

Facts About America's Youth

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HELPING AMERICA'S YOUTH



Facts About America's Youth



Quick Facts

Important Issues Affecting our Nation's Youth

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Demographic Statistics on Youth

- In 2005, there were 73.5 million children in the United States, 1.2 million more than in 2000. This number is projected to increase to 85.7 million in 2030.¹

Youth and Families

The Impact of Caring Adults in Families

Parents and family are the most important influence in every child's life, providing a foundation of love and support.

- Teens who have involved and satisfying relationships with their parents are more likely to do well in school, be academically motivated and engaged, have better social skills, and have lower rates of risky behavior than their peers.²
- Teens who believed that their parents cared about and supported them were less likely to be exposed to weapon violence or to commit violence with a weapon.³
- Youth who have positive relationships with their parents, meaning they perceive their parents as caring, value their parent's opinions about serious decisions, feel that they can talk to their parents about problems, are less likely to use alcohol or drugs, attempt suicide, have low self-esteem, or use unhealthy strategies to control their weight.⁴
- Teens whose parents demonstrate positive behaviors on a number of fronts are more likely to engage in those positive behaviors themselves.⁵ For example, teens of parents who are highly involved in community activities are themselves more likely to be involved in community activities such as leadership roles, sports, or other extra-curricular or community service activities.⁶
- Parents who know about their children's activities, friends, and behaviors, and monitor them in age-appropriate ways, have teens with lower rates of risky physical and sexual behaviors, as well as lower rates of drug, alcohol, and tobacco use than their peers. Teens who perceive that their parents have this monitoring role are more likely to do well academically and socially.⁷
- Research has shown that father involvement and support is also linked with more positive outcomes for children even after taking into account the support children receive from mothers.⁸



Key Statistics on Youth and Families

- Children who grow up in households with their married mother and father do better on a wide range of economic, social, educational, and emotional measures than do children in other kinds of family arrangements.^{9, 10}
- Children raised in married-parent homes are less likely to experience mental health, behavioral, or health problems, achieve higher levels of education, and are less likely to become teen parents.^{11, 12}
- The percentage of children younger than age 18 living with two married parents has remained stable at approximately 68% between 1996 and 2005, after a 26-year period of decline starting in 1970, when 85% of children lived with two married parents.¹³
- Committed and responsible fathering during infancy and early childhood contributes to the development of emotional security¹⁴, curiosity¹⁵, and math and verbal skills.¹⁶
- The percentage of children who grow up in single-parent homes has increased dramatically over the past four decades. In 1960, only nine percent of children lived in single-parent families; by 2005, that number had increased to 28 percent.¹⁷
- The percentage of babies born out-of-wedlock has increased more than six fold since 1960. More than a third of all births, and more than two-thirds of all births to African-American parents in 2004 were out-of-wedlock.¹⁸
- An analysis of 67 studies indicated that, compared to children who have experienced a divorce, children who live with their married parents have significantly better academic achievement, psychological and emotional adjustment, self-concept, and social relations, and lower levels of misconduct such as delinquency or aggression.¹⁹
- Poverty is a well-known risk factor for negative outcomes in youth. In 2005, 17% of children younger than age 18 lived in families with an income below the poverty threshold, and 8% of children lived in severe poverty, with family income less than 50% of the poverty threshold.²⁰
- Children living in households headed by unmarried women in 2005 were more likely to be poor—43% compared to 9% of children living with two married parents. There are large disparities in poverty rates by children's race and ethnicity.²¹
- More than 80% of teens ages 14 to 17 years think highly of their mothers, and a similar percentage think highly of their fathers.²²
- The psychological consequences of child abuse during early childhood can be long-lasting and affect the development, mental health, and behavior of adolescents.²³
- In 2005, the rate of child abuse and neglect was 10.2 per 1,000 12- to 15-year-olds, and 6.2 per 1,000 16- to 17-year-olds. Rates of child maltreatment per 1,000 are similar for African-American (19.5), Pacific Islander (16.1), and American Indian/Alaska Native (16.5). Rates per 1,000 are lower for Asian (2.5), Hispanic (10.7), and non-Hispanic white (10.8) children.²⁴
- Adolescents living with a mother who either has a serious mental illness, abuses alcohol, or uses illicit drugs are themselves more likely to use alcohol and illicit drugs.²⁵ Teens that have fathers with substance abuse problems are also more likely to use alcohol²⁶ and drugs²⁷ or to have mental health disorders such as anxiety, depression, or conduct disorder.²⁸

Facts About America's Youth



- Over 500,000 children and adolescents live in foster care. In 2005, nearly half (47%) of all children in foster care were adolescents ages 11 to 18 years, and an additional 2% were at least 19 years.²⁹ Youth who age out of the foster care system often have multiple challenges: 38% have mental health challenges, 50% have used an illicit drug, and 25% are already involved with the judicial system.³⁰ In addition, only 54% of youth have graduated from high school up to four years following discharge from foster care. In 2005, 18% of children who exited foster care were adopted, the vast majority of whom (81%) were ages 10 years and under.³¹

Youth and School

The Impact of Caring Adults in Schools

Schools equip children and youth with the knowledge and skills to be successful throughout their lives. Teachers, school counselors and coaches are examples of caring adults who can connect with teens in schools.

- Having a teacher who gives emotional as well as instructional support can buffer the risk of early school failure. At the end of first grade, at-risk children whose teachers were moderately to highly supportive had similar levels of academic achievement as their low-risk peers.³²
- Teachers can play an important role in students' adjustment to middle school, which is an important and challenging developmental period for youth. Boys and girls who perceived an increase in levels of teacher support over the middle school years showed corresponding declines in depression and increases in self-esteem.³³
- When teachers emphasize mutual respect between classmates, middle school students tend to feel more effective in their schoolwork than those whose teachers place less emphasis on mutual respect.³⁴
- A positive student-teacher relationship has been linked to higher grades and a lower probability of engaging in risky behaviors or being suspended in the subsequent year.³⁵

Key Statistics on Youth and Schools

- Students who have difficulty learning to read will have a greater chance of school failure and behavior problems such as aggression.³⁶
- In 2005, 64% of 4th graders and 73% of 8th graders read at the basic level or higher. Conversely, however, 36% of 4th grade and 27% of 8th-grade students' reading skills were below the basic level.³⁷
- Almost 40% of students who dropped out of high school during the 2002 – 2003 school year were between the ages of 15 and 17 years.³⁸ Students whose families are poor, live in rural areas or areas of urban poverty, and students who are Hispanic, American Indian or African-American all have significantly higher dropout rates.³⁹ The percentage of 16- to 24-year olds who are high school dropouts decreased from 15% in 1972 to 9% in 2005.⁴⁰ Between 2000 and 2004, the high school completion rate among 18- to 24-year-olds remained approximately 87%, then rose to 88% in 2005.⁴¹
- In 2005, 28% of students ages 12 to 18 years reported being bullied at school over the past six months. This is a significant increase over 2003, when only 7% of students in this age group reported being bullied at school over the past six months.⁴² In 2005, 14% of students reported being in a physical fight at school, and 8% of students were threatened or injured by a weapon on school property during the past year.

