# The Status of Girls in Wisconsin



# 2007 Report

Alverno College Research Center For Women And Girls

## Acknowledgements

#### **Partners & Collaborators**

We gratefully acknowledge all of the partners and collaborators who helped this report take shape.

# The Status of Girls In Wisconsin Report was Produced by:

Alverno College Kathleen O'Brien, Senior Vice President for Academic Affairs

Girl Scouts of Milwaukee Area, Inc. Mary Beth Malm, Executive Director

Wisconsin Women's Council Kris Martinsek, Chair

Women's Fund of Greater Milwaukee Elaine Maly, Executive Director

#### Alverno College Research Team

Sandra Graham, Ph.D., Chair Megan Kemmet, B.A. Primary Research Coordinator Russell Brooker, Ph.D. Austin Doherty, Ph.D. Kimberly Miller, M.S. Kathleen O'Brien, Ph.D. Julia Rice, J.D. Julie Ullman, Ph.D.

Christine Lidbury (Consultant) Wisconsin Women's Council

#### **Report Review Team**

Elaine Maly, Chair Women's Fund of Greater Milwaukee Nicole Bowman Farrell Bowman Consulting & Wisconsin Women's Council

Danae Davis Pearls for Teen Girls

#### **Report Review Team, continued**

Shauna Walden Ejeh Women's Fund of Fox Valley

Debbi Embry YWCA of Racine

Mary Jo Keating Women's Fund of Fond du Lac

Linda Krantz Wisconsin Dept. of Public Instruction

Lorraine Lathan Lathan Consultants

Christine Lidbury Wisconsin Women's Council

Jan Miyasaki Project Respect

Angela Moore Girl Scouts of Badger Council

Anita Rodriguez Girl Scouts of Milwaukee Area

Joan Rosenow Bowman Consulting

Ann Saris Girl Scouts of Woodland Council

Patricia Villareal University of Wisconsin, Milwaukee

Acknowledgements. While there are many people who have contributed to the development of this project, the following individuals are specifically noted: Marsha Block, Mary Charles, Jim Henderson, Courtney Reed Jenkins, Shelly Schnupp, Judeen Schulte, Hilary Shager, Barbara Wyatt Sibley, and Courtney Wiher. Cover art, Lori Szarzynski. Report layout/design, Chris Renstrom. Cover photo courtesy of Girl Scouts of Milwaukee Area, Inc.

# Introduction

#### "Action without study is fatal. Study without action is futile." Mary Beard

The Alverno College Research Center for Women and Girls, in collaboration with the Women's Fund of Greater Milwaukee, the Girl Scouts of Wisconsin, and the Wisconsin Women's Council, is pleased to present our collaborative exploration of the status of girls (ages 10 to 19) in Wisconsin. After the Status of Women in Wisconsin reports were issued in 2002 and 2004, these organizations and others that serve girls in the State raised awareness for the need for companion research on girls as a natural next step. Since a great deal of information about Wisconsin girls is scattered in many different and often difficult-to-find places and documents, a primary goal of this project has been to centralize the information and to make it accessible, not only in print but also via the internet, to a variety of agencies, groups and institutions who have the needs and interests of Wisconsin's girls in mind.

The deeper purpose that motivates this initiative is to improve the quality of lives of girls in the State of Wisconsin. The mission of the report's developers is to assist in this effort by providing a scholarly and impartial, data-based profile of the lives of young women and girls along key demographic, social, and economic dimensions. Consequently this report is provided as a means for promoting discussion of issues that arise from the data. The goals of the Status of Girls Report are to:

- Provide a centralized source of information on the status of girls in Wisconsin.
- Spark additional research on girls and boys.
- Provide information that will help shape policies and practices that enhance the quality of lives of young women and girls.
- Serve as a catalyst for young women and girls and the agencies that serve them to voice their perspectives on the issues and challenges they face, helping each find answers to their problems.
- Assist partners from the business, education and non-profit sectors to thoughtfully engage the data.
- Provide data that can be used as a baseline to gauge Wisconsin's progress in enhancing programs and services for girls.

While our intent is to present the available data without interpretation or invoking the perspectives of individual stakeholders, highlighted throughout the report are selected points of interest to help guide the reader. Callouts directing the reader to "mind the gaps" and look "beyond the report" identify areas in the report where data are currently lacking and raise issues we hope will be areas of focus for future research. A companion web site on the status of girls in Wisconsin offers detailed research appendices and is a rich resource for further information and investigation (see, www.statusofgirlsWI.org).

## Foreword

In Wisconsin, we are committed to raising student achievement, closing the achievement gap, and preparing every child in Wisconsin to be successful in our 21<sup>st</sup> Century interconnected world. The economic future of our state rests on the opportunity for our children to receive a quality education that prepares them for the workplace, college, and citizenship in our American democracy. And we know that while there are certain things that all children need, understanding needs specific to each gender carries great merit.

The information contained within this report represents a solid step in raising awareness as to the status of girls in Wisconsin. Schools, businesses, and community-based organizations have the opportunity to work collaboratively using enhanced understanding of girls as a model for serving all children.

The report presents the collaborative efforts of many partners. I appreciate the commitment of Alverno College, the Women's Fund of Greater Milwaukee, the Girl Scouts of Wisconsin, and the Wisconsin Women's Council in their production of this report to promote the education and awareness of Wisconsin's girls. I commend you for your leadership in working together for your communities.



Elizabeth Burmaster, State Superintendent

THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

### The Status of Girls in Wisconsin

Key Demographics	1
General Demographics	1
Southeastern Wisconsin	3
Poverty	4
Family Structure	4
Girls in the Labor Force	5
Access to Health Insurance	6
Primary & Secondary Education	7
School Enrollment & Attendance	7
Mathematics	8
Science	9
Language Arts	10
Reading	11
Social Studies	12
Advanced Placement Courses & Examinations	13
Graduation & Dropout Rates	15
Post Secondary Education	17
Post-Secondary Entrance Examinations	17
Post Secondary Aspirations	18
Physical Activity, Sports, & Body Weight	20
Physical Activity	20
Sports	22
Body Weight	23
Social Support & Activities	24
Understanding Girls' Lives: Social Support & Concerns	24
Support from Adults & Peers	26
Extra/Co-Curricular Activities	27
Community Involvement/Volunteerism	29
Television & Computers	31
Television	31
Computers & Internet	32
	52

Reproductive Health	33
Sexual Activity	33
Contraception Usage	34
Sexually Transmitted Disease	35
HIV/AIDS	36
Teen Pregnancy	37
Infant Mortality, Low Birth Weight, & Prenatal Care	41

Substance & Alcohol Abuse	43
Tobacco	43
Alcohol	45
Drug Use	48

#### **Mental Health**

	01
Depression	51
Self-Harm	52
Suicide	53
Body Image	55
Eating Disorders	56

Violence & Abuse	57
Child Abuse & Neglect	57
Sexual Assault	59
Intimate Partner Violence	60
Sexual Harassment	60
Understanding Girls' Lives: Sexual Harassment	61
Bullying & Fighting	63

Crime & Incarceration	64
Juvenile Crime	64
Juvenile Incarceration	66
References	68

#### **Appendices**

75

51



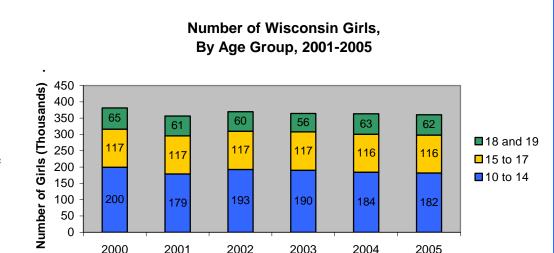
Interested in learning more about a particular topic? This symbol, found throughout the report, indicates that additional data is available in the Online Research Appendices.

