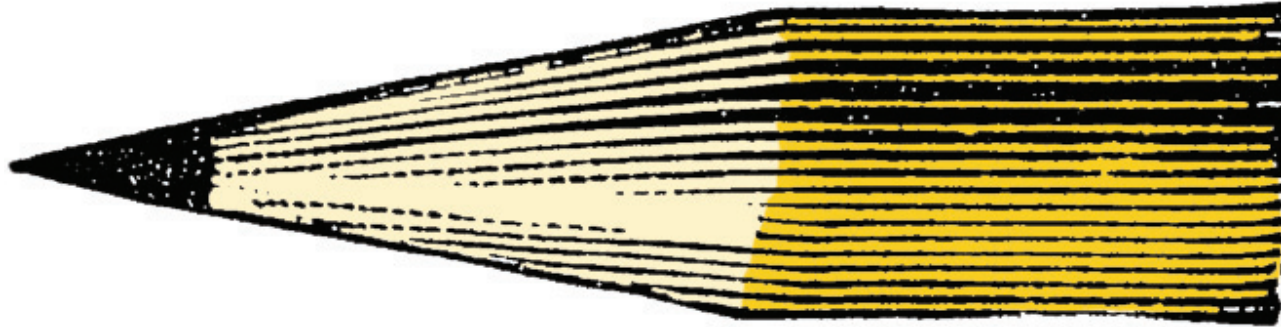


GUIDEBOOK TO THE

C A L I F O R N I A

healthy kids

S U R V E Y



PART II: SURVEY CONTENT — CORE MODULE

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WestEd 





The California Healthy Kids Survey—along with the California School Climate Survey and the California School Parent Survey—is part of the comprehensive Cal-SCHLS data system, developed for the California Department of Education.

Contents

| | |
|---|-----|
| CORE MODULE: ELEMENTARY | 1 |
| Preface | 2 |
| Acknowledgements..... | 5 |
| 1. Introduction | 6 |
| 2. Sample Characteristics | 14 |
| 3. Alcohol and Other Drug Use | 15 |
| 4. Tobacco Use..... | 18 |
| 5. Violence and Safety | 20 |
| 6. Physical Health | 24 |
| 7. Protective Factors (Overall)..... | 27 |
| 8. School Protective Factors | 29 |
| 9. Home Protective Factors..... | 33 |
| 10. Peer Protective Factors | 35 |
| 11. Personal Resilience Strengths..... | 36 |
| References | 38 |
| Appendix A. Abbreviations & Definitions..... | 40 |
| Appendix B. About the CHKS | 41 |
| Tables..... | 44 |
| CORE MODULE: SECONDARY SCHOOL | 47 |
| Preface..... | 48 |
| Acknowledgements..... | 50 |
| 1. Introduction | 51 |
| 2. Sample Characteristics | 55 |
| 3. Resilience and Youth Development..... | 60 |
| 4. Alcohol and Other Drug (AOD) Use | 73 |
| 5. Tobacco Use..... | 90 |
| 6. Violence and Safety | 94 |
| 7. Physical and Mental Health..... | 109 |
| References | 111 |
| Appendix A. Abbreviations & Definitions..... | 121 |
| Appendix B. About the CHKS..... | 122 |
| Appendix C. Supplementary Module Content..... | 126 |
| Tables..... | 129 |

Core Module: Elementary

This report details the findings of your Elementary School California Healthy Kids Survey (CHKS). It contains local data on both health-risk behaviors and resilience factors. The report is designed to be used as a comprehensive reference tool in conjunction with the summary of selected results provided in the CHKS Elementary Key Findings, intended more for immediate public dissemination. These results will help identify the health and prevention needs of local youth to help guide program decision making to meet those needs.

REPORT ORGANIZATION

The first part of the report discusses the purpose and significance of the survey and each question, particularly as they relate to the meaning and use of the data for program planning. The discussion is arranged by topics, as follows:

- » Section 1 provides an introductory summary of the survey's purpose, content, and administration procedures, including sampling plan and final sample size.
- » Section 2 presents the characteristics of the students who took the survey (the respondents).
- » Sections 3-6 present the results for risk behaviors and related factors (alcohol and other drug use, tobacco use, violence and safety, and physical health).
- » Sections 7-11 present the data on resilience factors (Protective Factors and Personal Resilience Strengths).

Report Appendix A provides definitions of terms used in this report. Because this elementary survey is new, very limited comparison data are available. When appropriate to illustrate discussion points, data are cited from the representative sample of 7th graders who participated in the most recent California Student Surveys.

Tables provide the current results for each question in the survey in percentages. In some cases, results are not provided for every response to a question in order to simplify data presentation and focus on the most meaningful and useful results. An Index cross references survey question and table numbers, and also shows the correspondence between items in the elementary and secondary versions of the CHKS.

AIDS TO UNDERSTANDING AND USING THE DATA

By necessity, this report discusses the survey questions in general terms. In practice, interpretation of the meaning of the specific findings—and what should be done in response to them—can only be effectively done by local schools and communities. Several resources are available to aid in this process.

- » The CHKS Guidebook, Part III: Data Use & Dissemination, describes a step-by-step process for reviewing, analyzing, and disseminating your results as part of a data-driven decision making process. School communities are encouraged to establish a Healthy Kids Planning Committee that will thoroughly examine the results, looking for major themes and youth needs to guide program decision-making and strategic action planning.
- » CHKS staff conduct free *data use workshops* every month through CHKS offices via teleconference. (A charge applies for staff to conduct an individual local workshop.)

Conducting Additional Analyses

In addition to this printed report, your complete dataset is available electronically from your CHKS Service Center for a fee of \$50. As discussed in the CHKS Guidebook, the receipt of this report should only be the first step in the assessment of student behavior. Additional analyses of the dataset should be performed to better understand patterns of behaviors, how they are interrelated, and the characteristics of the youth who reported them. This will help you design and target programs for those in most need.

If you need support in analyzing these data, consider contacting researchers at local health agencies and colleges. These data may be of great interest to them. Moreover, involving analysts outside the school can further promote better school-community collaboration in meeting youth needs. Data analysis assistance is also available from the CHKS staff as a custom service.

School-Level Reports

CDE supports the preparation of one set of district-level reports. If the schools in your district vary significantly in demographics, programs, or other characteristics, you should consider requesting individual reports for each school. Different schools may have different problems that require different programs and strategies. (For large districts that sample schools and students, the sample may not support school-level reports.) The preparation fee is \$50 per school; additional fees apply for site-level custom module reports.

NEXT STEPS: PROMOTING YOUTH DEVELOPMENT IN THE SCHOOLS

Once the “problem” picture is clear, the challenge for school communities is, “Now what? What research-based strategies can we implement to prevent or intervene with these risk behaviors?” Years of social science research have identified that one of the most effective prevention approaches is that of youth development, or the providing of young people with the supports, opportunities, and skills—often called protective factors—that mediate their involvement in health-risk behaviors and promote positive developmental outcomes such as school success. About half the content of the CHKS elementary survey assesses student developmental supports and opportunities, providing comparison data to the secondary survey Resilience and Youth Development Module (RYDM). These results will enable you to build critical school community awareness of, and support for, youth development approaches to risk-behavior reduction. By looking at local data that reflect both the risk and protective factors of students, a planning committee can also better decide how to allocate financial and human resources.

The CHKS team under the leadership of Bonnie Benard, a nationally-recognized youth development authority, offers the following resources, tools, workshops, and training opportunities that you can draw upon in making the transition from conducting the survey to implementing effective youth development strategies.

The RYDM Handbook: From Assessment to Practice

This Handbook, which can be downloaded from the CHKS website (www.chks.wested.org), provides a more detailed discussion of how to use your CHKS Resilience and Youth Development data. It summarizes the research supporting the importance of promoting the development of protective factors in the lives of youth and describes strategies and programs that you can implement. It includes the results of analyses of aggregated RYDM secondary student data from across the state examining the relationship between the level of selected health-risk behaviors and the level of perceived protective factors in each of the four key environments assessed by the survey. It shows that risk behaviors

are inversely related to the level of protective factors that students experience. In addition, The RYDM Handbook contains numerous action strategies that schools and communities can initiate to build positive relationships and partnerships with youth, to promote positive peer-to-peer connections, and to improve the quality of protective factors in general. The RYDM Handbook provides local prevention planners, school administrators, teachers, and School Improvement Teams with information critical to planning and implementing prevention and education interventions.

Resiliency: What We have Learned

Bonnie Benard (2004) synthesizes a decade and more of research on resilience and youth development in this new WestEd publication [www.wested.org/cs/we/view/rs/712]. She highlights the findings to support that resiliency most often prevails over risk—even in extreme situations, such as those caused by poverty, troubled families, or violent neighborhoods. Benard analyzes how best to support young people in schools, families, and communities. This is an easy-to-read discussion of what the research has found along with descriptions of what application of the research looks like in our most successful efforts to support young people.

Workshop and Training Opportunities

Several workshops have been developed to help you further understand and use your RYDM results. Most important is Listen to Your Students! Using RYDM Data for School Community Improvement. Workshop participants learn how to: (a) interpret and use their local RYDM data in school community planning and identify how issues should be addressed; (b) facilitate student focus groups as a process for increasing student involvement in school community improvement efforts; and (c) create a research-based action plan based on student and staff recommendations. The student focus-group process modeled in this workshop is a powerful youth development tool for transforming the school environment from risk to resilience. It can be not only informative but also a transformative youth development process. This workshop is offered for a fee each year and can be held locally for district and community members as a custom service.

WestEd's Center for Youth Development and Resilience offers three other workshop opportunities developed by Benard and Carol Burgoa:

- » From Risk to Resilience: Principles and Strategies of Youth Development provides an introduction to the theory and practice of youth development.
- » Using Youth Development for Comprehensive Safe Schools Planning helps participants create a safe and caring school community by using the principles of youth development.
- » “You Matter!” Promoting Resilience and Youth Development in Your After-School Program focuses on how to develop strengths-based approaches in after-school programs.

For information about these publications and workshops, as well as WestEd's Center for Youth Development and Resilience, contact Bonnie Benard at bbenard@wested.org. To find out about other training opportunities, please contact the Coordinated School Health & Safety Office at CDE at 916.319.0920 or your SHKPO regional consultant. School communities are also encouraged to consult the SHKPO's document, Getting Results Update, Positive Youth Development: Research, Commentary and Action.

Acknowledgements

The CHKS is funded by the California Department of Education (CDE) as a service to help schools collect and use local health-related student data. The survey was developed under contract by WestEd in collaboration with Duerr Evaluation Resources. Assisting were Dr. Rodney Skager, special consultant, and an Advisory Committee consisting of researchers; education practitioners from county offices of education, school districts, and schools across the state; and representatives from federal and state agencies involved in assessing youth health-related behaviors.

Special thanks are due to all the school staff, teachers, parents and students who participated in the survey for their commitment, time, and effort. At WestEd, Bonnie Benard and Nicole Busto helped in the design and preparation of this report. For more information about the survey, call the toll-free helpline at 888.841.7536, or visit our website at chks.wested.org.

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1. Introduction

This report provides by topic the detailed findings from the district's administration of the California Healthy Kids Survey (CHKS) to 5th-grade students. This introduction summarizes the survey's purpose, content, administration procedures, and sample size. Also included is a discussion of the relationship between the risk and resilience factors assessed by the survey.

SURVEY PURPOSE

The California Department of Education (CDE) funded the CHKS to assist schools in preventing youth health-risk behaviors and in promoting positive youth development, resilience, and well-being. The survey provides elementary schools with the developmentally appropriate data they need to guide the implementation of health, prevention, and youth development programs. The survey data will help guide the development of prevention programs targeting specific risk behaviors, as well as the fostering of youth development and resilience factors that protect against these behaviors.

The Elementary CHKS measures many of the same health-risk and resilience factors as the Secondary CHKS, but content and item wording vary for developmental appropriateness. The Index of Item and Table Numbers shows the correspondence between the elementary and middle school versions. The survey incorporates the following seven SDFSCA indicators that CDE has identified for grade 5¹:

- » lifetime use of cigarettes and marijuana;
- » school safety;
- » caring relationships, high expectations and opportunities for meaningful participation in the school environment; and
- » school connectedness.

It also collects data on the following other factors related to health risks, recommended by the CHKS Advisory Committee and consultants:

- » out-of-school safety,
- » adult supervision,
- » body image,
- » eating habits,
- » exercise, and
- » television watching.

1 All the Title IV performance indicators are identified in the Technical Report tables.

The item wording is age appropriate for fifth graders to ensure comprehension across varying levels of reading competencies. For unified school districts, the Elementary CHKS should be used in conjunction with the secondary school version of the survey to fully understand the developmental changes that occur in risk behaviors and resilience in order to develop comprehensive K-12 programs that meet student needs.

Preventing and Reducing Risk Behaviors

A thorough understanding of the scope and nature of youth behaviors and the influences on them is essential to guide decision making in developing effective prevention, health, and youth development programs. It is also essential for raising public awareness and fostering program support. The Elementary CHKS provides critically important baseline data for understanding underlying risk prior to the general age of onset of most health-risk behaviors. It helps you identify the proportion of youth who are very early initiators, and thus at high risk of later health- and academic-related problems, as discussed below.

Accountability

Increasingly schools are required to demonstrate that they are collecting and using data to assess student needs, as well as to develop and evaluate programs that address those needs. In particular, the CHKS is designed to help schools meet the requirements of the federal Safe and Drug-Free Schools and Community Act (SDFSCA) and the state Tobacco Use Prevention Education (TUPE) program. Districts should use their survey findings in conjunction with CDE's Getting Results guidebook for prevention program planning. The CHKS helps identify program needs; Getting Results provides helpful strategies to better address those needs.

Promoting Positive Development, Well-Being, and School Success

Above all else, the CHKS grew out of CDE's commitment to promoting academic achievement and the successful development of all of the state's youth. The Department views the survey as an integral part of efforts to reform schools and improve student performance. Research has consistently demonstrated that many of the health risks assessed by the CHKS are fundamental barriers to learning. The CHKS data on school protective factors further provide a measure of student connectedness to schools, which is a critical condition for school success. Two factsheets are available that summarize the links between health-related behaviors as measured by the CHKS and educational achievement.²

As its name reflects, the CHKS is intended to send a positive message to students, schools, families, and communities about the importance of healthy behaviors and environments that foster well-being. It is designed to promote understanding of not only the problems youth face that must be addressed, but also their positive traits; encouraging school communities to seek ways to help students in need become more competent and ensuring that all youth grow up in protective, supportive, and engaging environments that promote positive youth development and success.

RISK ASSESSMENT

Levels of substance use, violence and other problems are low at this grade level, but are still of great interest, especially for two reasons. First, the results provide a baseline from which to monitor and understand the onset of health-risk behaviors as youth age. This is important developmentally for implementing effective and appropriate

² Hanson & Austin (2002). WestEd. (2002).

programs. The major transition from elementary to middle school predicts increases in risk behavior because of the stresses that occur and the exposure of these very susceptible youth to older peer influences. School transitions are vulnerable times of risk, when a student's school schedule, social/peer worlds, and physical development are in constant flux. Being aware of students' attitudes and behaviors before this significant transition period is key to preventing future risky behaviors and to promoting supports and opportunities for academic success and overall healthy lifestyles.³ Generally, prevention programs are considered most effective when conducted just before such crucial transition periods.

Second, youth who are already engaging in risk behaviors at this age should be of special concern. As discussed later in this report, research demonstrates they are especially at risk of school failure and for escalating their behaviors into severely disabling lifestyles involving more serious drug use, violence, and health problems. CHKS data will aid in targeting group-specific needs, alerting the school community to newly emerging problem areas, and providing an indicator of program success.

RESILIENCE ASSESSMENT

While we strive to identify and address student problems, we must not lose sight of the positive behaviors and attitudes of youth. Too often, surveys of youth health and behavior only gather data on risky behaviors. This presents only a partial picture of youth as deviant individuals that need to be changed. About half of this survey is devoted to assessing youth development, protective factors, and supports that have been found to promote resilience and success, and to help prevent the onset of problem behaviors even in the presence of high-risk environments.

Using shorter versions of the scales developed for the Secondary CHKS Resilience and Youth Development Module B, the Elementary CHKS provides data on essential external (environmental) and internal (individual) factors that research has shown help students overcome adverse situations in light of difficult circumstances. This allows youth to be viewed as rich resources. Understanding the supports that enable healthy development in the face of adversity will help school communities develop strategies to ensure that all youth are provided supports for success. This is especially important at this formative age for unlocking academic potential and fostering well-being.

Theoretical Framework: How Does Youth Development Promote School Success and Other Positive Outcomes?

As Figure 1.1 illustrates, the Elementary CHKS assesses seven Protective Factors and three Personal Resilience Strengths:

- » The Protective Factors, also known as developmental supports or protective factors, are grouped into the three principles that research has shown to be essential for promoting resilience and youth development—[Caring Relationships](#), [High Expectations](#), and [Opportunities for Meaningful Participation](#). Each of these three factors—The Resilience Triad—are assessed as they exist in three environments: [School](#), [Home](#), and [Peers](#). (The Secondary CHKS also assesses these Protective Factors in the [Community Environment](#).)

³ The CHKS was originally developed for assessing only middle and high school students (grades 7, 9, and 11). The survey questions were derived primarily from the Biennial California Student Survey and the Youth Risk Behavior Survey. However, in response to growing interest for a survey at the elementary level and the need for data in order for elementary districts to monitor progress in meeting Title IV performance indicators, CDE funded the development of this survey for fifth graders.

- » The Personal Resilience Strengths, also known as developmental outcomes or resilience traits, that the Elementary CHKS assesses are: [Empathy](#), [Problem Solving](#), and [Goals and Aspirations](#).

This report provides results indicating whether students are *High*, *Moderate*, or *Low* in each of these areas, as well as a total Protective Factor Score. (See Section 7 for a description of how these scores are calculated.)

Youth development is defined as the process of promoting the growth of the whole child—cognitive, social, emotional, physical, moral, and spiritual—through meeting their fundamental needs for safety, love, belonging, respect, identity, power, challenge, mastery, and meaning. Resilience refers to the ability of youth to develop successfully and avoid negative health behaviors, even when exposed to environmental threats, stresses, and risks.

A major tenet of the youth development approach is that when young people experience school, community, home, and peer environments rich in the developmental supports and opportunities of caring relationships, high expectations, and opportunities for meaningful participation, their basic needs are met. In turn, youth with these Protective Factors naturally develop the Personal Resilience Strengths (individual characteristics) that define healthy development and successful learning—and protect against involvement in health-risk behaviors such as alcohol, tobacco, and other drug abuse and violence.

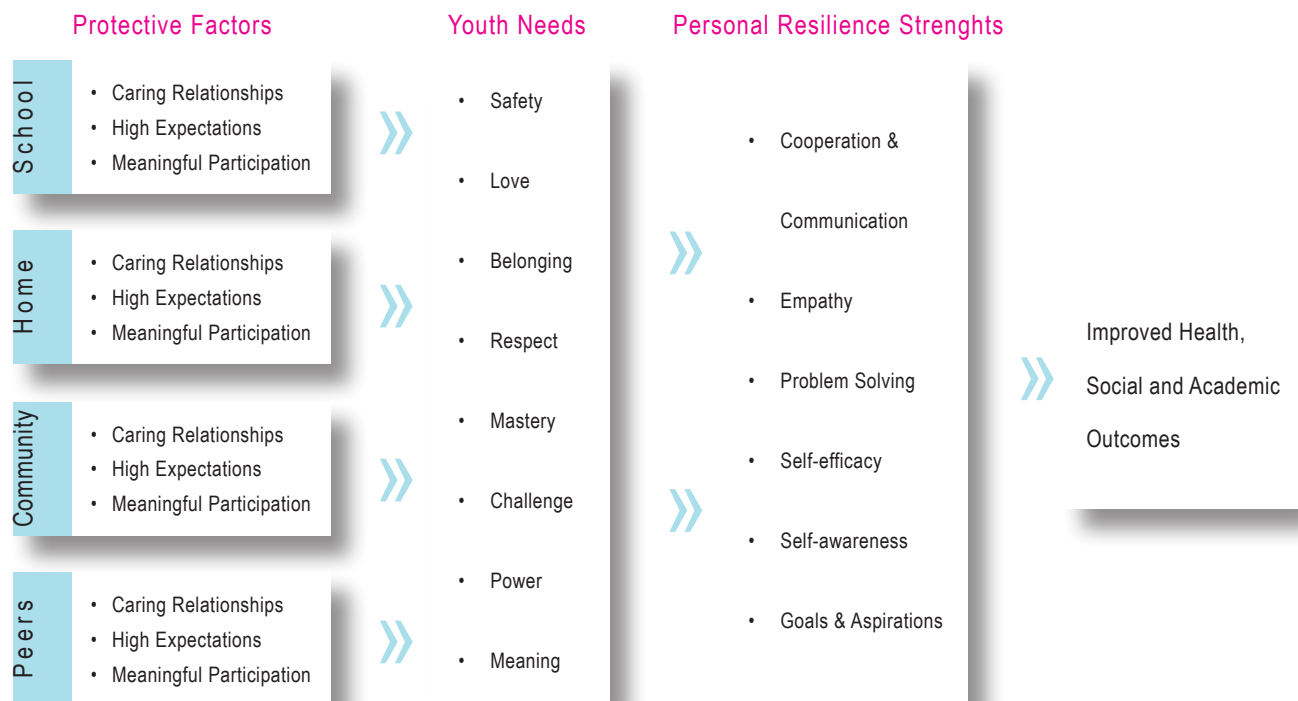
In particular, years of research have shown a strong relationship between healthy behaviors and academic success.⁴ Schools can promote both by creating climates and teaching practices that honor and meet the basic developmental needs of youth. The implication for schools is that a narrow focus on only cognitive development ignores other critical areas of youth development that promote achievement.

Promoting Youth Development in Schools

It is the responsibility of adults in families, schools, and communities to provide these developmental supports and opportunities. When schools review and interpret the findings, they should reflect on what they are doing to promote developmental supports among students. What strategies and actions might be taken to better promote youth development in the home, community, peer, and school environments? In addition to summarizing the results of the survey, this report outlines strategies that schools can take to improve the quality of the protective factors in all environments. The RYDM Handbook (www.chks.wested.org) describes these strategies in more detail. Schools should also consult CDE's Getting Results update on positive youth development. In addition, the Cal-SCHLS staff conduct workshops on understanding the resilience data and next steps to take in implementing school-based strategies (call the Cal-SCHLS Helpline for more information).

⁴ Jessor & Jessor, (1977); Austin, (1991).

Figure 1.1. Youth Development Process: Resiliency in Action



THE RELATIONSHIP OF RISK AND RESILIENCE

In most school communities, when students report low levels of Protective Factors, they also report higher levels of health-risk behaviors. Similarly, higher levels of Protective Factors are associated with lower levels of risk involvement. Moreover, when students report higher levels of these developmental supports and opportunities in their schools and communities, they usually also perceive their schools and communities as safe places. The implication is that implementing strategies that create resilience-enhancing environments for elementary-age youth—prior to the period when health-risk behaviors typically begin—will help prevent the onset of these behaviors and create a safe, supportive environment in which youth can flourish.

Charts 1.1-1.4 illustrate the relationship between the level of Protective Factors and involvement in selected health-risk indicators for substance use and weapons possession in the 30 days prior to the survey. The data are derived from the administration of the Secondary CHKS to seventh graders in districts throughout California in Fall 1999 through Spring 2002. The charts use aggregated data from 7th graders because of the low prevalence of most risk behaviors among 5th graders. The bars in the charts represent the percentage of students who scored *High*, *Moderate*, and *Low* in total Protective Factors in each of the three environmental domains assessed by the Elementary CHKS.⁵

⁵ See Section 7 for an explanation of how these scores were derived.

Chart 1.1. Binge Drinking in the Past 30 days, 7th Grade, by Level of Protective Factors*

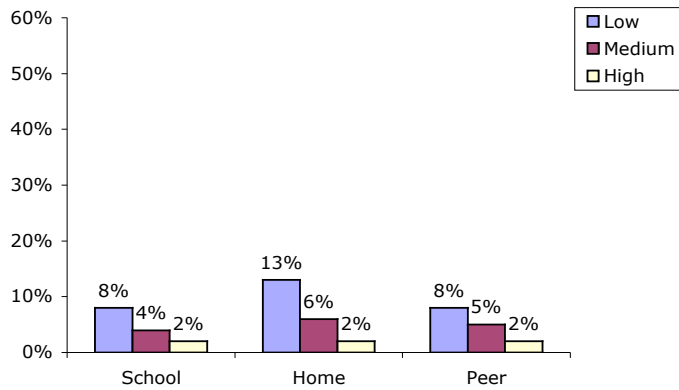


Chart 1.2. Cigarette Use in the Past 30 days, 7th Grade by Level of Protective Factors*

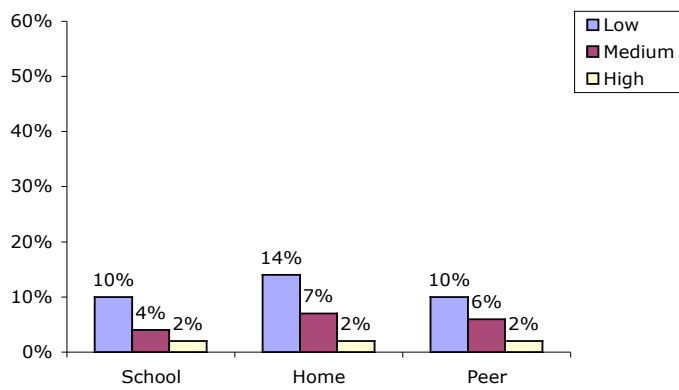
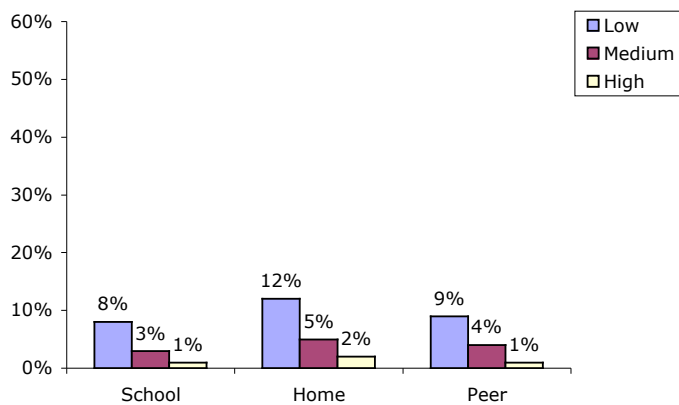
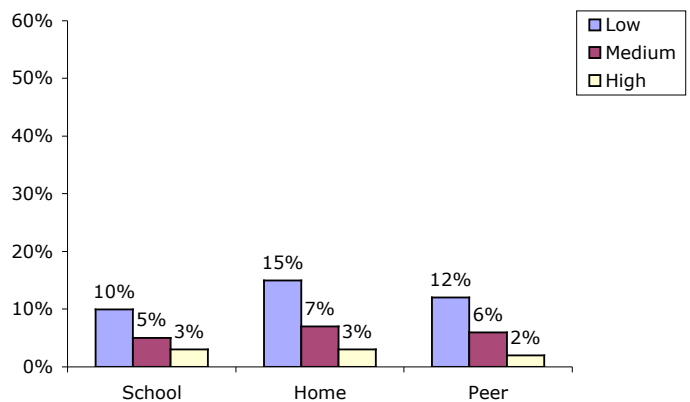


Chart 1.3. Marijuana Use in the Past 30 days, 7th Grade by Level of Protective Factors*



*Aggregated 1999-2002 CHKS Data

Chart 1.4. Current Weapons Possession at School in 7th Grade by Level of Protective Factors*



*Aggregated 1999-2002 CHKS Data

SURVEY REQUIREMENTS AND PROCEDURES

To ensure uniform data collection across the state, CDE requires that the Elementary CHKS must be administered in its entirety to a representative district sample of fifth graders. CHKS staff selected the sample and provided on-call technical assistance and detailed written instructions in planning, organizing, and conducting the survey. School staff administered the survey following these instructions. The survey guidelines are designed to assure the protection of all student and parental rights to privacy.

- » Students were surveyed only with the written consent of parents or guardians.
- » Each student’s participation was voluntary, anonymous, and confidential.

SAMPLING PLAN

The sampling plan, as described in the CHKS Guidebook, calls for districts with enrollments of less than 900 students per grade to survey the full enrollment. If there are over 900 students, classrooms may be randomly selected to reach the target of 900. A random sample of schools may also be selected for districts with more than 10 schools. These cutoff numbers were selected by the CHKS sampling panel to balance logistical efficiency with adequate precision of results, with the expectation that a minimum of 60% of the sample will complete the survey.⁶ Table 1.1 lists:

- » The final numbers of respondents who completed valid survey forms, and
- » The student response rate (the percentage of the target sample that completed the survey).

⁶ If 900 students per grade are selected, the minimum recommended sample size of approximately 625 students can be expected to actually participate after eliminating those students without returned signed consent forms, those with returned negative consent forms, those who individually decline to participate, and those absent on the survey day.

DETERMINING THE VALIDITY OF THE RESULTS

Several controls are built into the survey to insure the quality of the results. For example, the final sample excludes the students who took the survey but whose answer forms were eliminated from the database because their responses indicated they did not take the survey seriously, or answered untruthfully or carelessly. If survey methods and sample characteristics vary significantly from CHKS guidelines, district results may not meet survey standards set by the state.

The Importance of a Representative Sample to Survey Results. Among the most important factors affecting the quality of your survey results is your success in meeting the sampling plan. The lower the response rate, the less representative and useful are the results. The results may be particularly biased if there are marked differences in enrollment, school characteristics, and student demographics between high- and low-responding schools.

The Role of Parent Consent. If the student response rate is low, or highly variable across schools, one likely reason is inadequate attention to the consent monitoring process. Research shows most parents or guardians approve of participation. The challenge is encouraging and monitoring the return of the consent forms to the school. *The importance of this cannot be overemphasized.* No student can take the survey without parental consent. Low consent form return rates can lead to a biased sample. The CHKS Guidebook provides strategies to help schools increase the return of consent forms.

2. Sample Characteristics

This section discusses issues related to age, gender, and mobility of the students (or respondents) who completed the CHKS. Based on recommendations of the CHKS Advisory Committee, elementary students were not asked to identify their ethnic/racial background. You should compare the data on the characteristics of the survey respondents with the demographics of 5th graders in general to help determine how representative the results are of all students.

AGE AND GENDER

Question 2: How old are you?

Question 3: Are you female or male?

Question 4: What grade are you in?

Tables 2.1 and 2.2 summarize the size of the final sample by age and gender. While males and females are generally enrolled in schools in equal proportions, surveys that have used written parent-consent procedures, such as the CHKS, have found higher proportions (over-representation) of females. Apparently young girls are more likely to follow through in returning signed consent forms than young boys. Because of the low prevalence of risk behaviors at this age, an under-representation of males should not have a significant effect on the survey results. However, to help you gauge whether significant differences do exist between males and females, gender differences are provided for several key findings in Tables 3.1-5.3. If they do exist, and the gender breakdown of your sample does not reflect enrollment, you should consider weighting the data by gender.

TRANSIENCE

Question 5: During the past year, how many times have you moved (changed where you live)?

Because several questions in the CHKS assess the school environment, the survey asks students how many times they have moved in the last year. Table 2.3 indicates what proportion of fifth graders come from highly mobile families. Many youth lack the skills to deal with the effects of frequent moves and to make connections in new communities. They are, therefore, more likely to engage in risk behaviors like substance use.

PERCEIVED ABILITY WITH SCHOOLWORK

Question 16: How well do you do in your schoolwork?

Table 2.4 summarizes the proportion of students who reported each of four options: I'm one of the best students; I do better than most students; I do about the same as others; I don't do as well as most others. Although more concrete information is readily available in school records, this item was included in the survey because it allows examination of the students' self-reported behaviors. This gives you one way to evaluate and demonstrate to school and community leaders how local risk behaviors are related to achievement. With this information you will be able to discuss how reducing these barriers to achievement need to be part of school improvement efforts.

