, Wisconsin DPI

Christine Lidbury, MPA, WI Women's Council

Kamla Modi, PhD, Girl Scout Research Institute

Magda Peck, ScD, UW-Milwaukee

Desiree Pointer-Mace, PhD, Alverno College

Julie Ullman, PhD, Alverno College

Chris Young, PhD, Alverno College

## A Message from the President

At Alverno College we know that when girls and women thrive, communities flourish.

The College's Research Center for Women and Girls has as its mission the challenge of shedding a bright light on the issues that impact girls and women locally, as well as nationally. When the Center is successful in illuminating the issues and challenges facing our girls, we know that we encourage policy and programming to ensure that our daughters will become the strong women our world so desperately needs.

In 2007, with the generous and enthusiastic support of the Women's Fund of Greater Milwaukee, the Girls Scouts of Wisconsin, and the Wisconsin Women's Council, Alverno College published the first Status of Girls Report. This report addressed the needs and aspirations of girls across the state and outlined the demographic, social, and economic dimensions of girls' lives. It was made available to help shape both policies and practices in business, education, and nonprofit work.

The findings of 2007 study were presented to the Wisconsin State Legislature, distributed to girl-serving agencies throughout the nation, and received statewide media coverage. In keeping with the Center's mission of serving as a national resource, the 2007 Report and its update in 2010 have been a catalyst for other states to produce status reports including California, South Carolina, Indiana, New Jersey, and Washington, DC. We are proud of its impact, and of the colleagues at other women's colleges where these reports have been developed.

Alverno College is honored to present the 2014 report on the Status of Girls in Wisconsin. It is our intention that the data contained in this report will further impact decisions made at state and local levels, as well as inform social change organizations, educators, policy makers, health professionals, and many others as they look for ways to promote the health and well-being of our girls.

Let's start making the positive changes needed to build a strong foundation for our girls in Wisconsin.

Mary J. Meehan, Ph.D.  
President

## Overview

The Alverno College Research Center for Women and Girls is pleased to present, in collaboration with the Girl Scouts of Wisconsin Southeast, The Status of Girls in Wisconsin 2014 Report. This is the third report on the status of girls in Wisconsin as part of our continued commitment to raising awareness regarding issues that are impacting girls in our state. The original report was released in 2007, with an update in 2010. This current version focuses on girls (in most cases ages 10-19) across the state of Wisconsin. It should be noted that because data are drawn from various sources, age groups are at times different and thus noted throughout the report. As was true for previous editions, a major goal of this report is to provide relevant data through a centralized source. In fact, the Status of Girls in Wisconsin report is still the most comprehensive consolidation of information about the issues facing girls in our state.

As we constructed this document, we have kept in mind the multiple purposes for which such data may be used, including program development, continued research, and ongoing collaboration among the community stakeholders interested in improving the lives of girls in Wisconsin and beyond. As a data report, the purpose of this document is to provide information without extensive interpretation. Instead, we see this report as a catalyst for ongoing dialogue. It is our intention to bring awareness to inequities that persist for girls, and inspire action to ensure these inequities do not prevent girls from pursuing their dreams and sharing in the responsibility and rewards that come with full participation in society.

Although this report reveals improvement for girls in some areas, it shows persistent, troubling patterns in others. For example, a promising trend for Wisconsin girls has been decreased tobacco use. In the area of education, Wisconsin high school girls have enrolled in more Advanced Placement courses than boys. However, girls have lower rates of passing Advanced Placement exams, which points out an area for continued work. In the area of mental health, Wisconsin girls report far more symptoms of depression than boys. Throughout the report, we have drawn comparisons between Wisconsin girls and boys, and also between Wisconsin and U.S. girls, in order to facilitate as much understanding as possible. Additional comparisons are made across racial/ethnic groups and sexual orientation groups, as well as over historical time.

Information included in the report is organized into content sections and we have strategically incorporated “call out” boxes throughout the report. These boxes highlight noteworthy data and invite the reader to thoughtfully consider important issues. Also, each section has a “Key Findings” box that quickly showcases a few noteworthy results. Where we have noticed data gaps, we have called attention to them in order to create potential avenues for future investigation. We envision, through collaboration with community stakeholders, that future documents will be inspired by this report and will delve into further analysis of key issues for girls in Wisconsin.

# SECTION I: KEY DEMOGRAPHICS

The following sections provide an overview of girls ages 10-19 years in the State of Wisconsin. Where possible, further breakdowns are provided according to variables such as geographic location, as well as social indicators including socioeconomic status and family structure.

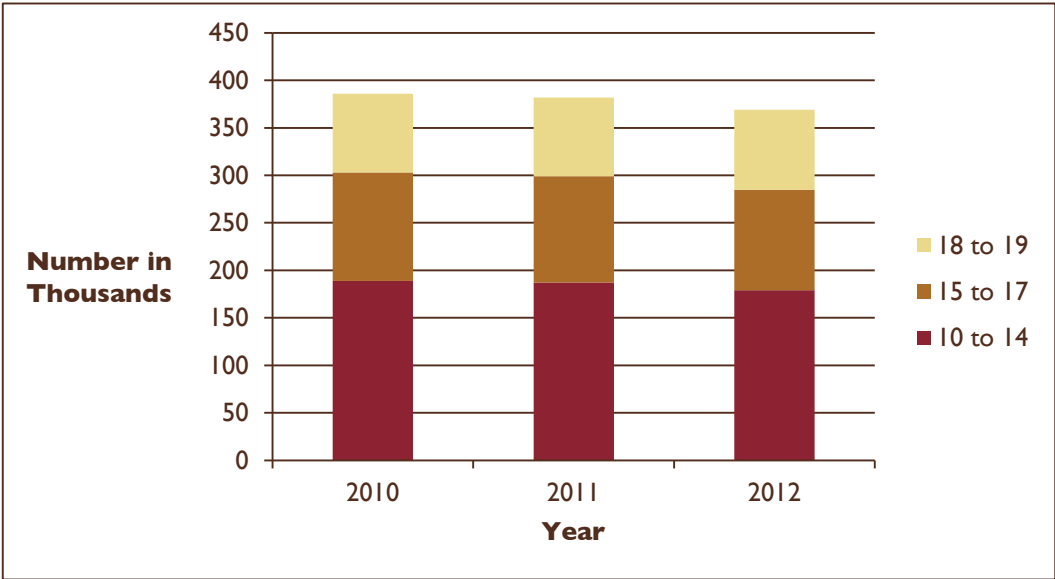
## General Demographics

In 2012, 371,675 girls ages 10-19 years lived in the State of Wisconsin (U.S. Census Bureau [Census], 2012). There were 395,140 boys of the same age living in Wisconsin during the same year. Girls made up about 7% of the total population of 5,726,398 people living in Wisconsin in 2012 (Census, 2012). As shown in Graph 1, the number of girls in Wisconsin has remained relatively consistent over the past several years.

## Key Findings

- The population of girls in Wisconsin is less diverse than the U.S. overall.
- The Milwaukee metro area has by far the largest population of girls in the state.
- In Wisconsin, 114,022 girls age 17 and under were living at or below the federal poverty line.
- Girls and boys in Wisconsin between the ages of 16 and 19 report similar rates of employment and unemployment.

Graph 1: Number of WI Girls, by Age Group, 2010-12



Source: Census, 2010, 2011, 2012.

As shown in Table 1, Wisconsin girls ages 10-19 are less ethnically diverse compared to the U.S. overall (Census, 2012).

Table 1: Girls Ages 10-19, U.S. and WI, 2012

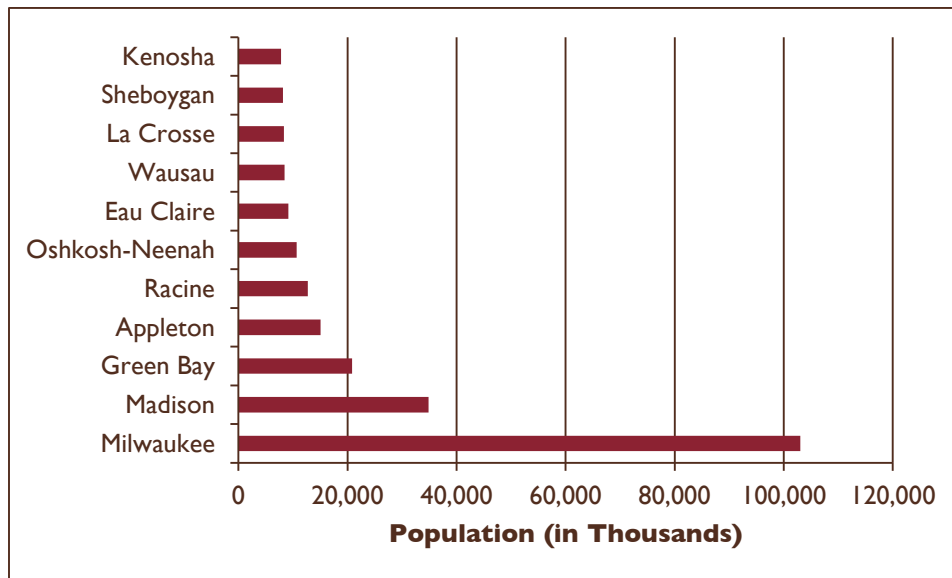
	Wisconsin	United States
White	74%	56%
African American	8%	12%
Hispanic (Any Race)	7%	18%
2 or More Races	4%	4%
Asian	3%	4%
Other Races	2%	5%
Native American	1%	1%

Source: Census, 2012.

For 2010-12, there were noteworthy differences in diversity among girls statewide compared to Milwaukee County: White (Wisconsin: 76%; Milwaukee County: 38%), African American (Wisconsin: 9%; Milwaukee County: 35%), Hispanic (any race) (Wisconsin: 9%; Milwaukee County: 19%), Asian (Wisconsin: 4%; Milwaukee County: 12%), Native American (Wisconsin: 12%; Milwaukee County: 2%) (Census, 2012).

Many Wisconsin girls live in “metro areas” of the state, defined as having a core urban area of 50,000 or more (Census, 2012). The Milwaukee metro area in Southeastern Wisconsin had by far the largest population of girls (28% of all girls in the state) (Census, 2012). The Milwaukee metro area was followed by Madison and Green Bay, as indicated in Graph 2.

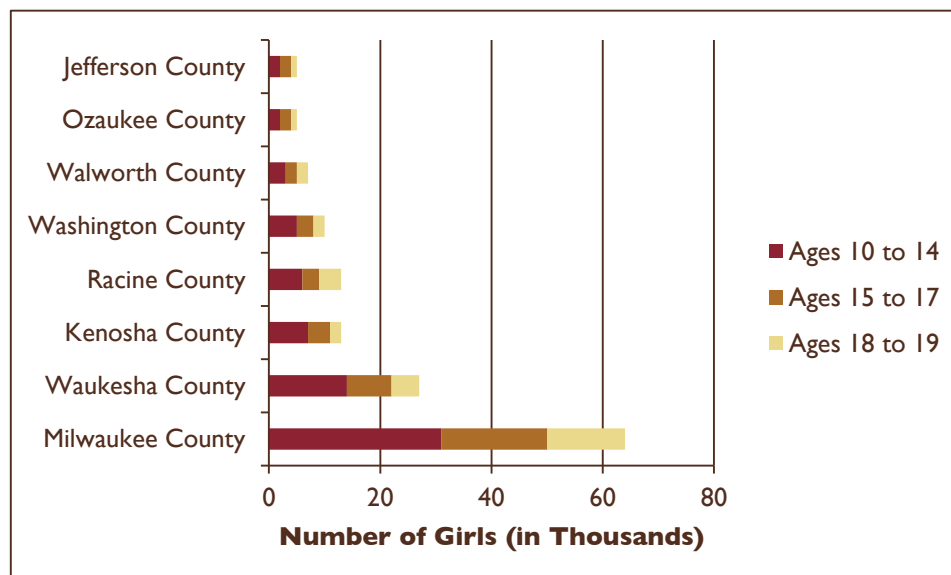
**Graph 2: Population of WI Girls Ages 10-19 Years in Metro Areas, 2012**



Source: Census, 2012.

Breaking down the population density in Southeastern Wisconsin even further, Milwaukee County had the most girls (63,558) in 2012 (Census, 2012). Milwaukee County was followed by Waukesha (25,962), Kenosha (13,680), and Racine (12,738) Counties, as shown in Graph 3 (Census, 2012).

**Graph 3: Number of Girls in Southeastern WI, by Age Group and County, 2012**



Source: Census, 2012.



Poverty

The effects of poverty extend into multiple areas of girls' lives. The 2013 federal poverty line was \$15,510 annual income for a two-person family household, \$19,530 for a household of three, and \$23,550 for a household of four (US DHHS, 2013f). In Wisconsin, 114,022 girls age 17 and under were living at or below the poverty line (Census, 2012).

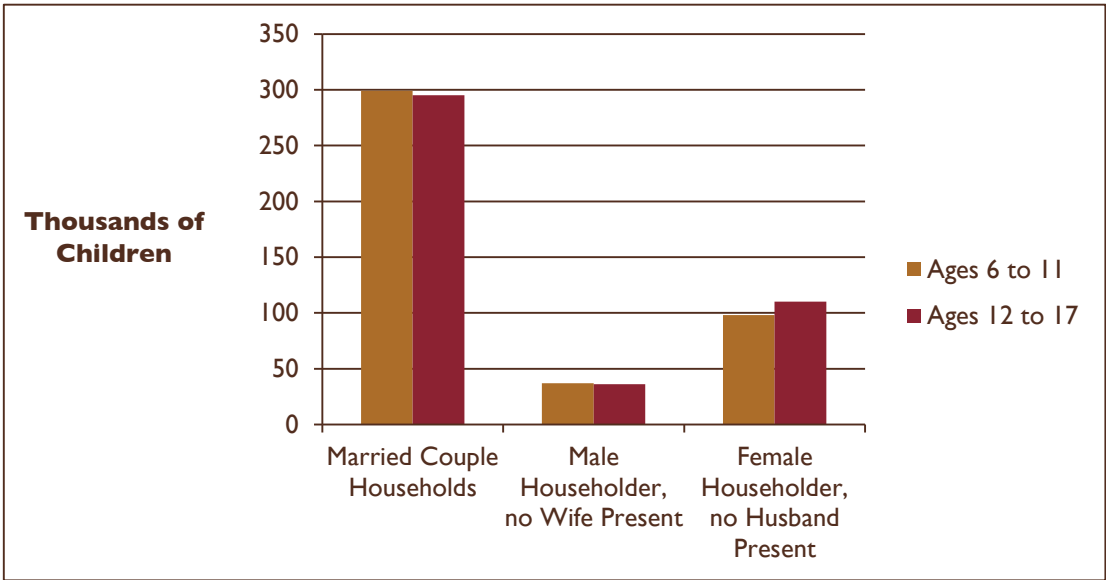
Housing is one area of girls' lives impacted by poverty. In 2012, 10% of all children in Wisconsin under age 18 were living in crowded housing (defined as more than one person per room) (Kids Count Data Center, [Kids Count], 2012).

Another area affected by poverty is food access. From 2010-12, 17% of all Wisconsin children under age 18 experienced food insecurity (Kids Count, 2012). Food insecurity occurs when there is uncertainty or an inability to obtain enough food for all members of the family (Kids Count, 2012). For more information the HungerTask Force (2012) provides an extensive assessment of healthy food accessibility in Milwaukee County.

Family Structure

In 2012, 36% of all households in Wisconsin were classified as “non-family,” such as a single person with no children (Census, 2012). Unmarried households also make up a portion of family situations in Wisconsin, where less than 1% were same-sex and 6% were other-sex unmarried households (Census, 2012). As shown in Graph 4, the most common family structure for children in Wisconsin is in married couple households (Census, 2012).

Graph 4: Family Structure of WI Children, by Age Group, 2012



Source: Census, 2012.



## Girls in the Labor Force

The U.S. Census Bureau [Census] collects data on the number of girls and boys ages 16-19 who are in the workforce. As shown in Table 2, employment percentages rise following high school graduation, as young people are more likely to be in the labor force.

**Table 2: Employment Rates for Girls and Boys, Ages 16-19, 2012**

	Girls		Boys	
	Enrolled in School (139,056 total)	High School Graduates (13,506 total)	Enrolled in School (163,616 total)	High School Graduates (17,942 total)
Not in the Labor Force	50%	24%	56%	18%
Employed	41%	61%	35%	64%
Unemployed	9%	15%	9%	18%

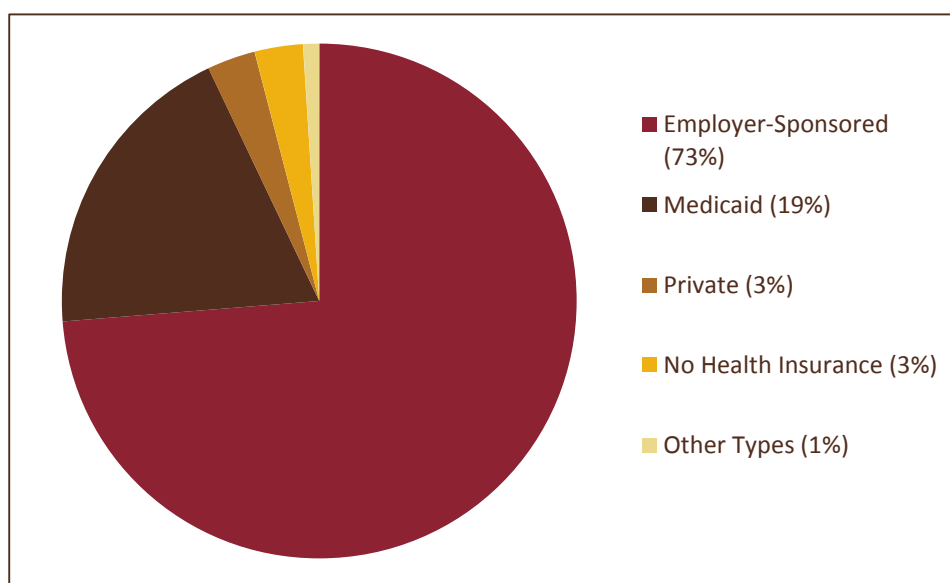
Source: Census, 2012.

In terms of common areas for young women (ages 16-24) to be employed, the U.S. Bureau of Labor Statistics (2013) reports that most worked in non-agricultural jobs such as leisure and hospitality (26%) and the retail trade (19%).

## Access to Health Insurance

In 2010, 3% of Wisconsin youth (girls and boys) ages 17 and under were uninsured (Wisconsin Department of Health Services [WI DHS], 2010a). Graph 5 shows types of health insurance held by youth in this age group, demonstrating that most were insured through employer-sponsored coverage while 3% were uninsured.

**Graph 5: Types of Health Insurance for WI Youth Ages 17 and Under, 2010**



Source: WI DHS, 2010.

Finally, in 2010, 94% of Wisconsin youth (girls and boys) ages 17 and under were insured all year; 4% were insured for part of the year (WI DHS, 2010a). The remaining 2% were uninsured for the entire 12 months (WI DHS, 2010a). Badger Care and Medicaid are included in this data.

## SECTION II: PRIMARY AND SECONDARY EDUCATION

This section provides data related to school attendance, as well as performance across a variety of subject areas such as mathematics, science, and language arts. Additionally, information on Advanced Placement exams and graduation rates is discussed.

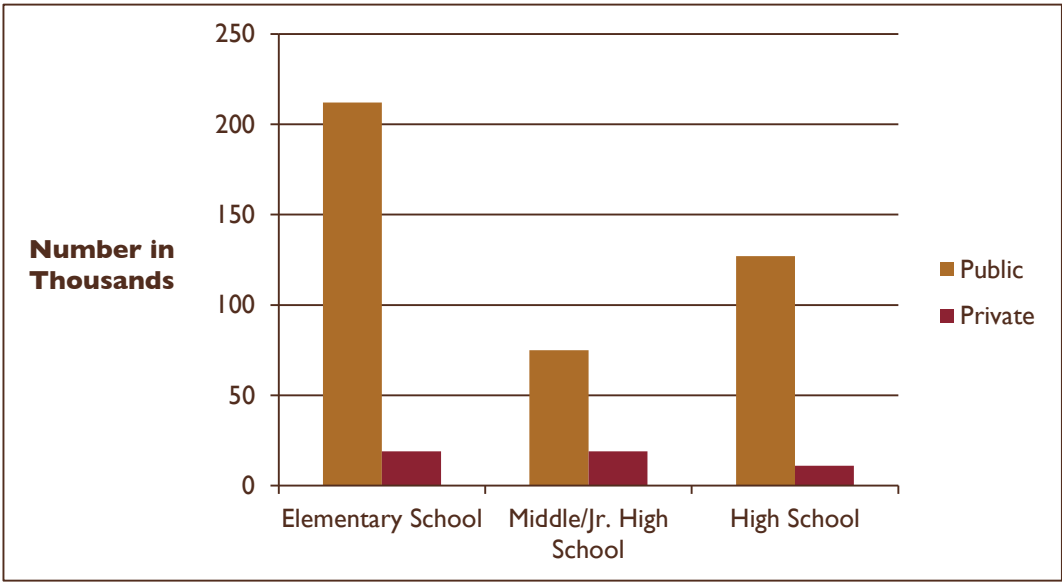
### School Enrollment and Attendance

During the 2012-13 academic year, there were 11 times more girls enrolled in public schools compared to private schools at both the elementary and high school levels in Wisconsin (WI DPI, 2014a). This difference is less pronounced at the middle/junior high school level, with only four times as many girls enrolled in public institutions compared to private (WI DPI, 2014a). This shift during the middle/junior high level is shown in Graph 6.

### Key Findings

- Wisconsin girls still lag behind boys in mathematics at the advanced level and in science.
- A higher proportion of girls was at the advanced level in reading compared to boys for the 2013-14 school year.
- Wisconsin students in 2013 scored higher on all four tests of the ACT compared to national averages.

Graph 6: WI Girls Enrolled in Public and Private Schools, 2012-13



Source: WI DPI, 2014a.

Regarding school attendance, truancy is defined as missing part or all of five school days without an acceptable excuse (see Wisconsin Statute 118.16(4)(a) at [<http://docs.legis.wisconsin.gov>] for criteria on acceptable excuse) during a semester. In the 2012-13 school year, truancy rates for Wisconsin girls were very similar to from boys, as shown in Table 3.

Table 3: Truancy Rates for Wisconsin Girls and Boys, 2012-13

	Girls	Boys
High School	12%	13%
Middle/Junior High School	5%	5%
Elementary School	7%	7%

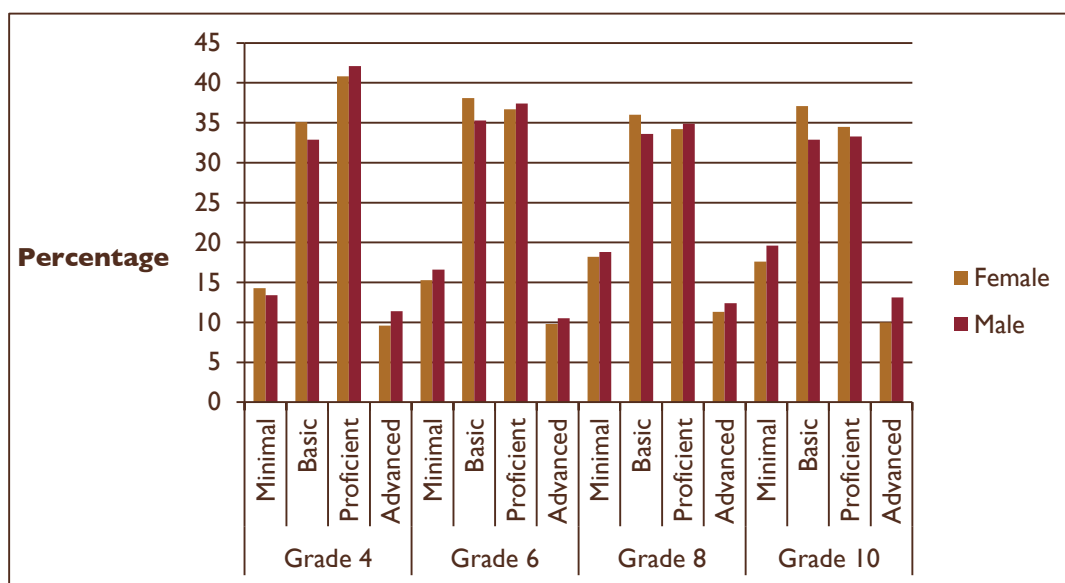
Source: WI DPI, 2014b.

## Academics

The Wisconsin Knowledge and Concepts Examination (WKCE) was designed to measure the Wisconsin Model Academic Standards (WMAS) and assess students' reading, mathematics, science, language arts, writing, and social studies knowledge (WI DPI, 2014c). These data allow us to gauge girls' academic performance across multiple domains. [Note: Beginning in the 2014-15 school year, the WKCE will be replaced by the Smarter Balanced test (WI DPI, n.d.), which may affect future data and comparisons.]

**Mathematics.** The mathematics examination is administered during the fall of every school year to students in grades 4, 6, 8, and 10 enrolled in Wisconsin public schools (WI DPI, 2014c). The 2013-14 data (Graph 7) show that the majority of students fall into either the basic or proficient levels for mathematics, with a slightly higher proportion of boys than girls at the proficient level except in 10th grade. Likewise, there is a marginally higher proportion of boys doing better than girls at the advanced level in all grades, and the disparity between boys and girls at this level appears to widen with age. We see greater disparities when comparing between races with the majority (51.2%) of African American females in 10th grade falling at the minimal level and only 1.5% testing at the advanced level. While the predominant level for Hispanic/Latino girls in 10th grade was the basic level, and 2.4% were at the advanced level. For White girls in 10th grade, the predominant level was proficient (39.8%) and 12.0% were at the advance level (WI DPI, 2014hh).

Graph 7: Mathematics WKCE Scores, by Grade Level and Gender, 2013-14

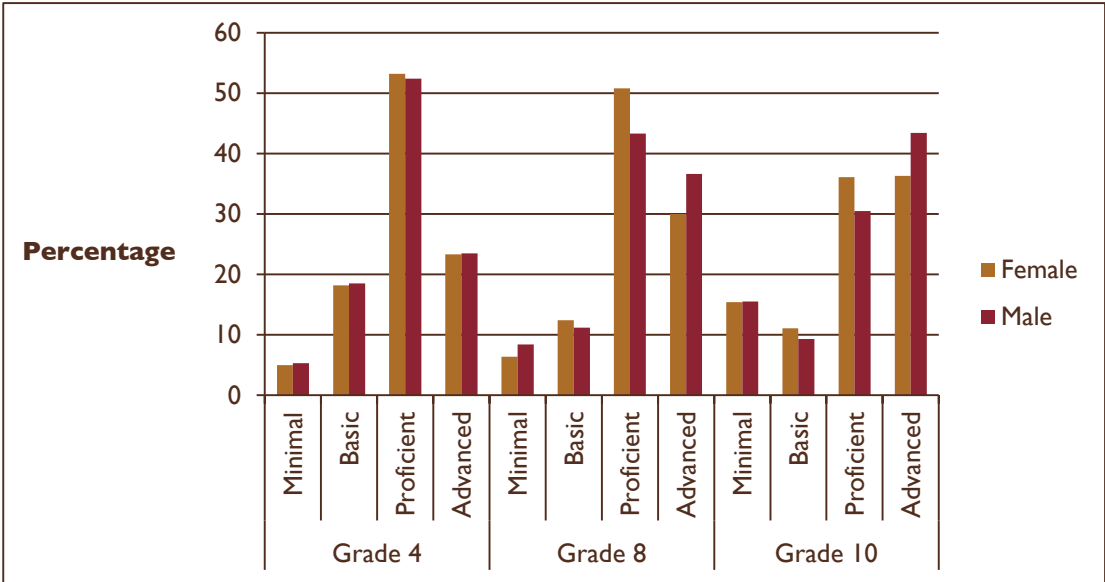


Source: WI DPI, 2014c.

**Science.** During the fall of every school year, the WKCE science exam is administered to students in grades 4, 8, and 10 enrolled in Wisconsin public schools (WI DPI, 2014c). Unlike the data from the WKCE mathematics exam, the majority of students during the 2013-14 school year scored at either the proficient or advanced levels (WI DPI, 2014d). Girls appeared to do slightly better than boys in all three grades at the proficient level (Graph 8): 53% of girls in 4th grade were proficient, 51% were proficient in science in 8th grade, and 36% were proficient in 10th grade (WI DPI, 2014d). However, to some degree a higher proportion of boys compared to girls can be seen in all three grades at the advanced level. Looking at the minimal levels across all three testing grades, a lower proportion of girls appear to fall into this category compared to boys. When looking at science WKCE scores with respect to race, we see differences emerge. The majority (46.5%) of African American 10th grade girls tested into the minimal level, while 10.1% were at the advanced level. Tenth grade Hispanic/Latino girls mainly (35.1%) fell into the proficient levels, while 16.5% were at the advanced level. The majority (42.9%) of White girls in 10th grade were at the advanced level (WI DPI, 2014ii).

Just like the data in math, we see that boys consistently outpace girls at the advanced level in science.

Graph 8: Science WKCE Scores, by Grade Level and Gender, 2013-14

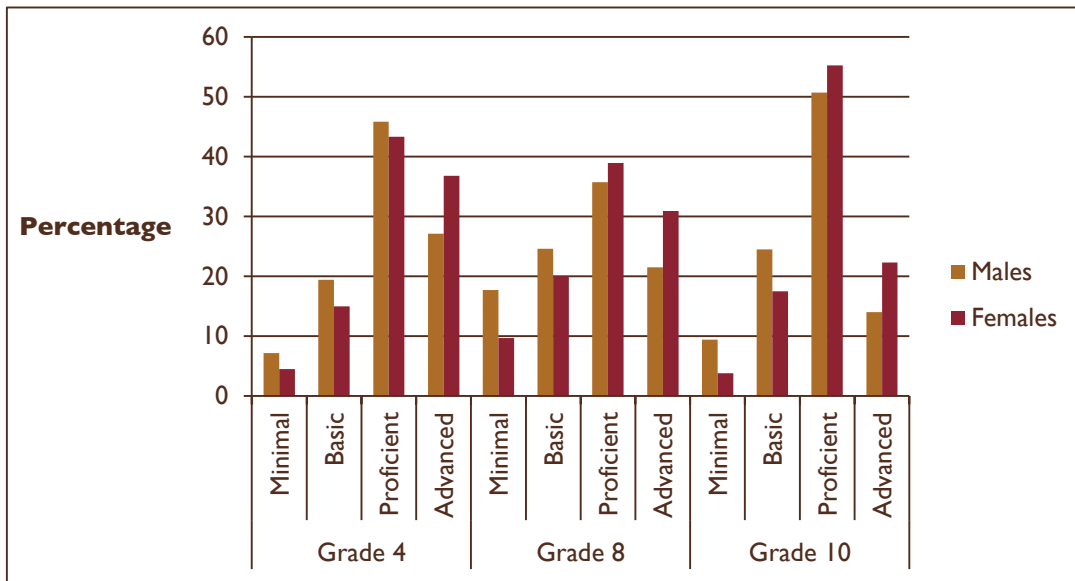


Source: WI DPI, 2014d.

**Language Arts.** During the fall semester of every school year, the WKCE language arts exam is administered to students in grades 4, 8, and 10 enrolled in Wisconsin public schools (WI DPI, 2014c). For the 2013-14 school year, the majority of students in all three grade levels were performing at the advanced and proficient levels for language arts (Graph 9). In fact, 80% (4th grade), 70% (8th grade), and 78% (10th grade) of girls fell into either of the top two categories of advanced or proficient (WI DPI, 2014e). A somewhat higher proportion of girls compared to boys in 4th, 8th, and 10th grades were at the advanced level, and at the proficient level in 8th and 10th grades. Language Arts WKCE data for girls within a specific race shows disparities emerging. For African American girls in 10th grade the predominant level was proficient (38.6%), while 5.6% were at the advanced level. Hispanic/Latino girls in 10th grade tested mainly into the proficient level as well, with 52.6% being proficient and 8.3% at the advanced level. We see the same distribution in White girls at the 10th grade level with 57.7% being proficient and 26.4% advanced (WI DPI, 2014jj)

Girls do better than boys on the WKCE language arts exam, with more girls at the advanced level compared to boys in all three grades in which the exam is given.

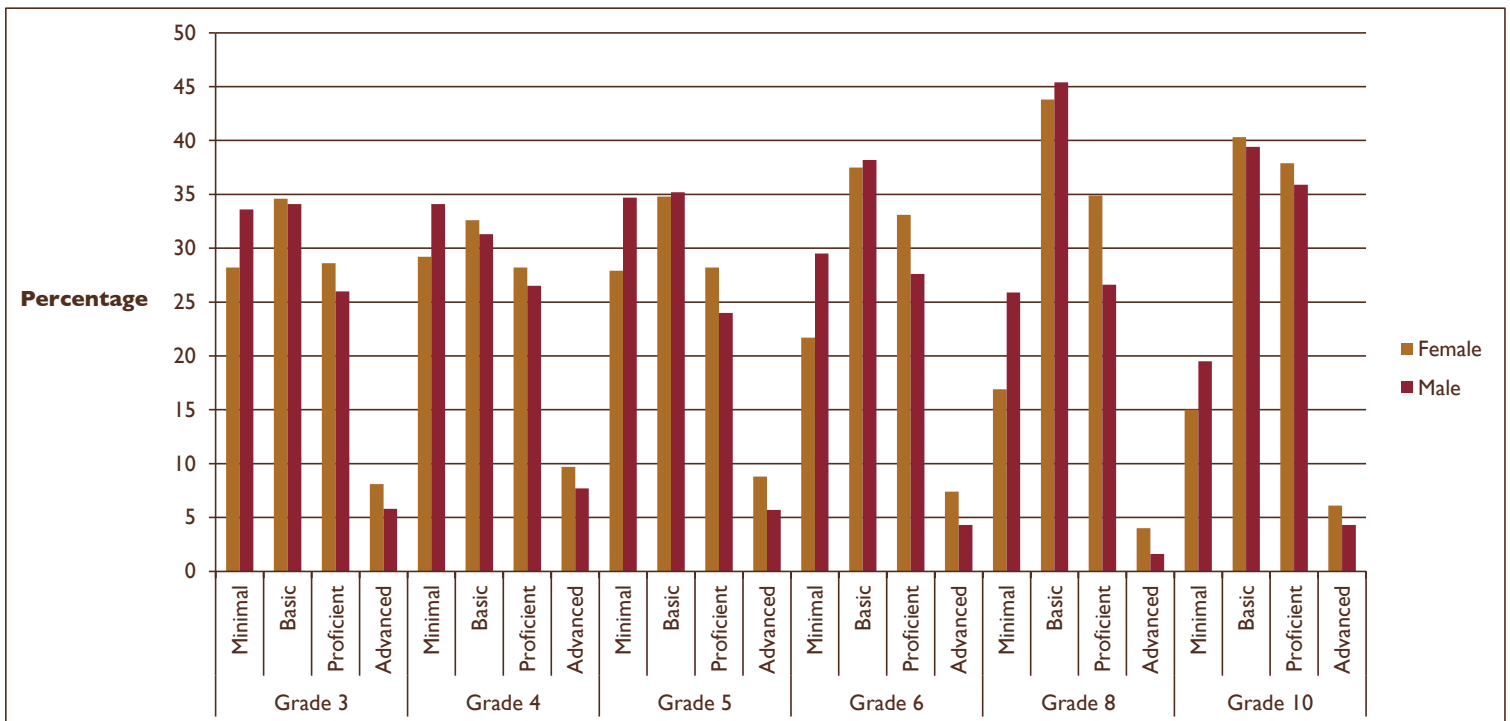
Graph 9: Language Arts WKCE Scores, by Grade Level and Gender, 2013-14



Source: WI DPI, 2014e.

**Reading.** The WKCE reading exam is administered to students during the fall semester in grades 3, 4, 5, 6, 8, and 10 (WI DPI, 2014c). In 2013-14, for every grade tested, the largest proportion of girls fell into the basic level. As shown in Graph 10, for all grades, a higher proportion of girls was at the advanced level compared to boys. Looking at the data for race, we see African American and Hispanic/Latino girls lagging behind White girls. African American girls in 10th grade mainly tested into the basic level (40.7%) with only 1.3% showing advanced level reading scores. Similarly, 45.9% of Hispanic/Latino girls in 10th grade were at the basic level and 2.1% at the advanced level. White girls in 10th grade mainly tested into the proficient level (43.1%) with 7.6% having advanced level reading scores (WI DPI, 2014 kk).

Graph 10: Reading WKCE Scores, by Grade Level and Gender, 2013-14

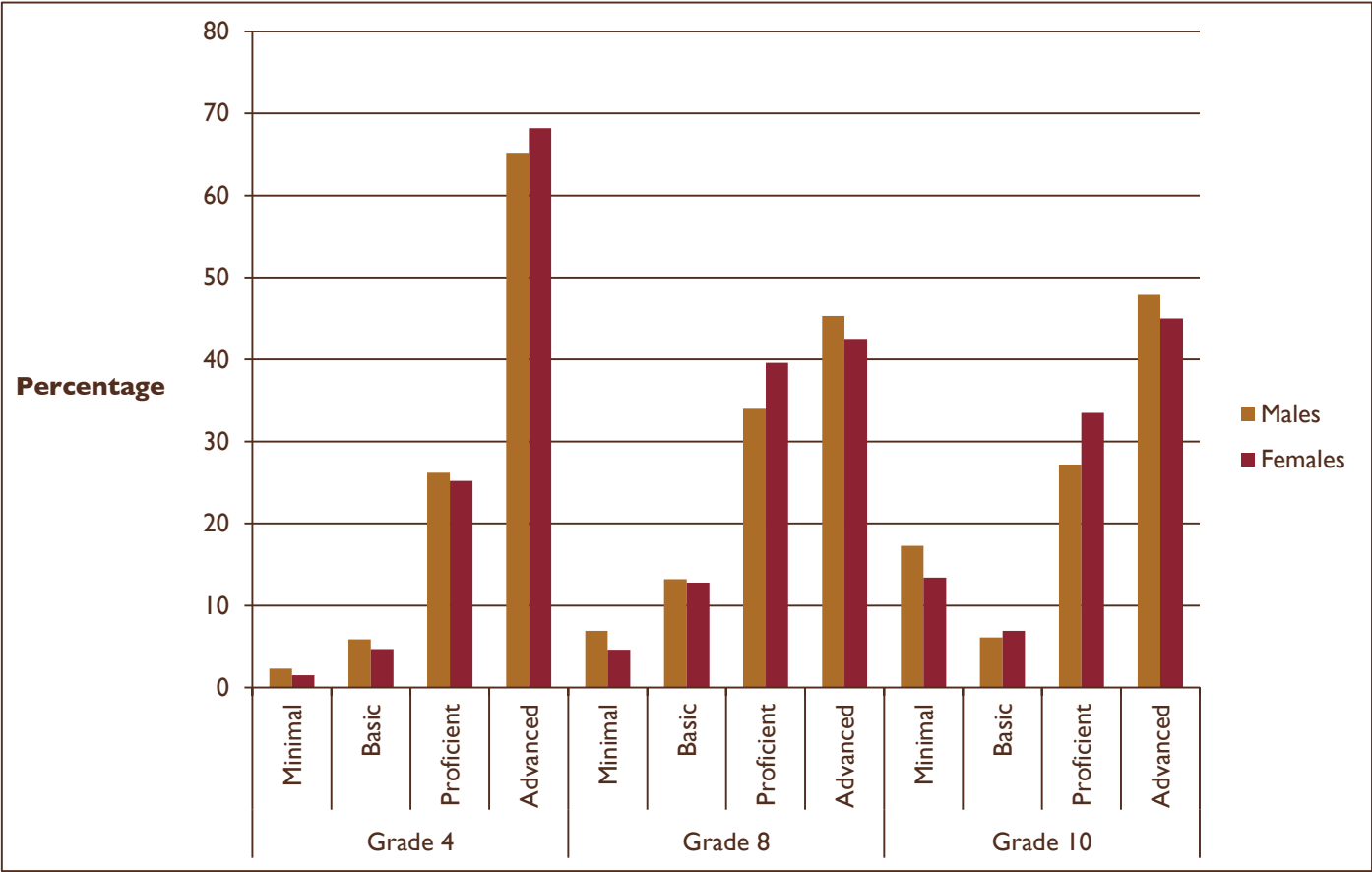


Source: WI DPI, 2014.

