TAPPING INTO TEEN CONCERNS, PERCEPTIONS AND BEHAVIORS

Monadnock Region

A Report of the 2016 Teen Assessment Project (TAP) Survey
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Technical Support from the New Hampshire Community Health Institute
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Acknowledgments

The Teen Assessment Project (TAP) originated in 1989 at the University of Wisconsin at Madison under the direction of Stephen A. Small, Ph.D. The University of New Hampshire Cooperative Extension adapted and expanded the scope of the Teen Assessment Project for use with New Hampshire communities through 2003. Since 2005, the New Hampshire Community Health Institute has continued administration of the youth survey aspect of the TAP in coordination with a number of community-based organizations.

The 2016 Monadnock Region TAP Survey was made possible through the support and assistance of the Monadnock Alcohol and Drug Abuse Coalition; faculty, staff and students of participating middle schools including Chesterfield, Great Brook, Hinsdale, Jaffrey-Rindge, Keene, Marlborough, Monadnock, South Meadow, Westmoreland, and Winchester; and funding from the US Substance Abuse and Mental Health Services' Drug Free Community Support grant program. This document incorporates original background research, text and citations of prior TAP reports prepared by Charlotte Cross and Fran Chickering of the University of New Hampshire Cooperative Extension.

We wish to thank all those involved, including parents and youth who had the foresight to allow their voices to be heard through this project.
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Chapter 1
Executive Summary
2016 Teen Assessment Survey
Monadnock Region

This report presents results, analysis and discussion of the 2016 Teen Assessment Project (TAP) Survey for the Monadnock Region of New Hampshire. In the spring of 2016, a TAP Survey was administered to public middle school students in 10 Middle Schools serving the region including Chesterfield, Great Brook, Hinsdale, Jaffrey-Rindge, Keene, Marlborough, Monadnock, South Meadow, Westmoreland, and Winchester. The final sample of 1,324 students represents responses from 85.2% of the total enrolled middle school student population (7th and 8th grades only).

Background Information
Concerns about local youth issues prompted community leaders, including members of the Monadnock Alcohol and Drug Abuse Coalition (MADAC) and leadership of the Middle Schools in the Monadnock region to initiate a youth survey process to gather information to inform efforts intended to foster positive youth development. A version of the TAP survey was previously administered in the Keene region, a subset of the Monadnock region, in 2000 and in 2012. The goal of the TAP is to provide communities with local research-based information that can help with the development of education and action to build assets and protective factors that contribute to positive, healthy behavior choices. The 2016 survey includes a number of common categories and questions from the earlier iterations of the TAP survey with some modifications to reflect current concerns and the specific focus on the middle school population. The most notable changes from the original survey are a set of questions addressing perceptions of why some peers use substances, a section addressing internet use and safety, changes in some substance misuse questions and question wording to align more closely with the federally-sponsored Youth Risk Behavior Survey (YRBS), and changes in some specific substance use questions to address contemporary concerns such as misuse of prescription drugs.

Overview
Results of the 2016 Monadnock Region TAP indicate a prevalence of substance use among area middle school students that is similar to current national rates. A majority of youth reported they do not currently use (defined as use in the past 30 days) alcohol (94%), smoking tobacco (98%) or marijuana (95%). The chart on the next page provides a comparison of past 30 day use of commonly used substances reported by Monadnock area youth (8th graders only) and youth nationally as recorded by the Monitoring the Future survey, a well-established annual survey of over 45,000 youth across the United States. In general, current use of alcohol, tobacco and marijuana appears to be similar to rates observed nationally in 2016 and similar to rates reported in the 2012 TAP survey of 4 middle schools in SAU 29 (Keene region). It is important to note that reported rates of substance use have been declining nationally for this age group, while appearing to be relatively stable in the Monadnock region.
Comparison of National and Monadnock Region Survey Data
For Substance Use in Past 30 Days; 8th graders only

<table>
<thead>
<tr>
<th></th>
<th>Cigarettes</th>
<th>Alcohol</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monadnock Region, 2016</td>
<td>2.9%</td>
<td>8.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>*United States, 2016</td>
<td>2.6%</td>
<td>7.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>**SAU 29, 2012</td>
<td>3.2%</td>
<td>6.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>*United States, 2012</td>
<td>6.1%</td>
<td>12.7%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

*Monitoring the Future Survey; 8th graders, 2012 and 2016; n=45,000; University of Michigan
**Four participating middle schools in the Keene region; n=472

Despite the fact that a large majority of youth are not engaging in these and other high risk behaviors, there remains a subgroup of youth who are. Substance use and other health risk behaviors put youth at risk for delayed emotional and intellectual growth; developing problems with schools, friends and families; incurring ill health and reduced longevity; accidents; suicide; and unwanted pregnancies (Guo J, et al, 2002; Small, Silverberg, & Kerns, 1993). The chart below displays the association between one risky health behavior – in this case recent alcohol use – and other risky behaviors. For example, youth who reported drinking alcohol at least once in the 30 days prior to the survey were also about 4 times as likely to ridden in a vehicle with an impaired drive in the past 30 days and 3 times as likely to report deliberate self-harming behavior in the past 12 months.

---

Multiple Youth Risk Behaviors
Current Alcohol Users & Not Current Alcohol Users

<table>
<thead>
<tr>
<th>Behavior</th>
<th>No alcohol use in past 30 days</th>
<th>Past 30 day alcohol use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked cigarettes in past 30 days</td>
<td>0.7</td>
<td>24.7</td>
</tr>
<tr>
<td>Smoked marijuana in past 30 days</td>
<td>3.1</td>
<td>39.3</td>
</tr>
<tr>
<td>Has been sexually active</td>
<td>5.5</td>
<td>45.6</td>
</tr>
<tr>
<td>Harmed self deliberately in past 12 months</td>
<td>11.1</td>
<td>34.7</td>
</tr>
<tr>
<td>Rode with driver under influence in past 30 days</td>
<td>12.6</td>
<td>50.7</td>
</tr>
</tbody>
</table>
Given the risks accompanying these behaviors, it is incumbent upon individuals, families and communities to attempt an understanding of what we can do to minimize the likelihood of behavioral choices with potentially significant negative consequences. One set of possible actions are to increase protective factors for youth. Protective factors are those that lessen the likelihood that youth will participate in behaviors that have negative health and social outcomes. These protective factors exist at each level of an ecological model: youth, family, school, and community.

Analysis of Monadnock region TAP data reveals some of the protective factors that are related to youth behaviors. In particular, within the family, parental communication and monitoring are highly related to teen substance use. As level of parental monitoring increases, for example, levels of teen substance use and other risky health behaviors decrease. Youth who know their parents’ values and consequences for teen behaviors such as smoking, drinking alcohol, or engaging in sexual activity are less likely to be involved in such activities. The community also has an important role to play. These data also show that a teen’s sense of community support and monitoring can be protective factors against substance use. A youth’s attachment to school is a protective factor as well. We can take specific actions from this information to enhance and encourage the protective factors by all who surround our youth. This report is intended to provide useful, local information to assist the community in those very important actions.
CHAPTER 2
Administration of the Teen Assessment Project Survey

The 2016 TAP Survey report is the result of collaboration of MADAC, area Middle Schools and the New Hampshire Community Health Institute (CHI). Administration of the TAP Survey was approved by the leadership of the respective school districts.

A total of 134 items were selected from previous TAP instruments or developed locally for the 2016 TAP survey to reflect community concerns and interests. The questions were designed to assess the following interests, concerns and behaviors:

- teen attitudes and worries
- future aspirations
- alcohol and other drug abuse
- mental and physical health
- sexuality
- use of time
- diversity, harassment and perceived discrimination
- personal safety
- interactions with peers
- perceptions of parental values and monitoring
- perceptions of school
- neighborhood monitoring and support
- internet use & safety

The school community was informed about the project through school board meetings and a mailing to parents of 7th and 8th graders which included a passive consent notification. Prior to the survey date, parents were able to review the survey at the participating middle schools or ‘online’ in some cases. Parents were provided contact information to inform the school if they did not want their child to participate. Additionally, on the day of the survey, students could opt out of the survey. A total of 70 students/parents or 4.5% of total enrollment opted out of the survey. Participating students were also instructed that they could skip any question they did not want to answer or could stop completing the survey at any time.

Teachers and support personnel were instructed on survey administration procedures. Teachers remained in the room to maintain a positive classroom climate. A script with specific instructions was read by the survey administrators to maintain consistency among the classrooms. In order to ensure accurate and honest responses a number of steps were taken. The anonymity of youth was protected. Names were not placed on survey booklets or on-line entries. Teachers and volunteers were instructed not to walk around the classroom while students completed the survey. For paper survey administration, each student placed her/his own response sheet into a self-sealed envelope which was then sealed in a larger, group envelope before delivery to the independent survey administrators from CHI. Response forms were keyed and analyzed by the Community
Health Institute in Bow, New Hampshire. Six schools selected the internet-based survey administration option. In this report, all youth responses are combined to prevent identification of individual responses.

The survey was administered on several dates in March and April 2016 at ten middle schools in the Monadnock region. A total of 1,341 students completed the survey. (The remaining difference between total enrollment and total respondents after opt outs are absentees on the day of survey administration.) The survey forms were double key data entered and data files were built using SPSS. Data was cleaned and screened for response patterns indicating unresponsiveness (e.g. reported using every possible substance every day). Forms submitted by students with a response of “Not at all honest” on the question “How honest were you in doing this survey” were also screened out of the database. A total of 17 cases were excluded from the analysis by these two screens. This report thus reflects the survey results of 1,324 students which is 85.2% of the total middle school student population of 1,554 as of February 2016.