3. Alcohol and Other Drug Use

The Elementary CHKS assesses use of alcohol, marijuana, and inhalants over the students' lifetime (ever use) and in the month prior to the survey (past 30 day use). (See Section 4 for a discussion of the tobacco questions.) Use of other drugs is too rare at this age to warrant assessment. Students are also asked about their use of alcohol or any other illegal drug before or at school. In addition, data is provided on one important risk factor: perceived harm from using alcohol or marijuana.

LIFETIME USE

Question 32: Have you ever drunk beer, wine, or other alcohol?

Question 33: Have you ever sniffed something through your nose to get "high?"

Question 34: Have you ever smoked any marijuana (pot, grass, weed)?

Table 3.1 provides the overall rates for ever using (any use) alcohol, inhalants, and marijuana. Surveys have shown that alcohol is by far the most popular substance (discounting tobacco) among elementary youth. Inhalants (glue, paint fumes) are often the most widely used illicit drug among lower grades because of their ready availability and low cost.

Program Implications. The percentages of elementary-age students who have ever tried alcohol or other drugs (AOD) are inevitably of interest because prevention policy is focused on stopping initiation of any use. These results provide a guide for the timing of prevention efforts, which are likely to be most effective if administered just before the ages of peak initiation.

The Importance of Delaying Use Onset. Early initiators of any substance should be of particular concern. Research has demonstrated that the earlier a child initiates AOD use (regardless of substance), the greater the later drug involvement, the frequency of use, the likelihood to continue use (to not try to stop), and the involvement in other deviant activities, including selling drugs. Young people who initiate drug use before the age of 15 appear to be at twice the risk of having drug problems as those who wait until after the age of 19. A recent survey found that approximately half of students enrolled in alternative schools nationwide had first drunk alcohol before the age of 13.⁷ This is why delaying use onset is so important.

Data Limitations. Despite their value, lifetime prevalence rates must also be treated with some caution. They may mask widely divergent ranges in substance use experience, even at this young age. Lifetime rates need to be compared with measures of more recent use (e.g., past 30 days) and frequency and level of use.

This is particularly true in regard to any use of alcohol, which could involve only ritual use and/or only the drinking of a sip or two. For this reason, the CHKS asks students if they at least had consumed a "full glass," as opposed to drinking "one or two sips." In comparing drinking data from the CHKS to other surveys, pay careful attention to differences in how the other surveys measure lifetime drinking.

7 The Youth Risk Behavior Surveillance – National Alternative High School Youth Risk Behavior Survey, United States, 1998.

CURRENT USE (PAST MONTH)

Question 39: In the past month, did you drink any beer, wine, or other alcohol?

Any substance use in the past 30 days prior to the survey is a standard indicator of current use. Table 3.2 shows any alcohol use in the past month. The Elementary CHKS only asks about current use of alcohol and tobacco, because current use rates for other drugs are normally very low in fifth grade. Current use helps differentiate between youth who may have just experimented once or twice and those who already may be more regular users.

Data Interpretation Issues. A limitation of current use rates is that they may be exaggerated by recent, unique short-term behavior and they are vulnerable to seasonal variations. If a survey is administered after a holiday period or major social event (such as a school dance) when AOD use may increase, the results may be higher than if administered at another time. For this reason, we recommend that the secondary surveys be administered in the fall, early winter (before the December holidays) or between February and April. To have accurate trend data, surveys should be conducted during the same period each year.

AOD USE AT SCHOOL

Question 35: Have you ever used alcohol or an illegal drug like marijuana before school or at school?

The CHKS asks whether students have ever used alcohol or drugs before or at school. The results are provided in Table 3.3. This behavior indicates:

- » a particularly strong affiliation with the substance-using peer culture; and
- » a high degree of estrangement from school, manifested by disregard for the potential repercussions for violation of school rules and effects on their education.

As an indicator of lack of school attachment (or belonging), evidence of AOD use at school sends a powerful message to school staff, administration, and parents that efforts to enhance academic achievement must include substance-use prevention. This behavior threatens school efforts to educate all youth. These findings also are indirect indicators of drug availability on the campus. If some students are using drugs at school, other students may have access to them.⁸

PERCEIVED HARM

Question 37: Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?

Question 38: Do you think using marijuana (pot, grass, weed) is bad for a person's health?

Table 3.4 reports on students' perception of the health risks of alcohol and marijuana use. This is a risk factor that has been frequently associated with variations in AOD use. This question provides a sense of attitudes relating to the most widely-used substance throughout society (alcohol) and the most common illicit drug among youth (marijuana). California Student Survey (CSS) data for seventh graders has consistently shown that the great majority of students believe that frequent use of either substance is harmful, but alcohol less so than marijuana.

⁸ Among older youth, there tends to be an association between using marijuana at school and attending school high, because marijuana is long lasting and can be easily concealed and consumed quickly.

The relationship of attitudes to behavior is complex. Scare tactics have been shown not to work, as the message loses credibility with youth. Some risk-taking youth may even use a drug because it is dangerous. The risk is part of the appeal. This has prompted concerns that, for these youth, drug education might produce a “boomerang effect” and encourage use. Moreover, as students age, the degree to which they might attempt to discourage drug use among their friends declines, even if they personally believe drugs are harmful. Thus, levels of perceived harm may remain high even as use increases.

However, research has shown that as perceived risk or harm from drug use has changed over time, so has use.⁹ In the 1980s, when marijuana use and its perceived harm declined, reports about health consequences were generally balanced, received good media coverage, were based on extensive research, and were consonant with students’ observations. In contrast, in the 1990s, use rose as the balance of messages to kids changed appreciably due to a phenomenon of “generational forgetting” rooted in four related developments among the younger generation: fewer first-hand experiences with adverse effects, fewer anti-drug media messages, more pro-drug messages, and the reluctance of parents who used drugs in their youth to talk about it to their children.

Program Implications. Overall research suggests that over time the harm young people attach to using drugs does shape their decisions about use. The more alcohol and/or drugs are legitimately seen as a health threat in society through educational campaigns, media messages, and social disapproval, the less likely it is that youth will want to drink alcohol and smoke marijuana. Realistic information about risks and consequences of drug use, communicated by a credible source, can be persuasive and play an important role in reducing demand.

But information alone is not enough. Reflecting the complex relationship between attitudes and behavior, prevention programs that rely only on teaching information about the dangers of drug use have not been effective. This is especially true when they employ scare tactics. Information dissemination needs to be imbedded in a comprehensive program that addresses multiple risk factors with multiple strategies. Programs that focus only on the dangers of drugs are not as effective as programs that educate students about other aspects of drug use as well, such as peer influence interactions.

⁹ According to Monitoring the Future survey data, nationally perceived risk from marijuana rose in the later 1980s when marijuana use declined, and perceived risk declined in the early 1990s when use began rising. Similarly, the rise in marijuana use among California students between 1989 and 1993 was accompanied by a decline in the proportion of upper graders who perceived daily marijuana use to be extremely harmful.

4. Tobacco Use

Tobacco smoking has been determined to be “the most important public health issue of our time” and the chief preventable cause of death in the United States.¹⁰ Youthful use is critical to the establishment of this difficult-to-break habit. Survey research has repeatedly shown that the great majority of people who smoke began in adolescence.¹¹ Most youth start this health-threatening habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol.¹²

The Elementary CHKS assesses both cigarette smoking and smokeless tobacco use. The two types of tobacco differ in their patterns of use and their health consequences. Cigarettes are the most common form of tobacco used by youth with over one million youth beginning to smoke each year. Cigarette smoking has been associated with an increased risk of heart disease and many cancers, especially lung cancer.¹³ It is often related to poor academic performance and the use of alcohol and other drugs.

Use of smokeless tobacco is less common and varies markedly among groups and regions. Smokeless tobacco is most common among younger adolescent males and youth living in rural areas. It is associated with an increased risk of mouth and gum cancers because it is kept in the mouth for long periods of time. Oral cancer may be 50 times as frequent among long-term snuff users than nonusers. Smokeless tobacco can also lead to the development of oral leukoplakia and gingival recession.

LIFETIME USE

Question 30: Have you ever smoked a cigarette?

Question 31: Have you ever chewed tobacco or snuff (dip)?

Table 4.1 provides the overall proportion of fifth graders that have ever tried cigarettes and smokeless tobacco. The younger a respondent first tries tobacco, the more likely he/she is to become addicted to it, whether through cigarettes or smokeless tobacco. The California DATE Evaluation Survey revealed around 11-13% of fifth graders had smoked a cigarette in the early 1990s.

The lifetime smoking and chewing rate can help determine the appropriate time to implement tobacco prevention programs. Ideally, tobacco prevention should start before students begin to experiment with it. There are ethnic and regional differences in tobacco initiation. It may occur at younger or older ages in different communities or among different groups, warranting program implementation at different times or targeting different groups. CDC recommends introducing tobacco-use prevention education in elementary school and then intensifying the curriculum in middle school.

10 For example, smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.

11 In one study, four out of every five adult smokers between the ages of 30 and 39 began to smoke before they reached adulthood.

12 Center for Disease Control (June, 1997).

13 If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of a smoking-related disease.

CURRENT USE (PAST MONTH)

Question 40: In the past month, did you smoke a cigarette?

Table 4.1 also provides the percent of fifth graders who reported current smoking of at least one cigarette in the month prior to the survey. This gives an idea of how many students may be on their way to becoming regular smokers.

PERCEIVED HARM

Question 36: Do you think smoking cigarettes is bad for a person's health? As with alcohol and marijuana, respondents reported if they viewed smoking cigarettes as bad for a

person's health (shown on Table 4.2). Many youth believe that smoking is a health problem only if they become addicted or smoke for many years. Some may believe that they can smoke once in a while (e.g., weekends or at parties) without having any health consequences. However, occasional smokers soon find that they can't quit. Advising youth of the effects of smoking at an early age can help them make informed decisions on tobacco use. Thus, the more tobacco is seen as a health threat in society through educational campaigns, media messages, and social disapproval, the less likely it is that youth will want to smoke. Recent CSS data show that more 7th graders attached harm to cigarettes than alcohol.

5. Violence and Safety

Youth violence, discipline and safety are among the American public's largest concerns, especially in regard to schools. To assess the school environment, the CHKS asks 5th graders if they feel safe in school, were harassed, or carried weapons. To assess safety outside of the school, students reported seat belt and helmet use, and the frequency of being home alone after school.

This survey is primarily focused on the school environment. Students cannot learn if they don't feel safe. A school in conflict cannot be productive and cannot help students reach their academic and developmental potentials. However, this problem transcends the school, for the school environment reflects the community environment. Schools, families, and communities must all work together to create secure environments that promote positive youth development and well being.

Patterns of violence vary by age. Violence at the elementary level is often expressed through teasing, bullying, and rough play that gets out of hand. Other forms of aggressive behavior (e.g., fighting) are higher among junior high school students, while high school sees an increase in events such as weapon possessions. If measures aren't taken to correct bullying behaviors early on, they may well be antecedents to the more serious forms of violence in later years.

Educators are usually aware of most serious physical fights and incidents of violence and crime on campus, monitoring them through disciplinary records. However, such incident data have their limitations because they only reflect behavior that schools have "caught" and recorded. The Elementary CHKS provides important additional information because it is based on student self-report, and it provides data on undetected behavior, student experiences as victims of violence and/or harassment, and student perceptions, attitudes, and concerns over school safety. It sheds light on the important psychological component of harassment and safety among youth. If students don't feel safe they do not learn. Student perceptions of the school environment constitute a reality that must be considered when assessing overall school climate. This information establishes a much broader perspective on the school environment and its effect on students.

Research also has documented the potential protective role that schools can play in helping young people realize their potential. Students who are well connected with their schools are less likely to engage in high-risk behaviors, including AOD use and aggressive/violent behavior. To this end, creating safe, supportive learning environments is essential.

PERCEIVED SCHOOL SAFETY

Question 28: Do you feel safe at school?

Question 29: Do you feel safe outside of school?

Table 5.1 provides the percentage of students who reported that they felt safe at school. The concept of safety is more than the antithesis of violence. The threat to safety through physical harm carries with it the psychological harm of the presence of anxiety and apprehension. In this sense, school safety is psychological as well as physical. Safety is a basic need that must be met for children to succeed in school and life. Safe environments enhance creativity,

cooperative behavior, affiliative behavior, exploration, and positive risk-taking. Thus, safety is related to a broad set of needs that have not traditionally received attention from educators.

Determining Why Students Feel Unsafe. When students report feeling unsafe at school, it is important to gather additional information to identify the reasons for these feelings. A natural reaction to such information is to conclude that students are being victimized by violence at school. Feelings of insecurity, however, can have multiple sources, not all of which correctly reflect the level of danger on a school campus. Schools need to explore the reasons behind such fears and ways to alleviate them. Focus-group discussions with young children may be especially useful. You can also analyze your CHKS dataset to determine how perceptions of safety are related to the other violence-related questions on the survey. For example, compare the proportion of students who felt unsafe and those who also had been harassed, or had seen weapons at school.

VICTIMIZATION AND HARASSMENT AT SCHOOL

- Question 23: Do other kids hit or push you at school when they are not just playing around?*
- Question 24: Do other kids at school spread mean rumors or lies about you?*
- Question 21: During the past year, how many times have you hit or pushed other kids at school when you were not playing around?*
- Question 22: During the past year, how many times have you spread mean rumors or lies about other kids at school?*

Table 5.2 presents the results for two CHKS items relating to harassment or victimization at school in the past year: (a) whether students were hit or pushed on purpose; and (b) whether others had spread mean rumors or lies about them. Table 5.3 shows students’ self-report of perpetrating these behaviors in the past year at school. Hard data about the frequency of bullying and harassment incidents are limited and difficult to interpret, but a growing body of research demonstrates their adverse developmental effects. Harassment is a form of violent and abusive behavior that instills a sense of vulnerability, isolation, and fear among its victims. Bullying, threats, intimidation, rumor, and ostracism can cause youth to experience depression, engage in risk behaviors (such as alcohol and drug use) or avoidance behaviors (such as missing school and social isolation).

Research and recent events of violence in schools has demonstrated that the more isolated students become as a result of bullying, teasing, and social ostracism by peers and the school community, the more marginalized they will become in school and later in society. For whatever reason (e.g., academic competence, physical appearance, social status, race/ethnicity, gender, or language abilities), peer alienation at such a young age is detrimental to meeting students’ need to belong, feel respect and safety, and have a sense of purpose and meaning—attributes important for healthy youth development.

Gender Differences. Physical aggression (such as pushing, shoving, hitting, and rough play) is often more the consequence of young male conflict. Indirect social aggression (such as ostracism, spreading rumors or telling lies to intentionally hurt someone) is often the result of female conflict at the elementary school level.

Data Interpretation. These data are particularly sensitive to student awareness of harassment as unacceptable behavior. As a result, in the short-term an antiharassment program at school may increase reports of harassment. This should be taken into consideration in examining results across time or comparing results across schools or districts.

Program Implications. Understanding the extent of such events can help schools implement curricula or workshops that address these issues to raise awareness. When students are exposed to information about bullying, harassment, and other aggressive behaviors and their consequences, they become more inclusive and more tolerant in accepting differences, and more helpful in promoting a safe and nurturing school environment.

WEAPONS AT SCHOOL

- Question 25: During the past year, did you ever bring a gun or knife to school?*
- Question 26: During the past year, have you ever seen another kid with a gun or knife at school?*

Table 5.4 reports whether guns and/or knives were carried to school in the past year. Eliminating weapons reduces the potential that conflicts will result in injury or even death. Not a lot is known about why students specifically bring weapons to schools or the circumstances surrounding incidents involving them.

Why are Weapons Taken to School? If high rates of weapons possession are reported, it is important to ascertain the reasons. In many instances, students may bring weapons to school because of fears over personal safety or security. Some insight into these dynamics can be gained by analyzing what proportion of youth who carried weapons at school also reported that they felt unsafe at school (Table 5.1).

Program Implications. If weapons possession and security concerns are related, the ultimate objective should be not solely to punish for possession, but rather to understand the source of student insecurity and correct it.

ADULT SUPERVISION

- Question 27: Are you home alone after school?*

Students were asked how often they were unsupervised by an adult after school (all of the time, most of the time, some of the time, never). Table 5.5 shows the results. This is a risk factor for multiple health-related problems. All too often, youth spend much of their free, out-of-school time unsupervised, watching television and engaging in risky, health-threatening behavior. Experts estimate that nearly 5 million school-age children spend time after school without adult supervision. More and more frequently, even children who come from two-parent households have two working parents. Unsupervised children are at significantly greater risk of truancy from school, stress, receiving poor grades, substance use, and crime and violence during the after-school hours. The U.S. Department of Justice reports that one out of every 10 violent crimes known to law enforcement agencies are committed against juveniles between 3 and 4 p.m. This number may actually be higher since crimes taking place in and around school are likely to be reported only to school officials. In addition, violent crime triples between the hours of 3 p.m. and 8 p.m.

HELMET AND SEAT BELT USE

- Question 7: When you ride in a car do you wear a seat belt?*
- Question 8: When you ride a bicycle do you wear a helmet?*

Table 5.6 provides the frequency that students used a helmet when riding a bike and a seat belt when riding in a car. Unintended physical injuries are the main cause of childhood mortality. Most causes of injuries are preventable. Helmet use is associated with significantly reducing the risk of head injury and death from bicycle accidents. Despite

the helmet use law in California, many youth still do not wear helmets—putting themselves at risk of unintended injury. Seatbelt use is also strongly associated with a reduction in fatalities and serious injuries. Motor vehicle crash injuries are a leading cause of death and serious injury among youth.

6. Physical Health

This section discusses results relevant to physical health, including exercise, television watching (nonactivity), body image, asthma, and eating habits. Young people begin to establish health behaviors in childhood and adolescence. They need to see the relationship between a healthy body and a healthy mind. Diet and physical activity are closely linked to positive behavior and to school and life success. Moreover, research indicates that prevention messages targeting drug use and violence are more effective when delivered in the context of an overall healthy-lifestyle approach. It is this comprehensive approach, targeting the whole child, that is the goal of health-promotion programs.

Schools and youth-serving organizations are in a unique position to not only convey information about health but also to provide opportunities for students to practice health-promoting skills and routines. CHKS information can be used to assist program developers in creating comprehensive health-promotion programs aimed at the specific needs of their populations. Equally important, it can be used to educate adults in the school and community about the importance of both encouraging and modeling positive health habits. As behavioral learning theories indicate, we learn from what we observe around us.

BREAKFAST CONSUMPTION AND NUTRITION CHOICES

Question 6: Did you eat breakfast this morning?

To shed light on dietary habits, Table 6.1 reports the percentage of students who ate breakfast on the day of the survey. Students who have breakfast learn better, perform higher on standardized test scores, are less apathetic and lethargic, and have better attendance rates at school. Recent analyses of the relationship between API scores and CHKS health indicators revealed a significant correlation between the proportion of youth reporting having breakfast the day before the survey and the level of school-level API scores.¹⁴

Program Implications. It is crucial that schools take the lead in improving youth dietary behaviors to increase their potential for learning and good health. Nutrition and learning are linked. Poor dietary patterns have been shown to significantly affect student achievement by reducing cognitive development and school performance. Many youth have unhealthy eating habits. They often skip meals, particularly breakfast. When given a choice, they select foods that are fried, high in fat and sugar, and low in other nutrients. Because lifetime dietary patterns are established during youth, youth should be encouraged to choose nutritious foods and to develop healthy eating habits.

PHYSICAL ACTIVITY

Question 50: How many days each week do you exercise, dance, or play sports?

Table 6.2 shows how many days each week students engaged in physical exercise. The American Medical Association recommends that adolescents “engage in physical activity (preferably aerobic exercise) that requires movement of the large muscle groups at least three times a week for 20-30 minutes.” The American Heart Association and U.S. Surgeon General recommend at least 30 minutes of moderately intense physical activity every day. Regular physical activity among young people increases life expectancy, reduces disease and disability in later life, and is associated

¹⁴ Hanson & Austin (2002).

with good mental and emotional health and self-esteem, lower rates of risk behavior, and positive academic outcomes. A healthy body supports a healthy mind. The YRBS reports that low physical activity is associated with cigarette smoking, marijuana use, lower fruit and vegetable consumption, greater television watching, failure to wear a seatbelt, and low perception of academic performance. Schools should be a laboratory for physical education and fitness.

TELEVISION WATCHING

Question 53: Yesterday, how much time did you spend watching TV or playing video games?

Table 6.3 reports on the number of hours youth watched TV or played video games on the day before the survey was conducted. Passive television watching and playing video games contributes to poor physical condition, offers children no new skills, and does not develop their social abilities. Social abilities help youth make friends, express their thoughts and feelings, and create supportive relationships that promote a sense of belonging, love, and meaning in their lives. High levels of television watching and playing video games indicate the need for engagement in enriched activities. This is especially true if students also report low levels of physical activity.

After-school hours particularly represent an opportunity to engage students in other activities that will help them grow and develop social, emotional, physical, and cognitive skills in a safe setting for an overall healthy development. With the increase of families who have two parents working, as well as increased single-parent households, after-school programs provide a resource to families and communities. Participation in after-school activities provides youth with opportunities to contribute to a group, develop relationships with adults and other youth, and feel like they belong, all while being supervised by a caring adult.

Data Analysis Suggestion. The link between television watching and exercise can be demonstrated by analyzing how physical activity (Question 50; “How many days each week do you exercise, dance, or play sports?”) varies in relationship to the amount of television watching students report. The association between lack of after-school supervision and television/video use can be illustrated by analyzing the correlation between these results and those of Question 27 (“Are you home alone after school?”).

BODY IMAGE

Question 47: Do you think you are too skinny, about right, or too fat?

Question 48: Are you doing anything to try to lose weight?

Question 49: Have other kids at school ever teased you about what your body looks like?

The CHKS includes three questions about body weight and image, presented in Table 6.4. These assess what students thought about their weight, whether they were ever teased about their body, and whether they were trying to lose weight. Poor self-perception of body type/image and efforts to modify weight can negatively influence self-esteem and school performance. Overemphasis on thinness has negative mental and physical health consequences that can lead to a distorted body image and thus distorted and unhealthy eating habits. Students who are teased about their body (typically because they are obese) can become isolated from friends, family, and school; depressed; and vulnerable to engaging in risk behaviors.

The results on these items should be viewed in the context of the results in Table 6.2 on physical activity. If a high proportion of students who reported being too heavy, being teased about their weight, and/or trying to lose weight, are not being physically active, the school may want to consider ways to promote exercise and better nutritional choices.

ASTHMA

Question 51: When not exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?

Question 52: Has a parent or some other adult ever told you that you have asthma?

Table 6.5 presents the percentage of students who had ever been told by a parent or other adult that they had asthma. It provides an estimate of the proportion of students with the disease, assuming the adult was basing their information on a doctor's diagnosis. An additional item, reported in Table 6.6, asks, "When not exercising, do you ever have trouble breathing?" This question can provide an estimate of the percentage of students who might have undiagnosed asthma.

Asthma is a chronic condition causing obstruction of the airways, often accompanied by symptoms of difficulty breathing, wheezing, chest "tightness," and chronic coughing. These can result in activity limitation, difficulty concentrating, school absenteeism, and occasionally death. It can also affect academic performance. There is no cure, although the disease can be effectively controlled through proper diagnosis and management.

Asthma is considered the most widespread chronic illness in children and teens in the U.S. and the leading cause of school absences attributed to a chronic illness. Several national estimates indicate that the prevalence of asthma has more than doubled in the past 20 years. Estimates of asthma prevalence among teen populations range from 5–10%.

Although the cause of asthma is not completely understood, it is known that certain factors may 'trigger' or exacerbate symptoms. These include dust mites, cold weather, mold/mildew, poor indoor air quality, outdoor air pollution, tobacco smoke, pets, and aerobic exercise. Asthma symptoms can be prevented by avoiding or removing known triggers and by management with appropriate medications. A recent report by the U.S. Surgeon General suggests that obesity is associated with the prevalence of asthma in adolescents.

Program Implications. Strategies that schools can implement to reduce the impact of asthma among students include: (a) reduction of asthma triggers and (b) training of students and staff, including physical education teachers, on proper asthma management. For general information on asthma or for information on school-based asthma programs, contact your local American Lung Association office.

7. Protective Factors (Overall)

According to the youth development framework discussed in the Introduction, providing environmental or external supports and opportunities in the form of [Caring Relationships](#), [High Expectations](#), and opportunities for [Meaningful Participation](#) engages students' innate resilience. This Resilience Triad of Protective Factors promotes positive individual outcomes that include improved health and academic outcomes. Reported in Table 7.1 are the percentages of students that were classified as being *High*, *Moderate*, and *Low* for the existence of these three Protective Factors in each of the three environments assessed by the survey (school, home, and peer). It also provides an overall measure of the strength of all Protective Factors across all scales. This section explains the meaning of each of these asset scales. Sections 8 through 11 discuss each of these developmental supports and opportunities in the context of the three individual environments assessed by the survey. These same areas are assessed by the secondary school version of the CHKS, but the elementary scales contain fewer items. The Secondary CHKS also assesses the community environment, plus four additional Personal Resilience Strengths.

SCALE DESCRIPTIONS

Caring Relationships

Caring relationships are defined as supportive connections to others in the student's life who model and support healthy development and well-being. Recent studies such as the National Longitudinal Study of Adolescent Health (not to mention peoples' personal stories!) consistently have identified caring relationships as the most critical factor protecting healthy and successful child and youth development even in the face of much environmental stress, challenge, and risk. These relationships convey that someone is “there” for a youth. This is demonstrated by an adult or peer having an interest in who the young person is and actively listening to and talking with the youth.

The Elementary CHKS asks students how they perceive caring relationships (assessed by the following activities: taking interest in, talking with, listening to, helping, and trusting). Resilience research has documented that these transformative caring relationships can be with a family or extended family member, a teacher, a neighbor, a clergy member, or a friend. No matter which environment is examined, however, the characteristics of caring relationships remain fairly consistent. Therefore, the items in each environment are similar with only slight contextual adaptations.

High Expectations

High expectation messages are the consistent communication of direct and indirect messages that the student can and will succeed responsibly. To measure this, the Elementary CHKS asks youth their perceptions of the messages they receive from adults about their ability to follow rules, be a success, do their best, and try to do what is right. High expectation messages are at the core of caring relationships and reflect the adult's and friend's belief in the youth's innate resilience and ability to learn. The message is “You can make it; you have everything it takes to achieve your dreams; I'll be there to support you.” Research has shown this to be a pivotal protective factor in the home, school, and community environments of youth who have overcome the odds.

In addition to this “challenge + support” message, a high-expectation approach conveys firm guidance—clear boundaries and the structure necessary for creating a sense of safety and predictability—not to enforce compliance and control but to allow for the freedom and exploration necessary to develop autonomy, identity, and self-control.

A high-expectation approach is also individually-based and strengths-focused. This means identifying each youth's unique strengths and gifts and nurturing them as well as using them to work on needs or concerns. Having high expectations assumes that one size never fits all.

Meaningful Participation

Meaningful participation refers to the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. The Elementary CHKS asks youth about their opportunities to make decisions in their families and schools and to participate in a way that makes a difference in their families, schools, and communities. Providing young people with opportunities for meaningful participation is a natural outcome of environments that convey high expectations. Participation, like caring and support, meets a fundamental human need—to have some control and ownership over one's life. Resilience research has documented the positive developmental outcomes—including reductions in health-risk behaviors and increases in academic factors—that result when youth are given valued responsibilities, planning and decision-making opportunities, and chances to contribute and help others in their home, school, and community environments.

CALCULATING SCORES

Students had a choice of indicating how much each item applied to them, as follows:

- » 4: Yes, all of the time
- » 3: Yes, most of the time
- » 2: Yes, some of the time
- » 1: No, never

The values (4, 3, 2, 1) attached to each response option were averaged for all items in each scale, and then the following score categories were derived.

- » High percent of students with average item response above 3;
- » Moderate percent of students with average item response of at least 2 and no more than 3; and
- » Low percent of students with average item response below 2.

The wording of each item that made up the Protective Factor scale is given in each report section.

8. School Protective Factors

Table 7.1 includes the percentage of students who felt they received Caring Relationships, High Expectations, and opportunities for Meaningful Participation in the school environment. This provides a measure of school connectedness, a critical factor in promoting academic achievement and preventing risk behaviors.

Resilience research clearly documents the power of teachers and schools to tip the scale from risk to resilience for children and youth. Even for children growing up in “war zones” in the United States and elsewhere, international resilience researchers, James Garbarino and his colleagues found that, “Despite the overwhelming pressures in the environment, 75-80 percent of the children can use school activities as a support for healthy adjustment and achievement when schools are sensitive to them and their burdens.”

Emmy Werner and Ruth Smith’s classic longitudinal study of resilience has the following to say about turnaround teachers:

Among the most frequently encountered positive role model in the lives of the children ... outside of the family circle, was a favorite teacher. For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification.

Repeatedly, these turnaround teachers are described as providing, in their own personal styles and ways, the three protective factors. Most importantly, these teachers “looked beyond [students’] outward experience and behavior and saw the promise.”

Similarly, another resilience researcher, Michael Rutter, found that when he studied effective schools in high poverty communities, turnaround schools created a climate, an “ethos,” grounded in the three protective factors measured by the Elementary CHKS. Such a positive school climate was the critical variable differentiating between schools with high and low rates of delinquency, behavioral disturbance, attendance, and academic attainment. According to Rutter, schools that, “Provide students with opportunities for participation and with responsibilities provide one of the most effective protective factors for children under stress: a sense of success at a meaningful task.” These positive people and places created an inviting, supportive, caring, and engaging environment that met students’ developmental needs for love and belonging, respect, accomplishment, challenge, identity, power, and meaning.

CARING ADULT RELATIONSHIPS IN SCHOOL

Question 14: Do the teachers and other grown-ups at school care about you?

Question 17: Do the teachers and other grown-ups at school listen when you have something to say?

A caring relationship with a teacher is perhaps the most powerful motivator for academic success. Meeting academic standards, therefore, requires that schools put relationships at the heart of schooling. As Nel Noddings, premier researcher into caring, articulates below:

At a time when the traditional structures of caring have deteriorated, schools must be places where teachers and students live together, talk with each other, take delight in each other’s company. My guess is that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally... It is obvious that children will work harder and do things—even odd things like adding fractions—for people they love and trust.

In longitudinal and ethnographic studies, youth of all ages continually state that what they want is a

teacher who cares. Stanford University Researchers concluded that, “The number of student references to wanting caring teachers is so great that we believe it speaks to the quiet desperation and loneliness of many adolescents in today’s society.”¹⁵

Positive health and academic outcomes resulting from caring relationships have been identified in the Big Brothers/Big Sisters mentoring evaluation.¹⁶ In addition, the National Longitudinal Study of Adolescent Health found that students who felt cared for by their teachers and connected to their school were far less likely to be involved in all health risk behaviors, including alcohol, tobacco, drug use, and violence. Compelled by these results, former U.S. Secretary of Education Richard Riley stated that, “The number one priority of schools should be making sure that every student is connected to a caring adult in the school.”

If a small percentage of students scored High in perceived caring from adults in their school, then schools need to take a deeper look at their culture and climate. A High score on caring adults in the school may mean that teachers and other adults in the school may be receiving great care and support themselves. School staff naturally care for others when they feel cared for themselves. Supporting teachers and school personnel who have frequent contact with students is instrumental in fostering caring teacher-student relationships.

HIGH EXPECTATIONS IN THE SCHOOL

Question 15: Do the teachers and other grown-ups at school tell you when you do a good job?

Question 18: Do the teachers and other grown-ups at school believe that you can do a good job?

Perhaps more than any other variable, low expectations on the part of school staff have been correlated with poor student academic outcomes. Vice versa, high expectations—with the support necessary to meet them—directly relate to positive academic outcomes. Research also has indicated that schools that establish and support high expectations for all youth not only have high rates of academic success but also lower rates of problem behaviors, such as harassment and delinquency, than other schools.

Conveying positive and high expectations in a classroom and school environment occurs at several levels. The most obvious and powerful is at the belief level, where the teacher and other school staff communicate the message that the student has everything he or she needs to be successful. Through relationships that convey this deep belief, students learn to believe in themselves and in their futures. They develop goals and aspirations, a critical resilience trait.