**Social Studies.** The WKCE social studies exam is administered to students during the fall semester in grades 4, 8, and 10 (WI DPI, 2014c). The 2013-14 WKCE social studies exam showed that at least 45% of Wisconsin students in grades 4, 8, and 10 scored in the advanced level (WI DPI, 2014f). In grades 4, 8, and 10 the percentage of girls either being proficient or advanced is 93%, 82%, and 79% respectively, while 91%, 79%, and 75% of boys were at the proficient or advanced levels in grades 4, 8, and 10 respectively (Graph 11) (WI DPI, 2014f). Looking at race we see African American 10th grade girls mainly testing into either proficient (32.5%) or minimal (36%) levels, and 16.1% in the advanced level. 38.4% of Hispanic/Latino 10th grade girls predominantly tested at the proficient level, and only 23.8% at the advanced level. White girls in 10th grade mainly (51.6%) fell into the advanced level (WI DPI, 2014II).

There is a steady decline in the proportion of students scoring either at the advanced or proficient level for both girls and boys in Wisconsin as they progress from 4th to 10th grade.

Graph 11: Social Studies WKCE Scores, by Grade Level and Gender, 2013-14

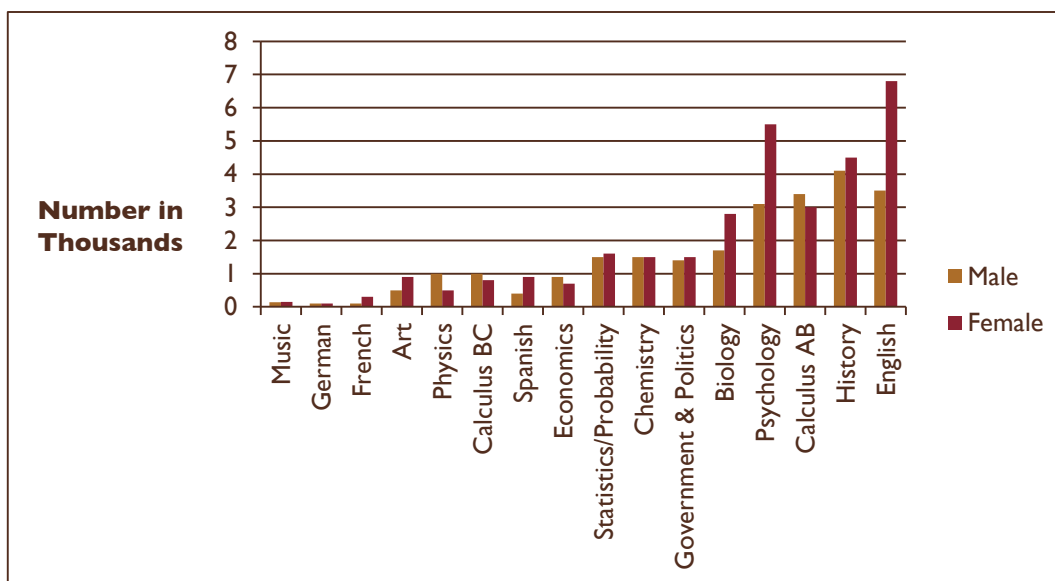


Source: WI DPI, 2014f.

### Advanced Placement Course Enrollment and Examinations

Advanced Placement (AP) courses are college-level courses available to students in grades 6-12. The exams are administered every May after students have completed the AP course. The majority of students taking these courses are at the high school level. During the 2009-10 school year, there were nearly 32,000 girls registered for AP courses in Wisconsin, compared to approximately 24,000 boys (WI DPI, 2014h). English, psychology, and history (in order of decreasing enrollment) were the three top courses chosen by girls while history, English, and calculus (in order of decreasing enrollment) were the top courses chosen by boys (Graph 12).

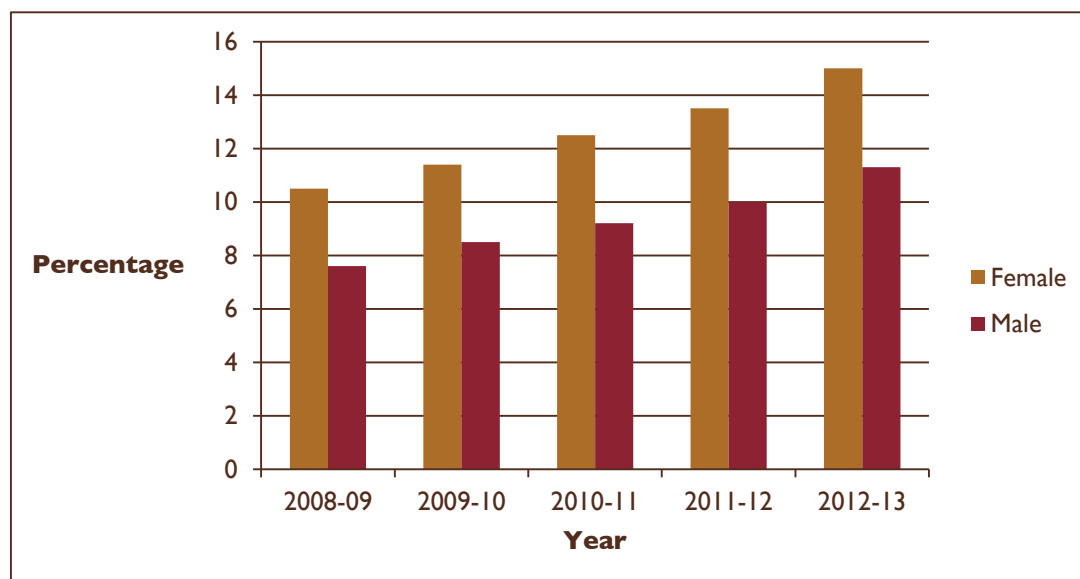
Graph 12: AP Course Participation, WI Students Grades 6-12, by Gender, 2009-10



Source: WI DPI, 2014g, 2014h.

Students achieving a score of three or higher on AP exams often get college credit for those courses at many colleges nationwide (WI DPI, 2014g). The exam scoring is on a five-point scale [5=extremely well qualified, 4=well qualified, 3=qualified, 2=possibly qualified, 1=no recommendation] (WI DPI, 2014g). In the 2012-13 school year, 13% of Wisconsin high school students (girls and boys) took AP exams (WI DPI, 2014i). The percentage of girls taking AP exams has been consistently higher than boys over the past five school years, as shown in Graph 13.

Graph 13: AP Exam Participation, WI High School Students, by Gender, 2008-13

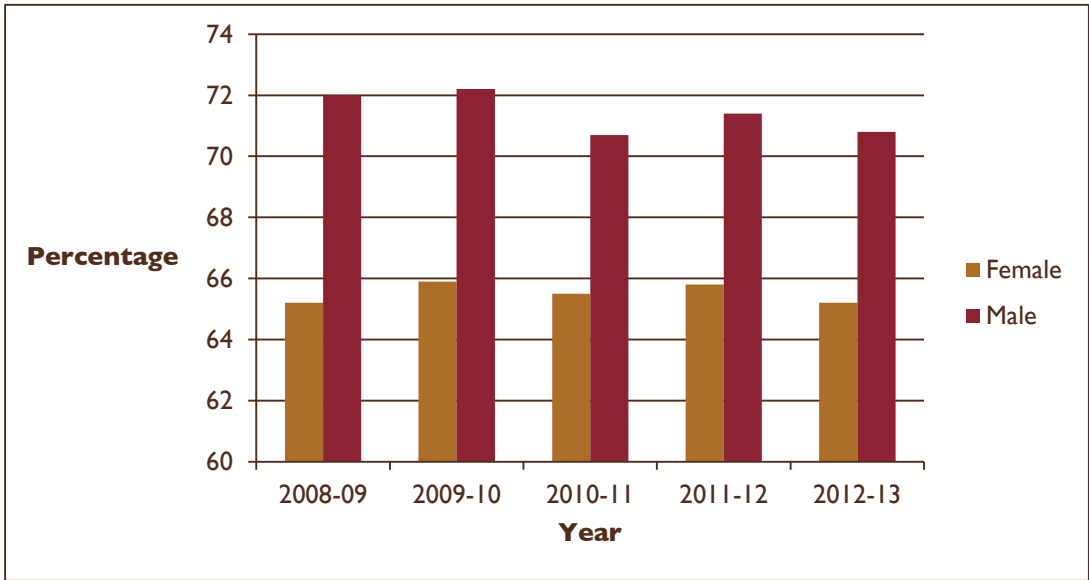


Source: WI DPI, 2014i.



For the AP exam scores, a higher proportion of boys score a three or better compared to girls. As an example, in the 2012-13 school year, 71% of boys and 65% of girls scored a three or better on AP exams (WI DPI, 2014j). Graph 14 shows that this trend has existed for years.

Graph 14: Percent of AP Exams Passed (Score of 3 or Above), 2008-13



Source: WI DPI, 2014j.

Graduation and Dropout Rates

A slightly higher percentage of girls (90%) in Wisconsin public schools graduated with a regular high school diploma during the 2012-13 school year compared to boys (86%) (WI DPI, 2014bb). Additionally, the percentage of boys that dropped out of high school (2%) was slightly higher compared to girls (1%) (WI DPI, 2014cc).

When looking at Wisconsin high school graduation and dropout rates (girls and boys) for the 2012-13 school year by race, Whites had the highest graduation rate (93% with a regular diploma), while African Americans had the lowest (65% with a regular diploma) (WI DPI, 2014dd). Conversely, the racial group with the highest dropout rate was African Americans (6%), while Whites had the lowest (1%) (WI DPI, 2014ee). These data suggest important disparities across racial groups.

There are important disparities across racial groups in Wisconsin for high school graduation and dropout rates.

Academic achievement has important connections with other variables related to health and well-being. For example, in 2013 indicators of well-being were analyzed by level of academic achievement for Wisconsin high school students (WI DPI, 2013e). Noteworthy findings are shown in Table 4. As this data is correlational, it is unclear as to whether higher levels of academic achievement protect against potential problems, or vice versa. But, the associations between academic achievement and health risk behaviors are important to note.

**Table 4: WI High School Students Reporting Health Risk Behaviors, by Academic Achievement Level, 2013**

	<b>A's</b>	<b>B's</b>	<b>C's</b>	<b>D's/F's</b>
Felt sad or hopeless almost every day for 2 weeks or more in past 12 months.	18%	27%	30%	39%
Considered suicide in past 12 months.	8%	15%	17%	29%
Smoked cigarettes in past 30 days.	4%	12%	24%	26%
Engaged in binge drinking in past 30 days.	14%	18%	28%	30%
Ever had sexual intercourse.	26%	38%	49%	45%
Watched 3 or more hours of TV per day on an average school day.	15%	25%	30%	31%
Rarely feel safe from physical harm when at school.	7%	10%	13%	18%

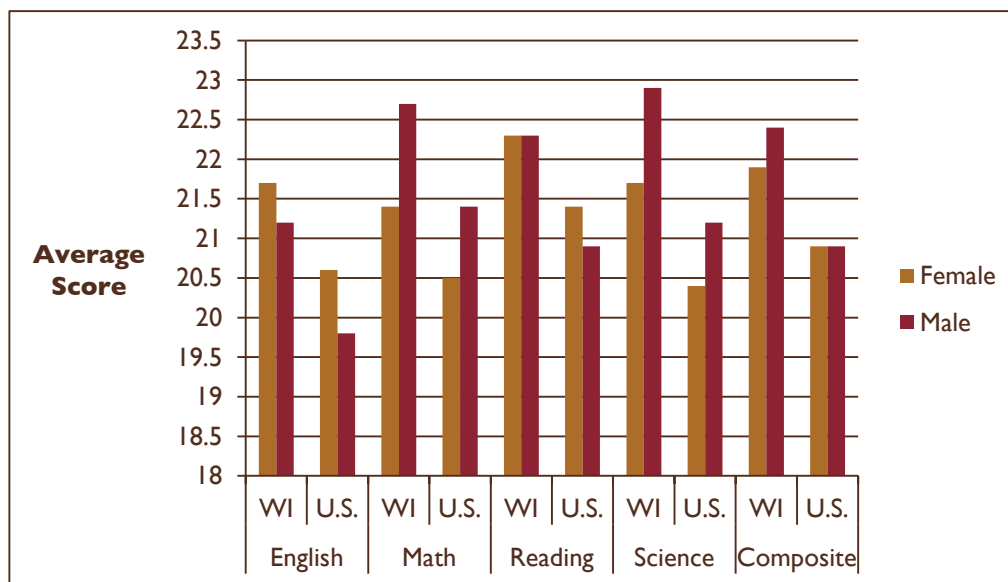
Source: WI DPI, 2013e.

## Postsecondary Entrance Examinations

The ACT and SAT are two of the most common assessments taken by high school students to gain admission into four-year colleges. Students can take either or both, and typically take them during their junior year of high school. Many Wisconsin students take the ACT, which contains four tests (English, mathematics, reading, science), along with an optional writing test. Students' scores on these tests are predictive of greater college success and career readiness.

Wisconsin students in 2013 scored higher on all four tests of the ACT compared to national averages (Graph 15). On average, Wisconsin girls achieved their highest scores on the reading portion of the ACT (22.3) compared to the national average for girls (21.4) and for boys (20.9) (ACT, Inc., 2013).

**Graph 15: Average ACT Scores, U.S. and WI, by Gender, 2013**



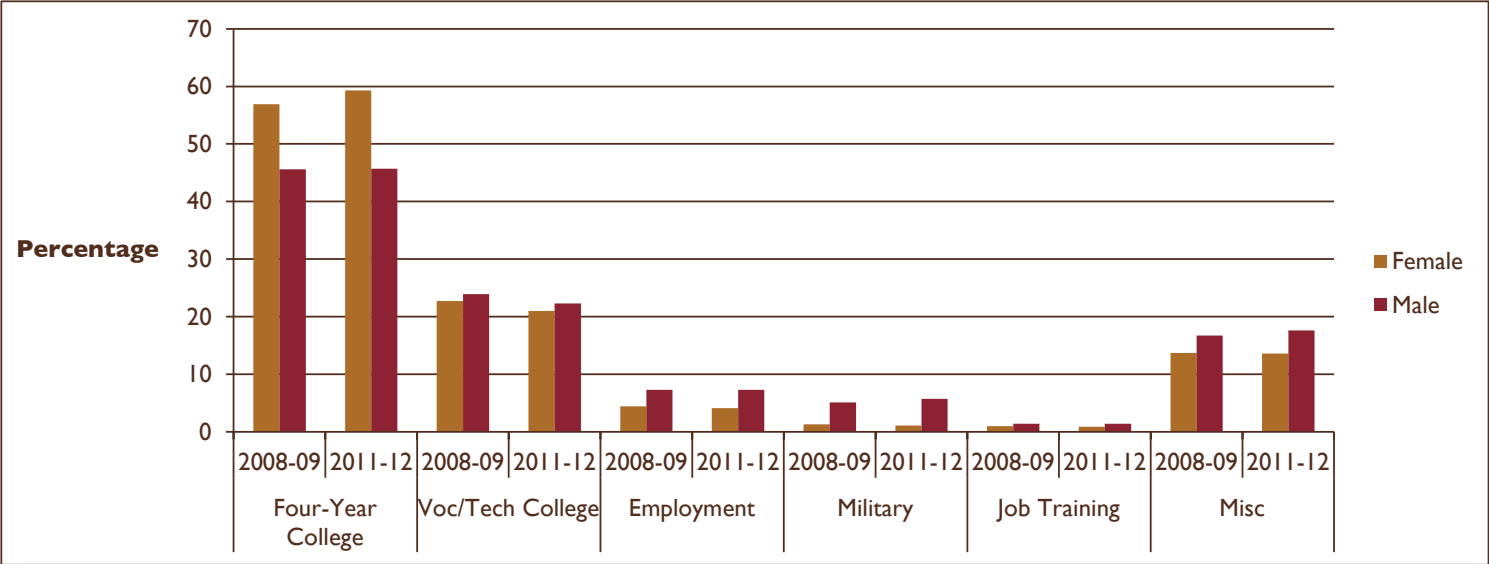
Source: ACT, Inc., 2013.

Postsecondary Aspirations

A survey administered by the Wisconsin Department of Instruction (WI DPI, 2014k) asked high school students to indicate which one of six categories (four-year college, vocational/technical college, employment, military, job training, miscellaneous) best described their future aspiration. As shown in Graph 16, the highest percentage of girls intended to attend a four-year college, followed by vocational/technical college. Job training was endorsed by the lowest percentage of students during this timeframe.

We see a rise in the percentage of girls with four-year college aspirations, while the percentage of boys barely changed between 2008-09 and 2011-12.

Graph 16: Postsecondary Aspirations of WI Students, by Gender, 2008-09 and 2011-12



Source: WI DPI, 2014k.

A final factor to consider when seeking to understand what influences adolescent girls' future aspirations is the importance of environmental dynamics such as social context and support. Addressing potential barriers that may exist, particularly through the formation of strong relationships and mentoring, is key (Alverno College Research Center for Women and Girls, 2013). Additional information regarding social context and support is described in the next section of this report.

## SECTION III: SOCIAL SUPPORT AND ACTIVITIES

Social support is defined by Nicolas as “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us” (as cited in Zhou, Zhu, Zhang, & Cai, 2013, p.1143). Perceived social support is defined by Calvete and Connor-Smith as “the belief that help is available if needed” and has been widely acknowledged as playing a buffering role between stress and psychological well-being (as cited in Zhou et al., 2013, p. 1143).

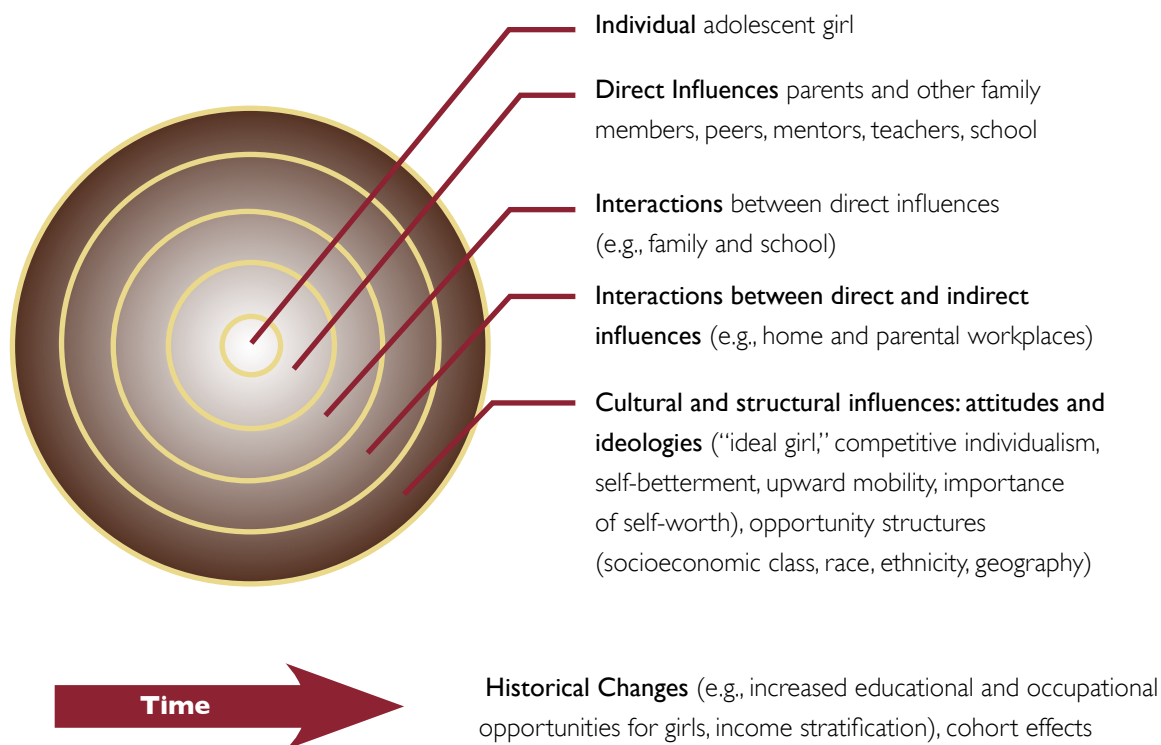
### Social Support and Concerns

For girls, social support can come from a variety of sources including parents, teachers, and peers. Research suggests that girls rely more heavily on peer relationships for social support than boys, and that this puts them at greater risk for stress if they experience conflict within their peer relationships (Damour, 2013). This finding is consistent with ongoing research suggesting that there does not seem to be a single source for stress in girls' lives (Liang, Spencer, Mousseau, Lund, & Walsh, 2013). Instead, girls' lives are complex, and stress can come from cumulative interactive effects of stressors in their immediate and indirect environments in conjunction with the historical context in which they live (Liang et al., 2013). The ecological model by Bronfenbrenner, depicted in Figure 1, outlines the multiple environmental levels that may impact girls' lives and experiences. Through interactions with individuals in these environments, girls may come to believe that high levels of stress are normal and unavoidable (as cited in Liang et al., 2013, p. 2).

### Key Findings

- Girls report multiple sources of stress in their lives, including school and social concerns.
- Important sources of support for girls are adults and peers.
- Participating in volunteer activities can play an important role in risk-avoidance for girls.

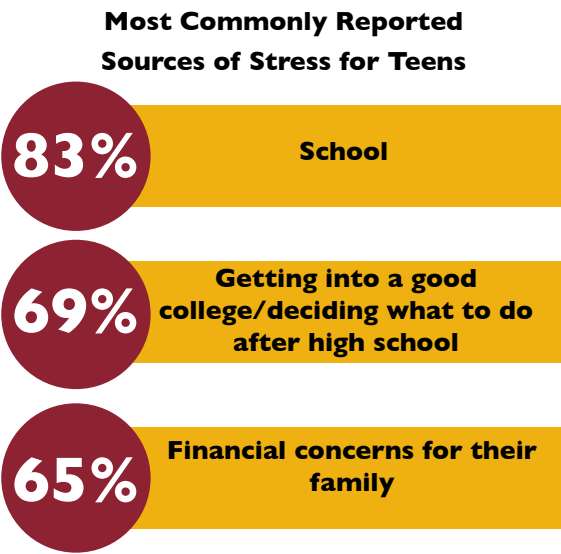
Figure 1: Ecological Model



Source: Liang et al., 2013.

Adolescents (girls and boys) report stress levels far higher than what they themselves believe to be healthy, and their stress levels exceed averages reported by adults, especially during the school year (American Psychological Association [APA], 2014). It is no surprise that the majority of teens cite school as their greatest stressor (Figure 2). In some cases, stress levels can become so significant that they could affect teens' home, work, and school life. Forty percent of adolescents report that they neglected their responsibilities at home due to stress, and 21% report that they neglected work or school responsibilities (APA, 2014). More than half (59%) of teens report that managing their time to balance all of their activities is a significant stressor in their lives (APA, 2014).

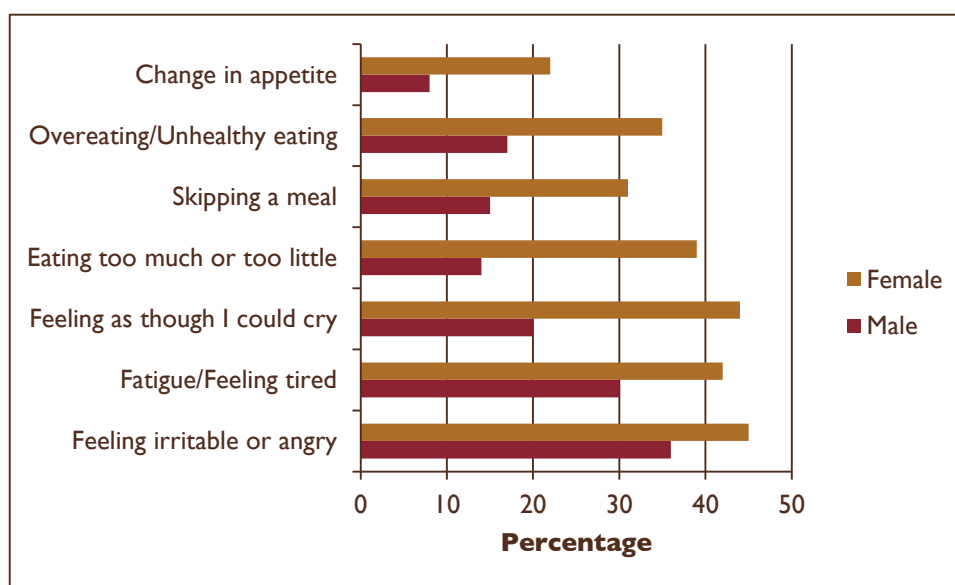
Figure 2: Sources of Stress for Teens



Source: American Psychological Association, 2014

While adolescents in general are reporting higher levels of stress (comparable to adults), teen girls appear to be bearing a disproportionate amount of stress (APA, 2014). Since 2007, women have consistently reported higher levels of stress than men; but, the 2014 study indicates that teen girls are now reporting an average stress level similar to that of adult women (5.1 compared to 5.5, respectively, on a scale of one to 10 ) (APA, 2014). Boys report an average stress level of 4.1 on the same scale, with men reporting a 4.8. (APA, 2014). The subsequent results of ongoing stress span multiple domains (Graph 17), including those related to both psychological and physical health.

Graph 17: Stress Symptoms Reported in Past 6 Months, by Gender and Age, 2014



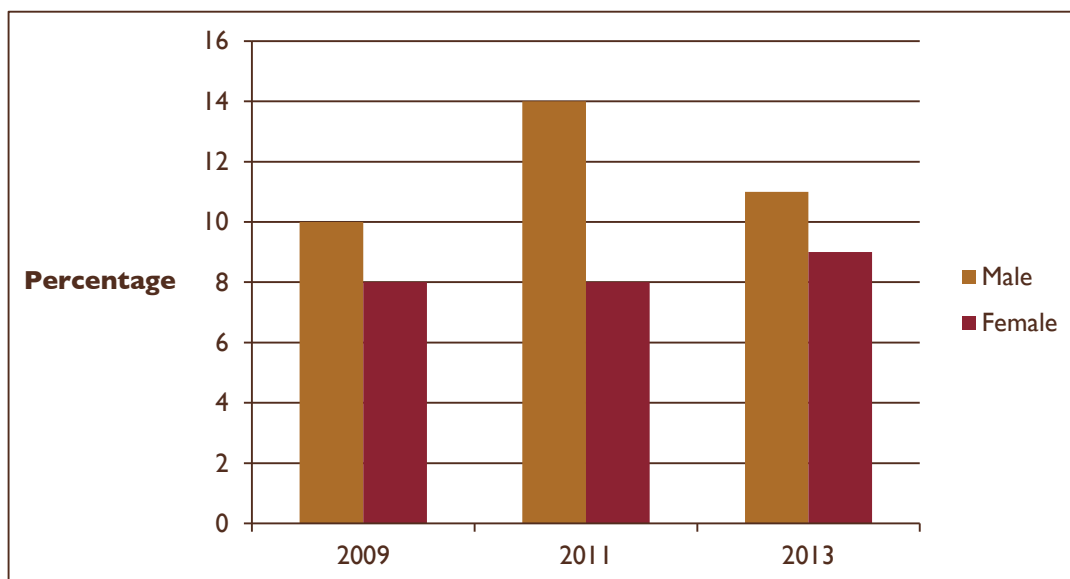
Source: APA, 2014.

Like adults, adolescents experience stressors from many different aspects of their life. For girls, social stressors seem to be particularly difficult to handle. According to the *Stress in America* study done by the APA (2014):

- More than one-third of teen girls (34%) say they feel pressure to be a certain way, compared to less than one-quarter of teen boys (22%).
- For teen girls, 68% report that some aspect of their appearance is a significant source of stress, compared to 55% of boys.
- Almost one-third of girls (30%) say they feel bad when comparing themselves to others on social media (compared to only 13% of boys).
- Thirty-nine percent of girls report that how others perceive them on social media is a significant source of stress (compared to 29% of boys).

Stressors at school are also concerns for girls today. In addition to worrying about homework, plans for the future, and the social stressors of school, there are additional stressors noted in the literature. For example, there appears to be a slow and steady increase of high school girls in Wisconsin who never or rarely feel safe from physical harm at school, as demonstrated in Graph 18 (WI DPI, 2009b, 2011b, 2013c). Feeling safe is a basic need of every human. If this need is not satisfied, an individual's need to feel safe could take precedence over any other behavior, compromising their ability to focus on higher-order processes, such as school work (Noltemeyer, Bush, Patton, & Bergen, 2012).

**Graph 18: Percentage of WI High School Students Never or Rarely Feeling Safe from Physical Harm at School, by Gender, 2009-13**



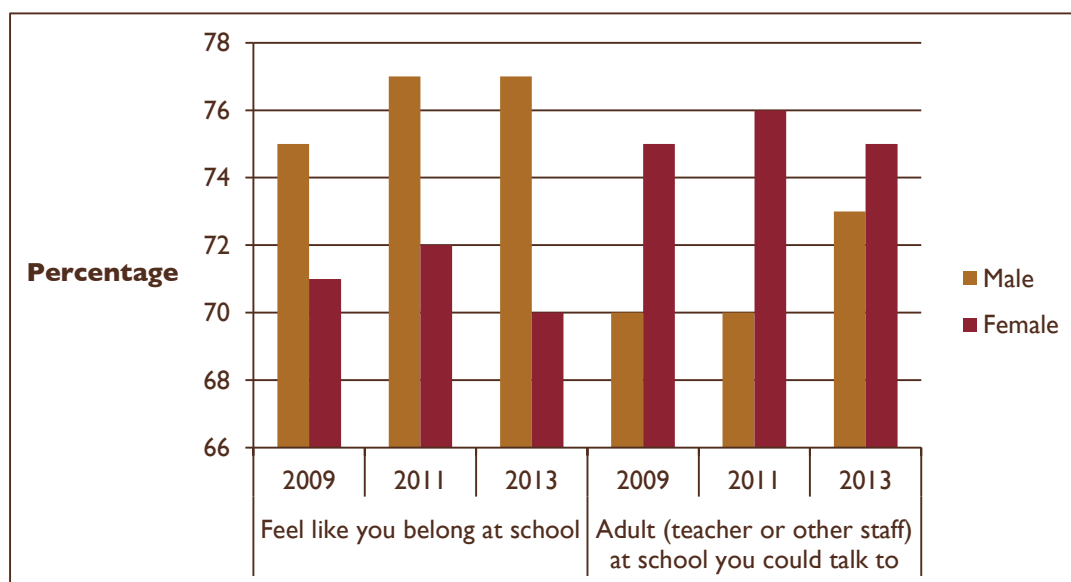
Source: WI DPI, 2009b, 2011b, 2013c.

## Support from Adults and Peers

We know that parents can be a direct influence and source of social support for many girls. This is also manifested in the ways girls learn to cope with stress. In addition to girls reporting higher levels of stress than boys, they also report having more trouble managing their stress than boys. Nationally, 34% of adolescent girls say they are doing an excellent or very good job at managing stress compared to nearly half (47%) of teen boys (APA, 2014). Graph 19 shows that when it comes to feelings of being socially supported, boys and girls differ very little in this area. Their perceptions of social support have also remained relatively consistent over time (WI DPI, 2009a, 2011a, 2013a).

Nationally, 34% of adolescent girls say they are doing an excellent or very good job at managing stress (APA, 2014).

**Graph 19: Perceptions of Social Support Among WI High School Students, by Gender, 2009-13**



Source: WI DPI, 2009a, 2011a, 2013a.



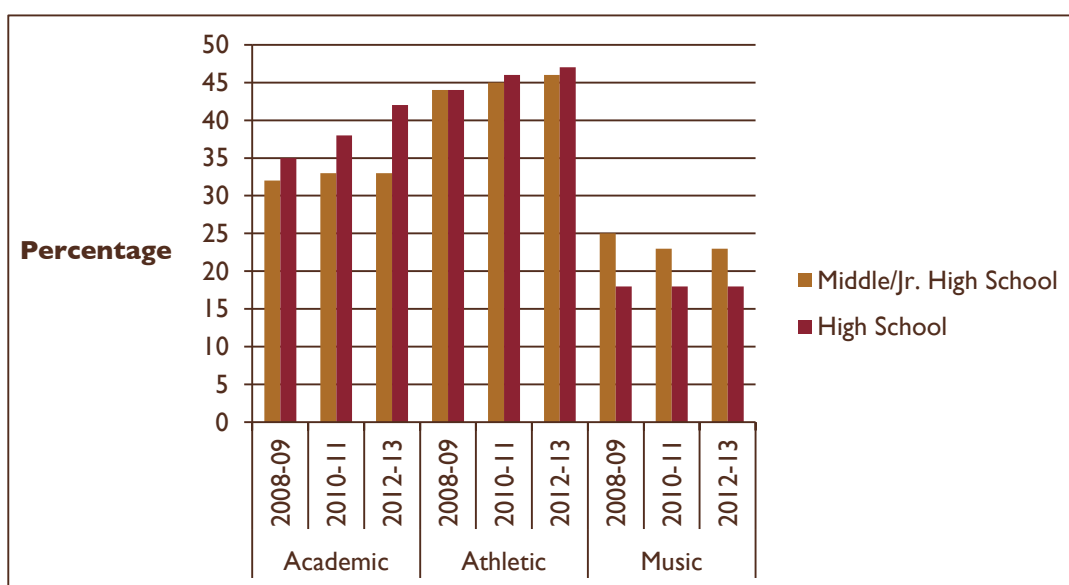
These findings are a positive sign for girls. A 2013 study done by Estell and Perdue indicates that students whose parents were more supportive exhibited greater school engagement. For African American girls, those who perceive that their mothers care about them and who also have positive outlooks of themselves in the future were found to be more resilient in the face of stress (GSRI, 2011a). Hispanic girls tend to see their mothers as important sources of strength and knowledge at home, in general, as well as for sensitive topics (GSRI, 2011a). Positive family relationships can play a vital role for girls of every background, aiding in their positive coping methods and development into adulthood.

For girls, peer relationships can be both a source of stress and stress relief, especially in the context of feeling competitive with their peers (Liang et al., 2013). Peer support is also a significant predictor of affective school engagement (Estell & Perdue, 2013). Girls who report positive peer relationships also have higher levels of self-esteem and lower levels of social-emotional problems, depression, anxiety, perceived stress, and health problems (Liang et al., 2013).

## Extra/Co-Curricular Activities

Graph 20 shows percentages of students (middle/junior and high school) participating in extra/co-curricular activities, where athletic activities are the most popular for both categories of students.

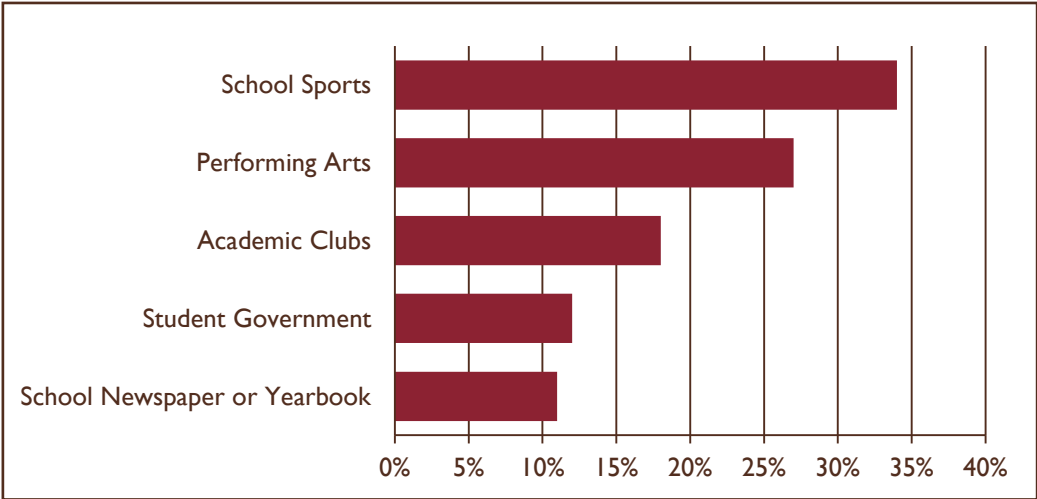
**Graph 20: Extra/Co-Curricular Activity Participation, WI Junior and High School Students, 2009-13**



Source: WI DPI, 2014m-r.

Of the three categories (academic, athletic, music), more students have continued to engage in school-sponsored athletics than any other activity. Nationally, this is consistent for girls, with 35% of 12th grade girls participating in school-sponsored athletics (as cited in GSRI, 2013). At the national level, a difference is apparent when considering academic clubs and performing arts activities (Graph 21). From *Monitoring the Future*, 12th grade girls report participating in performing arts-related activities more than academic clubs (27% and 18%, respectively) (as cited in GSRI, 2013, p. 93).

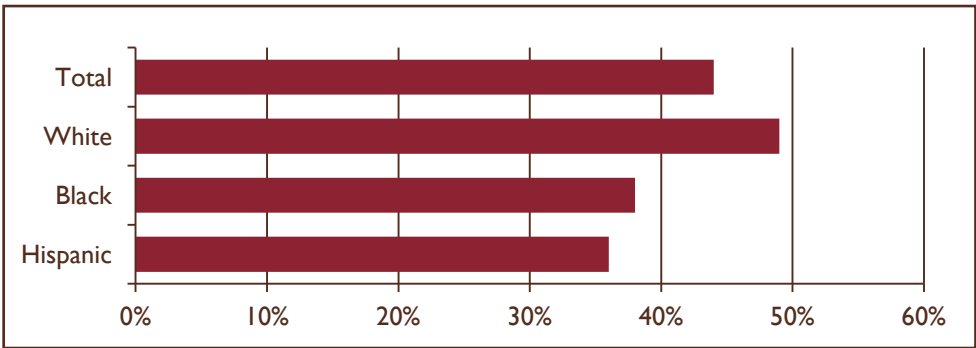
Graph 21: 12th Grade U.S. Girls Participating in Extra/Co-Curricular Activities, 2009



Source: Cited in GSRI, 2013, p.93.

Not all girls are involved in school-based athletics, but most participate in some kind of physical activity, whether it is athletics or exercising (GSRI, 2013). Hispanic and African American girls participate in physical activities at lower levels than White girls. According to *Monitoring the Future*, almost half (49%) of 10th grade White girls were physically active “almost daily” in 2009 (Graph 22), while the proportions of African American and Hispanic/Latina girls getting exercise on a daily basis were much lower (38% and 36% respectively) (as cited in GSRI, 2013, p. 98).

