



San Mateo County

Adolescent Report 2007

*with the Youth Commission's
Policy Recommendations*

San Mateo County Board of Supervisors

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CALL TO ACTION

San Mateo County has improved as a community in the way we engage young people. However, enormous opportunities remain to build upon our successes and continue to support youth.

Building assets¹ is not the responsibility of any single segment of our society; individuals, families, organizations, and communities can all take action to embrace a shared responsibility for raising young people. Asset building is a long-term solution that requires long-term commitment.

Specific actions need to be taken by every segment of our society to improve the lives of our young people:

- **Organizations:** Each organization, whether they deal directly with youth or not, has a responsibility to our young people. Policy recommendations, which flow from the data, are included in this report. Adopting 1 or 2 policy changes from these recommendations within your organizational structure and mission would provide enormous forward progress.
- **Individuals:** Each person also has a responsibility to our young people. Table 2 lists a number of simple ways you, in your everyday life, can build assets in youth.

We hope that readers of this report find the information presented here useful as they plan to promote youth development in their communities. A copy of this report can be obtained at the San Mateo County community-wide database residing at this website:

www.plsinfo.org/healthysmc

If you have questions about this report, please call Dr. Scott Morrow at (650) 573-2519.

¹Assets are concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults. Search Institute's 40 Developmental Assets provide a great framework to discuss and incorporate asset-building into our daily lives. Detailed information can be found at <http://www.search-institute.org/assets/>

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INTRODUCTION

This report, an overview on the health status of our youth in San Mateo County, is designed to provide a snapshot of the health of our adolescent population and to make policy recommendations to improve it. It is intended to be used by providers, grant makers, policymakers, young people and their allies to identify areas where improvement can be made and to develop plans for action.

During the 1999-2000 San Mateo County budget hearings, the Board of Supervisors determined the need to develop a strategic plan in support of youth of the county. The Board of Supervisors used data and information from various sources, including the San Mateo County Community Needs Assessment, which suggested that teenage sexuality, drug use, and violence were serious and worsening public health concerns. In addition, the assessment concluded that strategies aimed at reducing these risk factors had not been adequately explored or implemented at the community level. The result of that decision was the first comprehensive look at the status of youth in our county, the San Mateo County Adolescent Report¹, published in 2001. It utilized data from national and local sources and made three general recommendations:

- 1) Increase the amount and number of sustained adult/child interactions, with the specific goal of having 2 to 3 non-teacher, non-parent adults associated with and regularly in every classroom in San Mateo County.
- 2) Youth should be treated as equals and involved as joint decision-makers in activities and programs that affect them.
- 3) Establish a structure that can help accomplish the first two recommendations.

Since 2001, progress has been made in the above three areas, including enhancement of the Youth Commission and its interaction with other community bodies and organizations; development or strengthening of school-based programs using the asset development model; consolidation of community efforts in support of youth; and the incorporation of youth asset development principles in County initiatives.

¹ The 2001 San Mateo County Adolescent report can be found at: <http://www.plsinfo.org/healthysmc/pdf/AdolescentReport2001.pdf>

RECENT YOUTH DEVELOPMENT ACTIVITIES IN SAN MATEO COUNTY

Efforts of the Youth Commission were reinforced by training adults to mentor youth placed on boards, as well as through the strategic planning for authentic youth engagement. In addition, the 2005-06 Youth Commission developed and administered a county-wide survey to assess young people's experiences in five areas: alcohol, tobacco and other drugs (ATOD); sex and sexuality; mental health; violence; and discrimination. The results of the survey significantly contributed to the policy recommendations in this report, as well as to the development of special projects for subgroups of youth commissioners. In order to increase community involvement in their efforts, the Youth Commission is holding monthly meetings to elicit additional public feedback beginning in January 2007 (in addition to their regularly-scheduled meetings).