Schools also communicate expectations in the way they are structured and organized. A curriculum that supports resilience respects the way humans learn. It should be thematic, experiential, challenging, comprehensive, and inclusive of multiple intelligences and perspectives—especially those of silenced groups. Instruction that supports resilience focuses on a broad range of learning styles; builds from perceptions of student strengths, interests, and experience; and is participatory and facilitative. It should create ongoing opportunities for self-reflection, critical inquiry, problem solving, and dialogue. Grouping practices that support resilience promote heterogeneity and

¹⁵ Phelan et al. (1992).

¹⁶ Tierney et al. (1995).

inclusion, cooperation, shared responsibility, and belonging. Lastly, assessment that supports resilience focuses on multiple intelligences, utilizes authentic assessments, and fosters self-reflection. Through these organizational structures and practices, students learn the critical resilience traits of empathy and problem solving.

MEANINGFUL PARTICIPATION IN THE SCHOOL

Question 13: Do you help make class rules or choose things to do at school?

Question 19: Do you do things to be helpful at school?

Perhaps the most challenging area for schools is increasing the opportunities students have to be contributing members of the school community. Michael Rutter’s seminal school effectiveness research identified that in schools with low levels of delinquency and school failure, “Students were given a lot of responsibility. They participated very actively in all sorts of things that went on in the school; they were treated as responsible people and they reacted accordingly.” Similarly, student-driven learning (having the power to plan your activities)—even at age 3 and 4—was identified as the critical factor discriminating 20 years later between adults who had avoided poverty, teen pregnancy, and drug abuse; had graduated from high school; were more likely to own their home; and were more likely to volunteer.¹⁷

In order to engage students’ intrinsic motivation and innate ability to learn, youth must be given opportunities to participate in meaningful activities and roles. This does not require yet another program. It does require teachers to relinquish their role as “sage on the stage” and become a “guide on the side.” Teachers and school staff must willingly share power with students and base their activities on reciprocity and collaboration instead of control and competition. In other words, the school must become a democratic community. Ignoring students’ needs to have some power, control, and a sense of belonging usually results in students disconnecting from the school—a disconnection that, the National Longitudinal Study of Adolescent Health has found, plays a significant role in students’ involvement in problem behaviors.

Increasingly, research is revealing the critical importance of strong school connectedness as a factor in promoting academic achievement and in mitigating involvement in risk behaviors such as substance abuse, delinquency, and dropping out of school.¹⁸ Despite this, there is no consensus on how to define “school connectedness” and related constructs such as school bonding, attachment, and engagement. The lists of items or measurements that are used to measure it vary considerably. However, in most surveys the measures that are used to gauge school connectedness include one or more of the three dimensions of caring relationships, high expectations, and meaningful participation. They incorporate the degree of closeness or attachment to teachers, trust in them, and commitment to conventional school goals, as well as involvement in extracurricular activities. Other dimensions are their perceptions of teachers’ respect and interest in them as individuals, competence and self-efficacy, which are captured by the RYDM high expectations and meaningful participation scales.¹⁹

One of the most important recent studies in this regard is the Congressionally-mandated National Longitudinal Study on Adolescent Health (Add Health).²⁰ The most critical finding of the study for those concerned with

¹⁷ Weikart, et al. (1997).

¹⁸ Dornbusch et al. (2001); Ryan (1999); Wentzel (1999); Goodenow (1993).

¹⁹ Ryan & Patrick (2001); Roeser, Midgley, & Urdan. (1996).

²⁰ Resnick et al. (1997).

adolescent health is that students who felt “connected” to either their family or school were less involved in health-risk behaviors across the board. School connectedness, “influenced in good measure by perceived caring from teachers and high expectations for student performance” (two measures included in the RYDM scale), was found to make a critical difference.

The Add Health personal school connectedness scale consists of four items:

Question 9: Do you feel close to people at school?

Question 10: Are you happy to be at this school?

Question 11: Do you feel like you are part of this school?

Question 12: Do teachers treat students fairly at school?

We added this four-item scale to the elementary survey in 2005 in order to compare the results with those obtained from the upper grade survey. Several of the items in the scale are similar to those in the RYDM, but they ask students directly about how they feel about the school rather than ascertain their perceptions of the school environment. Comparison of the data from the two scales suggests they are measuring different factors, but also that they are strongly related. This scale both supports the RYDM Protective Factor Score as a surrogate measure for school connectedness and provides a confirmatory measure based on individual psychological dimensions rather than environmental supports. As would be expected, the higher the perceived School Protective Factor Score in the RYDM, the higher the score on the Add Health school connectedness scale.

9. Home Protective Factors

Resilience research has identified that feeling connected to one's family and having positive family experiences is the most powerful protective factor in the lives of young people. Table 7.1 presents the results for perceived Protective Factors in the home environment. While positive school experiences and feeling connected to school can overcome much adversity in children's lives—including coming from a troubled home environment—schools that help support families can further weave a safety net of connection for students. Furthermore, educational research has repeatedly documented that family involvement in the school is a major contributor to student achievement, regardless of family income. Thus, schools that both support and work in partnership with families create a powerful fabric of protection and achievement motivation.

The aim of family support and involvement programs in educational settings is to build on family strengths, not focus on family deficits. Just as successful schools relate to their students with caring relationships, high expectation messages, and opportunities to participate, they also reach out to students' families with care and respect and invite them in as partners in educating all their children. Adults, like young people, are attracted to places that provide them the supports and opportunities for meeting their basic needs for belonging, respect, self-efficacy, and meaning. As James Comer's nearly 30-year effort, the School Development Project, has demonstrated, using parents to just make cookies, go on field trips, etc., is wasting valuable resources and gifts each family or community member possesses. The Comer Model employed low-income parents in the active management and decision-making of the school—resulting in profound improvements in academic and social behavior among the students. The Families and Schools Together (FAST) program, also a strengths-based approach, uses the school to reach out to entire families and organizes multifamily groups for mutual support in promoting positive behaviors and academic success in their children.

CARING RELATIONSHIPS: ADULTS IN THE HOME

Question 56: Does a parent or some other grown-up at home care about your schoolwork?

Question 59: Does a parent or some other grown-up at home listen when you have something to say?

Werner and Smith's longitudinal resilience research found the most powerful protective factor in the lives of their children was the presence of a primary caregiver, especially during the first year of a child's life. School-based family support programs—such as California's Healthy Start and other states' Parents As Teachers programs—try to support families in their roles as primary caregivers. They provide parenting resources, support groups, referrals, and access to other social service providers. Other resilience research has identified that when single parents—including teen moms—receive this support, the life outcomes for their children are positive.

If a small percentage of students score in the *High* range in perceived caring from adults in their home, it becomes critically important that schools provide more supports and opportunities for families to increase their positive caregiving. It also signifies that the school will need to create prevention/early intervention support services for students so that youth get this very critical need for love and trust met.

HIGH EXPECTATIONS: ADULTS IN THE HOME

Question 57: Does a parent or some other grown-up at home believe that you can do a good job?

Question 58: Does a parent or some other grown-up at home want you to do your best?

High parental expectations, backed up with family support and love, are repeatedly associated with academic and life success. The most commonly cited message promoting resilience is the caregiver's belief in a child's capacities—believing in her when she doesn't even believe in herself. Part of these expectations include other family characteristics such as structure, fair and clear rules and expectations, empowering discipline, guidance, rituals, encouraging a youth's unique strengths and interests, and providing the freedom, within the context of safety, for a child to develop and grow. Especially critical is the parent's respect for the child's autonomy and encouragement of independence. The presence of this deep belief and structure in the home helps the young person meet his needs for safety, love, belonging, respect, and meaning.

MEANINGFUL PARTICIPATION: IN THE HOME

Question 60: Do you help at home?

Question 61: Do you get to make rules or choose things to do at home?

A natural outgrowth of having high expectations for children is that they are acknowledged as valued participants in the life and work of their families. Research has borne out that the family background of resilient children and youth is usually characterized by many opportunities for the youth to participate in and contribute to the life of the family. For example, resilience researchers Emmy Werner and Ruth Smith found that assigned chores, domestic responsibilities (including care of siblings), and even part-time work to help support the family proved to be sources of strength and competence in children.²¹ Furthermore, when children and youth grow up in families where they have some decision-making power and responsibility, they learn that critical predictor of healthy outcomes: self-management and control.

An obvious but important strategy for encouraging meaningful participation in the home is advocating for family members to hold regular family meetings. Family meetings provide an opportunity for shared decision making and responsibility. Schools themselves can create several different family involvement programs that model for families ways to make decisions and have fun together.

²¹ Werner & Smith. (1992).

10. Peer Protective Factors

Peer influence is a powerful developmental force. It is most often interpreted negatively, such as in peer pressure to engage in health-risk behaviors. However, resilience research has documented the positive power of peers as well. This is seen through supportive friendships and positive peer role models—critical protective factors in the lives of children and youth. The challenge for schools is to engage this influence as a support and opportunity essential to healthy adolescent development. Recent school shootings serve as a painful reminder of the dangerous combination of a society and community in which lethal weapons are readily available and of schools that don't build a sense of community among their students across differences.

Schools and youth-serving community organizations must create a sense of community rich in opportunities for caring, pro-social peer relationships. These two Protective Factors enhance peer relations between children and youth in and outside of school and meet their developmental needs for love and belonging, respect, accomplishment, identity, power, and meaning in positive ways. The Elementary CHKS asks students about their pro-social peer relationships (see Table 7.1).

PRO-SOCIAL PEERS

Question 54: Do your best friends get into trouble?

Question 55: Do your best friends try to do the right thing?

This category of the peer environment examines what students do together. This is the only area that separates pro-social peers from their antisocial counterparts (i.e., gangs). Creating small groupings of students who share common interests, subjects, goals, activities, and social or personal concerns creates the safe and facilitative environment for the development of caring peer relationships focused on pro-social activities.

If a small percentage of students score *High* in perceived expectations from their peers, this signifies that youth need many opportunities to form positive, healthy peer relationships both during school hours as well as in after-school programs. Studies of effective youth-serving programs and organizations that achieved these outcomes found them to be safe places where students can socialize with peers, develop personal life skills, belong to a valued group, contribute to their community, and feel competent.²² They used activities, such as those provided in the RYDM Handbook (available at www.wested.org/hks), that engaged young people with diverse positive role models; built confidence and self-esteem; taught communication skills in the context of relationships and activities; supported and showed genuine concern for the young people; helped youth realize their educational objectives; and allowed youth to be of service to the larger community.

²² McLaughlin et al. (1994).

11. Personal Resilience Strengths

Table 7.1 also provides the results for three individual traits that have been associated with resilience: Empathy; Problem Solving; and Goals and Aspirations. Many social or life skills training programs aim to promote these internal strengths. The resilience or youth development approach focuses on environmental change, on providing the “protective” developmental supports and opportunities that, in turn, engage students’ innate resilience and develop their capacities for positive developmental outcomes or Personal Resilience Strengths.

These Personal Resilience Strengths should be seen as outcomes of the youth development process and as indicators of whether the environmental supports and opportunities (protective factors) that are necessary for healthy youth development are in place. As such, they are a second source of data for determining whether a student’s home, school, community, and peer environments are providing these important Protective Factors. In other words, these strengths are the individual traits that research has associated with environments that are rich in caring relationships, high expectations, and opportunities for meaningful participation. Consequently, strategies that build the three CHKS Protective Factors should also build these Personal Resilience Strengths. First and foremost is the modeling and mirroring of these internal strengths by adults in the home, school, and community. Adults must exhibit the desired behavior, intentionally discuss, and reflect back the desired behaviors to young people.

EMPATHY

Question 41: Do you try to understand how other people feel?

Question 42: Do you feel bad when someone else gets their feelings hurt?

Empathy, the understanding and caring about another’s experiences and feelings, is considered essential to healthy development and the root of morality and mutual respect. It is a commonly identified individual attribute in resilience and emotional intelligence research. Daniel Goleman, in his classic book, *Emotional Intelligence*, claims that, “Empathy is the single human quality that leads individuals to override self-interest and act with compassion and altruism.”²³ Infancy researchers have identified that children as early as the age of two can realize that someone else’s feelings differ from their own. The lack of empathy is associated with many of the behaviors plaguing schools—bullying, harassment, teasing, and other forms of violence.

PROBLEM SOLVING

Question 43: Do you know where to go for help with a problem?

Question 44: Do you try to work out your problems by talking or writing about them?

Problem solving includes the ability to plan, to be resourceful, to think critically and reflectively, and to creatively examine multiple perspectives before making a decision or taking action. Resilience research and other research on successful adults have consistently identified the presence of these skills. Students should be given the opportunity to directly plan, make decisions, and problem-solve in an ongoing and authentic capacity through the research-based strategies listed earlier in this report (see also RYDM Handbook, online).

²³ Daniel Goleman. (1995).

GOALS AND ASPIRATIONS

Question 45: Do you try to do your best?

Question 46: Do you have goals and plans for the future?

Question 20: Do you plan to go to college or some other school after high school?

Having goals and aspirations refers to using one's dreams, visions, and plans to focus on the future; in other words, to have high expectations and hope for one's self. Goals and aspirations are an expression of the intrinsic motivation that guides human development. They reflect the search for meaning at the heart of every human life. Ultimately, young people who have goals and aspirations develop a sense of deep connectedness. Resilience research, including the recent National Longitudinal Study of Adolescent Health, has identified a sense of deep connectedness as the most powerful individual asset protecting against negative developmental outcomes. These negative outcomes include teen pregnancy and school failure, emotional distress and suicide, violence, and involvement with alcohol and other drug abuse.

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Appendix A. Abbreviations & Definitions

| Agencies and Programs | |
|------------------------------|--|
| CDC | U.S. Centers for Disease Control and Prevention. |
| CDE | The California Department of Education. |
| CBEDS | California Basic Education Data System compiled by the California Department of Education. |
| LEA | Local Education Agency, such as a school district or county office of education. |
| Title IV | The federal Safe and Drug-Free Schools and Communities Act, part of the No Child Left Behind Act. |
| TUPE | California's Tobacco Use Prevention Education program. |
| Surveys | |
| CSS | The biennial California Student Survey (also known as the Biennial Statewide Survey of Drug and Alcohol Use Among California Students or the Attorney General's survey). |
| YRBS | The biennial Youth Risk Behavior Survey, sponsored by the federal Centers for Disease Control and Prevention. |
| Drugs and Drug-use Behaviors | |
| AOD (ATOD) | Alcohol (tobacco) and other drugs. |
| Illicit Drugs | Drugs other than alcohol or tobacco, such as marijuana. |
| Inhalants | Drugs that you "sniff" or "huff" to get high, such as glue, gas, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas. |
| Smokeless Tobacco | Chew or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen. |
| Tobacco | Includes both smoked and smokeless tobacco. |
| Measures | |
| Prevalence | The overall rate (percentage) that a behavior is reported. |
| Lifetime | Any occurrence within a respondent's lifetime. For example, the proportion of students who ever used a drug. |
| Current | Any occurrence 30 days prior to the survey. |

Appendix B. About the CHKS

| | |
|---------------------|---|
| SPONSOR | California Department of Education |
| SURVEY TYPE | Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version |
| GRADE LEVELS | Grades 5, 7, 9, 11, and non-traditional schools, minimum |
| SAMPLING | Representative district sample by contractor School-level surveys optional |
| MODULES (SECONDARY) | Core Resilience Supplemental AOD, Violence & Suicide) Tobacco Physical Health & Nutrition Sexual Behavior District Afterschool Custom Module |
| SOURCES | Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey |
| REQUIREMENTS | Biennial administration starting 2003-04 Secondary Core and Resilience Modules Elementary Core Active consent from parent/guardian for grades below seven; active or passive consent for grades seven and above Representative district samples |
| ADMINISTRATION | By school, following detailed instructions |
| PRODUCT | Local reports and aggregated state database |
| ADVISORS | Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and School Boards Association |
| DATABASE | Through Fall 2004, contains over 1,800,000 student records from over 900 school districts |
| STAFF SURVEY | Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required since Fall 2004) |
| CONTRACTOR | WestEd—Gregory Austin, PhD, Project Director |
| INFORMATION | California Department of Education: 916.319.0920 Website: www.chks.wested.org Cal-SCHLS Regional Center Helpline: 888.841.7536 |

BACKGROUND

Development

The CHKS was developed under contract from CDE by WestEd in collaboration with Duerr Evaluation Resources, assisted by an Advisory Committee of researchers, teachers, school prevention and health program practitioners, and public agency representatives. It is designed to provide a common set of comprehensive health risk and resilience data across the state to guide local program decision-making and also determine geographic and demographic variations. Its flexible structure enables it to be easily customized (including the addition of questions) and integrated into program evaluation efforts to meet local needs and interests.

Sampling and Analytic Plans

For districts with 900 or fewer students per grade, all students are surveyed; otherwise 900 students may be randomly selected. If a district has over 10 schools per grade, schools are randomly sampled. For results to be representative, a minimum of 60% of the students must complete useable surveys in each grade and school. Results are discarded for students who grossly exaggerated their substance use or had inconsistent response patterns.

GOALS

Reduce Risk Behaviors and Promote Well-being and Positive Development

The behaviors assessed by the CHKS are those that contribute directly to the leading causes of death, injury, and social and personal problems among youth. Schools need a thorough understanding of the scope and nature of student risk behavior and protective factors (resilience) to develop effective prevention and health programs. Without data, districts will struggle to make sound decisions about allocation of resources, programming, and the effectiveness of their efforts.

Promote Learning

Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. (See the discussion on Using the CHKS to Help Improve Schools and Achievement.)

Demonstrate Accountability

The CHKS is an important component of California's school accountability system, which requires that schools objectively assess students and then set measurable goals for making improvement. The CHKS gathers credible information to identify the health and safety needs of the students, establish district goals, and monitor progress in achieving the goals.

Meet Funding Requirements

For these reasons, state, federal, and private agencies increasingly require schools to collect, disseminate, and use health-related data as a requirement for obtaining and maintaining funding. The CHKS is specifically designed to help meet such requirements. For example, the federal No Child Left Behind Act requires LEAs to regularly conduct a drug use and violence needs assessment and report the results to the community. Districts that have state grants for Tobacco Use Prevention Education (TUPE) programs also must administer the CHKS.

Promote Health Programs and Community Support

The CHKS is designed to send a positive message of the importance of a healthy lifestyle and to promote the development of comprehensive school health programs. It aims to foster school and community collaboration that is essential to tackling these critically important issues.

USING THE CHKS TO HELP IMPROVE SCHOOLS AND STUDENT ACHIEVEMENT

How do schools engage, motivate, and support students so that they can achieve? Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. Research studies and reviews over the past decade have consistently concluded that student health status and academic achievement are inextricably intertwined. Incorporating health and prevention programs into school improvement efforts produces positive achievement gains. To these ends, the CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as important barriers to learning among students, particularly those related to school climate. The CHKS also assesses school protective factors and connectedness, which research has consistently identified as promoting positive youth development and school success. The following table lists all the topics assessed by the Secondary CHKS that specifically relate to the school. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey, required as of fall 2004. Call your Cal-SCHLS Regional Center for further information.

SCHOOL-RELATED CHKS QUESTIONS, ELEMENTARY

| QUESTION | SCHOOL VARIABLE |
|-------------------------------------|---|
| Substance Use | |
| 35 | Ever use alcohol or other drug before or at school |
| Victimization, Violence, and Safety | |
| 21 | Hit or pushed other kids |
| 23 | Was hit or pushed |
| 22 | Spread rumor or lies about other kids |
| 24 | Experienced rumors or lies being spread about him/her |
| 49 | Teased about way body looks |
| 25 | Carried weapon |
| 26 | Saw a weapon |
| 28 | Perceived safety |
| Achievement | |
| 16 | Perceived ability with schoolwork |
| 20 | Plans to go to college or other post-secondary school |
| 45 | Achievement motivation (Do you try to do your best?) |
| School Protective Factors | |
| 14-19 | Caring relationships, High expectations, and Opportunities for Meaningful Participation, and School Protective Factor Score |
| 9-12 | Personal school connectedness |

Tables

The following index enables you to identify a table of findings in this report based on item number. For convenience, the corresponding CHKS middle school survey item has also been provided.

INDEX OF ITEM AND TABLE NUMBERS—ELEMENTARY

| Elem School Item | Report Table | Variable | Related Middle School Item |
|------------------------|-----------------|--|----------------------------------|
| 2, 4 | 2.1 | Sample by grade, age | A3, A5 |
| 3 | 2.2 | Sample by gender | A4 |
| 5 | 2.3 | Transience (past year) | A9 |
| 6 | 6.1 | Breakfast consumption, day of survey | A19 |
| 7 | 5.6 | Frequency wear seat belt | E10 |
| 8 | 5.6 | Frequency wear bicycle helmet | E11 |
| 9 | 7.1 | Feel close to people at school | B1 |
| 10 | 7.1 | Happy to be at this school | B2 |
| 11 | 7.1 | Feel part of this school | B3 |
| 12 | 7.1 | Treated fairly by teachers | B4 |
| 13 | 7.1 | School, help decide things like class rules or choose things to do | B13 |
| 14 | 7.1 | School, teacher or adult really cares | B6 |
| 15 | 7.1 | School, teacher or adult tells me when I do a good job | B7 |
| 16 | 2.4 | Ability with school work | A88 |
| 17 | 7.1 | School, teacher or adult listens when I have something to say | B10 |
| 18 | 7.1 | School, teacher or adult believes that I can do a good job | B11 |
| 19 | 7.1 | School, do things that are helpful | B14 |
| 20 | 7.1 | I plan to go to college or some other school after high school | B26 |
| 21 | 5.3 | Last year, frequency hit or pushed other kids at school | — |
| 22 | 5.3 | Last year, spread mean rumors about other kids at school | — |
| 23 | 5.2 | Frequency hit or pushed at school | A63 |
| 24 | 5.2 | Frequency other kids spread mean rumors about you | A66 |
| 25 | 5.4 | Last year, brought a gun or knife to school | A72-73 |
| 26 | 5.4 | Last year, seen someone at school with a gun or knife | A75 |
| 27 | 5.5 | Frequency of being home alone after school | A84 |
| 28 | 5.1 | Perceived safety at school | A83 |
| 29 | 5.1 | Perceived safety outside of school | C12 |
| 30-31 | 4.1 | Ever tried smoking a cigarette or using smokeless tobacco | A21-23 |
| 32 | 3.1 | Lifetime, used alcohol | A24 |
| 33 | 3.1 | Lifetime, used inhalants | A26 |

| Elem School Item | Report Table | Variable | Related Middle School Item |
|------------------------|-----------------|---|----------------------------------|
| 34 | 3.1 | Lifetime, used marijuana | A25 |
| 35 | 3.3 | Lifetime, used alcohol or drugs before or at school | A47-49 |
| 36 | 4.2 | Perceived health risk of cigarette smoking | A51 |
| 37 | 3.4 | Perceived health risk of alcohol use | A52 |
| 38 | 3.4 | Perceived health risk of marijuana use | A53 |
| 39 | 3.2 | Current alcohol drinking (had at least one drink in the past month) | AA40 |
| 40 | 4.1 | Current tobacco use, cigarettes (smoked a cigarette in the past month) | A38 |
| 41 | 7.1 | I try to understand how other people feel | B38 |
| 42 | 7.1 | I feel bad when someone gets their feelings hurt | B33 |
| 43 | 7.1 | I know where to go for help with a problem | B27 |
| 44 | 7.1 | I try to work out problems by talking or writing about them | B28 |
| 45 | 7.1 | I try my best | — |
| 46 | 7.1 | I have goals and plans for the future | B24 |
| 47 | 6.4 | Weight; too skinny, about right, or too fat | E7 |
| 48 | 6.4 | Doing anything to lose weight | E1 |
| 49 | 6.4 | Been teased by kids at school about body | A68 |
| 50 | 6.2 | Days exercise, dance, or play sports | — |
| 51 | 6.6 | Asthma symptoms – when not exercising | — |
| 52 | 6.5 | Parents or other adult told you that you have asthma (asthma diagnosis) | A20 |
| 53 | 6.3 | Frequency TV/video games, yesterday | E8 |
| 54 | 7.1 | My friends get into a lot of trouble | B45 |
| 55 | 7.1 | My friends try to do what is right | B46 |
| 56 | 7.1 | At home, parent or grown-up cares about my school work | B49 |
| 57 | 7.1 | At home, parent or grown-up believes you can do a good job | B50 |
| 58 | 7.1 | At home, parent or grown-up wants me to do my best | B52 |
| 59 | 7.1 | At home, parent or grown-up listens when I have something to say | B53 |
| 60 | 7.1 | I help out at home | B55 |
| 61 | 7.1 | I get to make rules or choose things to do at home | B56 |
| 62 | — | I understood the questions on this survey | — |
| 63 | — | I answered the questions on this survey honestly and truthfully | A90 |
| 64 | — | Language spoke at home | — |

Core Module: Secondary School

Preface

This report provides the detailed results for each question (or item) in your secondary school California Healthy Kids Survey (CHKS). The report is a comprehensive reference tool to all the findings. The CHKS Key Findings provides a summary of selected results and is intended more for immediate public dissemination. These results will help identify the health and prevention needs of local youth and should be used to guide program decision making to meet those needs. The CHKS is a service to help schools collect and use local health-related student data provided by the California Department of Education (CDE). Since fall 2003, CDE has required local education agencies to administer the survey every two years in compliance with the No Child Left Behind Act. As NCLB also requires the data to be publicly reported, the results are posted annually on the CHKS website each November (www.wested.org/chks).

REPORT ORGANIZATION

The first part of the report is a Narrative Discussion that includes: (a) a description of the survey and the sample; (b) an explanation of each question and its significance (why it was asked), including possible program implications; and (c) suggestions for additional data analysis. Endnotes include references to relevant research literature. In discussing question significance, frequent references are made to the findings of the California Student Survey and the Youth Risk Behavior Survey, as CHKS questions are comparable to both surveys.

The second part presents Tables with the actual data—the percentages responding to each response option—organized by grade level. An index preceding the tables provides cross-references between the table numbers and survey question numbers. In analyzing and disseminating the results, it is important to emphasize the positive behaviors of youth as well as the risks they face. For this reason, the report tables include the percentages of youth who do not engage in each risk behavior, as well as the frequency that others do report them.

In both sections, the findings are grouped according to the major topics assessed by the CHKS, as outlined in the Table of Contents. First, data are provided from the required Core Module A, followed by the data from any supplementary modules that were administered (see Table A1.1).

AIDS TO UNDERSTANDING AND USING THE DATA

By necessity, this report discusses the survey questions in general terms. In practice, interpretation of the meaning of the specific findings and what should be done in response to them — can only be effectively done by local schools and communities. Several resources are available to aid in this process.

- » Report Appendix A provides definitions of terms used in the survey and report.
- » The CHKS Data Use and Dissemination Guidebook describes a step-by-step process for reviewing, analyzing, and disseminating your results as part of a data-driven decision making process.
- » CHKS staff conduct free Data Appreciation Workshops every month during the school year. These workshops are held via teleconference and accompany a Power Point presentation available via the CHKS website (www.wested.org/chks).

wested.org/chks). District staff can also sign up for this workshop on the CHKS website. A charge applies for staff to conduct an individualized local workshop for schools or districts.

CONDUCTING ADDITIONAL ANALYSES

In addition to the printed or PDF report, your complete dataset (in a Statistical Package for Social Sciences [SPSS] format) is available electronically (a fee for preparation applies). As discussed in the CHKS Guidebook, the receipt of this report is just the first step in the assessment of student behavior. This report provides the results individually for each item for the sample as a whole by grade level, and some response options are combined in order to simplify data presentation and focus on the most meaningful results. The dataset provides all the results and enables analyses of patterns of behaviors, how they are interrelated, and the characteristics of the youth who reported them. This will help your school community design and target programs for those in most need. To assist in this, suggestions for further analyses are provided periodically throughout this report.

If you need support in analyzing these data, consider contacting researchers at local health agencies and colleges. These data can be of great interest to them. Moreover, involving analysts outside the school can further promote better school-community collaboration in meeting youth needs. Data analysis assistance is also available from the CHKS staff as a custom service.

SCHOOL LEVEL REPORTS

CDE supports the preparation of one set of district-level reports. If the schools in your district vary significantly in demographics, programs, or other characteristics, you should consider requesting individual reports for each school. Different schools may have different problems that require different programs and strategies. (Note that for large districts that sample schools and students, the sample may not support school-level reports.) The preparation fee is \$50.00 per school; additional fees apply for custom modules.

Acknowledgements

The CHKS was developed under contract from the California Department of Education (CDE) by WestEd in collaboration with Duerr Evaluation Resources. Assisting in its development were an Advisory Committee consisting of researchers; education practitioners from county offices of education, school districts, and schools across the state; and representatives from federal and state agencies involved in assessing youth health-related behaviors. Professor Rod Skager served as a special consultant.

At WestEd, Barbara Dietsch, William McCarthy, Bonnie Benard, Carol Burgoa, and Scott Bates contributed to the writing of this report. Special thanks are also due to the following specialists for their help in preparing individual sections of the report, particularly in examining how data might be used to better understand local needs and to plan strategic responses to these needs:

- » Michael Furlong, Ph.D., University of California, Santa Barbara, Gevirtz Graduate School of Education;
- » Jennifer Unger, Ph.D., Institute for Health Promotion and Disease Prevention Research, University of Southern California; and
- » Sally Champlin, MPH, CHES, California State University, Long Beach.

For more information about the survey or your results, call the toll-free helpline at 888.841.7536, or visit the CHKS website at <http://www.wested.org/hks>.

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1. Introduction

This report provides the detailed findings from the district's administration of the California Healthy Kids Survey (CHKS) to students. This introduction summarizes the survey's purpose, administration procedures, and sampling plan. The characteristics of the students who completed valid surveys (the respondents) are reported in Section A2.

SURVEY PURPOSE

Preventing and Reducing Risk Behaviors

The California Department of Education (CDE) funded the CHKS to assist schools in preventing youth health-risk behaviors and in promoting positive youth development, resilience, and wellbeing. A thorough understanding of the scope and nature of the youth behaviors is essential to guide decision making in developing effective prevention, health, and youth development programs. It is also essential for raising public awareness and fostering program support. As its name reflects, the CHKS is intended to send a positive message to students, schools, and communities about the importance of healthy behaviors and environments that foster well-being. The overall intent of the CHKS is to help school communities understand the many positive traits of their schools and students and to encourage them to seek ways to help students in need to become more competent.

Accountability

Increasingly schools are required to demonstrate that they are collecting and using data to assess student needs, as well as to develop and evaluate programs that address those needs. In particular, the CHKS is designed to help schools meet the requirements of the federal Safe and Drug-Free Schools and Communities Act (SDFSC), as contained in the No Child Left Behind Act, and the state Tobacco Use Prevention Education (TUPE) program. Assessment is the first step in the U.S. Department of Education's Principals of Effectiveness, as discussed in the CHKS Guidebook. CDE strongly recommends that districts use their survey findings in conjunction with CDE's Getting Results guidebooks for prevention program planning. The CHKS helps identify program needs; Getting Results provides helpful strategies to better address those needs.

Promoting Resilience, Positive Development, and Well-Being

Above all else, the CHKS grew out of CDE's commitment to promoting the successful development of all the state's youth. Reflecting this, an entire Resilience and Youth Development Module (RYDM) is devoted to assessing the school, community, home, peer, and individual protective factors that research has shown to be fundamental to the development of resilience and well-being even among youth in high-risk environments. This is discussed further in this report.

Promoting School Success

CDE views the survey as an integral part of efforts to promote school reform and improve student academic performance. Research has consistently demonstrated that many of the health risks and school environment factors assessed by the CHKS are fundamental barriers to learning. The CHKS Resilience and Youth Development Module further provides a measure of student connectedness to schools, which is a critical condition for school success. Two

factsheets are available that summarize the links between health-related behaviors as measured by the CHKS and educational achievement.¹

SURVEY CONFIGURATION

The survey consists of a general Core Module A and six supplementary topic-focused modules. This enables the survey to be configured to meet local interests, needs, and standards. Table A1.1 indicates the modules administered by your district. The Core Module (A) assesses a broad range of key resilience and youth development protective factors: caring relationships, high expectations, and opportunities for meaningful participation in both school and community settings; health-risk behaviors: alcohol, tobacco, and other drug use; violence and school safety, including harassment; and physical education and eating habits. It is required to be administered.