Graph 22: 10th Grade Girls in Athletics or Exercising Almost Daily, by Race/Ethnicity, 2009

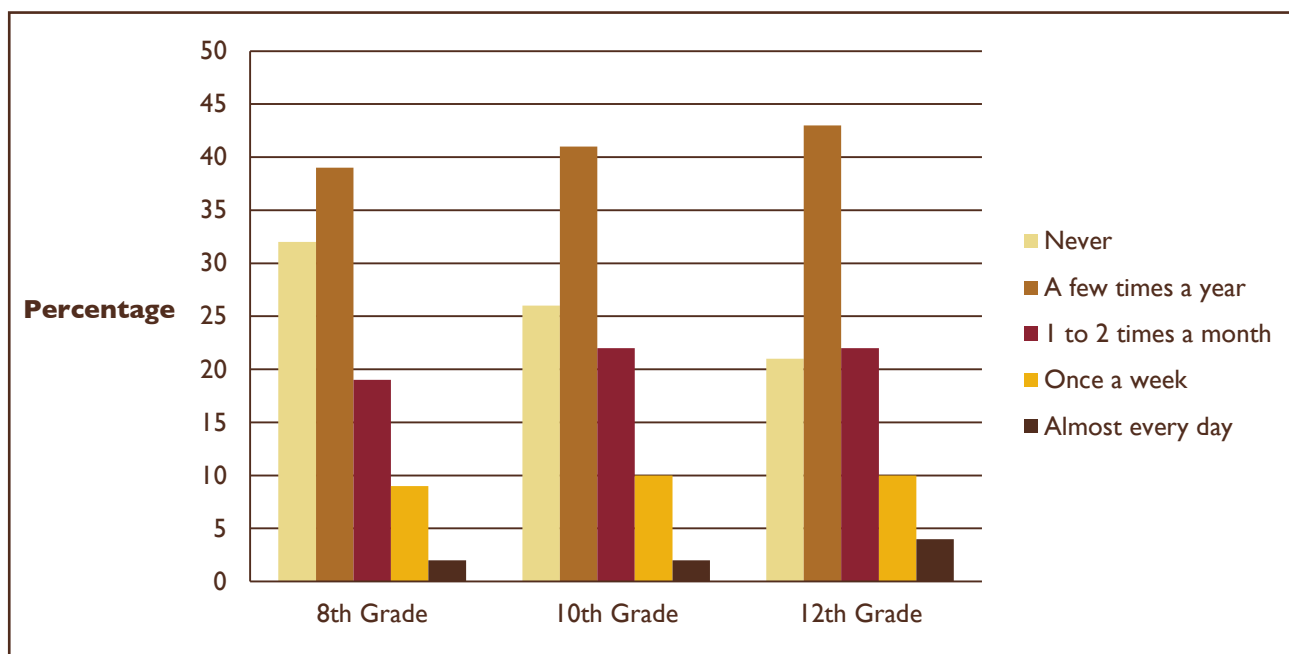


Source: Cited in GSRI, 2013, p.98.

## Community Involvement/Volunteerism

As shown in Graph 23, many teen girls volunteer, especially as they get older. Girls are also more likely to volunteer than boys. About 3/4 of adolescent girls volunteer at least once a year, and their volunteerism increases as they get older (GSRI, 2013). Volunteering plays a vital role in risk-avoidance for adolescents: “Teens who volunteer are less likely to become pregnant or use drugs, and are more likely to have a positive academic, psychological, and occupational well-being” (Child Trends, 2013). The positive impact of community involvement and volunteerism can last into adulthood: “Adolescents who are involved in community service or who volunteer in political activities are more likely as adults to have a strong work ethic, to volunteer, and to vote” (Child Trends, 2013). Volunteering can also be a quintessential part of positive character development for adolescents moving into adulthood. It is associated with the development of greater respect for others, leadership skills, and an understanding of citizenship that may continue on into adulthood (Child Trends, 2013).

**Graph 23: U.S. Girls’ Volunteering or Community Affairs Participation, by Grade, 2010**

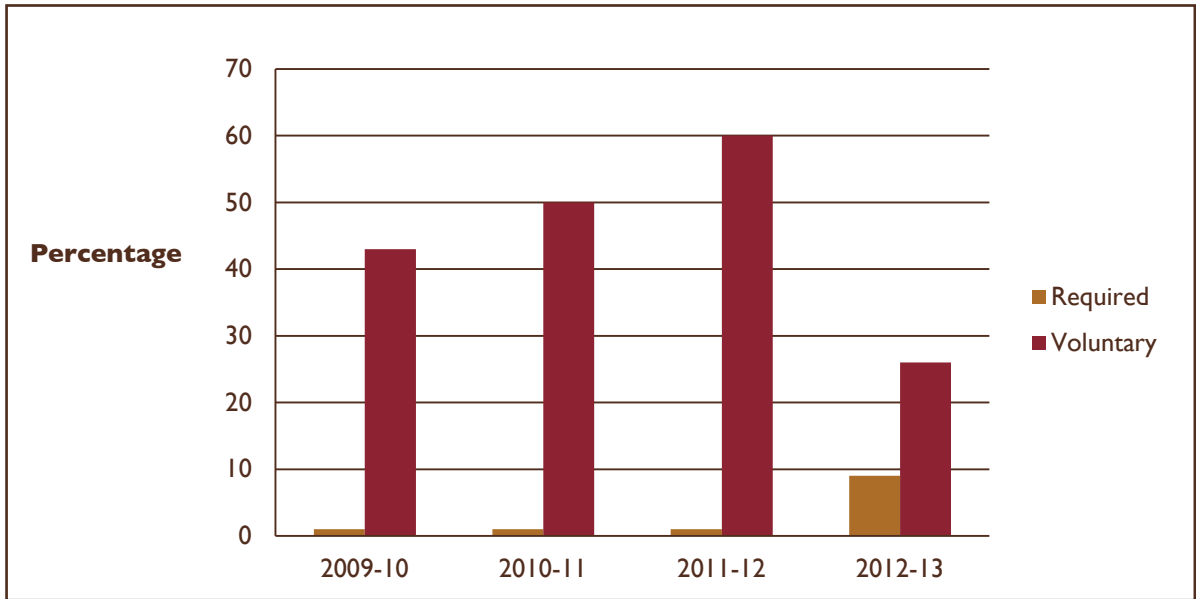


Source: Cited in GSRI, 2013, p.115.

School-sponsored community activity offerings, both voluntary and required, play a noteworthy role in whether middle school/junior high students get involved. Nationally, adolescent volunteering has increased since 1991 (Child Trends, 2013). However, for middle school/junior high students in Wisconsin, there has been a severe decrease in voluntary participation in school-sponsored community activities for the 2012-13 school year (Graph 24). In the 2011-12 school year, voluntary participation in school-sponsored community activities for middle school/junior high school students was at a second all-time high of 60% (the peak was in 1999-2000, with 71% participation) (WI DPI, 2014s, 2014y). Voluntary participation numbers decreased to 26% in the 2012-13 school year (WI DPI, 2014u). There was also a 50% decrease in the number of school-sponsored voluntary community activity offerings per school from 2011-12 to 2012-13 (WI DPI, 2014z-aa).

**There was a 50% decrease in the number of school-sponsored voluntary community activities between 2011-12 and 2012-13 (WI DPI, 2014z-aa).**

**Graph 24: Participation Rates among WI Middle/Junior High School Students, Required and Voluntary School-Sponsored Community Activities, 2009-13**

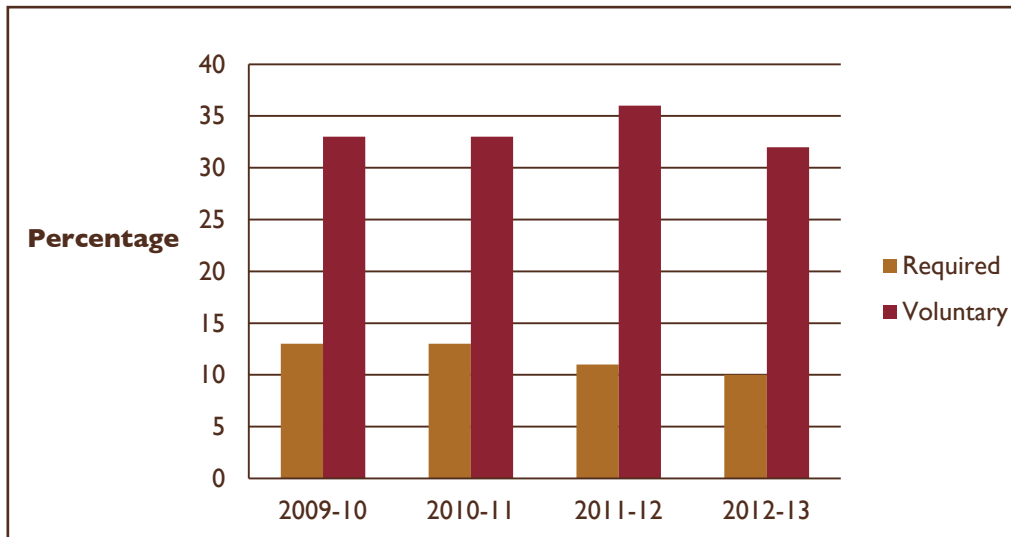


Source: WI DPI, 2010a-c, 2014s-u.

In the 2012-13 school year, there was an 8% increase in required participation in school-sponsored community activities over the 2011-12 school year for middle school/junior high students (WI DPI 2014t-u). Like voluntary offerings, this increase may be attributable to the average number of required offerings per school, which moved from 1.0 offerings in 2011-12 to 1.7 in 2012-13 (WI DPI, 2014z-aa).

For high school students, there was a much smaller decrease in voluntary participation numbers from the 2011-12 school year to 2012-13 (36% to 32%, respectively) (Graph 25), with required participation remaining relatively stable (WI DPI, 2014v-x). Looking at average offerings per school, there was a decrease in voluntary offerings (19.6 offerings in 2011-12 to 17.1 in 2012-13) and an increase in required offerings (7.0 offerings in 2011-12 to 9.5 in 2012-13) (WI DPI, 2014ff-gg).

**Graph 25: Participation Rates among WI High School Students, Required and Voluntary School-Sponsored Community Activities, 2009-13**



Source: WI DPI, 2010a-c, 2014v-x.

## SECTION IV: MEDIA ENGAGEMENT

The media continues to exert a powerful influence in the lives of girls. This includes television, movies, and computers. Media images and messages pertaining to girls contain gender role stereotypes “... that too often reinforce unrealistic and unhealthy perceptions of beauty, perfection, and sexuality” (Hodgson, n.d., p. 3). Advertising is a \$250 billion/year industry in the U.S., and the average American is exposed to more than 3,000 advertisements every single day (Hodgson, n.d.). Research suggests that some girls see media as a significant source of pressure to be thin (GSRI, 2009), and also that there are important differences across racial groups with regard to these influences (see the Self-Esteem section of this report).

The American Psychological Association [APA] (2007) asserts that one of the consequences of this type of portrayal of women can be what they term the “sexualization of girls.” This characterization echoes concerns expressed in a report to the Kaiser Family Foundation about the increasing sexualization of girls in the media (Huston, Wartella, & Donnerstein, 1998). The APA Task Force on the Sexualization of Girls was “...tasked with examining the psychological theory, research, and clinical experience addressing the sexualization of girls via media and other cultural messages, including the prevalence of these messages and their impact on girls and the role and impact of race/ethnicity and socioeconomic status” (APA, 2007, p. 3). Their report notes that sexualization of girls is connected to three of the most common mental health problems in girls: eating disorders, low self-esteem, and depression (APA, 2007). They highlight the urgency for more positive alternatives for the depiction of females in the media.

How prevalent is overall media use among adolescent girls? One study (Pea, Nass, Meheula, Rance, Kumar, Bamford, Nass, Simha, Stillerman, Yang, & Zhou, 2012) with a sample of more than 3,000 girls in North America (ages 8-12) explored this question, along with the ways that media use connects with well-being. They found that the average amount of media use per day in their sample was 6.9 hours (Pea et al., 2012). They also noted that the average amount of face-to-face interaction per day was 2.1 hours (Pea et al., 2012). Video use was negatively associated with social success and feelings of normalcy, while face-to-face contact had a positive association with both of these variables (Pea et al., 2012). Additionally, video and online use was negatively associated with hours of sleep, suggesting an impact not only on psychological health but physical health as well (Pea et al., 2012). More information on the potential physical ramifications of heavy media use can be found in the Physical Health (Sedentary Behavior) section of this report.

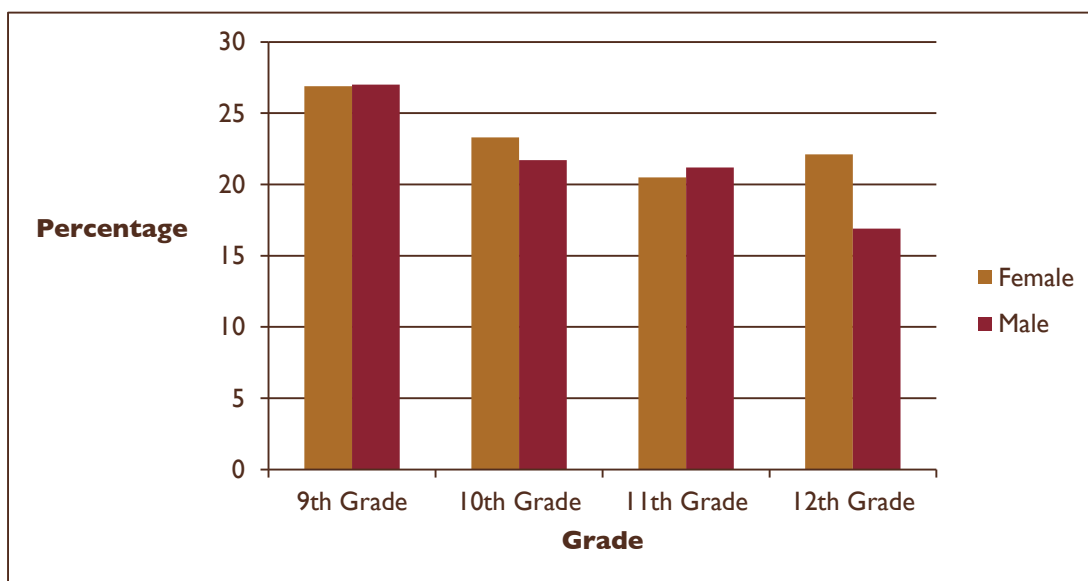
### Television

Data shown in Graph 26 suggest that many high school students watch multiple hours of television daily. In Wisconsin, 23% of girls and 22% of boys report watching three or more hours of television per day on an average school day (WI DPI, 2013c). This is in comparison to the overall national average of 33% (U.S. Department of Health and Human Services [US DHHS], 2013g).

### Key Findings

- Nearly one-quarter of Wisconsin high school girls watch three or more hours of TV per day on an average school day.
- Rates of playing video and/or computer games among Wisconsin girls have increased greatly in recent years.
- Rates of media use are much higher than rates of face-to-face interaction with others.

**Graph 26: Percentage of WI High School Students Watching Three or More Hours of TV per Day, by Grade and Gender, 2013**



Source: WI DPI, 2013c.

Additionally, there are some differences across racial groups, with 37% of African American high school students reporting watching three or more hours of television per day, followed by 29% of Hispanic/Latino students, 29% of students of multiple race, 21% of Asian students, and 20% of White students (WI DPI, 2013c).

The type of television show being watched may also be significant. The Girl Scout Research Institute [GSRI] (2011b) reported that adolescent girls who regularly view “reality TV” may expect and accept “drama” and bullying in their relationships, focus more on the value of physical appearance, and emphasize being mean or dishonest in order to get ahead. Conversely, they observed potential benefits of “reality TV” such as finding personal inspiration and comfort. For instance, 68% of girls in the study agreed that reality shows make them “think they can achieve anything in life,” and 48% said that these shows “help them realize there are people out there” who are similar to them (GSRI, 2011b).

## Social Media

Recent research indicates that 95% of adolescents ages 12-17 have internet access, with 80% of them having a desktop or laptop (Pew Research Internet Project, 2012). Additionally, 81% of online adolescents report using social media, with 77% using Facebook and 24% using Twitter (Pew Research Internet Project, 2012). Much social media is visually based, including Instagram and Facebook (Piper Jaffray, 2014). When engaging with social media, a high percentage of adolescents post personal information, including photos of themselves (91%), the city where they live (71%), and their birth date (82%) (Pew Research Internet Project, 2012). Within this context, it is noteworthy that when using social media, girls may downplay personal characteristics like their intelligence and kindness (GSRI, 2010).

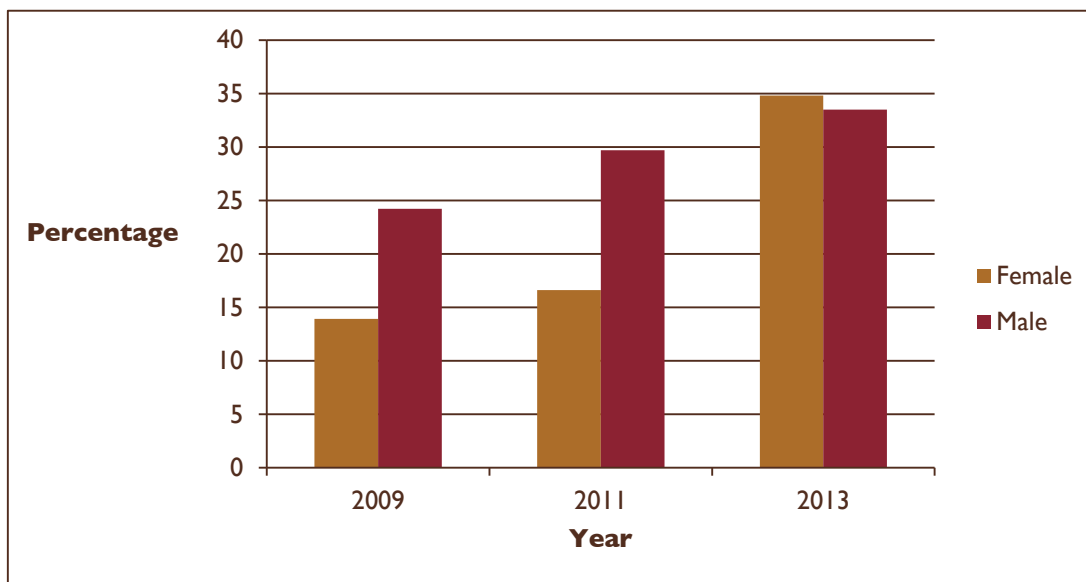
**Many adolescents share personal information through social media, including photos of themselves, the city where they live, and their birth date (Pew Research Internet Project, 2012).**

Sexting, or the transmission of sexually explicit images via text messaging, continues to be an area of concern. Research reported by the Pew Research Internet Project (2009) indicated that 4% of cell phone-owning adolescents have sent sexually suggestive images to someone and 15% have received such images from someone. Another national survey indicated that about 3% of boys and 6% of girls ages 13-18 have engaged in sexting (as cited by APA, 2011). While these percentages may not be extremely high, it is noteworthy that girls seem to be at higher risk.

## Video and Computer Games

Data exists on the percentage of high school students in Wisconsin who played video or computer games (for something that was not connected to school work) for three or more hours per day on an average school day. The data suggest little difference between girls and boys in 2013, with 35% of girls and 34% of boys endorsing this (WI DPI, 2013c). However, for girls there was a jump from 16% to 35% between 2011 and 2013 (Graph 27) (WI DPI, 2011b, 2013c). The national average overall for this variable was 41% in 2013 (US DHHS, 2013g).

**Graph 27: Percentage of WI High School Students Using Video or Computer Games for Three or More Hours per Day, by Gender, 2009-13**



Source: WI DPI, 2009b, 2011b, 2013c.



# SECTION V: PHYSICAL HEALTH

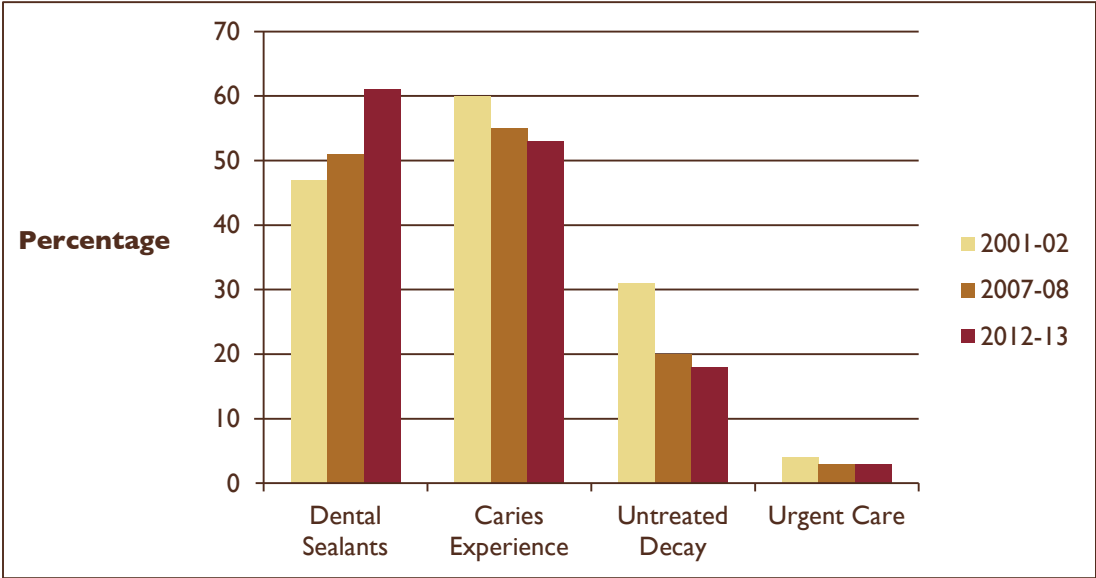
## Oral Health

The Wisconsin Department of Health Services (WI DHS) monitors the oral health of Wisconsin 3rd grade students through the *Healthy Smiles/Healthy Growth* survey. More than 2,800 3rd grade students participated in the 2012-13 survey (WI DHS, 2013a). Dental screenings were implemented by hygienists and dentists using guidelines established by the Association of State and Territorial Dental Directors (WI DHS, 2013a). A similar survey was conducted by DHS during the 2001-02 and 2007-08 school years. The 2012-13 survey revealed that 53% of Wisconsin 3rd graders had caries experience (i.e., tooth decay), which is a calculated indicator including treated decay and untreated decay (WI DHS, 2013a). This is a 7% decrease since the 2001-02 survey. Likewise, the number of 3rd grade students with untreated tooth decay dropped by 13% in the 2012-13 survey compared to 2001-02 (WI DHS, 2013a). Graph 28 shows percentages of students receiving dental sealants, along with treated and untreated tooth decay.

### Key Findings

- Over half of all Wisconsin high school girls report they are trying to lose weight.
- Approximately 14% of high school girls in Wisconsin report that they meet the criteria for overweight (BMI at the 85th percentile). This is consistent with parents' reports of teen overweight in a statewide survey of parents.
- Less than half of all Wisconsin high school girls report that they are physically active at least five days a week.

Graph 28: WI Healthy Smiles/Healthy Growth Survey, 2001-13



Source: WI DHS, 2013a.

Decreases in tooth decay may be partially attributed to the increase in the number of students with dental sealants. In 2001-02, only 47% of the students had sealants compared to 61% in 2012-13. Dental sealants have been shown to reduce cavity formation on first molars (WI DHS, 2013a). In fact, the Wisconsin *Seal-A-Smile* program is a collaborative endeavor between the Children's Health Alliance of Wisconsin (CHAW) and DHS to provide school-based dental sealant programs aimed at increasing the number of students receiving sealants (WI DHS, 2013a). The percentage of students needing urgent dental care (defined as untreated decay with signs and symptoms of pain) remained fairly low between the 2001-02 and 2012-13 surveys with only 4% and 3%, respectively, needing urgent dental care.

Due to recent collaborative health programs, oral health has improved for 3rd graders in Wisconsin over the past decade.

## Immunizations

In Wisconsin, the Department of Health Services (WI DHS, 2014c) publishes student immunization laws by age/grade requirements. The 2013-14 school year requirements are shown in Table 5.

**Table 5: WI Student Immunization Law, by Age/Grade, 2013-14**

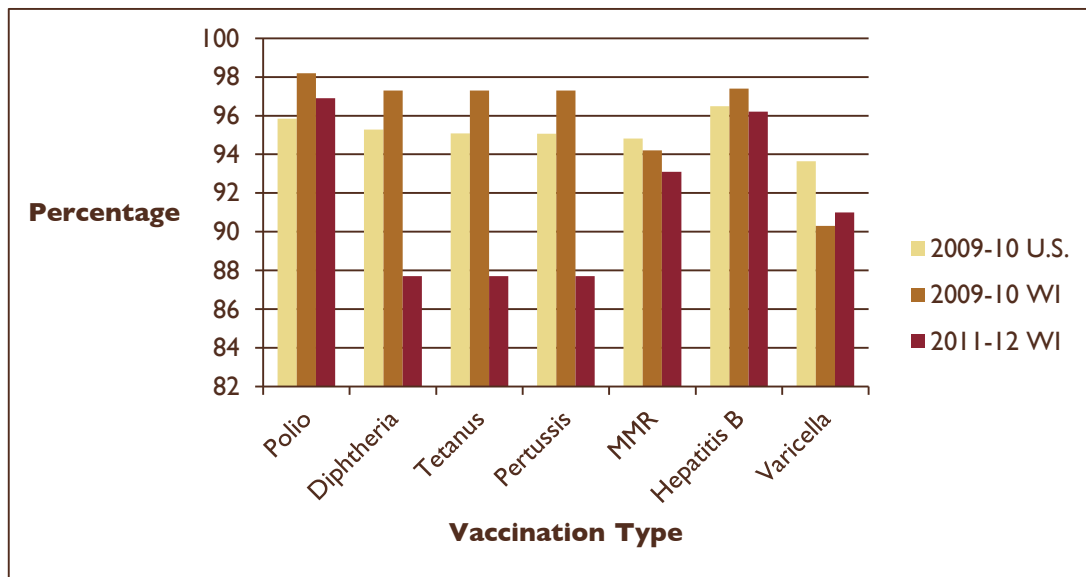
Age/Grade		Vaccine (number of doses)			
Pre K (2 yrs. through 4 yrs.)	DTP/DTaP/DT (4)	Polio (3)	Hep B (3)	MMR (1)	Varicella (1)
Grades K through 5	DTP/DTaP/DT/Td (4)	Polio (4)	Hep B (3)	MMR (2)	Varicella (2)
Grades 6 through 12	DTP/DTaP/DT/Td (4)	Polio (4)	Hep B (3)	MMR (2)	Varicella (2)
Abbreviations: DT = Diphtheria and Tetanus vaccine (pediatric); Td = Tetanus & diphtheria vaccine (for ages 7 years or older); DTaP = Diphtheria, Tetanus and acellular Pertussis vaccine (pediatric); DTP = Diphtheria, Tetanus and Pertussis vaccine (no longer available); Hep B = Hepatitis B vaccine; MMR = Measles, Mumps and Rubella vaccine; Var = Varicella (chickenpox vaccine)					

Source: WI DHS, 2013-2014.

The Wisconsin Student Immunization Law applies to all private and public schools, including virtual public schools (WI DHS, 2014c). However, the Wisconsin Student Immunization Law does not apply to home-schooled children, unless they register for a course in a public or private school (WI DHS, 2014c). Parents and guardians can seek an immunization waiver for personal conviction, religious, or medical/health reasons (WI DHS, 2014c). Students with waivers on file are considered in compliance, but can be excluded from attending school if there is an outbreak of disease for which they are not immunized (WI DHS, 2014c). According to the most recent confirmed data reported to the Centers for Disease Control and Prevention (CDC, 2014a), the percentage of Wisconsin students seeking immunization waivers has increased by 0.8% between the 2009-10 and 2010-11 school years (CDC, 2014a). This increase is mainly driven by a rise in the percentage of nonmedical waivers (4.1% increase) over medical waivers (0.4% increase) (CDC, 2014a).

Compared with national data, Wisconsin is doing better on the percentage of students meeting minimal immunization requirements (see Graph 29). For example, comparing the 2009-10 data at the national and state levels, Wisconsin had a higher percentage of students immunized against polio, diphtheria, tetanus, pertussis, and hepatitis B. However, Wisconsin had a lower percentage of students immunized against MMR and varicella compared to the national average. The 2011-12 immunization data for Wisconsin showed drops in the percentage of students with the recommended immunizations. The percentage of students vaccinated against polio, MMR, and hepatitis B all decreased by at least 1% and three vaccinations (diphtheria, tetanus, and pertussis) decreased by more than 9%. The only vaccination that increased in the percentage of students immunized was varicella (CDC, 2014a).

Graph 29: Vaccination Type vs. Percentage of Students, U.S. and WI, 2014



Source: CDC, 2014.

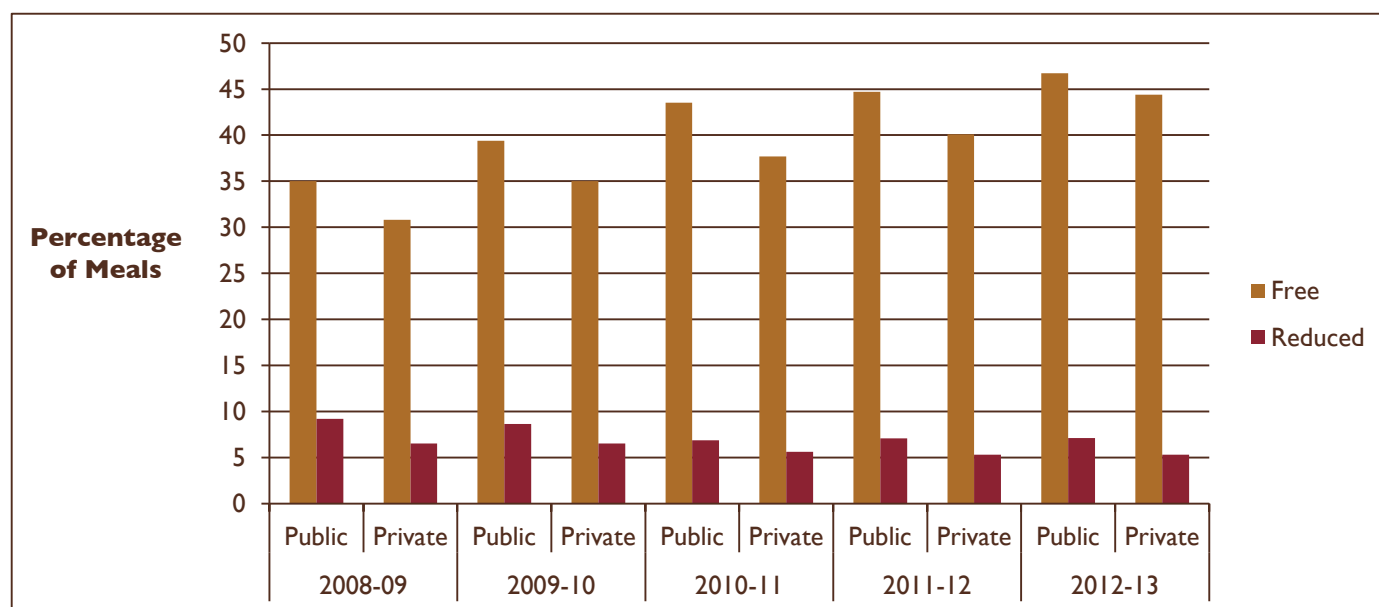
## Nutrition

The Food and Nutrition Service (FNS) is an agency of the U.S. Department of Agriculture (USDA) that oversees multiple programs providing supplemental nutrition for children. These programs include the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Summer Food Service Program, the Fresh Fruit and Vegetable Program, and the Special Milk Program (USDA, 2014). These programs are administered by state agencies in an effort to reduce hunger and obesity by providing nutritious meals and snacks to children in need (USDA, 2014).

Of the five national programs, the National School Lunch Program (NSLP), established in 1946, is the primary program for providing well-balanced free or reduced-cost lunches to schoolchildren. In Wisconsin, the percentage of students in public schools receiving a free lunch increased from 35% in 2008-09 to 47% in 2012-13 (WI DPI, 2014I). As shown in Graph 30, a greater percentage of children in public school receive a free lunch compared to private school.

In Wisconsin, the percentage of students in public schools receiving a free lunch increased from 35% in 2008-09 to 47% in 2012-13 (WI DPI, 2014I).

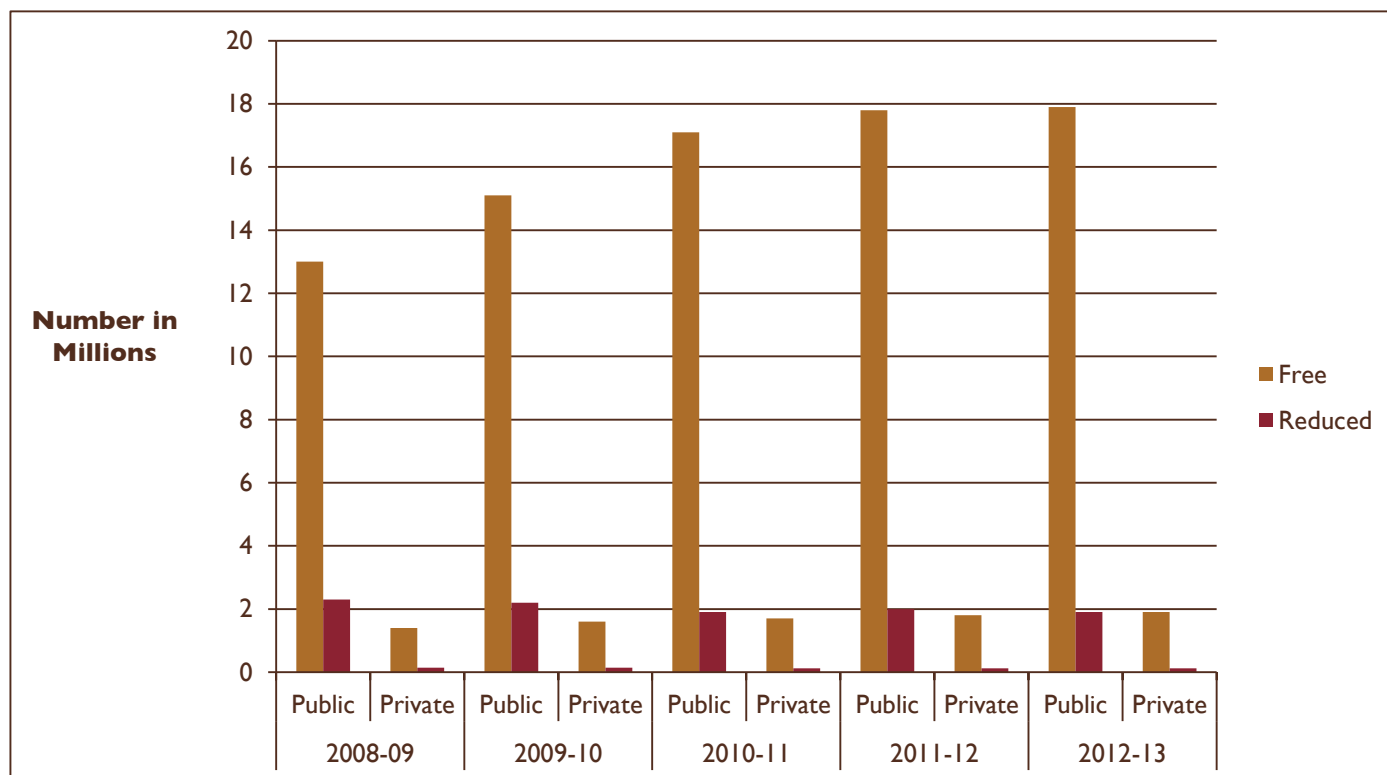
Graph 30: Percentage of Free or Reduced Lunches in WI Schools, 2008-13



Source: WI DPI, 2014I.

Similar patterns can be observed when examining data on the School Breakfast Program in Wisconsin, shown in Graph 31.

Graph 31: Number (in Millions) of Free and Reduced Breakfasts in WI Schools, 2008-13



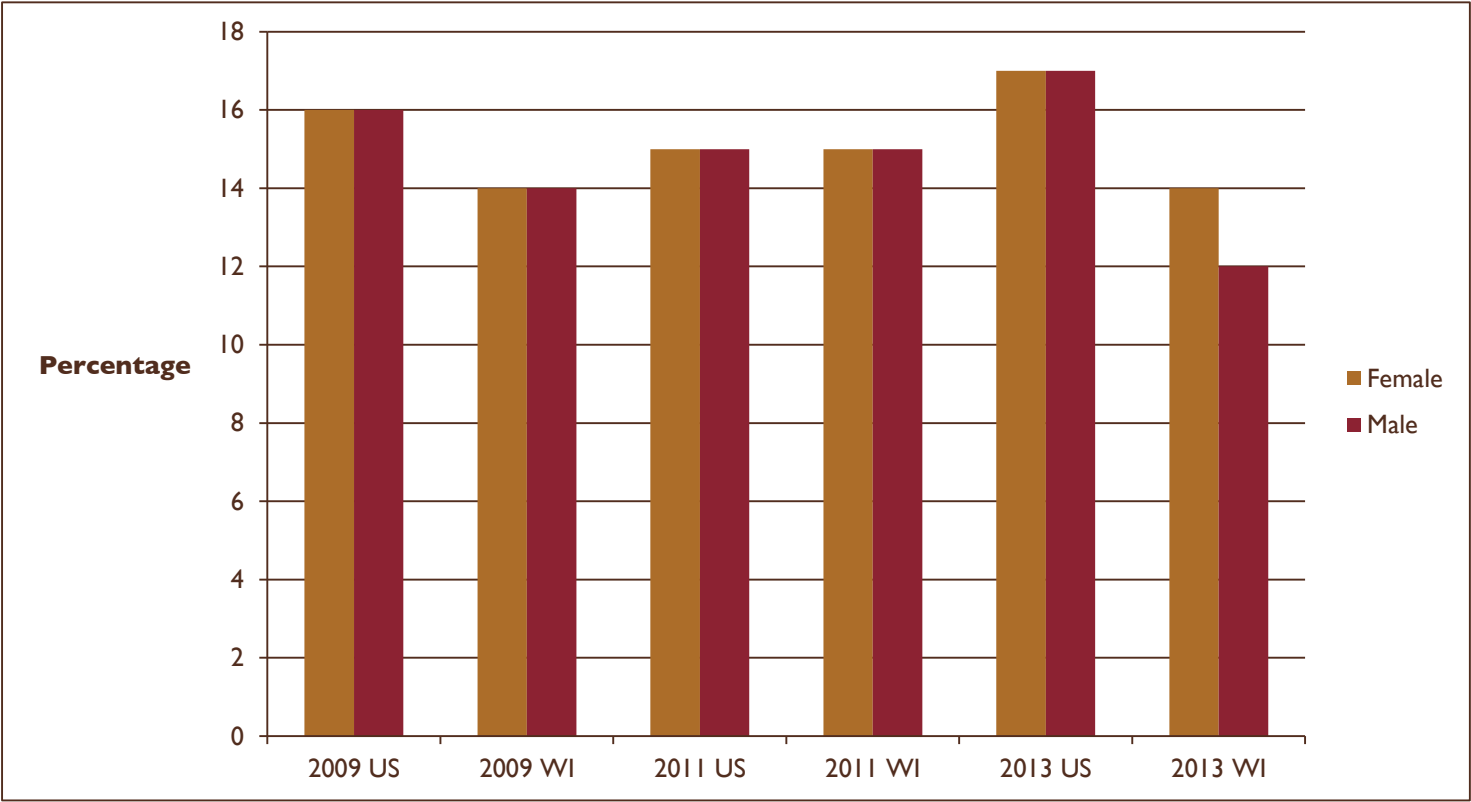
Source: WI DPI, 2014I.