Further consistency checks were carried out throughout the analysis. In the substance use analysis, 7 additional cases were excluded from the alcohol-specific analysis due to inconsistent answers on self reported alcohol use-related behaviors (for example, indicating never using alcohol on one question, but binge drinking behavior on another). For other substance use analysis, 2 cases were excluded due to inconsistencies in self-reported use. In the analysis of behavioral health, 18 cases were identified in which inconsistent answers related to history of self-harm were given. These cases were excluded from the analysis on this set of questions.

The following is an aggregate report of the respondents and is intended to provide a better understanding of early teen attitudes, behaviors and experiences. This information can assist the community in planning and education initiatives that will facilitate awareness, support and program and policy development for teens.
CHAPTER 3
Characteristics of Monadnock Region Youth Respondents

This chapter provides a brief summary of demographic and family characteristics of the students who participated in the survey. This report reflects the survey results of 1,324 students - representing 85.2% of the public middle school student population – 7th and 8th grades – in the Monadnock region of New Hampshire as of February 2016. The sample was comprised of roughly equal proportions of males (50.9%) and females (49.1%). Figure 3-1 shows the gender breakdown of respondents by grade.

![Figure 3-1: Grade and Gender of Respondents 2016 TAP Survey](image)

Number responding: 1,298; 4 other gender responses

The following table shows the number of usable surveys from students in each grade by gender (note that 26 students did not specify either a gender or grade, and are therefore not included in Table 3-1).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>647</td>
<td>337</td>
<td>309</td>
</tr>
<tr>
<td>8</td>
<td>651</td>
<td>351</td>
<td>297</td>
</tr>
<tr>
<td>Total</td>
<td>1298</td>
<td>688</td>
<td>606</td>
</tr>
</tbody>
</table>
Family Characteristics: Students reported a variety of different family living situations. Figure 3-2 shows that most students (55%) live with two parents (biological or adoptive). Other common living situations are step-family households (16%) and single parent households (13%).

Number responding: 1316
CHAPTER 4
Alcohol, Tobacco, and Other Drug Use

Recent statistics indicate that 30% of New Hampshire’s high school age youth drank alcohol at some point in the past 30 days (New Hampshire Department of Education, 2015 YRBS). One major concern about adolescent alcohol use is the fatalities resulting from automobile accidents, the leading cause of death among adolescents. In addition, frequent alcohol use during adolescence is one of the strongest predictors of problem drinking in adulthood (Hawkins & Graham, 1997). Frequent alcohol use often puts individuals at risk for various psychological (e.g., depression), social (e.g., divorce) and vocational (e.g., unemployment) consequences (USDHHS, 2000; Midanik & Tam, 1996). For these reasons, we need to be concerned about teen alcohol and other drug use and the impact it has on other behaviors.

Current Use of Alcohol and Drugs: Figure 4-1 shows the percent of youth who use alcohol or other drugs on a monthly or more often basis. About 6% of middle school youth reported using alcohol at least once in the past 30 days prior to survey administration. A new question was introduced on the 2016 TAP survey about use of electronic vapor products. Five percent (5%) of youth reported electronic vapor product (EVP) use in the past 30 days; a proportion similar to reported marijuana use. Use of both EVP and marijuana was higher than cigarette use (about 2%).

Figure 4-1: Monthly or More Often Alcohol and Drug Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percent of All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>5.9</td>
</tr>
<tr>
<td>Electronic Vapor Product</td>
<td>5.0</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4.6</td>
</tr>
<tr>
<td>Rx medications</td>
<td>2.3</td>
</tr>
<tr>
<td>Smoke cigarettes</td>
<td>1.9</td>
</tr>
<tr>
<td>OTC drugs to get high</td>
<td>1.0</td>
</tr>
<tr>
<td>Chewing tobacco</td>
<td>1.0</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.8</td>
</tr>
<tr>
<td>Synthetic drugs</td>
<td>0.2</td>
</tr>
</tbody>
</table>

1 (As noted on the chart, youth were asked about use in the past 30 days for some substances to be consistent with YRBS and Drug Free Community measures. For other substances, youth were asked to indicate if they had ever tried the substance and if so how often they used it to be consistent with previous administrations of the TAP survey).
Figure 4-2, displays trend information from three survey administration in the Monadnock region since the year 2000. (Note: The 2012 TAP survey includes information results from just the 4 middle schools of SAU 29, Keene District). Current use rates for these four substances were lower in 2016, or about the same in the case of marijuana, than rates reported in 2000. Also of note is that use of inhalants reported in 2016 is substantially lower than the 2012 percentage, when inhalant use reported at a higher proportion than all other substances.

Figure 4-2: Substance Use Trends
Monthly or More Often Alcohol and Drug Use

<table>
<thead>
<tr>
<th></th>
<th>2000 - Monadnock</th>
<th>2012 - Keene</th>
<th>2016 - Monadnock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhalants</td>
<td>2.0</td>
<td>6.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Alcohol</td>
<td>12.0</td>
<td>4.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Marijuana</td>
<td>5.0</td>
<td>2.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>7.0</td>
<td>1.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>
Figure 4-3 shows that the proportion of students reporting monthly or more frequent use of the more commonly used substances - alcohol, EVP, marijuana, or cigarettes - increases between 7th and 8th grade.
Comparison Information for 30 Day Use: The chart below provides a comparison of past 30 day use of commonly used substances reported by Monadnock area youth (8th graders only) and youth nationally as recorded by the Monitoring the Future survey, a well-established annual survey of over 45,000 youth across the United States. In general, current use of alcohol, tobacco and marijuana appears to be similar to rates observed nationally in 2016 and similar to rates reported in the 2012 TAP survey of 4 middle schools in SAU 29 (Keene region), although proportion of youth reporting marijuana use in the past 30 days is about 2% higher than in 2012. It is important to note that reported rates of substance use have been declining nationally for this age group, while appearing to be relatively stable in the Monadnock region.

Table 4-1: Comparison of National and Monadnock Region Survey Data For Substance Use in Past 30 Days; 8th graders only

<table>
<thead>
<tr>
<th></th>
<th>Cigarettes</th>
<th>Alcohol</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monadnock Region, 2016</td>
<td>2.9%</td>
<td>8.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>*United States, 2016</td>
<td>2.6%</td>
<td>7.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>**SAU 29, 2012</td>
<td>3.2%</td>
<td>6.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>*United States, 2012</td>
<td>6.1%</td>
<td>12.7%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

*Monitoring the Future Survey; 8th graders, 2012 and 2016; n=45,000; University of Michigan
**Four participating middle schools in the Keene region; n=472
**Binge drinking:** Youth were asked the question “*During the past 30 days, on how many days did you have 5 or more alcoholic drinks in a row (that is, within a few hours)?*” Frequent binge drinking can indicate a pattern of abusive drinking that may require professional attention.

Figure 4-4 shows the responses to this question. Overall, 1.3% of teens reported having 5 or more drinks at one time at least once in the past month (7th grade – 0.9%; 8th grade - 1.7%). This proportion is notably less than that reported by the national Monitoring the Future Survey in which 3.4% of 8th graders reported binge drinking in the prior 2 weeks.

**Lifetime Use of Other Drugs:** Figure 4-5 shows the percentage of all youth surveyed in the Monadnock region who have ever used selected other drugs of concern including chewing tobacco, inhalants, over the counter drugs to get high (like cough syrup, benadryl, diet pills) and synthetic drugs (like ‘bath salts’, ecstasy, K2, spice). The vast majority of youth, 96% or more, report not having ever tried these substances.
Figure 4–6 displays lifetime use of certain substances by gender. Males are more likely to report using chewing tobacco or snuff than females.
**Current Use of Any Substance:** Previous charts presented rates of substance use for specific substances individually. Figure 4-7 shows the percentage of students by grade and by gender who reported using *at least one of any* of the 8 categories of substances included in the survey by gender.

Overall, about 12.6% of students reported using at least one substance in the past 30 days or on a monthly or more often basis, while the substantial majority (about 87%) did not. There is a significant increase in reported use of any substances between 7th and 8th grade.
**Access to Substances:** Availability of drugs and alcohol, and the perceived availability of drugs and alcohol have been found to be correlated with substance use rates (Johnston, et al., 1985). The TAP survey asked teens to rate how easily they could get certain substances. Figure 4-8 shows the perceived ease of obtaining alcohol and other drugs in 2016. About 37% of respondents indicated that it would “very easy” or “sort of easy” to obtain alcohol and about 30% indicated the same for prescription drugs not prescribed to them.

![Figure 4-8: "Very Easy" or "Sort of Easy" to Get Substance](image)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer, Wine, Liquor</td>
<td>37.2%</td>
</tr>
<tr>
<td>Rx meds not prescribed to you</td>
<td>29.6%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>21.1%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15.7%</td>
</tr>
<tr>
<td>Synthetic drugs</td>
<td>7.7%</td>
</tr>
</tbody>
</table>
Figure 4-9 shows student perceptions of ease of access to alcohol or marijuana by self-reported frequency of use of these substances. Students who perceived their ability to obtain alcohol or marijuana as “sort of easy” or “very easy” were also significantly more likely to report monthly alcohol or marijuana use (p < .001). Students who reported using marijuana in the past 30 days were more than 6 times as likely as those who had not used marijuana in the past 30 days to report that it would be relatively easy to access the substance.