The supplementary modules are:

- » Resilience and Youth Development (Module B)
- » Alcohol and Other Drug (AOD) Use & Safety (Module C)
- » Tobacco (Module D)
- » Physical Health (Module E)
- » Sexual Behavior (Module F)
- » Custom Items (Module G)

SURVEY ADMINISTRATION

CHKS staff recommended the sample selection and provided on-call technical assistance and detailed written instructions in planning, organizing, and conducting the survey. School staff administered the survey following these instructions. The survey guidelines are designed to assure the protection of all student and parental rights to privacy. Each student's participation was voluntary, anonymous, and confidential.

SAMPLING PLAN

Table A1.2 gives the target sample of schools and students, and the final number and percent that participated (obtained parent consent and completed the survey). The final sample excludes the students who took the survey but whose answer forms were eliminated from the database because their responses indicated they did not take the survey seriously or answered untruthfully or carelessly.

The CHKS sampling plan was designed to produce representative district-level data for 7th, 9th, and 11th graders. It was based on obtaining at least a 60% student response (participation) rate from a target sample. This can include up to 900 students per grade in randomly selected classrooms and schools (up to 10 schools). If there are fewer than 900 students enrolled in any grade, the target sample is the full enrollment. If there are more than 900 students,

¹ Hanson, T. (2001).

districts may still elect to survey the entire enrollment. The survey classrooms were selected so that every student has an equal chance of participating in the survey.

ASSESSING THE QUALITY OF THE DATA

As with any data, care must be taken to fully understand the survey, the context within which the data were collected, and the factors that can impact the quality, validity, and generalizability of the results. Guidelines for assessing the quality of your survey results are provided in the CHKS Guidebook, volume 2. The following are a few of the key issues that should be kept in mind in reviewing the results.

Representativeness

Among the most important factors affecting the quality of your survey results is your success in meeting the sampling plan. Special attention needs to be paid to differences in sample size and characteristics in interpreting the significance of any changes between survey administrations. It is always necessary to evaluate if changes in results from administration to administration are due to real changes in the rates observed or due to differences in the sample of students who completed the survey. The validity and representativeness of the results will be adversely affected when all schools do not participate, or if the student response rate is substantially lower than 70%. One indication of the survey's representativeness is how accurately the sample reflects the gender and ethnic composition of the district's student enrollment (see Section 2).

Parental Consent

Research shows that most parents approve of participation in surveys such as the CHKS. When using active consent (mandatory for grade five; optional for grades seven and above), a critical challenge in survey administration is making sure students and parents return consent forms to the school. The CHKS Guidebook describes strategies to obtain high return rates, and in the case of passive consent, strategies to ensure parents are fully notified. The proportion of students who do not take the survey directly impacts the representativeness of the survey results—and consequently their generalizability to the entire district.

Administration Period

Results may be affected by the time of year the survey was administered. In general, a survey conducted in the fall will yield slightly lower risk-behavior rates than in the spring because risk behaviors tend to increase with age (although youth with conduct problems are more likely to be enrolled in school during the fall term). In addition, some data are vulnerable to changes in recent behavior and thus may be affected by seasonal variations. If a survey is administered after a holiday period, school dance, or other social event when risk behavior may be elevated, the results may be higher than if administered at another time.

COMPARISON DATA

Comparing district results to other local, regional, state, and national benchmarks provides a broader context with which to evaluate the local situation. Examples of comparison reports are also available under 'Next Steps - Presenting Your Data' on the CHKS website (www.wested.org/chks).

- » At the local level, a good comparison would be another school district that is similar in demographics and other characteristics. Your CHKS Advisor can help you determine which comparison districts have conducted the survey. All CHKS reports are available to be downloaded from the CHKS website. Mutually compare your results. Look at similarities and differences and what may account for them.
- » Comparison data is also available at the county level. County level reports are also available on the CHKS website.
- » Statewide norms are provided by the biennial California Student Survey, a state mandated survey conducted by the Office of the Attorney General. Since 1999, it has included all the items in the CHKS Core Module as well as priority items from the supplementary modules dealing with AOD use, violence, and personal resilience.² Findings from the most recent surveys (Austin & Skager 2004, Skager & Austin 2006) are available at <http://safestate.org/css>. CSS results in CHKS format are available at the CHKS website.
- » For national norms, many CHKS items were derived from, and are comparable to, the Youth Risk Behavior Survey (YRBS), a general health-risk survey sponsored by the federal Centers for Disease Control and Prevention. Many of the substance use questions are also comparable to those on other national surveys such as the Monitoring the Future survey.³

In discussing question significance, references are often made to the findings of the CSS and the YRBS because of their comparability to CHKS. CSS and YRBS results are presented at the end of the Module A report (see Tables A8.1 and A8.2) for easy reference. Although comparisons to state and national samples are important, ultimately these fundamental questions must be asked: Are we doing better? Are we going in the right direction? For example, it is inevitable that 50% of all schools will be “below average,” when compared to the statewide average, in the incidence of drug use or violence. This is why comparisons to other surveys, although they should be attended to, are not the most important comparison for a particular district or school. Statewide trends and averages can go up or down outside of a school’s control. The only trend that a school can influence is its own. It is for this reason that schools should focus primarily on those things under their control; that is, what happens on their campuses and how their students experience their schools.

When comparing data from surveys other than the CHKS, it is also very important that attention be paid to differences in item wording or even ordering that might affect the results. As discussed further in the CHKS Data Use and Dissemination Guidebook, many factors can affect comparability. Be sure all are examined.

² The CSS is co-sponsored by the California Department of Education, the Department of Alcohol and Drug Programs, and the Department of Health Services.

³ For information on the YRBS and the latest national results, see <http://www.cdc.gov/nccdphp/dash/yrbs>. For Monitoring the Future, see <http://www.monitoringthefuture.org/data/00data.html>.

2. Sample Characteristics

This section describes the characteristics of the final, valid sample of the students who completed the survey. These characteristics are age, gender, race/ethnicity, usual grades received (by self report), transience (as indicated by school changes), and time spent home alone without adult supervision. These are all risk factors that have been found to affect variations in risk behavior.

When considering these findings, compare them with other independent sources of information about the characteristics of student enrollment, such as the California Basic Education Database (CBEDS) for the local district or school. One indicator of the “representativeness” of the data is the consistency of these characteristics. A marked difference is an indication that the sample is not representative and interpretations should be cautiously applied. However, even when the data are consistent, if the sample response rate (at the district or school level) is below 60%, a bias in some other characteristic (not measured in the CHKS) might exist that could affect the results.

AGE AND GRADE

HS/MS Questions A3 and A5: How old are you? In what grade are you?

Table A2.1 summarizes the size of the final, valid sample by grade and age. Because drug use and other risk behaviors increase and change with age, understanding these differences is important for implementing effective, developmentally appropriate programs. The CHKS surveys students in grades 7, 9, and 11 for the following reasons:

- » Grade 7 (approximately age 12) serves as a good baseline for studying the onset of student behaviors and their development. Risk behaviors such as substance use are still relatively low at this age, but are beginning to rise. Certain patterns of behavior also occur more often among 7th graders than older students, such as the use of inhalants. This data can provide useful information about the effects of early intervention efforts to delay the age of onset of risk behaviors such as substance use.
- » Grade 9 (age 14) is typically the first year of senior high school and a time when risk behaviors increase substantially. School transitions (e.g., moving from middle to high school) are associated with increases in risk behaviors, in part because youth become more vulnerable, uncertain, and more easily influenced by older peers, who have more experience with and exposure to controlled and uncontrolled substances. Generally, prevention programs are considered most effective when conducted just before crucial transition periods.⁴
- » Grade 11 (age 16) provides a more representative sample of local youth than 12th grade because dropout rates increase with grade and therefore more students are still in school. Furthermore, because risk behaviors are also disproportionately high among school dropouts, surveying 11th graders provides a more representative sample of high-risk youth, and thus provides data to guide intervention efforts that might help not only to reduce risk behaviors but also to forestall youth from dropping out. By 11th grade, onset of most risk behaviors has already peaked. For example, most students who will try alcohol or other drugs will already have done so.

⁴ MacKinnon, Weber, & Pentz (1989).

GENDER

HS/MS Question A4: What is your sex?

Table A2.2 summarizes the gender of the respondents. Gender breakdowns in the results are also provided for key items relating to safe and drug-free schools in Tables A4.25, A5.10, and A6.11.⁵ Some measures are more affected by gender differences than others. You need to take this into consideration in both interpreting the findings and planning your responses. Do you need to undertake gender-specific approaches, or allocate resources differentially? For example: Do females complete the survey at a higher rate and more accurately? Do fewer get thrown out because they fail the consistency and reliability checks? Sampling differences involving females and males may affect the reported rates of substance use and aggressive behavior:

- » Substance Use. If there is an under representation of males, it should not have a significant effect on overall AOD use prevalence. Males and females exhibit similar prevalence rates for most alcohol, tobacco, and most common drugs. However, it may result in an underestimation of the proportion of students reporting heavy levels of use, as heavy use is more common among males (see Table A4.25).
- » Violence. Males are much more likely than females to act physically aggressive and possess guns at school, as well as to be the victim of attacks. In one national study, nine out of ten deaths that occurred on school campuses from 1992-1994 involved a male as both perpetrator and victim.⁶ However, females may act in socially aggressive ways more often than males.

Data Analysis Suggestion. For most comprehensive schools, enrollment is usually split evenly by gender. If your sample's gender is significantly different from district enrollment, the results may not be representative and you may want to conduct additional analyses in which you weight by gender.⁷ The CHKS staff can provide you with a weighted dataset.

RACE/ETHNICITY

HS/MS Question A6: How do you describe yourself? (Mark all that apply.)

HS/MS Question A7: If you are Asian or Pacific Islander, which groups best describe you? (Mark all that apply.)

HS/MS Question A8: If you are Hispanic or Latino/Latina, which groups best describe you? (Mark all that apply.)

Table A2.3 provides the response rates for seven major racial/ethnic groups in California: American Indian, Pacific Islander, Asian, African American, Hispanic/Latin, White, or Other.⁸ Students who selected more than one group (e.g., African American and Hispanic) were counted in each, so that percentages may add up to more than one hundred. They were also categorized as of Mixed Ethnicity.

⁵ For items derived from the YRBS, the Centers for Disease Control and Prevention (CDC) publishes results by gender that can be compared with results from the CHKS (see <http://www.cdc.gov/nccdphp/dash/yrebs>).

⁶ Kachur, S. P. et al. (1996).

⁷ While males and females are generally enrolled in schools in equal proportions, surveys that have used written parent-consent procedures, such as the CHKS, have found higher proportions (overrepresentation) of females in their final sample of respondents. Apparently adolescent females are more likely to follow through in returning signed consent forms than males.

⁸ This item was developed to comply with guidelines of the U.S. Office of Management and Budget.

Questions A7 and A8 ask students to also identify which of ten Asian subgroups or six Hispanic subgroups “best describe” themselves. These results are only provided in the dataset for additional analysis. If your sample includes two or more of these subgroups, it is possible to analyze the data to determine if significant subgroup differences exist in the findings that might have program s.

Caution: These CHKS data are not directly comparable to CBEDS statistics because CBEDS does not have an “other race/ethnicity” category. CBEDS recently started collecting data on mixed race/ethnicity; the data do not yet appear to be reliable.

Data Analysis. The more diverse the school enrollment, the more you should consider analyzing results by ethnic groups to see if group behaviors vary significantly in ways that warrant targeted prevention efforts. If there are pronounced demographic variations by school, you should consider ordering school-level reports. In assessing the implications of racial/ethnic group differences, attention needs to be paid to issues of acculturation, such as differences that reflect immigration and generational status. As youth become more acculturated to the American way of life, substance use patterns, for example, begin to emulate those of U.S.-born Caucasian youth.⁹

LIVING SITUATION

HS Question A9: What best describes where you live? A home includes a house, apartment, trailer, or mobile home.

Table A2.4 describes students’ living situations. It is important to assess students’ housing status because if they are homeless they have educational rights and protections under the law. Under the McKinney-Vento Act, provisions ensure that all students, regardless of housing status, may enroll in school, attend regularly, and succeed in educational opportunities. The act eliminates many of the traditional barriers to schooling for transient and homeless students, and creates opportunities to protect them from family and community risks associated with negative life outcomes. Note: This question is not asked on the middle school version of the survey.¹⁰

CLASS GRADES RECEIVED

HS Question A124/MS Question A106: During the past 12 months, how would you describe the grades you mostly received in school?

Table A2.5 summarizes the proportion of students who reported each of eight options for course grades that they usually received in the past 12 months (mostly A’s, mostly A’s and B’s, etc.). Although this information is readily available in school records, it was included in the survey because it allows examination of the students’ self-reported behaviors by subgroups of students based on course grades. This provides one way to evaluate and demonstrate to school and community leaders how local risk behaviors are related to achievement. With this information you will be able to discuss how reducing barriers to achievement need to be part of school improvement efforts.

TRUANCY

HS Question A125/MS Question A107: During the past 12 months, about how many times did you skip school or

⁹ Boles, S. et al. (1994).

¹⁰ National Center for Homeless Education. (2002). Local Homeless Education Liaison Toolkit. Greensboro, NC: SERVE. Stronge, James and Evelyn Reen-Victor. (2000) Educating Homeless Students: Promising Practices. Larchmont, NY: Eye of Education.

cut classes?

Table A2.6 provides information on truancy, specifically the number of times that students self-reported skipping school or cutting classes in the past 12 months. In conjunction with the information on class grades, as well as on school connectedness provided by the Resilience and Youth Development Module, this enables you to analyze the correlations between health risk behaviors and school attendance, achievement, and attachment or commitment to school. This question was also added in compliance with the requirements of federal No Child Left Behind legislation. Truancy has been identified as one of the most powerful predictors not only of poor achievement but delinquency.¹¹ Truants use drugs more often and have more deviant friends. U.S. Department of Education statistics show that two-thirds of male juveniles arrested while truant tested positive for drug use.¹² Promoting school attachment will help reduce risk behaviors, and reducing barriers to learning, such as substance abuse, should further promote attendance and higher levels of achievement.

AFTER SCHOOL SUPERVISION

MS Question A102: In a normal school week, how many days are you home after school for at least one hour without an adult there?

In Table A2.7, the CHKS reports the number of days in a normal school week 7th graders were home after school for at least one hour without an adult. The majority of children between the ages of 6–17 come from homes in which both parents, or the custodial parent, work outside the home. The amount of time between school ending and parents returning home can add up to as much as 20–25 hours per week, during which time children are often unsupervised by an adult.¹³

- » An Urban Institute report estimated the population of these so-called latchkey youth at 10% of 6 to 9-year-olds and 35% of 10 to 12-year-olds. It also emphasized that these unsupervised youth consistently have been found to be at significantly higher risk than supervised youth of involvement in a wide range of risk behaviors - notably substance use and sexual activity - but also at risk of injury and falling behind in studies.¹⁴ Lack of supervision also can contribute to a greater sense of insecurity.
- » Violent juvenile crime doubles in the after-school hours on school days.¹⁵
- » A recent federal report concluded that these unsupervised students were “far more likely to use alcohol, tobacco, and other drugs; engage in criminal and other high-risk behaviors; receive poor course grades; display more behavior problems; and drop out of school.”¹⁶
- » Research has demonstrated that 8th-grade students who took care of themselves for 11 hours or more a week were at twice the risk of substance use as students not in self care. These results remained stable after

11 Robins & Ratcliff (1978). Garry, E. (1996.) Cairns, Cairns, & Neckerman (1989). Rumberger, R. (1987).

12 ERIC, Crime and Disorder Act.

13 American Youth Policy Forum (1999).

14 Capizzano, Tout, & Adams (2000).

15 Snyder & Sickmund (1999).

16 U.S. Departments of Education and the U.S. Department of Justice (2000).

accounting for sociodemographic status, extracurricular activities, sources of social influence, and stress.¹⁷ In another study of 9th graders, unsupervised self-care, especially outside of the home, was associated with substance use, risk taking, depressed mood, and lower academic grades.¹⁸

MIGRANT EDUCATION

HS Question A9: What best describes where you live? A home includes a house, apartment, trailer, or mobile home.

Table A2.8 describes students' involvement in Migrant Education (ME). This question has been added in 2008-09 in order to provide additional information to schools, districts and Migrant Educators at the regional and state level regarding the differences that may be apparent between ME and Non-ME students. In addition to having the ME vs. Non-ME rates displayed in the CHKS Main Report, a special Migrant Education Report will also be produced disaggregating the results of every question by ME vs. Non-ME involvement. These specialized reports will then be sent to Regional Migrant Education Directors (RMED) to provide an additional and current data source regarding ME involvement, level of school connectedness, wellbeing and risk-taking behavior.

17 Richardson, J. L. et al. (1989).

18 Richardson, J. L. et al. (1993).

3. Resilience and Youth Development

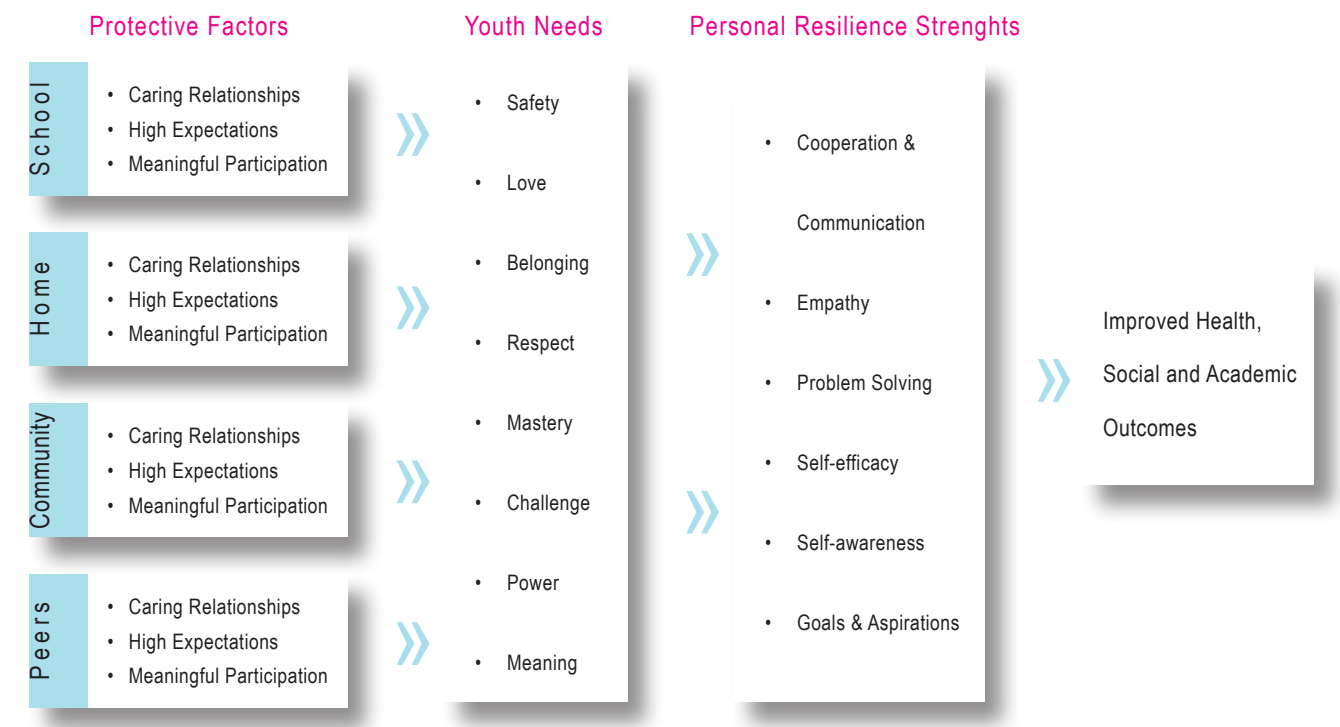
The Resilience & Youth Development questions are devoted entirely to assessing the external and personal resilience associated with positive youth development. This section of the report provides a brief overview to the theoretical framework underlying the survey and explains the scales in which the survey items are grouped. The required Resilience & Youth Development sections in the Core (school and community protective factors) are discussed in this report. The optional sections (the Resilience Module includes peer, home, and personal resilience) are discussed in the Resilience Module report.

WHY YOUTH DEVELOPMENT MATTERS: THE CONCEPTUAL FRAMEWORK

Figure 1 illustrates the conceptual framework or hypothesis on which the RYDM is based. This approach is based not only on studies of human development but also on research in school effectiveness, healthy families, competent communities, and successful youth-serving programs. Youth development is the process of promoting the social, emotional, physical, moral, cognitive, and spiritual development of young people through meeting their fundamental needs for safety, love, belonging, respect, identity, power, challenge, mastery, and meaning. Resilience refers to positive youth development in the face of environmental threat, stress, and risk. Broadly, it is not only the ability to rebound from adversity but also the ability to achieve healthy development and successful learning in any circumstance. In this sense, the terms “youth development” and “resilience” are used interchangeably.

The major tenet of the youth development approach is that resilience is a capacity for healthy development innate to all people. Resilience is an inborn wisdom that naturally motivates individuals to meet their fundamental human needs. When young people experience home, peer, school, and community environments rich in protective factors, their needs are met. In turn, youth develop the individual characteristics—or personal resilience—that are associated with healthy development and successful learning, and with lower involvement in health-risk behaviors such as substance abuse and violence. As such, youth development is an essential part of any comprehensive prevention program.

Figure 1. Youth Development Conceptual Model



THE THREE PRINCIPLE PROTECTIVE FACTORS

Studies across multiple disciplines have clearly identified three principle Protective Factors that promote youth development and resilience to guide education and prevention practice. These principles are caring relationships, high expectation messages, and opportunities for meaningful participation and contribution. These supports and opportunities should be available in all environments in a young person’s world: home, school, community, and peer groups.

Caring Relationships

Caring relationships are defined as supportive connections to others in the student’s life who model and support healthy development and well-being. Longitudinal studies of human development, program evaluation research, the recent National Longitudinal Study of Adolescent Health, and qualitative studies have identified caring relationships as the most critical factor promoting healthy and successful development even in the face of much environmental stress, challenge, and risk. These relationships convey that someone is “there” for a youth. This is demonstrated by an adult or peer having an interest in who a young person is, and in actively listening to, and talking with, the youth.

High Expectations

High expectation messages are defined as the consistent communication of direct and indirect messages that the student can succeed. They are at the core of caring relationships and communicate belief in the youth’s innate resilience and ability to learn. The message is “You can make it; you have everything it takes to achieve your dreams;

I'll be there to support you.” Research has shown this to be a pivotal factor in the environments of youth who have overcome the odds.

In addition to this “challenge + support” message, a high-expectation approach conveys firm guidance—clear boundaries and the structure necessary for creating a sense of safety and predictability. The aim is not to enforce compliance and control but to allow for the freedom and exploration necessary to develop autonomy, identity, and self-control. A high-expectation approach is individually-based and strengths-focused. This means identifying each youth’s unique strengths and gifts, nurturing them, and using them to work on needs or concerns. Having high expectations assumes that one size never fits all.

Meaningful Participation

Meaningful participation is defined as the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. Providing young people with opportunities for meaningful participation is a natural outcome of environments that convey high expectations. Participation, like caring and support, meets a fundamental human need: to have some control and ownership over one’s life. Resilience research has documented that positive developmental outcomes—including reductions in health-risk behaviors and increases in academic factors—are associated with youth being given valued responsibilities, planning and decision-making opportunities, and chances to contribute and help others in their home, school, and community environments.

THE RELATIONSHIP OF RISK AND RESILIENCE

Protective Factors have been found to mediate against involvement in risk behaviors such as substance use and violence. Analyses of aggregated CHKS data summarized in The RYDM Handbook have consistently shown that high levels of these developmental supports and opportunities are inversely associated with lower levels of involvement in risk behaviors, suggesting a “protective” influence. Conversely, when students report lower levels of Protective Factors (PDF) they report higher levels of risk behaviors. This is true across such diverse high-risk behaviors as binge alcohol drinking, regular cigarette smoking, marijuana use at school, and carrying weapons at school. For example, 31% of the 11th graders taking the CHKS in 2002-03 classified as Low in Total PF scores also reported binge drinking in the last 30 days compared to only 19% of those scoring High in Total PF scores. In addition, students who reported higher levels of these Protective Factors in their schools and communities were also more likely to perceive their schools and communities as safe places.

Similar results have been reported recently by the important National Longitudinal Study of Adolescent Health (Add Health) based on their survey of 90,000 youth in grades 7-12. This survey found that youth who felt “connected” to either their parents or school were unlikely to engage in problem behaviors ranging from alcohol, tobacco, and other drug use to emotional distress, unsafe sexual practices, and acts of violence towards others.

These findings are correlational, not causal. They do not explain how the relationship between risk and resilience develops over time. But they do strongly suggest that efforts to promote positive youth development early in a child’s life, before the critical years for the onset of risk behaviors (generally beginning in the 7th grade), is absolutely critical to any comprehensive prevention approach. Efforts in later years may help reduce involvement or “turn

around” youth. As discussed further below, this approach to prevention has benefits for schools in that improvement in academic performance is another demonstrated outcome.

YOUTH DEVELOPMENT AND STUDENT ACHIEVEMENT

Longitudinal analysis of the relationships of CHKS risk and resilience indicators to changes in annual California Standardized Testing and Reporting (STAR) test scores over time further underscore the importance of school-based youth development efforts.¹⁹ The analysis revealed the extent to which student exposure to low levels of developmental supports are an impediment to raising test scores. Test scores increased more in schools where students reported high levels of caring relationships at school, high expectations at school, and meaningful participation in the community. These results suggest that attention to external resilience Protective Factors in school settings—which can help youth navigate adolescence in healthy ways—holds great promise for comprehensive programs addressing both the developmental and academic needs of children. Working to enhance school connectedness by creating a network of caring relationships between staff and students, and by communicating and supporting high expectations, must be an essential part of any school improvement effort.

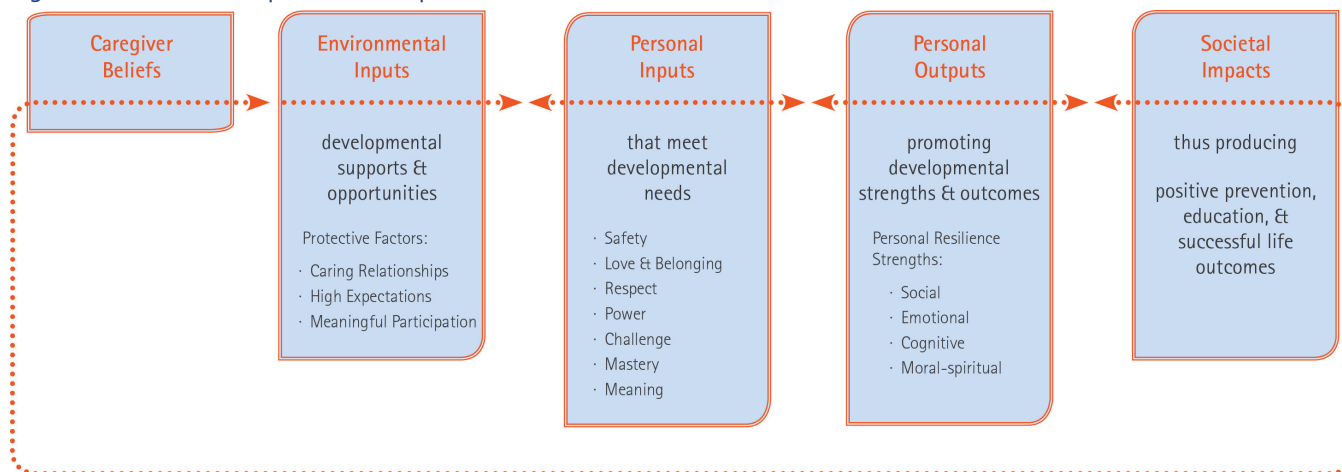
To the extent that higher levels of perceived Protective Factors are associated with lower levels of risk behaviors, these findings suggest that implementation of youth development strategies in the school will also serve to improve test scores by reducing key behavioral barriers to achievement. The value of youth development approaches to schools is thus twofold: it contributes both to the primary mission of educating students and to the requirements set forth in No Child Left Behind, Title IV to reduce substance abuse and violence. Too often, schools have come to view prevention as a task “imposed” on schools not only apart from its academic purpose but also a detraction from it, by draining time and resources that could be devoted to instruction. The relevance of the youth-development approach is that it promotes both positive academic and behavioral outcomes. Prevention is achieved not by taking time away from the essential educational functions of schools but by permeating school activities with an orientation to creating and supporting positive behavior and development.

SURVEY STRUCTURE

Based on the conceptual model in Figure 2, the RYDM assesses 17 developmental supports and opportunities (Protective Factors) and developmental strengths and outcomes (Personal Resilience Strengths) that research indicates protect a young person from involvement in health-risk behaviors and contribute to improved health, social, and academic outcomes. Unlike the CHKS module reports, RYDM results are not presented for each item but rather as scores for asset scales or clusters derived from multiple items, because the results from scales are more reliable than those from individual items (see Table B1). The actual items used to create each scale, and how the results are scored and reported, follow.

¹⁹ See Student Health Risks, Resilience, and Academic Performance in California: Year 2 Report, Longitudinal Analyses by T. Hanson and G. Austin, 2003 on the CHKS website at www.wested.org/chks/pdf/api2f.pdf.

Figure 2. Youth Development Conceptual Model



PROTECTIVE FACTORS

The RYDM measures 11 developmental supports and opportunities (Protective Factors). It asks students their perceptions of each of the three key protective factors—**Caring Relationships**, **High Expectations**, and **Opportunities for Meaningful Participation**—in each of the four key environments of school, home, community, and peer group.

- » **Caring Relationships.** The RYDM asks students how they perceive caring relationships by asking about the extent to which adults or peers in their lives engage in the following activities: taking interest in, talking with, listening to, helping, noticing, and trusting. Resilience research has documented that these transformative caring relationships can be with a family or extended family member, a teacher, a neighbor, a clergy member, or a friend. No matter which environment is examined, however, the characteristics of caring relationships remain fairly consistent. Therefore, the items in each environment are similar with only slight contextual adaptations.
- » **High Expectations.** The RYDM asks youth their perceptions of the messages they receive from adults and peers around their ability to follow rules, be a success, do their best, try to do what is right, and do well in school.
- » **Meaningful Participation.** The RYDM asks youth about their opportunities to make decisions in their families and schools, to do fun and interesting things, and to participate in a way that makes a difference in their families, schools, and communities.

SCORING AND REPORTING SYSTEM

For all the items in these scales, students had a choice in indicating how true each statement was for them or how much it applied to them, as follows:

- » 4: Very much true
- » 3: Pretty much true
- » 2: A little true

- » 1: Not at all true

The values (4, 3, 2, 1) attached to each response option were averaged across all participants for all the items in each scale, and then students were classified as being *High*, *Moderate*, or *Low* in Protective Factors. These scale categories were derived as follows:

- » High percent of students with average item response above 3;
- » Moderate percent of students with average item response of at least 2 and no more than 3; and
- » Low percent of students with average item response below 2.

In addition, we aggregated all the scores across the scales to report Protective Factor (PF) score in each of the four environments (school, community, etc.) and then again across all four environments (Total Protective Factor score) and all the resilience traits (Total Personal Resilience Strengths). These scores are in Table B1: Summary of Developmental Supports and Opportunities and Developmental Strengths and Outcomes.