Body Weight

Body mass index (BMI) is a proportion calculated using an individual's height and weight. According to the Centers for Disease Control, meeting the criteria for overweight and obesity in the U.S. is defined as obtaining a BMI reaching the 85th or 95th percentile, respectively (US DHHS, n.d.).

Since 2009, the percentage of Wisconsin high school girls reporting that they meet the criteria for overweight has remained relatively stable at approximately 14%. As shown in Graph 32, data for Wisconsin girls are consistent with national trends and parallel rates among high school boys in Wisconsin (US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c).

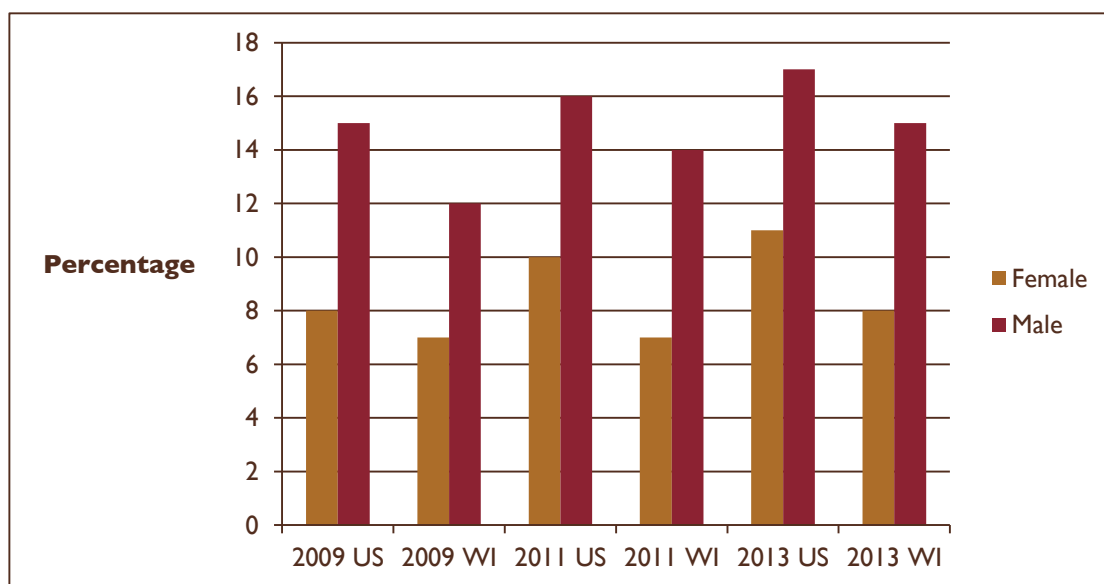
Graph 32: Percentage of High School Students Meeting Criteria for Overweight by BMI, U.S. and WI, 2009-13



Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

As shown in Graph 33, self-reported obesity rates are nearly twice as high for Wisconsin boys (15%) compared to girls (8%) (US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c).

Graph 33: Percentage of High School Students Meeting Criteria for Obesity by BMI, U.S. and WI, 2009-13



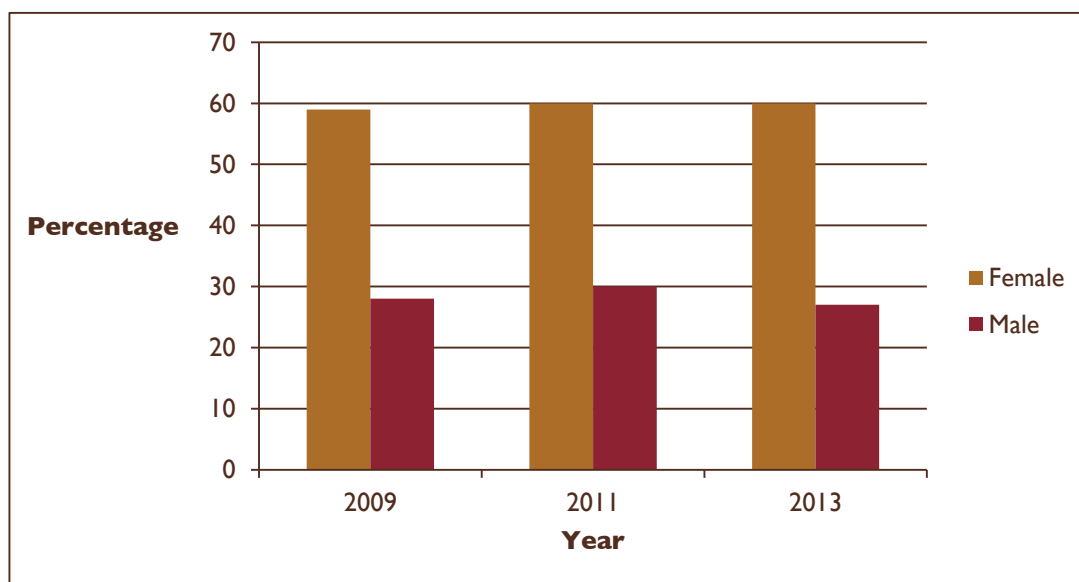
Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

According to a national survey of *parents* in 2012, 16% of parents reported that their child met criteria for overweight and 16% of parents reported that their child met criteria for obesity. Statewide data from this survey revealed similar results, with 15% and 13% of Wisconsin parents reporting that their child met criteria for overweight and obesity, respectively (Child and Adolescent Health Measurement Initiative, 2012). Importantly, these data are consistent with adolescent self-reports of BMI.

Consistent with data collected in 2009 and 2011, 60% of high school girls in Wisconsin reported attempting to lose weight in 2013. This stands in contrast to rates among boys in the state, with only 27% of high school boys reporting that they attempted to lose weight (WI DPI, 2009b, 2011b, 2013c). This discrepancy between boys and girls is consistent over multiple years, as shown in Graph 34.

In 2013, 60% of high school girls in Wisconsin reported attempting to lose weight. In contrast, 27% of high school boys reported attempting to lose weight (WI DPI, 2013c).

Graph 34: Percentage of WI High School Students Attempting to Lose Weight, by Gender, 2009-13



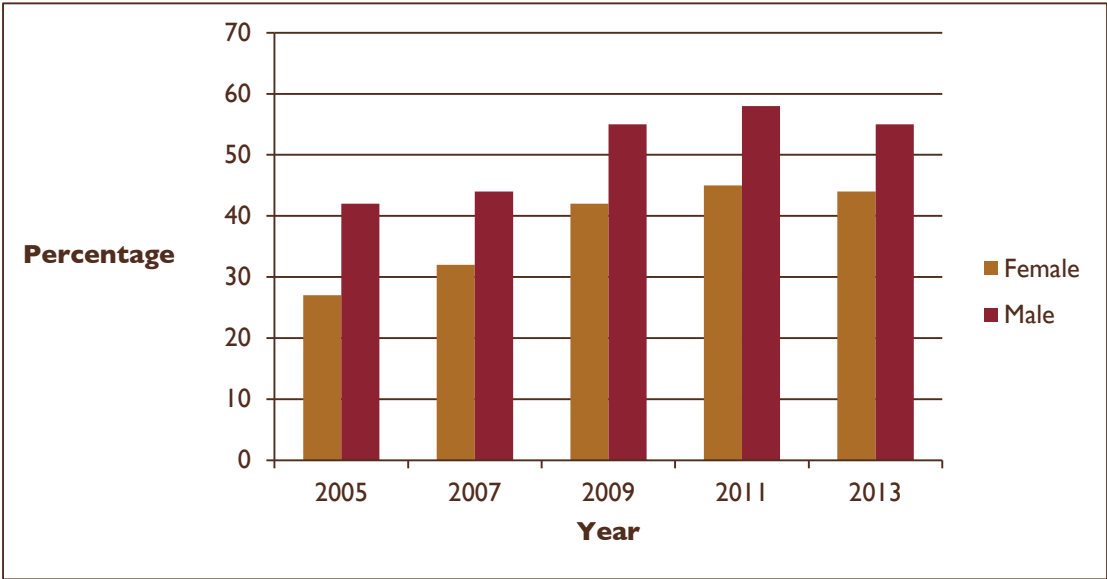
Source: WI DPI, 2009b, 2011b, 2013c.

Physical Activity

The Centers for Disease Control and Prevention consistently highlight the benefits of regular physical activity during childhood and adolescence, citing not only the physical benefits of exercise (i.e., increased bone density, cardiovascular health, maintaining a healthy weight), but also the psychological, social, and academic benefits (US DHHS, n.d.).

Increasing the percentage of adolescents in the state engaging in physical activity on five or more days per week for 60 minutes to 37% was one goal articulated in the 2010 Wisconsin State Health Plan. In 2009, high school girls and boys in Wisconsin reported that they exceeded that goal. Since that time, this trend has been maintained (Graph 35), with more than 37% of girls and boys reporting that they were physically active five or more days per week for 60 minutes in 2011 and 2013(US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c).

Graph 35: Percentage of WI High School Students Engaging in Physical Activity Five or More Days per Week, by Gender, 2005-13



Source: WI DPI, 2005, 2007, 2009b, 2011b, 2013c.

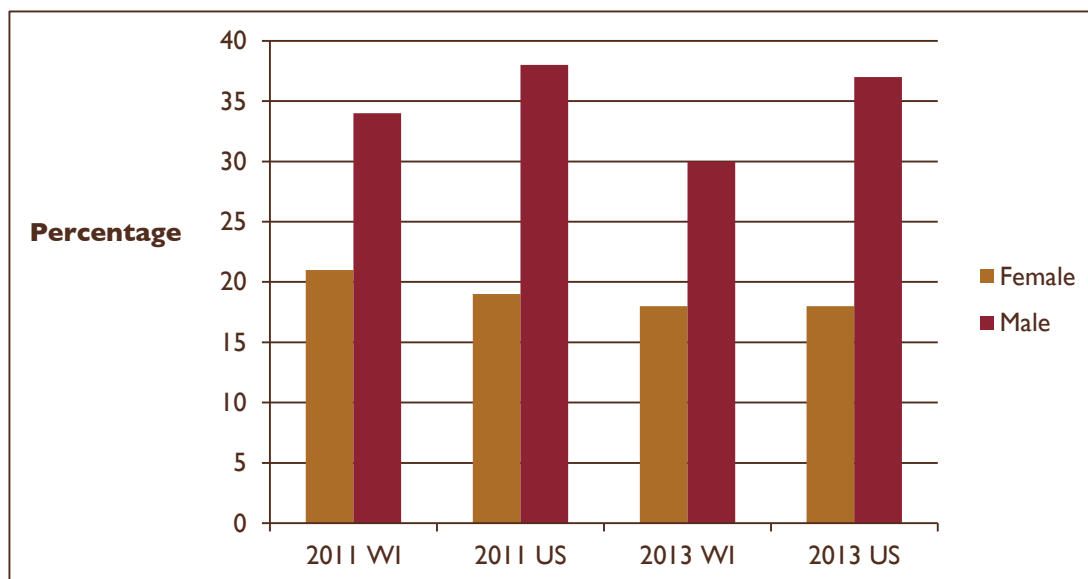
Although statewide goals to increase the number of adolescents who report regular physical activity have been achieved, it is noteworthy that fewer girls report engaging in regular physical activity than boys. Specifically, in 2013, 44% of girls versus 55% of boys endorsed being physically active at least five days per week. This discrepancy between girls and boys has been a consistent trend in Wisconsin since 2005 (WI DPI, 2005, 2007, 2009b, 2011b, 2013c), as well as on a national level (US DHHS, 2009, 2011, 2013g).

In keeping with current standards outlined by the U.S. Department of Health and Human Services, the 2020 Wisconsin Health Plan has increased the physical activity goal for children and adolescents to 60 minutes of activity seven days per week (WI DHS, 2013c). In general, most adolescents do not meet this goal according to their self-report (Graph 36). Recent statewide survey data indicate that 18% of high school girls and 30% of boys engage in daily physical activity. The 2020 Wisconsin Health Plan emphasizes that efforts to increase daily activity among adolescents must consider issues related to access to safe neighborhood environments, access to physical education opportunities, and physical education curricula that are relevant to all cultural groups (WI DHS, 2013c).

Most Wisconsin adolescents are not meeting statewide goals for daily physical activity (WI DPI, 2013c).



**Graph 36: Percentage of High School Students Engaging in Physical Activity Seven Days per Week, U.S. and WI, 2011-13**

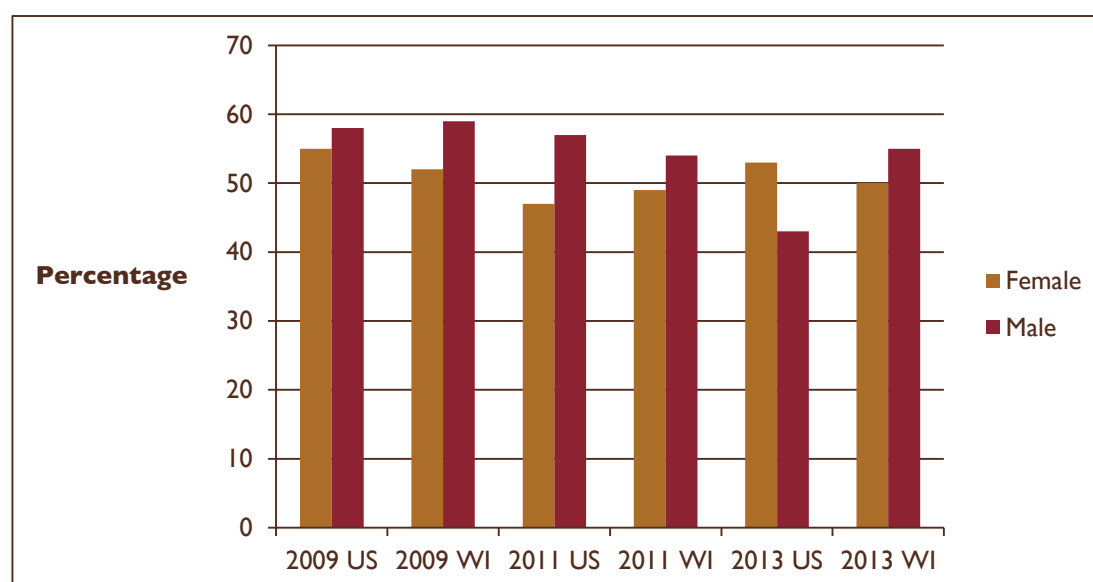


Source: US DHHS, 2011, 2013g; WI DPI, 2013c.

## Physical Education

In 2013, participation in at least one day per week of physical education in school was reported by a similar percentage of girls (50%) and boys (55%) in Wisconsin. This is consistent with trends observed in physical education participation among high school students in Wisconsin and at a national level since 2009, as shown in Graph 37. As a whole, approximately half of all high school girls and just under half of boys are not participating in physical education programs at school in a typical week (US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c).

**Graph 37: Percentage of High School Students Attending Physical Education Class One Day or More in an Average Week, U.S. and WI, 2009-13**



Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2013c.

## Sedentary Behavior

Sedentary behavior is suspected to contribute to the rise in childhood obesity, and involves any behavior in which an individual is not engaged in physical activity (e.g., watching television, playing video games, completing homework, or reading books). The American Academy of Pediatrics has recommended that children and adolescents limit “media time” (defined as entertainment media) to one to two hours per day (Wong & Leatherdale, 2009).

In 2013, 23% of high school girls in Wisconsin reported watching three or more hours per day of television. This is similar to rates reported among girls nationally and to those endorsed by boys in Wisconsin (US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c). The percentage of female and male high school students who report playing video or computer games or using a computer for something that is not school work-related (for three or more hours per day) has been steadily on the rise since 2009, particularly among girls. Whereas only 14% and 16% of girls in Wisconsin indicated engaging in this sedentary behavior for three or more hours per day in 2009 and 2011 respectively, this percentage escalated to approximately 35% in 2013 (WI DPI, 2009b, 2011b, 2013c).

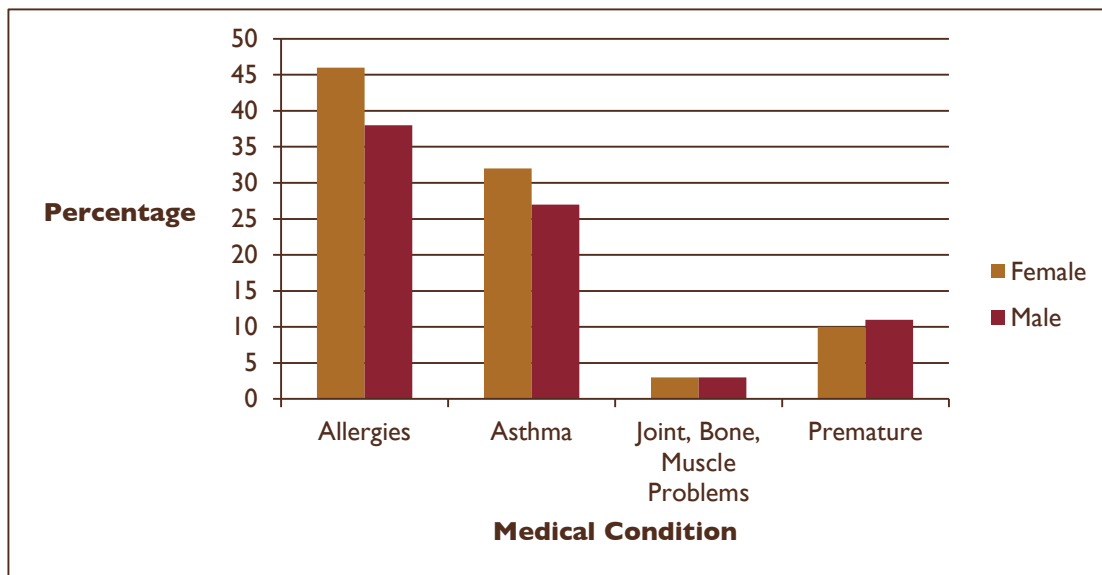
The 2020 Wisconsin State Health plan has articulated goals for Wisconsin youths with regard to sedentary activity, including decreasing the percentage of high school students who watch three or more hours of television per day and those who play video or computer games for three or more hours per day to 22% and 21%, respectively (WI DHS, 2013c).

**The percentage of high school girls in Wisconsin who endorse playing video games or using computers for non-academic tasks for three or more hours per day has jumped from approximately 14% in 2009 to 35% in 2013 (WI DPI, 2009, 2011, 2013c).**

## Disease

The National Survey of Children's Health (NSCH) provides data on the prevalence of disease among girls in Wisconsin. The NSCH is a nationwide survey in which parents of children ranging in age from 0-17 are randomly selected to participate. Statewide data collected from 2010-12 on the number of girls diagnosed with selected medical conditions, including allergies, asthma, joint/bone/muscle problems, and prematurity (defined as having been delivered more than three weeks early), are reported in Graph 38 (Child and Adolescent Health Measurement Initiative, 2012).

Graph 38: Percentage of WI Children Diagnosed with Selected Medical Conditions, by Gender, 2012



Source: Child and Adolescent Health Measurement Initiative, 2012.

Of the four medical conditions surveyed, the highest rates of diagnosis occurred for allergies and asthma. Forty-six percent of girls and 38% of boys were diagnosed with allergies, and 32% of girls (27% of boys) were diagnosed with asthma, suggesting that allergies and asthma represent a significant public health concern among children in the state of Wisconsin (Child and Adolescent Health Measurement Initiative, 2012).

No data on the prevalence of other significant chronic medical conditions affecting children, such as diabetes, epilepsy, and childhood cancer, were available at the statewide level.

Allergies and asthma represent important public health concerns among Wisconsin children, especially girls (Child and Adolescent Health Measurement Initiative, 2012).

SECTION VI: MENTAL HEALTH

Depression

In children and teens, symptoms of a depressive episode (e.g., sulking, refusing to go to school, or irritability) may be misunderstood as “normal mood swings” of adolescence (NIMH, 2011). This can sometimes make detecting its presence challenging. According to the National Institute of Mental Health (NIMH), younger girls and boys tend to experience depression at about the same rates. However, by age 15, girls are twice as likely to experience a major depressive episode than boys (NIMH, 2011). Additionally, during adolescence, depression can co-occur with other problems including eating disorders and substance abuse (NIMH, 2011).

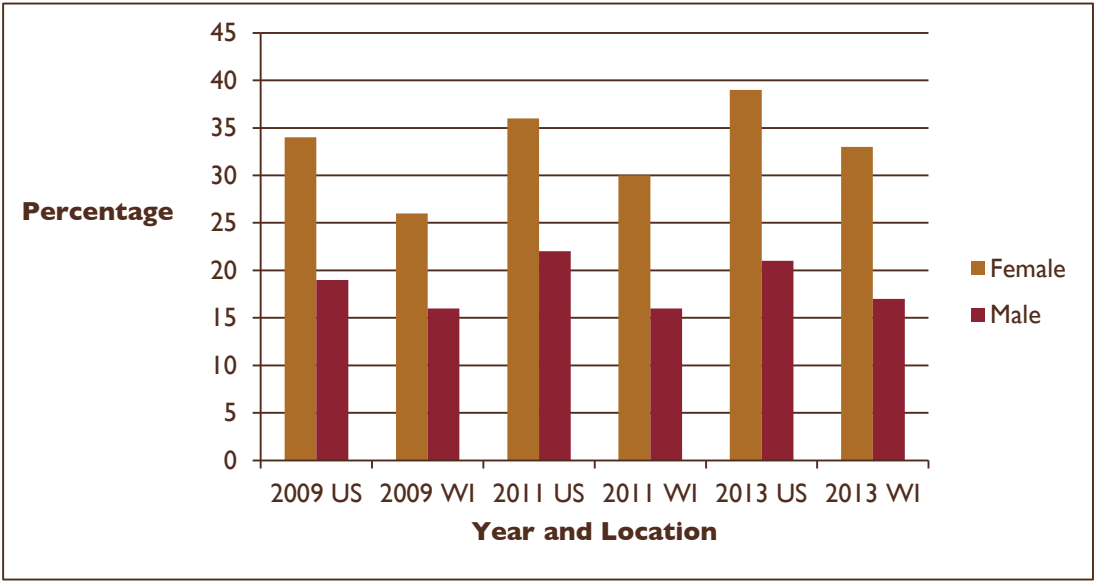
By age 15, girls are twice as likely to experience a major depressive episode than boys (NIMH, 2011).

Key Findings

- About one-third of high school girls in Wisconsin report symptoms of depression.
- Girls report more suicide attempts; boys complete suicide at a rate about four times higher than girls.
- Girls with low self-esteem are also more likely to report engaging in harmful behaviors including substance use, self-harm behaviors, and disordered eating.

Available data echoes the trend of girls reporting more depressive symptoms than boys (US DHHS, 2009, 2011; WI DPI, 2009a, 2011a, 2013a). In 2013, 33% of Wisconsin high school girls reported that they felt sad or hopeless for two weeks in a row within the past year, compared to 17% of high school boys (WI DPI, 2013a). As shown in Graph 39, high school girls in Wisconsin have consistently reported higher levels of depressive symptoms than boys.

Graph 39: Percentage of High School Students Feeling Sad or Hopeless Two Weeks in a Row, U.S. and WI, 2009-13



Source: US DHHS, 2009, 2011, 2013; WI DPI, 2009a, 2011a, 2013a.

In addition to differences by gender, we can also infer that Wisconsin lesbian, gay, and bisexual (LGB) students have higher risk for depression compared to heterosexual students. In Wisconsin in 2013, 22% of heterosexual students reported feeling sad or hopeless almost daily for at least two weeks, compared to 57% of LGB students (WI DPI, 2013d). Overall, 83% of LGB high school students in Wisconsin reported that their mental health was “not good” at least once in the past 30 days, compared to 54% of heterosexual students (WI DPI, 2013a). Data for LGB students were not further broken down by gender.

In Wisconsin 57% of LGB students reported symptoms of depression compared to 22% of heterosexual students (WI DPI, 2013d).

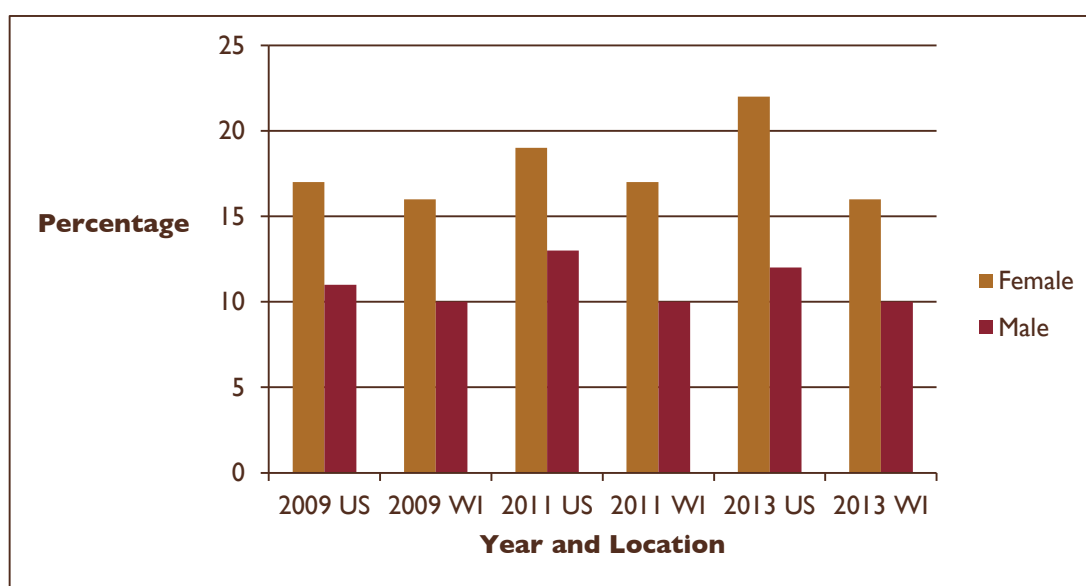
Finally, when Wisconsin data are broken down according to race, the following percentages are seen for endorsing sadness or hopelessness for at least two weeks in a row: Asian (34%), Hispanic/Latino (29%), African American (26%), and White (23%) (WI DPI, 2013c).

## Suicide

The report entitled *The Burden of Suicide* in Wisconsin clearly defines suicide as a serious public health problem in this state (Kopp, Schlotthauer, & Gross, 2008). Suicidal thoughts and behaviors continue to be a significant area of concern when considering mental health issues faced by girls in Wisconsin. Available data on this topic include: seriously considering suicide, making a plan to attempt suicide, and attempting suicide in the past year.

Data measuring rates of youth considering suicide reveal some noteworthy differences between high school girls and boys (Graph 40). As a general trend, girls in Wisconsin and nationally report higher rates of seriously considering suicide in the past year (US DHHS, 2009, 2011, 2013g; WI DPI, 2009a, 2011a, 2013a).

**Graph 40: Percentage of High School Students Who Seriously Considered Suicide in the Past Year, U.S. and WI, 2009-13**

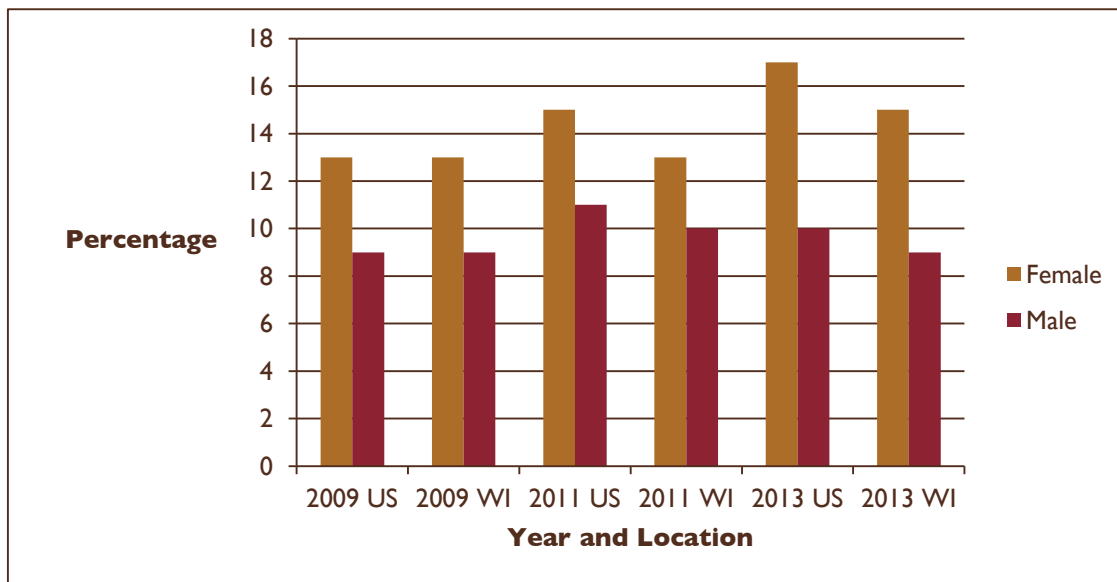


Source: US DHHS, 2009; 2011; 2013g; WI DPI, 2009a, 2011a, 2013a.

Girls also reported higher rates of making a suicide plan in the past year as compared to boys (US DHHS, 2009, 2011, 2013g; WI DPI, 2009a, 2011a, 2013a). As shown in Graph 41, this difference across genders has been consistent through the past several years.

Girls in Wisconsin reported higher rates of considering suicide and making a suicide plan compared to boys (WI DPI, 2009a, 2011a, 2013a).

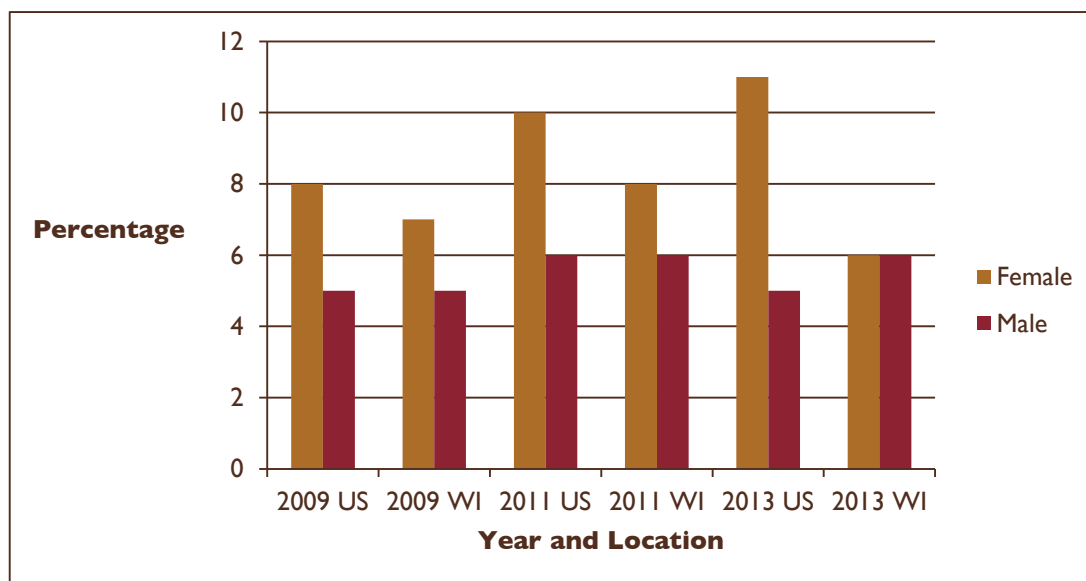
Graph 41: Percentage of High School Students Reporting a Suicide Plan, U.S. and WI, 2009-13



Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009a, 2011a, 2013a.

As shown in Graph 42, reported suicide attempts in the past year reveal some variable trends over time (US DHHS, 2009, 2011, 2013g; WI DPI, 2009a, 2011a, 2013a). In 2013, rates were identical in Wisconsin, with 6% of girls and boys reporting a suicide attempt in the past year (WI DPI, 2013a).

Graph 42: Percentage of High School Students Reporting a Suicide Attempt, U.S. and WI, 2009-13



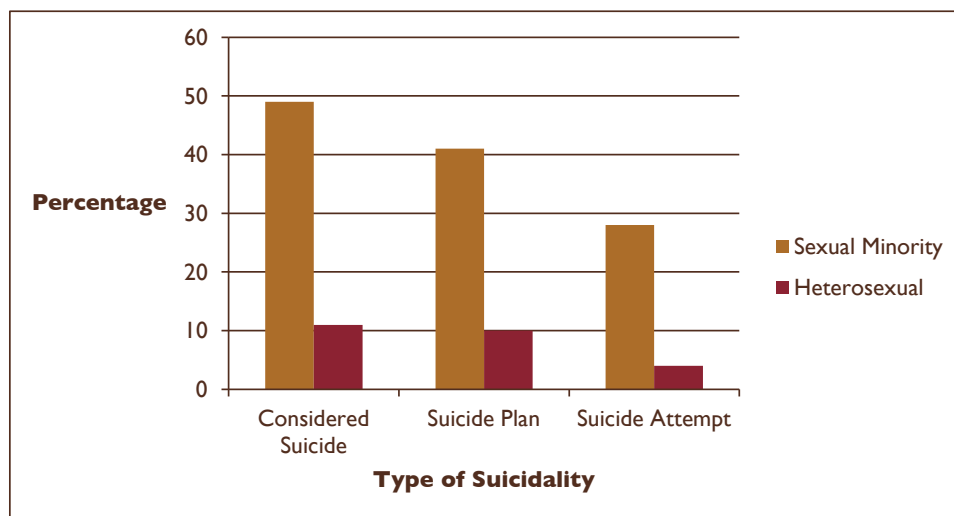
Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009a, 2011a, 2013a.

Data are also available for completed suicides, although the age breakdowns in the reported data make it difficult to directly compare with the above graphs. In 2011, suicide was the second leading cause of death for Wisconsin youth ages 15-24, behind accidental death (WI DHS, 2011a). This ranking was the same for females and males. According to the Wisconsin Department of Public Instruction (2013b), Wisconsin had the 13th highest youth suicide rate in the nation. Furthermore, Wisconsin's youth suicide rate has been higher than the national average for 26 of 29 years (from 1981-2010). Wisconsin fell below the national average only three times from 1981-2010 (WI DPI, 2013b). While girls continue to report more suicide attempts, boys complete suicide at a rate about four times higher than girls (WI DPI, 2013b). This rate mirrors national averages (National Institute of Mental Health [NIMH], n.d.).

Recent data has also examined suicide risk among sexual minority youth in Wisconsin (Graph 43) (WI DPI, 2013a). For lesbian, gay, and bisexual (LGB) high school students in 2013, 49% considered suicide in the past year compared to 11% of heterosexual students. Furthermore, 41% of LGB students made a suicide plan compared to 10% of heterosexual students. And finally, 28% of LGB students reported making a suicide attempt compared to 4% of heterosexual students.

**Nearly 50% of LGB high school students in Wisconsin report seriously considering suicide (WI DPI, 2013a).**

**Graph 43: Percentage of High School Students Reporting Suicide Risk Factors in WI, Sexual Minority Compared to Heterosexual, 2013**



Source: WI DPI, 2013a.

There are also differences across racial groups in Wisconsin youth when considering suicide risk factors, although complete data by gender were not available. The percentage of students reporting seriously considering suicide in the past 12 months were as follows: Asian (22%), African American (15%), Hispanic/Latino (14%), White (13%) (WI DPI, 2013c). For making a suicide plan in the past 12 months, the following data were reported: Asian (20%), Hispanic/Latino (14%), White (12%), African American (11%) (WI DPI, 2013c). Data for actual suicide attempts in the past 12 months were: African American (16%), Hispanic/Latino (11%), Asian (5%), White (4%) (WI DPI, 2013c).

## Self-Esteem, Body Image, Self-Harm Behavior, and Eating Disorders

Low self-esteem can be connected with unhealthy behaviors during adolescence and into adulthood (GSRI, 2013). Nationally, 7 in 10 girls report that they believe they are not good enough in some way, which might include negative judgments about their own appearance, school performance, and/or relationships (Dove Self Esteem Fund, 2008). Girls reporting low self-esteem are also more likely to report engaging in negative or harmful behaviors including substance use, non-suicidal self-harm behaviors, and disordered eating (Dove Self Esteem Fund, 2008).

The American Academy of Child and Adolescent Psychiatry (2009) notes that self-harm behavior among teen girls seems to be gaining popularity. It is difficult to determine the rates of self-harm behavior because it often goes unreported (Cornell University, n.d.). One national study, however, highlighted an important link between self-esteem and self-harm behaviors, in which 25% of adolescent girls who had low self-esteem also reported engaging in self-harm behaviors. This was compared to 4% of girls with high self-esteem (Dove Self Esteem Fund, 2008).

In Wisconsin, we know that self-harm behavior was the leading cause of hospitalization for Wisconsin youth ages 10-17 from 2007-09 (WI DHS, 2011b). In 2013, 25% of high school girls and 10% of boys in Wisconsin reported engaging in self-harm behavior (WI DPI, 2013c). For girls, differences were observed in self-harm reports according to grade level: 9th grade (30%), 10th grade (30%), 11th grade (21%), 12th grade (19%) (WI DPI, 2013c).

Also connected with self-esteem, for girls there seems to be a tendency to overestimate one's own weight. Nationally in 2013, 17% of all high school girls met the criteria for being classified as overweight (defined as between the 85th and 95th percentile for body mass index) (US DHHS, 2013g). And yet, 36% described themselves as slightly or very overweight and 63% said they were trying to lose weight (US DHHS, 2013g). In Wisconsin in 2013, similar trends were noted: 14% of girls were classified as overweight and 60% were trying to lose weight (WI DPI, 2013c).

**For girls, there seems to be a tendency to overestimate one's own weight. In Wisconsin, 60% of girls reported they were trying to lose weight yet 14% were actually classified as overweight (WI DPI, 2013c).**

Research suggests a link between low self-esteem and eating disorders. Nationally, 25% of teen girls with low self-esteem also reported disordered eating including restricting food intake, overeating, and/or purging (Dove Self Esteem Fund, 2008). During that same year, 17% of girls nationwide reported not eating for at least 24 hours to try to lose weight, nearly 6% reported taking diet pills, and 6% reported vomiting or taking laxatives to lose weight (US DHHS, 2011). It is important to note that among girls, there are also differences in self-esteem across racial groups, with African American and Latina girls reporting a more positive body image (GSRI, 2009).