School-based youth development programs and efforts were strengthened by increasing youth leadership in projects that link schools to community in several schools across the county. One such example is the Sequoia Teen Resource Center, where students have developed a Youth Advisory Board and focus their subcommittee work on three issue areas: violence prevention, health and wellness, and ATOD prevention. The Teen Resource Center has also trained peer educators to address specific issues of concern such as health and wellness and reproductive health. The peer educators teach students, as well as, conduct "street outreach" to reach youth in the community. Another example is the STAY Safe Youth Coalition (SSYC) at four high schools in the northern region of the county. The SSYC, sponsored by Asian American Recovery Services, allows youth to actively develop and implement environmental ATOD prevention projects, such as social marketing campaigns and alcohol merchant education.

Community efforts in support of youth were consolidated in many communities across the county. A community that has deliberately brought youth to the forefront of community efforts is East Palo Alto (EPA), where youth are involved in a wide range of community-based organizations in various capacities, such as One EPA's efforts to improve young people's educational outcomes; a community health survey conducted by Youth United for Community Action (YUCA); and a gathering of youth to improve physical fitness through the Get Fit EPA collaborative. Efforts focused on ATOD prevention and school safety through Pacifica's and Half Moon Bay's Friday Night Live Chapters are notable as well.

County initiatives have increasingly incorporated youth asset development principles. Fostering the Future is a collaborative of community-based organizations (Edgewood Center for Youth and YFES), the County Human Services Agency, and San Mateo County Community Colleges, which employs a youth development approach to working with foster and kinship youth. The program's Independent Living Program, housing advocacy and financial literacy courses, focus on helping youth transitioning out of the foster care system in an effort to create stability and support permanence in the county. In April 2006, the Youth Development Initiative, with the collaboration of youth and adults affiliated with County agencies and community organizations, implemented the First Annual Youth Development Week to heighten awareness of the 41 Developmental Assets and youth development efforts.

In an attempt to sustain and build upon the above accomplishments, the 2001 Adolescent Report has also been used by County and community agencies or departments in the development of strategic plans involving issues that affect the lives of young people in San Mateo County, such as: the Blueprint for Prevention of Childhood Obesity; the Roadmap for Alcohol, Tobacco and Other Drug (ATOD) Prevention; the Adolescent Collaborative Action Team's (ACAT) Strategic Plan; AOD Treatment and Prevention Services Strategic Directions 2010; the TANF Council's assessment of youth needs used to influence funding decisions; and the Healthy Community Collaborative.

Notably, in just a few years, we can observe the effects of such improvements in youth asset development. In 2005, San Mateo County was presented with the "100 Best Communities for Youth and Children Award" by *America's Promise*². This means the County was identified as one that:

- Fosters ongoing relationships with caring adults; parents, mentors, tutors, or coaches;
- Provides safe places with structured activities during non-school hours;
- Facilitates in our youth a healthy start and future;
- Ensures that youth develop marketable skills through effective education;
- Provides youth with opportunities to give back through community service.

All of these successes have not been without their challenges. Unfortunately, our county made the least amount of progress on increasing the amount and number of sustained adult-child interactions (Recommendation 1). This is the most difficult to accomplish and reflects the fundamental shortcomings of our current societal structure.

This report is a prime example of the way in which young people, with adult collaboration, guidance and support, developed a project to make policy recommendations in areas that affect youth in the county. The 2005-06 Youth Commission developed and administered the county-wide survey which assessed young people's experiences. The group also developed the hypotheses (see section on hypothesis development) about the interrelationships between risk behaviors, assets, and life conditions that are supported by data from the survey. The Youth Commission's findings and their resulting policy recommendations are presented here to supplement the latest California Healthy Kids Survey (CHKS) findings for San Mateo County. Methodologies for both the CHKS and the Youth Commission survey are described in the report.