INDEX OF ITEM NUMBERS

| Middle School Item | High School Item | Scale | Variable |
|--------------------|------------------|-------|--|
| A10 | A11 | SC | I feel close to people at this school. |
| A11 | A12 | SC | I am happy to be at this school. |
| A12 | A13 | SC | I feel like I am part of this school. |
| A13 | A14 | SC | The teachers at this school treat students fairly. |
| A14 | A15 | SC | I feel safe in my school. |
| A15 | A16 | S-CR | who really cares about me. |
| A16 | A17 | S-HE | who tells me when I do a good job. |
| A17 | A18 | S-CR | who notices when I'm not there. |
| A18 | A19 | S-HE | who always wants me to do my best. |
| A19 | A20 | S-CR | who listens to me when I have something to say. |
| A20 | A21 | S-HE | who believes that I will be a success. |
| A21 | A22 | S-MP | I do interesting activities. |
| A22 | A23 | S-MP | I help decide things like class activities or rules. |
| A23 | A24 | S-MP | I do things that make a difference. |
| A24 | A25 | C-CR | who really cares about me. |
| A25 | A26 | C-HE | who tells me when I do a good job. |
| A26 | A27 | C-CR | who notices when I am upset about something. |
| A27 | A28 | C-HE | who believes that I will be a success. |

| Middle School Item | High School Item | Scale | Variable |
|--------------------|------------------|-------|---|
| A28 | A29 | C-HE | who always wants me to do my best. |
| A29 | A30 | C-CR | whom I trust. |
| A30 | A31 | C-MP | I am part of clubs, sports teams, church/temple, or other group activities. |
| A31 | A32 | C-MP | I am involved in music, art, literature, sports or a hobby. |
| A32 | A33 | C-MP | I help other people. |

CURRENT SCALES

C-CR = Community Caring Relationships

C-HE = Community High Expectations

C-MP = Community Meaningful Participation

S-CR = School Caring Relationships

S-HE = School High Expectations

S-MP = School Meaningful Participation

SC = School Connectedness

SCHOOL ENVIRONMENT

Resilience research clearly documents the power of teachers and schools to tip the scale from risk to resilience for children and youth. James Garbarino (1992) and his colleagues found that “75-80 percent of the children can use school activities as a support for healthy adjustment and achievement when schools are sensitive to them and their burdens.”²⁰ Werner & Smith’s (1992) classic study says the following about turnaround teachers:

*Among the most frequently encountered positive role model in the lives of the children... outside of the family circle, was a favorite teacher. For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification.*²¹

Repeatedly, these turnaround teachers are described as providing, in their own personal styles and ways, the three protective factors. Most importantly, these teachers “looked beyond [students’] outward experience and behavior and saw the promise.” Similarly, Michael Rutter’s classic research into effective schools in high poverty communities found that turnaround schools created a climate, an “ethos,” grounded in the three RYDM protective factors.²² A positive school climate was the critical variable differentiating between schools with high and low rates of delinquency, behavioral disturbance, attendance, and academic attainment. According to Rutter and his colleagues, schools that, “Provide students with opportunities for participation and with responsibilities provide one of the most effective protective factors for children under stress: a sense of success at a meaningful task.”²³ These positive

²⁰ Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992).

²¹ Werner, E. and Smith, R. (1992).

²² Michael Rutter. (1979).

²³ Rutter et al. (1979).

people and places created an inviting asset-rich environment that met students' developmental needs for love and belonging, respect, accomplishment, challenge, identity, power, and meaning.

CARING RELATIONSHIPS

HS Questions A16, 18, 20/MS Questions A15, 17, 19: At my school, there is a teacher or some other adult... who really cares about me; who notices when I'm not there; who listens to me when I have something to say.

A caring relationship with a teacher is perhaps the most powerful motivator for academic success. Meeting academic standards, therefore, requires that schools put relationships at the heart of schooling. As Nel Noddings (1988) articulates:

At a time when the traditional structures of caring have deteriorated, schools must be places where teachers and students live together, talk with each other, take delight in each other's company. My guess is that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally... It is obvious that children will work harder and do things—even odd things like adding fractions—for people they love and trust.

In longitudinal and ethnographic studies, youth of all ages continually state that what they want is a teacher who cares. Patricia Phelan and her colleagues (1992) and other researchers at Stanford University's Center for Research on the Context of Secondary School Teaching found in a study of adolescents that, "The number of student references to wanting caring teachers is so great that we believe it speaks to the quiet desperation and loneliness of many adolescents in today's society."²⁴

The National Longitudinal Study of Adolescent Health found that students who felt cared for by their teachers and connected to their school were far less likely to be involved in all health risk behaviors, including alcohol, tobacco, and drug use, and violence. Compelled by these results, former U.S. Secretary of Education Richard Riley has stated that, "The number one priority of schools should be making sure that every student is connected to a caring adult in the school."

If a small percentage of students scored High in this asset, then schools need to take a deeper look at their culture and climate. This may mean that teachers and other adults in the school are not receiving care and support themselves. School staff naturally care for others when they feel cared for themselves. Supporting teachers and school personnel who have frequent contact with students is instrumental in fostering caring teacher-student relationships. Note: Caring Relationships in the School is a CDE-required Title IV Performance Indicator.

HIGH EXPECTATIONS

HS Questions A17, 19, 21/MS Questions A16, 18, 20: At my school, there is a teacher or some other adult... who tells me when I do a good job; who always wants me to do my best; who believes that I will be a success.

Perhaps more than any other variable, low expectations on the part of school staff have been correlated with poor student academic outcomes. Vice versa, research has indicated that schools that establish high expectations for all youth—and give them the support necessary to achieve them—have high rates of academic success. These schools

²⁴ Phelan, et al. (1992).

also have lower rates of problem behaviors such as dropping out, alcohol and other drug abuse, teen pregnancy, and delinquency than other schools.

Conveying positive and high expectations in a classroom and school environment occurs at several levels. The most obvious and powerful is at the belief level (which the RYDM measures), where the teacher and other school staff communicate the message that the student has everything he or she needs to be successful. Through relationships that convey this deep belief, students can learn to believe in themselves and in their futures. They develop the critical Personal Resilience Strengths of self-efficacy, self-awareness, and goals and aspirations.

Schools also communicate expectations in the way they are structured and organized. For example:

- » Curriculum that is developmental, that is, supports resilience and encourages positive youth development, respects the way humans learn. Such a curriculum is thematic, experiential, challenging, comprehensive, and inclusive of multiple intelligences and multiple perspectives—especially those of silenced groups.
- » Instruction that is developmental focuses on a broad range of learning styles; builds from perceptions of student strengths, interests, and experience; and, is participatory and facilitative, creating ongoing opportunities for self-reflection, critical inquiry problem solving, and dialogue.
- » Grouping practices that are developmental promote heterogeneity and inclusion, cooperation, shared responsibility, and a sense of belonging.
- » Assessment that is developmental focuses on multiple intelligences, utilizes authentic assessments, and fosters self-reflection.

Through these organizational structures and practices, students can learn the other critical Personal Resilience Strengths of cooperation and communication, empathy, and problem solving. Note: High Expectations in the School is a CDE-required Title IV Performance Indicator.

MEANINGFUL PARTICIPATION

HS Questions A22, 23, 24/MS Questions A21, 22, 23: At school... I do interesting activities; I help decide things like class activities or rules;

I do things that make a difference.

Perhaps the most challenging area for schools is increasing the opportunities for students to be contributing members of the school community. Michael Rutter's seminal school effectiveness research identified that in schools with low levels of delinquency and school failure, "Students were given a lot of responsibility. They participated very actively in all sorts of things that went on in the school; they were treated as responsible people and they reacted accordingly." Similarly, student-driven learning (having the power to plan their own activities)—even at age 3 and 4—was identified by David Weikart and Lawrence Schweinhart of the High/Scope Educational Research Foundation as the critical factor discriminating 20 years later between adults who had avoided poverty, teen pregnancy, and drug abuse, had graduated from high school, were more likely to own their home, and were more likely to volunteer.²⁵

²⁵ Weikart & Schweinhart. (1997).

Giving youth opportunities to participate in meaningful activities and roles in the classroom and school community helps engage their intrinsic motivation and innate ability to learn. This process does not require yet another program. It does require teachers to relinquish their role as “sage on the stage” and become a “guide on the side.” Teachers and school staff must willingly share power with students and base their activities on reciprocity and collaboration instead of control and competition. In other words, the classroom and school must become a democratic community.

Ignoring students’ needs to have some power, control, and a sense of belonging usually results in students disconnecting from the school—a disconnection that the California Healthy Kids Survey and the National Longitudinal Study of Adolescent Health have found to play a significant role in students’ involvement in problem behaviors. Note: Meaningful Participation in the School is a CDE-required Title IV Performance Indicator.

SCHOOL PROTECTIVE FACTOR SCORES AND SCHOOL CONNECTEDNESS

The School Protective Factor scores in Table A3.1 are comprised of the averages across all of the three School Protective Factor scales. As discussed further below, these percentages reflect perceived Protective Factors at school that can be taken as an indirect indication of the overall degree (*High, Moderate, Low*) to which students feel connected to school.

Increasingly, research is revealing the critical importance of strong school connectedness as a factor in promoting academic achievement and in mitigating involvement in risk behaviors such as substance abuse, delinquency, and dropping out of school.²⁶ Despite this, there is no consensus on how to define “school connectedness” and related constructs such as school bonding, attachment, and engagement. The lists of items or measurements that are used to measure it vary considerably. However, in most surveys the measures that are used to gauge school connectedness include one or more of the three dimensions of caring relationships, high expectations, and meaningful participation. They incorporate the degree of closeness or attachment to teachers, trust in them, and commitment to conventional school goals, as well as involvement in extracurricular activities. Other dimensions are their perceptions of teachers’ respect and interest in them as individuals, competence and self-efficacy, which are captured by the RYDM high expectations and meaningful participation scales.²⁷

One of the most important recent studies in this regard is the Congressionally-mandated National Longitudinal Study on Adolescent Health (Add Health).²⁸ The most critical finding of the study for those concerned with adolescent health is that students who felt “connected” to either their family or school were less involved in health-risk behaviors across the board. School connectedness, “influenced in good measure by perceived caring from teachers and high expectations for student performance” (two measures included in the RYDM scale), was found to make a critical difference.

The Add Health school connectedness scale consists of five items:

HS Questions 11, 12, 13, 14, 15/MS Questions A10, 11, 12, 13, 14 : At school... I feel close to people at this

26 Dornbusch et al. (2001); Ryan (1999); Wentzel (1999); Goodenow (1993).

27 Ryan & Patrick (2001); Roeser, Midgley, & Urdan. (1996).

28 Resnick et al. (1997).

school; I am happy to be at this school; I feel like I am part of this school; The teachers at this school treat students fairly; and I feel safe in my school.

This five-item scale was added to the RYDM in 2002 in order to compare the results with those obtained from the School Protective Factor scales in the RYDM and also to enhance the comparability of the RYDM results to a nationally-important survey. Several of the items in the scale are similar to those in the RYDM, but they ask students directly how they feel about the school rather than ascertain their perceptions of the school environment. Comparison of the data from the two scales suggest they are measuring different factors, but also that they are strongly related. This scale both supports the RYDM School Protective Factor scores as a surrogate measure for school connectedness and provides a confirmatory measure based on individual psychological dimensions rather than environmental supports. As would be expected, the higher the perceived School Protective Factor score in the RYDM, the higher the score on the Add Health school connectedness scale. As such it was selected as a surrogate for school connectedness for the state SDFSC Performance Indicators. Note: The Add Health school connected scale is the CDErequired Title IV Performance Indicator for school connectedness.

COMMUNITY ENVIRONMENT

Evidence is accumulating that transforming schools and creating a resilience safety net for all children depends not only on the involvement of families but of community members. This means that schools must also form respectful, strengths-based, and reciprocal relationships with community-based organizations (CBOs) and social service agencies, as well as with businesses and community volunteers.

As the recent National Academy of Science/Institute of Medicine's report, Community Programs to Promote Youth Development found, youth-serving community-based organizations are now playing critical roles in promoting ongoing learning and healthy developmental outcomes in students.²⁹ Both schools and CBOs have unique and complementary strengths that can be drawn on to encourage healthy and successful development if they form a partnership that draws on each of their strengths. At an even deeper level of partnership, schools must be seen as resource centers for communities. According to one resilience researcher, Patricia Gandara (1989):

If the terms 'school' and 'community' began to merge in citizens' minds, then a family member might spend some part of the day in the back of the classroom not only monitoring the progress of the students and the quality of the education, but also making an unspoken statement that education is crucial and that the people providing that education deserve the respect of the students and the community. Businesses might provide release time for parents—maybe even other community members—to spend a few hours a month in the schools. Their presence would convey a basic message: school is serious business, and communities are partners in that business. The schools might enjoy the support of all sectors of the community. No longer would they be the special interest of that one-quarter of the voting public with children in school.

Caring Relationships

HS Questions A25, 27, 30/MS Questions A24, 26, 29: Outside of my home and school, there is an adult... who really cares about me; who notices when I am upset about something; whom I trust.

One caring person—often a youth worker, social worker, neighbor, grandparent, older friend, clergy member—has the power to change the life trajectory of a child from “at risk” to “at promise”, as resilience research documents. Social, economic, and technological changes over the last 40 years have created a fragmentation of community life,

²⁹ Eccles, J. & Gootman, J. (2002).

resulting in breaks in the naturally occurring networks and relationships between individuals, families, schools, and other social systems within a community. The loss of intergenerational relationships, and the increasing isolation of youth, has been especially challenging to healthy youth development.

Fortunately, two forces of planned community change are countering this segregation and isolation of youth. First, the concept of mentoring, the intentional creation of caring intergenerational relationships, is capturing the hearts and minds of communities and schools across the country. The phenomenal growth in adult community volunteers forming caring relationships with young people is due in large part to the positive health behavior and academic outcomes found in the powerful national evaluation of Big Brothers/Big Sisters by Joseph Tierney and other Public/Private Ventures researchers.³⁰ This evaluation left no doubt that caring relationships in the community that convey positive expectations and invite the active participation of youth are the catalysts for positive youth development and successful learning.

Second, neighborhood-based youth organizations are creating surrogate families and homes for youth. Here, the youth workers essentially become the mentor to a small group of young people. Both of these efforts offer schools powerful potential partnerships in improving the health and well-being of their students. Schools must reach out to their community partners to weave a safety net of relationships for young people outside of school hours. Not only do outside-of-school programs promote Personal Resilience Strengths in young people, but a recent meta-analysis found that these programs have a statistically significant positive impact on student achievement in reading and mathematics.³¹

High Expectations

HS Questions A26, 28, 29/MS Questions A25, 27, 28: Outside of my home and school, there is an adult... who tells me when I do a good job; who believes that I will be a success; who always wants me to do my best.

This cluster of items on the RYDM informs the school as to how young people believe they are perceived in the community. The growing perception that adults have low expectations of youth and express little belief in young people's capacity has become evident in communities across the nation. Public opinion has increasingly regarded youth as problems instead of seeing them as social resources with the potential to make powerful contributions to society. Social policies are increasingly blaming youth for reacting to the world adults have created—a world with decreasing levels of the developmental supports and opportunities necessary for healthy development and successful learning. Surveys conducted by the Public Agenda Foundation over the last five years have consistently documented that about 2/3 of more than 2,000 adults interviewed have only negative opinions of teenagers. Similarly, almost half of these adults share negative opinions of even younger children. Moreover, we are now locking up an unprecedented number of young people and simultaneously passing legislation and initiatives that are tearing apart the juvenile justice safety net that provides alternatives for incarcerated youth.

Schools alone cannot create the safety net of supports and opportunities vital to the healthy development of children and youth. Schools must work in partnership with students, families and their communities—local community-based organizations, city government, health and human service agencies, businesses, the media, and community volunteers. Through these partnerships, students must be given opportunities to do service in their communities

³⁰ Tierney, et al. (1995).

³¹ Lauer et al. (2003)

and to form relationships with adults in these different community sectors. Community service learning and mentoring are two proven approaches for promoting healthy development and learning in students, as well as for developing positive community attitudes toward children and youth.

Meaningful Participation

HS Questions A31, 32, 33/MS Questions A30, 31, 32: Outside of my home and school, I do these things... I am part of clubs, sports teams, church/temple, or other group activities; I am involved in music, art, literature, sports, or a hobby; I help other people.

The natural result of having high expectations for youth, for viewing youth as resources and not problems, is the creation of opportunities for them to be contributing members and leaders of their community. Just as occurs in the family and school environments, meaningful opportunities to participate in and contribute to community life, can help develop a sense of belonging and connection to one's community. Schools and community-based youth-serving organizations must build partnerships to create programs that provide a wide range of opportunities for youth to develop competencies based on their own interests, life goals, and dreams. Also, through school-linked community service learning, youth can be given opportunities to engage in meaningful work that meets real human needs and compelling social and community concerns. Giving youth leadership roles and actively involving them in the planning and implementation of these efforts can help build a strong sense of ownership and connection. By engaging in leadership roles, youth make personal investments and commitments to adults and other peers involved in the organization and to the larger community. Linking the school and community is how a safety net for children and youth is woven. This linkage is even more important if a large percentage of students do not score High in the opportunities for meaningful participation in the community (see Table 4 of the Resilience & Youth Development Module Handbook).

4. Alcohol and Other Drug (AOD) Use

The misuse of alcohol and other drugs (AOD) continues to be among the most important issues confronting the nation. In the National Center on Addiction and Substance Abuse (CASA) Teen Survey, adolescents have consistently reported that drug use is the number one problem they face. Similarly, a 1997 national survey of adults identified drug use by far as the most serious problem facing children, and the Robert Wood Johnson Foundation recently declared that substance abuse remains the leading health problem in the United States.³²

For schools, the problem is particularly relevant, as it is estimated that each year substance abuse costs schools at least \$41 billion dollars in truancy, special education, disciplinary problems, disruption, teacher turnover, and property damage.³³ Moreover, AOD abuse is a major barrier to academic achievement. For example:

- » Adolescents who use drugs have been found to have reduced attention spans, lower investment in homework, lower grades and test scores, more negative attitudes toward school, increased absenteeism, and higher dropout rates.^{34, 35}
- » Even low levels of alcohol and drug use by peers in middle schools were linked to lower individual state test scores in Washington, compared to students whose peers had little or no substance use involvement.³⁶

The CHKS Core asks questions about AOD use over the respondent's lifetime (ever tried) and 30 days prior to the survey (current use), both in general and in school. It also assesses such risk factors as perceived peer use, harmfulness, and availability. (Module C provides further information on the frequency of use in the past six months, use patterns and cessation attempts, and other risk factors.)

Current Statewide Trends

For 2005, the California Student Survey indicated the picture across grades and substances had changed little since the previous survey in 2003. Differences for specific substances were few, small, and often inconsistent in direction across grades.

- » Upper Grades. Most changes in use of specific substances for 9th and 11th graders were miniscule (1% or lower), although they tended to be in a negative direction. Overall use of alcohol or drugs remained level.
- » Seventh Grade. Younger students reported marginal increases of about two percentage points in several alcohol measures (lifetime and current use of alcohol, current alcohol use in school, and lifetime drunkenness) and in lifetime marijuana and current inhalant use. Smaller increases of only about one point also occurred in several measures of both alcohol and drug use. Consistent with these findings was a two-point decline in lifetime abstinence. Overall “any drug” use increased only marginally.

32 Center on Addiction and Substance Abuse at Columbia University (CASA) (2001). Robert Wood Johnson Foundation (2002).

33 CASA (2001).

34 Sculenber, J. et al. (1994). Eggert & Herting (1993). Braggio & Pishkin (1993).

35 Elias, M. J. et al. (1991).

36 Washington Kids Count (9/12/2000).

AOD use is still lower today statewide than at the beginning of the decade, but this leveling-off of a decline trend, plus the marginal increases among 7th graders, argue against complacency. A “bottoming-out” effect of prevention efforts may be occurring and further reductions in overall prevalence may be more difficult to achieve. This points to the need to target students most at risk and harder to reach. Especially disconcerting is the new evidence of the high rate of use of prescription painkillers. Attention needs to be paid to who is using these drugs, how they are obtained, and how this use is related to other problems.

A primary caveat of the 2003 report also still applies with respect to the continued high level of heavy use among 11th-grade students. One-fifth of all 11th graders are binge drinkers (the majority of all alcohol drinkers) and report that they like to get drunk or feel alcohol a lot. Almost one fifth of these students are current marijuana users and High Rate Drug Users, and over one-tenth regular bingers and marijuana users (use on three or more of the past thirty days). Overall, as in 2003, data suggest that almost one-fifth may be in need of some intervention and as many as one-tenth may be drug dependent.

OVERALL USE

Tables A4.1 and A4.3 show the overall AOD use prevalence rates (any use, regardless of how many times) reported over the respondents’ lifetime and past 30 days. Each timeframe provides different information that is useful for understanding the scope and nature of adolescent AOD use, as discussed below. Although important changes in prevalence rates have occurred over time in both state and national surveys, persistent patterns also have emerged:

- » Alcohol is by far the most frequently used substance and has shown the least variation over time. Alcohol drinking is endemic in high school. Indeed, it has become statistically normative in that more students report some use than no use.
- » Marijuana is the most widely used illicit drug, with lifetime experimentation verging on being statistically normative by the 11th grade.
- » Inhalants (defined in the survey as “things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases”) are next in popularity to marijuana. Because of their ready availability, their use may even exceed marijuana in 7th grade. Inhalant use peaks in middle school, their use tends to decline with age, or at least the pattern changes, with poppers and nitrous oxide replacing the glues and paint fumes.
- » Other Drugs, such as cocaine or methamphetamine, are much less commonly used. Yet because “hard” drug use is potentially very serious, close attention must be paid to these youth. They are likely to be seriously at risk of not only drug-related problems but also involvement in other high-risk behaviors. Any use of these drugs is dangerous and an increase in their use should prompt an expansion of prevention and intervention efforts.

Lifetime Prevalence (Ever Used)

HS Questions A37-41, 42-46/MS Questions A37-39, 41: During your life, how many times have you used or tried... one full drink of alcohol? ...marijuana? ...inhalants? ...cocaine? ...methamphetamine or any amphetamines? ...derbisol? ...LSD or other psychedelics? ...ecstasy? ...prescription painkillers ...heroin? ...any other illegal drug?

Table A4.1 provides the percentage of students who have ever tried a full drink of alcohol or any of nine categories of illicit drugs (plus a “phony” drug, derbisol, which is used for reliability testing). The table also provides rates for total abstinence (no AOD use in lifetime). The percent of students who have ever tried alcohol or another drug is inevitably of interest because prevention policy is focused on stopping initiation of use. Lifetime prevalence rates shed light on the age of onset and are useful for gauging the overall local drug environment. It is also the best way to assess the incidence of the less common behaviors such as heroin use. These items provide a guide for the timing of prevention efforts, which are most effective if administered just before the ages of peak substance use initiation.

Prescription Pain Killers

In 2005, for the first time, a response option for lifetime nonmedical use of prescription painkillers such as OxyCotin, Percodan, and Vicodin was added to the survey in response to growing concern over the spread of this pattern of use. The 2005 California Student Survey revealed that this is the category of drugs most commonly used after marijuana and inhalants in grades 7 and 9 and second to marijuana in grade 11. Lifetime use was only 4% in 7th grade, but rose to 9% in 9th and 15% in 11th grades. The addition of this response option on the CSS resulted in a marked rise in the prevalence of the use of drugs other than marijuana compared to 2003. It is likely to have a similar effect on local CHKS results for this measure.

The Importance of Delaying Use Onset

Research has demonstrated that the earlier a child initiates AOD use (regardless of substance), the greater will be the later use and adverse consequences, as well as involvement in other risk activities. Young people who initiate any drug use before the age of 15 appear to be at twice the risk of having drug problems during their lifetime, compared to those who wait until after the age of 19. Lifetime use initiators in the 7th grade or earlier should be of particular concern. Early use of alcohol, marijuana, and other drugs also predicts early school dropout. Students who use marijuana before the age of 15 have been found to be three times more likely than other students to have left school before age 16 and were two times likelier to report frequent truancy.³⁷ Consistent with this, California data show much earlier initiation among students in Continuation High Schools, who also report much higher prevalence and levels of current AOD use.³⁸ In one study, early marijuana users (mean age 14) were at greater risk in late adolescence (five years later) of not graduating from high school, delinquency, having multiple sexual partners, not always using condoms, perceiving drugs as not harmful, having substance use problems, and having more friends who exhibit deviant behavior.³⁹

37 Fergusson, Lynskey, & Horwood (1996).

38 Austin & Abe (2002).

39 Brook, Balka, & Whiteman (1999).

See also:

DuRant, R. H. et al. (1999).

Hingson, R. W. et al. (2000).

Gruber, E. et al. (1996).

DeWitt, D. J. et al. (2000).

Grant & Dawson (1998).

Grant & Dawson (1997).

Data Limitations

Lifetime prevalence rates must be treated with some caution. By themselves they mask widely divergent ranges in substance use experience, from a single experimentation to regular, heavy use. They may be inflated by very early experiences involving minuscule amounts on only one occasion. Lifetime rates need to be compared with measures of more recent use (e.g., past 30 days) and frequency and level of use.

This is particularly true in regard to any use of alcohol, which could involve only ritual use and/or only the drinking of a sip or two. For this reason, the CHKS asks students if they at least had consumed a “full drink,” defined as a can of beer, glass of wine, wine cooler, or short glass of liquor. It also instructs students to discount religious uses. In comparing drinking data from the CHKS to other surveys, pay careful attention to differences in how the other surveys measure lifetime drinking.

Data Interpretation: Assessing Trends

Lifetime rates are not sensitive to short-term change in behavior. With the possible exception of 7th graders, do not expect to see large changes in lifetime use even over a two-year period. Indeed, one indication of a possible problem with trend data is a cohort reporting lifetime use lower than it reported previous when it was younger (for example, 9th graders have a lower rate for ever using alcohol than they reported two years previously when they were 7th graders). This can be due to changes in the sample of youth responding, particularly as high-end users enroll in alternative education programs or drop out of school.

AGE OF USE ONSET

HS Questions A56, 59, 60/MS Questions A45, 48, 49: About how old were you the first time you did any of these things? ...Had a drink of an alcoholic beverage (other than a sip or two)? ...used marijuana or hashish? ...used any other illegal drug, or pills to get “high”?

Table 4.2 show how old the students say they were the first time they had a full drink of alcohol, used marijuana, or used any other illegal drug. This is another way of determining lifetime prevalence, by adding the cumulated percentages for each grade. But the real purpose of these items is to focus attention on how early students initiate use. Caution should be taken in comparing onset percentages provided by 11th to those from 7th graders. The older students are, the less reliable is their recall of first initiation of AOD use, although CSS data has suggested that recall of first marijuana use is more accurate than alcohol. What is important to monitor among older students is whether trends in age of onset are declining or increasing over time within each grade.

THIRTY-DAY PREVALENCE (CURRENT USE)

HS Questions A63, 65, 66, 67, 68, 69/MS Questions A52, 54, 55: During the past 30 days, on how many days did you use...at least one drink of alcohol? ...marijuana? ...inhalants? ...cocaine? ...methamphetamine or any amphetamines? ...LSD or any psychedelics?

The 30-day rates in Table A4.3 are a standard indicator of current use.⁴⁰ Among high school students, they are also an indirect measure of the proportion of regular users.⁴¹ Comparing lifetime and current use helps differentiate AOD

40 In 2002, we also asked about the 30-day frequency of ecstasy use, but this was deleted in 2003 because lifetime frequency was considered a better measure given the low frequency of use.

41 CSS data reveal that the majority of older adolescents who report alcohol and marijuana use in the past month also report using them in each of the past six months.

experimentation from regular use. The differences between the two are a gauge of discontinuity (the proportion of youth that experiment with a substance but do not advance beyond infrequent use). This is a good measure to use in program evaluation efforts in order to detect short-term change. (Results for consuming five drinks in a row are reported in Table A3.6 and discussed below.)

Data Limitations. Thirty-day rates are vulnerable to recent, unique short-term behavior and may be affected by seasonal variations. If a survey is administered after a holiday period, school dance, or other social event when AOD use may be higher than normal, the results may be higher than if administered at another time. For this reason, we recommend the survey be administered in the fall, early winter (before the December holidays), or between February and May.

USE FREQUENCY AND LEVEL

There is no consensus on how to define heavy, frequent, or regular use, misuse, or abuse. Many people consider any use of alcohol or drugs by youth to be “abuse” solely by virtue of its illegality. Yet, higher levels of use clearly are more likely to have detrimental effects for the user and society, and certain patterns of use are riskier than others.⁴² Regular and heavy involvement need to be identified and addressed through intervention services, such as student assistance programs, support groups, counseling, and referral to treatment. Substance abuse intervention programs need to be molded to fit the varying needs of youth in your school community.

Data Interpretation. The CHKS provides measures of both the frequency and level of use. Frequent use of even small amounts is troubling, for it can easily escalate. CSS data show that high school students who use alcohol or marijuana at least once a week are much more likely to experience userelated problems (e.g., school work or behavior problems) than less frequent users. However, frequency rates alone can be misleading as indicators of AOD involvement. They overstate the proportion of youth who use often but in small amounts, compared to those who may use less frequently but in large amounts. Even infrequent heavy use can result in acute adverse pharmacological effects including physiological, emotional, and judgmental impairment that affects driving, violence, and risky sexual behavior.

Frequent Current Use

HS Questions A63, 65/MS Questions A52, 54: During the past 30 days, on how many days did you use... at least one drink of alcohol? ...marijuana?

Table A4.4 reports on the number of days that students consumed alcohol and marijuana in the past 30 days.⁴³ Those who consumed a substance for 20 or more days were classified as daily users, as typically done in other surveys, such as Monitoring the Future. Usually alcohol and marijuana are the only two substances that youth use more often than once or twice per month. Daily use of either is relatively infrequent even among upper grades, but much more common for marijuana than alcohol.

⁴² Johnston, O'Malley, & Bachman (1998).

⁴³ This question was originally derived from the YRBS. However, the YRBS asks about the number of times illicit drugs were consumed vs. the number of days alcohol was consumed. For comparability, we asked students about the number of days for both categories.

- » Among 11th graders in the 2001 CSS, 8% reported using marijuana on 10 or more days, or an average of at least two days of use per week. Daily use was reported by 5% of 11th graders, compared to 2% for alcohol. Update?
- » Nationally since 1995, daily marijuana use has been reported by about 5–6% and daily alcohol use by 3–4% of high school seniors.⁴⁴

Lifetime Drunkenness

HS Questions A53, 54/MS Questions A42, 43: During your life, how many times have you been... very drunk or sick after drinking alcohol? ... 'high' (loaded, stoned, or wasted) from using drugs?

Tables A4.5 and A4.6 report the frequencies that students had ever been very drunk or sick after drinking alcohol or “high” from using an illicit drug. These are self-perceptions. Students define for themselves what constitutes drunkenness or being high. Youth may interpret these effects differently than adults. The CHKS asks about being “very drunk or sick” to help adjust for the subjectivity of “drunkenness.” Because of their lower body weight, youth also generally require less alcohol than adults to experience inebriation. This is particularly true for females.

Heavy Episodic (Binge) Drinking

HS Question A64/MS Question A53: During the past 30 days, on how many days did you use five or more drinks of alcohol in a row, that is, within a couple of hours?

Table A4.7 reports the frequency of currently consuming five drinks in a row in a single setting or occasion (within a couple of hours).⁴⁵ This is one of the most widely used measures of episodic heavy drinking. It is often called “binge drinking” because multiple drinks are consumed in a short period, but critics argue that this is a misleading use of the term.

Once a high school student drinks at this level, it is likely to occur regularly. For example, CSS data show that more than half of 11th graders who reported engaging in such heavy drinking in the past 30 days had done it on three or more days, suggesting a weekly pattern. These regular heavy drinkers comprised 14% of the total sample.

Adverse Effects. Heavy drinkers are highly vulnerable to intoxication and a variety of acute alcohol-related problems, especially because of their low body weight.⁴⁶ These include losing control over their actions, exercising poor judgment, and engaging in high-risk activities such as driving while intoxicated or unprotected sex.⁴⁷ They also have been found to be far more likely than nondrinkers to say that their schoolwork is poor and that they have cut classes

⁴⁴ 2000 Monitoring the Future survey, <http://www.monitoringthefuture.org/data/00data.html>.

⁴⁵ This item was derived from the YRBS; it is also asked on the National Household Survey on Drug Abuse. Monitoring the Future asks about this behavior in the past two weeks. CSS-CHKS data suggest that results from both 2 week and 30-day items are fairly consistent. Half or more of binge drinkers in grades 9 and 11 in California (about 15 percent of all upper graders) may engage in this behavior weekly!