Figure 4-9: Perceived Ease of Access by Frequency of Use
Alcohol or Marijuana is "Very Easy or Sort of Easy to Get"

The survey also asked youth, if they drink alcohol, where they usually get the alcohol. Figure 4-10 shows the responses to this question from those who acknowledged on this question that they ever drink alcohol (8.9% of all students). The most commonly reported sources of alcohol were:

- From parents or friend’s parents without their knowledge (36%)
- Given by parents (16%)
- ‘Some other way’ (27%)
Youth were asked, “If you drink alcohol, where do you most often drink it?” As shown in Figure 4-11, more teens identified ‘at their home with parental permission’ as the location/event at which they drink alcohol most often (32%). Another 23% of those who drink alcohol reported drinking at their home without parental permission.

![Figure 4-11: Where Youth Drink Alcohol](image)

The 2016 TAP also asked youth how many parties they were aware of occurring in their area in the past month where alcohol was available to youth. As displayed by Figure 4-12, about 12% of middle school youth respondents were aware of at least one party in the month prior to the survey where alcohol was available.

![Figure 4-12: How many parties were you aware of occurring in your area in the past 30 days where alcohol was available to youth?](image)
**Perceived Risk:** Research has shown that teen substance use is strongly correlated with the perception of the risks associated with the substance using behavior. The TAP survey contained a series of questions asking teens to indicate how risky they perceived certain substance use related behaviors to be.

Figure 4-13 shows the percentage of youth who consider these activities to be of “great risk” or “moderate risk.” (Other response choices were slight risk or no risk). Smoking one or two packs of cigarettes a day is perceived as the riskiest behavior; followed by misuse of prescription medications. The behavior with the fewest number of youth perceiving high risk are using electronic vapor products and trying marijuana once or twice.

![Figure 4-13: Perceived Risk of Substance Use](image-url)
Figure 4-14 examines the relationship between perception of risk and marijuana use. A perception of low risk in regular use of marijuana is strongly correlated with past 30 day marijuana use (p<.001). Among youth who reported using marijuana at least once in the 30 days prior to the survey, 74% also reported “no risk” or “slight risk” associated with smoking marijuana regularly. In contrast, 74% of youth who did not use marijuana in the past 30 days reported a perception of “moderate risk” or “great risk” associated with regular marijuana use.

While these results show correlation between perception of risk and a certain behavior, it is important to note that correlation does not prove causation. While we cannot say with any certainty that a particular belief or behavior caused another, it can be established that there is a significant association between the two.
A similar association is observed between prescription drug misuse and the perceived risk of such behavior (Figure 4-15). Youth who engaged in prescription drug misuse behavior in the prior 30 days (defined as using prescription drugs not prescribed to you) are significantly more likely to associate no risk or slight risk with this behavior (37% of those who misused Rx drugs perceived no or slight risk compared with 14% of those who did not misuse Rx drugs; p < .01).

Figure 4-15: Perceived Risk in Misusing Rx Drugs and Current Rx Drug Misuse
Extracurricular Activities and Substance Use: Research has shown that teens who participate in structured extracurricular activities are less likely to utilize alcohol and other drugs and are less likely to become teen parents (Hoffman J, 2006). Teens were asked how many hours a week they spend participating in extracurricular activities, either organized by the school or outside the school. Figure 4-16 shows that teens who spend less than one hour per week in a school or non-school sponsored extracurricular activity are more likely to report marijuana use in the past 30 days than those youth who are more active (p<.05). The relationship between current alcohol use and extracurricular participation is less clear in this instance, although reported alcohol use was highest among the group of youth reporting the least extracurricular involvement.

![Figure 4-16: Relationship Between Involvement in Extracurricular Activities and Past 30 day use of Alcohol or Marijuana](image)
Peer Influence on Substance Use: Perceived peer disapproval toward substance use can have an important influence on adolescent decision-making, particularly among older youth when the influence of peers begins to compete more strongly with the influence of parents (Sawyer, 2008). Chart 4-17 displays results from a set of questions asking youth ‘how wrong’ their friends feel about certain substance use behaviors. The highest proportion of youth indicated ‘very wrong’ for prescription drug misuse (other response choices were ‘wrong’, ‘a little bit wrong’ and ‘not wrong at all’). Use of electronic vapor products had the lowest perception of peer disapproval.

Figure 4-17: How wrong do your friends feel it would be for you to . . .

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>use prescription drugs not prescribed to you?</td>
<td>81.0</td>
</tr>
<tr>
<td>smoke tobacco?</td>
<td>75.7</td>
</tr>
<tr>
<td>smoke marijuana?</td>
<td>71.9</td>
</tr>
<tr>
<td>have one or two drinks of an alcoholic beverage nearly every day?</td>
<td>69.7</td>
</tr>
<tr>
<td>use electronic vapor products?</td>
<td>59.6</td>
</tr>
</tbody>
</table>

Figure 4-18 shows examples of the relationship between the perception of peer disapproval and substance use behavior. Displayed on the chart are the proportions of youth who stated that their friends feel the behavior is just ‘a little bit wrong’ or ‘not wrong at all’. Among youth who used an EVP in the past 30 days, for example, 73% stated that their friends feel EVP use is only a little bit wrong or not wrong at all. Among those youth who did not use an EVP in the past 30 days, only 12% stated that their friends feel EVP use is just a little bit or not wrong at all (i.e. 88% of those who did not use an EVP feel their friends think it is wrong or very wrong); (p.<.001).
**Opinions on Why Youth Use Alcohol or Other Drugs:** The 2016 TAP Survey included a question asking youth their opinion about why some teens use alcohol or other drugs. Respondents were asked to select the one main reason, in their opinion, why some youth engage in substance use from a set of ten possible reasons (including ‘other’).

Figure 4-19 compares the response results for youth who reported using at least one substance on a monthly or more often basis with those who did not. The reason most frequently selected for substance use behavior by youth reporting current substance use was “to help deal with pressure or stress”. In contrast, respondents who did not report using at least one substance on a monthly or more often basis selected “to fit in” as the top reason.
**Parental Influence on Substance Use:** Parental modeling, monitoring, rule setting and expectations have been shown to lessen the risk that youth will use substances or engage in other risky behaviors (National Institutes of Health, 2002). Teens’ perceptions of their parents’ values about alcohol use and tobacco smoking may influence their decision to use these substances (Sawyer, 2008).

The 2016 TAP survey asked youth to respond to a set of questions about their perceptions of parental disapproval of several health risk behaviors similar to the set of questions around peer disapproval. Figure 4-20 shows an example of the potential influence of parental values on teen behavior. Those teens who perceive that their parents think it is very wrong for youth to drink alcohol are significantly less likely to report using alcohol in the past 30 days than those who do not have this perception (p<.001). Similar relationships can be observed for other risk behaviors.

Research has also suggested parental monitoring may be an important factor in preventing risk-taking behavior among adolescents (Ary & Duncan, 1999; Flannery, Williams & Vazsoryi, 1999; Rodgers, 1999). Parental monitoring refers to parents’ supervision and awareness of their child’s activities. In this survey, the students were asked to respond to a series of seven questions concerning the amount of information parents have about the students’ whereabouts, activities, plans, and companions (also see Chapter 8). The responses to these seven questions were summed for each student to create a parental monitoring scale. The scale was then divided into three categories corresponding to high parental monitoring (approximately 70% of youth), moderate (20% of youth) and low parental monitoring (10% of youth).
Figure 4-21 shows a relationship between level of parental monitoring and current use of marijuana (past 30 days); (p < .001). Youth reporting low parental monitoring are nearly 10 times more likely to have reported using marijuana in the past month (19%) than youth with high monitoring parents (2%). Similar relationships can be observed for other substance use behaviors and parental monitoring.
Another factor strongly related to adolescent substance use related behavior is whether or not teens believe there will be parental consequences. For example, youth were asked, “If you were drinking beer, wine, or liquor and your parent(s) found out, do you think you would get in trouble at home?” As Figure 4-22 shows, youth are much less likely to report current alcohol use if they believe their drinking will get them in trouble at home (p < .001). About 84% of respondents to the 2016 TAP survey reported “yes”, they would get in trouble at home for drinking alcohol. Among these youth, about 3% reported drinking alcohol in the prior 30 days. Among youth who stated that they would not or probably not get in trouble at home for drinking alcohol (about 3% of all respondents), 40% of these youth drank alcohol at least once in the 30 days prior to the survey. It is also important to note that youth who think they would “probably” get in trouble or were unsure (about 13% of youth) also show elevated rates of past 30 day alcohol use compared to the majority of their peers who were more certain they would get in trouble with their parent(s).
**Community Influence on Substance Use:** The community environment can influence teen risk behaviors. For example, having a supportive community that has activities for teens can be a protective factor from engagement in unhealthy behaviors. Figure 4-23 explores the relationship between teen perceptions of **community support** and lifetime use of substances. In order to measure perceptions of community support, teens were asked to what extent they agreed with the statements such as, “*My town is a good place to live*”; “*In my town there are a lot of fun things for kids my age to do*”; and “*If I had a problem, there are neighbors whom I could count on for help.*” A community support variable was created from teen responses to these questions, and was then divided into a three categories of low, medium, and high perceptions of community support.

Figure 4-23 shows that there is a statistically significant relationship between teen perceptions of community support and current use of any substance (monthly use, past 30 days; p<.001). Among youth perceiving high levels of community support, about 6% reported current use of some type of substance. In comparison, youth who perceived low levels of community support were more than four times as likely to report current substance use including about 33% of females perceiving low community support.