THE STATUS OF GIRLS IN WISCONSIN

© Copyright Alverno College 2007

#### **Demographics: General**

In 2005, a total of 360,294 girls between the ages of 10 and 19 years lived in the state of Wisconsin. In the same year, there were 378,661 boys of the same ages living in the state. Girls between the ages of 10 and 19 years accounted for a total of 6.7% of the total population of the state. The total population of Wisconsin was estimated at 5.6 million in 2006 (USCB, 2005[a]).



Source: United States, Census Bureau, American Community Survey, American Community Survey,

Girls in the 10-19 age group in Wisconsin are less diverse than girls in the U.S. as a whole, but more diverse than Wisconsin's population of adult women. Eighty-three percent of girls in Wisconsin are white, compared to 69% nationwide. The population differences are particularly notable for African American girls who account for only 9% of girls in Wisconsin, compared to over 15% nationwide, and Hispanic girls who account for about 6% of girls in Wisconsin, compared to 18% nationwide. Nonetheless, there are nearly twice as many Hispanic and African American girls as women as a share of Wisconsin's population (Hispanic: 6% of girls compared to 3% of women; African American: 9% of girls compared to

#### Wisconsin Girls (ages 10-19) by Race & Ethnicity, Compared to Girls Nationally and Wisconsin Adult Women, 2005

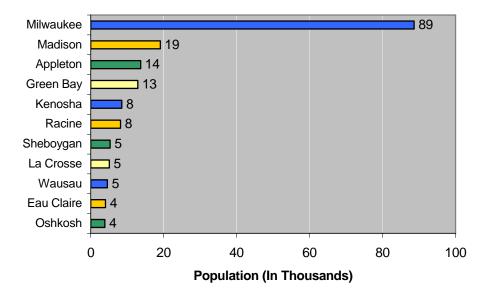
	Girls – Ages 10-19		Women Ages 20+	
	Wisc Number	onsin Percent	U.S. Percent	Wisconsin Percent
Total Pop.	360,294	100%		
White	297,515	82.6%	69.3%	90.0%
Black	31,230	8.7%	15.4%	5.2%
Native American	2,845	0.8%	1.0%	0.8%
Asian	12,008	3.3%	3.7%	1.7%
Other Race	9,827	2.7%	7.4%	1.7%
2 or More Races	6,793	1.9%	3.1%	0.6%
Hispanic Ethnicity as a Share of the Population				
White (not Hispanic)	288,120	80.0%	60.0%	88.4%
Hispanic or Latino	20,648	5.7%	17.7%	3.3%

Source: United States, Census Bureau, American Community Survey, 2005 American Community Survey, 2005.

5% of women). Similarly, African American and Hispanic girls occupy a larger share of the population than adult women in these racial and ethnic groups (USCB, 2005a).

#### **Demographics: General**

Population of Wisconsin Girls Ages 10-19 Years Residing in Urbanized (Metro) Areas, 2005



Source: United States, Census Bureau, American Community Survey, 2005 American Community Survey, 2005.

Of the 11 major urbanized areas in the state of Wisconsin (the metro areas of Appleton, Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Milwaukee, Oshkosh, Racine, Sheboygan, and Wausau), Milwaukee is by far the largest and most populated. (These urbanized areas represent areas of high population density, and include both the cities themselves and adjacent territories. Therefore, these estimates differ from the county estimates on the following page.) About 48% of Wisconsin girls aged 10 to 19 years reside in these urbanized areas. Of the girls residing in

urbanized areas, about 51% reside in the Milwaukee area. These estimates are similar to those for the overall population. In 2005, about 48% of all Wisconsin residents, and about 49% of female residents, lived in these 11 major urbanized areas. About 49% of all residents living in these urban areas were in the Milwaukee area (USCB, 2005[a]).

The American Indian/Alaskan Native population of Wisconsin is largely found outside the major urbanized areas represented above. In the 2000 Decennial Census, the last year for which data is available on American Indian/Alaskan Native girls in Wisconsin, an estimated 47,228 American Indians/Alaskan Natives lived in the state. Of these, 4,714 <u>Mind The Gaps:</u> Wisconsin data for American Indian girls must be drawn from the 2000 Census, since these girls are not represented in any of the counties for which annual Census Bureau data are produced.

were girls between the ages of 10 and 19 years, representing approximately 10% of the total Wisconsin American Indian/Alaskan Native population. The 2000 data show that the following counties had the highest number of American Indian/Alaskan Native girls in this age group: Milwaukee (718 girls), Brown (515), Menominee (439), Sawyer (290), Outagamie (263), Shawano (229), Ashland (184), Vilas (184), Bayfield (140), Forest (131), Jackson (119), and Dane (108). The 3,320 girls represented in these counties accounted for 70.4% of all American Indian/Alaskan Native girls of this age group in Wisconsin in 2000 (USCB, 2000).

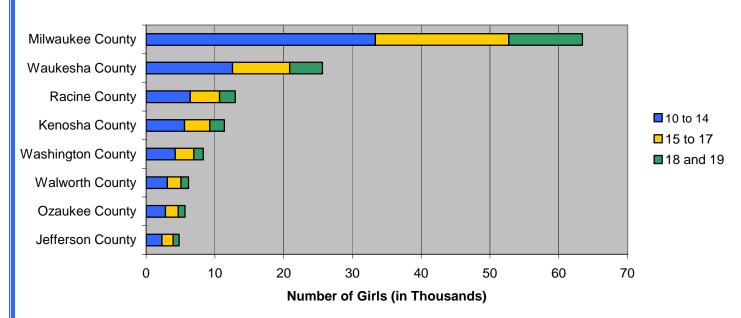


See Online Research Appendices for information regarding foreign-born Wisconsin girls.

THE STATUS OF GIRLS IN WISCONSIN

### **Demographics: Southeastern Wisconsin**

Number of Girls in Southeast Wisconsin, By Age Group and County, 2005



Source: United States, Census Bureau, American Community Survey, American Community Survey, 2005.

Southeastern Wisconsin is the most populated area in the state. Within this region, Milwaukee County has the highest population. Approximately 63,000 girls between the ages of 10 and 19 lived in Milwaukee County in 2005. Approximately 26,000 lived in Waukesha County, 13,000 in Racine County, 11,000 in Kenosha County, 8,000 in Washington County, 6,000 in Walworth County, 6,000 in Ozaukee County, and 5,000 in Jefferson County. Breakdowns by age group are shown in the chart above. Please note that, due to rounding, estimated totals for girls ages 10 to 19 may differ slightly from the totals in the chart above (USCB, 2005[a]).