⁴⁶ Ellickson, Hays, & Bell (1992). Nearly one out of every five teenagers (16%) have experienced “blackout” spells when they could not remember what happened the previous evening because of heavy or binge drinking [American Academy of Pediatrics. (1998). AAP Releases New Findings on Teens and Underage Drinking. Washington, DC, Binge Drinking in Adolescents and College Students. SAMHSA Fact Sheet].

⁴⁷ Frequent binge drinking and riding with a drinking driver have been found to be consistent factors in driving after drinking frequency. See Copeland, Shope, & Waller (1996).

or skipped school.⁴⁸ This item is an indirect indicator of intoxication and a useful gauge for determining alcohol intervention needs.

Program Implications. The adverse effects of this behavior should be stressed in prevention and intervention lessons. These data can be very useful as part of harm reduction strategies to get youth to moderate their drinking behavior.

Data Analysis Suggestion. You can buttress prevention lessons by including information on the userelated problems reported by local heavy drinkers. Many of these problem indicators are located in Module C. When your local community recognizes the frequency with which heavy drinking may be occurring and its association with very high-risk behaviors, it can help motivate and mobilize action.

Drinking and Drug Use Styles

HS Question A76/MS Question A63: How do you like to drink alcohol? (I don't drink alcohol, just a sip or two, Enough to feel it a little, Enough to feel it a lot, Until I get really drunk)

HS Question A77: If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get? (I don't use drugs, Not high at all, A little high, Moderately high, Very high)

Tables A4.8 and A4.9 report the preferred use styles or preferred levels of those respondents who drank alcohol (i.e., how they liked to drink) or used drugs (i.e., how high they usually got). These items assess intended effects and, by inference, approximate quantity consumed. The rates for intending to get drunk will likely be lower than for actual drunkenness (Table A4.5), because youth (as well as adults) can get drunk without intention.

CSS data show that the majority of 7th graders prefer moderation (selected that they liked to drink “just a sip or two” or not get “high” or only a little “high”). This preference weakens markedly by 11th grade, when about three out of ten prefer an immoderate drinking style (selected “to feel it a lot” or “to get really drunk”). Not surprisingly, this is about the same percentage that reported heavy drinking. In contrast, 6% of 9th graders and 11% of 11th graders selected get very “high.” This compares to 4% and 7% for getting “very drunk or sick” among alcohol users. Consistent with the results for lifetime intoxication, this suggests that drug users are somewhat more intent on getting “high” than alcohol users to get drunk, but again this difference may also be due to interpretation by respondents of the meaning of getting “high” versus very drunk.

Drinking and Driving

HS Question A89: During your life, how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?

MS Question A81: During your life, how many times have you ridden in a car driven by someone who has been drinking alcohol?

Motor vehicles pose the single greatest mortality threat to American youth, and alcohol-related vehicle crashes are the leading cause of this mortality, as well as a leading cause of spinal cord injury. In 1999, underage drinking was associated with 2,273 traffic fatalities among those aged 15 to 20. This is among the most serious adverse consequences of adolescent drinking. Still, 2001 YRBS data show that nearly one-third of high school students had ridden in a car or other vehicle driven by someone who had been drinking alcohol in the 30 days prior to the survey.

48 Greenblatt, J. C. (2000).

Thirteen percent of high school students had driven after drinking in the 30 days prior to the survey, with males almost twice as likely to engage in this behavior (17%) as females (10%).

High School Students. The CHKS asks high school students about the number of times the respondent ever drank and drove, or was driven by a friend who had been drinking (Table A4.10). This assesses the overall risk to youth by adolescent drinking and driving in general. As a direct gauge of respondent behavior, this item is most relevant for 11th graders, who have begun driving. For 9th graders, the data are best viewed as an indicator of risk from drinking and driving among older teens.⁴⁹ This provides more immediate data to monitor trends and also helps, in comparison to question A88, to determine how many students are drinking and driving themselves versus being in a car when someone else is doing this. This question is also one of SAMHSA's National Outcome Measures.

Middle School Students. The CHKS asks middle school students about how often they have been in a car in which anyone had been drinking and driving (Table A4.11). This assesses the risk to youth posed by drinking drivers of any age. The data show how adult driving behavior (probably also other teen drivers) both directly and indirectly impacts youth. Directly, adult driving after drinking places children at risk of injury and even death. Indirectly, it serves as a negative model for adolescents when they begin to drive.

AOD-RELATED PROBLEMS AND EXPERIENCES (EVER)

To gauge the negative effects associated with student AOD involvement, the CHKS asks 9th and 11th graders two questions ascertaining whether they had ever experienced (a) any of ten problems from AOD use and (b) a similar number of symptoms of abuse or dependency. Respondents selected as many response options as applied to their experiences. They could also indicate whether they had used alcohol or other drugs but never had any problems or symptoms. A third question asks specifically about drinking and driving.

Acute Health and Behavior Problems

HS Question A90. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? (Mark All That Apply.) (A) Does not apply, I never used alcohol or other drugs. (B) Had any problems with emotions, nerves, or mental health. (C) Get into trouble or have problems with the police (D) Have money problems. (E) Get into trouble in school or miss school. (F) Have problems with school work. (G) Fight with other kids. (H) Damage a friendship. (I) Physically hurt or injure yourself. (J) Have unwanted or unprotected sex. (K) Forget what happened or pass out. (L) Have any other problems. (M) I've used alcohol or drugs but never had any problem.

The results for nine use-related problems, as well as the percentage of students who reported at least one problem, are reported in Table A4.18.⁵⁰ These results may be used in drug education and community prevention programs to foster awareness of the personal and social costs of AOD use. They should be viewed as conservative estimates. Youthful AOD users may not want to admit, or even be aware of, damage to themselves or others (denial) or that there is a connection between their use and problems they are experiencing of any kind.⁵¹ Direct comparisons of

⁴⁹ Module C also asks students about their own drinking and driving in the past 30 days.

⁵⁰ Prior to 2003, this question also asked about being arrested and getting use-related traffic ticks or accidents because of AOD use. They were deleted because of relatively low response rates.

⁵¹ The CSS asks about adverse effects individually for alcohol use and for drug use, rather than for AOD use in general, as in the CHKS. The proportions reporting any problem are generally higher for alcohol than for drugs because more students use alcohol. However, if you look just at the population of users, for both substance-use categories in the 1999 CSS, about 38% of users reported having had a problem and 62% reported using but never having a problem..

this CHKS data with that from the CSS are inappropriate because the CSS asks about problems from alcohol and drug use separately. As a point of reference, however, in the 2003 CSS 17% of 9th and 26% of 11th graders reported experiencing one or more problems from alcohol use; and 14% and 19%, respectively, from use of drugs. The higher problem rates for alcohol reflect that it is used by considerably more respondents; comparing the results between only the user populations of each substance there was less difference.

Data Analysis Suggestion. To help demonstrate to students the link between dosage and adverse effects, analyze how problems increase as the frequency and level of use increases. This is especially important if high proportions of students are heavily involved in drugs. In the 2003 CSS, problem rates among weekly alcohol and marijuana users were about two to three times higher than those for the total sample.

Pharmacological Problems

To measure adverse pharmacological effects, the CHKS assesses whether students ever forgot what happened, passed out, or lost control (Response Option K).⁵² This has tended to be the most frequently reported problem. On the 2003 CSS, 13% of 11th graders had passed out because of drinking alcohol and almost 5% had similar experiences from drugs. Among weekly marijuana users, the frequency at 31% was over five times higher than the total sample in 9th grade, and, at 19%, was four times higher in 11th grade. Because of their lower average weight and use tolerance, youth (especially girls) experience inebriation from smaller amounts of alcohol than most adults. Compare these results to the frequency that respondents reported that they were very sick/drunk or high in Tables A4.5 – A4.6. One would expect an association between the percentage reporting getting drunk/high and the percentage reporting adverse pharmacological effects.

School Problems

Two measures of the adverse consequences on learning are assessed: (a) whether AOD use caused students to have trouble at or miss school, and (b) whether it caused “problems with school work” (Response Options E & F.) In the 2003 CSS, 6% of 11th graders had experienced an AOD-related problem at school, and hurting school work was reported by 3% for alcohol and 4% for drugs.. These findings, together with the frequency of AOD use at school (Tables A4.12 and A4.13), can be used to illustrate the links between AOD substance use and school problems. Use the results to make the case for incorporating prevention and intervention programs into school reform and improvement efforts. If a much higher proportion of respondents report attending school on drugs (see Table A4.13) than getting into trouble at school from AOD use, school policies and their enforcement should be examined.

Peer Problems

Attention should be given to the proportion of youth who fight with other kids or damaged friendships because of alcohol or drug use, an indicator of interpersonal problems (Response Options G & H). Friends are extremely important to young people. Convincing them that AOD use can endanger friendships can be a useful prevention strategy.⁵³ The data on fighting with other kids can also be used to link substance abuse and violence prevention programs. Among 11th graders in the 2003 CSS, around 4% reported fighting with other kids or damaging a friendship because of alcohol; and around 3% because of drugs.

⁵² Previously this response option had also included the phrase “have a bad trip,” but this was dropped in 2003 as dated and replaced by “lose control.”

⁵³ American Drug and Alcohol Survey Report, Fort Collins, Colorado: Tri-Ethnic Center for Prevention Research/RMBSI.

Injury

The role AOD use plays in causing physical harm or self-injury provides a link between substance use prevention and safety promotion (Response Option I). Research suggests that adverse effects that are short-term or immediate, such as injury, have more affect on youth than those that may not materialize for some time.

Problems with the Police

In 2003, a broader question on “getting into trouble or having problems with the police” was added to the CSS and this was also added to the 2005 CHKS, instead of asking just about arrests. 6% of 11th graders reported this for alcohol use and 5% for other drug use in the 2003 CSS. One would expect a positive correlation between the level of heavy use and the level of encounters with local police.

Unwanted or unprotected sex

The risks of unprotected sex are well known, including pregnancy and STDs. The 2003 CSS results showed that 6% of 11th graders reported unprotected or unwanted sex due to alcohol use and 2% due to other drug use.

PROBLEMS RELATED TO DEPENDENCY AND ABUSE

HS Question 97. If you use alcohol or another drug, have you done or experienced any of the following? (Mark All That Apply.) (A) Does not apply, do not use alcohol or drugs. (B) Found you had to increase how much you use to have the same effect as before. (C) Frequently spent a lot of time getting, using, or being “hung over” from using. (D) Used alcohol or drugs a lot more than you intended. (E) Used alcohol or drugs when you were alone (by yourself. (F) Your use of alcohol or drugs often kept you from going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.). (G) Often didn’t feel OK unless you had something to drink or used a drug (H) Thought about reducing (cutting down) or stopping use. (I) Told yourself you were not going to use but found yourself using anyway. (J) Spoke with someone about reducing or stopping use. (K) Attended counseling, a program, or group to help you reduce or stop use. (L) I use alcohol or drugs but, but have not experienced any of these things.

A new item was added to the survey in 2003 in order to assist districts and the state in determining the need for AOD treatment and counseling among adolescents (Table A4.19). Many of the options extend the list of use-related problems in item A73. Most options were designed to reflect the seven criteria for determining substance abuse or dependence in the American Psychiatric Association’s Diagnostic and Statistical Manual-IV (DSM), which defines drug dependency as meeting three or more of the criteria in the past 12 months.⁵⁴ These results should be examined along with the data on the frequency and level of use and other indicators of heavy involvement such as AOD use at school and participation in drugs sales.

Tolerance

Option B identifies the percentage of students that reported that they had increased how much alcohol or other drugs they used in order to experience the same effects. This is an indicator of the increased tolerance to a drug resulting from repeated use. (DSM criteria 1.)

⁵⁴ American Psychiatric Association (1994).

Lifestyle Involvement/Solitary Use

Options C, and E indicate how important AOD use and related activities have become in the respondent's life, an indicator of dependency. Option C assesses whether they frequently spend inordinate time getting, using, or recuperating from substances, an indicator of the extent to which a lifestyle incorporates substance use. When young people (or adults) frequently use alcohol or other drugs when they are alone (Option E), there is good reason to suspect dependency even though this is only one of three necessary criteria. (DSM criteria 5 specifies: "A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.") Option F addresses loss of quality of life (not doing normal activities due to alcohol/drug use).

Lack of Control Over Use

The two items assessing control and dependency are whether (a) students used alcohol or drugs a lot more than they intended (Option D); and (b) using even though they had told themselves that they would not do so (Option I). (DSM criteria 3 is "The substance is often taken in larger amounts or over a longer period than was intended.") These options reflect an inability to stop or control use even when initially intended. Option J also reflects "readiness for treatment," and thus provides an estimate of the percentage of students who are already aware that they have lost control of their use. It is useful in determining the minimum level of services needed, although it does not include individuals who have lost control but do not recognize it.

Adverse Effects on Activities

Whether use of alcohol or drugs often kept students from going to school, working, or engaging in recreational activities or hobbies is another indicator of the degree to which substance use has adversely affected life functioning (Option F). These results should be compared with those for AOD-related problems at school or with school work on question C10. (DSM Criteria 6 is that "important social, occupational, or recreational activities are given up or reduced because of substance use.")

Feeling Better

Option G asks students if they didn't like the way they felt when not high or drunk. People that are dependent on psychoactive drugs are more likely to use in order to feel "normal" or just OK. They seek normality rather than getting high and partying with alcohol or other drugs because negative feelings and problems go away, or in the case of addiction (rather than dependency) they are avoiding symptoms of withdrawal associated with sobriety. (DSM criteria 2 is experiencing withdrawal symptoms or taking drugs to relieve or avoid them. It is highly unlikely that adolescents still in school would be suffering from withdrawal symptoms.) Whatever the reason, treatment and counseling programs need to take into consideration the degree to which users view drugs as contributing to their feeling better.

Cessation

Three options directly explore cessation efforts: asking whether students had (a) thought about reducing or stopping their use, (b) spoke with someone about it, or (c) attended some form of counseling or recovery program (Options H, J, and K). (DSM criteria 4 refers to a persistent desire or unsuccessful efforts to cut down or control substance use.) These results can be compared to those for frequency of efforts to reduce or stop use of alcohol or marijuana and whether the respondent ever felt the need for help concerning AOD use, as reported in Table 4.19.

Data Analysis Suggestion. Use these options to estimate how many students may be dependent on alcohol or other drugs. The response options themselves relate to five of the seven DSM criteria for dependency, with DSM requiring three for diagnosis. The seventh DSM criteria for dependence is “The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.” An indication of this is the persistence of regular and/or heavy use despite selecting numerous problems in questions A73 and A74. An indication of the degree to which this is occurring is the proportion of students who report high levels of use-related problems on items A73 and A74 along with frequent current use (as ascertained by using in the past 30 days or regular weekly use over the past six months).

AOD USE AND INTOXICATION AT SCHOOL

Tables A4.12 and A4.13 provide the percentages of students who currently used alcohol or marijuana, or were ever intoxicated on any substance, at school. These questions provide insight into the drug-use environment at the schools as well as the proportion of youth at risk of both substance use and educational problems. AOD use before or while attending school indicates a particularly strong affiliation with the drug-using peer culture and a high degree of estrangement from school. It reflects a level of drug involvement so pervasive that the potential repercussions for violation of school rules are being disregarded by these youths. This is behavior that threatens not only the user’s learning ability but also school efforts to educate all youth. Indicative of this, significant correlations have been found in preliminary analyses of average alcohol and marijuana use rates for California schools and their Academic Performance Indicator scores. These use-at-school items are also indirect indicators of drug availability on campus. If some students are using drugs at school, other students may have access to them. Further insight into the school drug environment is provided in Table A4.21, which reports on the frequency of students who were offered, sold, or given drugs at school. Data on availability at school are also available from Module C.

It was recently estimated that nationally 60% of high school students and 30% of middle school students were attending schools where illegal drugs are used, kept, and sold. Moreover, students at these schools appeared twice as likely to smoke, drink, or use illicit drugs as students whose schools were more substance free.⁵⁵

Program Implications. Evidence of substance use at school sends a powerful message to school staff, administration, and parents that efforts to enhance academic achievement must include substance use prevention and intervention efforts.

Data Analysis Suggestion. The association between substance use and low achievement may be demonstrated by assessing how variations occur across substance use indicators according to the grades students reported on the CHKS as having received at school (see Table A2.5).

CURRENT USE ON SCHOOL PROPERTY

HS Questions A73, 74/MS Questions A58, 59: During the past 30 days, on how many days on school property did you...have at least one drink of alcohol? ...smoke marijuana?

Table A4.12 provides the percent of students who consumed alcohol or marijuana at school in the past 30 days. These items, derived from the YRBS, are useful for comparison with overall 30-day prevalence rates in Table A4.4.

⁵⁵ CASA (2001).

With this information, it is possible to determine the proportion of current users who also used substances at school.

LIFETIME INTOXICATION AT SCHOOL

HS Question A55/MS Question A44: During your life, how many times have you been drunk or “high” on drugs on school property?

Table A4.13 shows frequency rates for ever being drunk or high at school, regardless of the substance and where it was consumed. Whereas Table A4.12 reports data specifically on use at school, Table A4.13 captures youth who might consume a substance before entering the campus with the intent of getting high. There is probably a strong association between using marijuana at school and attending school high, because marijuana is long lasting, and can be easily concealed and consumed quickly.

USE CORRELATES AND INFLUENCES

The CHKS Core provides data on three risk factors that have frequently been associated with variations in AOD use: perceived harm, peer use, and availability. (Data on other correlates provided by Module C.)

Perceived Harm

HS Questions A81-83/MS Questions A64-69: How much do people risk harming themselves physically and in other ways when they do the following?...have five or more drinks of an alcoholic beverage once or twice a week, ...smoke marijuana once or twice a week?

Table A4.14 & A4.15 show students’ perceptions of the harmfulness of frequent use of both alcohol and marijuana.⁵⁶ The CSS consistently has shown that the great majority of students believe that frequent use of these substances is harmful, but they associate less harm with alcohol than marijuana, and perceived harm of both declines with age. In the 1999 CSS, the proportion who selected only somewhat harmful or harmless was a good predictor of the proportion who ever tried these substances.

Survey trend data suggest that the harm or risk young people attach to using drugs helps shape their decisions about use. Among Monitoring the Future high school seniors nationally, perceived risk from marijuana rose in the later 1980s when marijuana use declined, and perceived risk declined in the early 1990s when use began rising. Researchers have argued that these trends were rooted in changes in the social environment, particularly in regards to information communicated about the consequences of marijuana use. When use declined in the 1980s, reports about health consequences were generally balanced, received good media coverage, were based on extensive research, and were consonant with students’ observations. In contrast, in the 1990s use rose as the messages to young people changed in response to four related developments: (a) fewer firsthand experiences with adverse effects, (b) fewer anti-drug media messages, (c) more pro-drug messages, and (d) the reluctance of parents who used drugs in their youth to talk about it with their children.⁵⁷ Similarly, the rise in marijuana use among California students

⁵⁶ Prior versions of the CHKS also asked about perceived harm from methamphetamine. Because methamphetamine use is usually low except for in some regions, it was decided to make this an optional question that could be added in a custom module to reduce the length of the module. The question on occasional use of ecstasy was added to both the CHKS and CSS in 2001 because of increasing concerns over adolescent use of this drug.

⁵⁷ Monitoring the Future survey. See: Bachman, Johnston, & O’Malley (1991). See also: Johnston, L. D. (1991).

between 1989 and 1993 was accompanied by a decline in the proportion who perceived daily marijuana use to be extremely harmful.

Nevertheless, the relationship of attitudes to behavior is complex. Some risk-taking youth may even use a drug because it is dangerous. The risk is part of the appeal. Moreover, as students grow older, the degree to which they might attempt to discourage drug use among their friends generally declines, even if they personally believe drugs are harmful. Thus, levels of perceived harm may remain high even as use increases.

Program Implications: The Value and Limits of Drug Information. These findings suggest that realistic information about risks and consequences of drug use, communicated by a credible source, can be persuasive and play an important role in reducing demand. However, information alone is not enough. Reflecting the complex relationship between attitudes and behavior, prevention programs that rely only on teaching information about the dangers of drug use, especially when they employ scare tactics, have not been effective.⁵⁸ Information dissemination needs to be imbedded in a comprehensive program that addresses multiple risk factors with multiple strategies.

The important message to take from this is that drug education programs cannot consist of information alone. Increasing student awareness about drugs is only part of a coordinated effort to increase student social refusal skills, to evaluate the impact that substances have had on their own lives, to put into place mechanisms that facilitate communication between students and adults, and to facilitate their access to more intensive support programs when needed.

PERSONAL SANCTIONS AGAINST USE

HS Question A92-94 MS Question MS A76-78: How do you feel about someone your age doing the following... having one or two drinks of any alcoholic beverage nearly every day?...trying marijuana or hashish once or twice once or twice...using marijuana once a month or more?

Table A4.16 shows the percentage of students who indicated that their peers would stop them from using alcohol or marijuana. This item was also added to the survey in 2002 in compliance with the requirements of federal No Child Left Behind legislation as a gauge of social disapproval.⁵⁹ Peer use of substances has been linked to substance abuse in countless studies: peer use of drugs strongly predicts use of drugs⁶⁰. In addition, several theories of drug use⁶¹ and successful (i.e. empirically validated) prevention programs⁶² have targeted the peer group as an important factor in explaining or reducing drug involvement. These questions are a measure of peer discouragement—the extent to which students believe that their peer-group would actively oppose their drug use. Active peeropposition to drug use is predictive of a delay in the onset of use and reduction of the frequency of use⁶³. As students age (and AOD involvement becomes more normative), peers generally become less discouraging of drug involvement. Peer

58 Schinke, Botvin, & Orlandi (1991).

59 When originally added to the survey in 2002, the wording was “How much would your friends stop you from using the following substances?”

60 Hawkins, Catalano, & Millar (1992).

61 Oetting & Beauvais (1987); Oetting & Donnermeyer (1998).

62 Including: Lifeskills Training Program, Parents Who Care, and Preparing for the Drug Free Years.

63 Li, F. et al. (2002).

sanctions against use, along with estimated peer use (see Table A4.17) are a gauge of youth culture around drug use. Peer sanctions may well be among the great untapped resources of influence in the field of prevention.

Program Implications. Peer sanctions against drug use may be the most direct measure of youth culture on the CHKS. As a consequence, programs and policies that attempt to directly target youth culture should monitor these rates carefully as they would likely be among the first data to shift meaningfully as youth culture shifts.

Data Analysis Suggestion. It is often quite telling to examine the rates of substance use by students who report strong peer sanctions or no peer sanctions against use. While such analysis vastly oversimplifies a complex, multiple-caused behavior like drug use, it also makes a powerful statement about the strength of the relationship between peer influence and use.

ESTIMATED PEER USE

HS Question A88/MS Question A74: Think about a group of 100 students (about three classrooms) in your grade. About how many students have done the following? Ever tried marijuana.

Substance use among young people is a social phenomenon. It is heavily determined by perceptions of what peers, especially older youth, are doing or how acceptable use is to them. To help develop a profile of the perceived peer environment, the CHKS asks respondents to estimate what proportion of their peers engaged in AOD use. Both middle and high school students were asked to estimate the percent that ever tried marijuana. The results are reported in Table A4.17.

From the perspective of perceived “normalcy” of use, the percentage estimating 50% or more is a useful benchmark. It provides an indication of the percent that view use as normal from a statistical point of view. For example, the 2001 CSS shows that few 7th graders (14%) thought marijuana use among peers reached this criterion of statistical normalcy (50%). However, in 9th grade the rate increased dramatically to 49% and in 11th grade to 67%.

Peer estimates should also be compared with the actual use rates reported in Module A. Youth generally exaggerate rates of peer use. Survey and prevention research have found that the great majority of students in high school overestimate the prevalence of adolescent marijuana use and the degree of overestimation increases with age. Estimates of peer marijuana use the CSS have been significantly higher than the actual self-reported 30-day prevalence rates.

Program Implications: Normative Education. One promising prevention approach is to employ normative education strategies to counter these misapprehensions. Use your CHKS data to demonstrate that drug use is not as widespread (or acceptable) as students think. This can help foster accurate beliefs and lower perceptions about the prevalence and acceptability of use. When students know that AOD is lower than they might have thought, that knowledge can support a decision not to use. However, this approach may be more effective as a prevention rather than intervention strategy; that is in the upper elementary and middle school years. Whereas passive influences may be important in the initial onset of use, students with prior substance use experience tend to be more affected by direct, overt offers for drugs or alcohol. In addition, for continuation school students high rates of use suggest this strategy may not be as effective as with comprehensive school students. In brief, normative education can help

provide a reason not to use substances, but students still need to know how to effectively avoid contexts in which use occurs and how to refuse use when substances are available.

AVAILABILITY

To shed light on AOD availability, students were asked generally about their perceptions of how difficult it is for their age-peers to obtain alcohol and marijuana (from very easy to very difficult), and then more specifically about how often they have been offered a drug at school. More information about drug availability is available from Module C, which asks about students' perceptions of where students access drugs.

As discussed below, the relationship of supply and demand is complex. This is a risk factor around which the school and community especially need to collaborate in examining multiple sources of information. To better understand the role of availability in your community, CHKS student self-report data should be compared with law enforcement records and data on the location of alcohol and tobacco outlets and marketing. If such data do not exist, engage in community mapping to identify where the major sources are located.

Perceived Availability

HS Questions A85, 86/MS Questions A71, 72: How difficult is it for students in your grade to get any of the following substances if they really want them? Alcohol. Marijuana.

Table A4.20 summarizes the proportion of those who thought it was easy or very easy for their age-peers to obtain alcohol and marijuana. As youth grow older they report both higher levels of use and higher perceptions that substances are easy to obtain. However, as with perceived harm, availability is associated with use in complex ways. Research suggests that while access is a necessary precondition for use, factors affecting demand are at least as important. On the one hand, easy availability of alcohol and other drugs in a community sends a message of social acceptability to youth and increases the risk that young people will use them. In schools where children think that drugs are easily available, a higher rate of use has occurred. On the other hand, access to drugs itself increases with use. The Monitoring the Future survey found that use trends were not related to perceived availability and that abstainers and quitters ranked availability as very low on their list of reasons for not using.

Program Implications. The message seems to be that if a student is vulnerable to use of a drug they will seek out a source; if they are not, availability is not a significant risk factor. This supports the need for demand reduction effort. If rates of use at a school are high, or there are multiple risk factors within the community, attention needs to be directed toward supply reduction. You might consider establishing a drug-free school zone and mapping the marketing of alcohol and tobacco in the community (including advertising) to determine if it should be restricted. A comprehensive, effective prevention program must attack both demand and supply.

Data Analysis Suggestion. Examine the correlation between those students who report substances are very easy to obtain and their actual current use levels. If you administered Module C, determine what proportion had themselves engaged in drug sales.

AVAILABILITY AT SCHOOL

HS Question A107/MS Question A89: During the past 12 months, how many times on school property have you been

offered, sold, or given an illegal drug?

Table A4.21 reports the frequency that someone offered, sold, or gave youth an illegal drug on school property in the past 12 months. How do these results compare with the incidents in which drug possession or sales have been detected on campus? Do school policies and their enforcement need to be strengthened? Pay particular attention to how frequently this occurs. Is this something that happens occasionally or regularly? Much, if not virtually all, of this activity may be informal, in the sense of small-scale sharing among peers (with or without reimbursement) rather than largescale dealing as employees of criminal organizations.

- » On the 2001 CSS, 9% of students in grade 7, 30% in grade 9, and 42% in grade 11 were offered a drug. For almost two thirds of these youth, this occurred more than one time. In the 11th grade, 16% reported being offered a drug four or more times.

Program Implications. If drugs are frequently offered at school, school policies and their enforcement need to be strengthened.

Data Analysis Suggestion. Using the CHKS dataset, you might examine the association between being offered drugs at school and reported use. What proportion of students offered drugs at school were current users? Is this largely a social phenomenon of users providing drugs among themselves?

PREVENTION-RELATED QUESTIONS

HS Question A98-99, 119/MS Question A61-62: During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or other drugs?...did you hear, read or watched any messages about not using alcohol, tobacco or other drugs? Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?

Talked with Parents

Table A4.22 shows how many students reported discussing the dangers of ATOD use and about exposure to media on abstinence. This question is one of SAMHSA's National Outcome Measures. According to a SAMHSA report published in 2005, youth who talked to at least one parent about the dangers of these substances in the past year were significantly less likely to report use of alcohol (17% vs 19%) or illicit drug use (10% vs 13%) in the past month than youth who had not talked to a parent.

Media Exposure

Table A4.23 show youth who reported having seen or heard media prevention messages in the past year were less likely to report binge drinking (10% vs 13%). Prevention messages received in school as well as outside school were associated with differences in rates of substance use among youths.

5. Tobacco Use

Tobacco is the chief preventable cause of death in the United States.⁶⁴ Initiation of tobacco use during adolescence is critical to the establishment of this nicotine addiction. Once adopted, the tobacco use habit and its associated nicotine addiction is typically very difficult to break. Cigarettes are the most common form of tobacco used by adolescents. Nationally more than one million teenagers begin smoking each year. Cigarette smoking has been associated with an increased risk of heart disease and many cancers, especially lung cancer. Each day in the United States, approximately 4,400 youths aged 12-17 years try their first cigarette. An estimated one-third of these young smokers are expected to die from a smoking-related disease.⁶⁵ It is also important to recognize that while smoking does not directly cause other social and emotional problems, regular cigarette use is associated with social-emotional developmental problems in adolescence. Smokeless tobacco use is most common among younger adolescent males, especially in rural areas, although even among these groups it is less common than cigarette smoking. Because it is kept in the mouth for long periods of time, smokeless tobacco is associated with an increased risk of mouth and gum cancers. Oral cancer may be 50 times more frequent among long-term snuff users than nonusers. Regular use of smokeless tobacco can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine. Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among young men aged 17-19. More than with smoking, rates of smokeless tobacco use vary markedly among groups and regions. Thus, caution should be used in comparing smokeless tobacco results across surveys.

USE PREVALENCE AND PATTERNS

Lifetime Prevalence (Ever Used) and Age of Onset

HS Questions 35-36 /MS Questions 34-35: During your life, how many times have you used or tried. . . a cigarette, even one or two puffs? . . . a whole cigarette? . . . smokeless tobacco?

HS Questions A57, 58/MS Questions A46, 47: : About how old were you the first time you did any of these things? . . . Smoked part or all of a cigarette? . . . used smokeless tobacco or other tobacco products?

Table A5.1 displays the percentage of students who ever tried smoking a cigarette or using smokeless tobacco. To differentiate types of experimentation, the CHKS asks about both ever trying even “one or two puffs” of a cigarette versus “a whole cigarette.” Even trying a cigarette increases the likelihood of becoming a smoker in adulthood. Table A5.2 shows how old the students say they were when they first used tobacco products. The younger a respondent first tries a cigarette or smokeless tobacco, the more likely he or she is to become addicted to cigarette smoking later. Survey research has repeatedly shown that in the U.S. the great majority of people who will ever smoke begin in adolescence. This underscores the critical importance of preventing the onset of smoking among adolescents.⁶⁶

64 For example, smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.

65 Tobacco Use Among Middle and High School Students – United States, 2002. MMWR Weekly, November 14, 2003/52(45); 1096-1098. www.cdc.gov/mmwr/preview/mmwrhtml/mm5245a2.htm.

66 In one study, four out of every five adult smokers between the ages of 30 and 39 began to smoke before they reached adulthood. In another recent national survey, 86% of respondents who smoked in the 12th grade were still smoking five to six years later and most had increased their rate of smoking.

However, the same problem with the reliability of onset data, especially among 11th graders is similar to the discussion in section 3.

Program Implications. The lifetime rate can help determine the appropriate time to implement smoking prevention programs. Ideally, they should start before students begin to experiment with smoking. In nationwide samples, most adolescents who experiment with smoking first do so around 11-13 years of age. Therefore, many smoking prevention programs are implemented in middle school.