![Figure 4-23: Youth Perceptions of Community Support and Current Use of Any Substance](image)

Figure 4-24 on the next page shows a similar relationship between perceptions of **community monitoring** of teen behavior and monthly use of any substance. Teens were asked to what extent they agreed with the statements, “*If I were to do something wrong, adults in my town would probably tell my parent(s)/guardian(s)*”; “*Adults in my neighborhood or community keep an eye on what teens are up to*”; and “*If an adult in my town saw me drinking alcohol, they would probably tell my parent(s)/guardian(s)*”. A community monitoring variable was created from responses to these questions, and was then divided into three categories of low, medium, and high perceptions of community monitoring.
Figure 4-24 shows that there is a statistically significant relationship between youth perceptions of community monitoring and current use of any substance ($p<.001$). Among youth perceiving a high monitoring community (about 60% of all respondents), about 6% of 7th graders and 13% of 8th graders reporting current substance use. In comparison, youth perceiving a low monitoring community (about 13% of all respondents, the proportion of youth reporting current substance use is about 3 times higher at 21% (7th graders) and 35% (8th graders).
**Substance Use as a Risk Multiplier:** Studies have shown that substance use increases the likelihood that teens will engage in other risk behaviors (Jackson C, 2012). The 2016 TAP survey similarly found that youth who have recently used alcohol are also significantly more likely to report a history of other risky behaviors.

A specific risk associated with substance use is the concern of youth driving or riding with a driver who may be intoxicated or ‘high’. We asked local youth, “During the past 30 days, how many times did you ride in a motorized vehicle (car, truck, motorcycle, snowmobile, etc.) with a driver who had been drinking or using drugs?” Overall, 15% of youth (190 individuals) reported that they had ridden in a motorized vehicle at least once in the past month with a driver who had been drinking or using drugs. Figure 4-25 shows the results by grade and gender.

Figure 4-26 shows the relationship between various risky behaviors and use of alcohol in the past 30 days. As these results demonstrate, current alcohol use is associated with significantly elevated rates of other risky behaviors compared to those who are not ‘current’ alcohol users (all significant at P<.001). As previously stated, because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say, for example, that alcohol use causes other risky behaviors or vice versa. However, we can establish that there is a correlation between these different risk behaviors.
CHAPTER 5
Other Behavioral and Physical Health Concerns

The link between behavioral health and physical health is well established, as are the associated influences of social, cultural and psychological factors on health. Feelings of depression, loneliness and despair are often associated with adverse health outcomes (Arenofsky, 1997; Koch, 1999). The presence of a social support system, however, can help to buffer teens from such feelings and possible negative consequences. Similarly, teens who are physically active and well-rested are more likely to exhibit positive mental health and related outcomes including improved academic performance (Singh et al, 2012; Taras and Potts-Datema, 2005).

**Teen Worries:** What do teens worry about? Teens were given a list of issues and were asked how much they worry about each one. Figure 5-1 shows the percentages of youth who indicated that they worry either “much” or “very much” for each issue. The top concerns of youth are getting good grades and getting along with their parent(s).

![Figure 5-1: Teen Worries](image)

Figure 5-2 on the next page shows the top worries on the basis of gender. A larger proportion of females than males are worried at a high level about getting good grade, how they look, and not fitting in with others. More males than females worry at a high level about getting along with parents.
Support and Advice: When asked “If you were having a personal problem and needed someone to talk to, who would you most likely go to?” more teens (44%) responded “Parent or step-parent” than any other category, followed by boyfriend/girlfriend or friend (28%) and brother or sister (10%).

Figure 5-3 highlights differences between males and females on the issue of who teens would turn to with a personal problem. A greater percentage of females than males reported they would turn to a close friend (males, 23%; females, 34%), while a greater percentage of males indicated they were more likely to turn to their parents or stepparents (males, 51%; females, 37%). It is important to note that almost 6% of youth reported that they ‘have no one to talk to’.
**Teen Depression and Self-Harm:** National surveys of high school age youth consistently find that 25% to 30% of students in grades 9 through 12 report feeling sad or hopeless almost every day for an extended period (two or more weeks in a row (Centers for Disease Control and Prevention, 1991-2015 High School Youth Risk Behavior Survey Data; 2016). Feelings of sadness or mild depression are not uncommon and are often associated with feelings of loss, such as the loss of a close relationship. Similarly, loss of self-esteem can follow experiences of failure or feelings of guilt. Severe depression is distinguished from mild depression by the intensity and duration of symptoms. Symptoms of serious depression may include changes in appetite and sleeping patterns, loss of interest in activities, fatigue, feelings of guilt or self-blame, inability to concentrate, feeling hopeless and helpless, and suicidal thoughts or attempts (American Academy of Child & Adolescent Psychiatry, 1997).

On the TAP survey, middle school youth were asked, “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?” Overall, 27% of youth surveyed responded in the affirmative to this question. Figure 5-4 shows that at each grade level a greater percentage of females than males reported feeling sadness or hopelessness over an extended time period such that it interfered with their usual activities, including 2 of every 5 females in 8th grade (p<.001).
The phenomenon of deliberate self-injury is receiving heightened attention and research among adolescent health professionals due to a perception of increasing incidence and prevalence. Self-injury has been defined by the International Society for the Study of Self-Injury as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (ISSS, 2007). A variety of reasons are suggested for self-injuring behavior, but many individuals who self-injure have reported that overwhelming negative emotions, emotional pressures, or a sense of overwhelming sadness are the most common triggers.

While additional research is necessary, studies among secondary school and young adult populations have found that 12% to 24% of young people have self-injured. About a quarter of youth who have self-injured report injuring only once in their lives. Studies typically find that about 6%-8% of adolescents and young adults report current, chronic self-injury. (Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults; 2012). Research studies are mixed on the question of whether there is a gender effect associated with self-injury, although some studies indicate that the behavior is more common among females (ISSS, 2007).

The 2016 middle school TAP asked youth, “Have you ever harmed yourself in a way that was deliberate (such as self-cutting, choking, or ingesting a drug as a means to harm yourself)?” Overall, about 13% of youth reported such self-harming behavior in the past year and an additional 5% reported having done so more than a year ago. (Note: These findings are similar to the 2012 Keene area / SAU 29 TAP, in which 12% and 4% of youth reported self-harming behavior in the past year or more than a year ago respectively). A significantly greater percentage of females (19%) than males (6%) reported self-harming behavior in the past year (p<.001). Figure 5-5 gives the response to this question by grade and gender.
Although intentional ‘cutting’ is one of the most common and well-documented behaviors, self-injury can take a variety of other forms including scratching, burning, ripping or pulling skin or hair and self-bruising (Cornell, 2012). Youth respondents were asked, “If you have you ever deliberately tried to harm yourself, in what way did you most recently try to harm yourself”. Figure 5-6 displays the results for this question and shows that about 14% of all youth respondents report a history of having deliberately cut, scratched, or hit themselves or burned themselves with erasers.

Youth were also asked, “Have you ever seen a friend try to deliberately harm themselves (such as by cutting, choking, or drugging themselves)?” About 33% of youth responded, “Yes, during the past year” and an additional 8% responded “Yes, more than a year ago”. All youth were further asked, “What would you be most likely to do if you knew a friend was harming themselves?” Figure 5-7 displays the results for this question.
Figure 5-8 shows the significant relationship between monthly or more often use of any substance and the likelihood of youth reporting depressive feelings (“so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities”) or self-harming behavior in the past year. Youth reporting current substance use (monthly or past 30 day) are more than twice as likely to also have reported feelings associated with depression and more almost four times as likely to report self-harm behavior in the past year (p<.001).

![Figure 5-8: Relationship between monthly use of any substance and depression or self harm (depressive feelings or self harm behavior in past year)](image-url)
**Physical Activity and Rest:** The national Physical Activity Guidelines Advisory Committee (USDHHS, 2008) recommends that children and adolescents should get 60 minutes or more of physical activity each day. Physical activity in this context includes a variety of muscle strengthening, bone strengthening and especially aerobic activities. In addition to improving overall health and quality of life, there is strong evidence of a significant positive relationship between physical activity and academic performance (Singh et al, 2012).

Youth were asked how many hours per week they spend exercising hard enough to increase their heart rate and deep breathing (such as running, bicycling, basketball, etc.). Figure 5-9 shows that about half of youth are not attaining the recommended amount of physical activity according to this one measure (46% report 4 hours or less per week of moderately vigorous exercise).

Teenagers 13 to 18 years of age should sleep eight to 10 hours per 24 hours on a regular basis to promote optimal health (American Academy of Sleep Medicine, 2016). However, for many reasons few teens actually get that much sleep on a regular basis. Research reveals a high prevalence among school-aged children of suboptimal sleep amounts and sleep quality. Sleep deprivation can have serious consequences including difficulty concentrating, mood swings, behavioral problems, and adversely affect school performance (Taras and Potts-Datema, 2005). Figure 5-10 displays results from the 2016 TAP survey indicating that 25% of youth report getting less than 7 hours of sleep per night.
**Sexual Activity:** A significant concern for many parents is that their children will become sexually active prematurely resulting potentially in emotional harm, unplanned pregnancy, sexually transmitted diseases (STDs) and sexual abuse. Early sexual experiences have been found to lead to greater risk for multiple partners, STDs and pregnancy (Valois, Oeltmann, Waller, & Hussey, 1999).

The TAP survey asked teens, “Have you ever voluntarily engaged in sexual activity (for example, oral sex, sexual intercourse)?” As shown in Figure 5-11, 92% of youth surveyed have not voluntarily engaged in sexual activity, while 8% of youth surveyed have had been sexually activity less than 3% who report currently being sexually active.