² America's Promise: The Alliance for Youth; www.americaspromise.org (Dec.20, 2006)

Table 1: Selected Examples of Youth Development in San Mateo County in 2002-2006

Initiatives / Strategies	Activities
Bolstering of Youth Commission	Recruitment to ensure two Youth Commissioners on each board/commission Expansion to the non-profit sector Mentor and Youth-Adult partnership trainings Re-evaluation and strategic planning to ensure authentic youth involvement in both private and public sectors: <ul style="list-style-type: none"> ▪ Temporary Aid for Needy Families (TANF) Council ▪ Youth and Family Enrichment Services Board of Directors ▪ Health Department: ATOD and Childhood Obesity Prevention ▪ Social Workers at HSA Adolescent Services Unit ▪ Adolescent Collaborative Action Team (ACAT) ▪ AOD Services Strategic Directions 2010
School Based Programs	<i>Middle School Programs</i> <ul style="list-style-type: none"> ▪ Schools with strong emphasis on Community Youth Development (Kennedy, Hoover, Taft, Cunha) ▪ Schools with a Health and Wellness program involving youth (Pollicita and Ben Franklin) ▪ Middle Schools “Youth Take Action” Summit (Nov. 2006) <i>High School Programs</i> <ul style="list-style-type: none"> ▪ Sequoia Teen Resource Center (Youth Advisory Board; peer educators) ▪ STAY Safe Youth Coalition (SSYC) at Terra Nova, Westmoor, and Oceana, sponsored by Asian American Recovery Services (AARS)
Community Efforts	<i>San Carlos Youth Center</i> and Youth Advisory Council (YAC) through the City Parks and Recreation Department <i>YO! Mateo</i> <i>Friday Night Live Chapters</i> (ATOD prevention) through Youth Leadership Institute (YLI) East Palo Alto’s youth development strategies <ul style="list-style-type: none"> ▪ One EPA ▪ Youth United for Community Action (YUCA) ▪ New Perspectives / Get Fit EPA
Connection to County Initiatives	<i>ATOD Prevention (development of Roadmap)</i> <ul style="list-style-type: none"> ▪ Friday Night Live Chapters ▪ YO! Mateo (Youth Organizing San Mateo) ▪ Youth Commission <i>Prevention of Childhood Obesity (development of Blueprint)</i> <ul style="list-style-type: none"> ▪ Project HEART ▪ Latina Curves ▪ Get Fit EPA (New Perspectives) <i>Fostering the Future</i> <i>Adolescent Collaborative Action Team (ACAT)</i>
Additional Accomplishments	<i>First Annual Youth Development Week (2006)</i> <i>San Mateo County granted the 100 Best Communities for Youth and Children Award by America’s Promise (2005)</i>

ADOLESCENT REPORT 2007 POLICY RECOMMENDATIONS

Policies intended to increase the health and well-being of adolescents in San Mateo County must be implemented at the individual, school, family and community level. A comprehensive approach is required to change the negative indicators in Mental Health, ATOD, Discrimination, Violence, Sex and Sexuality, and Obesity. These policies are most effective when focused on asset development and when appropriate to the adolescent's gender and racial/ethnic/cultural experience.

Community Wide Recommendations

Replacement of traditional risk reduction models

There is strong evidence that increasing levels of assets reduces all risk behavior. Youth asset development programs, which focus on building assets within young people, need to replace the traditional risk reduction focus in all programs, projects, and educational activities directed at young people.

Adult Ally Training

Strengthen knowledge/training of adults dealing with youth on the youth development approach.

Policy Making Engagement

Ensure that every board, commission, task force and other public policy-making board have youth representation and an effective youth voice.

Law Enforcement Relationships

Law enforcement needs to take extra steps to develop asset-based relationships with youth, especially with minority communities and beginning in elementary school.

Mentoring

Support mentoring programs, particularly those involving mentors of color. County departments need to encourage staff to serve as youth mentors and incorporate this activity into their staff members' work schedules.

The Youth Commission

Support for the Youth Commission needs to be strengthened, especially its ability to intersect with other policy making bodies.

The composition of the Youth Commission needs to reflect the racial, ethnic, geographic and economic diversity of the community.