There are also ethnic and regional differences in smoking initiation. It may occur at younger or older ages in different communities or among different groups. This may well warrant that program implementation occur at different times for different populations.

Current Use

HS Questions A61, 62/MS Questions A50, 51: During the past 30 days, on how many days did you use. . . cigarettes? ...smokeless tobacco?

Table A5.3 shows the percentage of youth who reported smoking at least once during the 30 days prior to the survey, as well as daily (20 or more days). Measures of current smoking provide an indication of how many students are habitual smokers (or are on the way to becoming one). CSS data have consistently shown that current smoking is less common in all grades than alcohol consumption, but it is more common than marijuana use.

Program Implications. If the number of habitual smokers is of concern, it is worthwhile to implement school smoking cessation activities, such as school-based smoking cessation classes, clinics, or counseling services.

Smoking on School Property

HS Question A72/MS Question A57: During the past 30 days, on how many days on school property did you smoke cigarettes?

Even though tobacco use is prohibited on California school campuses, many students still use tobacco at school. Table A5.4 presents the frequency of students who smoked on school property in the past 30 days. These results can be compared to alcohol and marijuana use on school property in Table A4.12.

In the 2001 CSS, rates from this item rose only slightly across grades, from 2% in 7th grade to 6% in 11th grade. (These rates were lower than current use of marijuana [3-8%] and alcohol [4-9%] on school property.) Given that overall smoking rates rose dramatically across grades, a higher proportion of smokers smoked at school in grade 7 than 11. Again, this illustrates that early initiators are especially at risk.

Program Implications. It is essential to enforce school no-smoking policies. A policy that is on the books but rarely enforced will not prevent students from smoking. Research suggests that when students receive a strong message that smoking at school is unacceptable, they will avoid it. This may prevent them from becoming addicted to nicotine.⁶⁷ If the school has an anti-smoking policy but high proportions of students are smoking at school, either the students are unaware of the policy or they do not take it seriously. Attention should be paid to the enforcement procedures.

⁶⁷ Moore, Roberts, & Tudor-Smith (2001).

An important use of the CHKS data is to raise awareness of the scope and nature of a problem in order to foster program support. Estimates of smoking at school made by school staff reported by the 1997 Independent Evaluation Survey of Tobacco Control were considerably higher than the actual prevalence rates. They report that 43% of 10th-grade students believed that most or all student smokers sometimes smoked on school grounds, but only 32% of the teachers believed that this was the case. This suggests that teachers and school administrators are often unaware, and may underestimate, the amount of student smoking on school property.⁶⁸

USE INFLUENCES

Peer Sanctions

HS Question A96/MS Question A80: How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

Table A5.6 shows the percentage of students who indicated that their peers would stop them from using cigarettes, as a gauge of social disapproval. These results should be compared with those for alcohol and marijuana reported in Table A4.16. See also the discussion of research on peer sanctions, as well as program implications and data analysis suggestions, in the previous section on AOD Use Correlates and Influences.

Perceived Harm

HS Question A79/MS Question A65: How much do people risk harming themselves physically and in other ways when they do the following?...smoke 1-2 packs of cigarettes each day

In Table A5.7, students report on their perceptions of harm from frequent cigarette smoking. This can be compared with the results for alcohol and marijuana in Table A3.15. Many adolescents believe that smoking is a health problem only if they become addicted or smoke for many years. Some may believe that they can smoke once in a while (such as on weekends or at parties) without having any health consequences. However, occasional smokers soon find that they can't quit. CSS results suggest that students view frequent smoking as less harmful than frequent marijuana use, although more harmful than frequent alcohol use.

Program Implications. If your data show that a majority of students believe that it's not harmful to smoke frequently, the harmfulness of smoking may need to be emphasized more in the district's anti-tobacco program.

Availability

HS Question A84/MS Question A70: How difficult is it for students in your grade to get any of the following substances if they really want them? Cigarettes.

Table A5.8 shows students' perception of the difficulty of obtaining cigarettes (for comparable data on alcohol and drugs, see Table A4.20). If adolescents have a difficult time obtaining cigarettes, they may be less likely to experiment with smoking. Public health officials are concerned that many adolescents are able to obtain cigarettes relatively easily in stores and vending machines.

Program Implications. Recent policies have attempted to make it more difficult for underage youth to obtain cigarettes. These policies include training store employees to ask people for proof of age, locking cigarette displays,

⁶⁸ Independent Evaluation Consortium (1998).

removing cigarette vending machines from places where adolescents could access them, and requiring a license to sell tobacco products. However, these policies are effective only if they are enforced. Enforcement efforts are needed to ensure that underage adolescents are not able to purchase cigarettes in stores. Social sources of tobacco can be partially controlled through community education efforts to persuade adults not to give cigarettes to minors.

Discussions with youth about access to tobacco might examine why some controlled substances like tobacco and alcohol are available to adults but not to youth. For example, do students believe that it's wise to prevent adolescents from obtaining things that can harm them? If students feel that they are old enough to have access to tobacco if they want it, what age do they think is a reasonable cutoff for restricting youth access to tobacco?

Estimated Peer Use

HS Question A87/MS Question A73: About what percent of students in your grade... Smoke cigarettes at least once a month?

To help develop a profile of the perceived peer environment, the CHKS asks respondents to estimate what proportion of their peers engaged in cigarette smoking at least once per month. The results are reported in Table A5.9. As with the marijuana item (Table A4.17), from the perspective of perceived “normalcy” of use, the percentage estimating 50% or more is a useful benchmark. It provides an indication of the percent that view use as normal from a statistical point of view. Peer estimates should also be compared with the actual use rates reported in Module A. Youth generally exaggerate rates of peer use. Survey and prevention research have found that the great majority of students in high school overestimate the prevalence of adolescent cigarette use and the degree of overestimation increases with age. Estimates of peer cigarette use the CSS have been significantly higher than the actual selfreported 30-day prevalence rates.

Program Implications: Normative Education. One promising prevention approach is to employ normative education strategies to counter these misapprehensions. Use your CHKS data to demonstrate that tobacco use is not as widespread (or acceptable) as students think. This can help foster accurate beliefs and lower perceptions about the prevalence and acceptability of use. When students know that AOTD is lower than they might have thought, that knowledge can support a decision not to use. However, this approach may be more effective as a prevention rather than intervention strategy; that is in the upper elementary and middle school years. Whereas passive influences may be important in the initial onset of use, students with prior substance use experience tend to be more affected by direct, overt offers for drugs or alcohol. In addition, for continuation school students high rates of use suggest this strategy may not be as effective as with comprehensive school students. In brief, normative education can help provide a reason not to use substances, but students still need to know how to effectively avoid contexts in which use occurs and how to refuse use when substances are available.

6. Violence and Safety

Violence and safety are among the American public's biggest concerns about youth, especially in regard to the schools.⁶⁹ Much of public concern has focused on guns and acts of serious violence in the schools. In recent years, a series of tragic school shootings across the country have shocked the nation into recognizing that the specter of violence can apparently visit any school. The CHKS Core collects data relating to violence in five general areas, most in regard to the school environment in the twelve months prior to the survey. These are:

- » Experiences from victimization and harassment;
- » Reasons for harassment;
- » Engagement in fighting and property damage;
- » Weapons possession, use, and visibility; and
- » Perceived safety.

THE IMPORTANCE OF SCHOOL SAFETY

The CHKS focuses on assessing school-related violence not only because this is a major public concern but also because of the adverse effects it can have on learning. While most of the concerns over violence are focused on preventing physical injury, the importance of a safe school environment extends beyond this. Violence—and the fear of it—can have devastating, long-lasting effects on young people. It not only puts them at risk of physical injury but also interferes with their successful completion of normal developmental processes. It reduces their ability to concentrate and learn, and thereby their chances for school success. Indeed, emerging evidence suggests exposure to violence has lifelong effects on learning.⁷⁰ Equally disruptive are the uncounted acts of bullying, teasing, and nonviolent misbehavior among youth.⁷¹ As research has shown:

- » Youth experiencing coping difficulties associated with stress-related violence both at school and at home have exhibited lack of interest in academics, behavior problems at school, low grades, low self-esteem, and a high dropout rate.⁷²

1 Concerns about school safety do vary among adults depending on whether or not they have school-age children. For the American public who do not have children in public schools, 27% have seen discipline and fighting as schools' biggest challenge. (This compares to 28% who believe that a lack of funding and overcrowded schools are the biggest concern.) Among the public who have children in public schools, however, there is less focus on school safety concerns (20% see it as the biggest problem) and a greater concern for the lack of resources and overcrowding (33% see this as the biggest concern). See: Lowrey and Gallup, 2001.

70 Prothrow-Stith & Quaday (1996).

71 Juvonen & Graham (Eds.) (2001).
Rigby, K. (2001).

72 Landen, W. (1992).
Lockwood, A. T. (1993).
Obiakor, F. E. (1992, November).

- » Children who witness chronic violence have exhibited poor concentration, shorter attention spans, and a general decline in academic performance.⁷³
- » Exposure to neighborhood and school violence predict school attendance, behavior, and grades among a sample of secondary school students.⁷⁴

The concept of safety is more than the antithesis of violence. The threat to safety through physical harm carries with it the psychological harm of anxiety and apprehension. In this sense, school safety is psychological as well as physical. Safety is a basic need that must be met in order for a child to succeed in school and life. Safe environments enhance creativity, cooperative behavior, exploration, and positive risk-taking. Thus, safety is related to a broad set of needs that have traditionally received attention from educators. It is also characteristic of a high-quality school, one in which students feel a sense of belonging.⁷⁵

Research has also well documented the potential protective role that educators and school staff can play in nurturing, caring for, and helping youth realize their potential. Students who are well connected with their schools are less likely to engage in various high-risk behaviors, including AOD use and aggressive/violent behavior.⁷⁶ Given this, CHKS data on school violence and safety should be examined in the context of the data on school connectedness provided by the CHKS Resilience and Youth Development Module.

The Scope of the Problem

Despite public concerns, the US Surgeon General emphasized in his 2001 report on Youth Violence that schools nationwide are overall relatively safe. There are fewer homicides and nonfatal injuries in schools than homes and neighborhoods. As with substance abuse, this is a problem that transcends the school, for the school environment reflects the community environment. (Module C provides more data on violence outside of school.) Most indicators also show that school crime, as well as youth violence in general, was decreasing in the late 1990s.⁷⁷ Nevertheless, some students are more at risk of being injured at school than others, and the personal and educational toll from school violence and harassment make violence prevention a top priority.⁷⁸ Central to this is understanding what types of violence occur, by whom, and why. The CHKS is designed to help you in this process.

The Continuum of Violence

One way to approach analyzing safety-related needs is to think of the types of violence as falling on a continuum, from verbal threats and intimidation to outright life-threatening. For example, violent behaviors might include (a)

⁷³ Lorian & Saltzman (1993).

⁷⁴ Bowen & Bowen (1999).

⁷⁵ Dwyer & Osher (2000).

⁷⁶ Resnick, M. D. et al. (1997).

U.S. Department of Health and Human Services. (2001, January). Youth violence: A report of the Surgeon General. Available: www.surgeongeneral.gov/library/youthviolence.

⁷⁷ Cole, T. B. (1999).

Dahlberg, L. L. (1998).

Kaufman, P. et al. (1998).

U.S. Department of Health and Human Services (2001, January).

⁷⁸ U.S. Department of Health and Human Services (2001, January). Kaufman, P. et al. (1998).

mild threats, (b) harassment, (c) property theft or damage, (d) moderate physical attacks, and (e) serious physical attacks involving weapons. Schools need to select and implement prevention programs that address prevailing conditions on their campuses. The federal Safe Schools Action Guide emphasizes the need for such a flexible continuum of options, from primary prevention efforts for all students to much more intensive efforts for the relatively few students who engage in more serious aggressive behaviors.⁷⁹ The CHKS provides data across this full range.

Victimization

The CHKS primarily asks questions about experiencing victimization or harassment rather than violence perpetration. This is because: (a) students are more likely to answer truthfully about being victimized than victimizing others, and (b) victims are typically more prevalent than perpetrators (i.e., one student can victimize many). Because acts of serious violence are relatively rare events, identifying adolescents who will commit them long before any potential event is impossible.⁸⁰ Focusing on the level of victimization and harassment provides more useful information with which to monitor change in the presence of dangerous conditions on campus and to evaluate program effects. By attending to the day-to-day experiences and needs of students, you can do much to improve the climate of the school and reduce the risk of future aggression on your campus.

Developmental Issues

Patterns of school violence are known to vary by age.⁸¹

- » Bullying behavior is most frequent among upper elementary-age students.⁸²
- » Fighting and other forms of more aggressive behavior rise and are often highest in junior high school students.⁸³
- » High school sees an increase in weapon possessions.⁸⁴

In both the YRBS and CSS, 9th-grade students have been significantly more likely to report violence-related behaviors than 11th-12th-graders. This is likely because the most violence-involved younger high school students leave or are removed from regular, comprehensive schools following the 9th grade. Ninth graders in the CSS also reported less involvement than 7th graders in prevention and activities that deal with violence and safety.⁸⁵ Ninth graders appear to warrant special attention. Seventh graders in the CSS have reported the highest rates of

79 Dwyer & Osher (2000).

80 Reddy, M. et al. (2001).

81 Batsche & Knoff (1994).

Chandler, K. A. et al. (1998).

Cornell & Loper (1998).

Furlong, M. J. et al. (1997).

Furlong, M. J. et al. (1998).

82 Boivin, Hymel, & Hodges (2001).

83 Coggeshall & Kingery (2001).

84 Furlong, Bates, & Smith (2001).

85 Brener, N. D. et al. (1999).

Austin, G. et al. (1999).

victimization. They also have tended to report rates of fighting and vandalism equivalent or higher to 11th graders. It may be that 7th graders are more sensitive than high school students to “bullying” behaviors and other safety concerns. Some of them may be less able to deflect harassment and bullying.⁸⁶ Nevertheless, survey results point to the need for conflict resolution, social competence building, and other violence prevention efforts as early as possible.⁸⁷

Data Issues

The Value of Student Report Data. Despite these concerns, data are surprisingly scarce on the types of violence that occur on school property, who commits them, and who are the victims.⁸⁸ Educators are usually aware of most serious physical fights and incidents of violence and crime on campus, monitoring them through disciplinary records, such as those formerly recorded statewide in the California Safe Schools Assessment (CSSA). These systems have their limitations, however. Typically they do not include mutual combat, the most common form of school violence, which involves two or more willing combatants in a fight. School disciplinary records primarily record offenses that occur on school grounds, not on the way to or from school, or in the community. School records also only reflect behavior that has been caught and recorded. They are, therefore, influenced by differences in enforcement procedures, record keeping, and even the sophistication of students in avoiding detection.

CHKS student self-report data are an important addition to these information sources. Such data can provide an indication of undetected or unreported behavior, of mutual conflict, of student experiences as victims of violence as well as perpetrators, and of their attitudes, perceptions, and concerns over safety—the psychological dimensions of violence. This establishes a much broader and fuller perspective on the school environment and its effect on students.

The Influence of Survey Administration Date. Most of the CHKS questions assess experiences over the 12 months prior to the survey. This means that if the survey was administered in the fall, responses for 9th graders will reflect their experience the previous year in middle school. At the school level, if students report high rates of transience (Table A2.4), you should explore the possibility that the responses may reflect experiences at a school other than their current one. These important distinctions may not be immediately apparent to parents and the broader community; therefore, it is very important to take extra steps to help the school community understand the appropriate uses of these self-report data.

Data Analysis Suggestion. You may want to look at your data to learn if certain types of students report high levels of violence perpetration and/or victimization, in order to target your prevention efforts to those groups most involved in violence-related activities and provide services to meet the needs of victims.⁸⁹

⁸⁶ Smith, Shu, & Madsen (2001).

⁸⁷ Austin, Huh-Kim, Skager, & Furlong (1999).

⁸⁸ Comparisons across national surveys are complicated by different survey procedures and differences in the wording of items. See: Coggeshall & Kingery (2001).

⁸⁹ Furlong, M. J. et al. (2001).

SCHOOL HARASSMENT, VICTIMIZATION, AND VIOLENCE

The CHKS assesses the annual (past 12 months) frequency of a wide range of specific forms of victimization or harassment at school, from the verbal to the physical. These are:

- » Having had mean rumors or lies spread about the respondent;
- » Having had sexual jokes, comments, or gestures made to him/her;
- » Having been made fun of for the way one looks or talks;
- » Being pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around;
- » Being afraid of being beaten up; and
- » Having property stolen or deliberately damaged, such as a car, clothing, or books.

Verbal Harassment

HS Questions A103, 104, 105/MS Questions A85, 86, 87: During the past 12 months, how many times on school property have you...had mean rumors or lies spread about you? ...had sexual jokes, comments, or gestures made to you?...been made fun of because of your looks or the way you talk?

Harassment has become the focus of much speculation in the popular press, and much of the harassment at school may be verbal.⁹⁰ Three CHKS questions in Table A6.1 deal with verbal harassment: the spreading of “mean rumors and lies” about a person, having sexual jokes or gestures made, and having been made fun of for the way one looks or talks. Harassment is a form of violent or abusive behavior that instills a sense of vulnerability, isolation, and fear among its victims. Threats, intimidation, rumor, and ostracism can cause youth to experience depression or to engage in risk behaviors such as alcohol and drug use, in avoidance behaviors such as missing school and social isolation. This type of misbehavior, vastly more common than any other, ruins the school day for many students. Being threatened, teased, or jostled in the hall inevitably causes students to feel anger, fear, frustration, and alienation.⁹¹ It can also lead to further violence. In a national report, entitled *Bruised Inside*, the National Association of Attorney Generals describes harassment by peers as one of the two causes for kids using guns, knives, and fists to express anger. Comparison Data. In one study, 30% of 15,600 students in grades 6–10 reported being at least occasionally bullied and/or victims of bullies, 8% at least once weekly.⁹²

PHYSICAL VIOLENCE

HS Questions A100, 101, 102/MS Questions A82, 83, 84: During the past 12 months, how many times on school property have you...been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around? ...been afraid of being beaten up? ...been in a physical fight?

⁹⁰ Crick, N. et al. (2001).

⁹¹ Learning First Alliance (2001).

⁹² Nansel, T. R. et al. (2001).

Bullying in this study was defined as verbal or physical behavior designed to disturb someone less powerful.

Victims reported more loneliness and difficulty making friends; bullies were more likely to have poor grades and to smoke and drink alcohol.

Table A6.2 provides the results for three questions relating to physical violence at school. (Table A6.5 further provides data on the frequency that students were threatened or injured with weapons.) Two of the questions specifically deal with physical victimization. One provides data on the proportion of youth who have been “pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around.” It informs on the frequency that students actually experienced physical harm, if only a minor incident such as being pushed. The second provides the added psychological dimension of how afraid they were of being physically harmed. A third question in Table A6.2 assesses the frequency of fighting at school. This is a measure of the overall scope of fighting behavior and does not differentiate between aggression and victimization. In practice, fighting is often mutual. Since the first school violence surveys were conducted in the late 1970s, fighting behavior has been a major focus of concern because of the obvious potential for injury and harm, regardless of culpability. Physical fights, if unresolved, can lead to more serious fights involving weapons, or even unintended serious physical injury.⁹³ They are also a powerful indicator of tension and lack of respect among the students, for whatever reason.

Additional Analysis Suggestion: Who Are Fighting and Why? If students report high levels of fighting, it is important to determine when these fights occur, under what circumstances they occur (precipitating factors), who is involved, and what this implies for school security and school climate. A fight having its origins in a boyfriend/girlfriend dispute has different implications for the school than fights erupting from racial or ethnic conflict. Both are serious, but they require different responses at the school and individual levels. Knowledge of the causes of school fights can also be gained by additional analyses of the CHKS dataset. Examine the demographic and other group characteristics of those who report engaging in fights and the extent to which they also report being harassed or victimized, and for what reasons. In addition, talk about the results with students in focus groups, and enhance the student self-reports of fighting by exploring the circumstances surrounding what you know to actually occur on campus.

PROPERTY THEFT AND DAMAGE

HS Questions A106, 108/MS Questions A88, 90: During the past 12 months, how many times on school property have you ...had your property stolen or deliberately damaged, such as your car, clothing, or books? ...damaged school property on purpose?

Table A6.3 offers results for two items relating to property damage at school. The first relates to victimization. It asks about the frequency that respondents had their property stolen or damaged. Students may not always be able to easily discriminate whether they had something stolen or whether they misplaced it. This item probably reflects both experiences. But if misplaced items are not returned to the owner when found, this too affects student perceptions of the school environment in regard to property safety and security.

The second question relates to perpetration. Respondents were asked if they ever damaged school property on purpose. This is one of the few CHKS Core items specifically assessing violence perpetration other than weapon possession (see below). If a high proportion of students on a campus report damaging school property, there are several implications beyond the cost involved to the school. First, this behavior reflects a disengagement from the

⁹³ One of the challenges in asking students to disclose their fighting behavior is to define fights in such a manner as to get consistent responses. What is a fight to one person might not be to another. The CHKS specifies a physical fight. Other surveys ask about serious fighting or specify fights in which a student was hurt or injured in the fight or needed medical treatment. Such item differences need to be considered when evaluating and comparing local data about fighting on school property.

school among perpetrators. Second, this behavior creates a barrier to learning for other students by fostering a negative school environment.

HARASSMENT CAUSES: HATE-RELATED BEHAVIOR

HS Questions A113, 115-118/MS Questions A95, 97-100: During the past 12 months, how many times on school property were you harassed or bullied for any of the following reasons? Your race, ethnicity, or national origin. Your gender (being male or female). Because you are gay or lesbian or someone thought you were. A physical or mental disability. Any other reason.

Table A6.7 provides the annual frequency that respondents reported that they were harassed or bullied on school property because of any of six reasons: race/ethnicity/national origin, gender, religion, sexual orientation (“you are gay or lesbian or someone thought you were”), a physical or mental disability, or any other reason. These are the protected classes covered by California Penal Code 628 for determination of whether a hate crime has occurred. The incident has to be motivated entirely or in part by animosity toward the victim because of these reasons. AB 1785 (effective July 1, 2001) requires such hate motivated crimes and incidents to be reported to the California Safe Schools Assessment.⁹⁴

The item does not define harassment for respondents; each student responds based on his or her understanding of the term. However, it does define what is meant by bullying as follows: “You were bullied if repeatedly shoved, hit, threatened, called mean names, teased in a way you didn’t like, or had other unpleasant things done to you. It is not bullying when two students of about the same strength quarrel or fight.”

The CHKS data by itself cannot be considered a measure of hate crime, but the fact that respondents felt they were harassed or bullied because of these reasons is a good indicator of an environment in which hate crimes can flourish. In addition, it is every educator’s mission to help create a nurturing environment that supports student learning and to reinforce connections among all students, reaching out to and reconnecting with those students who have become marginalized.⁹⁵

Regarding sexual orientation, the CHKS asks students if they have been harassed not only because they are gay or lesbian but also because they are perceived to be gay or lesbian. The purpose of the item is not to assess the proportion of gay/lesbian youth in the sample but the level of harassment that occurs over sexual orientation, which may occur just because a student is “different” and a label is being used with hurtful intent. Even if the student is not gay or lesbian, the use of such terms at school creates a negative climate. Other students hearing these verbal attacks may also be harmed. These data reflect the problem youth may have experienced from such harassment, not the percent of youth that may have a gay or lesbian sexual identification.

⁹⁴ See Hate motivated crimes and incidents, CSSA Update, volume 7.2, October 2001, available from the California Department of Education. The law (AB1785) defines hate crime as an expression or evidence of hostility against a person (including a group) or a person’s property that was motivated by the offender’s bias against the victim’s real or perceived race, religion, disability, gender, nationality, or sexual orientation. This may include bigoted insults, taunts, or slurs, distributing or posting hate-group literature or posters, defacing, removing, or destroying posted materials, and posting or circulating demeaning jokes or leaflets. It does not include a student of one group telling a joke about another group to his friends, if it is not intended to be hostile in nature.

⁹⁵ Morrison, Furlong, & Morrison (2000).

In a recent survey, Human Rights found that teachers and administrators frequently ignore bullying and even violence against gay students. This harassment takes a serious toll on the students' emotional and physical health and on their academic studies, contributing to dropping out of school and suicide. These students spend an inordinate amount of effort figuring out how to avoid victimization and preserve their safety.⁹⁶

Data Interpretation Issues. The responses on this item are likely to be heavily influenced by student understanding of the meaning of harassment and bullying. Ironically, the implementation of harassment awareness education may, in the short-term, cause prevalence rates to increase. The more awareness there is of this issue, the more students may report having experienced it. This should be taken into consideration when comparing trend data and evaluating new programs.

Comparison Data. In the 2001 CSS, about one third of students across grades reported they had been harassed on school property because of race, ethnicity, gender, sexual orientation, or disability in the past 12 months.

CYBERBULLYING

A120. During the past 12 months, how many times did other students spread mean rumors or lies about you on the internet (i.e., Facebook™, MySpace™, email, instant message)?

Table A6.8 provides data on a recent phenomenon related to harassment—cyber bullying. The rapid expansion and use of the internet, email, and cell phone text messaging, has also provided a new venue for harassment and bullying behavior, where rumor and innuendo can spread quickly and have more detrimental effects.

As with the previous “harassment items” this question does not define “mean rumors or lies” but allows each student to respond based on his or her understanding of the terms.

The Office of Safe and Drug-Free Schools' website Stop Bullying Now (www.stopbullyingnow.hrsa.gov) states that: *“Cyberbullying has increased in recent year. In nationally representative surveys of 10-17 year-olds, twice as many children and youth indicated that they had been victims and perpetrators of online harassment in 2005 compared with 1999/2000 (Wolak, Mitchell, & Finkelhor, 2006).”*

WEAPONS AT SCHOOL

Even though educators will not be able to prevent all conflicts from occurring at school, eliminating weapons limits the potential for conflicts to escalate to serious injury or even death. The CHKS Core asks three types of questions to assess the presence of weapons on campus and its impact on students:

- » the frequency that guns or other weapons were carried to school in the past 30 days and past year,
- » how often respondents saw a weapon on campus, and
- » how often respondents were injured or threatened by a weapon.⁹⁷

⁹⁶ Human Rights Watch (May 2001).

The study was based on 140 youth and 130 school staff and parents. The researchers recommend that students be allowed to form gay-straight alliances at school.

⁹⁷ In the optional Module C, students are also asked about carrying weapons in the past 30 days in general and in the school.

Weapons of any kind on campus are a glaring, powerful symptom of a fundamental interpersonal and structural weakness in the school and community. Guns have been the main focus of public concern because of their potential deadly consequences. A recent study did indicate that most deaths in schools involved the use of firearms.⁹⁸ However, knives are generally more common at schools than guns and weapons of any kind have the potential for causing injury and even death. Although educators and parents are legitimately concerned about students' bringing weapons to school, research has consistently found that they carry weapons more frequently outside of school. YRBS data indicate that weapons possession outside of school is 3 to 4 times more frequent than at school for both males and females.⁹⁹ The school and community must address this problem together. (CHKS Module C provides comparison data on weapons possession in general.)

Carrying Weapons

HS Questions A109, 110/MS Questions A91, 92: During the past 12 months, how many times on school property have you ...carried a gun? ...carried any other weapon, such as a knife or club?

Table A6.4 shows the self-reported frequency with which guns, knives, clubs/bats, or any other weapons were carried to school in the past 30 days and past 12 months. As was the case with drugs, both time frames are asked for specific reasons.

- » The 30-day timeframe provides comparability with the YRBS (from which the question was derived) and is useful for monitoring short-term change in program evaluations.
- » The annual frequency item provides comparability with the CSS and enables you to examine how weapons possession relates to the majority of other violence-related items on the CHKS. The 12-month timeframe may also capture more irregular behavior that would be missed if only 30-days were measured.¹⁰⁰
- » Note also that the annual item asks about the number of times weapons were carried, whereas the 30-day item asks about the number of days.

Data Interpretation Issues: Cross-Survey Comparisons. Students' reports of school gun possession vary by the community being surveyed and the way in which the question is being asked. Thus, direct comparisons of data between communities using different data collection instruments has been problematic.¹⁰¹

Data Analysis Suggestion: Who Carries Weapons and Why? To help target prevention and intervention programs at the youth most in need, analyze your CHKS data to determine the characteristics of the youth that report carrying weapons to school.¹⁰² Pay particular attention to involvement in other risk behaviors and problems. Research suggests that school gun possession involves a relatively small group of students, almost entirely male, who are also likely to carry guns and other weapons in community settings, as well as to exhibit multiple problem

98 Kachur, S. P. et al. (1996).

99 Coggeshall & Kingery (2001).

100 However, it is possible that youths who bring weapons to school in any given month are more likely to carry them in other months, so the annual rates may not be markedly different than the month rates.

101 Coggeshall & Kingery (2001).

102 For a thorough review of student characteristics, emotions, and behaviors that should be considered distress signals, see: Dwyer, Osher, & Warger (1998).

behaviors, or to have significant risk factors in their lives.¹⁰³ These include juvenile delinquency, drug use, and gang membership.¹⁰⁴ For example:

- » A high incidence has been reported among self-designated gang members.¹⁰⁵
- » In a large-sample California survey, secondary students who reported using alcohol or other substances at school seven or more times during the previous year accounted for about 50% of all students who acknowledged frequent school weapon possession.
- » Students who carry weapons have also been shown to be disproportionately involved in aggressive behavior at school in general.¹⁰⁶
- » One survey in Texas found that students who possess guns were much more likely to walk alone through unsafe neighborhoods, use cocaine, get into fights in the community, and have been forced to have sex.¹⁰⁷

While weapons possession is proportionately more common among youth with multiple risk factors, it is also true that students who present no known risk factors bring weapons to school. For this reason, schools need to communicate to all students the importance that school is not the place for any item that can be used as a weapon.¹⁰⁸ Little is also known about why students bring weapons to schools or the circumstances surrounding incidents involving weapons. Research has shown multiple pathways that lead to being caught with a weapon at school. All are serious, but some pose a more serious, long-term threat to the school than others.¹⁰⁹ If high rates of weapons possession are reported, it is important to ascertain the reasons. In many instances, students may bring weapons to school because of fears over personal safety or security. Some insight into these dynamics can be gained by analyzing the CHKS dataset to determine the factors associated with weapon possession, such as the frequency of being threatened by weapons or feeling unsafe at school (Tables A6.5 and A6.11).

Program Implications. If weapons possession and security concerns are related, the ultimate objective should be not solely to punish for possession, but also to understand the source of student insecurity and correct it. A student who is caught with a gun or other weapon at school should be carefully interviewed to ascertain the range of factors causing this action and how these factors impact the school and the community.

The evidence that youth who carry weapons to school are involved in multiple risk behaviors indicates that these youth they are likely to need interventions in multiple areas. It also means that whenever schools are working with a high-risk youth, consideration should be given to frankly discussing the youth's knowledge about guns and his or her access to them. Particular attention should be given to those youths with a history of extreme, impulsive aggression.

103 For a summary of research on school gun possession, see: Furlong, Flam, & Smith (1996).

104 Furlong, Bates, & Smith (2001).

105 In one survey, 18.6% of gang members claimed to have brought a gun to school compared with 4.9% of non-gang members. See: Cornell & Loper (1998).

106 Furlong, Casas et al. (1997). Also: Furlong, Bates, & Smith (2001).

107 Kingery, Pruitt, & Heuberger (1996).

108 Furlong, Bates, & Smith (2001).

109 Morrison & D'Incau (1997).

Comparison Data. Nationally, student surveys suggest the rate for any school weapons possession in the past 30 days for 12th graders is between 6% and 8%.¹¹⁰ In the 2001 YRBS, national rates were 3% for females and 10% for males. In the 2001 CSS, 2% to 3% of students across grades had taken a gun to school in the 12 months prior to the survey. Over twice as many (5–9%) had taken another type of weapon. The majority also reported carrying a weapon more than one time. As with other violence indicators, grade differences were small.

AWARENESS OF WEAPONS AT SCHOOL

HS Question A112/MS Question A94: During the past 12 months, how many times on school property have you seen someone carrying a gun, knife, or other weapon?