**Peer Influence on Teen Sexual Activity:** Figure 5-12 shows responses to the question: “What percentage of your friends do you think have had sexual intercourse?” About 6% of youth respondents overall believe that half or more of their friends have engaged in sexual activity.
Figure 5-13 shows the relationship between perception of friends’ sexual activity and personal history of sexual activity. Among youth who report a history of sexual activity (current or previous), 18% believe that three quarters or more of their friends are also sexually active. Among youth who do not report a history of sexual activity, the proportion who believe that three quarters or more of their friends are sexually active is 1% (p<.001).

Figure 5-13: Relationship Between Teen Sexual Activity and Perception of Friends’ Sexual Activity

What percentage of your friends do you think have engaged in sexual activity?

About 32% of students surveyed reported worrying at least a little about “being pressured into having sex” including 9% of females and 7% of males who worry “very much” about being pressured into having sex. Figure 5-14 shows the breakdown of this question by gender.

Figure 5-14: Level of Teen Worry About Being Pressured To Have Sex
Parental Influence on Teen Sexual Activity: Research has shown that parents can protect their teens from unwanted pregnancy and STDs by communicating their values and expectations about teens having sex (Kirby et. al. 2005). While some people believe if you talk to teens about sex, you will encourage it by planting ideas in their heads, studies have found that teens who are sexually active are more likely to be so because they perceive fewer ‘costs’, not because they perceive more benefits (Small et al., 1993). Costs in this context can include parental disapproval, peer disapproval, risk of acquiring an STD, risk of pregnancy, risk to future plans and emotional considerations. Thus, parents can play an important role in communicating with their teens about the responsibilities and risks that come with being sexually active.

There is evidence suggesting children who talk with their parents about sexuality and their values are less likely to be sexually active, if the values that parents convey discourage early sexual activity (McNeely et al., 2002). As displayed by Figure 5-15, findings of the 2016 TAP survey provide additional evidence confirming this association. Among students who don’t believe their parents think it is wrong at all for them to have sex are nearly 20 times more likely to have been sexually active than students who believe their parents think it is very wrong for them to have sex (p < .001).

Among all respondents to the 2016 TAP, 74% believe their parents think it is “very wrong” for someone their age to have sexual intercourse, while about 11% indicated that their parents think it is “a little bit wrong” or “not wrong at all”.

The relationship between parental influence and teen sexual activity depends to a large extent on effective communication. Figure 5-16 presents the frequency with which teens have had good talks in the past year with a parent or other adult they live with about whether or not it’s okay

![Figure 5-15: Relationship between Perception of Parental Values and Youth Sexual Activity](image)

![Figure 5-16: How often in the past year have you had a good talk with a parent or other adult you live with about whether or not it’s okay for teens to have sex?](image)
for teenagers to have sex”. A high percentage of area middle school students report they do not have good talks with their parents about sexuality issues. Overall, 55% of teens “rarely” or “never” talked with their parents in the past year about whether it’s okay for teens to have sex.

**Parental monitoring** is an important factor in preventing adolescent sexual activity. Parental monitoring refers to parents’ supervision and awareness of their child’s activities. As described in the previous chapter, students were asked to respond to a series of questions describing the levels of parental monitoring (also see Chapter 8). The responses to these questions were used to create a parental monitoring scale. Figure 5-17 shows that of all youth surveyed, those with low parental monitoring are significantly more likely to have been sexually active (p < .001). In other words, higher levels of parental monitoring are significantly related to lower levels of sexual activity.

**Parental consequence** is another factor strongly related to teen sexual activity. Figure 5-18 shows that teens who do not feel they will get in trouble at home are significantly more likely to be sexually active than teens who do think they would be in trouble. The belief that they will get in trouble is strongly related to teen sexual activity for both males and females (p < .001).
Some youth may be exposed to violence in the form of verbal and physical assaults in their homes, their schools, and their communities. Nationally, there has been a long term trend of decreasing crime victimization rates among students ages 12 - 18 (Bureau of Justice Statistics, 2016). Between 1992 and 2014, the total victimization rate at school declined 82 percent and the total victimization rate away from school declined 86 percent. In 2014, students residing in rural areas had higher rates of total victimization at school (53 victimizations per 1,000 students) than students residing in suburban areas (28 victimizations per 1,000 students).

Youth victims show more problem behaviors and emotions, such as post-traumatic stress disorders, feelings of sadness, and school difficulties (Boney-McCoy & Finkelhor, 1995). The 2016 TAP survey asked a set of questions about youth experiences of personal safety and violence.

**School Safety:** Students were asked to respond to the statement “I feel safe at school.” Figure 6-1 shows the percentage of students who “agreed” or “strongly agreed” with this statement. Overall, 80% of students reported they felt safe at school.

![Figure 6-1: "I Feel Safe At School" (Strongly Agree or Agree)](image-url)
Students were asked, “During the past 12 months, how many times has someone stolen or deliberately damaged your property?” Thirty-six percent (36%) of the students surveyed responded that this has occurred at least once. Figure 6-2 shows the responses to this question by gender.

![Figure 6-2: Number Of Times Teens Have Had Property Stolen Or Damaged at School (In the past 12 months)](image)

Figure 6-3 shows student responses to the question, “During the past 12 months, how often have you heard other students make derogatory or insulting comments about someone’s religion, ethnicity, or sexual orientation at school?” Overall, 38% of students reported no instances of hearing such comments, while 29% reported hearing derogatory or insulting comments about someone’s religion, ethnicity, or sexual orientation 4 or more times.

![Figure 6-3: Frequency of Hearing Insulting Comments About Someone’s Religion, Ethnicity, or Sexual Orientation (in the past 12 months at school)](image)
**Harassment, Bullying or Abuse:** Youth were asked two additional questions addressing personal safety including bullying and harassment. The wording of these questions was as follows:

- During the past 12 months, how often have you been the target of bullying, whether in person or through online messages? *(Bullying is when 1 or more students repeatedly threaten, spread rumors about, tease, hit, or hurt another student.)*

- During the past 12 months, how often has anyone at school *(that includes students, teachers, or anyone else)* touched, grabbed or pinched you in a sexual way when you did not want them to?

Figure 6-4 shows the percentages of students who responded that these behaviors had occurred to them at school one or more times in the past 12 months. Females were significantly more likely than males to report both being the target of bullying and being targeted at least once for physical sexual harassment *(p < .001).*

![Figure 6-4: Incidents of Sexual Harassment or Bullying](image-url)
Figure 6-5 below displays a relationship between being the target of bullying and the perception of safety at school. Among youth who strongly agree or agree with the statement “I feel safe at school (i.e., ‘feels safe at school’), 23% also reported being the target of bullying more than once in the past 12 months. Among students who disagreed or strongly disagreed with the statement about feeling safe at school (i.e., ‘does not feel safe at school’) twice as many (45%) also reported being the target of bullying more than once in the past 12 months (p<.001).

Note: Please also refer to Chapter 10: Internet Safety for results of questions related to the issue of Cyber-Bullying.
Family is clearly an important socializing agent in the lives of youth. Through parental interactions and relationships, youth learn about themselves, social and communication skills, decision-making skills, and develop a sense of values and morals.

**Communication**: Good communication is vital to the well-being of parent-teen relations. The results of one study suggested that young people are most open to parental influence about such topics as drugs between the ages of twelve and thirteen (National Center on Addiction and Substance Abuse, 1999). Yet, many youth feel they have not had a recent (in the past year), good talk with their parent(s) about some important issues.

Figure 7-1 shows that a majority of youth have good talks often with a parent or other adult they live with about their plans after high school. Youth are much less likely to report having good talks often or very often with a parent about other subjects including whether or not it is OK for teens their age to have sex, risks of drinking and using drugs, or personal problems. In general, a higher proportion of females than males have discussed these topics with a parent.

![Figure 7-1: Youth Who "Often" Or "Very Often" Had "Good Talks" with a Parent (Various Topics, By Gender)](image)
**Parental Relationships as a Teen Concern:** About 86% of teens worried at least a little about getting along with their parents at home. As shown in Figure 7-2, more than half (54%) of youth worried “much” or “very much” about this issue (males, 59%; females, 50%).

![Figure 7-2: Worry About Getting Along With Parents At Home](image)

**Parental Monitoring:** Research has suggested parental monitoring can be an important factor in preventing adolescent problem behaviors. Parental monitoring involves a parent’s supervision and awareness of a child’s behavior and whereabouts. As demonstrated earlier in this document, higher levels of parental monitoring have been found to be related to lower rates of sexual activity, alcohol use and other drug use (Dornbusch et al., 1985; Flannery et al., 1999; Luster & Small, 1997; Rodgers, 1999).

A series of seven questions in the survey was used to assess parent-teen relationships and expectations for parental rules and monitoring practices. Figure 7-3 displays the seven items included on the survey and the percentage of students who responded “a lot of the time” or “always” (other response choices were never, rarely, or sometimes). Nearly 90% of youth reported that there parent(s) always or a lot of the time expect to know who their children are going to be with when they go out and to know where they are when out at night. Parental monitoring activities reported by fewer teens at a high level are ‘knowing how their children spend their money’ followed by ‘having clear rules and standards for behavior’.
The relationship between levels of parental monitoring and certain teen health risk behaviors is very strong. Some examples of this relationship have already been reported in Chapters 4 and 5. Additional examples are provided in Figures 7-4 and 7-5. Figure 7-4 shows a strong relationship between level of parental monitoring and binge drinking where youth with low monitoring parents are much more likely to report an episode of binge drinking in the past 30 days compared to youth with high monitoring parents (9.6% vs 0.5%; p<.001). Figure 7-5 displays a similar, even more pronounced relationship for parental monitoring and past 30 day marijuana use (p<.001).
Figure 7-5: Relationship between parental monitoring and marijuana use in the past 30 days

Figure 7-6 shows that youth with low monitoring parents were more than three times as likely as those with high monitoring parents to report having ridden in a vehicle in the past month with a driver who had been drinking or using drugs (p<.001).