## SECTION VII: SUBSTANCE ABUSE

### Tobacco

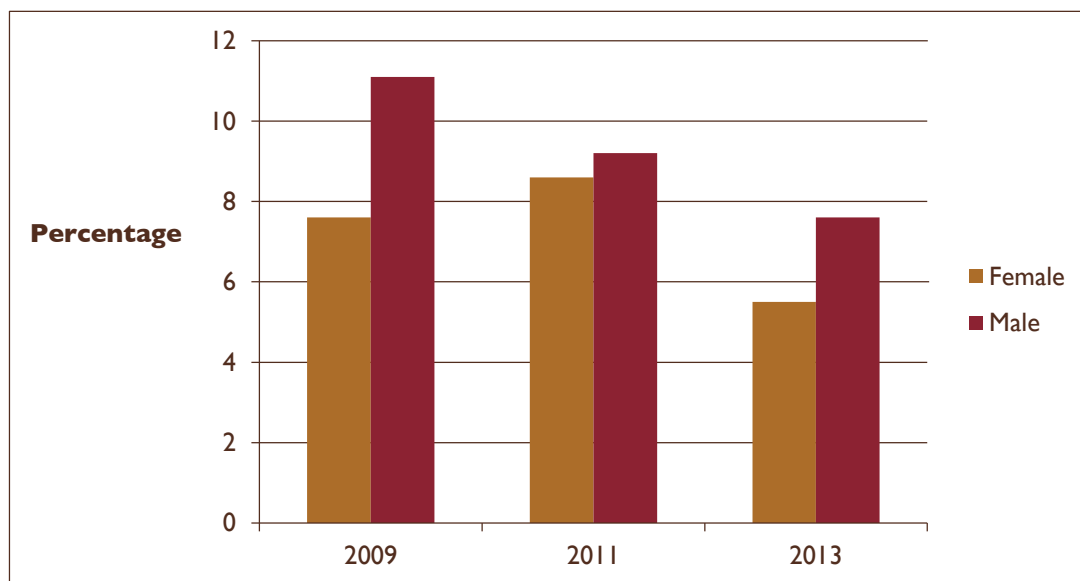
Early adolescent tobacco usage can have a profound influence on adverse health outcomes later in life. Factors such as media images, peer tobacco usage, and low socioeconomic status increase adolescents' likelihood to engage in early experimentation with tobacco (CDC, 2014c). Many youth are also drawn to tobacco use because of perceptions that smoking will help them manage weight and cope with stress and other difficult emotions (CDC, 2014c). The majority of adolescents who smoke regularly continue to smoke in adulthood, and research suggests that the younger the smoker is when she begins, the more at risk for tobacco-related health issues and premature death she will be in adulthood (US DHHS, 2014a). For the first time in U.S. history, women are as likely as men to develop and die from smoking-related diseases (US DHHS, 2014a). Graph 44 shows data for Wisconsin high school students reporting using tobacco before age 13.

**An increase in federal tax on tobacco products, the implementation of smoke-free policies in public spaces, and shifting adolescent attitudes towards peers who smoke may influence the decrease in early smoking behaviors (Huang & Chaloupka, 2012).**

### Key Findings

- Female high school students' reports of smoking are decreasing, and Wisconsin high school girls continue to report smoking at lower rates than boys.
- Around one-quarter of Wisconsin high school girls have engaged in binge drinking.
- Rates of marijuana use by Wisconsin high school girls have risen.

**Graph 44: Percentage of WI High School Students Using Tobacco before Age 13, by Gender, 2009-13**

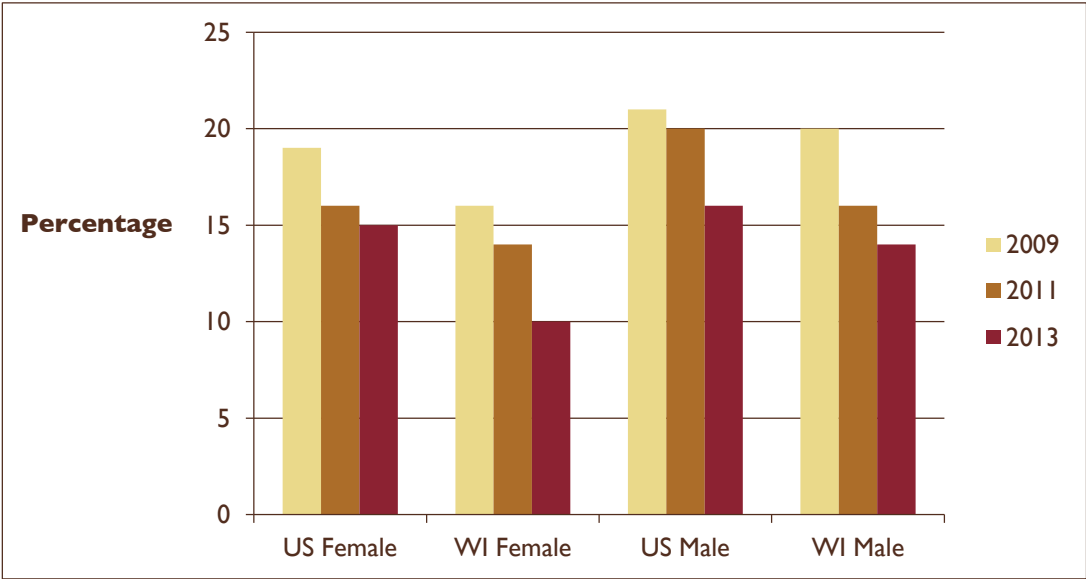


Source: US DHHS, 2009, 2011; WI DPI, 2009b, 2011b, 2013c.

What might explain the decline in early tobacco usage? A study sponsored by the National Bureau of Economic Research suggested that it may be related to an increase in federal tax on tobacco products, which limits adolescents' economic access to cigarettes, cigars, and other tobacco products (Huang & Chaloupka, 2012). Smoke-free policies in public places and tobacco control programs may also have an impact on decreased youth smoking behaviors (Farrelly et al., 2013). Additionally, a national study of tobacco-related behaviors and perceptions suggests that youth social attitudes about smoking are shifting, as 81% of 8th grade students reported that they would prefer to "date non-smokers," 72% described smoking as a "dirty habit," and 59% "dislike being around smokers" (Johnston, O'Malley, Bachman, & Schulenberg, 2013).

Graph 45 shows that the decline in current smoking behaviors is also evident when comparing national and Wisconsin high school students at all grade levels. Overall, Wisconsin students tend to engage in current smoking less than the national average of high school students (WI DPI, 2009b, 2011b, 2013c).

Graph 45: Percentage of High School Students Who Smoke, U.S. and WI, 2009-13



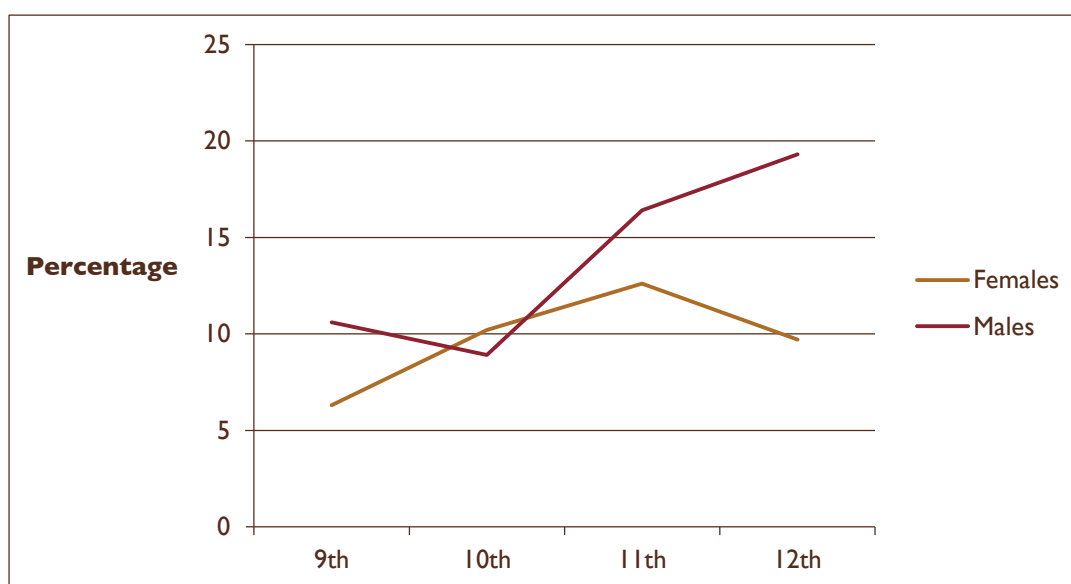
Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

These data suggest that girls (both nationwide and in Wisconsin) tend to engage less in current smoking than their male counterparts. Many factors influence the smoking gender differential, including a female tendency to smoke fewer cigarettes a day, smoke cigarettes with lower nicotine content, and inhale cigarette smoke less deeply than males (National Institute on Drug Addiction [NIDA], 2012). However, females are less likely to try to quit smoking and are more likely to relapse if they do quit, which may be related to concerns about weight gain (NIDA, 2012).

Although data shows that girls smoke less than their male counterparts, girls are less likely to attempt to quit and more likely to relapse (NIDA, 2012).

The gender differential can also be seen when assessing current smoking by grade level (WI DPI, 2013c). These data (Graph 46) suggest that high school girls' regular smoking behavior generally peaks in 11th grade and decreases as the population proceeds to 12th grade.

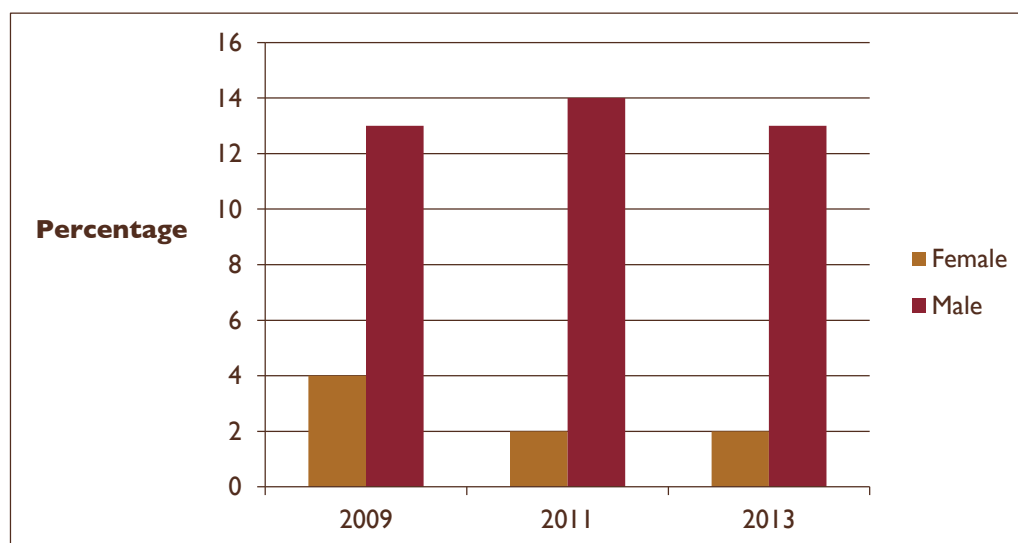
**Graph 46: Percentage of WI High School Students Smoking, by Grade Level, 2013**



Source: WI DPI, 2013c.

Girls in Wisconsin continue to use smokeless tobacco at a much lower rate than boys, as shown in Graph 47. However, some researchers hypothesize that girls' usage may actually be higher than currently represented, as girls may be less likely to self-report smokeless tobacco use due to perception that it is "socially undesirable," requires spitting, and adversely impacts appearance of mouth and teeth (NIDA, 2001). Smokeless tobacco producers have been known to market "snus, a flavored self-contained tobacco pouch that is placed between the cheek and gum and does not require spitting" to women (American College of Obstetricians and Gynecologists, 2011).

**Graph 47: Percentage of WI High School Students Using Smokeless Tobacco, by Gender, 2009-13**



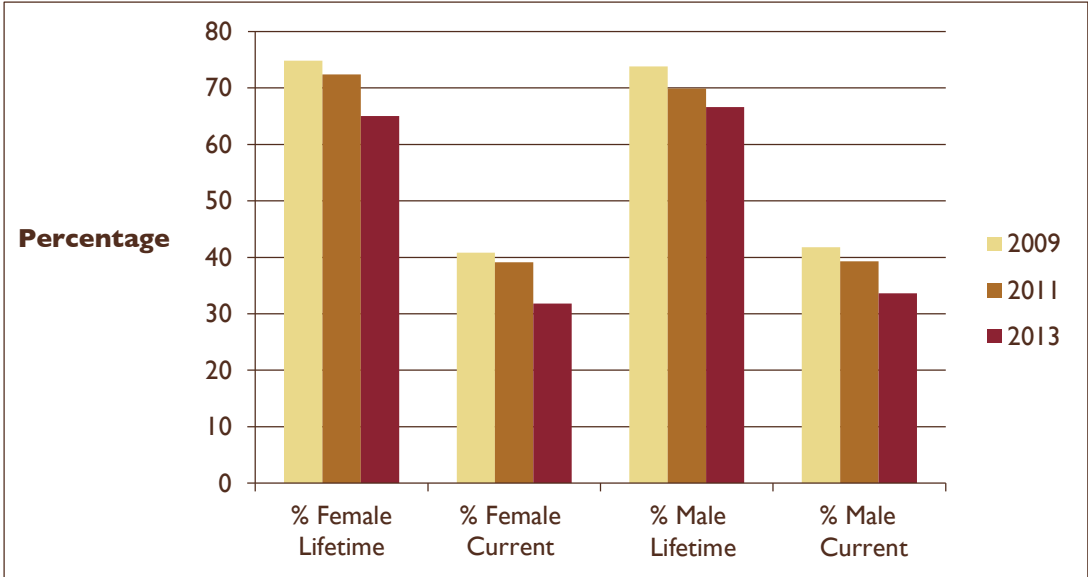
Source: US DHHS, 2009, 2011; WI DPI, 2009b, 2011b, 2013c.

Studies suggest that most youth who use smokeless tobacco also use other combustible tobacco products, and a low perception of harm caused by using any tobacco product is associated with adolescent smokeless tobacco usage (Agaku, Ayo-Yusuf, Vardavas, Alpert, & Connolly, 2013). Extensive research shows that carcinogens within both smokeless and combustible tobacco products are directly related to the development of several kinds of cancers (Agaku et al., 2013; Bofetta, Aagnes, Weiderpass, & Anderson, 2005). The dissonance between youth perception and understanding of health risks suggests a need for more nuanced anti-tobacco education that highlights the unique risks involved in all forms of tobacco usage.

Alcohol

Adolescent alcohol use is a serious public health concern, as its ability to impair judgment puts youth at risk for violence, injury, development of diseases, and death (CDC, 2012a). Adolescents usually obtain alcohol from peers or family members of legal drinking age, but often attempt to purchase alcohol independently without identification (University of Minnesota Alcohol Epidemiology Program [UMAEP], 2011). Studies suggest that when underage girls attempt to purchase beer from liquor stores, restaurants, and bars, approximately 50% of attempts result in a sale to the buyer (UMAEP, 2011). Graph 48 shows both lifetime and current alcohol use for Wisconsin high school students. There is not a noteworthy difference between girls and boys for lifetime or current use (WI DPI, 2009b, 2011b, 2013c).

Graph 48: Lifetime and Current Alcohol Use for WI High School Students, by Gender, 2009-13

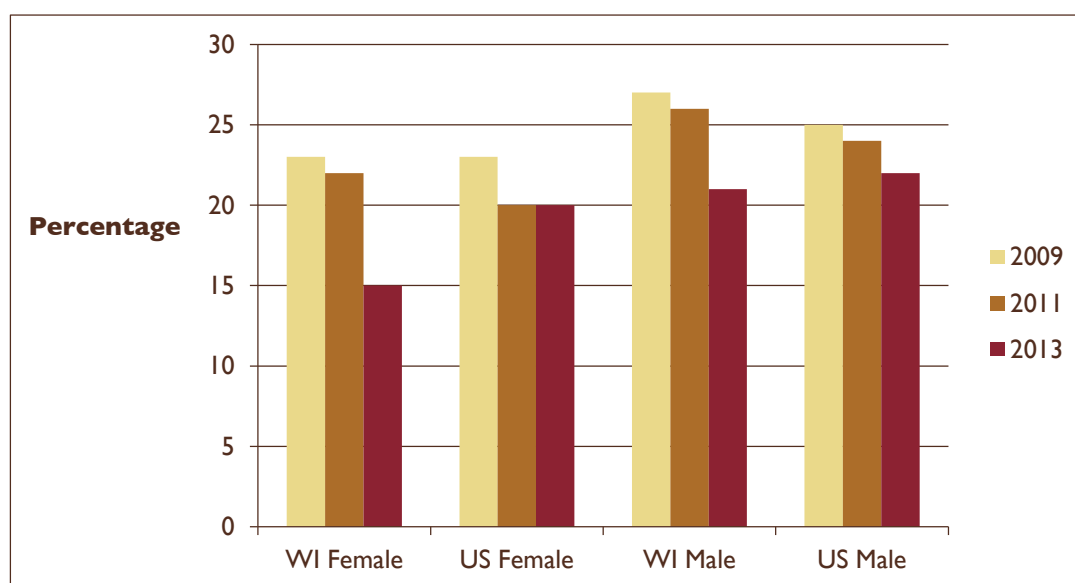


Source: US DHHS, 2009, 2011; WI DPI, 2009b, 2011b, 2013c.

Sadly, recent findings show that Wisconsin ranks highest in the nation for adult binge drinking, and Wisconsin teens appear to be at risk for similar behavior (United Health Foundation, 2003). Binge drinking is defined as consuming five drinks or more (for males) or four drinks or more (for females) within a two-hour timeframe (Center for Applied Research Solutions [CARS], 2014). This behavior pattern typically brings blood alcohol level concentration to 0.08 or above for either gender, which can impair judgment, compromise coordination, and reduce inhibitions (CARS, 2014). Furthermore, it can put youth at risk for major social, legal, and health consequences, including death.

Overall, binge drinking trends for both national and Wisconsin youth are comparable, with males generally engaging in more binge drinking (Graph 49). Although the comparison of Wisconsin youth binge drinking and national averages is not statistically significant, Wisconsin males have traditionally ranked slightly above the national average until 2013. What might account for this gap between males and females? Females metabolize alcohol differently, reaching high blood alcohol levels faster and potentially reaching their alcohol intake threshold sooner and with fewer drinks (Center for Alcohol Marketing and Youth [CAMY], 2012). Therefore, binge drinking may “look different” for girls than for boys, and may potentially be underreported if “number of drinks in a certain timeframe” is the defining criterion for binge drinking.

**Graph 49: Percentage of High School Students Binge Drinking, U.S. and WI, 2009-13**



Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

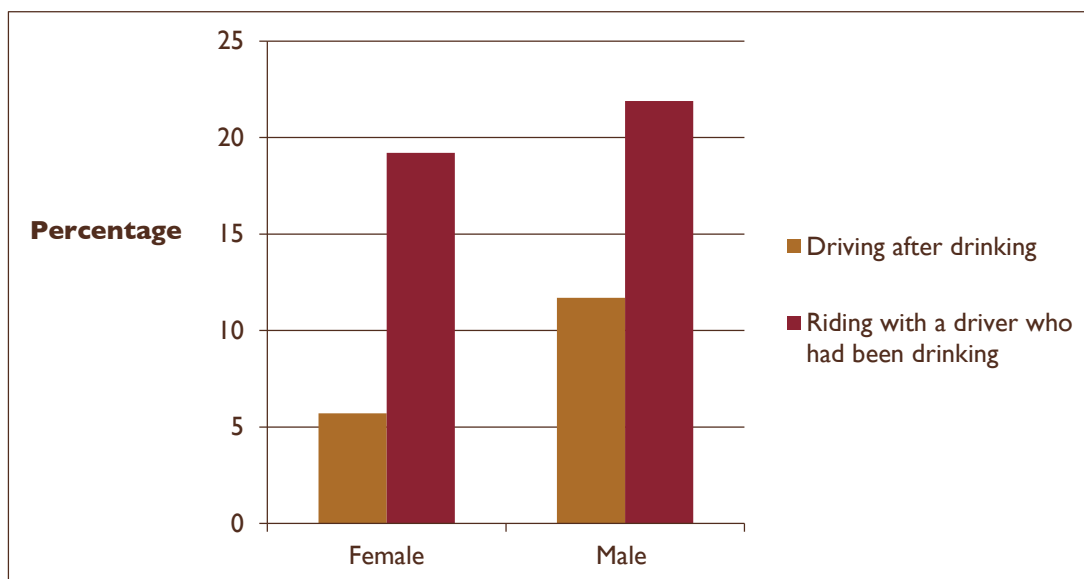
Although binge drinking is declining for Wisconsin adolescent girls, it is still an area of high concern due to the prevalence of environmental and social factors that contribute to the behavior. Youth are more likely to binge drink if their family has a history of alcoholism or positive parental attitudes toward drinking, if they live in strained home environments, or are survivors of trauma (CARS, 2014). Girls face several unique risks related to binge drinking. Girls are more likely to suffer from depression than boys, and there is a stronger link between self-medicating through drinking for girls than for boys (CAMY, 2012). Girls who binge drink are up to 63% more likely to become pregnant than non-binge drinkers, and girls' early engagement with drinking can contribute to an increased likelihood of drinking during pregnancy, putting the unborn child at risk (CAMY, 2012).

**Girls face unique risks related to binge drinking, including increased likelihood for self-medication to alleviate depression symptoms, unintended pregnancy, and drinking during pregnancy (CAMY, 2012).**

When comparing drinking behaviors for Wisconsin high school boys and girls, data suggest that girls' current drinking status rises slightly over their high school tenure and plateaus in 11th and 12th grades, while their binge drinking behavior increases slightly over time. Boys, on the other hand, tend to experience a significant boost in both current and binge alcohol drinking in 11th and 12th grades (WI DPI, 2013c). The Centers for Disease Control and Prevention suggest that female binge drinking may be under-recognized, and a Harvard Medical School study warns that female college students exceed the gender-specific National Institute on Alcohol Abuse and Alcoholism's alcohol intake guidelines more frequently than their male counterparts (CDC, 2013; Harvard Medical School, 2013). This underlines the importance of gender-specific preventive alcohol education for high school girls before they potentially enter the college drinking environment. The study's authors also suggested a need for primary clinicians to address and set weekly drinking limits with young adult female patients and educate them on the potential for long-term alcohol-related health issues (Harvard Medical School, 2013).

Current data shows that females are driving after drinking at a significantly lower rate than males (WI DPI, 2013c). Unfortunately, females (19%) and males (22%) show comparable behaviors related to risking injury and death by riding in cars operated by intoxicated drivers, as shown in Graph 50. A recent study suggested that teens who ride with an alcohol-impaired driver are more likely to drive while under the influence (Li, Simons-Morton, Vaca, & Hingson, 2014). The earlier and more frequently that youth are exposed to riding with drinkers also increases their risk for choosing to drink and drive later in life, which underscores the importance of parents, guardians, and other role models normalizing safe behaviors by refraining from drinking and driving (American Academy of Pediatrics, 2014).

**Graph 50: Percentage of WI High School Students Driving after Drinking and Riding with a Driver Who Had Been Drinking, by Gender, 2013**

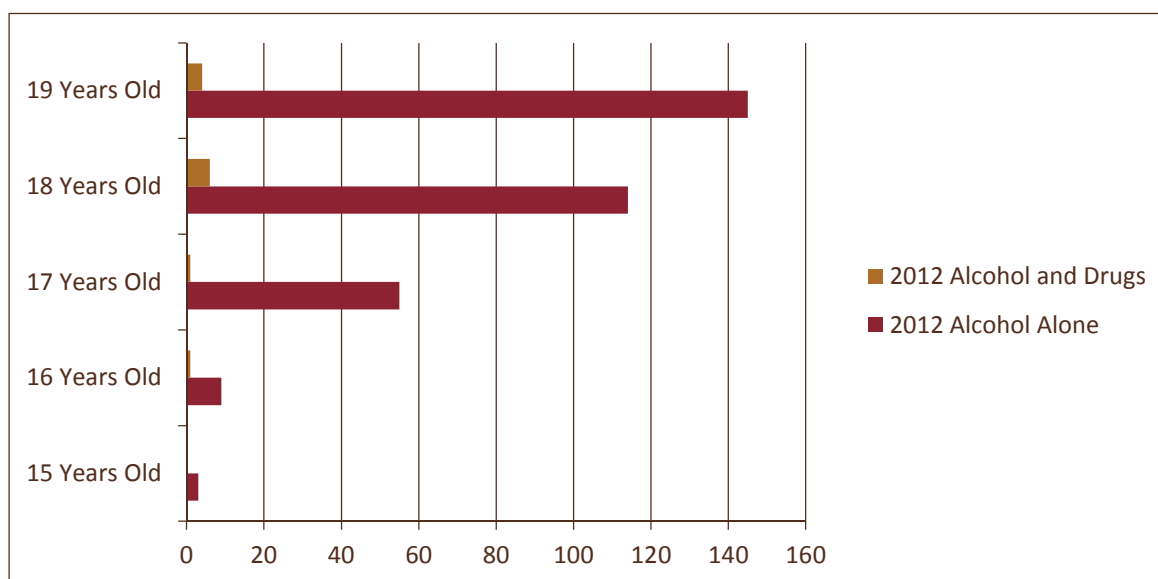


Source: WI DPI, 2013c.

The Centers for Disease Control and Prevention attribute decreases in alcohol-related driving behaviors over the last decade to the institution of graduated driver licensing laws that enable teens to learn safe driving skills in a structured format (CDC, 2012b). Laws that enforce strict consequences for selling alcohol to minors may also play a role in this decrease (CDC, 2012b). However, these behaviors have not changed much in Wisconsin since 2009, as reports of riding in a car with a drinker have decreased only slightly and reports of drinking after driving remain relatively static (WI DPI, 2009b, 2011b, 2013c).

Data are also available on drivers involved in motor vehicle crashes who were under the influence of alcohol and/or drugs (Graph 51). In 2012, 97,415 Wisconsin girls ages 16-19 were licensed drivers (Wisconsin Department of Transportation, 2012). That year, 18 females and 39 males between ages 16-19 were drivers in fatal accidents. Of the drivers tested for alcohol, no females and five males tested positive for alcohol concentration.

**Graph 51: WI Drivers Involved in Motor Vehicle Crashes While under the Influence of Alcohol and Drugs, Ages 15-19, 2012**



Source: State of Wisconsin, Department of Transportation. 2012 Wisconsin Traffic Crash Facts.

Although positive change has been indicated over the past several years, underage drinking and the resulting health and safety risks are an issue of great concern for youth in Wisconsin. The “drinking culture” of Wisconsin is a powerful force in the lives of young people, as evidenced by the current status of three Wisconsin universities (UW-Oshkosh, UW-Stout, and UW-La Crosse) as the colleges with the most drug- and alcohol-related arrests in the U.S. (Drugs on Campus, 2012). Whether or not teens go to college, the binge drinking culture of Wisconsin still permeates our state’s identity. To prevent alcohol-related health, academic, and legal consequences, it is important to model responsible drinking behaviors as early as possible.

## Drug Use

**Marijuana.** The adolescent years are a crucial time for brain development. Research shows that marijuana use before age 18 is more likely to negatively impact cognition, brain structure, and function in otherwise healthy teens and young adults than if marijuana use took place later in life (Lisdahl, Gilbert, Wright, & Schollenbarger, 2013). Adolescent marijuana use is linked to poor educational attainment, and may also be related to other adverse social outcomes such as unemployment and incarceration (California Society for Addiction Medicine, 2011).

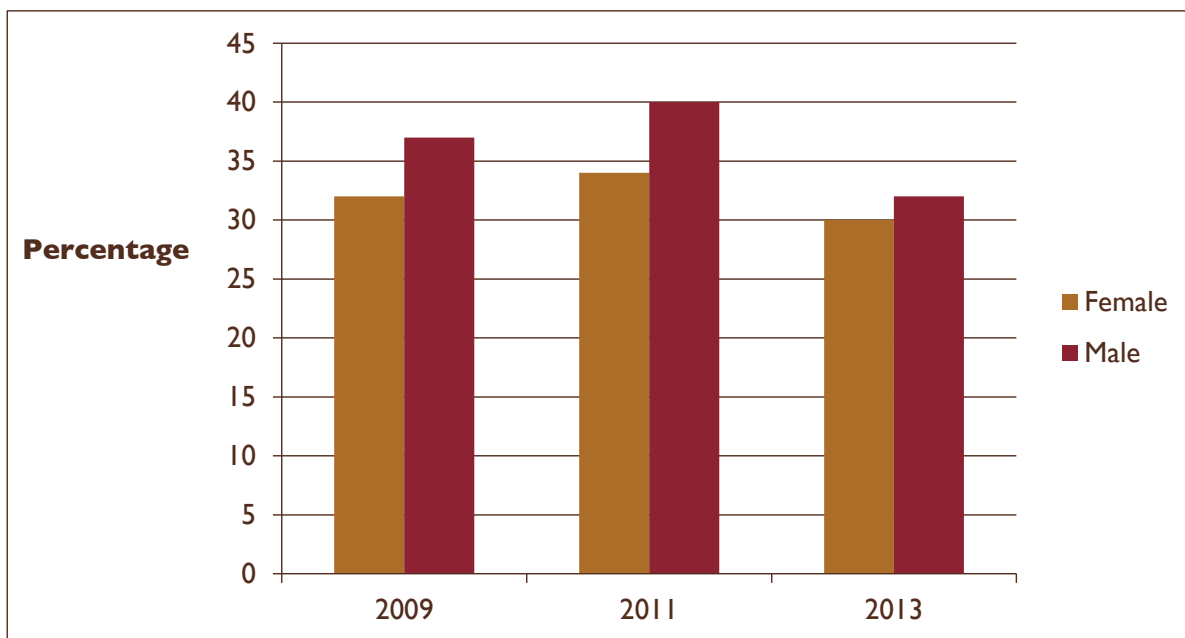
Wisconsin high school girls are less likely to report experimentation with marijuana than boys, which is consistent with reports at the national level (US DHHS, 2009, 2011; WI DPI, 2009b, 2011b). The reason for this gender difference is not clear. Some studies suggest that Latino and African American cultural norms may discourage female marijuana use (Schepis, Desai, Cavallo, Smith, McFetridge, Liss, Potenza, & Krishnan-Sarin, 2011). Reports of both male and female students’ lifetime marijuana use decreased (boys: from 40% to 32%; girls: from 34% to 30%) from 2011-13 (WI DPI, 2011b, 2013c). Lifetime use of marijuana (Graph 52) and current use (Graph 53) are shown below. Schepis et al. (2011) suggest that although girls generally smoke marijuana less frequently than their male counterparts, they tend to transition more quickly from casual initiation of smoking to regular marijuana use.

### **A Closer Look at the Behavior: Marijuana as Self-Medication**

- Depressed teens are twice as likely as non-depressed teens to use marijuana and other illicit drugs.
- Depressed teens are more than twice as likely as their peers to abuse or become dependent on marijuana.
- Teen girls who use marijuana daily are more likely than girls who do not use marijuana to develop depression.

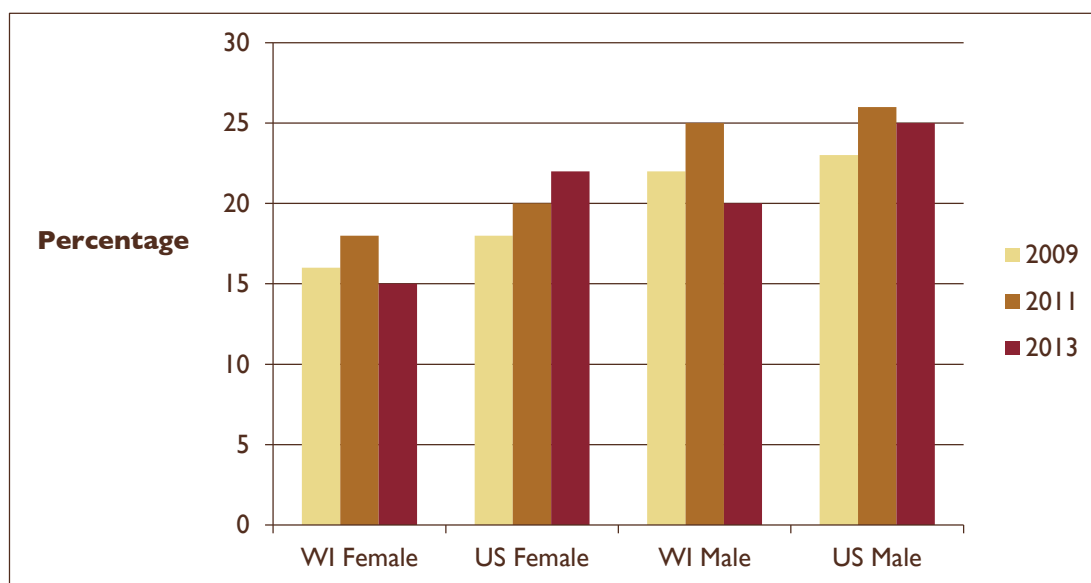
(Office of National Drug Control Policy, 2008)

Graph 52: WI High School Students' Lifetime Marijuana Use, by Gender, 2009-13



Source: WI DPI, 2009b, 2011b, 2013c.

Graph 53: High School Students' Current Marijuana Use, by Gender, U.S. and WI, 2009-13

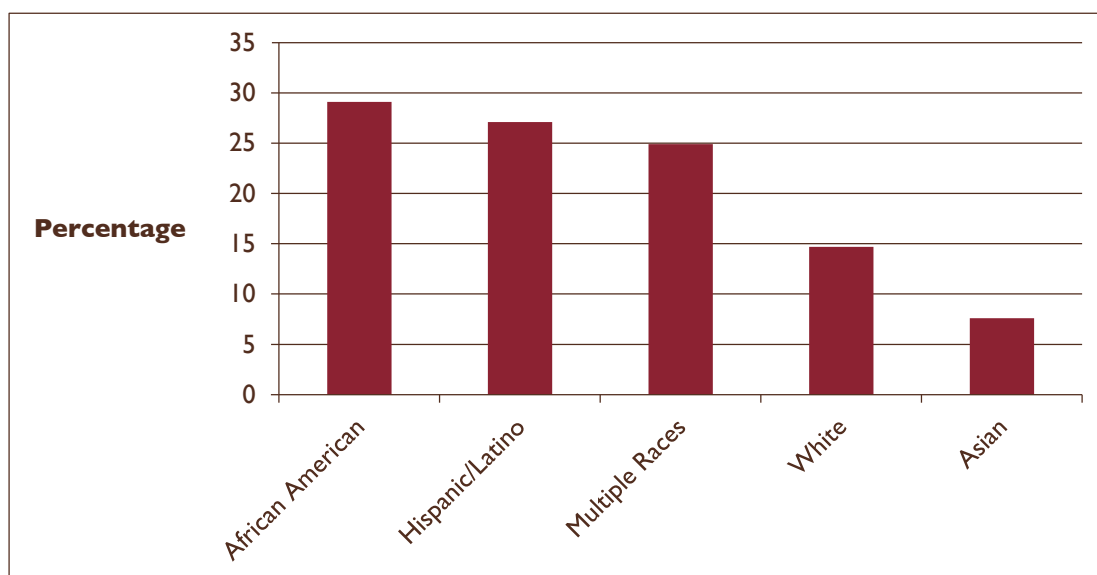


Source: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

Data are also available by race and ethnicity (Graph 54). In 2013, students identifying as African American reported the highest level of marijuana usage (29%) for surveyed populations (WI DPI, 2013c). Students identifying as Hispanic/Latino reported the second highest usage (27%), and Asian American students reported the lowest rate of usage (8%) (WI DPI, 2013c).



Graph 54: WI High School Students' Current Marijuana Use, by Race and Ethnicity, 2013

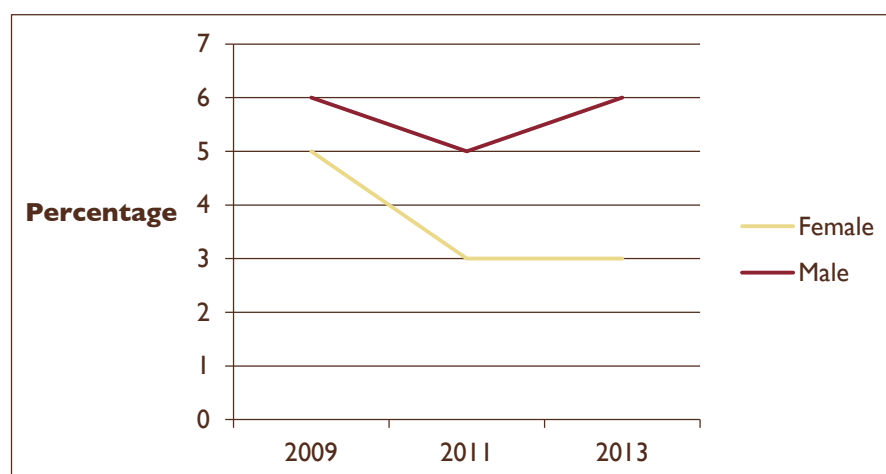


Source: WI DPI, 2013c.

**Cocaine.** Wisconsin high school students' rates of ever using cocaine and current cocaine use are relatively similar to national rates. In Wisconsin, reports of current cocaine use have declined for both genders (lifetime and current use data are shown in Graph 55). However, the probability of using cocaine at least once in their lifetime is significantly higher for boys (WI DPI, 2011b). The reason for this gender gap is unclear, but perhaps research regarding young adults' perceived functional reasons for using cocaine may offer some insight. A study by Boys, Marsden, and Strang (2001) shows that among young drug users, gender differences were more common for cocaine abuse than for the other substances. More males reported that they used cocaine to "improve the effects" of other drugs, while more females reported using cocaine to "stay awake," "lose inhibitions," "stop worrying," or to "enjoy company" in social situations (Boys et al., 2001). Importantly, only female participants reported using cocaine "to help lose weight" (Boys et al., 2001). This is a significant risk factor for girls, as motivation for weight control and eating disorders has been linked to cocaine abuse in adult females (Cochrane, Malcolm, & Brewerton, 1998).

Research suggests that male and female adolescents and young adults use cocaine for different reasons. Females often report using cocaine to control or lose weight (Boys, Marsden, & Strang, 2001; Cochrane, Malcolm, & Brewerton, 1998).

Graph 55: WI High School Students' Lifetime Use of Cocaine, by Gender, 2009-13



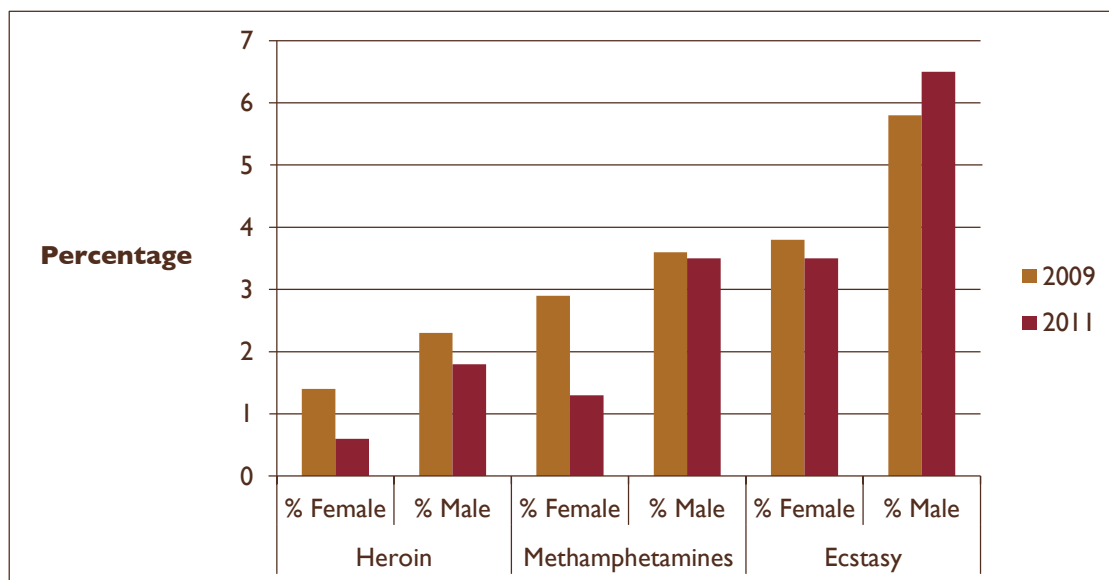
Source: WI DPI, 2009b, 2011b, 2013c.

The Wisconsin Youth Risk Behavior Survey (YRBS) includes all forms of cocaine, including “powder, crack, or freebase” in their definition. National research indicates that “6.2% of high school seniors had used powder cocaine in their lifetime and 2.5% had used crack,” and also supports Wisconsin’s YRBS results regarding females’ lower likelihood of using powder cocaine (New York University, 2013). Despite similarities among cocaine forms, it is important to acknowledge variance among students’ reasons for using cocaine, gender and neighborhood differences, dependency factors, and adverse health outcomes for all forms of cocaine usage (New York University, 2013).