Even if it is a small group who carry weapons at school, they can adversely impact both the actual and perceived safety of many students. However, the fact that weapons are carried to school does not necessarily mean that students are widely aware of it or that the weapons are used to inflict harm. To provide a sense of the awareness of weapons at school, the CHKS asks about how often respondents had seen someone carrying a gun, knife, or other weapon at school in the past 12 months, as reported in Table A6.5.

THREATENED BY WEAPONS AT SCHOOL

HS Question A111/MS Question A93: During the past 12 months, how many times on school property have you been threatened or injured with a weapon, such as a gun, knife, or club?

Table A6.5 also reports how many times respondents indicated that they had been threatened or injured at school with a weapon. This item helps illustrate the impact that weapons have on the student population and how threatening the school environment appears. These data can provide a sense of why weapons are carried and how they are used. Threats or actual injuries from students carrying weapons on school grounds are among the most serious problems feared by school staff and parents. Even a small number of reports of such behavior indicates a serious affront to student safety.

Comparison Data. In three national surveys that asked students this question, rates have varied widely, from a low of 1.3% to a high of 15.2%.¹¹¹ The reasons for such wide discrepancies are unknown.

PERSONAL SANCTIONS OF WEAPONS AT SCHOOL

HS Question A95/MS Question A79: How do you feel about someone your age doing the following...carrying a weapon to school?

Table A6.6 presents student perceptions of how they would feel about someone their age bringing a weapon to school. This item was added to the survey in compliance with the requirements of No Child Left Behind legislation as a gauge of social disapproval.¹¹² (Compare the results for peer disapproval of ATOD use presented in Tables A4.12 and A5.14).

¹¹⁰ The 1995 National Crime and Violence Survey, Monitoring the Future, and the Youth Risk Behavior Survey.

¹¹¹ The 1995 National Crime and Violence Survey, Monitoring the Future, and the Youth Risk Behavior Survey. See also: Coggeshall & Kingery (2001).

¹¹² When this item was first added to the survey in 2002, the wording was “How much would your friends disapprove if some student they knew carried a weapon to school?”

SCHOOL SAFETY CONCERNS

HS Question A120/MS Question A101: How safe do you feel when you are at school? Very safe, safe, neither safe nor unsafe, unsafe, very unsafe.

Table A6.11 reports how safe students felt when they were at school. This is an indicator of the overall impact of violence and harassment in the lives of youth, especially the psychological harm represented by fear and anxiety.¹¹³

Data Interpretation Issues: The Origins of Student Concerns. When students report feeling unsafe at school, it is very important to gather additional information to identify the reasons for these feelings. A natural assumption upon seeing such results is that student insecurity is directly the result of being victimized by violence at school. Feelings of insecurity, however, can have multiple sources, not all of which correctly reflect the level of danger on a school campus. In a study of students in one California county, for example, student worry about campus safety was unrelated to the level of reported victimization. Furthermore, the students with the highest level of worry actually reported that they had experienced no victimization at school in past year.¹¹⁴ Such a finding should lead to an exploration of student fears and ways to alleviate them.

Data Analysis Suggestion. To explore the origins of student insecurity, analyze the CHKS dataset to determine the association between reported levels of safety and the results from the harassment and victimization questions, on the one hand, and from the fighting and weapons possession questions, on the other hand. Are the students who reported low feelings of safety characterized by any specific demographic traits? Are they more likely to carry weapons? To explore the association between school safety and achievement, analyze how variations in perceived safety relate to selfreported grades.

Comparison Data. In the 2001 CSS, the great majority of youth felt their school was safe or very safe, with perceived safety increasing with age.

OTHER VIOLENCE-RELATED INDICATORS

Gang Membership

HS Question A121/MS Question A103: Do you consider yourself a member of a gang?

Table A6.9 presents the frequency that students reported they considered themselves members of a gang. In 2005, this question was changed from asking about lifetime membership (“Have you ever belonged to a gang”) to current membership, so that it would be more sensitive to detecting change over time. Although it may seem that youths would be reluctant to disclose their gang affiliations, this is not usually the case. Gang members typically are proud of their gang membership and do not attach any social stigma to asserting this in a survey. U.S. Justice Department statistics show that gang members are overall a relatively small—and declining—proportion of the youth population. However, there is evidence of growth in gang activity in small towns and membership among females.¹¹⁵ Moreover,

¹¹³ In 2003, a mid-point response option of “neither safe nor unsafe” was added to this question (making it a five point scale) because data indicated that students needed an option between “safe” and “unsafe.” The same change was made to the question on perceived safety in the neighborhood.

¹¹⁴ Furlong, M. J. et al. (1997).

¹¹⁵ Youth Crime Alert (2001, November). In 1998, 92% of all gang members were still male (National Youth Gang Center, 2000). On the rise of female involvement, see: Chesney-Lind & Brown (1999).

violence is still a major part of gang life and the presence of gangs at school is an important indicator of school disorder. For example:

- » Gang members commit the majority of serious youth violence.¹¹⁶
- » A high proportion of gang members are involved in drug sales, a behavior closely linked to serious violence.¹¹⁷
- » Youths who identify themselves as gang members have been more likely than non-gang members to bring guns to school (in one study four times more likely).¹¹⁸
- » Rates of violence are higher in schools where gangs are present, in one study almost three times as high.¹¹⁹

Program Implications. Gang-related incidents of violence may require intervention strategies different from those that might be used with the general student population. This is one reason why assessment of these activities is so important. Gang-related violence is more likely to fill instrumental goals (e.g., power, money, and possession) than other acts of aggression on school campuses, which are more impulsive and reactive in nature. These different types of aggression demand different intervention strategies.¹²⁰

Data Analysis Suggestion. Schools with high levels of gang membership should examine the characteristics of these respondents and how their risk behaviors differ from non-gang members. Schools need to evaluate how much of their violence and related high-risk behaviors are attributable to gang-related activity on campus. In the 1997 CSS, rates of violent behavior were generally twice as high among those students who reported that they had been in a gang compared to non-gang members. In the largest difference, rates for carrying weapons to school were over 3 times higher, reported by about 4 in 10 gang members. Gang membership is also related to poor school adjustment and alcohol and other drug (AOD) use.¹²¹

Comparison Data. In the 1995 National Crime and Violence Survey, 28% of students reported that gang members were present on their school campuses (compared to 15% in 1993). In the 2001 CSS, the gang-membership rates were 9% in 7th grade, 12% in 9th, and 9% in 11th. For additional local information to compare with CHKS results, law enforcement agencies often track and report on the number of gang members and affiliates in their communities.

Chesney-Lind, Shelden, & Joe (1996).

Snyder & Sickmund (1999). However, the National Youth Gang Survey reports a decline in female membership, with less than 2% of gangs nationwide reporting predominantly female membership (National Youth Gang Center 1999).

116 See: Spergel, I. A. (1990).

Thornberry, T. P. (1998).

Battin, S. et al. (1996).

Fagan, J. (1990).

Huizinga, Loeber, & Thornberry (1995).

117 The 1999 National Youth Gang Survey (a national survey of law enforcement agencies) estimates that 46% of youth gang members are involved in street drug sales (Egley 2000). See also: Huizinga et al. (1995).

118 Cornell & Loper (1998).

119 Snyder & Sickmund (1999). The rate of victimization in schools with gangs was 7.5%, compared to 2.7% in schools without gangs.

120 Dodge & Coie (1987).

121 Austin, G. et al. (1999).

Table 6.13 reports ethnic differences in a measure of harassment/victimization. This is an index made up of the means of selected items (Been pushed, shoved, hit, etc., Been afraid of being beaten up, Had mean rumors/lies spread about you, Had sexual jokes/comments/gestures made to you, Been made fun of because of your looks/way talk, Had property stolen/damaged, Been threatened/injured with a weapon). Preliminary research has shown that among middle schools, those with predominately white or mostly African American students had the highest rates of victimization. This trend holds true for 9th graders in high schools but whites drop in 11th grade, where as African American schools appear to go up.

RELATIONSHIP VIOLENCE

HS Question A122/MS Question A104: During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

Table A6.10 reports the results on a victimization item that is not specific to the school: whether students had been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the past year. Relationship or partnership violence (often called “intimate partner violence” or IPV) is an emerging concern both in the popular media and in research. Violent and abusive behaviors are an especially important cause of physical and emotional injury when the perpetrator is known and trusted by the victim. Partnership violence is consistently associated with other serious health risk behaviors, such as alcohol and drug abuse, eating disorders, depression, sexual risk behaviors, and suicidal behavior. In a YRBS study conducted in Massachusetts, affected females were more likely to report all of these problems.

Program Implications. Based on the Massachusetts YRBS data, researchers recommended the development and implementation of prevention programs specific to teen dating violence. Medical and mental health professionals should routinely screen adolescents for dating violence and be aware of appropriate referrals. They recommended that practitioners dealing with other risk behaviors address dating violence as a potential factor in all of these behaviors.¹²² The school environment will be collaterally affected when students are involved in physically intimidating relationships.

Data Analysis Suggestion. To help guide counseling programs to help these victims, analyze your CHKS results to determine the characteristics of youth who experience relationship violence, what other risk behaviors they report, and what other victimization and harassment problems they have experienced. In particular, look at their levels of AOD use and their responses on the depression/risk question (see Table A7.2).

Comparison Data. Data on prevalence of adolescence dating violence is rare. According to a 2000 U.S. Justice Department study, 17% of girls aged 16–19 and 2% of boys experience abuse in intimate relationships.¹²³ In the 2001 YRBS, about 1 in 5 students (10% females; 9% males) reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the year preceding the survey.

¹²² Massachusetts appears to be the first state to fund a school-based teen dating-violence awareness program, a three-to-five session course presented during health classes (Rennison, C. M. & Welchans, S., 2000).

¹²³ Intimate Partner Violence (January 13, 2001).

CLOSING THE ACHIEVEMENT GAP

In February 2008, State Superintendent of Public Instruction Jack O’Connell announced his intent to lead an effort to identify ways the state can better assist counties, districts, and schools in their efforts to close California’s pernicious achievement gap. He asked his statewide P-16 Council to take the lead on this task. The Superintendent’s approach to developing and implementing a plan includes extensive information gathering via examining existing research; surveying educators, students, families, and other stakeholders; identifying current exemplary successful practices in California; town hall meetings, community forums, and a statewide Achievement Gap Summit in Sacramento in November 2008. Based on the information gathered, the Superintendent will outline his initial recommendations in his State of Education Address in early 2009. The Achievement Gap is defined by the U.S. Department of Education as “the difference in academic performance between different ethnic groups.” In California, the gap is defined as the disparity between White students and other ethnic groups as well as between English Learners and native English Speakers, Socioeconomically Disadvantaged and Non-disadvantaged, and Students with Disabilities compared to students without disabilities.¹²⁴

Table 6.13 was created with the intent of helping districts learn more about the ethnic and racial differences between students in the areas of harassment and victimization. The data in Table 6.11 is the average of the following seven questions. The averages range from 1 (zero times) to 4 (four or more times). Therefore, the average increases as the prevalence increases.

The HS Questions A100-101, 103-106, 111/MS Questions A82-83, 85-88, 93: During the past twelve months, how many times on school property have you been ...pushed, shoved, slapped, hit or kicked by someone who wasn’t just kidding around? ...been afraid of being beaten up? ...had mean rumors or lies spread about you? ...had sexual jokes, comments, or gestures made to you? ...been made fun of because of your looks or the way you talk? ...had property stolen or deliberately damaged, such as your car, clothing, or books? ...been threatened or injured with a weapon?

In addition School Environment, Community Environment, and School Connected results are also provided by ethnicity. These are tables A3.2 through A3.12.

¹²⁴ California Department of Education (2008). Closing the Achievement Gap [Electronic version]. Retrieved January 11, 2009, from <http://www.cde.ca.gov/eo/in/ag/>

7. Physical and Mental Health

BREAKFAST CONSUMPTION

HS Question A34/MS Question A33: Did you eat breakfast today?

Data on breakfast consumption the day of the survey is located in Table A7.1. Students who eat breakfast have been found to learn better, perform higher on standardized tests, have better attendance rates at school, and be less apathetic and lethargic.

- » Schools that offer breakfast programs see increases in school grades and improvements in classroom behaviors (attendance, participation, etc.).¹²⁵
- » Sixteen Boston schools that offered free breakfast to every student, regardless of income, experienced higher math grades, lower absenteeism, and improved behavior.¹²⁶
- » Analyses of the CHKS aggregate data found that high performing schools had larger percentages of students who ate breakfast the day of the survey than low performing schools.¹²⁷

DEPRESSION-RELATED FEELINGS

HS Question A123/MS Question A105: During the past 12 months, did you ever feel so sad and hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Table A7.2 provides an indicator of depression risk: the percentage of students who had felt so sad or hopeless almost every day for two weeks or more that it stopped them from doing some usual activities. Depression is an illness affecting approximately four out of 100 teenagers each year, with serious consequences if not detected and treated. Depression increases the risk for suicide, which has tripled among youth aged 15–24 since 1950. It is now the third leading cause of death in this age group.

Table A7.3 added only to the High School version, collects additional information on suicide contemplation. Depression and other childhood psychopathologies also interfere with normal developmental processes and functioning. Depression is associated with compromised educational, social, and emotional outcomes. Depressed youth may get into trouble with alcohol, drugs, or sex; have trouble with school or grades; or have problems with family or friends. Identifying children who experience significant episodes of depression is needed to create intervention options and to reduce growing risk prevalence rates. In addition, these students have a right to receive appropriate education supports to help them benefit from education.

Data Analysis Suggestion. Although the Core Module contains only these two items specifically assessing mental health, much more can be learned by conducting additional analyses of the characteristics of the youth who reported feeling sad and hopeless. In particular, pay attention to patterns of drug use, as these youth may be self-medicating themselves with drugs and need drug treatment or counseling. If a high proportion of students respond

¹²⁵ Powell, C. A. et al. (1998). Murphy et al. (1998). Myers et al. (1989).

¹²⁶ Barnard, A. (2000, November 29). Study links school breakfast, results, Boston Globe.

¹²⁷ Hanson, T. (2001).

feeling sad or hopeless on this item, or on the suicide contemplation item for high schools, you may also want to consider administering Module C, which includes questions on suicide ideation.

Program Implications. High rates also warrant examination of school mental health services available to students and families. Some students may need mental health support services coordinated through the AB 2726 process.¹²⁸

128 Little Hoover Commission (2001, October).

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Appendix A. Abbreviations & Definitions

| Agencies and Programs | |
|------------------------------|--|
| CDC | U.S. Centers for Disease Control and Prevention. |
| CDE | The California Department of Education. |
| CBEDS | California Basic Education Data System compiled by the California Department of Education. |
| LEA | Local Education Agency, such as a school district or county office of education. |
| Title IV | The federal Safe and Drug-Free Schools and Communities Act, part of the No Child Left Behind Act. |
| TUPE | California's Tobacco Use Prevention Education program. |
| Surveys | |
| CSS | The biennial California Student Survey (also known as the Biennial Statewide Survey of Drug and Alcohol Use Among California Students or the Attorney General's survey). |
| CSSA | The California Safe Schools Assessment, a state-mandated program that requires all LEAs and school sites to collect and report the incidence of specified crimes to the California Department of Education. |
| MTF | The national Monitoring the Future Survey, sponsored by the National Institute of Drug Abuse. The foremost and oldest national survey of student drug use; conducted annually. |
| NCVS | The National Crime and Violence Survey. |
| YRBS | The biennial Youth Risk Behavior Survey, sponsored by the federal Centers for Disease Control and Prevention. Last conducted in 2003. |
| Drugs and Drug-use Behaviors | |
| AOD (ATOD) | Alcohol (tobacco) and other drugs. |
| Alcoholic Drink | One can/bottle of beer or wine cooler, glass of wine, mixed drink, or shot glass of distilled spirits (liquor). |
| Binge Drinking | Refers to consuming five drinks or more in a row on the same occasion. The CHKS and YRBS measure this behavior over the past 30 days; the CSS and MTF, over the past two weeks. Also referred to as episodic or occasional heavy drinking. |
| Illicit Drugs | Drugs other than alcohol or tobacco, such as marijuana. |
| Inhalants | Drugs that you "sniff" or "huff" to get high, such as glue, gas, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas. |
| Methamphetamines | Refers to crystal meth, speed, ice, crank, or any amphetamine. |
| Polydrug Use | Use of two or more different drugs on the same occasion. Measured for the past six months. |
| Smokeless Tobacco | Chew or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen. |
| Tobacco | Includes both smoked and smokeless tobacco. |
| Measures | |
| Prevalence | The overall rate (percentage) that a behavior is reported. |
| Lifetime | Any occurrence within a respondent's lifetime. For example, the proportion of students who ever used a drug. |
| Current | Any occurrence 30 days prior to the survey. |
| Weekly | Once a week or more often. |
| Daily | Once a day or more often. |

Appendix B. About the CHKS

| | |
|---------------------|---|
| SPONSOR | California Department of Education |
| SURVEY TYPE | Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version |
| GRADE LEVELS | Grades 5, 7, 9, 11, and continuation schools, minimum |
| SAMPLING | Representative district sample by contractor School-level surveys optional |
| MODULES (SECONDARY) | Core Resilience Supplemental AOD, Violence & Suicide Tobacco Physical Health & Nutrition Sexual Behavior District Afterschool Custom Module |
| SOURCES | Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey |
| REQUIREMENTS | Biennial administration starting 2003-04 Core and Resilience Modules (school & community Protective Factor scales) Tobacco Module by state TUPE grantees Active consent from parent/guardian for grades below seven; active or passive consent for grades seven and above Representative district samples |
| ADMINISTRATION | By school, following detailed instructions |
| PRODUCT | Local reports and aggregated state database |
| ADVISORS | Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and School Boards Association |
| DATABASE | For spring 1998-spring 2003, contains over 1,300,000 student records from 77% of school districts representing 94% of state enrollment |
| STAFF SURVEY | Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required starting fall 2004) |
| CONTRACTOR | WestEd —Gregory Austin, PhD, Project Director |
| INFORMATION | California Department of Education: 916.319.0920 Website: chks.wested.org Cal-SCHLS Regional Center Helpline: 888.841.7536 |

BACKGROUND

Development

The CHKS was developed under contract from CDE by WestEd in collaboration with Duerr Evaluation Resources, assisted by an Advisory Committee of researchers, teachers, school prevention and health program practitioners, and public agency representatives. It is designed to provide a common set of comprehensive health risk and resilience data across the state to guide local program decision-making and also determine geographic and demographic variations. Its flexible structure enables it to be easily customized (including the addition of questions) and integrated into program evaluation efforts to meet local needs and interests.

Sampling and Analytic Plans

For districts with 900 or fewer students per grade, all students are surveyed; otherwise 900 students also may be randomly selected. If a district has over 10 schools per grade, schools are randomly sampled. For results to be representative, a minimum of 60% of the students must complete useable surveys in each grade and school. Results are discarded for students who grossly exaggerated their substance use or had inconsistent response patterns.

Goals

Reduce Risk Behaviors and Promote Well-being and Positive Development. The behaviors assessed by the CHKS are those that contribute directly to the leading causes of death, injury, and social and personal problems among youth. Schools need a thorough understanding of the scope and nature of student risk behavior and developmental strengths and opportunities (resilience) to develop effective prevention and health programs. Without data, districts will struggle to make sound decisions about allocation of resources, programming, and the effectiveness of their efforts.

Promote Learning. Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. (See the discussion on Using the CHKS to Help Improve Schools and Achievement.)

Demonstrate Accountability. The CHKS is an important component of California's school accountability system, which requires that schools objectively assess students and then set measurable goals for making improvement. The CHKS gathers credible information to identify the health and safety needs of the students, establish district goals, and monitor progress in achieving the goals.

Meet Funding Requirements. For these reasons, state, federal, and private agencies increasingly require schools to collect, disseminate, and use health-related data as a requirement for obtaining and maintaining funding. The CHKS is specifically designed to help meet such requirements. For example, the federal No Child Left Behind Act requires LEAs to regularly conduct a drug use and violence needs assessment and report the results to the community. Districts that have state competitive high school grants for Tobacco Use Prevention Education (TUPE) programs also must administer the CHKS.

Promote Health Programs and Community Support. The CHKS is designed to send a positive message of the importance of a healthy lifestyle and to promote the development of comprehensive school health programs. It aims to foster school and community collaboration that is essential to tackling these critically important issues.

USING THE CHKS TO HELP IMPROVE SCHOOLS AND STUDENT ACHIEVEMENT

How do schools engage, motivate, and support students so that they can achieve? Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. Research studies and reviews over the past decade have consistently concluded that student health status and academic achievement are inextricably intertwined. Incorporating health and prevention programs into school improvement efforts produces positive achievement gains. To these ends, the CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as important barriers to learning among students, particularly those related to school climate. The CHKS also assesses School Protective Factors and connectedness, which research has consistently identified as promoting positive youth development and school success. The following table lists all the topics assessed by the Secondary CHKS that specifically relate to the school. The numbers refer to the high school module. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey, required as of fall 2004. Call your CHKS Service Center for further information.

SCHOOL-RELATED CHKS QUESTIONS, GRADES 9, 11

| MODULE | SCHOOL VARIABLE |
|-------------------------------------|---|
| ATOD Use and Availability at School | |
| A55 | Drunk/high, ever |
| A72-74 | Alcohol, tobacco, and marijuana use, past 30 days |
| A107, A85-86 | Offered drugs at school, past 12 months; Perceived drug and alcohol availability |
| A90, A97 | Experienced AOD-related problems with school work or behavior |
| C15-16 | School response to AOD use/possession |
| Victimization, Violence, and Safety | |
| A100 | Was pushed or shoved, past 12 months |
| A102-104 | Experienced rumor or lie, sexual joke, or made fun of, past 12 months |
| A113-117 | Harassed because of race/ethnicity, gender, religion, sexual orientation, or disability |
| A101 | Afraid of being beaten up |
| A102 | Been in a physical fight, past 12 months |
| A106, A108 | Vandalism: Had property stolen/damaged; Damaged school property, past 12 months |
| A109-10, C27 | Carried gun or other weapon, past 12 months & 30 days |
| A111 | Threatened/injured by weapon, past 12 months |
| A112 | Saw a weapon, past 12 months |
| Achievement | |

| MODULE | SCHOOL VARIABLE |
|--|---|
| A124 | Grades received |
| A125 | Classes skipped/cut last year |
| School Protective Factors – Positive Climate | |
| A16-24 | Caring relationships, High expectations, and Opportunities for Meaningful Participation, and School Protective Factor score |
| A11-15 | School connectedness scale |
| Physical Education | |
| E23-24 | Number of days of school PE per week & minutes of exercise per class |

Appendix C. Supplementary Module Content

RESILIENCE SUPPLEMENTAL MODULE

As mentioned earlier, resilience questions about the school and community domains are part of the Core and Resilience Module contains questions pertaining to the peer and home domains as well as Personal Resilience Strengths. The CHKS measures the three asset-areas most consistently mentioned in the research — caring relationships, high expectations, and opportunities to participate in meaningful activities. Resilience traits are the individual qualities and characteristics that are enhanced by and work together with protective factors to promote healthy development.

ALCOHOL AND OTHER DRUG USE, VIOLENCE, AND SUICIDE MODULE

To better promote safe and drug free schools, AOD, Violence, and Suicide Module is designed to provide a fuller understanding of risk behaviors related to the SDFSC (Title IV) and influences of alcohol and other drug use. Its use also enhances CHKS comparability with the biennial California Student Survey. It covers:

- » regular frequency of AOD use in the past six months, including weekly and daily use;
- » the use of two or more substances at the same time (polydrug use);
- » future intentions to smoke marijuana;
- » experiences with problems from AOD use (adverse consequences); and
- » cessation efforts and treatment needs.

In addition to the data on perceived harm and ease of availability provided by the Core Module, this supplement assesses indicators of the perceived social environment relating to AOD use to which the students are exposed. It expands the data collected on violence by asking about behavior not specific to school property, including:

- » the frequency of physical fights, threatening use of weapons, drug sales, and arrests;
- » weapons possession and the availability of guns;
- » suicide thoughts and attempts; and
- » forced sexual intercourse.

TOBACCO MODULE

The Core Module provides basic information on cigarette and smokeless tobacco use rates, attitudes, and availability. The Tobacco Module provides additional information on tobacco use and is specifically designed to assist schools in developing and evaluating their state Tobacco Use Prevention Education programs. It covers:

- » patterns of tobacco use (e.g., cigar smoking);

- » the level of cigarette smoking;
- » smoking cessation attempts and participation in school cessation groups;
- » future intentions to smoke;
- » sources of cigarettes and perceived adult smoking;
- » opinions about the adverse effects of cigarette smoking;
- » questions relating to exposure to school-based prevention efforts.

PHYSICAL HEALTH MODULE

If administered, the Physical Health and Nutrition Module provides additional information on physical health risks, especially in regard to weight and injury. It covers:

- » eating of healthy foods as well as “junk” food
- » exercise (both aerobic and non)
- » asthma issues
- » body image and weight-loss efforts; as well as assessing BMI
- » hours watching TV and playing video games (as a measure of inactivity);
- » school PE activity, participation in sports teams, and sports-related injuries;
- » medical and dental checkups in the past year; and
- » helmet use.

SEXUAL BEHAVIOR MODULE

The Sexual Behavior Module assesses behavior related to sexuality, pregnancy, and HIV risk. Early sexual activity is associated with unwanted pregnancy and STDs, including HIV infection, and negative effects on social and psychological development. It covers:

- » age of onset of sexual activity,
- » perception of peer behavioral norms,
- » use of contraception,
- » AOD use before sexual intercourse, and
- » communication about sexual activity and sexually transmitted diseases.

SCHOOL CLIMATE SURVEY FOR STAFF

No Child Left Behind (NCLB) mandates that schools that receive federal Safe and Drug Free Schools and Community (SDFSC) funds must conduct an anonymous teacher survey of the incidence, prevalence, and attitudes related to drug use and violence. To help school districts meet this requirement, as well as meet their own school-improvement data needs, CDE has developed a School Climate Survey for Staff as a companion to the California Healthy Kids Survey (CHKS) student survey. As of the 2004-05 school year, CDE requires that all LEAs administer this survey at the same time as they administer the CHKS to students. The survey gathers information from school staff that, in conjunction with CHKS student data, will enrich a school/district's ability to understand

and address the impact of substance use, violence, truancy, and other risk behaviors on the students and the school. To further enhance the survey's value to school improvement efforts, it includes general school-climate questions relevant to academic achievement, school connectedness, learning supports, and health-related learning barriers. Districts may also add questions of their own choosing as a custom feature.

Tables

INDEX OF ITEM AND TABLE NUMBERS—CORE MODULE

| High School Item | Middle School Item | Variable | Report Table |
|------------------|--------------------|---|-------------------------------|
| A5 | A5 | Grade | A1.2 |
| A3 | A3 | Age | A2.1 |
| A4 | A4 | Gender | A2.2 |
| A6-8 | A6-8 | Race/Ethnicity (six major groups in California, including students of mixed race or ethnicity) | A2.3 |
| A9 | - | Living Situation | A2.4 |
| A124 | A105 | Grades, past 12 months, self-reported | A2.5 |
| A125 | A106 | Truancy, past year | A2.6 |
| — | A102 | How many days left alone after school during normal week | A2.7 |
| A10 | A9 | Migrant Education Resilience and Youth Development Protective Factors by Ethnicity School and Community | A2.8 A3.1 A3.2- 3.12 |
| A37-46 | A37-39, 41 | AOD use, lifetime | A4.1 |
| A56, 59- 60 | A45, 48- 49 | Age of use onset - AOD | A4.2 |
| A63, 65- 71 | A52, 54- 56 | Alcohol drinking frequency (number of days consumed at least one drink in the past 30 days), current | A4.3-4.4 |
| A63, 65- 71 | A52, 54- 56 | Use of marijuana and other drugs, current (past 30 days) | A4.3-4.4 |
| A53 | A42 | Drunk or sick after drinking alcohol, lifetime | A4.5 |
| A54 | A43 | High from using drugs, lifetime | A4.6 |
| A64 | A53 | Consumption of five drinks in a row in a single setting (number of days in the past 30 days), current | A4.7 |
| A76 | A63 | Alcohol use style | A4.8 |
| A77 | - | Drug use style | A4.9 |
| A89 | - | Drinking and driving experiences (by respondent or other) A4.10 - A81 Lifetime, ridden in car by someone who has been drinking | A4.11 |
| A73-74 | A58-59 | Alcohol/marijuana use on school property, current (past 30 days) | A4.12 |
| A55 | A44 | High at school on alcohol or other drugs, lifetime | A4.13 |
| A80-81 | A66-67 | Perceived harm of frequent alcohol use | A4.14 |
| A82-83 | A68-69 | Perceived harm of frequent marijuana use | A4.15 |
| A92-94 | A76-78 | Personal disapproval of using alcohol and marijuana | A4.16 |

| High School Item | Middle School Item | Variable | Report Table |
|------------------|--------------------|--|--------------|
| A88 | A74 | Perception of percentage of peers who ever tried marijuana | A4.17 |
| A90, 97 | - | Problems caused by ATOD use | A4.18-4.19 |
| A85-86 | A71-72 | Perceived difficulty to obtain alcohol and marijuana | A4.20 |
| A107 | A89 | Offered, sold, or given an illegal drug on school property, past year | A4.21 |
| A98 | A61 | Talked with parents about ATOD | A4.22 |
| A99 | A62 | Heard, read, watched messages about ATOD use | A4.23 |
| A119 | - | Employer Alcohol and Drug Testing | A4.24 |
| A35-36 | A35-36 | Cigarette smoking, puff or whole, lifetime | A5.1 |
| A37 | A37 | Smokeless tobacco use, lifetime | A5.1 |
| A57-58 | A46-47 | Age of use onset – tobacco | A5.2 |
| A61-62 | A50-51 | Tobacco use frequency (number of days in the past 30 days), cigarette smoking and smokeless tobacco, current | A5.3 |
| A72 | A57 | Smoking on school property, current (past 30 days) | A5.4 |
| A91 | A75 | Personal disapproval of using cigarettes | A5.5 |
| A96 | A80 | Peer disapproval of using cigarettes | A5.6 |
| A79 | A65 | Perceived harm of frequent cigarette smoking | A5.7 |
| A84 | A70 | Perceived difficulty to obtain cigarettes | A5.8 |
| A87 | A71 | Estimated prevalence of peer cigarette usage | A5.9 |
| A103 | A67 | Had mean rumors or lies spread about student at school, past year | A6.1 |
| A104 | A68 | Had sexual jokes, comments, gestures made at student at school, past year | A6.1 |
| A105 | A69 | Been made fun of because of looks or the way student talks at school, past year | A6.1 |
| A100 | A82 | Been pushed, shoved, slapped, hit or kicked by someone not just fooling around at school, past year | A6.2 |
| A101 | A83 | Been afraid of being beaten up at school, past year | A6.2 |
| A102 | A84 | Physical fighting at school, past year | A6.2 |
| A106 | A88 | Personal property theft and damage on school property, past year | A6.3 |
| A108 | A90 | Damaged school property on purpose, past year | A6.3 |
| A109 | A91 | Carried a gun at school, past year | A6.4 |
| A110 | A92 | Carried any other weapon at school, past year | A6.4 |
| A112 | A94 | Threatened/injured at school with weapon, past year | A6.5 |
| A111 | A93 | Seen someone carrying weapon at school, past year | A6.5 |
| A95 | A79 | Peer disapproval of weapon possession at school | A6.6 |

| High School Item | Middle School Item | Variable | Report Table |
|------------------|--------------------|--|--------------|
| A113- 118 | A95-100 | Harassment on school property because of race, ethnicity, religion, gender, sexual orientation, disability, or any other reason, past year | A6.7 |
| A121 | A103 | Gang involvement, current | A6.8 |
| A122 | A104 | Youth hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend, past year | A6.9 |
| A120 | A101 | Perceived safety at school | A6.10 |
| A113- 117 | A95-99 | Harassment for Hate-Crime Reasons | A6.11 |
| A20 | A20 | Breakfast consumption, day of survey | A7.1 |
| A99 | A88 | Ever felt so sad or hopeless almost every day for two weeks or more that stopped doing some usual activities, past year | A7.2 |