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- The percentage of 12th-grade students who expect to obtain bachelor's degrees has consistently increased from 35% overall in 1982 to 69% in 2004. Gains have been especially large for students from low socioeconomic status and middle socioeconomic status, whose percentages increased respectively from 16% and 33% in 1982 to 51% and 66% in 2004.⁴³
- Youths ages 12 – 17 years who had positive attitudes toward school—who enjoyed going to school, who felt their assigned schoolwork was meaningful, or who felt that what they learned in school would be important later in life – were less likely to have used illicit drugs or alcohol in the past year compared with youths who did not have positive attitudes toward school. For example, 18% of students who liked going to school had used illicit substances during the past year, compared to 32% of students who didn't like or hated going to school. Similarly, 32% of students who liked going to school had used alcohol during the past year compared to 47% of students who had negative attitudes toward school.⁴⁴

Youth and Communities

The Impact of Caring Adults in Communities

A caring adult in the community who takes the time to make a real connection can play a very significant role in a young person's life.

- A review of 10 evaluated mentoring programs concluded that one-on-one mentoring programs can enhance positive youth development: mentored youth have shown evidence of significant reductions in school absence; higher college participation; better school attitudes and behavior; less drug and alcohol use especially among minority youth; less likelihood of hitting others; less likelihood of committing crimes; more positive attitudes toward their elders and toward helping; and improved parental relationships and support from peers.⁴⁵
- Research shows that youth who feel more supported and connected to caring adults at a community program are more likely to attend and to get more from the program.⁴⁶
- Continuity of mentor relationships is important. For example, a study found that youth who were matched to one mentor for more than 12 months compared to less than 12 months, reported significant increases in their self-worth, perceived social acceptance, perceived scholastic competence, value of school, parental relationship quality, and significant decreases in drug and alcohol use.⁴⁷
- In a study of approximately 800 mostly African-American teens in the Midwest, 52% of youth reported having a natural mentor, most often (36%) an extended family member such as an aunt, uncle, grandparent or cousin. Teens who had a natural mentor were less likely to use marijuana, participate in non-violent delinquency, and to have higher levels of school attachment, school efficacy, and a belief that it is important to do well in school.⁴⁸
- Close connections with caring adults can foster improvements in adolescents' relationships with others. For example, volunteer mentoring relationships can lead to improvements in teens' perceptions of their relationships with their parents in terms of intimacy, communication, and trust.⁴⁹

Key Statistics on Youth in their Communities

- In 2004, at least one-quarter of 8th- and 10th-grade students and almost one-third of 12th-grade students volunteered in community service at least once a month.⁵⁰

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- In 2005, more children in kindergarten through 8th grade participated in one or more organized activities after school than in 2001. Children were involved in a range of afterschool activities including sport (31%), religious activities (20%), arts (18%), scouts (10%), community service (8%), academic activities (7%), and clubs (6%).⁵¹
- In 2004, 66% of 8th-grade students, 61% of 10th-grade students, and 55% of 12th-grade students participated in school athletic activities.⁵² Also in 2004, nearly half of 8th-grade students and about 40% of both 10th- and 12th- grade students participated in school music and other performing arts programs.⁵³
- In 2004, approximately one-third of 8th- 10th- and 12th-grade students reported that religion plays a very important role in their lives. About 34% of students planning to complete four years of college reported that religion played an important role in their lives compared to 23% of students with lower academic aspirations. Between 1990 and 2002, there was a modest increase in the percentage of students who report that religion has a very important role in their lives, so that in 2002, about one-third of 8th, 10th, and 12th graders reported this connection, compared to 28 to 29% (depending on grade level) in 1990.⁵⁴
- The percentage of 16- to 19-year-olds who are neither enrolled in school nor working decreased from 10% in 1986 to 7% in 2004. However, in 2005 it rose slightly to 8%.⁵⁵
- In 2005, about 2.1 million juveniles were arrested. This figure is 25% lower than the number of arrests in 1996. Youth younger than 15 years composed about 30% of juvenile arrests. Females made up about 29% of juvenile arrests.⁵⁶
- In 2003, approximately 96,700 juveniles were held in residential juvenile justice facilities on a given day, a decrease of nearly 8,000 youth from those held in residential facilities on a given day in 2001.⁵⁷
- Rates of co-occurring mental and substance use disorders among the juvenile justice population are estimated to be as high as 50% to 80%.^{58, 59, 60}

Youth and Mortality

- Over the past 25 years, death rates for youth ages 15 to 19 years have fallen from 98 deaths per 100,000 in 1980 to 66 deaths per 100,000 in 2003.⁶¹ Race and ethnicity affect teen death rates; Asian/Pacific Islander teens have the lowest rates of death, followed by Hispanic and white non-Hispanic teens. Adolescent death rates are significantly higher for African-American teens and are highest for American Indian/Alaskan Native teens.
- The three leading causes of death for youth ages 15 to 19 years are all preventable. They include unintentional injury, homicide, and suicide. Together, they accounted for 75% of all deaths in 2003 among members of this age group. Unintentional injury accounted for 50%, homicide for 14%, and suicide for 11% of all deaths among 15- to 19-year-olds.⁶² In 2005, 83% of 13- to 19-year-old homicide victims were killed by firearms.⁶³ Almost half (49%) of 15- to 19-year-olds who committed suicide during 2003 used a firearm.⁶⁴
- The percentage of high school students who report having seriously thought about attempting to kill themselves decreased from 29% in 1991 to 17% in 2005, but the percentage of teens who report having actually attempted suicide has remained stable at 7% to 9%.⁶⁵ About a third of adolescents who report suicidal ideation and behavior receive psychological counseling;^{66, 67} those who are younger, are depressed and have made more than one attempt are more likely to receive this assistance.⁶⁸ Teens who attempt suicide are likely to make future attempts, and those who make

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multiple attempts have a heightened risk for committing suicide during adolescence^{69, 70} and adulthood.⁷¹