**Inhalants.** In 2009 and 2011, Wisconsin high school girls were more likely than their male peers to report using inhalants (chemical vapors from glue, paints, cleaning products, etc.) at least once in their lifetime (WI DPI, 2009b, 2011b). In 2013 this trend shifted, and male students reported a higher usage of inhalants (WI DPI, 2013c). Reasons for this are unclear, but Wu and Howard (2007) noted that female inhalant users were more likely than male users to suffer from anxiety or mood disorders. Regardless of risk factors, many youth are unaware of how harmful stimulant use is because the substances are often readily available, inexpensive, and give a “buzz” very quickly (NIDA for Teens, 2014a). However, prolonged use of inhalants can increase heart rate and cause heart failure, and high concentrations of inhalant intake can cause death by suffocation (NIDA for Teens, 2014a).

**Heroin, Methamphetamines, Ecstasy.** In 2011, Wisconsin high school girls were less than half as likely as boys to report using heroin or methamphetamines: 0.6% compared to boys’ 1.8% for heroin, and 1.3% compared to boys’ 3.5% for methamphetamine (WI DPI, 2011b). The difference between girls (3.5%) and boys (6.5%) for using ecstasy was also significant in 2011 (WI DPI, 2011b). These data are shown in Graph 56. Questions about heroin, methamphetamine, and ecstasy use were removed from the 2013 Wisconsin YRBS, because state data were returning very low numbers that did not allow for disaggregation into demographic groups (E. Holder [WI DPI], personal communication, May 6, 2014). This removal accommodated the addition of new substance abuse questions related to prescription drug use and school attendance under the influence of alcohol or drugs (E. Holder [WI DPI], personal communication, May 6, 2014).

**Graph 56: Percentage of WI High School Students Who Have Ever Used Heroin, Methamphetamines, or Ecstasy, by Gender, 2011**

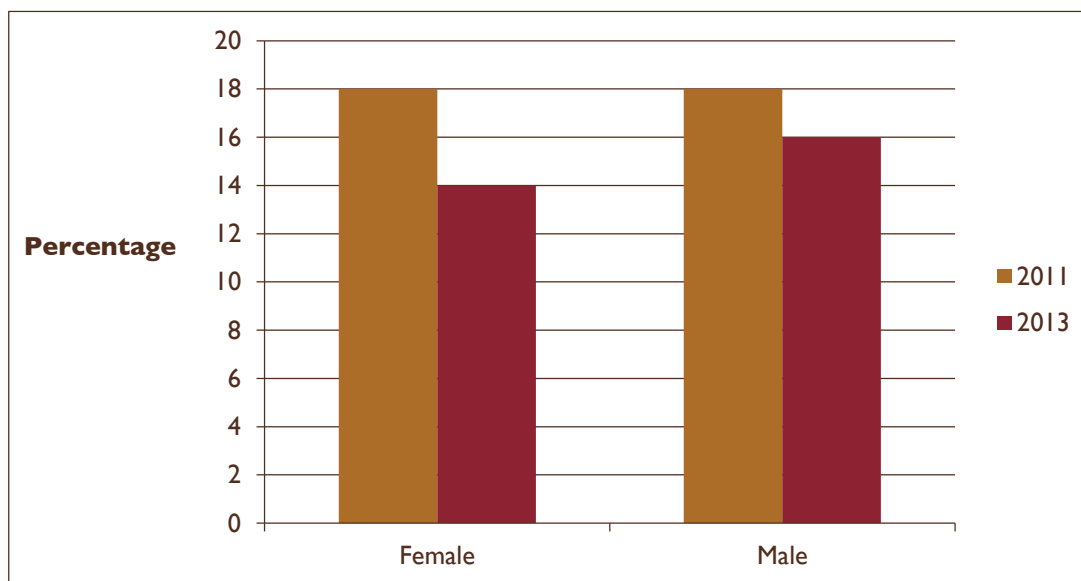


Source: US DHHS, 2009, 2011; WI DPI, 2009b, 2011b.

Even though there has been a reported decrease in heroin, methamphetamine, and ecstasy use for girls since 2009, access, use, and exposure to peers influenced by these substances are still important public health issues. Wisconsin high school boys’ use of ecstasy has actually increased since 2007 (WI DPI, 2009b, 2011b). Ecstasy heightens physical arousal and lowers inhibitions, and use of the drug can put youth at risk for participating in behaviors that compromise their physical and sexual safety (Center for Substance Abuse Research, 2014).

**Prescription Drugs.** The Wisconsin YRBS began measuring high school students' prescription drug abuse in 2011 (WI DPI, 2011b; 2013c). According to the survey, boys are more likely than girls to report using a prescription drug non-medically at least once in their lifetime (Graph 57). In 2011, both male and female high school students in Wisconsin reported using prescription drugs at rates less than that year's national averages (girls: 20%; boys: 22%) (US DHHS, 2011; WI DPI, 2011b).

**Graph 57: Percentage of WI High School Students Who Have Abused Prescription Drugs, by Gender, 2011-13**

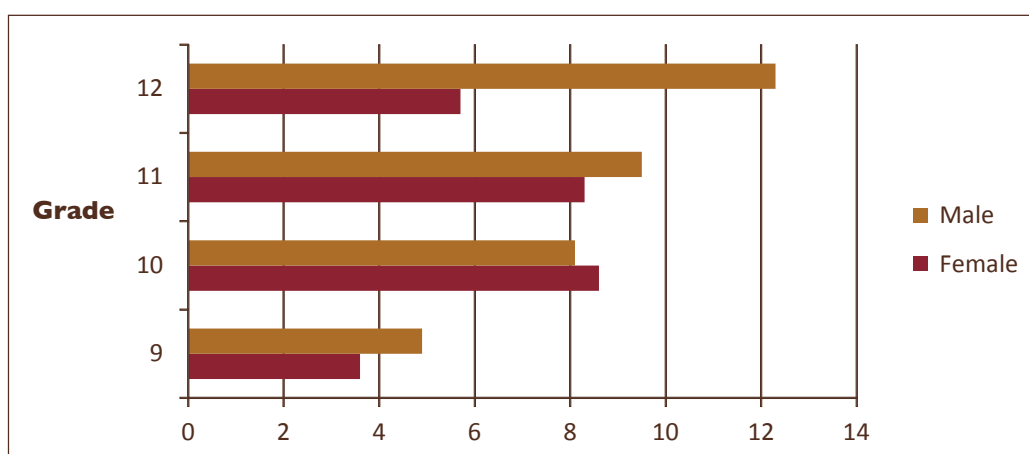


Source: US DHHS, 2011; WI DPI, 2011b, 2013c.

According to the National Institute on Drug Abuse, stimulants (e.g., Adderall), opioids (e.g., Vicodin), and depressants (e.g., Xanax) are common types of prescription drugs abused by teens (NIDA for Teens, 2014b). Youth who abuse prescription medications are more likely to abuse other types of drugs (NIDA for Teens, 2014b).

In 2013, the Wisconsin YRBS dug deeper into the issue of youth prescription drug abuse, asking how many times they used a prescription medication without a doctor's order in the previous 30 days. According to the survey results, recent prescription drug use is generally comparable for Wisconsin girls and boys in 9th, 10th, and 11th grades (WI DPI, 2013c). However, in 12th grade the discrepancy between girls and boys widens substantially (girls: 6%; boys: 12%) (WI DPI, 2013c). These data are shown in Graph 58.

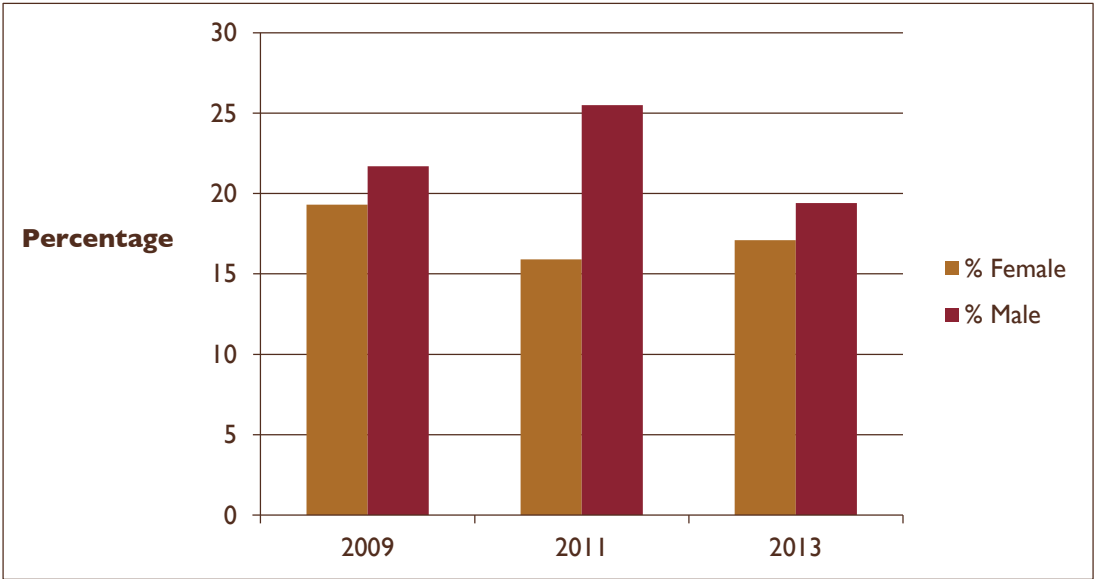
**Graph 58: Percentage of WI High School Students Using Prescription Drugs without a Prescription within Last 30 Days, by Gender and Grade Level, 2013**



Source: WI DPI, 2013c.

Additional Data on Drugs. In 2009, the percentage of male and female Wisconsin high school students who reported being offered, sold, or given drugs on school premises (girls: 19%, boys: 22%) were similar to national reports (girls: 19%; boys: 26%) (WI DPI, 2009b; DPI 2009). Nationwide in 2011, girls reported this more often (22%) compared to girls in Wisconsin (16%). Overall, boys appear to be offered, sold, or given drugs on school premises more often than girls on both state and national levels (Wisconsin data shown in Graph 59). However, reports of these experiences decreased for boys in Wisconsin high schools by 6% between 2011 and 2013.

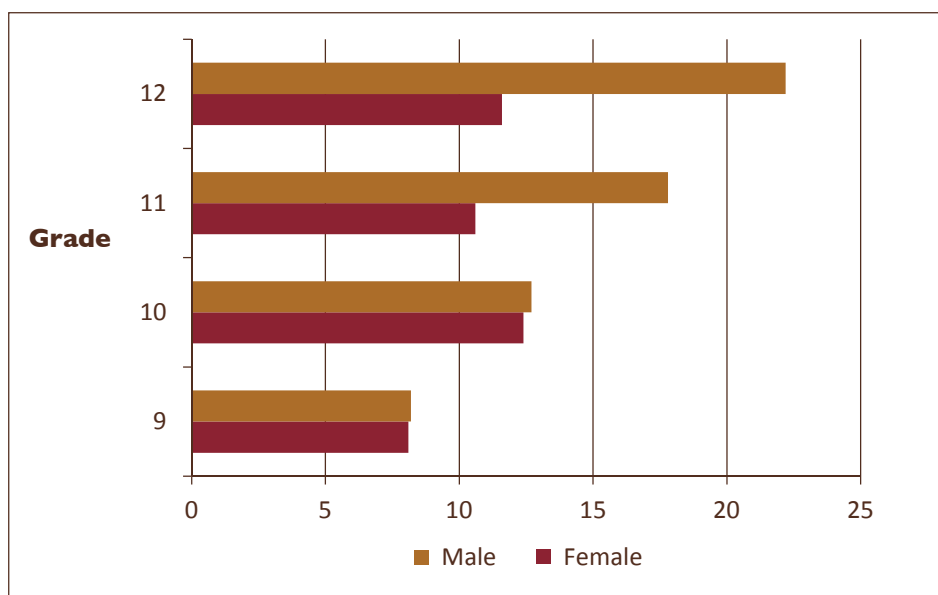
**Graph 59: Percentage of WI High School Students Who Have Been Offered, Sold, or Given Drugs on School Premises in the Last 12 Months, by Gender, 2009-13**



Source: WI DPI, 2009b, 2011b, 2013c.

In 2013, the Wisconsin YRBS added a question inquiring if high school students had ever attended school under the influence of alcohol or other illicit drugs (Graph 60). Girls and boys reported this behavior at comparable levels in 9th and 10th grades; however, boys' reports increased in 11th grade (girls: 11%; boys: 18%) and 12th grade (girls: 12%; boys: 22%). Girls' reports remain fairly consistent throughout their high school tenure.

Graph 60: Percentage of WI Students Who Attended School under the Influence of Alcohol or Drugs in Past 12 Months, by Gender and Grade Level, 2013



Source: WI DPI, 2013c.

National research regarding teen attitudes about alcohol and drug use during school reflects YRBS results and provides more insight into students' perception of this behavior. According to a national survey conducted by Columbia University, 86% of high school students are aware of student alcohol and drug use during school time, and 44% report that they can identify a student who sells drugs at school (Center on Addiction and Substance Abuse, 2012). The survey also revealed that 52% of high school students are aware of a place on or near school premises where they can use drugs and alcohol privately, and 36% report that "it [is] easy for students to use drugs, drink or smoke during the school day without getting caught" (Center on Addiction and Substance Abuse, 2012).

## SECTION VIII: SEXUAL HEALTH

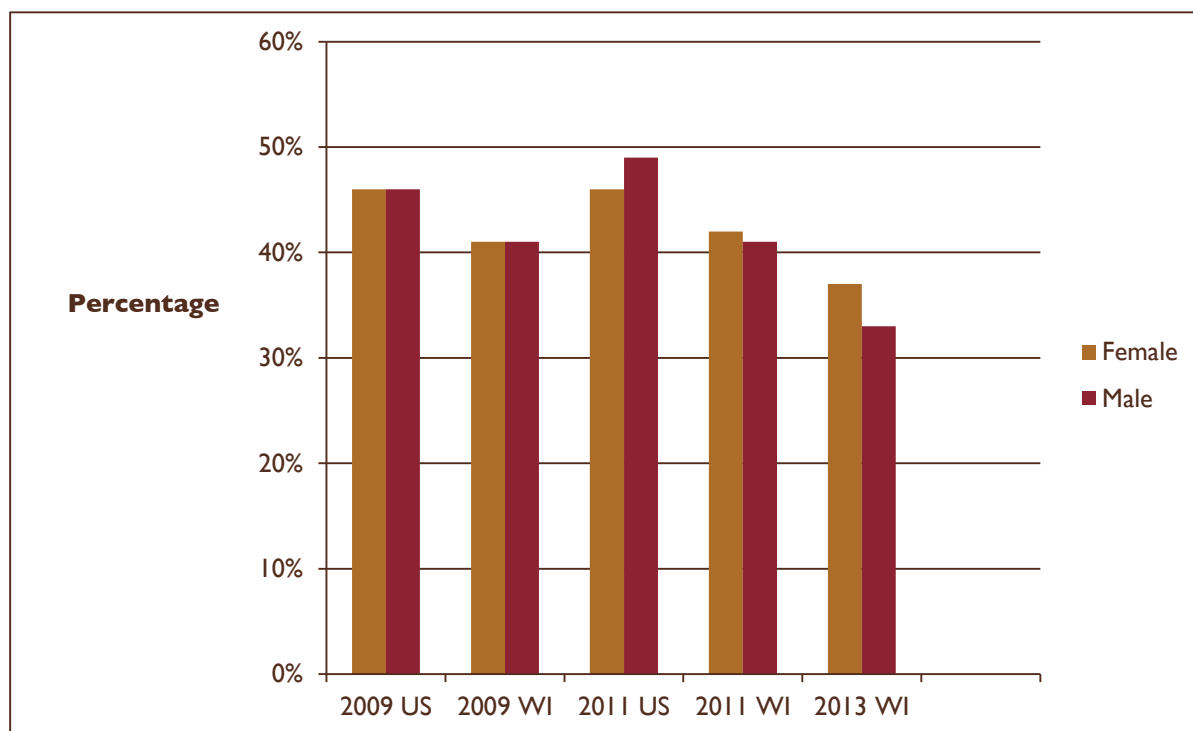
### Sexual Activity

As shown in Graph 6I, rates of ever having had sexual intercourse are lower for Wisconsin high school students (35%) compared to the national average (47%). In Wisconsin, 37% of high school girls and 33% of boys reported ever having had sexual intercourse. Also in Wisconsin, 28% of girls and 24% of boys report being “currently sexually active” (US DHHS, 2013g; WI DPI, 2013c).

### Key Findings

- About one-third of Wisconsin high school girls report having had sexual intercourse.
- The percentage of high school students in Wisconsin who reported using a condom during their last sexual intercourse moved from 58% to 63% over the past 10 years.
- Rates of births to teens have been declining in Wisconsin.

**Graph 6I: High School Students Reporting Past Sexual Intercourse, U.S. and WI, 2009-13**



Sources: US DHHS, 2009, 2011, 2013g; WI DPI, 2009b, 2011b, 2013c.

The 2010 Wisconsin State Health Plan included a goal to reduce the percentage of high school students who ever had sexual intercourse to 30% by 2010. The most recent update to the report revealed no significant change, with 42% of high school students reporting “ever had sexual intercourse” in 1999 and 41% in 2009 (DHFS, 2010). However, recent data (37%) reveal a decrease in Wisconsin girls reporting ever having had sexual intercourse (WI DPI, 2013c).

In Wisconsin, more male high school students (4%) than females (1%) reported engaging in sexual intercourse before the age of 13. And, 9.9% of girls and 9.5% of boys reported having had intercourse with 4 or more people in their lifetime. The age of first intercourse for Wisconsin girls was most commonly reported at age 15 (12%) or 16 (9%). A similar trend in age at first intercourse was found among Wisconsin boys (WI DPI, 2013c).

**For Wisconsin high school students who have had sexual intercourse, 10% of girls and 3% of boys reported sexual contact with a partner three or more years older than themselves (WI DPI, 2013c).**

Of those Wisconsin female students with previous sexual contact, many (41%) reported that their partner was “about the same age” as them. Another 8% reported that their partner was 3-4 years older than them, and 2% reported their partner was 5 or more years older than them. For comparison, only 2% of Wisconsin males reported sexual contact with a partner 3-4 years older and 1% reported a partner 5 or more years older (WI DPI, 2013c).

In 2013, 19% of Wisconsin high school students reported that they believed it is important for them to delay having sexual intercourse until marriage. Slightly more girls (20%) than boys (17%) endorsed this belief (WI DPI, 2013c). Additional data on reports for girls and boys are shown in Table 6.

**Table 6: Percentage of WI High School Students Delaying Sexual Intercourse, 2013**

<b>Say it is Important to Delay Sexual Intercourse Until...</b>	<b>Females</b>	<b>Males</b>
In a relationship	23%	16%
In love	21%	10%
Marriage	20%	17%
Not sure	17%	22%
Not important	12%	30%
Engaged	4%	3%
Finished high school	4%	3%

Source: WI DPI, 2013c.

While most data about teenage sexual activity focuses on intercourse, the scope of sexual activity is much broader. According to the National Survey of Family Growth, 45% of girls and 48% of boys ages 15-19 reported ever having had oral sex with members of the other sex. Furthermore, 11% of girls ages 15-19 reported having had anal sex (Chandra, Mosher and Copen, 2011).

In Wisconsin, 4% of high school students reported sexual contact with both males and females during their life. More girls (6%) than boys (3%) reported this type of sexual contact. In addition, 2% of girls reported having had sexual contact with females only (DPI, 2013c). Nationally, 11% of girls and 3% of boys ages 15-19 reported engaging in same-sex sexual behavior (Chandra, Mosher, & Copen, 2011).

Lesbian, gay, or bisexual (LGB) youth in Wisconsin reported higher rates of ever having had sexual intercourse (56%) than their heterosexual (34%) counterparts. Compared with 2% of heterosexual students, 11% of LGB youth reported having had sexual intercourse for the first time before age 13.

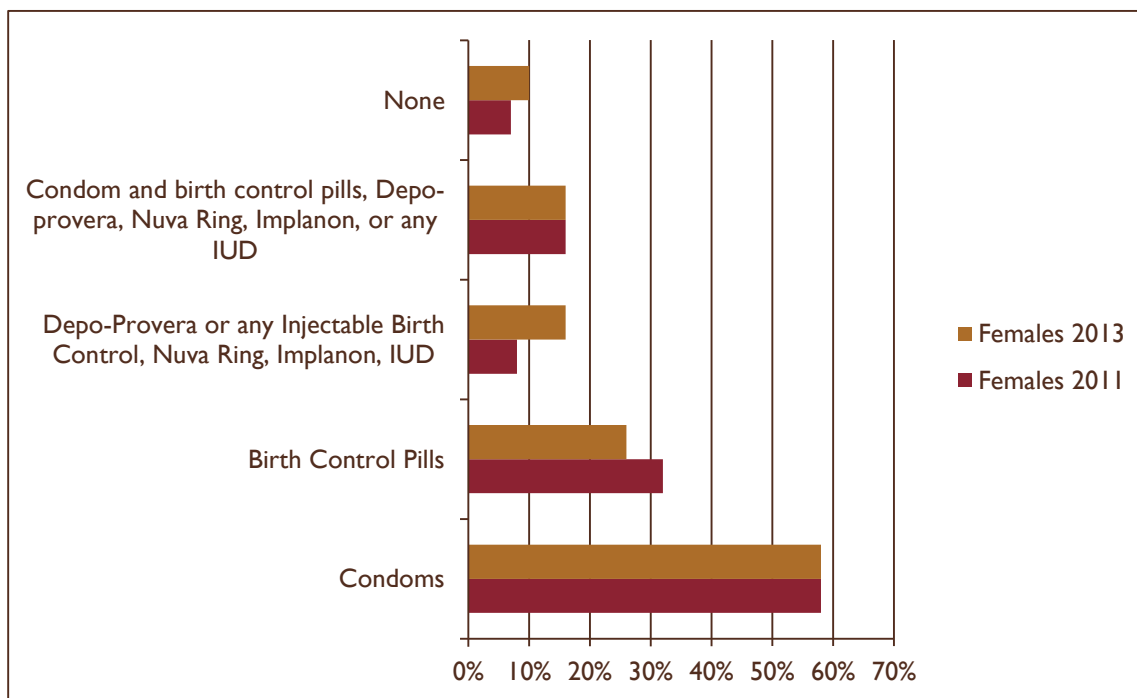
## Contraceptive Use

The 2020 Wisconsin State Health Plan includes an objective for Wisconsin to “establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public,” and the indicators for this objective include the percentage of sexually active high school students who reported that they or their partner used a condom during last sexual intercourse (WI DHS, 2010c). Among sexually active girls in Wisconsin, 58% reported that their partner used a condom during their last sexual intercourse experience; the national average for females is 53% (US DHHS, 2013g; WI DPI, 2013c).

**Of the sexually active girls in Wisconsin, 58% reported that their partner used a condom during their last sexual experience (WI DPI, 2013c).**

When currently sexually active Wisconsin high school students were asked about contraceptive methods used to prevent pregnancy during their most recent sexual intercourse, 26% of girls reported using birth control pills (WI DPI, 2013c). Graph 62 shows data for multiple types of contraceptive use for high school girls in Wisconsin. Wisconsin rates were all higher than the national average (US DHHS, 2013g). It is important to note that the survey only allows students to select one method to prevent pregnancy, which likely limits results. Among sexually active Wisconsin girls, 10% reported not using any method to prevent pregnancy. This rate is lower than the national average (15%) for girls (WI DPI, 2013c).

Graph 62: Contraceptive Use During Last Sexual Intercourse for WI High School Girls, 2011-13



Source: WI DPI, 2011b, 2013c.

There was an overall increase in the use of condoms and contraceptives, both in Wisconsin and nationally, over the past several years. The percentage of high school students in Wisconsin who reported using a condom during their last sexual intercourse increased from 58% in 1993 to 63% in 2013 (WI DPI, 2013a). Nationally, the use of contraceptives during first sex by female teenagers (ages 15-19) increased from 48% in 1982 to 78% in 2006-10 (Guttmacher Institute, 2014).

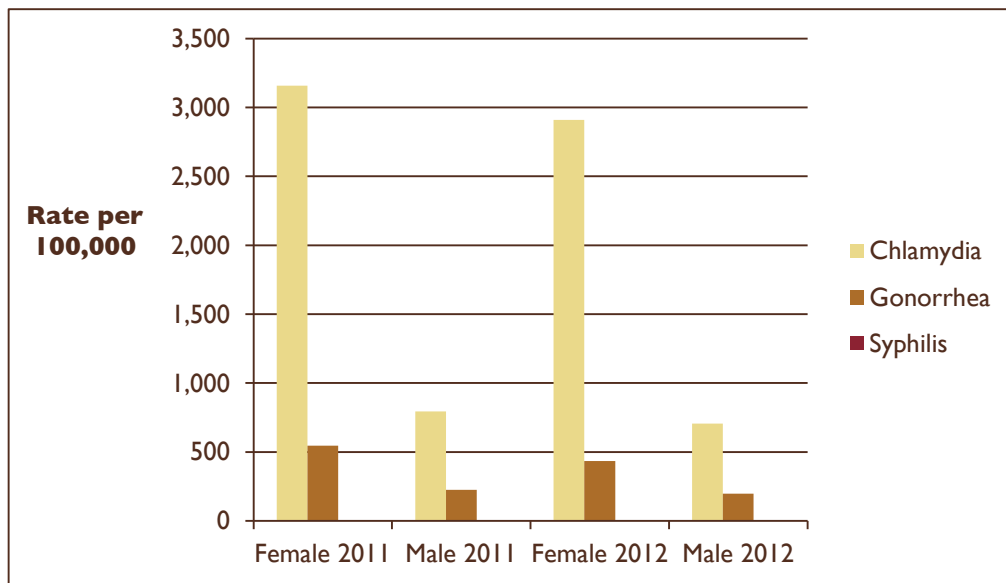
## Sexually Transmitted Infections

*\*Note: The terms “sexually transmitted infection” (STI) and “sexually transmitted disease” (STD) are often used interchangeably, depending on the source. Because “sexually transmitted infection” is a more encompassing term, it will be used throughout this section.*

More Wisconsin high school boys (2.6%) than girls (1.3%) reported ever having been told by a healthcare provider that they had a sexually transmitted infection (STI). For girls, the numbers by grade level are: 12th grade (2.5%), 11th grade (1.4%), 10th grade (0.6%), and 9th grade (0.6%) (DPI, 2013c). It is important to note that these numbers include cases diagnosed in 2012 only (Graph 63). Reporting rates may vary by disease, geographic region, and demographic groups, and reported STI cases represent only part of the total number of diagnosed cases (WI DHS, 2012a).



**Graph 63: Incidence Rates of STIs for WI High School Students, by Gender, 2011-12**



Source: WI DHS, 2011, 2012b.

Wisconsin females ages 15-19 were 3.5 times more likely than their male counterparts to have been diagnosed with an STI (i.e., syphilis, gonorrhea, or chlamydia) in 2012. Out of 8,474 newly reported cases of syphilis, gonorrhea, or chlamydia in 2012, girls represented 78% (6,593) of the cases, an incidence rate of 3,346 per 100,000 population. Wisconsin girls accounted for 80% cases of chlamydia (incidence rate of 2,909 per 100,000), 68% cases of gonorrhea (incidence rate of 434 per 100,000), and 29% cases of syphilis (incidence rate of 2 per 100,000) (WI DHS, 2012b). Of the 2,634 new cases of hepatitis C reported in Wisconsin in 2012, 3% of those were in individuals ages 10-19 (WI DHS, 2012b).

**Wisconsin females ages 15-19 were 3.5 more times likely than their male counterparts to have been diagnosed with an STI in 2012 (WI DHS, 2012b).**

National trends show that young people ages 15-24 account for half of new STIs. It is not uncommon for infections to go undetected because there are often no symptoms. Although the infection rate is about equal for male and female youth, undiagnosed and untreated STIs put females at increased risk for health issues such as chronic pelvic pain, life-threatening ectopic pregnancy, miscarriage, infertility, and certain cancers (US DHHS, 2013a). Furthermore, it is estimated that human papillomavirus (HPV) infections account for about half of STIs diagnosed among 15-24 year-olds every year (Guttmacher Institute, 2009). While most HPV infections are resolved and cause no harm to an individual, some can lead to later complications, including genital warts or cervical cancer (DHHS, 2013a). The Centers for Disease Control recommends HPV vaccinations for girls and boys starting at age 11. In 2011, 53% of girls ages 13-17 had received one of more doses of the HPV vaccine; 35% had completed the recommended three doses (Guttmacher Institute, 2009). Due to the potentially negative impact of undetected, undiagnosed, and untreated STIs, regular screenings for STIs are typically recommended for sexually active individuals (US DHHS, 2013a).

## HIV/AIDS

In 2010, youth ages 13-24 accounted for an estimated 26% of all new HIV infections around the country. Moreover, it is estimated that 70,800 individuals in this age bracket were living with HIV (diagnosed and undiagnosed) in 2010 (US DHHS, 2013c).

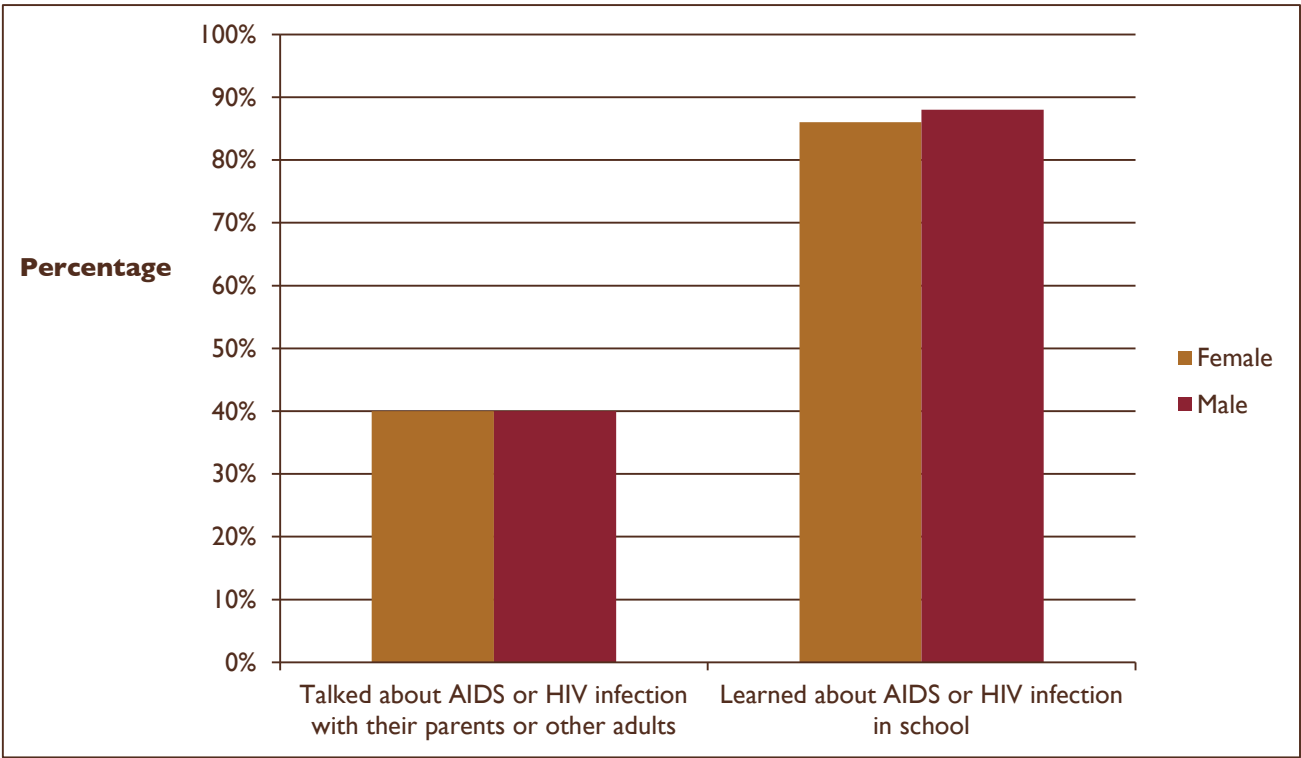
**Nationally, youth ages 13-24 account for one-quarter of all new HIV infections (DHHS, 2013c).**

In 2013, the HIV diagnosis rate per 100,000 for Wisconsin females ages 15-29 was 1.3. For males, the diagnosis rate per 100,000 was 14.5. Among Wisconsin females, 79% of diagnoses are attributable to high-risk heterosexual contact and 21% to injection drug use (WI DHS, 2014a). These data suggest that the focus should remain on awareness and prevention efforts related to sexual intercourse for females.

Nationally, it is estimated that 58% of those unaware of their HIV infection status are individuals ages 13-24 (US DHHS, 2013c). In Wisconsin, it is estimated that 365 individuals ages 13-24 are living with HIV but are unaware of their infection. This number is larger than those estimated for any other demographic age group (WI DHS, 2014a). Data on HIV/AIDS infection in Wisconsin reveal that males are much more likely than females to become infected with HIV. In fact, the number of cases reported among young males in 2012 was eight times higher than among young females (WI DHS, 2012c). From 1983-2013, there were 296 reported cases of HIV infection for individuals ages 15-19 in Wisconsin. In 2013, there were nine new cases (two female) diagnosed in that age group in Wisconsin (WI DHS, 2014a). It is important to note that HIV or AIDS can go undetected or undiagnosed for years after the date of infection. Therefore, some individuals may become infected as adolescents and not become aware of infection until adulthood.

Nationally, 15% of high school girls reported getting tested for HIV; this does not include routine tests administered when donating blood. This number is slightly higher than the 11% of high school boys who reported getting tested for HIV (US DHHS, 2013g). The vast majority of Wisconsin female students (86%) reported being taught about HIV/AIDS in school. However, less than half (40%) reported ever talking about AIDS or HIV infection with parents or other adults in the family (WI DPI, 2013c). As shown in Graph 64, similar trends were found for Wisconsin male students.

Graph 64: WI High School Students Talking about HIV/AIDS at School and at Home, by Gender, 2013



Source: WI DPI, 2013c.

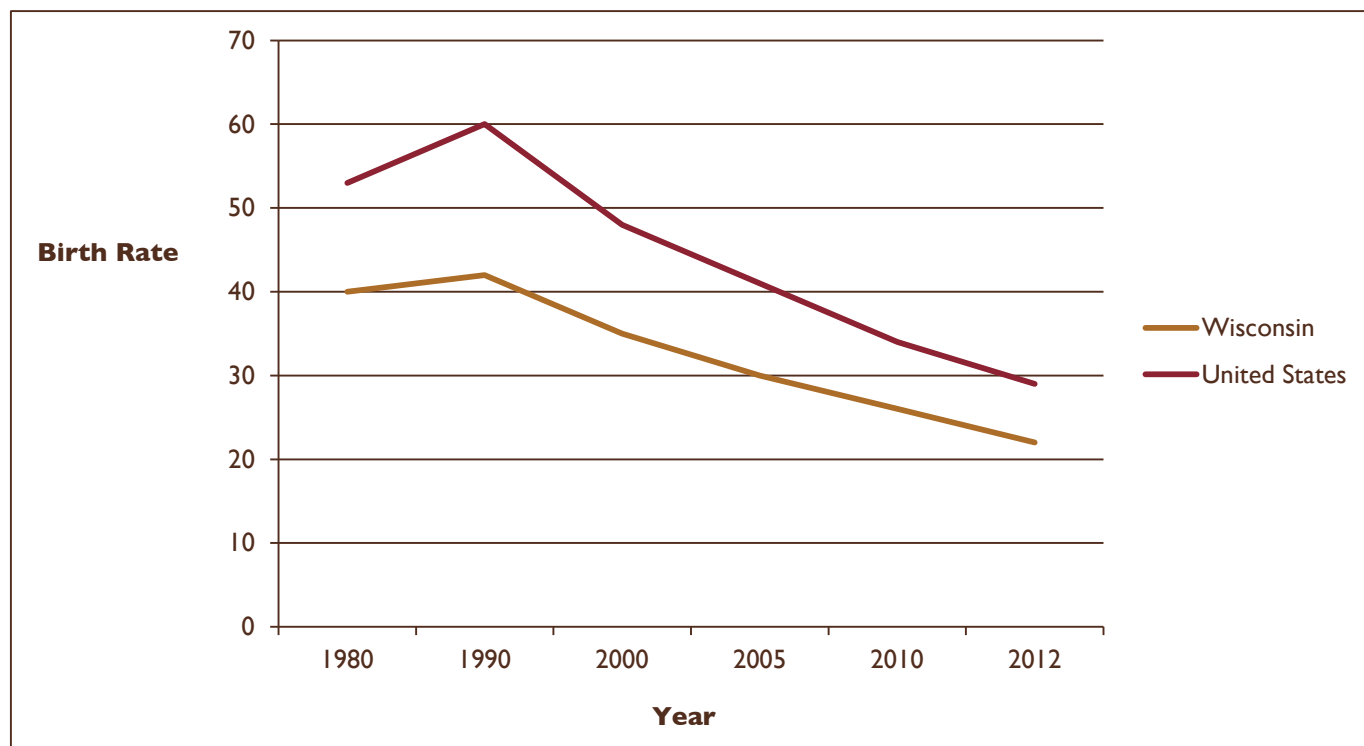
The Wisconsin HIV/AIDS Strategy (2012-15) report is a planning document that “addresses the dynamic and ever-changing nature of HIV-related services and activities in Wisconsin.” One of the major foci of this strategy is to prevent HIV infection in Wisconsin through interventions at individual, group, community, and structural levels. Although the number of new cases reported tends to be quite small for girls in Wisconsin, prevention efforts continue to be important both to sustain this lower infection rate as well as to increase awareness for the large number of adolescents who are estimated to be currently infected and undiagnosed (WI DHS, 2013b).

## Births to Teens

The teenage birth rate (births per 1,000 females) has declined steadily over the past 20 years (Graph 65). From 1991 to 2011, the birth rate declined by 47% in Wisconsin and 49% in the U.S. for females ages 15-19 (US DHHS, 2012c). From 2010-11 in Wisconsin, the teen birth rate dropped 11%. Nationally in 2012, there were 29.4 births per 1,000 females ages 15-19, a decrease of 6% from 2011. With 305,388 births to teens ages 15-19 in 2012, this marked the lowest number since 1945 in the U.S. (US DHHS, 2013d).

The teenage birth rate has declined steadily over the past 20 years; in 2012 this marked the lowest number in the U.S. since 1945 (US DHHS, 2013d).

**Graph 65: Birth Rates (per 1,000 Females), Ages 15-19, U.S. and WI, 1980-2012**



Sources: US DHHS, 2012, 2013d; WI DHS, 2012.