County departments and city departments need to work closely with the Youth Commission, especially in relation to the Youth Commission's policy priorities.

Social Marketing

Develop a social marketing campaign, with youth leadership, to educate youth on the critical issues described in this report and what they can do about them in their own communities.

Age-Appropriate Communication

Increase use of electronic communication (email, text-messaging, listservs, etc.) to educate youth on issues around ATOD, sexual abuse, suicide ideation, self-harm, discrimination, contraception, and nutrition.

Support Parent Education

Support community/parent education through vehicles such as Family Dinner Night.

Mental Health Recommendations

Inadequate resources have been directed to youth mental health in general. More specifically:

Inadequate resources have been directed at the issue of self-harm

Direct more community and school resources to bring attention to, and prevent, self-harm.

The rate of suicidal ideation and self-harm is very high in those who have been sexually abused

Augment mental health services to youth dealing particularly with self-harm, sexual abuse and suicidal ideation. Additional educational efforts about the lasting harm of sexual abuse must be made. Information about resources for assistance should be widely disseminated.

Art/Creative programming: Half of youth release stress through artistic outlets

Direct resources to increase artistic outlets in schools and the community.

Alcohol, Tobacco, and Other Drugs

Alcohol, tobacco, and other drugs play a large part in the lives of our youth.

Focus on asset-building strategies to reduce ATOD use

Promote and increase support for mentoring programs that improve connections between adults and young people.

Support strategies to reduce isolation and increase connected adults in lives of youth, with a particular emphasis on two generations removed.

Support youth-led social marketing campaigns aimed at highlighting positive, healthy norms around not engaging in ATOD use.

Support advocacy against advertising and media promotion of ATOD, especially marketing that targets youth and youth of color.

Improve implementation of evidence-based or results-based prevention programming within school ATOD prevention programs.

Reduce access

Reduce youth access to ATOD from retail sources.

Reduce youth access to ATOD from social sources (home, social events)

Reduce youth access to ATOD from school and other youth-focused settings.

Reduce marketing

Reduce alcohol advertising, sponsorship and sales at major community events.

Develop more activities for youth that are ATOD-free.

Develop a social marketing campaign to counter the image of ATOD use or binge drinking as being fun and making the user feel good.

For more detailed policy recommendations, priority areas, and objectives on ATOD Prevention, please see San Mateo County's Roadmap for Alcohol, Tobacco and Other Drug Prevention – A Guide for Community Action at: <http://www.smhealth.org/roadmap>

For more detailed policy recommendations on AOD Treatment, please see San Mateo County Human Services Agency's Alcohol and Other Drug Services – Strategic Directions 2010 at : <http://www.smchsa.org/AODplan>

Sex and Sexuality

Sex is a significant aspect in the lives of youth and must be dealt with realistically.

Provide accurate education about sex

To reduce adolescent births and STDs, in-depth, age-appropriate education on sexuality (including safer sex, contraception, sexual abuse, rape, and lesbian, gay, bisexual, and transgender issues) should be provided in every school beginning in the 5th grade. Although abstinence can be discussed as the only sure method to prevent pregnancy and disease, abstinence-only curricula are ineffective and scientifically disproved. Abstinence-only curricula should not be supported in this community.

Access to prevention services

For those youth who do not remain abstinent, condoms, counseling and referrals to family planning services need to be available confidentially in all middle and high schools.

Barriers (physical, financial, scheduling, cultural) to access to family planning services (including contraception, STD and HIV testing, and counseling about sexual abuse and rape) must be eliminated.

Augment peer counseling

Since youth are more likely to receive information about sex from friends than either parents or schools, resources that enhance peer counseling programs that deal with sexuality issues should be developed and maintained in every middle and high school. These programs should reflect the racial/ethnic diversity of the student body.

Obesity

Overweight and obesity is a serious and growing threat to the health of our youth.

Opportunities to increase physical activity should be available to school-aged children to reduce the number of overweight and obese children

All schools and after-school programs need to offer physical activities everyday to every student.