- Teens who engage in high-risk behaviors, such as substance use (both genders) and sexual activity (especially females), are more likely to be depressed, have serious thoughts about suicide, and attempt suicide.⁷² Important psychiatric risk factors associated with adolescent suicide include a mood disorder, substance abuse, and conduct disorder.^{73, 74} Other important risk factors associated with adolescent suicide include parental psychopathology, a history of having been abused, availability of a firearm,⁷⁵ school problems, other stressful life events, a family history of suicidal behaviors, and poor parent-child communication.⁷⁶

Youth and Birth Rates

- Birth rates among 15- to 19-year-old females have declined more than one-third since 1991, from about 62 per 1,000 female teenagers to about 40 per 1,000 female teenagers in 2005, the lowest rate ever reported in the United States. In particular, the overall birth rate for 15- to 17-year-old females was 21 per 1,000. The decrease in birth rate among Black 15- to 17-year-old females is especially notable. It dropped by 59 percent between 1991 and 2005, from 86 to 35 births per 1,000.⁷⁷ The rate of fatherhood among adolescent males has also decreased consistently since 1994, so that in 2004, 17 per 1,000 male teenagers became fathers.⁷⁸

Youth and Mental Health

- Most American children and adolescents—approximately 80 percent—experience normal and healthy development and do not suffer from mental health problems.⁷⁹
- Half of all lifetime mental disorders begin by age 14, and three-quarters have begun by age 24.⁸⁰
- In any given year, 5% to 9% of children and adolescents have a serious emotional disturbance that causes substantial impairment in functioning at home, at school, or in the community.⁸¹ Slightly more than half (51%) of youth with serious emotional disorders drop out of high school.⁸²
- In 2003, about 9% – 10% of children and adolescents with definite or severe emotional or behavioral difficulties needed mental health services, but their families were not able to afford them.⁸³
- The total percentages of 12- to 17-year-olds who received treatment or counseling for emotional or behavior problems in the past year have increased consistently between 2000 and 2003: 14.6% in 2000, 18.4% in 2001, 19.3% in 2002, and 20.6% in 2003.⁸⁴
- Youth with mental health problems are more likely than those in the general population to use alcohol or drugs. Almost 43% of youth who receive mental health services in the United States have been diagnosed with a co-occurring substance use disorder.⁸⁵
- Among individuals age 18 or older who had used marijuana at least once during their lifetimes, those who experienced serious mental illness in the past year were more likely to have first used marijuana at earlier ages. Serious mental illness was reported by 21% of adults who first used marijuana before age 12, 17% of adults who first used marijuana at ages 12 to 14 years, 12% of adults who first used it at ages 15 to 17 years, and 10.5% who first used marijuana at or after age 18.⁸⁶



Youth and Substance Use

- The percentage of youth who report being substance-free during the past 30 days has increased consistently since 1997. In 2003, more than three-quarters of 8th graders, almost 60% of 10th graders, and more than 45% of 12th graders did not use alcohol, illicit drugs, or tobacco during the past month.⁸⁷
- There is a long-term downward trend in teenage smoking. Lifetime use of cigarettes among 12th graders, which peaked in 1977 at about 76%, was 47% in 2006. In 1977, almost 20% of 12th-grade students smoked at least half a pack of cigarettes a day, compared to 6% in 2006. There has been more than a one-half reduction in daily smoking by 12th-grade students between 1997 (about 25%) and 2006 (12%). Similarly, daily smoking has decreased more than 50% for both 8th- and 10th-grade students between 1996 and 2006.⁸⁸
- Since 1991, rates of lifetime use of alcohol, as well as ever having been drunk, have consistently declined for 8th- and 10th- grade students. In 1991, 70% of 8th-grade students and 84% of 10th-grade students had ever used alcohol; by 2006 only 41% of 8th graders and 62% of 10th graders reported any use of alcohol over their lifetimes, and 20% of 8th graders and 41% of 10th graders had ever been drunk. A similar trend has occurred among 12th-grade students, so that in 2006, 73% had ever used alcohol and 56% had ever been drunk.⁸⁹
- The percentage of 12th-grade students reporting binge drinking (5 or more drinks in a row) during the past two weeks has remained fairly stable between 1991 and 2005, ranging between 28% and 31%. In 2006, 25% of 12th graders reported binge drinking.⁹⁰
- Between 1991 and 2005, high school students' rates of driving after drinking alcohol during the past month decreased by 41%; about 17% of students reported this behavior in 1991, compared to 10% in 2005. Similarly, the percentage of students who rode with a driver who had been drinking alcohol fell by 27% over the same time period. In 2005, 29% of students reported riding with a driver who had been drinking, compared with 40% in 1991.⁹¹
- Overall, teen use of illicit drugs has continued to decline since 1996 for 8th graders and since 1999 for 10th and 12th graders. About 31% of 8th graders had any lifetime use of an illicit drug in 1996, compared to 20.9% in 2006, about a 33% decrease. Since 1999, 10th graders experienced a 22% decrease, with about 36% having had any lifetime use during 2006, and 12th graders had a 12% decrease, with about 40% having had any lifetime use of an illicit drug during 2006. Marijuana is the most commonly used illicit drug, but over the past 8 to 9 years, there has been a consistent downward trend in its use by teens. In 2006, about 16% of 8th graders, 32% of 10th graders, and 42% of 12th graders had tried it at least once.⁹²
- Between 1992 and 2002, the number of adolescents aged 12 to 17 years admitted for treatment of substance abuse to facilities receiving some public funding increased 65%, from 95,000 admissions in 1992 to 156,000 admissions in 2002. Although alcohol and marijuana remained the leading two primary substances of abuse for adolescents admitted to these facilities, their relative proportions changed between 1992 and 2002. The proportion of adolescent admissions reporting marijuana as the primary substance increased from 23% to 64%, while admissions reporting alcohol as the primary substance decreased from 56% to 20% of all adolescent treatment admissions. This change is largely accounted for by the influx of adolescents referred for substance abuse treatment by the criminal justice system; between 1992 and 2002, criminal justice referrals of adolescent treatment admissions increased from 9% to 34%. During the same time, referrals from schools decreased from 18% to 11%. About 18% of adolescents were referred individually.