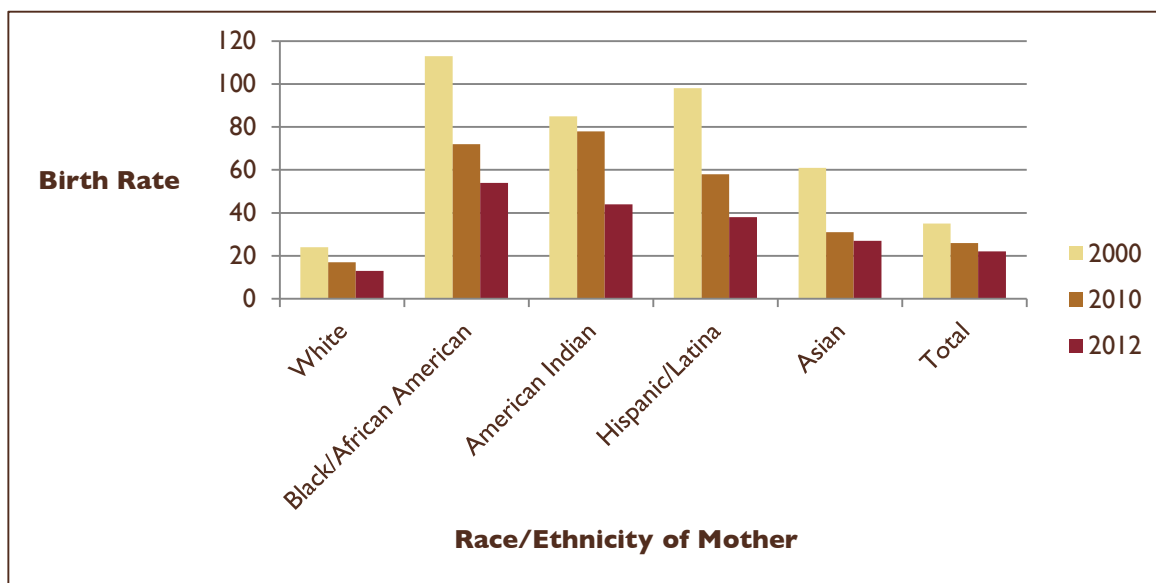
Wisconsin ranked 41 out of 51 (50 states and the District of Columbia) in 2011 teen birth rates among females ages 15-19 (1 is the highest teen pregnancy rate; 51 the lowest). Of note, 71% of babies born to teens in Wisconsin are fathered by males over 20 years old. In 20% of cases, the fathers were at least six years older than the girl (United Way of Greater Milwaukee, 2010).

In 2012, the birth rate (per 1,000 females) for those ages 15-19 in Wisconsin was 21.9, a 6% decrease from 2011. It is important to note that there is great variability in teen birth rates in Wisconsin based on city of residence: 81 in Racine, 47 in Milwaukee, 40 in Green Bay, 35 in Kenosha, 31 in Appleton, 20 in Waukesha, 17 in Oshkosh, 15 in Eau Claire, and 15 in Madison (WI DHS, 2014b).

The teen birth rate has been steadily declining for all racial/ethnic groups over the past decade (Graph 66). Current birth rates (births per 1,000 females) in Wisconsin for teenagers ages 15-19 is 54 for African Americans, 44 for American Indians, 38 for Hispanics, 27 for Asian/Pacific Islanders, and 13 for Whites. Although birth rates are declining across racial/ethnic lines, these data reveal that birth rates are considerably higher for African American, American Indian, Hispanic and Asian females than for White females (WI DHS, 2014b). Comparisons between Wisconsin and U.S. across racial/ethnic groups are shown in Graph 67.

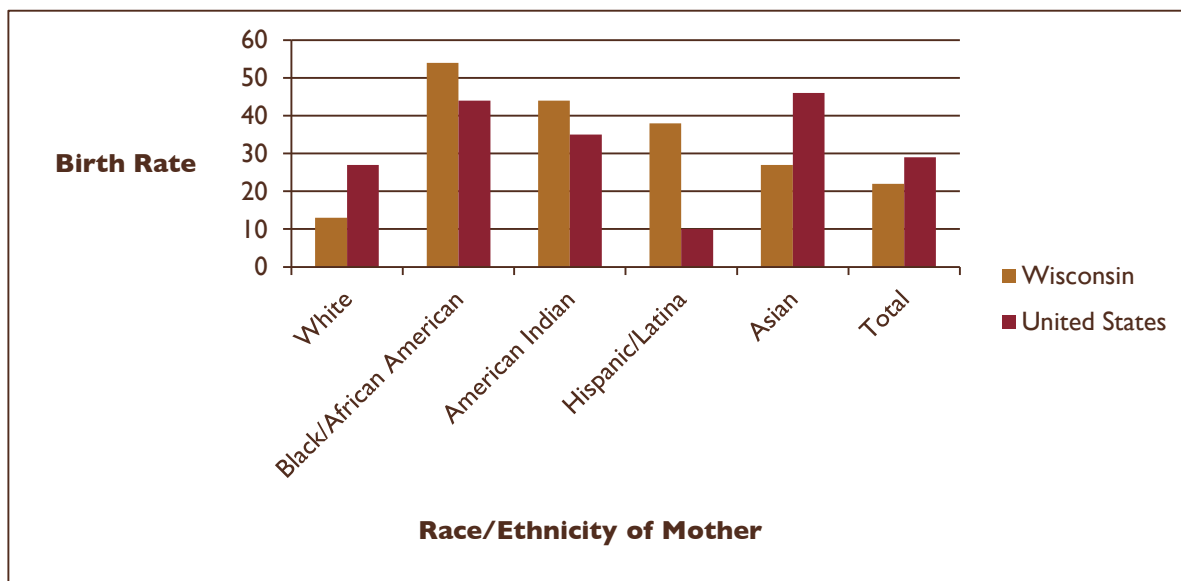
In Wisconsin, the teen birth rate is considerably higher for racial/ethnic minority females than for White females (WI DHS 2014b).

Graph 66: Birth Rates (per 1,000 Females) for WI Teens Ages 15-19, by Racial/Ethnic Group, 2000-12



Sources: US DHHS, 2012d, 2013d; WI DHS, 2014b.

Graph 67: Birth Rate (per 1,000 Females), by Racial/Ethnic Group, U.S. and WI, 2012



Sources: US DHHS, 2012d, 2013d; WI DHS, 2014b.

Teen pregnancy is a public concern because of the significant costs as well as elevated health risks for teenage mothers and their infants (US DHHS, 2012d). In 2010, teen pregnancy cost tax payers an estimated \$9.4 billion in the U.S. and \$144 million in Wisconsin (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010a, 2010b). Teenage mothers, and their children, are less likely to graduate from high school and more likely to live in poverty. Children of mothers age 17 and younger are more likely to endure social/emotional problems than children born to mothers over age 20 (Terry-Humen, Manlove, & Moore, 2005). Moreover, girls born to teenage mothers are 83% more likely to become teenage mothers themselves (United Way of Greater Milwaukee, n.d.).

Girls born to teenage mothers are 83% more likely to become teenage mothers themselves (United Way of Greater Milwaukee, n.d.)

## Infant Mortality, Low Birth Weight, and Prenatal Care

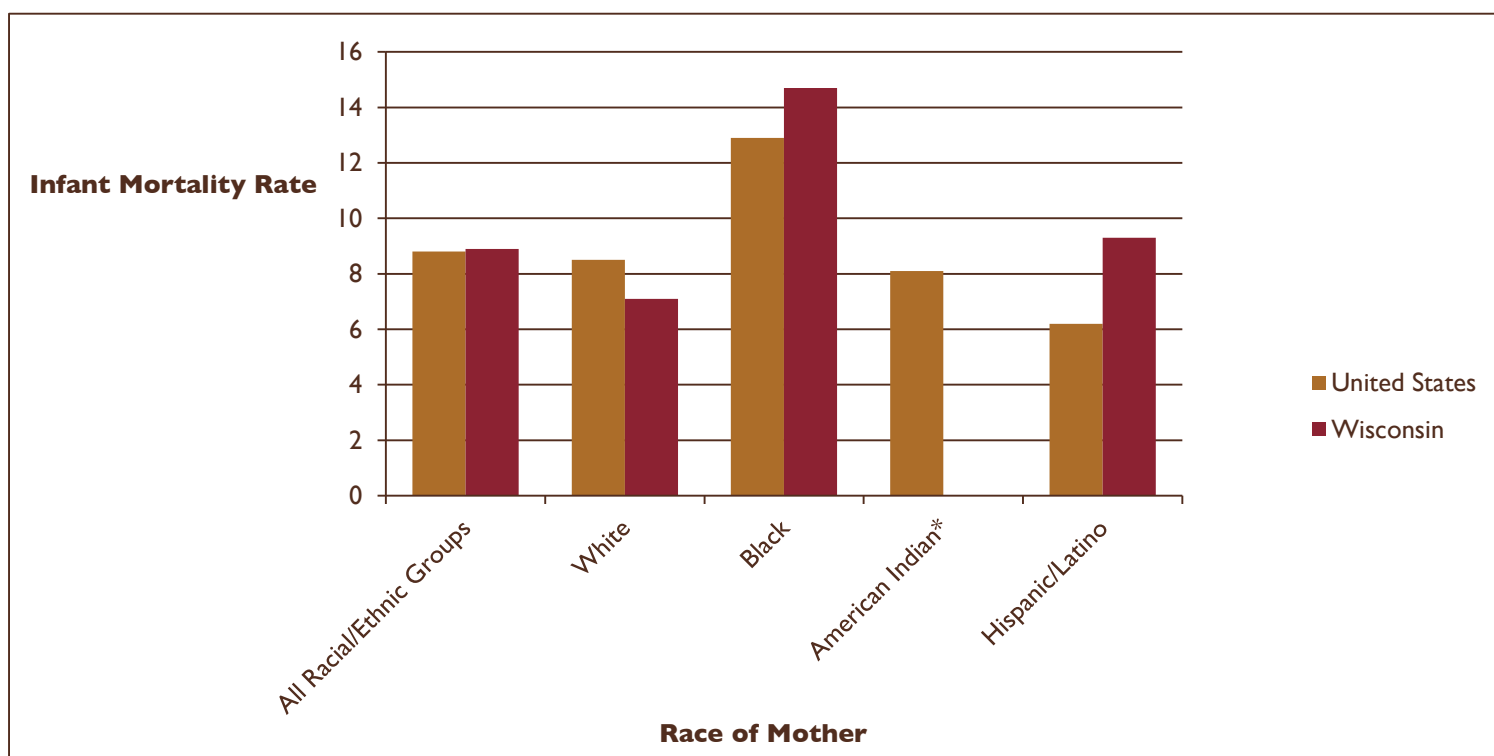
In general, babies born to teens are more likely to die in infancy. Infant mortality occurs when a child dies before the age of one. Leading causes of infant death include congenital abnormalities, pre-term/low birth weight, Sudden Infant Death Syndrome (SIDS), problems related to complications in pregnancy, and respiratory distress syndrome (CDC, n.d.[a]).

Nationally, the infant mortality rate (per 1,000 births) for 2010 was 8.8 for children born to mothers less than 20 years of age (US DHHS, 2013e). In Wisconsin in 2010, the infant mortality rate was 8.9 (per 1,000 births) to mothers less than 20 years of age, compared to 5.5 for mothers 20 and older (WI DHS, 2012e). In 2011, there were three infant deaths to mothers less than 15 years of age, 12 to mothers ages 15-17, and 29 to mothers 18-19 years of age. For neonatal (less than 28 days old) deaths, there were two to mothers less than 15 years of age, six to mothers ages 15-17, and 20 to mothers ages 18-19 (WI DHS, 2012d). While there was a decline of 10% in infant mortality nationwide from 2005-10, there were no significant changes in the infant mortality rate Wisconsin (US DHHS, 2013e).

**Babies born to teenagers are more likely to die in infancy (US DHHS, 2013e; WI DHS, 2012e).**

Data reveal racial/ethnic disparities (Graph 68) in infant mortality both in Wisconsin and in the U.S. Nationally, the infant mortality rate (number of infant deaths per 1,000 births) was 12.9 for African American infants, 8.5 for White, 8.1 for American Indian, 8.1 for Asian, and 6.2 for Hispanic infants (US DHSS, 2013e). In Wisconsin, the infant mortality rate was 14.7 for African American infants, 9.3 for Hispanic, and 7.1 for White infants in 2010 (WI DHS, WISH data query system). Data were not available for Native American or Asian Americans.

**Graph 68: Infant Mortality Rates (per 1,000 Births), by Race/Ethnic Group, U.S. and WI, 2010**

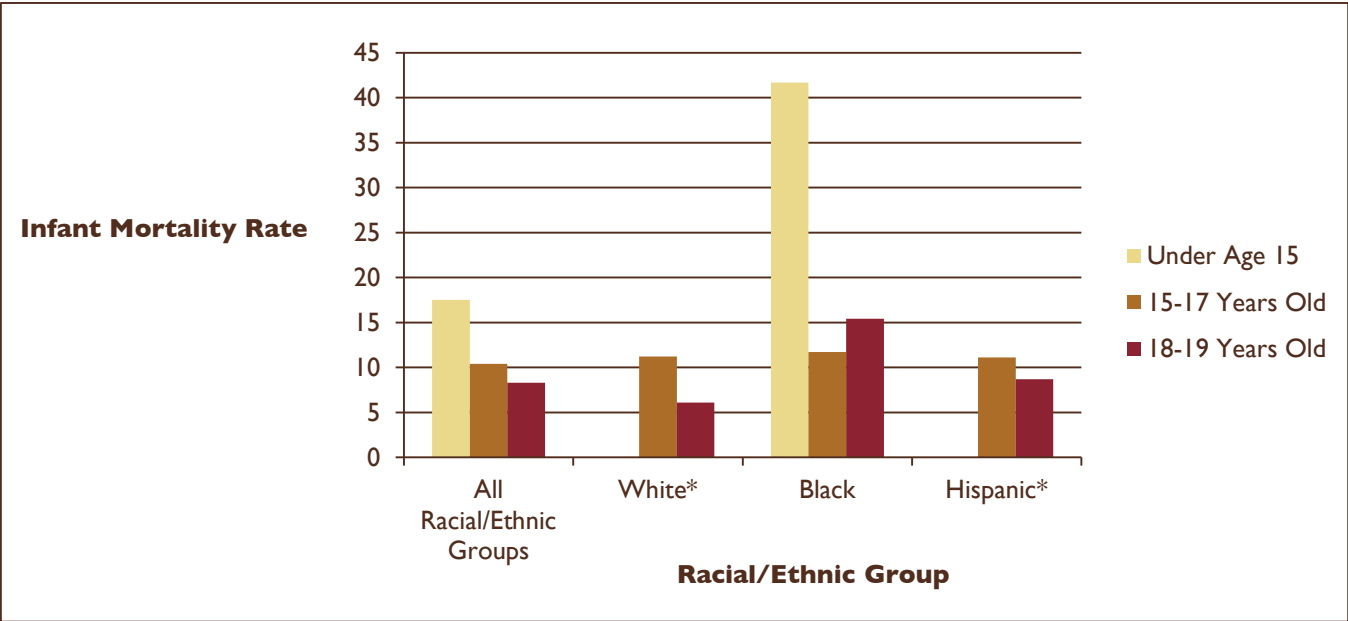


Sources: US DHHS, 2013e; WI DHS, Wisconsin Interactive Statistics.

In Wisconsin, infants born to African American mothers are two to four times as likely to die before their first birthday as infants born to White women (Graph 69). Although not as high as African American infant mortality rates, disparities also persist for American Indians, Laotians and Hmong, and Hispanics. The elimination of health disparities is a major focus of the Wisconsin State Health Plan, Healthiest Wisconsin 2020. Efforts are currently being put forth to address the alarming racial/ethnic disparity that exists in infant mortality rates in Wisconsin (WI DHS, 2012f).

In Wisconsin, African American infants are 2-4 times more likely to die before their first birthday than White infants (WI DHS, 2012f).

Graph 69: Infant Mortality Rate (per 1,000 Births), by Race and Age of Mother, WI, 2012



Source: WI DHS, Wisconsin Interactive Statistics on Health (WISH) data query system, (n.d.).

\*Note: Data not available from WISH Query System for under age 15 for these racial groups

Birth weight is the first weight of the newborn measured immediately following birth. A newborn is designated as “low birth weight” when weighing less than 5.5 pounds (2,500 grams). Low birth weight infants have more risk for short- and long-term health and developmental problems (CDC, n.d.[b]). In 2010, infant mortality rates were 24 times higher for low birth weight infants and 100 times higher for very low birth weight infants (less than 1,500 grams) than for those weighing more than 5.5 pounds (US DHHS, 2013e).

The 2012 rate of low birth weight in the U.S. for teens ages 15-19 was 9.3%. This is higher than the rate of low birth weight for babies born to all females nationally, which was 8.0% (US DHHS, 2013d).

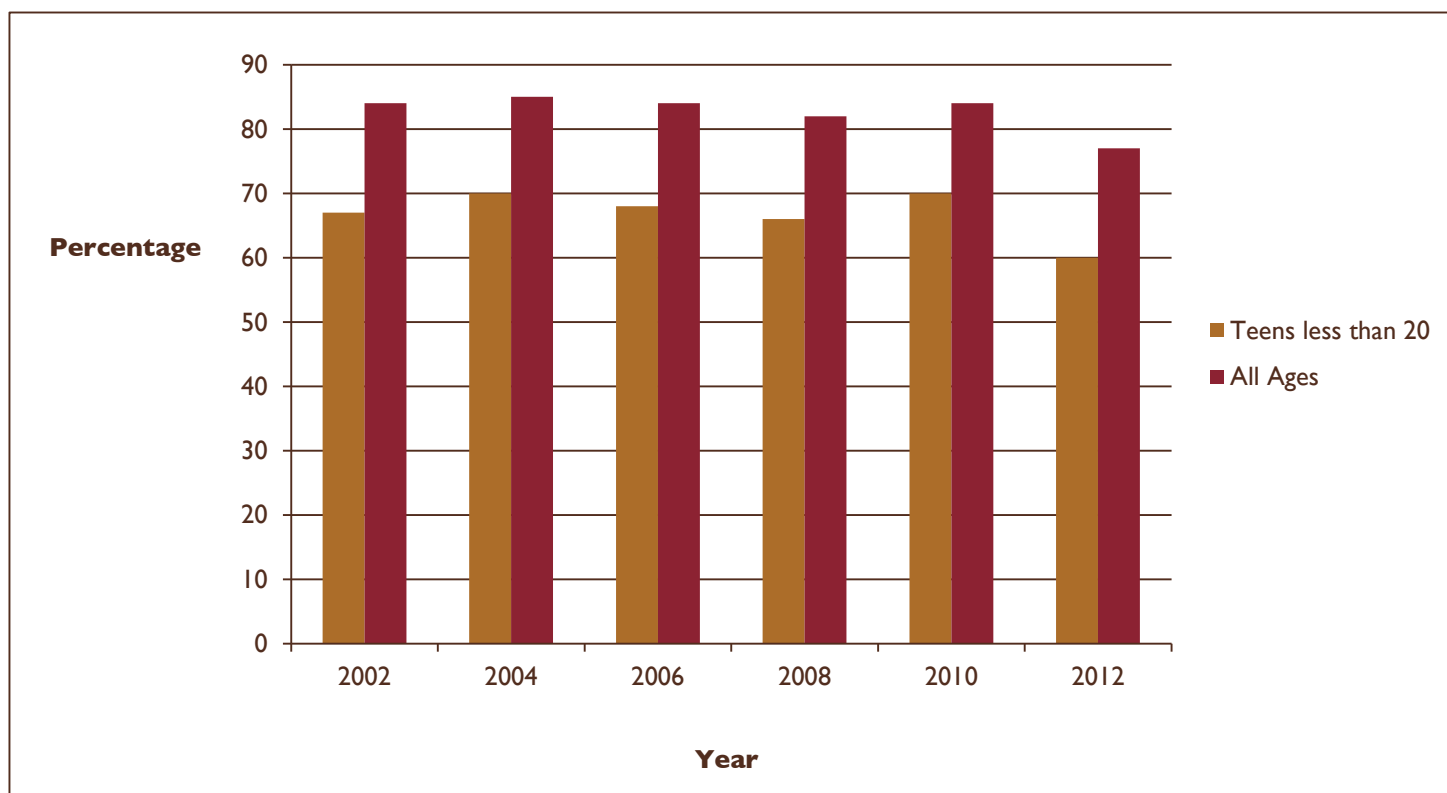
In Wisconsin, 9.3% of children born to mothers less than 20 years of age were low birth weight in 2011 and 8.9% in 2010 (WI DHS, 2012f). Of infants born to teenagers, 1.7% had a very low birth weight (less than 1,500 grams). Of 4,559 low birth weight infants, 426 were born to Wisconsin adolescents less than 20 years of age. Out of all age groups, the highest percentage of low birth weight infants was to mothers less than 15 years of age, with 17.5% of these infants having a low birth weight. Furthermore, 10.3% of babies born to girls ages 15-17 and 8.8% born to females 18-19 were low birth weight (WI DHS, 2012d).

National data reveal some variability in birth weight based on race/ethnic factors. While the percentage of low birth weight infants to teenagers ages 15-19 for all race/ethnic groups was 9.3%, the percentage for African Americans was 13.5%, for Whites 8.3%, and for Hispanics 7.7% (US DHHS, 2013d).

Prenatal care is an important component of a healthy pregnancy and a key factor in giving birth to a healthy child. Inadequate prenatal care puts mothers and infants at greater risk for negative outcomes including preterm delivery, low birth weight, and mortality (Taylor; Alexander; & Hepworth, 2005). In 2012, 60% of mothers less than 20 years of age received first trimester prenatal care. This number has noticeably declined from 2010 when 70% of teenage mothers received first trimester prenatal care (WI DHS, 2014b). This number is also lower than the 77% of mothers of all ages who received prenatal care in the first trimester in Wisconsin in 2012. Additional data are presented in Graph 70.

In 2012 in Wisconsin, 60% of mothers younger than 20 years of age received first trimester prenatal care, compared to 77% of mothers of all ages (WI DHS 2014b).

**Graph 70: WI Mothers Receiving First Trimester Prenatal Care, by Age, 2002-12**



Source: WI DHS, 2014b.

The infant mortality rate is considerably higher for women who sought prenatal care later in their pregnancy. For mothers in Wisconsin who received prenatal care beginning in the first trimester, the infant mortality rate was 5.5 (per 1,000 births). For those who received prenatal care beginning in the second trimester, it was 7.2. The infant mortality rate was 15.2 for those who received prenatal care beginning in the third trimester or who never received prenatal care (WI DHS, 2012e). Reasons that women do not seek prenatal care are diverse and complex. Some contributing factors include younger age of mother, low education, financial issues, substance use, and denial or concealed pregnancy (Friedman, Heneghan, & Rosenthal, 2009; Taylor et al., 2005).

## SECTION IX: VIOLENCE AND ABUSE

### Child Abuse and Neglect

The U.S. Federal Government defines child abuse and neglect as follows: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway [CWIG], 2013a). There are four main categories of child abuse: neglect, emotional abuse, physical abuse, and sexual abuse (CWIG, 2013a). The State of Wisconsin refers to parents and caregivers as the primary perpetrators of emotional abuse and neglect (Wisconsin Department of Children and Families [WI DCF], 2012). Wisconsin state laws do consider other adults and peers as potential perpetrators in the definition of physical and sexual abuse (WI DCF, 2012).

Child abuse and neglect has lifelong negative consequences for victims, impacting their emotional, physical, and psychological health. Children who survive maltreatment may suffer from impaired brain development, cognitive problems, and learning disabilities (CWIG, 2013b). They may also develop mental health problems including anxiety, impulsivity, low self-esteem, and depression (CWIG, 2013b). Children affected by abuse are more likely to commit crimes, abuse drugs and alcohol, and suffer from eating disorders, especially overeating (CWIG, 2013b). Furthermore, survivors of maltreatment may develop future health problems in adulthood such as heart disease, lung disease, liver disease, hypertension, diabetes, asthma, malnutrition, and obesity (CWIG, 2013b).

In 2011 in the U.S., 672,824 children were reported to be victims of child abuse and/or neglect, and in that same year, 4,700 cases were reported in Wisconsin (Kids Count, 2011). In Wisconsin in 2012, a total of 5,060 cases of child maltreatment were substantiated (2,773 neglect; 1,256 sexual abuse; 975 physical abuse; 56 emotional abuse) (WI DCF, 2012).

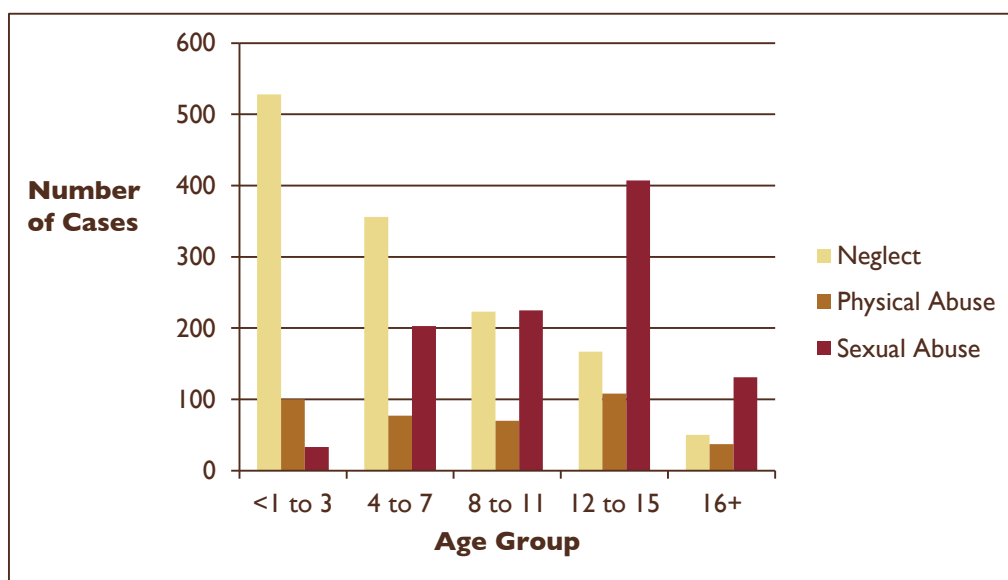
Child neglect represents the largest portion of all abuse cases reported both nationally (73%) and in Wisconsin (53%) (Kids Count, 2011). Specifically in Wisconsin, the percentage of neglect cases was followed by sexual abuse (29%), physical abuse (21%), and emotional abuse (9%) (Kids Count, 2011). When one focuses solely on girls who are victims of maltreatment in Wisconsin, there are noteworthy differences across age groups, particularly in terms of reported sexual abuse (Graph 71) (WI DCF, 2012).

### Key Findings

- In 2012, 46% of the rapes reported in Wisconsin had victims under the age of 18.
- In Wisconsin, 10% of girls who were dating reported they had been physically hurt by the person they were dating; 16% reported that they had been forced to do sexual things they did not want to do.
- Girls in Wisconsin report higher rates of being bullied than boys.

**Child abuse cases in Wisconsin occur in the form of neglect (53%), sexual abuse (29%), physical abuse (21%), and emotional abuse (9%) (Kids Count, 2011).**

**Graph 71: Number of WI Female Child Abuse Victims, by Abuse Type and Age, 2012**



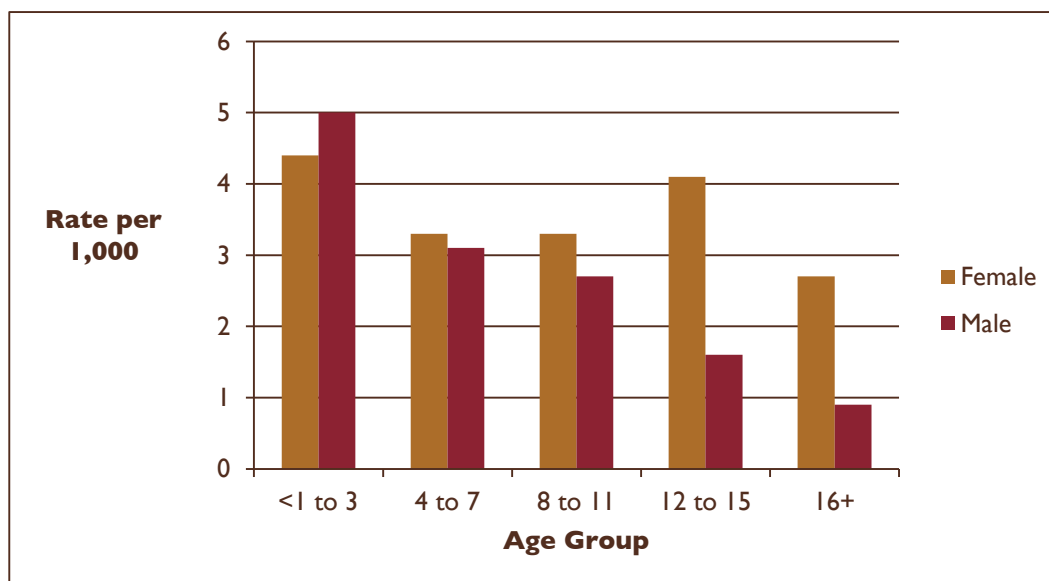
Source: WI DCF, 2012.



Nationally, girls (51%) experienced more abuse than boys (49%) (Kids Count, 2011), and this trend is similar in Wisconsin (Graph 72) (WI DCF, 2012). For boys, it appears that the rates of victimization in Wisconsin decrease as children age, while for girls, the rates of abuse increase for those 12-15 years of age (WI DCF, 2012). Furthermore, girls are reporting higher rates of sexual abuse across every age category compared to boys (WI DCF, 2012).

Girls experience more abuse nationally and in Wisconsin.

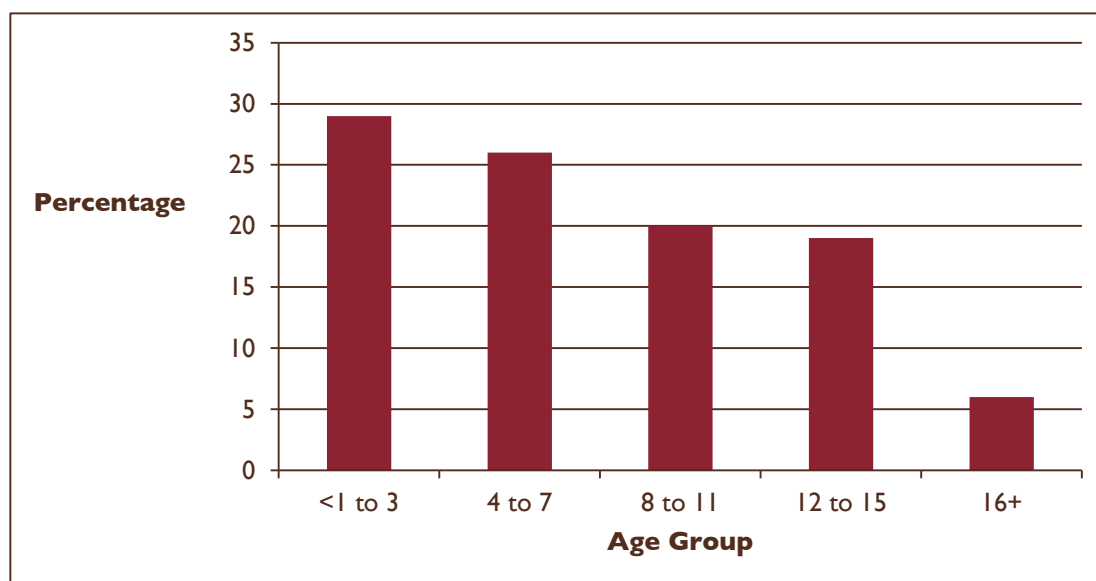
**Graph 72: WI Child Abuse (Rates per 1,000), by Age and Gender, 2012**



Source: WI DCF, 2012.

The youngest children seem to be the most vulnerable to maltreatment (Graph 73). In the U.S., 40% of reported cases of abuse occurred in children less than 4 years of age, while in Wisconsin, 36% of cases occurred in this age group (Kids Count, 2011). Children ages 5-10 years were the second largest group with reported cases of abuse, with 32% nationally and 34% in Wisconsin (Kids Count, 2011). Both nationwide and in Wisconsin, 13% of reported cases fell within the age group 11-13. And finally, the 14-17 year age group represented 15% of reported cases nationally and 16% in Wisconsin (Kids Count, 2011).

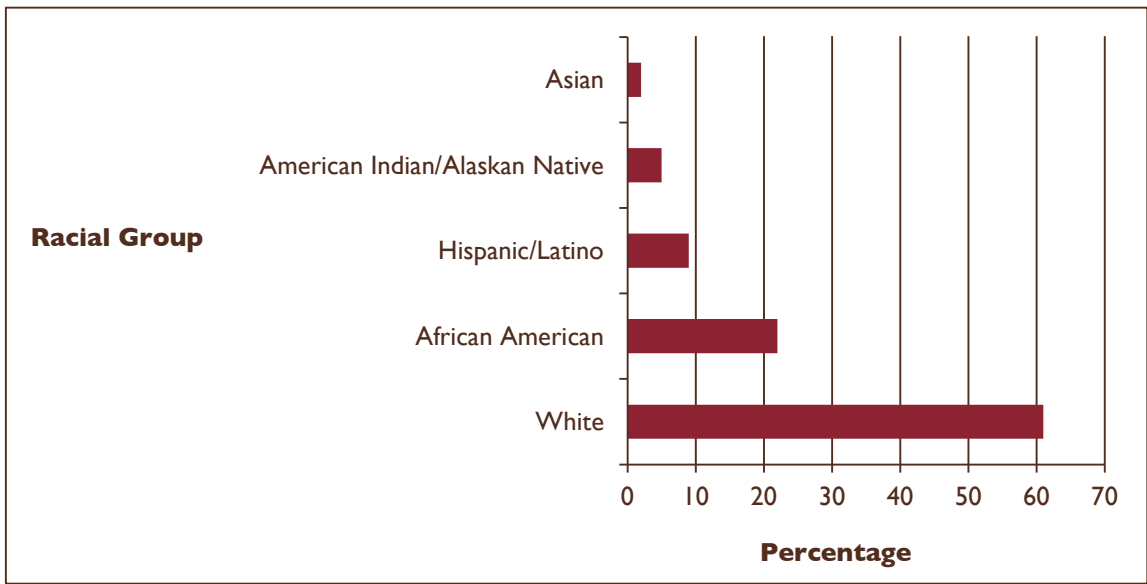
**Graph 73: Percentage of WI Child Abuse Victims by Age, 2012**



Source: WI DCF, 2012.

In addition to differences across age groups, the data also reveal differences across racial groups, as shown in Graph 74. Here, White children represented the largest victim category both nationally (36%) and in Wisconsin (40%) (Kids Count, 2011). This was followed by African American, Hispanic/Latino, Asian and Native Hawaiian, Native American, and multiracial (Kids Count, 2011).

Graph 74: Percentage of WI Child Abuse Victims, by Race, 2012



Source: WI DCF, 2012.

Sexual Assault

Sexual assault is a widespread problem that occurs every day in the U.S. (National Sexual Violence Resource Center, 2014). It occurs without personal consent when the victim is forced, manipulated, or coerced into unwanted sexual contact or sexual activity (CDC, 2012c; National Sexual Violence Resource Center, 2014).

Getting accurate and current statistics on sexual assault is difficult for two reasons. First, assaults tend to be underreported. According to the Rape Abuse and Incest National Network (RAINN, 2012), approximately 60% of sexual assaults go unreported each year. This is usually due to fear, embarrassment, and/or lack of resources (RAINN, 2012). The second challenge is lack of current data both at the national and state levels. The CDC (2011) presented a nationally representative survey where it was noted that 42% of females were raped before the age of 18 (Black et al., 2011), and 19% were raped while attending an undergraduate program at college (CDC, 2012c). Furthermore, 30% were first raped between the ages of 11 and 17 (Black et al., 2011). According to the CDC, 28% of boys and 12% girls were first raped before the age of 10 (CDC, 2012c).

About 60% of sexual assaults go unreported each year (RAINN, 2012).

In Wisconsin in 2012, 1,224 rapes were reported, and in 46% of these cases the victim was under the age of 18 (Bureau of Justice Assistance, 2013). Additionally, 58% of assailants were acquaintances of the juvenile victim, 19% were family members, and 10% were sexual partners; 13% were unknown or a stranger to the victim (Bureau of Justice Assistance, 2013). According to the Wisconsin Department of Justice [WI DOJ], children ages 11-15 are the group most frequently victimized, while 16-20 year-olds are the most common offender age group (Bureau of Justice Assistance, 2013). According to the Wisconsin Office of Justice Assistance (2011), 80% of all juvenile sexual assault victims identified as White, 16% as African American, 2% as American Indian, and 1% as Asian and Pacific Islander. Based on 2013 statistical data from the Milwaukee Police Department, there was a 3% increase in sexual assaults in Milwaukee from 2012-13, for a total of 239 cases in 2013.

## Teen Dating Violence

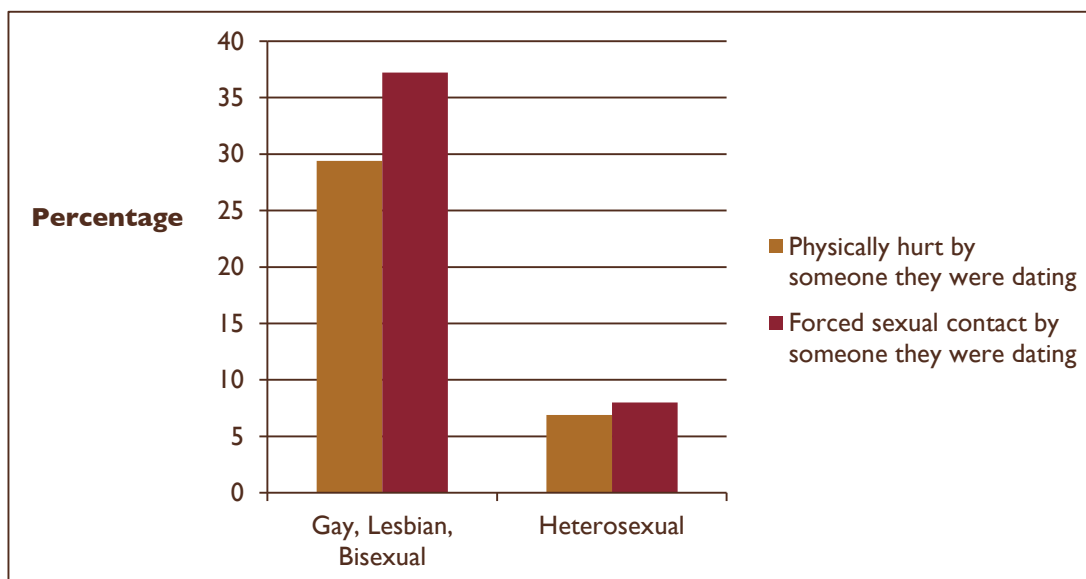
In a national survey conducted by the CDC (2012d), 9% of both high school girls and boys reported experiencing dating violence (CDC, 2012d). Dating violence among adolescents is a serious problem to the health and well-being of young people. Dating violence starts among youth as young as 11 years old, and can create unhealthy dating patterns for a person's lifespan (CDC, 2014b). Teen dating violence can be associated with unhealthy behaviors such as alcohol and drug use, eating disorders, depression, anxiety, and suicide attempts (CDC, 2014b). Characteristics of teen dating violence include isolation, stalking, using media and technology to monitor, physical abuse, emotional abuse, and sexual abuse (CDC, 2014b). Risk factors for perpetrating dating violence or being a victim include a history of interpersonal violence in the home, a peer group that practices or encourages dating violence, neighborhood violence, alcohol or drug abuse, anxiety or depression, and a history of aggressive acts toward others (CDC, 2014b).

Nationally, rates of dating violence are highest among African American boys (12%) and African American girls (12%) (CDC, 2012d). Hispanic/Latino adolescents report rates with boys at 12% and girls at 11% (CDC, 2012d). Statistics for Whites are 7% for boys and 8% for girls (CDC, 2012d). Junior and senior high school students have the highest rates of dating violence, followed by sophomores, and freshmen (CDC, 2012d).