In the 2005 American Community Survey, white girls between the ages of 10 and 19 were represented in each of these eight counties. There were 30,170 white girls in this age group in Milwaukee County, 24,064 in Waukesha County, 9,875 in Racine County, 8,969 in Kenosha County, 8,051 in Washington County, 5,635 in Walworth County, 5,368 in Ozaukee County, and 4,473 in Jefferson County. African-American girls in this age group were only represented in two counties: 23,545 in Milwaukee County and 2,167 in Racine County. Asian girls in this age group were also represented in only two counties: 3,193 in Milwaukee County and 475 in Waukesha County. American Indian/Alaskan Native girls in this age group were not represented in American Community Survey data from any of these counties (see discussion in previous section regarding American Indian girls in Wisconsin). Girls of two or more races and girls of some other race were only represented in Milwaukee County in 2005 data, with 2,280 and 3,953 girls, respectively. (USCB, 2005[a]).

Hispanic girls (considered an ethnicity, not a separate race, in U.S. Census Bureau Data) were represented in five of these eight counties in 2005 data. There were 7,710 Hispanic girls between the ages of 10 and 19 in Milwaukee County, 1,657 in Kenosha County, 1,416 in Racine County, 1,319 in Waukesha County, and 817 in Walworth County (USCB, 2005[a]).

### **Demographics: Poverty**

Statistics regarding poverty status are a window into the health of a particular community. Beyond simply providing economic data, these figures speak to the ability of a population to meet basic needs, like housing, transportation, and food. The federal poverty line is a formula that determines the poverty level for families based on household income and the number of people in the household. Many social programs use the federal poverty line as a way of determining

In 2005, almost 54,000 Wisconsin girls aged 6 to 17 years lived below the federal poverty line.

whether households and individuals may qualify for benefits (DHFS, 2006[1]). The 2005 federal

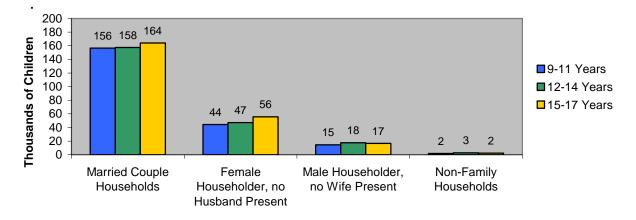
poverty line is based on thresholds of, for example, \$15,270 in annual household income for a family of one adult and two children, and \$19,806 for a family of two adults and two children (USCB, 2005[b]).



See Online Research Appendices for additional information about child poverty in Wisconsin.

### **Demographics: Family Structure**

Wisconsin children live in a variety of family settings.



#### Family Structure of Wisconsin Children, By Age Group, 2005

Source: United States, Census Bureau, American Community Survey, 2005 American Community Survey, 2005.

In 2005, the majority of Wisconsin children (male and female) between the ages of 9 and 17 years (approximately 70%, or 478,210 children) lived in a household with a married couple. Among the remaining children, 22% (147,088) lived in a female-headed household with no husband present, 7% (48,861) lived in a male-headed household with no wife present, and 1% (7,039) lived in a non-family household. The U.S. Census Bureau uses the term "family" to refer to people related by blood or marriage, and "non-family" to denote the absence of such relationship in the household (USCB, 2005[a]).

In 2005, about 70% of Wisconsin children lived in a household with a married couple. About 22% lived in a female-headed household, 7% in a male-headed household, and 1% in a non-family household.

### **Demographics: Girls in the Labor Force**

In 2005, 61,463 Wisconsin girls between the ages of 16 and 19 years were both enrolled in school and employed, and 57,614 Wisconsin girls were enrolled in school and either unemployed or not in the labor force. There were 9,201 Wisconsin girls between 16 and 19 years of age who had graduated from high school and were employed. Another 4,164 Wisconsin girls of this age group had graduated from high school and were either unemployed or not in the labor force. In 2005, 1,668 Wisconsin girls of this age group were not high school graduates and were not attending school, but were employed. Another 5,051 girls were not high school graduates, were not attending school, and were either unemployed or not in the labor force (USCB, 2005[a]). In 2005, over 60,000 Wisconsin girls ages 16 to 19 were both enrolled in school and employed. In contrast, 5,051 girls in this age group had not graduated high school, were not attending school, and were not employed.

Census data from the year 2000 presents a more detailed picture of certain

aspects of Wisconsin girls' involvement in the labor force. Of those girls between the ages of 16 and 19 who were currently employed and were employed in 1999, 17.6% worked between one and 19 weeks in 1999. Another 28.7% worked between 20 and 39 weeks in 1999, and 53.7% worked between 40 and 52 weeks (DWD, 2007).

Of these same girls, 7.8% usually worked between one and 19 hours per week, 34.6% usually worked between 10 and 19 hours per week, 44.1% usually worked between 20 and 35 hours per week, and 13.6% usually worked 36 hours or more per week (DWD, 2007).

#### Wisconsin girls ages 16 to 19 tend to work in the hospitality and retail sectors.

Occupations of Wisconsin girls in this age group tend to be concentrated in the hospitality and retail sectors. The most frequent occupation reported was sales (with 28.4% of employed girls in this age group in the 2000 Census). Food preparation and serving related occupations were also common (with 26.1% of employed girls in this age group). Office and administrative support roles (17.7%),

personal care and service (4.8%), healthcare support (4.4%), production occupations (3.4%), and building and grounds cleaning and maintenance (3.3%) were also among the top reported categories of occupations (DWD, 2007).

In terms of career and technical education, Wisconsin high school girls are most likely to concentrate their studies in traditionally female course categories – like childcare and healthcare occupations – than traditionally male course categories – like engineering and science technologies. Eighty-eight percent of students in traditionally female course concentrations are female, compared to 18% in traditionally male course concentrations (National Women's Law Center [NWLC], 2007).

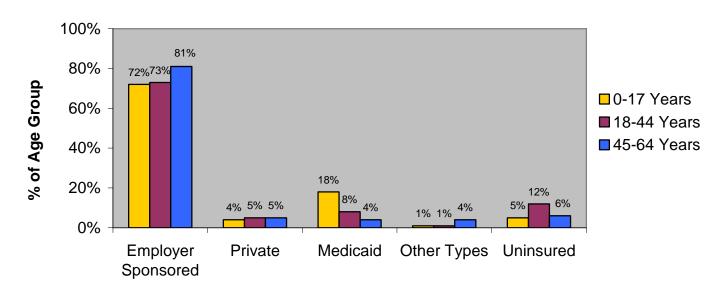
Wisconsin girls make up only 18% of students concentrating in traditionally male course categories – such as engineering and science technologies.



See Online Research Appendices for additional Wisconsin data and national trends regarding teens in the labor force.

THE STATUS OF GIRLS IN WISCONSIN

#### **Demographics: Access to Health Insurance**



#### Types of Health Insurance, Wisconsin Residents Under Age 65, By Age Group, 2005

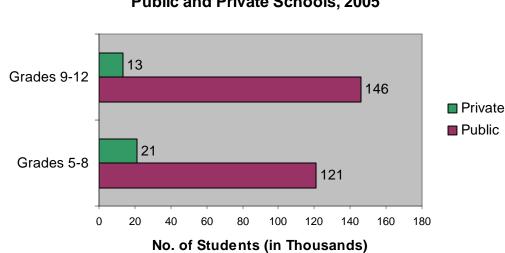
Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Health Insurance Coverage 2005*, 2005.