Youth and Violence

- The percentage of youth who reported being in at least one physical fight during the past year decreased from 43% in 1991 to 33% in 2001 and 2003, before it increased to 36% in 2005.⁹³
- Student weapon carrying in the preceding 30 days decreased from 26% in 1991 to 17% in 1999, where it remained until 2003. However, in 2005, the percentage of students carrying weapons increased to 18.5%. Nearly one-third of students who carry weapons carry guns; and approximately one-third of students who carried weapons over the preceding 30 days brought them onto school grounds.⁹⁴
- Although the rates of serious crime involving 12- to 17-year-old youth (homicide, rape, aggravated assault, and robbery) remain lower than their 1993 peaks of 44 victims per 1,000 youth and 52 offending juveniles per 1,000 youth, the rates have fluctuated between 2001 and 2004. The serious crime victimization rate for youth was 15 per 1,000 youth in 2001, 11 per 1,000 youth in 2002, 18 per 1,000 youth in 2003, and 11 per 1,000 youth in 2004. Parallel figures for the serious crime offending rate among 12- to 17-year-olds were 19 per 1,000 youth in 2001, 11 per 1,000 youth in 2002, 15 per 1,000 youth in 2003, and 14 per 1,000 youth in 2004.⁹⁵
- The risk of violent neighborhood youth victimization increases by level of community disadvantage. The 20% of youth living in the least advantaged communities experience much higher risks for violent victimization than youth living in more advantaged communities, and the 10% of youth living in the most disadvantaged communities have the highest risk of neighborhood violence in the country—58 per 1,000 youth reported at least one incident of violence over the preceding 6 months, compared to the overall national rate of 9 per 1,000 individuals for all Americans.⁹⁶
- In 2002 – 2003, youth gangs were present in 96% of large cities with populations of 250,000 or more, in 91% of cities with populations between 100,000 and 249,999, and in 70% of cities with populations of 50,000 to 99,999. About 32% of towns with populations between 2,500 and 49,999 and only 14% of rural counties reported juvenile gang problems during this time period. In addition, about 60% of large cities with populations of at least 250,000 reported more than 30 operative gangs and estimated more than 1,000 individual juvenile gang members. Smaller cities reported fewer numbers of gangs and individual gang members. Almost 40% of large cities had ten or more gang-related homicides per year during 2002 – 2003.⁹⁷
- Gang membership is one of the strongest independent predictors of youth violence.⁹⁸

Boys and Increased Risk Factors

Statistics show boys are at greater risk than girls for developing learning disabilities,⁹⁹ illiteracy,¹⁰⁰ dropping out of school,¹⁰¹ substance abuse problems,¹⁰² violence, juvenile arrest, and early death caused by violent behavior.¹⁰³ As boys grow older, risky behaviors, such as alcohol and drug abuse,¹⁰⁴ become more prevalent and gang involvement increases.¹⁰⁵

Mortality and Victimization

- Death rates are more than twice as high for adolescent males compared to adolescent females.¹⁰⁶
- An estimated 1,600 persons under age 18 were murdered in the U.S. in 2002. About two-thirds (64%) of these juvenile murder victims were male.¹⁰⁷
- In 2003, rates of suicide for adolescent males (12 per 100,000 youth) were about four times the rate for adolescent females (3 per 100,000 youth).¹⁰⁸

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- From 1993 through 2003, the nonfatal violent victimization rate for males ages 12–17 years was about 50% greater than that for females.¹⁰⁹
- Injury and violence are the leading cause of death among youth ages 5-19 years;¹¹⁰ motor vehicle crashes account for approximately 40 percent of all teen deaths;¹¹¹ and almost one-quarter of young drivers involved in fatal crashes had been drinking alcohol.¹¹² More male drivers ages 15 to 20 years are involved in fatal car crashes than females and males are twice as likely to have an alcohol-involved fatal crash.¹¹³
- In 2002, 1.6 million youths, or 7% of 12- to 17-year-olds, ran away from home and slept on the street during the past 12 months. About 55% were male.¹¹⁴

Juvenile Delinquency

- In 2003, 71% of all juveniles arrested ages 17 years and under (2.2 million) were boys, and boys represented 85% of juvenile offenders in residential placement.¹¹⁵
- Juvenile arrest rates for Property Crime Index offenses (burglary, larceny-theft, motor vehicle theft, and arson) also declined in 2003, falling 46% since 1980. In 2003, boys accounted for 68% of all juvenile property crime arrests.¹¹⁶
- About 15% of all juvenile arrests were for Violent Crime Index offenses (murder, forcible rape, robbery, and aggravated assault). In 2003, boys represented 82% of all juvenile arrests for violent crimes.¹¹⁷ This rate declined in 2003 for the ninth consecutive year, falling 48% from its 1994 peak and reaching its lowest level since at least 1980.
- In 2003, the male juvenile Violent Crime Index arrest rate was 4.2 times the female rate compared to 8.3 times the female rate in 1980. The gender disparity between male and female violent crime arrest rates has decreased, reflecting an overall 26% decline in the male rate coupled with a 47% increase in the female rate.¹¹⁸

Substance Abuse

- According to the 2005 Monitoring the Future Survey, the proportion of 12th graders who had used marijuana in the past 12 months, is higher among males than females (38% versus 30%) along with the proportion using marijuana daily (7% versus 3% for females). This gender difference is also true among 8th- and 10th-grade students.¹¹⁹
- The annual prevalence-of-use rates on most other illicit drugs tend to be at least one and one-half to two times higher for males than females in the 12th grade. For many of these drugs, however, there is little gender difference in use among 8th and 10th graders; the differences between boys and girls seem to emerge over the course of middle to late adolescence.¹²⁰
- Boys are also more likely to use alcohol frequently. For example in 2005, daily alcohol use is reported by 4.4% of the 12th-grade males versus 1.6% of the 12th-grade females. Males are more likely than females to drink large quantities of alcohol in a single sitting: 33% of 12th-grade males reported drinking five or more drinks in a row in the prior two weeks versus 23% of 12th-grade females. These gender differences become considerably larger at the upper grade levels.¹²¹ However, in the last two years, 8th-grade girls actually had a higher binge drinking rate than 8th-grade boys—11.8% vs. 10.8% in 2004 and 10.6% vs. 10.2% in 2005.¹²²



Education

- Female high school seniors tend to have higher educational aspirations than their male peers and are more likely to enroll in college immediately after graduating from high school. Females also account for the majority of undergraduate enrollment and the majority of bachelor's and master's degree recipients. Females still lag behind males in enrollment in first-professional (e.g., law, medicine) and doctoral programs, but they have made gains in the past 30 years and are closing the gender gap.¹²³
- Boys often begin to fall behind girls in reading^{124, 125} and writing achievement in elementary school,¹²⁶ and boys often show signs of behavioral problems early in life.¹²⁷ Poor academic achievement is related to higher rates of school dropout¹²⁸ and juvenile delinquency.¹²⁹
- Girls performed better than boys at every grade level on the National Assessment of Educational Progress (NAEP) writing assessment in 2002.¹³⁰
- In 2004, 12% of males ages 16 to 24 years were high school dropouts, compared with 9% of females. Although males comprise one-half of the population, they make up 57% of the dropouts in this age group.¹³¹

SOURCES

¹Child Trends Data Bank, Number of Children. Available at: <http://www.childtrendsdatabank.org/indicators/53NumberofChildren.cfm>.