All schools and after-school programs need to offer Physical Education courses to every student (not every day)

Provide training and technical assistance to schools and after-school programs on physical education activities that engage youth.

Support intramural and extramural programs for youth in schools.

Focus attention on obesity at earlier ages

Guidelines for childcare and pre-school providers about nutrition and physical activity should be developed and implemented.

Social marketing

Support youth-led social marketing targeting body image, physical activity and healthy eating.

For more detailed policy recommendations, priority areas, and objectives on obesity prevention in youth, please see [Blueprint for Prevention of Childhood Obesity – A Call to Action](http://www.smhealth.org/blueprint) at: <http://www.smhealth.org/blueprint>

Discrimination

Racial/ethnic/gender discrimination is prevalent in the lives of youth.

Safety in the home, harassment, and discrimination are primary risk factors for increasing ATOD use, number of sex partners, and self harm.

Increase understanding of cultural issues and build cultural identity

Support community efforts to build cultural identity among youth of color which address the prevalence of racism, racial discrimination, and positive community approaches to the development of youth in the community.

Support community efforts to increase positive youth-adult interactions.

Support gender-specific and ethnic-specific prevention strategies around building resilience and assets.

Provide safe forums

Provide safe forums for individual youth to confidentially address these issues (safety in the home, harassment, discrimination, etc.).

Violence

Violence is prevalent in the lives of youth. Gang involvement is, in a perverse sense, an asset building strategy. Until we understand this completely and develop asset-based interventions, we will not be able to make inroads against gangs.

Firearms are implicated in the majority of injury deaths in the county and represent a large portion of years of potential life lost.

Provide ample opportunities for young people.

Provide adequate mentorship opportunities, safe environments in which to play, and adequate economic hopefulness.

Support community efforts to provide after-school programming for all youth in the community.

Develop an asset-based gang diversion program for youth at risk for gang involvement.

Support youth employment opportunities.

Reduce access to firearms

Easy access to firearms, especially handguns, must be eliminated.

Each city and county should pass ordinances severely limiting access to firearms by individuals under the age of 25 and other high-risk groups.

YOUTH COMMISSION POLICY PRIORITIES

The Youth Commission, while presenting the larger set of policy recommendations in this report, has prioritized a subset of these recommendations on which they want to focus their attention. These policy priorities are presented below.

Identified Need	Recommendation	Assets Built
Youth-Police Relationships	More programs for youth and police to interact in a non-threatening, community building capacity.	<ul style="list-style-type: none"> • Other adult relationships • Service to others • Creative activities • Youth Programs • Bonding to school
Gang Violence Prevention	Opportunities for sports/physical activity More job training programs for youth not on a college course	<ul style="list-style-type: none"> • Other adult relationships • Caring school climate • Youth programs • Achievement and motivation • School engagement • Positive view of personal future
Self Harm and Suicidal Ideation	Need for mental health education and intervention at school site OR need for access to services	<ul style="list-style-type: none"> • Positive peer relationships • Caring school climate • Creative activities
Sex education and access to services	Need for comprehensive sex education Services must be accessible: Provide transportation, anonymous, no parental consent.	<ul style="list-style-type: none"> • Positive peer influence • Caring school environment • Restraint • Responsibility • Planning and decision making
Need for education and better access to ATOD services	Annual education on ATOD, starting in 4 th grade. More funding for outreach to inform youth of community services. More funding for youth who need in-patient treatment	<ul style="list-style-type: none"> • Positive peer influence • Community values youth • Restraint