Wisconsin residents are most likely to have employer-sponsored health insurance. In 2005, 72% of Wisconsin children under the age of 18 were covered by employer-sponsored health insurance for at least part of the preceding year. Eighteen percent were covered by Medicaid, 4% were covered by private health insurance, and 1% were covered by some other type of insurance. In 2005, 5% of Wisconsin children had been uninsured for at least part of the preceding year (DHFS, 2005[h]).

Of Wisconsin residents 17 years of age and younger, 91% were insured for the entire preceding 12 months in 2005, and another 6% were insured for part of that time. These figures include health insurance provided by the government in the form of subsidized programs like Badger Care and Medicaid. This is consistent with rates for the general population of the state (DHFS, 2005[h]). However, these figures do not speak to level of insurance coverage; some of those who are deemed "insured" may be underinsured. Breakdowns by gender were not available.

In 2005, 97% of Wisconsin children were insured for either all or part of the preceding year. However, some of these children may have been underinsured.

#### Primary & Secondary Education: School Enrollment & Attendance



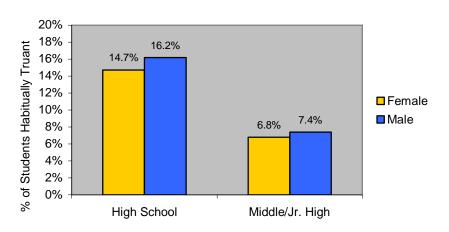
Wisconsin Girls Enrolled in School, Public and Private Schools, 2005

Source: United States, Census Bureau, American Community Survey, 2005 American Community Survey, 2005.

In 2005, a total of 301,037 girls were enrolled in 5<sup>th</sup> through 12<sup>th</sup> grades in Wisconsin schools (both public and private). Approximately 89%, or 266,569 girls, were enrolled in public schools. The remaining 11%, or 34,468 girls, were enrolled in private schools (UCSB, 2005[a]). In the 2006-2007 school year, 6,504 girls in first through eighth grades, and 3,184 in ninth through twelfth grades, were enrolled in home-based education (L. Krantz, personal communication, September 10, 2007).

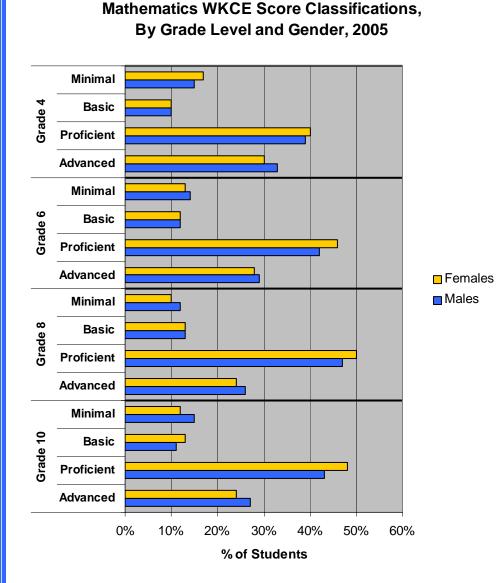
Females were less likely to be habitually truant (defined as missing part or all of five days in ten consecutive school days, or part or all of ten days per semester without an adequate excuse) than their male peers. For the 2004-2005 school year, 14.7% of Wisconsin high school girls were habitually truant, compared to 16.2% of their male peers. In the same year, 6.8% of Wisconsin middle school or junior high school girls were habitually truant, compared to 7.4% of their male counterparts (DPI, 2006[a]).

#### Truancy Rates in Wisconsin Schools, By Gender, 2004-2005 School Year



Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis*, 2006.

### **Primary & Secondary Education: Mathematics**



The Wisconsin Knowledge and **Concepts Examination** (WKCE) is a statewide standardized test administered to students in 3<sup>rd</sup> through 10<sup>th</sup> grades to test their knowledge of various subjects (DPI, 2006[b]). Although girls more often obtain "proficient" mathematics scores throughout their academic career, boys more often obtain "advanced" scores. In 2005, 24% of Wisconsin girls in 10<sup>th</sup> grade scored at an advanced level, 48% scored at a proficient level, 13% scored at a "basic" level, and 12% scored at a "minimal" level (DPI, 2005[b]).<sup>†</sup>

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin School Performance Report*, 2005.

Beyond the Report: Although Wisconsin girls more often obtain "proficient" mathematics scores throughout their academic career, boys more often obtain "advanced" scores. What accounts for this disparity?

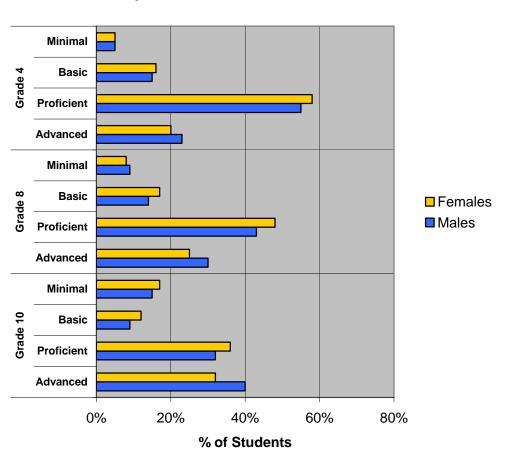
The National Assessment of Educational Progress (NAEP) is a nationally administered standardized test covering several different subjects. It is possible to score up to a 500 in each subject area (United States Department of Education [DOE], 2006). In 2005, students in grades 4 and 8 were tested. No significant difference was found in mathematics scores between males and females in 2005 (DOE, 2007[a]).

See Online Research Appendices for information regarding girls' attitudes about math and for course participation data.

200

<sup>†</sup>Note: Since the passage of the No Child Left Behind Act, Wisconsin students now undergo standardized testing annually in grades 3 through 8 and again in grade 10. In prior years, students were tested in grades 4, 8, and 10.

### Primary & Secondary Education: Science



Science WKCE, WKCE Score Classifications, By Grade Level and Gender, 2005

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin School Performance Report*, 2005.

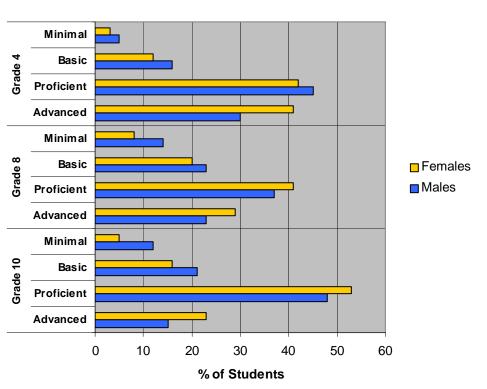
Beyond the Report: Wisconsin girls more often obtain "proficient" science scores throughout their academic career, and boys more often obtain "advanced" scores. However, more girls (and boys) score at advanced levels in higher grade levels. What accounts for the gender disparity, and why do older students achieve "advanced" scores in higher numbers? In all grades that the WKCE science exam is administered (grades 4, 8, and 10), boys more often score at an advanced level than their female peers, and girls more often score at a proficient or basic level. The proportion of female (and male) students who score at the advanced level increases by grade level. In 4<sup>th</sup> grade, 20% of female students tested at the advanced level. That number rose to 25% in 8<sup>th</sup> grade, and 32% in 10<sup>th</sup> grade (DPI, 2005[b]). For a description of the WKCE, see the preceding Mathematics section.