²Moore, K.A., & Zaff, J.F. (2002). *Building a Better Teenager: Summary of "What Works" in Adolescent Development*. Report prepared for the John S. and James L. Knight Foundation. Washington, DC: Child Trends. <http://12.109.133.224/Files/K7Brief.pdf>.

³Henrich, C.C., Brookmeyer, K.A., & Shahar, G. (2005). Weapon violence in adolescence. Parent and school connectedness as protective factors. *Journal of Adolescent Health, 37*, 306-312.

⁴Ackard, D., Neumark-Sztainer, D., Story, M., & Perry, C. (2006). Parent-child connectedness and behavioral and emotional health among adolescents. *American Journal of Preventive Medicine, 30*, 59-66.

⁵Redd, Z., Matthews, G., & Hamilton. (2005). *Logic Models and Outcomes for Programs Serving Parents of Adolescents*. (p.14) Report to the D.C. Children and Youth Investment Trust Corporation. Washington, D.C.: Child Trends.

<http://www.childtrends.org/Files/ParentsAdolescentsFinalRpt.pdf>.

⁶Fletcher, A., Elder, G., & Mekos, D. (2000). Parental influences on adolescent involvement in community activities. *Journal of Research on Adolescence, 10*(1), 29-48.

⁷Moore, K.A., & Zaff, J.F. (2002). *Building a Better Teenager: Summary of "What Works" in Adolescent Development*. Report prepared for the John S. and James L. Knight Foundation. Washington, DC: Child Trends. <http://12.109.133.224/Files/K7Brief.pdf>.

⁸Marsiglio, W., Amato, P., Day, R.D., & Lamb, M.E. (2000). Scholarship on fatherhood in the 1990's and beyond. *Journal of Marriage and the Family, 62*, 1173-1191.

⁹Parke, M. (2003, May). *Are Married Parents Really Better for Children? What Research Says about the Effects of Family Structure on Child Wellbeing*. Center for Law and Social Policy. http://www.clasp.org/publications/Marriage_Brief3.pdf.

¹⁰Institute for American Values. (2002). *Why Marriage Matters: Twenty-One Conclusions from the Social Sciences*. NY: Institute for American Values.

¹¹Parke, M. (2003, May). *Are Married Parents Really Better for Children? What Research Says about the Effects of Family Structure on Child Wellbeing*. Center for Law and Social Policy. http://www.clasp.org/publications/Marriage_Brief3.pdf.

¹²Institute for American Values. (2002). *Why Marriage Matters: Twenty-One Conclusions from the Social Sciences*. NY: Institute for American Values.

¹³Federal Interagency Forum on Child and Family Statistics (2006). *America's Children in Brief: Key National Indicators of Well-Being 2006, Table POP6A*. Washington, DC: U.S. Government Printing Office. <http://www.childstats.gov>.

¹⁴Amato, P.R., & Gilbreth, J.G. (1999). Nonresident fathers and children's well-being: A meta-analysis. *Journal of Marriage and the Family, 61*, 557-573.

¹⁵Pruett, K. (2000). *Fatherhood: Why father care is as essential as mother care for your child*. New York: Free Press.

¹⁶Teachman, J., Day, R., Paasch, K., Carver, K., & Call, V. (1998). Sibling resemblance in behavioral and cognitive outcomes: The role of father presence. *Journal of Marriage and the Family, 60*, 835-848.

¹⁷The National Marriage Project (2006). *The State Of Our Unions 2006: The Social Health of Marriage in America*. Rutgers, The State University of New Jersey. <http://marriage.rutgers.edu/Publications/SOOU/SOOU2006.pdf>.

¹⁸The National Marriage Project (2006). *The State Of Our Unions 2006: The Social Health of Marriage in America*. Rutgers, The State University of New Jersey. <http://marriage.rutgers.edu/Publications/SOOU/SOOU2006.pdf>.

¹⁹Amato, P. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*(3), 355-370.

²⁰Child Trends Data Bank, Children in Poverty. <http://www.childtrendsdatabank.org/indicators/4Poverty.cfm>.

²¹Child Trends Data Bank, Children in Poverty. <http://www.childtrendsdatabank.org/indicators/4Poverty.cfm>.

²²Moore, K.A., Guzman, L., Hair, E., Lippman, L., & Garrett, S. (2004). *Parent-Teen Relationships and Interactions: Far More Positive Than Not*. *Child Trends Research Brief*, Publication #2004-25. Washington, DC: Child Trends.

http://www.childtrends.org/Files/Parent_TeenRB.pdf.