Figure 7-6: Relationship between parental monitoring and having ridden in a vehicle with a driver under the influence (past 30 days)
**Parental Values:** As with parental monitoring, youth perceptions of parental values about behaviors associated with increased health risks are significantly correlated with their own health practices. Teens were asked whether their parents felt it was wrong for them to drink alcohol, smoke cigarettes, smoke marijuana, use electronic vapor products, misuse prescription drugs or have sexual intercourse. As described earlier in this report, youth were also asked similar questions about their sense of peer approval or disapproval. Figure 7-7 below displays the proportions youth perceiving their parents feel it would be ‘wrong’ or ‘very wrong’ for them to engage in a particular behavior. This information is compared to the perceptions of peer disapproval. It is interesting to note that prescription drug misuse is perceived to be the most disapproved of behavior overall by both parents and peers.

![Figure 7-7: Youth Perceptions of Parental Values and Peer Values about Health Risk Behaviors](image)

*Peers / Parents feel it would be wrong or very wrong for you to . . .

- use Rx drugs not prescribed to you
- smoke cigarettes
- drink alcohol
- use electronic vapor products
- smoke marijuana
- have sexual intercourse*

*percent of youth respondents

*this question only asked with respect to parents
Figure 7-8 shows the relationship between teens’ perceptions of parental values about cigarette smoking and self-reported past 30 day cigarette smoking. Among youth who said that their parents think teen cigarette smoking is not wrong at all, nearly half are current smokers. Among those whose parents think smoking is very wrong, less than 1% are current smokers ($p<.001$). Similar relationships between parental values and other health risk practices can also be observed.

Figure 7-8: Relationship between perceived parental values toward youth smoking and past 30 day use of cigarettes

How wrong do your parents think it is for someone your age to smoke cigarettes?
**Parental Consequences**: Has been described in previous chapters, another factor strongly influencing teen health risk behaviors is whether teens think they will be in trouble with their parent(s) for engaging in that behavior. For example, students were asked if they thought they would “get in trouble at home” for drinking alcohol, smoking cigarettes, using marijuana or having sex if their parents found out about it. Figure 7-9 shows total responses by health risk behavior. (Note: Five response choices were grouped into three categories of ‘yes’, ‘probably’ or ‘not sure’, and ‘probably not’ or ‘no’.) Of the four behaviors included on the survey, cigarette smoking was most frequently cited as a behavior that would prompt certain consequences (i.e., “yes” would get in trouble).

![Figure 7-9: Teens’ Perceptions Of Parental Consequences from Engaging In Behaviors with High Health Risks](image)

Figure 7-10 shows the relationship between teens’ perceptions of parental consequences and their engagement in binge drinking. Youth who do not perceive parental consequences are significantly more likely to report recent binge drinking compared to those students who do perceive parental consequences (p<.001).

![Figure 7-10: Relationship between parental consequences and reported binge drinking in past 30 days](image)
How adolescents use their time is of interest to parents, educators, health professionals and policymakers, not to mention teens themselves. Too much idle or unsupervised time, such as young teens consistently being at home alone with no adult present, can be associated with engagement in risky health behaviors (Price, 2009). However, some families also express concerns about being over-scheduled with structured activities and excessive demands of homework on after school and evening time. Of increasing concern to parents and policymakers is the extensive amount of non-academic screen time associated with various electronic communication and entertainment devices, as well as associated concerns for the influence of social media on healthy social development.

Student time use: Figure 8-1 shows the overall percentages of youth who spend five or more hours a week doing a particular activity by gender. The 2016 TAP survey asked about time spent using social networking sites such as Facebook, Twitter and Snapchat; as well as separately asking about time spent ‘browsing the internet’. A higher proportion of students (45%) indicated spending 5 hours or more per week on social networking sites than on school-based extracurricular activities (41%) or non-school activities such as music or dance lessons, 4-H, scouts, recreation department activities, youth group meetings, etc. (21%).

Figure 8-1 also shows that males are more likely than females to spend 5 or more hours playing video or computer games, exercising vigorously, and spending time at home with no adults present. Females on the other hand are more likely to spend 5 or more hours a week doing homework, using social networking sites or participating in non-school activities.
Figure 8-2 displays the same set of potential activities by gender, in this case with a focus on those activities that teens spend a significant amount of time on per week (16 hours or more). Females are more likely than males to report spending 16 hours or more per week using social networking sites and this activity is the second most frequently cited activity at this level of time expenditure for females; after spending time with family and before spending time with friends. Males, on the other hand, are more likely to report spending 16 or more hours on video or computer games; the second most frequently cited activity for males after spending time with family.

**Figure 8-2: How Teens Spend Their Time**

(16 Or More Hours A Week, By Gender)

- **Spend time with family**
  - Male: 32.0%
  - Female: 33.8%

- *****Using social networking sites**
  - Male: 11.9%
  - Female: 24.6%

- **Spend time with friends**
  - Male: 21.8%
  - Female: 19.8%

- *****Exercising vigorously**
  - Male: 12.0%
  - Female: 10.3%

- **Browsing the internet/websites**
  - Male: 10.0%
  - Female: 12.0%

- **Watching TV**
  - Male: 9.5%
  - Female: 10.7%

- **School-based Extracurricular…**
  - Male: 8.3%
  - Female: 8.9%

- ****Non-School Extracurricular…**
  - Male: 7.6%
  - Female: 7.6%

- ***Homework or Studying**
  - Male: 7.4%
  - Female: 7.4%

- **Home With No Adults Present**
  - Male: 5.1%
  - Female: 6.8%

- *****Play video or computer games**
  - Male: 23.4%
  - Female: 23.4%

*p<.05
**p<.01
***p<.001
Figure 8-3 displays selected activities by grade on which youth spend a significant amount of time per week. The proportion of youth who spend significant time with family decreases in 8th grade compared with 7th grade. This is a trend that is likely to continue into the high school years as older teens tend to spend increasing amounts of time with friends and on activities outside the home including work. Students in 8th grade are also somewhat more likely to report spending 16 or more hours per week at home with no adult present.

Figure 8-3: How Teens Spend Their Time
(16 Or More Hours A Week, By Grade)

**Spend time with family**
7th grade: 28.4%
8th grade: 36.8%

**Spend time with friends**
7th grade: 25.5%
8th grade: 18.5%

Exercising vigorously
7th grade: 15.8%
8th grade: 16.2%

**Using social networking sites**
7th grade: 20.9%
8th grade: 14.5%

**Play video or computer games**
7th grade: 17.8%
8th grade: 12.0%

Watching TV
7th grade: 11.1%
8th grade: 9.7%

Browsing the internet/websites
7th grade: 12.7%
8th grade: 9.8%

School-based Extracurricular Activities
7th grade: 7.2%
8th grade: 5.2%

Homework or Studying
7th grade: 6.0%
8th grade: 5.2%

Non-School Extracurricular Activities
7th grade: 8.0%
8th grade: 6.2%

*Home With No Adults Present
7th grade: 4.8%
8th grade: 6.0%

*p<.05
**p<.01
Figure 8-4 shows that students who reported using at least one type of substance on a monthly basis or used in the past 30 days also tended to be more likely to report browsing the internet or using social media sites 16 or more hours per week or spending 16 hours or more per week (p<.001). For example, among youth reporting current substance use, about 28% also reported spending 16 or more hours per week browsing the internet. In comparison, about 9% of youth who did not report current substance use (the majority of youth) reporting spending 16 or more hours per week browsing the internet.
As suggested by the results presented in Chapter 8, adolescents spend a greater amount of time away from home as they get older. A majority of their time is spent in school and in the broader community. It is important for adolescents to be connected to these environments and to feel there are meaningful opportunities for them to explore and practice their emerging abilities.

Adolescents who are more committed to school and involved in pro-social activities are less likely to engage in risky behaviors because they perceive there is more to lose from such behaviors (Carnegie Council on Adolescent Development, 1992; Dryfoos, 1990; Elster, Lamb and Tavere, 1987; Mensch and Kandel, 1988). Knowing adolescents’ perceptions of their school and community can help adults better understand teen motivations and behaviors.

**Perceptions of School:** Youth survey respondents were asked to agree or disagree with a series of statements related to their school experience. Figure 9-1 displays selected measures of satisfaction and connection with school. Large majorities of youth feel that they have many opportunities to be involved in activities in and out of the classroom; that they try to do their best work; and that what they are learning will be important for them later in life. About three-quarters (77%) of youth agreed that they feel valued in the school community and 69% agree that they enjoy going to school.

![Figure 9-1: Student Satisfaction and Sense of Connection with School](image-url)
As previously noted, we asked students to respond to the statement \textit{“I enjoy going to school.”} Sixty-eight percent (68\%) of all youth selected \textit{“agree”} or \textit{“strongly agree”} with that statement. Figure 9-2 shows the responses by grade and gender. Females in seventh grade were most likely to agree that they enjoy going to school (74\%).

![Figure 9-2: Enjoy Going To School ("Strongly Agree" Or "Agree")](image)

A sense of connection to school, as measured by the ‘school enjoyment’ variable, is associated with health risk behaviors. For example, as shown by Figure 9-3, there is an association between school enjoyment and a current history of substance use. Among those students who reported having used any substance in the past 30 days or on a monthly or more often basis, more than half also reported that they do not enjoy going to school; while more than 70\% of students not reporting current substance use reported that they do enjoy going to school. (p<.001).