In 2005 NAEP science scores, male students scored only slightly better than their female counterparts. Overall, Wisconsin students' NAEP science scores are higher than national averages (DOE, 2007[a]). For a description of the NAEP, see the preceding Mathematics section.

200

See Online Research Appendices for information regarding girls' attitudes about science and for course participation data.

### Primary & Secondary Education: Language Arts



Language Arts WKCE Score Classifications, By Grade Level and Gender, 2005

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin School Performance Report*, 2005.

Girls score at advanced levels more often than boys on the WKCE language arts standardized test. Forty-one percent of 4<sup>th</sup> grade girls in Wisconsin scored at an advanced level in 2005, compared to 30% of their male peers. However, the percentage of girls (and boys) scoring at advanced levels decreases at higher grade levels. In 2005, 29% of 8<sup>th</sup> grade girls and 23% of 10<sup>th</sup> grade girls scored at an advanced level (DPI, 2005[b]). See the preceding Mathematics section for a description of the WKCE.

#### **Beyond the Report:**

Wisconsin girls more often obtain "advanced" language arts scores throughout their academic careers, and boys more often obtain "proficient" scores. However, the percentage of female (and male) students scoring at "advanced" levels decreases at higher grade levels. What causes this drop in "advanced" level scoring?

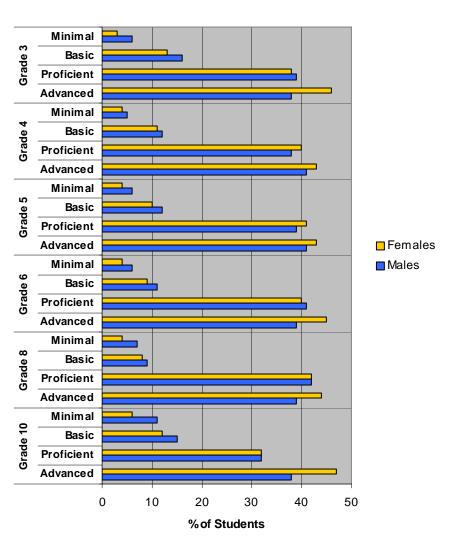


See Online Research Appendices for information regarding language arts course participation data.

THE STATUS OF GIRLS IN WISCONSIN

© Copyright Alverno College 2007

### Primary & Secondary Education: Reading



Reading WKCE Score Classifications, By Grade Level and Gender, 2005

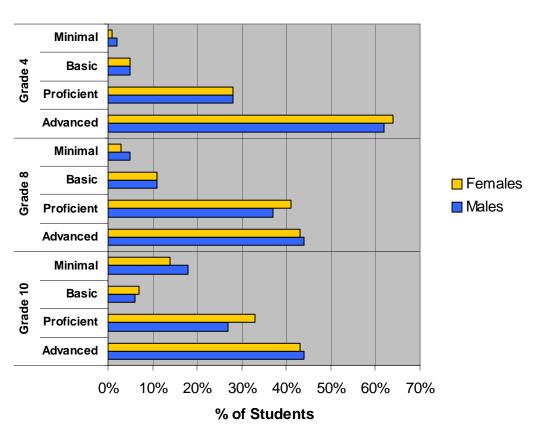
Source: State of Wisconsin, Department of Public Instruction, *Wisconsin School Performance Report*, 2005.

Of students who scored at an advanced level on the 2005 WKCE, the majority were female. In fact, more than 40% of girls in each grade taking the reading exam scored at an advanced level, and the majority scored at either a proficient or advanced level. In 2005, 6% of Wisconsin 10<sup>th</sup> grade girls scored at a minimal level on the WKCE reading portion, and 12% scored at a basic level. In comparison, 11% of their male peers scored at a minimal level, and another 15% scored at a basic level (DPI, 2005[b]). See the preceding Mathematics section for a description of the WKCE.

More than 40% of Wisconsin girls in every grade scored at "advanced" levels on the reading portion of the 2005 WKCE.

NAEP reading scores showed similar gender differences. Overall, Wisconsin students scored slightly higher than national averages in the NAEP reading portion (DOE, 2007[a]). See the preceding Mathematics section for a description of the NAEP.

### Primary & Secondary Education: Social Studies



Social Studies WKCE Score Classifications, By Grade Level and Gender, 2005

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin School Performance Report*, 2005.

Beyond the Report: While only 1% of 4<sup>th</sup> grade Wisconsin girls obtained "minimal" social studies scores in 2005, 14% of 10<sup>th</sup> grade girls scored at the "minimal" level. (This difference is also seen in male students' scores.) Why are older students scoring at a "minimal" level more often? Social studies WKCE scores show some gender differences in certain grades and score classifications, but for the most part, do not show large disparities in scores. Male students in 8<sup>th</sup> and 10<sup>th</sup> grades scored at the advanced level slightly more often than female students, but female students in 4<sup>th</sup> grade scored at an advanced level more often than male students. The percentage of students who scored at a minimal proficiency level increases with grade level (for both boys and girls). While 1% of Wisconsin 4<sup>th</sup> grade girls scored at this level in 2005, 14% of 10<sup>th</sup> grade girls scored at a minimal proficiency level (DPI, 2005[b]). See the preceding Mathematics section for a description of the WKCE.



See Online Research Appendices for information regarding social studies course participation data, as well as Arts & Music data.

THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

### Primary & Secondary Education: Advanced Placement Courses & Examinations

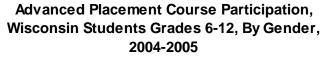
Advanced Placement (AP) courses are college-level courses offered to students in grades 6-12. The vast majority of students taking these courses are in the 9<sup>th</sup> through 12<sup>th</sup> grades. However, younger students can and do participate, albeit in small numbers. Furthermore, not all schools offer AP courses (DPI, 2006[a]).

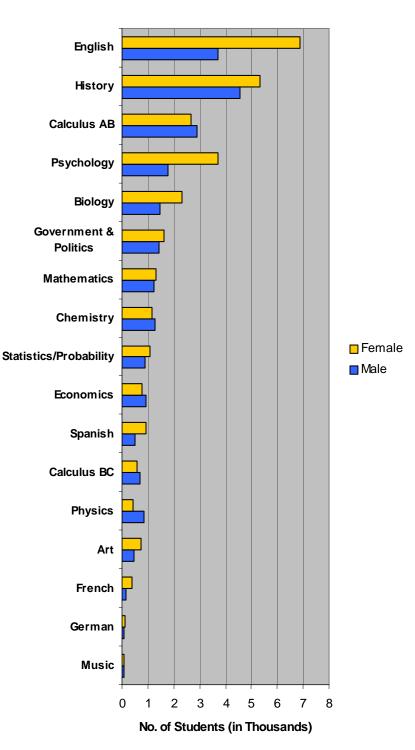
Certain patterns emerge in AP course participation data. AP courses with the highest student enrollment in the 2004-2005 school year included psychology, history, and English language arts (DPI, 2006[a]).