Table 2: Five Things YOU Can Do To Build Assets³

Mobilizing Communities	Organizations ⁴	Families	Adults	Youth
<p>1. Talk with leaders, friends, neighbors, and other citizens about the vision and potential for asset building. Share materials that describe the asset-building approach.</p> <p>2. Sponsor community-wide or regional events to talk about asset building and its potential. Invite influential people to the event. Also work hard to include youth, parents, seniors, and other groups.</p> <p>3. Gather information on what's currently happening in your community and how it could be enhanced with an asset-building focus or partnership.</p> <p>4. Work with a cross-section of leaders and other residents to develop plans or strategies for an asset-building initiative.</p> <p>5. Serve on a committee or task force to implement asset-building strategies.</p>	<p>1. Present the asset-building concept to employees, constituents, or members in newsletters, workshops, and other forums. Share practical ideas for how they can build assets.</p> <p>2. Highlight, develop, expand, or support programs designed to build assets, such as mentoring, peer helping, service-learning, or parent education.</p> <p>3. Provide meaningful opportunities for young people to contribute to others in and through your organization.</p> <p>4. Develop employee policies that encourage asset building, including flexible work schedules for parents as well as other employees, so they can volunteer in youth development programs.</p> <p>5. Use organizational newsletters, press releases, or events to recognize employees, constituents, or members who make special efforts to build assets for children and adolescents in the community.</p>	<p>1. Post the list of 40 assets on your refrigerator door. Each day, purposefully nurture at least one asset. Talk to your children about assets and ask them for suggestions of ways to strengthen assets.</p> <p>2. Model-and talk about-the values and priorities you wish to pass on to your children.</p> <p>3. Take time to nurture your own assets by spending time with supportive people, using your time constructively, and reflecting on your own values and commitments.</p> <p>4. Regularly do things with your child, including projects around the house, recreational activities, and service projects.</p> <p>5. Invite caring, trustworthy, principled adults into the lives of your children.</p>	<p>1. Look at and greet every child or adolescent you see.</p> <p>2. Have a five-minute conversation with a child or adolescent about her or his interests.</p> <p>3. Send a "thinking of you" or birthday card, letter, or e-mail message to a child or adolescent.</p> <p>4. Invite a young person to do something you enjoy doing together (play a game, go to a park, go to a movie, etc.).</p> <p>5. Invite caring, trustworthy, principled adults into the lives of your children.</p>	<p>1. Take advantage of interesting and challenging opportunities through youth programs, co-curricular activities, and congregational youth programs.</p> <p>2. Post the 40 developmental assets in your room or your locker and discuss them with friends and family.</p> <p>3. Talk with peers and adults about boundaries, expectations, and values. Commit to supporting each other in the ones you share.</p> <p>4. Get to know an adult you admire.</p> <p>5. Find chances to build relationships with younger children through service projects, volunteering, tutoring, baby-sitting, and other opportunities.</p>

³From: Search Institute Archives. "Healthy Communities, Healthy Youth: Taking Responsibility for Our Children and Adolescents", 1998; <http://www.search-institute.org/archives/hchy/1.htm#3> (Jan. 19, 2007)

⁴Various types of organizations can take action – schools, community youth organizations, congregations, businesses, government, healthcare providers, philanthropic foundations, and the media.

HYPOTHESIS DEVELOPMENT

In developing the survey, the Youth Commission first developed hypotheses that they wanted tested. These hypotheses are presented here. Interestingly, the data supported all the *a priori* hypotheses.

Hypotheses developed by the Youth Commission	What the Youth Commission survey data suggests
Mental Health	
Hypothesis 1: Youth who have been abused or raped are more likely to harm (or think about harming) themselves than those not abused.	The data support the hypothesis.
Hypothesis 2: Youth who have been a target of discrimination are more likely to harm themselves or think about harming themselves than those not experiencing discrimination.	The data support the hypothesis.
Hypothesis 3: Youth who harm themselves are less likely to have emotional support & non-violent ways to deal with conflict than those who do not harm themselves.	The data support the hypothesis.
Hypothesis 4: Youth who do not have emotional support or stress outlets are more likely to contemplate suicide than those who have support/outlets.	The data support the hypothesis.
Hypothesis 5: Youth who have mental health problems are more likely to have thought about/attempted suicide than youth who do not.	The data support the hypothesis.
Hypothesis 6: Youth who know of suicide prevention programs are less likely to harm themselves than those who do not know about these programs.	The data support the hypothesis.
Hypothesis 7: Youth in a bad mental state (i.e. those who have thought about and/or attempted suicide or self harm) are less likely to have adequate stress relief than those not in a bad mental state.	The data support the hypothesis.