In Wisconsin in 2013, 10% of girls who were dating reported they had been physically hurt by the person they were dating, and 16% reported that they had been forced to do sexual things they did not want to do (WI DPI 2013c).

Sexual minority youth report higher rates of dating violence than any other population, according to the National Coalition of Anti-Violence Programs (2011). Nationally, 49% of lesbian, gay, and bisexual (LGB) youth ages 12-29 reported experiencing dating violence (National Coalition of Anti-Violence Programs, 2011). A study by Dank et al. (2013) surveyed 3,745 7th to 12th graders, finding that 43% of the LGB participants reported being victims of dating violence. In Wisconsin in 2013, there were sharp differences in dating violence reported by LGB high school students compared to their heterosexual peers, as shown in Graph 75.

**Graph 75: WI Sexual Minority and Heterosexual Dating Violence Victims, 2013**



Source: WI DPI, 2013d.

## Sexual Harassment

Sexual harassment impacts girls on school campuses, at work, at home, and through social networking. This is a noteworthy problem that girls cannot escape from easily, and it can be exacerbated if the victim identifies as a sexual minority. With 56% of adolescent girls reporting sexual harassment on school campuses (Hill & Kearl, 2011), it is apparent that this is a significant problem. Sexual harassment can have detrimental consequences for teens, such as low self-esteem, depression, suicidal thoughts, and physical symptoms (Fogarty, 2011; Hill & Kearl, 2011). It can also affect class performance and school attendance, and as a result may be associated with declining grades (Fogarty, 2011; Hill & Kearl, 2011). Girls who experience sexual harassment may also begin having sexual relationships earlier than their peers (Fogarty, 2011).

At work, sexual harassment affects an estimated 52% of girls (Fogarty, 2011). More than half of the reported sexual harassment was perpetrated by coworkers and 19% by supervisors (Fogarty, 2011). Adolescent girls may feel eager to fit into the adult working world or want to appear obedient and responsible, and unfortunately perpetrators often target those who fit this profile (Graff, 2009). Girls may fear that sexual harassment may lead to a physical attack if they react to or report it (Graff, 2009). For girls in the workplace, sexual harassment results in similar problems or consequences as harassment in school, such as depression, low self-esteem, and difficulty trusting others (Fogarty, 2011; Houle et al., 2011).

**Teenagers are in more danger from sexual harassment at their part-time jobs than through the internet (Graff, 2009).**

The internet and other forms of technology are potential grounds for experiencing sexual harassment (Bullying Statistics, 2013). Cyber sexual harassment can be unique because perpetrators do not have to confront the victim face-to-face. About 10% of teens have had embarrassing or suggestive pictures taken of them on another adolescent's cell phone and then posted on social media (Bullying Statistics, 2013). Furthermore, one out of 5 teens admit to posting sexually suggestive or explicit pictures of themselves on the internet (Bullying Statistics, 2013). Unfortunately, adolescents experiencing cyber sexual harassment are more likely to suffer from depression, anxiety, and eating problems, and may attempt suicide (Teen Health, 2014).

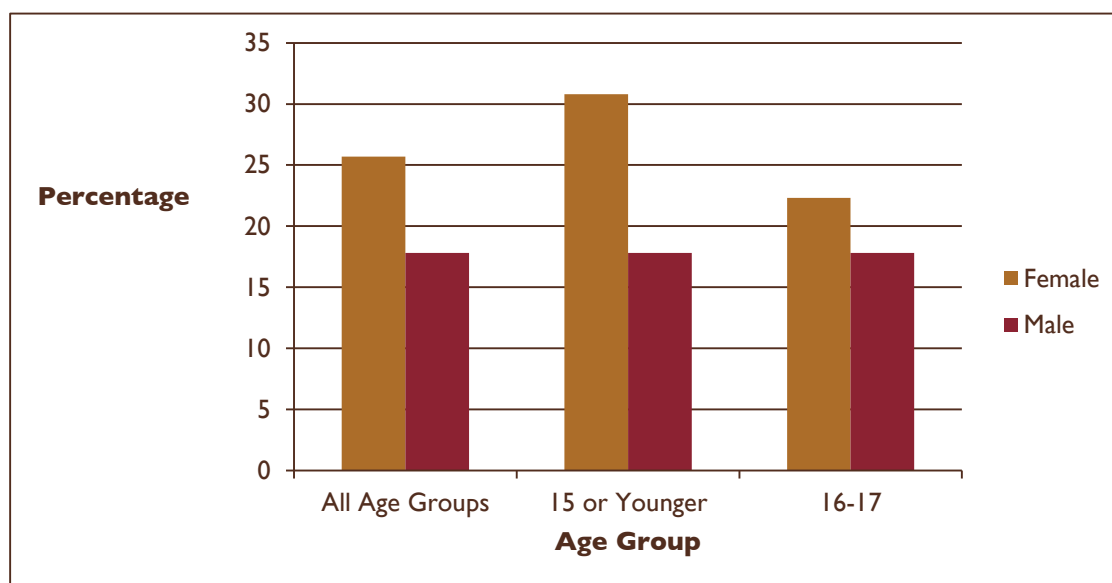
## Bullying and Cyberbullying

Bullying is defined as repeated direct violence and aggression perpetrated on an individual who is weaker or has less power than the perpetrator (Hamburger, Basile, & Vivolo, 2011; McCallion & Feder, 2013; Smith et al., 2013). Bullying includes physical fighting, name calling, and humiliation (Hamburger, Basile, & Vivolo, 2011; McCallion & Feder, 2013; Smith et al., 2013). Although the definition of bullying focuses on repeated episodes, it is important to understand that one act of aggression can be considered bullying because it establishes a link between the victim and abuser, with potential expectation of future violence (Smith et al., 2013).

**Every seven minutes a child is bullied at school in the U.S. (Texas Suicide Prevention, 2013).**

The 2012 National Center for Education Statistics states that about 31% of girls and 25% of boys ages 12-18 report being bullied, and of these, 8% of them report being bullied almost every day (Robers, Kemp, Truman, & Snyder, 2013). Boys report a slightly higher incidence of physical bullying than girls (Robers, Kemp, Truman, & Snyder, 2013). Ten percent of boys and 5% of girls reported being threatened or injured with a weapon on school property in 2011 (Robers, Kemp, Truman, & Snyder, 2013). Graph 76 shows gender differences in reports of bullying by Wisconsin students.

**Graph 76: WI Reported Victimization by Bullying, by Age and Gender, 2013**



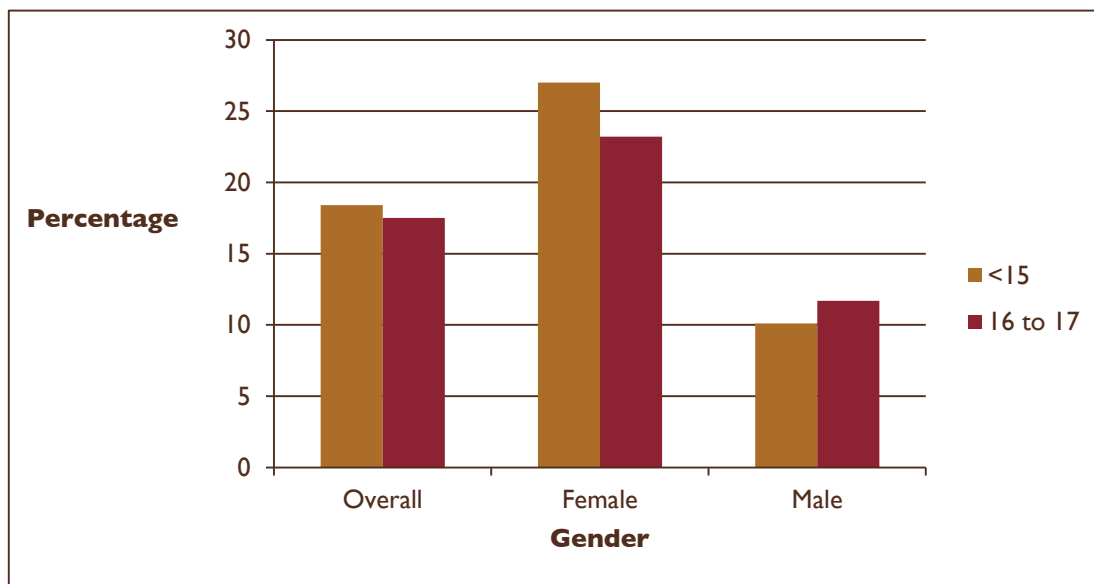
Source: WI DPI, 2013c.

Nationwide, 8.3 million children ages 12-18 are bullied each year, yet an average of only 26% report it (Texas Suicide Prevention, 2013). In Wisconsin, 26% of girls and 20% of boys reported being bullied in the last 12 months on school property (WI DPI, 2013c). Broken down by racial group, the percentages were as follows: White (24%), multiple races (23%), Hispanic/Latino (21%), Asian (16%), and African American (10%) (WI DPI, 2013c). Considering sexual orientation, 37% of LGB high school students in Wisconsin reported being bullied on school property, compared to 21% of their heterosexual peers (WI DPI, 2013d).

Cyberbullying is similar to bullying in that it involves repeated aggressive acts perpetrated against an individual through the use of social media, the internet, and cell phones (Smith et al., 2013). At times, bullying and cyberbullying may occur simultaneously (StopBullying.gov, 2013). Cyberbullying is associated with detrimental psychological consequences including depression, anxiety, eating disorders, substance abuse, and suicide (Hamburger, Basile, & Vivolo, 2011; StopBullying.gov, 2013).

The 2012 National Center for Education Statistics reports that approximately 11% of girls and 7% of boys ages 12-18 were cyberbullied in 2011, with 4% of boys and 2% of girls reporting they were cyberbullied on a daily basis (Robers, Kemp, Truman, & Snyder, 2013). In Wisconsin, children under age 15 report the highest incidences of cyberbullying (18%), with girls (27%) noting higher rates than boys (10%) (WI DPI, 2013c) (Graph 77). White adolescents reported higher victimization rates than Hispanic/Latino and African American teens (WI DPI, 2013c). With sexual orientation, 34% of LGB high school students in Wisconsin reported being the victim of cyberbullying, compared to 17% of their heterosexual counterparts (WI DPI, 2013d).

Graph 77: WI Reported Victimization by Cyberbullying, by Age Group and Gender, 2013



Source: WI DPI, 2013c.

## Relational Aggression and Fighting

Fighting has long been associated with boyhood aggression in the schoolyard; however, it has become apparent that girls engage in physical aggression as much if not more than boys (Hamburger, Basile, & Vivolo, 2011). Aggression by girls is often referred to as relational aggression, which is defined as using relationships to manipulate and control peers in order to cause harm to the victim (National Association of School Psychologists, 2005). It may include rumors, gossip, humiliation, and cyberbullying of the victim in order to socially isolate or exclude her (National Association of School Psychologists, 2005). Victims as well as perpetrators may suffer from depression, anxiety, and suicidal thoughts or suicide attempts, as well as poor school attendance, a sudden drop in grades, or poor academic achievement (National Association of School Psychologists, 2005).

In the 2012 National Center for Education Statistics survey, 19% of girls ages 12-18 reported relational aggression such as name calling, being insulted, or being ridiculed, compared to 16% of boys (Robers, Kemp, Truman, & Snyder, 2013). Twenty-four percent of girls reported being the target of rumors or gossip compared to 13% of boys (Robers, Kemp, Truman, & Snyder, 2013).

Physical fighting among girls, while not a new social issue, has recently played out on YouTube and on the internet. In fact, YouTube alone has more than 8 million such videos available for viewing (Brown & Tappan, 2008). Girls often fight for social status, in self-defense, or in response to anger that arises out of individual circumstances. In 2013, the U.S. Office of Juvenile Justice and Delinquency Prevention found that nearly 30% of girls ages 7-17 participated in a minor assault, and 16-19% participated in a serious assault (Huizinga, Miller, & Conduct Problems Prevention Research Group, 2013). According to the FBI, 36% of juvenile arrests in 2011 for simple assault (no weapons) involved girls ages 10-17; 39% of those assaults involved girls younger than 15 years (Puzzanchera, 2013). Girls accounted for 25% of juvenile arrests for aggravated assault (weapons used), and 9% of juvenile arrests for murder (Puzzanchera, 2013).

In Wisconsin in 2012, more boys were arrested for both simple (1,157 girls; 2,048 boys) and aggravated (167 girls; 577 boys) assault (Wisconsin Justice Data Portal, 2013). For those under age 15, 5% of girls and 12% of boys engaged in physical fighting (WI DPI, 2013c). For youth ages 16-17, 3% of girls and 9% of boys engaged in physical fighting (WI DPI, 2013c). African American teens had the highest incidences of physical fighting (16%), followed by Hispanic/Latino (8%), Asian (7%), and White (5%) (WI DPI, 2013c).

## Human Trafficking

Human trafficking is the “use of force, fraud, or coercion to obtain some type of labor or commercial sex act” and debt bondage (Strupp, 2011). Unlike human smuggling, human trafficking does not require victims to be transported across borders nationally or internationally to be a crime (WI DOJ, 2013). Many different legal and illegal entities employ victims of human trafficking, including the agricultural sector, domestic services, massage parlors, and prostitution (Wisconsin Office of Justice Assistance, 2012). Individuals at risk to become victims include homeless teens or runaways, adolescents in abusive homes, those addicted to substances or alcohol, and those living in poverty (Strupp, 2011). The average age when first sex trafficked is between 11 and 14 years old (Campbell, J.S., FBI, 2013; U.S. Department of Justice, 2011).

Globally, it is estimated that the number of victims trafficked is 2.45 million every year; 70% are female and 41% are children (U.S. Department of State, 2013; Wisconsin Office of Justice Assistance, 2012). Nationally, an estimated 18,000 victims are trafficked each year, with 40% of victims being children below the age of 18 (FBI, 2013). In Wisconsin, there were more than 200 cases of trafficking in 2008 and 231 in 2012 (National Human Trafficking Resource Center, 2013; Wisconsin Office of Justice Assistance, 2012); 15% of these were children and 85% were adults (60% female; 25% male) (Wisconsin Office of Justice Assistance, 2012). Between 2010 and 2012 in Milwaukee and the surrounding area, 77 youth between the ages of 12 and 17 were trafficked for sex; 92% were female (Milwaukee Homicide Review Commission, 2013).

It is important to note that although the overall statistics related to human trafficking are daunting, they may actually be low estimates because many victims do not report the crimes to authorities (National Center for Victims of Crime Resource Guide, 2013).

# SECTION X: CRIME AND INCARCERATION

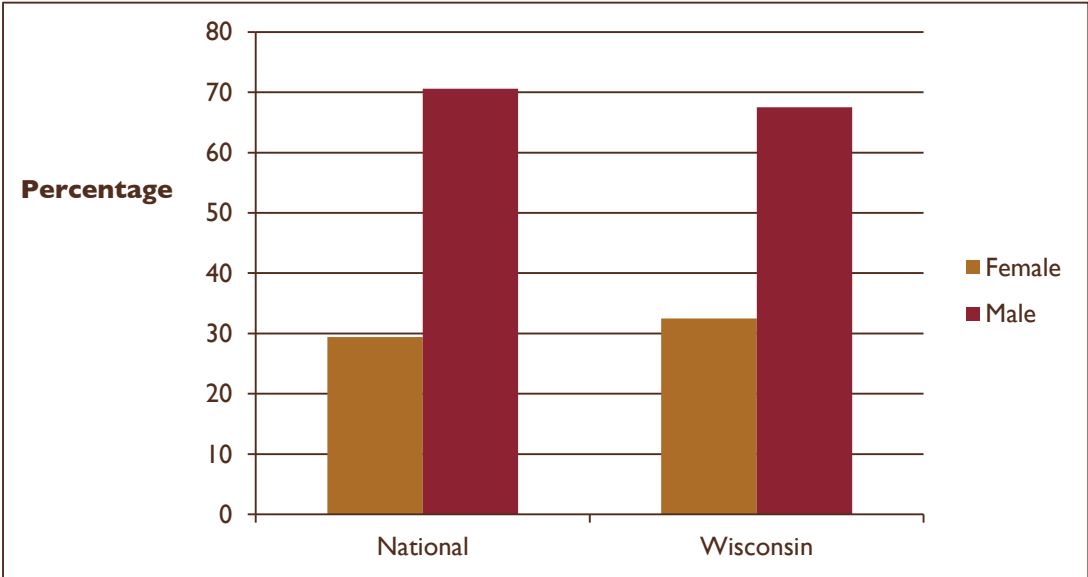
## Juvenile Crime

Juvenile crime is a serious social issue that negatively influences the lives of both victims and offenders. There are many indicators of risk for a juvenile becoming an offender, such as low socioeconomic status, presence of child abuse and neglect, witnessing violence, poor academic performance, separation of family (e.g., divorce), substance abuse, and parent or caretaker substance abuse or incarceration (Annie E. Casey Foundation, 2013). Overall, there are noteworthy differences between boys and girls in terms of arrests, as shown in Graph 78.

### Key Findings

- Changes in how national and state laws treat juveniles involved in crime have contributed to a decline in juvenile incarceration rates.
- In 2014, 44% of all institutionalized female juvenile offenders in Wisconsin were committed in Milwaukee County, the state's most populous county

Graph 78: Percentage of Juvenile Crime Arrests, by Gender, U.S. and WI, 2013



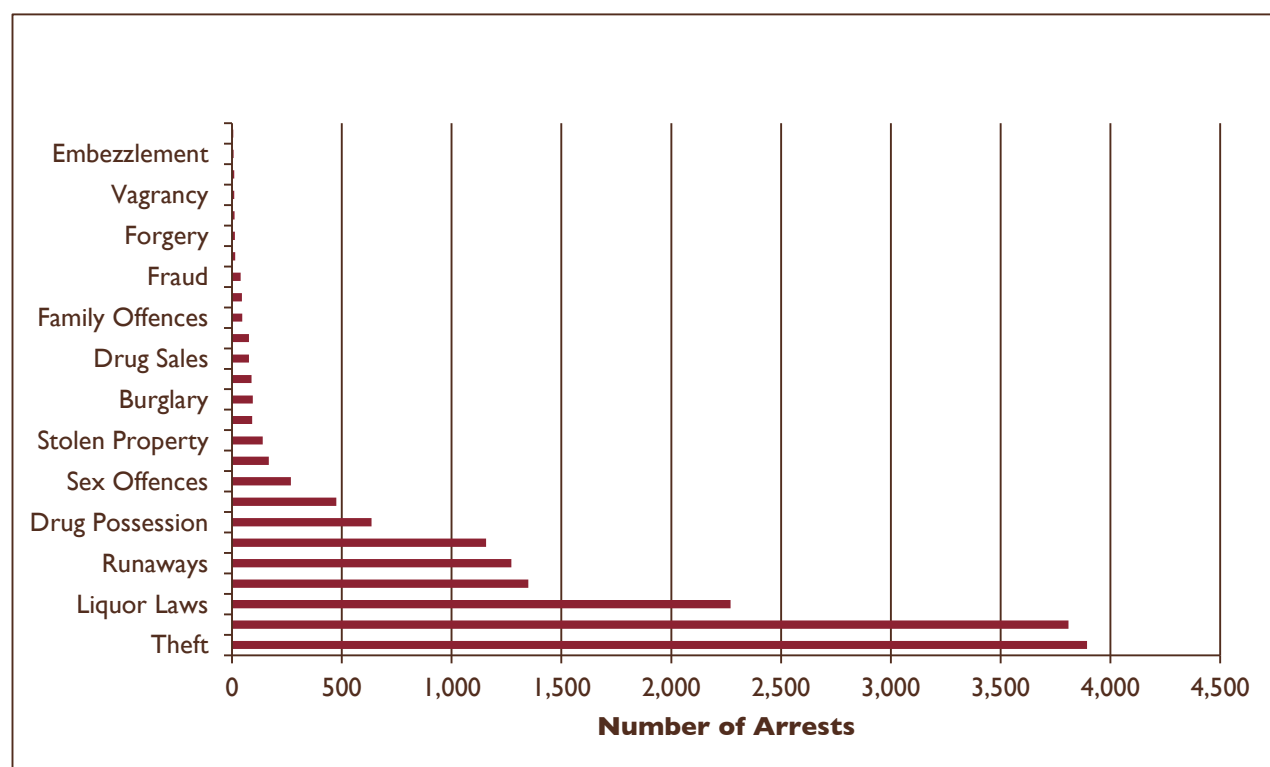
Source: FBI, 2013; Wisconsin Justice Portal, 2014 .

Wisconsin's overall crime rate is 27% lower than national rates, and juvenile crime has decreased by just under 8% between 2007 and 2012 (Wisconsin Department of Corrections [WI DOC], 2013; FBI, 2013). Arrest rates also saw a decline of 20% from 2007 to 2012, and arrests for violent crimes were down 8% in the same period (WI DOC, 2013). Similar to national trends, males disproportionately commit the majority of juvenile crimes in Wisconsin, including violent and drug offenses (FBI, 2013). Roughly 40% of juvenile female offenders committed technical crimes, such as property theft, disorderly conduct, and liquor law violations (Annie E. Casey Foundation, 2013; WI Justice Portal, 2014). For juvenile female offenders, other violations included loitering, running away, and simple assaults (Annie E. Casey Foundation, 2013; WI Justice Portal, 2014). As shown in Graph 79, the most common offenses by female juveniles are theft and curfew/loitering violations.

Although the overall juvenile crime rate has declined during the past decade, the female juvenile offender population is the largest growing segment in the juvenile justice system (Brown, 2012).



Graph 79: WI Female Juvenile Arrests, 2013



Source: WI Justice Portal, 2014 .

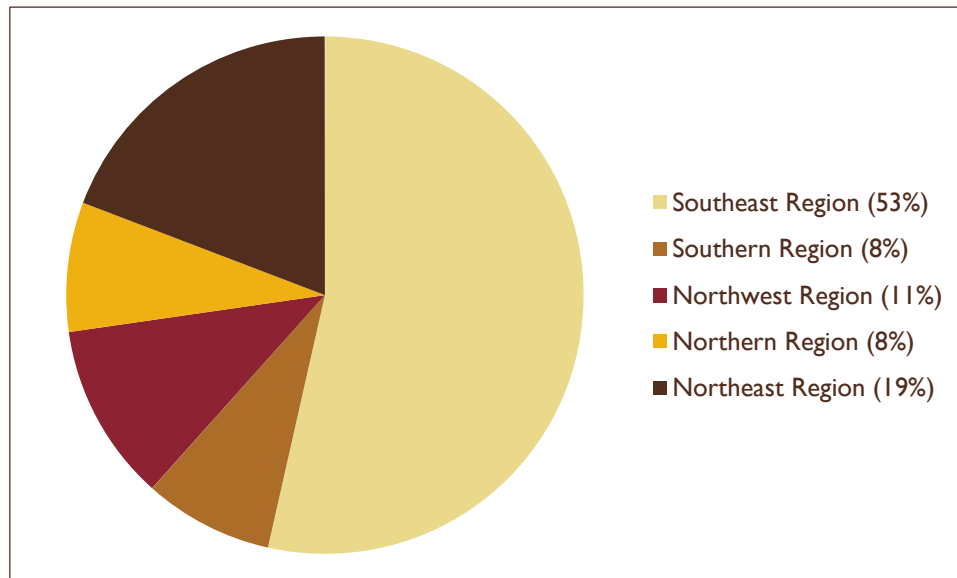
Much of the decline in juvenile incarceration is due to a change in how national and state laws treat juveniles involved in crime (Annie E. Casey Foundation, 2013). Many states, including Wisconsin, have opted to utilize community programs in conjunction with or in lieu of incarceration. For example, behavioral programs are designed to help juveniles build skills that ultimately help them make better choices (WI DOC, 2013). Other options in Wisconsin include substance abuse programs that not only treat addiction but also develop life skills to help youth make positive changes (WI DOC, 2013).

## Juvenile Crime in Southeastern Wisconsin

It is important to look at southeastern Wisconsin juvenile crime statistics in relation to the rest of the state due to the density of youth population in this area, as discussed in the Key Demographics section of this report. Wisconsin's Division of Juvenile Corrections defines the Southeastern region of Wisconsin by the following counties: Milwaukee, Racine, Kenosha, and Waukesha. As shown in Graph 80, southeastern Wisconsin has by far the highest percentage of juvenile offenders serving commitments within institutions.

As of 2014, 53% of all female juvenile offenders serving sentences in state facilities in Wisconsin were committed within the southeastern region of the state (WI DOC, 2014b).

**Graph 80: Percentage of WI Female Juvenile Offenders Serving Commitments within Institutions, by Region of the State, 2014**

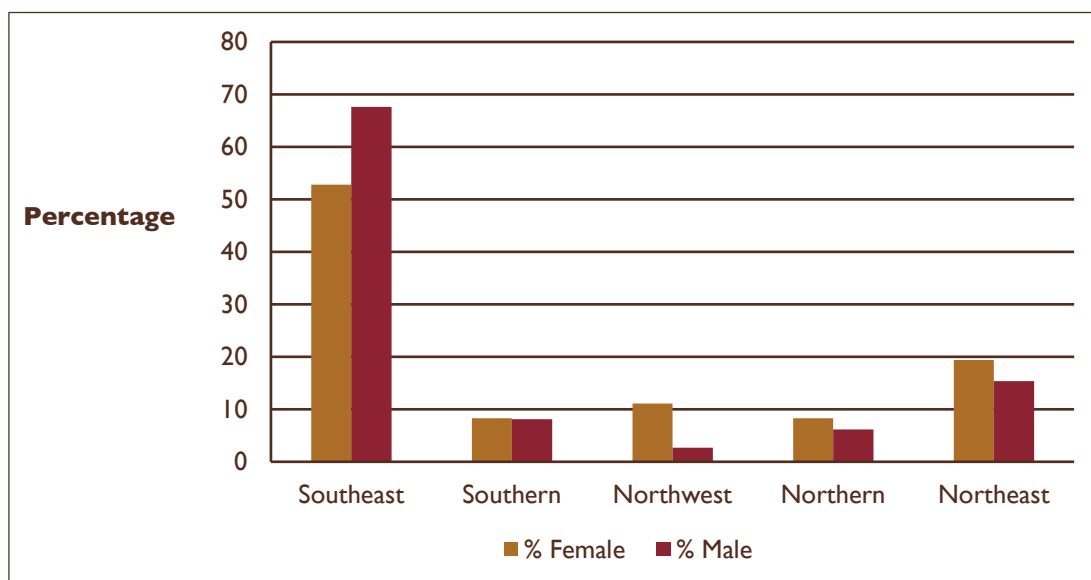


Source: WI DOC, 2014b.

Southeastern Wisconsin is also unique regarding the percentage of female versus male juveniles serving commitments within state institutions, and this is shown in Graph 81. Southeastern Wisconsin is the only region of the state where male juvenile offenders in institutions outnumber females (girls: 53%; boys: 68%) (WI DOC, 2014b). The remaining four regions' data contain higher percentages of female institutionalized juvenile populations compared to male (WI DOC, 2014b).

Southeastern Wisconsin is the only region of the state where male juvenile offenders outnumber female juvenile offenders in both institutional and community commitments (WI DOC, 2014b).

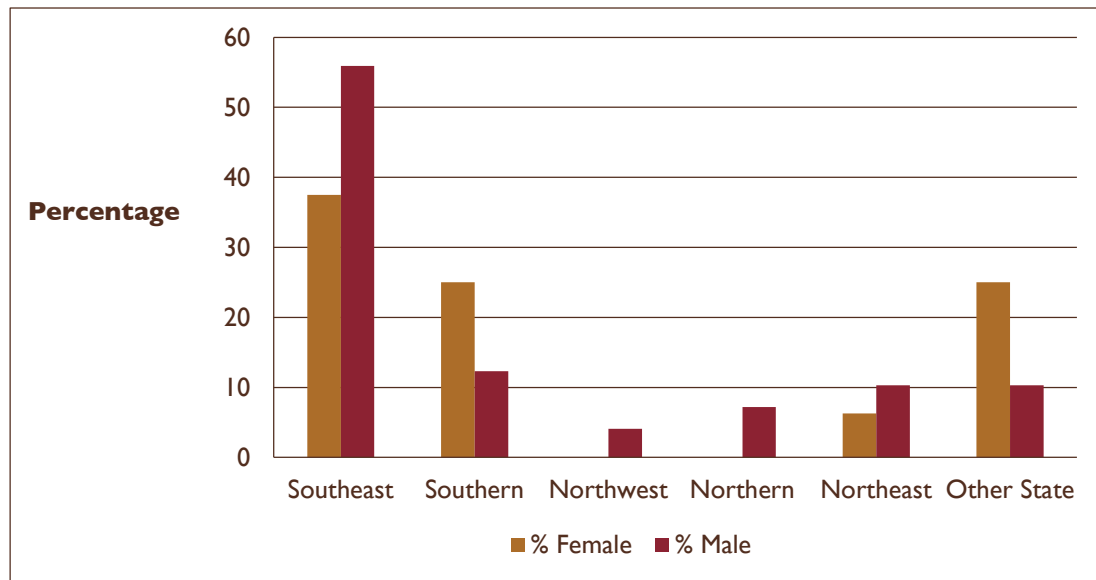
**Graph 81: Percentage of WI Juvenile Offenders Serving Commitments in Institutions, by Region of the State and Gender, 2014**



Source: WI DOC, 2014b.

Unique qualities of southeastern Wisconsin's juvenile crime status can also be observed through statistics on supervised commitments in community settings after being released from Department of Juvenile Corrections' institutions (WI DOC, 2014b). These commitments may include probation, parole, or extended supervision by an assigned agent (WI DOC, 2014c). The majority of both female and male juvenile offenders who are currently serving community-based terms in Wisconsin (girls: 38%; boys: 56%) were committed in the southeastern region (WI DOC, 2014b). In both the southern region of Wisconsin and collective juvenile populations in other states, female juvenile offenders notably outnumber males by at least 12% (WI DOC, 2014b). However, in the northwest and northern regions, the number of female offenders serving community commitments were not reported (Graph 82) (WI DOC, 2014b).

**Graph 82: Percentage of WI Juveniles Serving Community Commitments, by Region of the State and Gender, 2014**



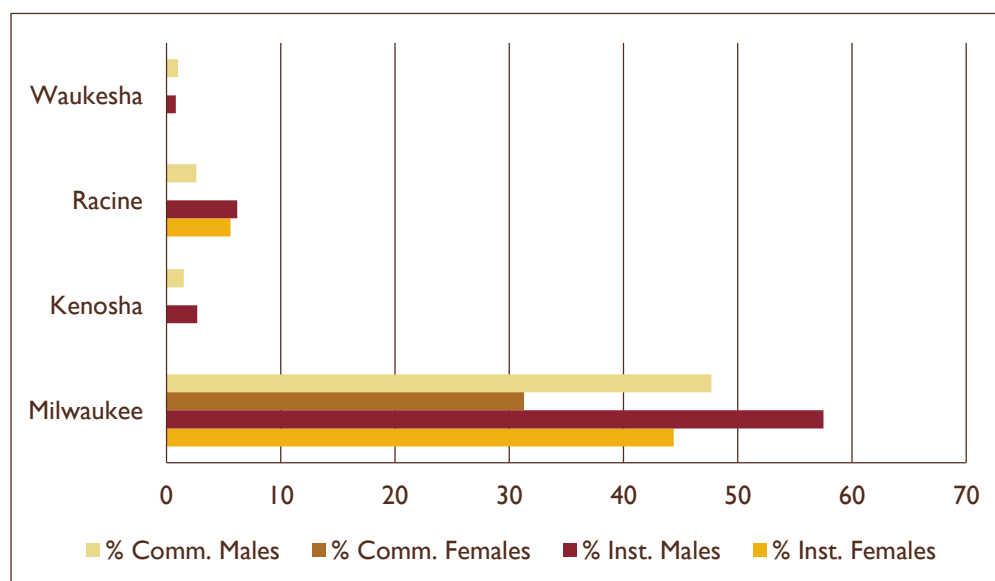
Source: WI DOC, 2014b.

The reason for these gender discrepancies across regions are unclear and difficult to predict, as each offender's criminal history is comprised of many factors that determine their supervision requirements, which may include jail time, behavioral treatment, or community service (WI DOC, 2014c). Significant differences in population per region also contribute to the complexity of these disparities and the analytical challenges they present.

The Wisconsin Department of Corrections divides juvenile offender gender data for the southeastern region into representative statistics for four counties: Milwaukee, Kenosha, Racine, and Waukesha. Milwaukee is Wisconsin's most populous county at an estimated 956,023 residents, followed by Waukesha, Racine, and Kenosha Counties (Census, 2013a). As shown in Graph 83, Milwaukee County accounts for the highest percentages of juvenile offenders serving institutional or community commitments.

**In 2014, 44% of all institutionalized female juvenile offenders in Wisconsin were committed in Milwaukee County (WI DOC, 2014b).**

**Graph 83: Percentage of WI Juvenile Offenders Serving Institutional or Community Commitments in Southeastern Region, by County, 2014**



Source: WI DOC, 2014b.

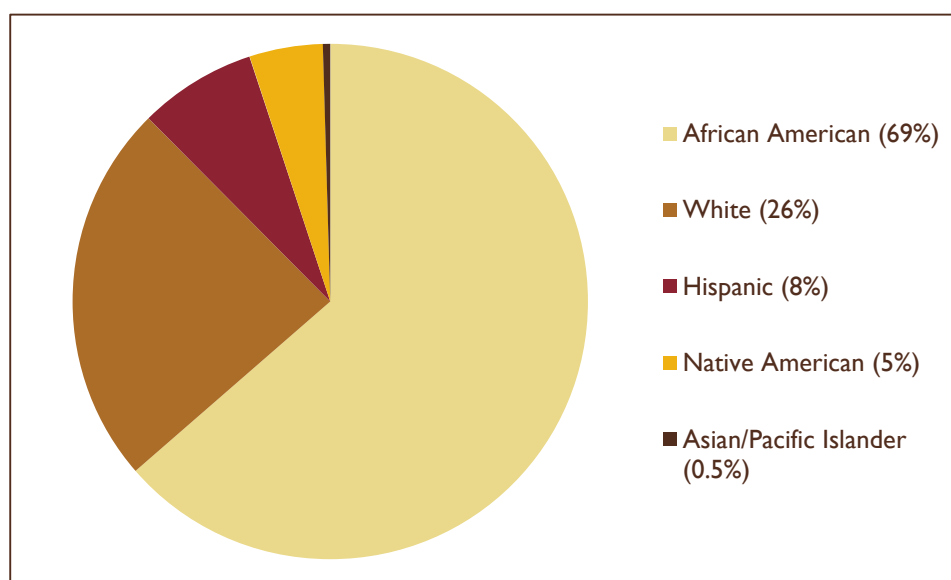
To address issues related to female and male juvenile crime in southeastern Wisconsin, researchers, legislative representatives, and community-based organizations are offering several approaches. Researchers at the University of Wisconsin-Madison identify a lack of evidence-based juvenile programs specifically for girls, and cite prior physical and sexual abuse and strained interpersonal relationships as predictors that are more likely to influence girls' delinquent behaviors than those of their male counterparts (Cooney, Small, & O'Connor, 2008).

Members of the Wisconsin Joint Legislative Council suggest that Wisconsin juvenile treatment strategies must increase accountability for varying neuro-developmental, moral capacity, and treatment needs of juvenile offenders (Boggs, Campbell, Martin, & Wolf, 2008). They recommend blended sentencing options to connect youth to rehabilitation services and protect them from entering the adult judicial system (Boggs et al., 2008). In addition, community-based initiatives like Running Rebels Targeted Monitoring program in Milwaukee County and trauma intervention training sponsored by the Waukesha County Department of Health and Human services have been awarded grants to address the needs of youth at risk for adjudication or recidivism within the juvenile system (WI DOJ Juvenile Justice Commission, 2013).

## Juvenile Incarceration

The average incarceration rate in Wisconsin for juveniles has decreased 54% since 2009 (WI DOC, 2014a). Likewise, the community supervision rate has decreased 73% between 2009 and 2013 (WI DOC, 2014a). In 2013 in Wisconsin, 227 male and 28 female offenders were incarcerated; 41% were under age 15 (WI DOC, 2014a). Males committed more serious offenses, including robbery, burglary, and sexual assault, while battery was the most common crime committed by females. As shown in Graph 84, African Americans made up a disproportionately large percentage of the youth incarcerated, followed by White, Hispanic, Native American, and Asian/Pacific Islander (WI DOC, 2014a).

Graph 84: Percentage of Incarcerated WI Youth, by Race, 2013



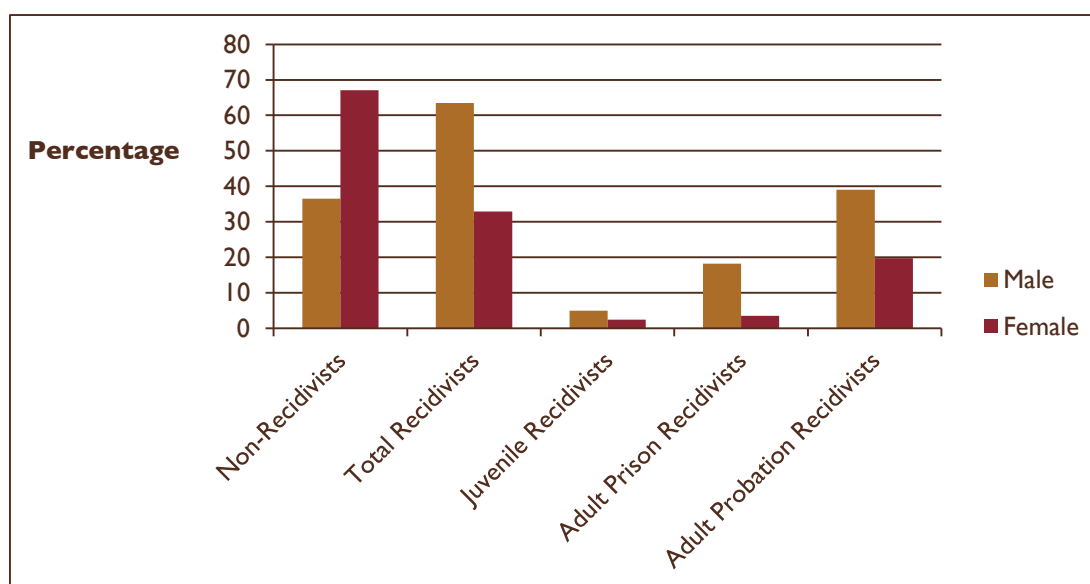
Source: WI DOC, 2014.

## Juvenile Recidivism

Recidivism is the recurrence of criminal behavior by an individual after intervention by the criminal justice system (WI DOC, 2014a). Wisconsin's Primary Institution Programs and Services, which includes the Cognitive Behavioral Program, Substance Abuse Program, Personal Social Skills Program, Sex Offender Program, and the PRIDE Program, have demonstrated a reduction in recidivism rates in Wisconsin (WI DOC, 2014a).

The following information is based on 617 Wisconsin juvenile offenders (532 male; 85 female) who were released in 2009 and tracked for recidivism over a three-year span; 366 (59.3%) reoffended (Graph 85) (WI DOC, 2014a). Of the 85 females, 67% did not reoffend; of the 532 males, 37% did not reoffend (WI DOC, 2014a).

Graph 85: Percentage of WI Three-Year Recidivism Rates, by Gender and Population Type, 2009



Source: WI DOC, 2014.

The lower rate of reoffending for juvenile females may be because of the nature of the crimes they tend to commit, such as theft, simple assault, and underage drinking, which are offenses that may respond to effective treatment programming (Annie E. Casey Foundation, 2013).

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