In most AP courses, the majority of Wisconsin students are female. However, in the 2004-2005 school year, female students were underrepresented in AP economics, physics, chemistry, and calculus courses.

In each of these course areas, the majority of students participating in courses were female. Female students also outnumbered male students in the following AP course areas: Spanish, French, art, government and politics, biology, statistics and probability, and mathematics (DPI, 2006[a]).

More male students participated in AP economics, physics, chemistry, and calculus courses. Calculus AB represents one semester's worth of college calculus, and calculus BC covers two semesters' worth of material (DPI, 2006[a]).





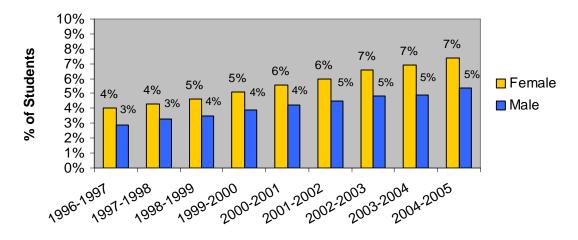
Source: State of Wisconsin, Department of Public Instruction, Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis, 2006.

THE STATUS OF GIRLS IN WISCONSIN

© Copyright Alverno College 2007

### Primary & Secondary Education: Advanced Placement Courses & Examinations

Participation in Advanced Placement Exams, Wisconsin High School Students, By Gender



Source: State of Wisconsin, Department of Public Instruction, Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis, 2006.

Although more Wisconsin girls participate in most AP courses, and (as shown above) take the AP examinations (leading to possible college credit), a greater proportion of Wisconsin boys pass the AP examinations they take with a score of 3 or above (out of a possible 5). Approximately 7.4% of Wisconsin high school girls participated in AP examinations in the 2004-2005 school year (compared to 5.4% of their male peers). However, 64.6% of Wisconsin high school girls passed these examinations with a score of 3 or above, compared to 70.7% of their male peers taking AP examinations (DPI, 2006[a]). Percent of Advanced Placement Exams Passed (With a Score of 3 or Above)

	Female	Male
1996-1997	63.4%	68.4%
1997-1998	64.8%	70.1%
1998-1999	63.7%	71.9%
1999-2000	65.5%	70.7%
2000-2001	62.0%	68.8%
2001-2002	66.7%	72.9%
2002-2003	64.7%	72.0%
2003-2004	66.2%	71.7%
2004-2005	64.6%	70.7%

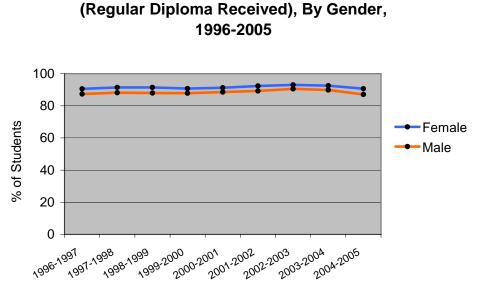
Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis*, 2006.

#### **Beyond the Report:**

More Wisconsin high school girls than boys participate in AP courses, and more girls take the AP examinations. However, boys actually *pass* these exams at higher rates than girls. What causes this disparity? Is it simply due to the greater proportion of girls taking the exams? Is this gap related to girls' achievement? Are there other contributing factors?

#### Primary & Secondary Education: Graduation & Dropout Rates

Female high school students in Wisconsin are more likely than their male peers to graduate from high school and obtain a regular diploma. In the 2004-2005 school year, 90.7% of Wisconsin girls in 12<sup>th</sup> grade graduated with a regular diploma, compared to 87.1% of boys. In the same year, 0.7% of female 12<sup>th</sup> graders obtained a High School Equivalency Diploma (HSED), compared to 1% of their male peers (DPI, 2006[a]).

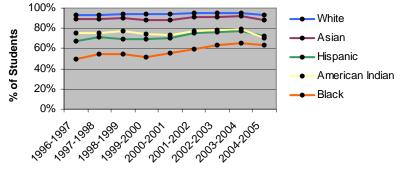


Wisconsin High School Graduation Rate

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis*, 2006.

#### In the 2004-2005 school year, 90.7% of Wisconsin 12<sup>th</sup> grade girls graduated high school with a regular diploma. However, racial disparities in graduation and dropout rates persist in Wisconsin's schools.





Graduation rates vary among different races and ethnicities. In the 2004-2005 school year, 62.9% of African American students in 12<sup>th</sup> grade graduated from high school with a regular diploma. In comparison, 92.6% of their white counterparts graduated with a regular diploma, as did 88.5% of Asian students, 72.4% of Hispanic students, and 70.4% of American Indian students (DPI, 2006[a]).

Source: State of Wisconsin, Department of Public Instruction, Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis, 2006.

#### Mind the Gaps:

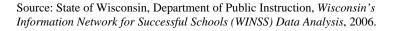
Data regarding graduation rates by both race/ethnicity and gender are not publicly available.

#### Primary & Secondary Education: Graduation & Dropout Rates

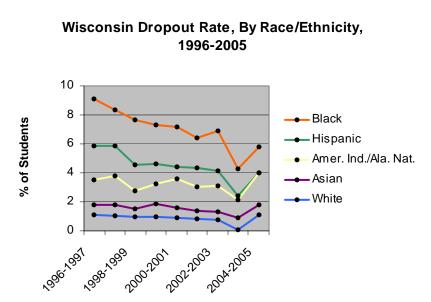
Girls are also less likely than boys to drop out of school. In the 2004-2005 school year, 2,989 Wisconsin girls in middle/junior high and high school dropped out. This represents approximately 1.5% of the total female student population in these grade levels. In the same period, 4,337 boys in these grades dropped out of school, representing 2% of that population (DPI, 2006[a]).

#### Wisconsin Dropout Rate, By Gender, 1996-2005 3.5 3 2.5 % of Students 2 Male 1.5 Female 1 0.5 0 2001-2002 2002:2003 1,991.1998 1990,1990 1999:200 2000-200 2004-2005 19961991 2003:200

Mind the Gaps: Data regarding dropout rates by both race/ethnicity and gender are not publicly available.



Differences among racial and



ethnic groups are also observed in dropout rates. In the 2004-2005 school year, 2,302 African American middle/ junior high and high school students dropped out of school, representing 5.8% of that population. In comparison, 1.1% of white students in these grade levels dropped out, 1.8% of Asian students dropped out, 4% of American Indian/Alaskan Native students dropped out, and 4% of Hispanic students dropped out (DPI, 2006[a]).