![Figure 9-3: Association between School Enjoyment and Current Substance Use (Monthly or past 30 day substance use)](image)
A sense of connection to school, as measured by the ‘I feel valued in school’ variable, is also associated with health risks. For example, as shown by Figure 9-4, there is very strong correlation between youth responses to the statement, “I feel valued in school” and a reported history of in the past 12 months of feeling associated with depression. Among students who strongly agree that they feel valued in school, about 13% also reported feeling sad or hopeless for 2 weeks or more during the past 12 months. Students who strongly disagreed that they feel valued in school were five times more likely (66%) to report feelings associated with depression (p<.001).

![Figure 9-4: Association between feeling valued in school and feelings associated with depression*](image_url)

*During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
Youth survey respondents were asked to agree or disagree with a number of other statements related to their school experience. Figure 9-5 displays selected measures of school environment and sense of support. Large majorities of youth feel that their parents are interested in what they are learning and how they are doing in school; that their school has clear rules and consequences; and that there are many opportunities to talk with teachers one-on-one. Students overall rated lower schools’ effectiveness at communication with parents when the student has done something well. About 13% of students agreed that teachers expect less of them because their (the student’s) gender. Males and females were equally likely to agree with this statement.

**Figure 9-5: School Environment and Sense of Support**

- Parent(s) are interested in what I learn and how I’m doing in school: 88.9%
- School has clear rules and consequences for behavior: 84.1%
- Many chances for students to talk with a teacher or staff member one-on-one: 82.7%
- I feel safe at school: 80.4%
- There is an adult at school I would talk to if I have a problem: 74.7%
- Comfortable going to the school nurse with health issues: 74.6%
- Teachers notice when I am doing a good job and let me know: 74.5%
- Rules in my school are enforced fairly: 64.6%
- School lets my parents know when I have done something well: 42.2%
- Teachers expect less because of my gender (being male or female): 13.0%
Extracurricular Participation: Students who indicated that they do not often participate in extracurricular activities (632 respondents or about 48% of all students) were asked what their main reason was for not participating. More than half of males (54%) indicated that ‘nothing interests me’. This reason was also the top reason selected by females, but at a much lower proportion (about 33%). Females were more likely cite as reasons for non-participation: ‘too many home responsibilities’, ‘it is intimidating’ (15%) and ‘difficult to get transportation’ (10%).

Figure 9-6: Why Teens Don’t Participate In Extracurricular Activities
(Of Those Who Don’t Participate; 632 students or 48% of total)
**Future Plans**: Students were asked what they think they will do after finishing high school. Figure 9-7 shows that the majority of middle school youth anticipate going to a ‘4-year college or university’. More females than males thought they would attend a 4-year college after high school (males, 53%; females, 65%) – a common finding in other contemporary surveys. More males than females chose the military as a future option (males, 13%; females 4%). About 1% of respondents think they will drop out of school before completing high school and about 17% indicated that they did not yet know what they will do after high school.
Perceptions of Community: As demonstrated in previous chapters, a high sense of community support is related to lower rates of unhealthy behavior patterns. Figure 9-8 shows how students responded on questions related to a sense of support in their community. About 86% of youth agree that their community is a good place to live, 83% agree that they can count on the police and 67% reported there are neighbors they can count on if they are in trouble and need help. Less than half of youth overall (47%) thought “In my community there are a lot of fun things for kids my age to do.”
Figure 9-9 shows teen perceptions about community monitoring. A sense of high community monitoring is also related to lower rates of unhealthy behavior practices. Students in 8th grade were significantly less likely than 7th graders to perceive community monitoring as represented by such statements as *adults in town keep an eye on what teens are up to* and *adults in town would probably tell their parents if they were to do something wrong* (p<.01)

![Bar chart showing perceptions of community monitoring by grade.](chart.png)
**Social Responsibility:** Many teens in the Monadnock region have a well-developed sense of social responsibility toward their community. More than four out of five (84%) said they would consider it their problem if their neighbors are in trouble and need help; about 78% agreed that it is important to them to contribute to their community and society; and 55% would give up their own free time in order to help raise money for a neighborhood project (47% of males; 63% of females). Figure 9-10 shows the results by gender.

![Figure 9-10: Sense of Social Responsibility](image)

Figure 9-11 demonstrates that a higher sense of social responsibility is associated with a lower incidence of substance use. Specifically, youth with a relatively low sense of responsibility are more than three times as likely to have used some type of substance use in the past month as youth with a high sense of social responsibility (26% compared to 7%, p<.001).

![Figure 9-11: Association between Sense of Social Responsibility and Current Substance Use](image)
CHAPTER 10
Internet Use & Safety

The proliferation of internet access and rapid communication technology has revolutionized how people work, play and communicate with one another. However, these same technologies have the potential for unintended consequences, particularly for youth, by creating the potential for unwanted exposure to adult content, unwanted solicitation and harassment. A 2010 national Youth Internet Safety Survey sponsored by the US Department of Justice and the Crimes Against Children Research Center found:

- 40% of youth communicated online with people they did not know in person;
- 11% of youth internet users reported online harassment;
- 23% of youth reported unwanted exposure to sexual material in the past year;
- 9% received unwanted sexual solicitations of which 3% were considered to be aggressive solicitations in which solicitors attempted to make offline contact with youth.

Considering this growing area of potential concern for youth health and safety, a new set of questions was added to the NH TAP survey beginning in 2007.

On the 2016 Monadnock Region TAP survey, about 97% of middle school students reported that they have internet access at home, while about 3% indicated that they do not. Figure 10-1 displays responses to the question, ‘Where are you most often when you access the internet?’ The most common response (about 50%) was ‘in my bedroom’. 

![10-1: Setting From Which Youth Access the Internet Most Often](image-url)
Figure 10-2 displays information for use of electronic devices for social networking during the school day. About 18% of middle school youth report daily use electronic devices for social networking while at school.

The 2016 Middle School TAP Survey asked youth. ‘How often do you use the internet or other means of electronic communication in ways that are probably not appropriate?’ As displayed by Figure 10-3, about 9% of youth indicated they often or very often use the internet or other means of electronic communication inappropriately.
Figure 10-4 displays information about youth exposure to inappropriate on-line content and solicitation. Among respondents to the 2016 Monadnock region TAP survey:

- 39% have been asked personal questions about themselves by someone they never met face to face at least once;
- 29% have received sexually explicit links in messaging or web chats;
- 22% have found out someone they were talking to online was not who they thought they were;
- 21% have pretended to be someone other than themselves online;
- 17% have sent or received sexually inappropriate pictures of themselves or others;
- 14% have talked online about sexual topics with someone they never met face to face;
- 14% have been asked to meet somewhere by someone they never met face to face (7% have had this occur more than once).

**Figure 10-4: Frequency of inappropriate on-line activity and solicitation**
Figure 10-5 displays the strong relationship between level of parental monitoring (as reported by youth) and the tendency of youth to report having ever been involved in inappropriate online activity or solicitation. For example, 32% of youth with low monitoring parents reported having talked online about sexual topics with someone they never met face to face compared with 10% of youth with high monitoring parents.

Figure 10-5: Relationship between Parental Monitoring and exposure to online solicitation

- Talked online about sexual topics with someone you never met face to face
- Sent or received sexually inappropriate pictures of yourself or others
- Pretended to be someone other than yourself online
- Received sexually explicit links in messaging or web chats

High monitoring
Intermediate
Low Monitoring

<table>
<thead>
<tr>
<th>Activity</th>
<th>High Monitoring</th>
<th>Intermediate</th>
<th>Low Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked online about sexual topics with someone you never met face to face</td>
<td>9.5</td>
<td>22.6</td>
<td>32.0</td>
</tr>
<tr>
<td>Sent or received sexually inappropriate pictures of yourself or others</td>
<td>13.3</td>
<td>24.3</td>
<td>32.8</td>
</tr>
<tr>
<td>Pretended to be someone other than yourself online</td>
<td>17.0</td>
<td>29.7</td>
<td>34.4</td>
</tr>
<tr>
<td>Received sexually explicit links in messaging or web chats</td>
<td>23.1</td>
<td>39.4</td>
<td>50.0</td>
</tr>
</tbody>
</table>
Figure 10-6 displays that, in addition to parental monitoring, there is an association between level of perceived community monitoring and reported exposure to inappropriate on-line content and solicitation. For example, 28% of youth perceiving a low monitoring community reported having ever been asked to meet somewhere by someone they never met face to face compared to 10% of youth perceiving a high monitoring community.

The 2016 TAP survey also asked two questions about cyber-bullying, which can be defined as use of electronic media by one or more students to repeatedly threaten, spread rumors about, tease, or hurt another student. As shown by Figure 10-7, females are significantly more likely than males to have personally known someone who “has been really hurt by cyber-bullying” (46% of females; 26% of males; p<.001). Females are also more likely to suggest they would report an incident of cyber-bullying if they could do so anonymously.
CHAPTER 11
Understanding Teen Behaviors in the Context of Adolescent Development

Adolescence is a time of transition characterized by significant changes in physical, intellectual, psychosocial, and moral development. It is a time when young people move from the simple, structured world of childhood to the complex and often ambiguous adult society. While most adolescents manage this transition successfully, some youth have problems negotiating the changes from childhood to adolescence and/or from adolescence to adulthood.