Facts About America's Youth



- ²³ Johnson, J.G., Cohen, P., Gould, M.S., Kasen, S., Brown, J., & Brook, J.S. (2002). Childhood Adversities, Interpersonal Difficulties, and Risk for Suicide Attempts During Late Adolescence and Early Adulthood. *Archives of General Psychiatry*, 59(8), 741-9.
- ²⁴ U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment 2005* (Washington, DC: U.S. Government Printing Office).
- ²⁵ Substance Abuse and Mental Health Services Administration, Office of Applied Studies (May 13, 2005). Mother's Serious Mental Illness and Substance Use Among Youths. *The NSDUH (National Survey on Drug Use and Health) Report*. <http://www.oas.samhsa.gov/2k5/motherSMI/motherSMI.htm>.
- ²⁶ Hartman, C.A., Lessem, J.M., Hopfer, C.J., Crowley, T.J., & Stallings, M.C. (2006). The family transmission of adolescent alcohol abuse and dependence. *Journal of Studies on Alcohol*, 67(5), 657-664.
- ²⁷ Hopfer, C.H., Stallings, M.C., Hewitt, J.K., & Crowley, T.J. (2003). Family transmission of marijuana use, abuse, and dependence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42,(7), 834-841.
- ²⁸ Clark, D.B., (2004). Psychopathology risk transmission in children of parents with substance use disorders. *American Journal of Psychiatry*, 161(4), 685-691.
- ²⁹ U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2005). *The AFCARS Report (Adoption and Foster Care Analysis and Reporting and Analysis System, Preliminary Estimates for 2005)*. http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.pdf.
- ³⁰ Kortenkamp, K., & Ehrle, J. (January 2002). The Well-Being of Children Involved With the Child Welfare System: A National Overview. *New Federalism*, Series B, No. B-43. Washington, DC: The Urban Institute. http://www.urban.org/UploadedPDF/310413_anf_b43.pdf.
- ³¹ U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2005). *The AFCARS Report (Adoption and Foster Care Analysis and Reporting and Analysis System, Preliminary Estimates for 2005)*. http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.pdf.
- ³² Hamre, B., & Pianta, R. (2005). Can instructional and emotional support in the first-grade classroom make a difference for children at risk of school failure? *Child Development*, 76, 949-967.
- ³³ Reddy, R., Rhodes, J.E., & Mulhall, P. (2003). The influence of teacher support on student adjustment in the middle school years: A latent growth curve study. *Development and Psychopathology*, 15, 119-138.
- ³⁴ Ryan, A.M., & Patrick, H. (2001). The classroom social environment and changes in adolescents' motivation and engagement during middle school. *American Educational Research Journal*, 38, 437-460.
- ³⁵ McNeely, C. (2003). Connection to school as an indicator of positive development. Paper presented at the Indicators of Positive Development Conference. Washington, DC <http://www.childtrends.org/Files/McNeely-paper.pdf>.
- ³⁶ Miles, S.B., & Stipek, D. (2006). Contemporaneous and longitudinal associations between social behavior and literacy achievement in a sample of low-income elementary school children. *Child Development*, 77, 103-117.
- ³⁷ Perie, M., Grigg, W., & Donahue, P. (2005). *The Nation's Report Card: Reading 2005* (NCES 2006- 451). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>.
- ³⁸ Laird, J., DeBell, M., Kienzl, G., & Chapman, C. (2007). *Dropout Rates in the United States: 2005* (NCES 2007-059). U.S. Department of Education. Washington, DC: National Center for Education Statistics. <http://nces.ed.gov/pubs2007/2007059.pdf>.
- ³⁹ Swanson, C.B. (2004). *Who Graduates? Who Doesn't? A Statistical Portrait of Public High School Graduation, Class of 2001*. Education Policy Center, Urban Institute. Washington DC: The Urban Institute. http://www.urban.org/UploadedPDF/410934_WhoGraduates.pdf.
- ⁴⁰ U.S. Department of Education, National Center for Education Statistics. (2007). *The Condition of Education 2007* (NCES 2007-064). Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/pubs2007/2007064.pdf>
- ⁴¹ Laird, J., DeBell, M., Kienzl, G., & Chapman, C. (2007). *Dropout Rates in the United States:2005* (NCES 2007-059). U.S. Department of Education. Washington, DC: National Center for Education Statistics. <http://nces.ed.gov/pubs2007/2007059.pdf>.
- ⁴² Dinkes, R., Forrest Cataldi, E., Kena, G., & Baum, K. (2006). *Indicators of School Crime and Safety: 2006* (NCES 2007-003/NCJ 214262). U.S. Departments of Education and Justice. Washington, DC: U.S. Government Printing Office.
- ⁴³ U.S. Department of Education, National Center for Education Statistics. (2006). *The Condition of Education 2006* (NCES 2006-071). Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/pubs2006/2006071.pdf>
- ⁴⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Statistics (July 4, 2003). School Experiences and Substance Use Among Youths. *The NHSDA Report*. <http://www.drugabusestatistics.samhsa.gov/2k3/school/school.htm>.
- ⁴⁵ Jekielek, Susan, Moore, Kristen A., and Hair, Elizabeth C. (2002). Mentoring Programs and Youth Development: A Synthesis. Report prepared for the Edna McConnell Clark Foundation. Washington, DC: Child Trends. http://www.childtrends.org/what_works/clarkwww/mentor/mentorprpt.pdf.
- ⁴⁶ Grossman, J.B. (2004). What do youth programs do to foster connectedness and why? Background Paper Prepared for the National Research Council/Institute of Medicine, Board on Children, Youth, and Families, Committee on Adolescent Health Development. http://www.bocycf.org/grossman_paper.pdf.
- ⁴⁷ Grossman, J.B. & Rhodes, J.E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology*, 30, 199-219.
- ⁴⁸ Zimmerman, M.A., Bingenheimer, J.B., & Notaro, P.C. (2002). Natural mentors and adolescent resiliency: A study with urban youth. *American Journal of Community Psychology*, 30, 221-243.
- ⁴⁹ Rhodes, J.E., Grossman, J.B., & Resch, N.R. (2000). Agents of change: Pathways through which mentoring relationships influence adolescents' academic adjustment. *Child Development*, 71, 1662-1671.
- ⁵⁰ Child Trends Data Bank, Volunteering. <http://www.childtrendsdatabank.org/indicators/20Volunteering.cfm>.
- ⁵¹ U.S. Department of Education, National Center for Education Statistics. (2006). *The Condition of Education 2006*, NCES 2006-071, Washington, DC: U.S. Government Printing Office. http://nces.ed.gov/programs/coe/2006/pdf/34_2006.pdf.