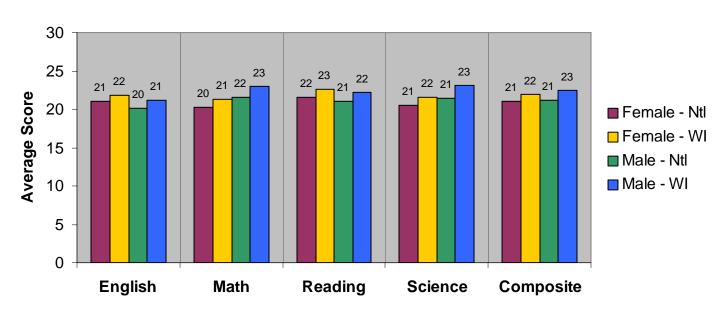
Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis*, 2006.

Girls who drop out of school cite many of the same contributing reasons as male dropouts – personality conflicts with educators, poor academic performance, lack of motivation, or disciplinary problems. Many girls also cite job-related reasons for dropping out. However, most girls who drop out do so primarily because of family obligations – pregnancy and parenthood. Furthermore, female dropouts who do not have children are more likely to become teenage mothers than are girls who remain in school (United States Department of Justice [DOJ], 1997).

### **Post-Secondary Education: Entrance Exams**

The ACT and SAT are two examinations commonly taken by high school students as a precursor to post-secondary admissions. A student may take one or both examinations, depending on factors like student specialization (the ACT includes a science section, for example) or the admission requirements of a student's desired post-secondary institution. Since only 6% of Wisconsin high school seniors took the SAT in 2006, and about 60% took the ACT, data regarding the ACT is included here. For SAT information (and additional ACT information), please see the Research Appendices.

The American College Testing (ACT) Program is a college readiness examination taken by high school students. Students can choose to select post-secondary institutions to which their scores will be reported (ACT, Inc., 2006).



#### Average ACT Scores, United States and Wisconsin, By Gender, 2006

Source: ACT, Inc. ACT High School Profile Report: The Graduating Class of 2006, Wisconsin, 2006.

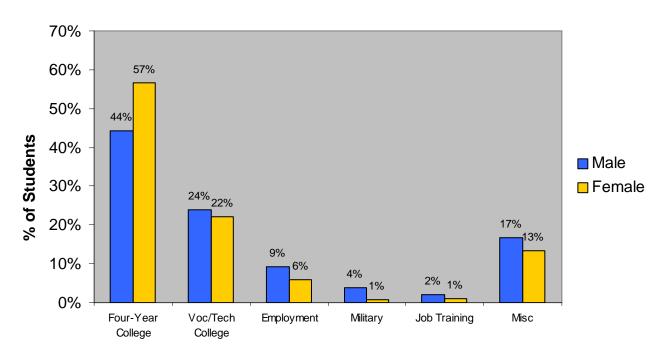
In 2006, 44,275 Wisconsin high school students took the ACT. Fifty-four percent, or 23,952, of the test-takers were female. Wisconsin students performed above national averages on every section of the ACT in 2006. Wisconsin girls taking the ACT achieved a slightly higher average score than their male counterparts in the reading and English portions of the exam, and Wisconsin boys achieved slightly higher scores in the math and science portions of the exam (ACT, Inc., 2006).

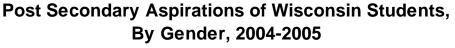


See Online Research Appendices for additional ACT data and SAT information.

THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

#### **Post-Secondary Education: Aspirations**





Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis*, 2006.

In the 2004-2005 school year, more female students than male students in Wisconsin indicated their intent to attend a four-year college after high school graduation. Approximately 56.6% of female students reported this intent, compared to 44.3% of their male peers (DPI, 2006[a]). More male students than female students reported their intent to attend a vocational or technical college (24% compared to 22.2%), an intention to obtain employment after graduation (9.2% compared to 5.9%), an intention to join the military (3.8% compared to 0.9%), or an intention to obtain job training (2% compared to 1%). More male students than female students also reported miscellaneous plans that did not fit into any of the other categories (DPI, 2006[a]).

Students intending to attend a University of Wisconsin two-year center are included in the percentage of students indicating intent to attend a four-year college. Students attending vocational or technical schools, where they will obtain an associate's degree, are included in the percentage of students indicating intent to attend vocational or technical colleges (DPI, 2006[a]). In the 2004-2005 school year, 56.6% of Wisconsin high school girls indicated their intent to attend a fouryear college after high school.

Fifty-five percent of UW undergraduate students and 63.5% of undergraduate students in Wisconsin's independent colleges were female in the 2006-2007 academic year.

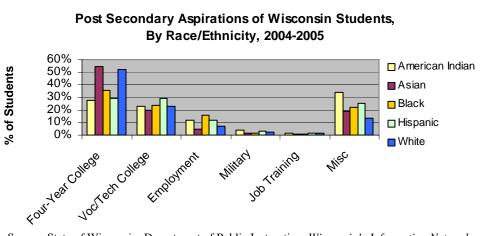
### **Post-Secondary Education: Aspirations**

On a national level, female high school students tend to have higher post-secondary educational goals than their male peers and are more likely to begin college coursework in the semester immediately following their high school graduation. Female students also achieve college graduation rates higher than those of their male peers. Women earn over half (58%) of the bachelor's degrees in this country. Women in low-income households are particularly more likely to attend college than low-income males. At higher income levels, women and men enroll in college on a relatively equal basis (DOE, 2004; Wilson, 2007). Nationally, women began to exceed men in college enrollment estimates in the 1980's – but the gap has become particularly pronounced in recent years. Harvard University's first majority-female class entered the institution in 2005 (Wilson, 2007). Despite the gap, however, the numbers of both women and men earning bachelor's degrees is increasing. There is a definite gender gap, but the *numbers* of college graduates of both genders is growing (American Council on Education, 2006).

In the 2006-2007 academic year, 54.5% of University of Wisconsin system non-international undergraduate students were female (University of Wisconsin System [UW], 2007[b]). About 63.5% of undergraduate students in the 20 institutions of the Wisconsin Association of Independent Colleges (WAICU) were female (DOE, 2007[b]). (It should be noted that two of WAICU's member institutions, Alverno College and Mount Mary College, offer undergraduate degree programs to women only.) Furthermore, 57% of UW bachelor's degrees conferred between July 1, 2005 and June 30, 2006 were awarded to women (UW, 2007[b]), as well as 62.6% of bachelor's degrees awarded in 2005 to WAICU graduates (DOE, 2007[b]).

Despite the high aspirations among female high school students and the clear gender gap in Wisconsin college enrollment and graduation rates, only 22% of women in Wisconsin had four years of college or more (IWPR, 2004). Women outnumber men in Wisconsin undergraduate enrollment, but this does not speak to the *proportion of the female population* that actually goes on to attend college. High aspirations among Wisconsin high school girls are not indicative of how many of these girls went on to attend college and attain degrees.

While racial/ethnic breakouts for girls are not available, across all students, white and Asian American students were almost twice as likely to report an intention to attend a four-year college after high school graduation (53% and 55%, respectively) compared to American Indian (27.5%), Hispanic (29.5%), and African American students (35.4%) (DPI, 2006[a]).



Source: State of Wisconsin, Department of Public Instruction, Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis, 2006.



See Online Research Appendices for additional Aspirations data, as well as Post-Secondary Awards and Financial Aid data.