Social scientists have been searching for factors that differentiate youth who are at greater risk for developing problems from those who are not. In many ways, the nature of adolescence places all young people at risk because it is by definition a time of great change. Despite adolescence being a turbulent time for all youth, some individuals are more likely to develop problematic behaviors than others.

Risk and Protective Factors: An ecological model of adolescent development looks at both environmental and contextual influences on youth (Schiamberg, Paulson & Zawacki, 1998). Each of the five levels of the model addresses a different system in an adolescent’s life. These systems include all types of influences, such as family, peers, schools, neighbors, spiritual community, media, and cultural norms.

Although there are factors that make contemporary adolescence a risky period for the onset of substance abuse and other problematic behaviors, there are vast differences within the adolescent population in vulnerability to these risks. There are some factors which seem to increase an individual’s susceptibility to dangerous or problem behaviors; while other factors offer some protection or enhance the youth’s ability to resist the problem behaviors. Risk factors are factors that put an adolescent in danger of engaging in health-compromising behavior. Protective factors are factors that lessen the likelihood that adolescents will participate in activities that have negative health and social outcomes (NIDA, 2016).

Risk and protective factors exist at all levels of the ecological model. Some of these risk and protective factors involve the biological, cognitive or psychosocial changes experienced by the young person during the adolescent years. Other factors are directly related to the adolescent’s changing social relationships, particularly those with family members and peers that can make involvement in problem behaviors more or less likely. At another level, transitions in adolescents’ relationships with school, work, and society at large can influence their decisions and behaviors. Understanding the transitions that occur during adolescence can help to minimize the risk factors and enhance the protective factors to help support the healthy development of our young people.

Cognitive Development: One area of special significance is understanding the cognitive changes that occur during adolescence. As adolescents mature, their thinking becomes more
sophisticated and more adult-like in many respects. However, as they become more introspective, young teens often go through periods of self-absorption which Elkind (1978) calls “adolescent egocentrism.” This phenomenon results in the adolescents focusing on themselves to the point they exclude others (Berger, 1998). Adolescent egocentrism results in limitations in thinking that can make some teens more vulnerable to negative influences and potentially dangerous behavior.

One such limitation is the “personal fable.” It revolves around the adolescent’s erroneous belief that his or her experiences, perspectives and values are unique and specific only to him or her, and these factors will lead them to fame, fortune, honor, glory or great accomplishments (Berger, 1998). Another limitation is the “invincibility fable.” Some adolescents can believe they are invincible and can never be hurt. Teens believe they are not susceptible to the risks which affect everyone else (Berger, 1998). For example, young people who can recite the statistics about alcohol and fatal automobile accidents may still drink and drive because they believe it can’t happen to them. A final limitation of adolescent egocentrism is the “imaginary audience” or a heightened self-consciousness that emerges in early adolescence. Adolescents believe others are as wrapped up in the details of their own appearance and behavior as they are. When they create this imaginary audience, adolescents tend to overestimate the number of other teens involved in particular behaviors. Also, they tend to overestimate the degree to which their behavior will lead to social acceptance or social rejection. This kind of thinking makes the adolescent more vulnerable to the pressures of others.

Peers: A second important developmental consideration is the increased influence of peers, sometimes referred to as “peer pressure.” During childhood, males and females are highly oriented toward their parents and far less so toward their peers. As they approach adolescence, young people become less susceptible to parental influence, and more to peer influence. There is little net gain in self-reliance; only the source of influence has shifted from parents to peers. While peer pressure is often discussed in a negative context, it is important to remember that it can also be positive. Teens may feel as much pressure to smoke cigarettes from their friends as they do to get good grades (Berger, 1998). As adolescents mature, they develop a greater sense of autonomy and self-sufficiency which allow them to establish more independent relations with both parents and peers.

Parents: A third consideration is the role of parents. During adolescence, teens frequently question previously accepted values of their parents and other adult authorities before arriving at their own personal set of principles which govern their behavior. During this time, teens may test out some socially disruptive and sometimes health-endangering behavior. Most of the time, this experimentation does not escalate to more serious levels (Baumrind, 1987). Researchers have found that adolescents do best in families where they feel accepted and supported, and where differentiation and expression of ideas and opinions are encouraged (Silverberg & Gondoli, 1996).
In Conclusion, most youth manage the transition through adolescence successfully. The majority of young people emerge with a healthy sense of self, warm relationships with their parents, the capacity to make intelligent and responsible decisions, and with one or more close relationships with other teens. However, some teens do encounter serious psychological and behavioral problems that disrupt not only their lives but the lives of those around them (Steinberg, 1989). Consequently, it is exceedingly important to understand influences on the adolescent’s self-concept, social relations, and activity patterns. The young person who approaches adulthood with a sense of confidence and purpose, well-developed social and instrumental competencies, and protective factors at every level of influence in the ecological model has a good chance of negotiating adolescence successfully. In contrast, the young person who has few protective factors and many risk factors runs a greater chance of developing problem behaviors. Therefore, it is important that we examine the risk and protective factors in the lives of youth in order to promote those factors which positively influence their lives.
CHAPTER 12
Instrument Development, Reliability and Validity

A question sometimes asked about the TAP survey is *How valid and reliable is it?* In other words, how accurate is the information that was obtained? There is no simple answer to this question. In this chapter, we will try to clarify some of the relevant issues, describe the strategies employed to increase the survey’s validity and reliability, and speculate about the data’s accuracy and limitations.

Validity is usually defined by the question, *Are we measuring what we intend to measure?* In other words, how accurate is the measure at assessing a given behavior or belief? Reliability refers to the consistency or reproducibility of a measure. If a measure is not reliable, it will not even agree with itself. For example, if students are administered a measure that has a low reliability on two consecutive days, it is likely that their responses would not be the same. Reliability is a necessary but not sufficient precondition for validity.

One way to increase the reliability and validity of a measure is to use a well-established measure that has demonstrated reliability and validity. Whenever possible, this was done in the TAP survey. Many of the items in the survey are from established measures that have demonstrated fairly high reliability and validity. Most of the drug and alcohol questions come from widely used national survey instruments, as do the questions dealing with suicide. It should also be noted that most of the items developed specifically for this survey have been examined for their reliability and validity.

With any self-report survey, especially one aimed at teenagers, there is always the possibility that a small percentage of those surveyed will not take the survey seriously. Such surveys usually account for less than one to two percent of the total. Fortunately, most teenagers who do not take the survey seriously are not subtle about their responses. They typically exaggerate their responses to such an extent that their surveys are easy to spot and remove. Examples of consistency/exaggerator checks include: students who reported that they used all drugs listed daily; students who reported time use activities none or all of the time; or students who reported on one question that they did not use alcohol and then reported on another that they did engage in binge drinking. Further consistency checks were carried out throughout the analysis that excluded certain inconsistent answers for portions of the analysis as described in Chapter 2.

These checks do not guarantee reliability, but they do eliminate detectably unreliable data. All self-report surveys are susceptible to some bias in responding. For instance, there might be a slight under-reporting of socially undesirable behaviors (e.g., illicit drug use) and a slight over reporting of behaviors that individuals perceive as socially desirable (e.g., sexual activity for early adolescent males; Harrel, 1985). Studies of this phenomenon indicate that such under-reporting is usually small, ranging anywhere from two to ten percent, depending on the conditions under which the survey is administered and the questions asked.
In addition, due to problems remembering details, there is a tendency for individuals to be somewhat less accurate as the level of question specificity increases. For example, most students can accurately remember if they have ever smoked marijuana. However, their accuracy may decrease as the question becomes more specific, such as how frequently one has smoked it in the past year. This is primarily a result of problems in remembering details, rather than a lack of honesty.

Reliability and validity are usually discussed as if they are inherent in the survey instrument itself. However, much of what determines how accurate the data are depends on the conditions under which the survey is administered. Students are more likely to answer survey questions honestly if they feel that their responses are confidential and anonymous, if the atmosphere in which the survey is administered is serious and supportive, and if those who administer the survey are knowledgeable about the survey, believe the survey is important, and convey its importance to students (Nurco, 1985). To that end, steps were taken in the administration of the 2011 TAP to ensure that local youth were comfortable that their responses were confidential and anonymous.

Another question often asked about surveys of this type is how representative are the findings for students in general. One factor to keep in mind is that the survey only represents the responses of students who were in attendance on the day the survey was administered. Studies have shown that students who are more frequently absent or truant are also more likely to use illicit drugs, drink alcohol, smoke and engage in potentially problematic and dangerous activities (Johnston & O’Malley, 1985). As a result, the current findings are likely to be a slight underestimate of the actual incidence of such problem behaviors in all youth who are currently enrolled in school. For drug use, Johnston and O’Malley (1985) found that these behaviors were underestimated from 1.4 to 2.7 percent.

For a practical survey such as the present one, the issues of reliability and validity are only a means to an end. The real question is How is the measure and the data it produces going to be used? If the objective is the diagnosis of a particular individual, then the precision of the instrument is extremely important and imprecision can be a problem. In contrast, if the objective is to determine the prevalence of a particular behavior or behaviors for a given population (our current interest), then greater imprecision is usually tolerable. For instance, it will probably not matter much to the local community whether the exact number of student currently using marijuana on a regular basis is 25% or 30%. We can assume that a 5% under-or-over-estimate will make little difference to the determination of whether such a high incidence of marijuana use will be viewed as an important problem or not. Finally, we are fairly certain that, in general, most youth responded in a way that closely paralleled their own situations, attitudes, behaviors and beliefs.
References


Centers for Disease Control and Prevention, 1991-2015 High School Youth Risk Behavior Survey Data; 2016

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