Facts About America's Youth



- ⁵² Child Trends Data Bank, School Athletics. Available at: <http://www.childtrendsdatbank.org/indicators/37SchoolAthletics.cfm>.
- ⁵³ Child Trends Data Bank, Participation in School Music or Other Performing Arts. Available at: <http://www.childtrendsdatbank.org/indicators/36SchoolArts.cfm>.
- ⁵⁴ Child Trends Data Bank, Religiosity. <http://www.childtrendsdatbank.org/indicators/35Religiosity.cfm>.
- ⁵⁵ Child Trends Data Bank, Youth Neither Enrolled in School Nor Working. Available at: <http://www.childtrendsdatbank.org/indicators/87IdleYouth.cfm>.
- ⁵⁶ Snyder, H.N. (2007). Juvenile Arrests 2005. *OJJDP Statistical Briefing Book*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. <http://ojjdp.ncjrs.org/ojstatbb/crime/qa05101.asp?qaDate=2005>
- ⁵⁷ Sickmund, M., Sladky, T.J., & Kang, W. (2005). *Census of Juveniles in Residential Placement Databook*. <http://www.ojjdp.ncjrs.org/ojstatbb/cjrp/>.
- ⁵⁸ Otto, R., Greenstein, J., Johnson, M., & Friedman, R. (1992). Prevalence of Mental Disorders Among Youth in the Juvenile Justice System. In J. J. Cocoozza (Ed.). *Responding to the Mental Health Needs of Youth in the Juvenile Justice System*. Seattle: The National Coalition for the Mentally Ill in the Criminal Justice System.
- ⁵⁹ Milan, R., Halinkas, J.A., Miller, J.E., & Morse, C. (1991). Psychopathology Among Substance Abusing Juvenile Offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 569-574.
- ⁶⁰ Teplin, L.A. (January 2001). *Assessing Alcohol, Drug, and Mental Health Disorders in Juvenile Detainees*. OJJDP Fact Sheet #02. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. <http://www.ncjrs.org/pdffiles1/ojjdp/fs200102.pdf>.
- ⁶¹ Federal Interagency Forum on Child and Family Statistics (2006). *America's Children in Brief: Key National Indicators of Well-Being 2006*. Washington, DC: U.S. Government Printing Office. <http://www.childstats.gov>.
- ⁶² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Statistics and Programming. (2003). Web-Based Injury Statistics Query and Reporting System (WISQARS). 20 Leading Causes of Death, United States, 2003. <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>.
- ⁶³ Federal Bureau of Investigation (2006). *Uniform Crime Reports. Crime in the United States, 2005*. Expanded Homicide Data Table 8, Murder Victims by Age by Weapon, 2005. http://www.fbi.gov/ucr/cius_04/offenses_reported/violent_crime/murder.html#table2_10.
- ⁶⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Statistics and Programming. (2003). Web-Based Injury Statistics Query and Reporting System (WISQARS). 20 Leading Causes of Death, United States, 2003. <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>.
- ⁶⁵ Centers for Disease Control and Prevention. (2006). *Youth Risk Behavior Surveillance – United States, 2005*. Surveillance Summaries, June 9, 2006. MMWR 2006;55(No. SS-5). <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>.
- ⁶⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Statistics. (July 12, 2002). Substance Use and the Risk of Suicide Among Youths. *The NHSDA Report*. Washington, DC <http://oas.samhsa.gov/2k2/suicide/suicide.htm>.
- ⁶⁷ Pirkis, J.E., Irwin, C.E., Brindis, C.D., Sawyer, M.G., Friestad, C., Biehl, M., et al. (2003). Receipt of Psychological or Emotional Counseling by Suicidal Adolescents. *Pediatrics*, 111(4): e388-e393.
- ⁶⁸ Pirkis, J.E., Irwin, C.E., Brindis, C.D., Sawyer, M.G., Friestad, C., Biehl, M., et al. (2003). Receipt of Psychological or Emotional Counseling by Suicidal Adolescents. *Pediatrics* 111(4): e388-e393.
- ⁶⁹ Shaffer, D., Gould, M.S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., & Flory, M. (1996). Psychiatric Diagnosis in Child and Adolescent Suicide. *Archives of General Psychiatry*, 53(4), 339-348.
- ⁷⁰ Brent, D.A., Baugher, M., Bridge, J., Chen, T., & Chiappetta, L. (1999). Age- and Sex-Related Risk Factors for Adolescent Suicide. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(12), 1497-1505.
- ⁷¹ Fombonne, E., Wostear, G., Cooper, V., Harrington, R., & Rutter, M. (2001). The Maudsley Long-Term Follow-Up of Child and Adolescent Depression: 2. Suicidality, Criminality and Social Dysfunction in Adulthood. *British Journal of Psychiatry*, 179, 218-223.
- ⁷² Hallfors, D.D., Waller, M.W., Ford, C.A., Halpern, C.T., Brodish, P.H., & Iritani, B. (2004). Adolescent Depression and Suicide Risk: Association With Sex and Drug Behavior. *American Journal of Preventive Medicine*, 27(3), 224-230.
- ⁷³ Shaffer, D., Gould, M.S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., & Flory, M. (1996). Psychiatric Diagnosis in Child and Adolescent Suicide. *Archives of General Psychiatry*, 53(4), 339-348.
- ⁷⁴ Brent, D.A., Baugher, M., Bridge, J., Chen, T., & Chiappetta, L. (1999). Age- and Sex-Related Risk Factors for Adolescent Suicide. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(12), 1497-1505.
- ⁷⁵ Brent, D.A., Baugher, M., Bridge, J., Chen, T., & Chiappetta, L. (1999). Age- and Sex-Related Risk Factors for Adolescent Suicide. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(12), 1497-1505.
- ⁷⁶ Gould, M.S., Fisher, P., Parides, M., Flory, M., & Shaffer, D. (1996). Psychosocial Risk Factors of Child and Adolescent Completed Suicide. *Archives of General Psychiatry*, 53(12), 1155-1162.
- ⁷⁷ Hamilton, B.E., Martin, J.A. & Ventura, S.J. (November 21, 2006). Births: Preliminary data for 2005. Health E-stats. Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths05/prelimbirths05.htm>.
- ⁷⁸ Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., & Kirmeyer, S. (2006). Births: Final Data for 2004. *National Vital Statistics Reports* 55(1). Hyattsville, MD: National Center for Health Statistics. http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf.
- ⁷⁹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. (1999). *Mental Health: A Report of the Surgeon General*, pp. 123-124. Rockville, MD: <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.
- ⁸⁰ Kessler R.C., Berglund P., Demler O., Jin R., & Walters E.E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
- ⁸¹ New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America, Final Report*, p. 2. Rockville, MD. DHHS Pub. No. SMA-03-3832. <http://www.mentalhealthcommission.gov/reports/reports.htm>.