Alcohol, Tobacco, and Other Drugs	
Hypothesis 1: Youth who have mental health problems are more likely to drink than those who do not have mental health problems.	The data support the hypothesis.
Hypothesis 2: Youth who are uninformed about substance abuse issues are more likely to abuse drugs than those who have received such information.	The data support the hypothesis.
Hypothesis 3: Gang members are more likely to drink than non-gang members.	The data support the hypothesis.
Hypothesis 4: Youth in a bad mental state (i.e. those who have thought about and/or attempted suicide or self-harm) are more likely to use drugs than those not in a bad mental state.	The data support the hypothesis.
Hypothesis 5: Youth who use ATOD will have different ideas about what is effective substance abuse prevention than those who do not use ATOD.	The data support the hypothesis.
Sex and Sexuality	
Hypothesis 1: Youth who are pressured to have sex are more likely to become sexually active than those who are not pressured.	The data support the hypothesis.
Hypothesis 2: Youth who feel pressure to have sex are less likely to use birth control than those sexually active but not pressured.	The data support the hypothesis.
Hypothesis 3: Youth who receive sex education are more likely to make informed decisions about sex than those without sex education.	The data support the hypothesis.
Hypothesis 4: Youth who lack knowledge about sex will be more likely to have had sex than those with more knowledge.	The data support the hypothesis.

Hypothesis 5: Youth who practice safe sex are more likely to have received good sex information and have a caring environment than those who did not practice safe sex.	The data support the hypothesis.
Hypothesis 6: Youth with knowledge / access to community resources are more likely to have safe sex than those without resources.	The data support the hypothesis.
Hypothesis 7: Drug users are more likely to have sex than youth who do not use drugs.	The data support the hypothesis.
Hypothesis 8: Youth who have experienced and/or inflicted violence are more likely to be sexually active than those who are not.	The data support the hypothesis.
Discrimination	
Hypothesis 1: Youth who have mental health problems are more likely to be a target of discrimination than youth who are not mentally ill.	The data support the hypothesis.
Hypothesis 2: Youth experience discrimination at school based on sexuality.	The data support the hypothesis.
Hypothesis 3: Youth think schools aren't doing enough to discourage discrimination.	The data support the hypothesis.
Hypothesis 4: Youth who feel pressure to hide their sexual orientation are less likely to effectively deal with conflicts than those who do not feel pressure to hide their sexual orientation.	The data support the hypothesis.
Hypothesis 5: Youth who have experienced discrimination will have different views about how schools should promote tolerance than youth who have not.	The data support the hypothesis.
Violence	
Hypothesis 1: Gang membership differs by where youth live.	The data support the hypothesis.

<p>Hypothesis 2: Youth who do not get emotional support are more likely to join gangs than those with emotional support.</p>	<p>The data support the hypothesis.</p>
<p>Hypothesis 3: Youth who have mental health problems (i.e. those who have thought about and/or attempted suicide or self harm) are more likely to be in a gang than those without these problems.</p>	<p>The data support the hypothesis.</p>
<p>Hypothesis 4: Boys and non-whites are more likely to be gang members than whites and girls.</p>	<p>The data support the hypothesis.</p>
<p>Hypothesis 5: Youth who do not have positive ways to reduce stress will engage in riskier behavior than those with positive stress relief.</p>	<p>The data support the hypothesis.</p>
<p>Hypothesis 6: Youth with access to a gun are more likely to carry a gun and be prone to violence than those without gun access.</p>	<p>The data support the hypothesis.</p>
<p>Hypothesis 7: Youth who drink (especially binge) or abuse drugs are more prone to violence than those who do not drink (or drink less).</p>	<p>The data support the hypothesis.</p>