Facts About America's Youth



- ⁸² U.S. Dept. of Education, Office of Special Education Programs (2002). *Twenty-Fourth Annual Report to Congress on the Implementation of the Individuals With Disabilities Education Act: Results*. Washington, DC <http://www.ed.gov/about/reports/annual/osep/2002/index.html>.
- ⁸³ Simpson, G.A., Bloom, B., Cohen, R.A., Blumberg, S. (June 23, 2005). U.S. Children With Emotional and Behavioral Difficulties: Data From the 2001, 2002, and 2003 National Health Interview Surveys. *Advance Data From Vital and Health Statistics*, Number 360. Hyattsville, MD: National Center for Health Statistics. DHHS Pub. No. (PHS) 2005-1250. <http://www.cdc.gov/nchs/data/ad/ad360.pdf>.
- ⁸⁴ Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD. <https://nsduhweb.ri.org/>.
- ⁸⁵ Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2001). *Mental Health Care for Youth: A National Assessment, Annual/Final Progress Report, January 2001-December 2001*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁸⁶ Substance Abuse and Mental Health Services Administration, Office of Applied Statistics (May 3, 2005). Age at First Use of Marijuana and Past Year Serious Mental Illness. *The NSDUH Report*. <http://oas.samhsa.gov/2k5/MJageSMI/MJageSMI.htm>.
- ⁸⁷ Child Trends, Substance Free Youth. <http://www.childtrendsdatabank.org/indicators/80SubstanceFreeYouth.cfm>.
- ⁸⁸ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006*. (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse. <http://www.monitoringthefuture.org/pubs/monographs/overview2006.pdf>.
- ⁸⁹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006*. (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse. <http://www.monitoringthefuture.org/pubs/monographs/overview2006.pdf>.
- ⁹⁰ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006*. (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse. <http://www.monitoringthefuture.org/pubs/monographs/overview2006.pdf>.
- ⁹¹ Child Trends, Drunk Driving. <http://www.childtrendsdatabank.org/indicators/41DrunkDriving.cfm>.
- ⁹² Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006*. (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse. <http://www.monitoringthefuture.org/pubs/monographs/overview2006.pdf>.
- ⁹³ Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2005*. Surveillance Summaries, June 9, 2006. MMWR 2006;55(No. SS-5). <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>.
- ⁹⁴ Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2005*. Surveillance Summaries, June 9, 2006. MMWR 2006;55(No. SS-5). <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>.
- ⁹⁵ Federal Interagency Forum on Child and Family Statistics (2006). *America's Children in Brief: Key National Indicators of Well-Being 2006*. Washington, DC: U.S. Government Printing Office. <http://www.childstats.gov>.
- ⁹⁶ Lauritsen, J.L. (November 2003). How Families and Communities Influence Youth Victimization. *Juvenile Justice Bulletin*. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. NCJ 201629. <http://virlib.ncjrs.org/JuvenileJustice.asp>.
- ⁹⁷ Egley, A. (June, 2005). *Highlights of the 2002 – 2003 National Youth Gang Surveys*. OJJDP Fact Sheet (FS-200501). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <http://www.ncjrs.org/pdffiles1/ojjdp/fs200501.pdf>.
- ⁹⁸ Hawkins, J.D., Herrenkohl, T.I., Farrington, D.P., Brewer, D., Catalano, R.F., & Harachi, T.W. (1998). A Review of Predictors of Youth Violence. In R Loeber and DP Farrington (Eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, pp. 106-146. Thousand Oaks, CA: Sage Publications.
- ⁹⁹ Child Trends Data Bank, Learning Assessment. <http://revised.childtrendsdatabank.org/assessments.cfm>.
- ¹⁰⁰ Perie, M., Grigg, W., and Donahue, P. (2005). *The Nation's Report Card: Reading 2005* (NCES 2006– 451). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>.
- ¹⁰¹ Child Trends Data Bank, High School Dropout Rates. <http://www.childtrendsdatabank.org/indicators/1HighSchoolDropout.cfm>.
- ¹⁰² Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the Future national survey results on drug use, 1975-2004: Volume I, Secondary school students* (NIH Publication No. 05-5727). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2004.pdf.
- ¹⁰³ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰⁴ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the Future national survey results on drug use, 1975-2004: Volume I, Secondary school students* (NIH Publication No. 05-5727). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2004.pdf.
- ¹⁰⁵ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs.
- ¹⁰⁶ Federal Interagency Forum on Child and Family Statistics (2006). *America's Children in Brief: Key National Indicators of Well-Being 2006*. Washington, DC: U.S. Government Printing Office. <http://www.childstats.gov>.
- ¹⁰⁷ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰⁸ Child Trends Data Bank, High School Dropout Rates. Teen Homicide, Suicide, and Firearm Death <http://www.childtrendsdatabank.org/indicators/70ViolentDeath.cfm>.

Facts About America's Youth



- ¹⁰⁹ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁰ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Statistics and Programming. Web-Based Injury Statistics Query and Reporting System (WISQARS). WISQARS Leading Causes of Death Reports, 1999 - 2003. <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>.
- ¹¹¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Statistics and Programming. *Teen Drivers: Fact Sheet*. <http://www.cdc.gov/ncipc/factsheets/teenmvh.htm>.
- ¹¹² U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA). *Traffic Safety Facts 2005: Young Drivers*. Washington, DC: NHTSA. <http://www.nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2004/809918.pdf>.
- ¹¹³ U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA). *Traffic Safety Facts 2005: Young Drivers*. Washington, DC: NHTSA. <http://www.nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2004/809918.pdf>.
- ¹¹⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Statistics (July 2, 2004). Substance Use Among Youths Who Had Run Away From Home. *The NSDUH Report*. <http://oas.samhsa.gov/2k4/runAways/runAways.htm>.
- ¹¹⁵ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <http://ojjdp.ncjrs.org/ojstatbb/nr2006/downloads/NR2006.pdf>.
- ¹¹⁶ Snyder, H.N. (2005). Juvenile Arrests 2003. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. *OJJDP Statistical Briefing Book*. <http://www.ncjrs.gov/pdffiles1/ojjdp/209735.pdf>.
- ¹¹⁷ Snyder, H.N. (2005). Juvenile Arrests 2003. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. *OJJDP Statistical Briefing Book*. <http://www.ncjrs.gov/pdffiles1/ojjdp/209735.pdf>.
- ¹¹⁸ Snyder, H.N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006). *Monitoring the Future national survey results on drug use, 1975–2005: Volume I, Secondary school students* (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2005.pdf.
- ¹²⁰ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006). *Monitoring the Future national survey results on drug use, 1975–2005: Volume I, Secondary school students* (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2005.pdf.
- ¹²¹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006). *Monitoring the Future national survey results on drug use, 1975–2005: Volume I, Secondary school students* (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2005.pdf.
- ¹²² Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006). *Monitoring the Future national survey results on drug use, 1975–2005: Volume I, Secondary school students* (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse. http://www.monitoringthefuture.org/pubs/monographs/vol1_2005.pdf.
- ¹²³ Freeman, C.E. (2004). Trends in Educational Equity of Girls & Women: 2004 (NCES 2005–016). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/pubs2005/2005016.pdf>.
- ¹²⁴ Rathbun, A. & West, J. (2004) *From Kindergarten Through Third Grade: Children's Beginning School Experiences* (NCES 2004–007). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.
- ¹²⁵ Perie, M., Grigg, W., & Donahue, P. (2005). *The Nation's Report Card: Reading 2005* (NCES 2006–451). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>.
- ¹²⁶ Child Trends Data Bank, Writing Proficiency. <http://www.childtrendsdatabank.org/indicators/64WritingProficiency.cfm>.
- ¹²⁷ Rathbun, A., West, J. (2004) *From Kindergarten Through Third Grade: Children's Beginning School Experiences* (NCES 2004–007). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.
- ¹²⁸ National Research Council. (2001). *Understanding Dropouts: Statistics, Strategies, and High-Stakes Testing*. Committee on Educational Excellence and Testing Equity. Alexandra Beatty, Ulric Neisser, William T. Trent, and Jay P. Heubert, Editors. Board on Testing and Assessment, Center for Education, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- ¹²⁹ National Adolescent Violence Research at the National Institute of Mental Health. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services; April 2000.
- ¹³⁰ Child Trends Data Bank, Writing Proficiency. <http://www.childtrendsdatabank.org/indicators/64WritingProficiency.cfm>.
- ¹³¹ Child Trend Data Bank, High School Dropout Rates. <http://www.childtrendsdatabank.org/indicators/1HighSchoolDropout.cfm>.