THE STATUS OF GIRLS IN WISCONSIN

© Copyright Alverno College 2007

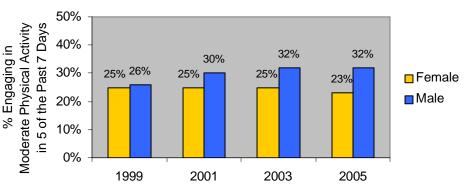
### Physical Activity, Sports, & Body Weight: Physical Activity

The Wisconsin State Health Plan 2010 includes the specific goal of increasing the number of adolescents in the state who report engaging in moderate physical activity for at least a half-hour on five or more of the days in the previous week. By 2010, the Wisconsin Department of Health and Family Services anticipates that 37% of high school students in the state will meet this standard (DHFS, n.d.[b]).

Female high school students in Wisconsin are less likely than male students to report achieving this standard of moderate physical activity. In 1999, rates of female and male high school students reporting this level of physical activity were not very different. In more recent years, however, male students have become more physically active while their female counterparts report a slight decline in moderate physical activity. In 2005, only 23% of female students reported engaging in this level and frequency of physical activity (DHFS, 2006[d]).

In 2005, 34% of Wisconsin high school girls had not been physically active for at least an hour in the past week.





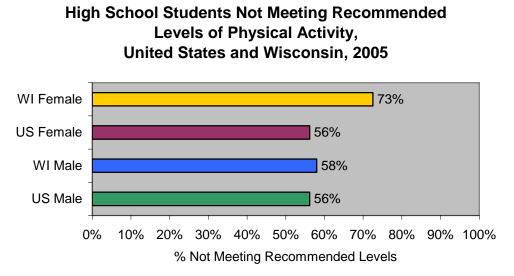
Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Physical Activity, High School Students*, 2006.

Wisconsin high school girls are also more likely to report that they had not engaged in at least 60 minutes of physical activity in the past week. In 2005, 34% of Wisconsin high school girls reported that they had not been physically active for at least 60 minutes in the preceding seven days, compared to 18% of their male counterparts. Rates of inactivity also rise with grade level. In 2005, only 19% of all 9<sup>th</sup> graders reported that they had not been physically active for at least an hour in the past week, compared with 31% of all 12<sup>th</sup> graders (DPI, 2005[a]).

One reason for the decline in physical activity may be the increase in sedentary activities among teenage girls – talking on the telephone, using the Internet, or watching television. Girls also tend to think of health in terms of avoiding negative behaviors, instead of adding positive behaviors – like physical activity – to their routines. In a recent national survey conducted by the Girl Scouts Research Institute, 85% of girls ages 11 to 17 indicated that "getting regular exercise at least three times a week" is "very important" or "somewhat important" in maintaining a healthy lifestyle (Girl Scouts of the USA, 2006).

Beyond the Report: Girls recognize the need for physical activity in maintaining a healthy lifestyle, but aren't meeting recommended levels of activity. What causes this disconnect between attitudes and lifestyles?

### Physical Activity, Sports, & Body Weight: Physical Activity



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2005.

Female high school students in Wisconsin are less likely to meet recommended levels of physical activity than are male high school students. (Currently recommended levels call for at least 60 minutes of physical activity on at least five of the seven preceding days.) In 2005, 72.5% of Wisconsin high school girls did not meet recommended levels of physical activity, compared to 58% of Wisconsin high school boys (DHHS, 2005[a]).

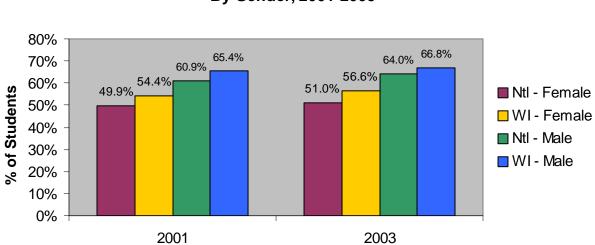
In 2005, 72.5% of Wisconsin high school girls did not meet currently recommended levels of physical activity.

Beyond the Report: Wisconsin high school girls are less likely to attend physical education courses than are their male peers. Would single-gender physical education affect this disparity? Girls also are less likely than boys to attend physical education courses than boys in Wisconsin. In 2005, 30% of Wisconsin high school girls reported that they were not enrolled in a physical education course, compared to 18% of their male peers. Overall, Wisconsin students were less likely to attend physical education courses as the grade level is increased. Only 12% of 9<sup>th</sup> graders reported that they did not take physical education courses, compared with 52% of 12<sup>th</sup> graders (DPI, 2005[a]).

According to the Wisconsin Department of Public Instruction, children in seventh through twelfth grade are required to participate in an "instruction program of physical education." A Wisconsin high school student must achieve 1.5 credits of physical education courses over the course of three academic years. Physical education must be taught by a licensed physical education teacher (DPI, 2005[c]).

### Physical Activity, Sports, & Body Weight: Sports

Participation in athletic activities is important for physical health, for building social skills, and in many other areas of girls' lives. Sports participation among girls has been linked to decreased rates of teen pregnancy, decreased rates of alcohol consumption, decreased rates of teen smoking, more positive body image, and decreased rates of sexual activity (Girls Incorporated, 2002[a]).



#### High School Students Currently Involved with At Least One Sports Team, United States and Wisconsin, By Gender, 2001-2003

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001 & 2003.

Wisconsin high school students of both genders were more likely to report participation on at

least one sports team than students were nationally. However, high school girls, both in Wisconsin and nationally, were less likely than their male counterparts to report involvement with one or more sports teams. In 2003, the last year Wisconsin-specific data is available, 56.6% of Wisconsin high school girls participated on at least one sports team in the last 30 days, compared to 51% of high school girls nationally. In comparison, 66.8% of Wisconsin high school boys participated on at least one sports team in the preceding month, compared to 64% of high school boys in the United States (DHHS, 2003[A]).

In 2003, 56.6% of Wisconsin high school girls had participated on at least one sports team in the past month, compared to 66.8% of Wisconsin high school boys.

Nationally, 40% of girls ages 11 to 17 say they do not play sports because they do not think of themselves as "skilled or competent."

In a national survey, 40% of girls ages 11 to 17 reported not participating in sports activities because they did not think of themselves as "skilled or competent." Rates of participation in physical activities, like sports, decline as girls age (Girl Scouts of the USA, 2006).

For data regarding Wisconsin girls' participation in other types of activities, please see the Social Influences and Activities section of this report.



See Online Research Appendices for additional information regarding students' participation in athletic extra-curricular activities.

THE STATUS OF GIRLS IN WISCONSIN

© Copyright Alverno College 2007

### Physical Activity, Sports, & Body Weight: Body Weight

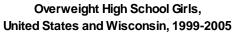
The Wisconsin State Health Plan 2010 includes a specific goal aimed at reducing the number of Wisconsin adolescents who are overweight (defined as being at or above the 95<sup>th</sup> percentile for Body Mass Index) to 8% of the total adolescent population (DHFS, n.d.[b]).

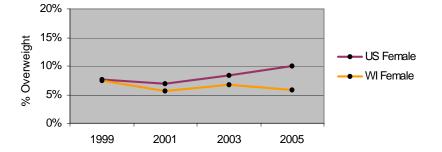
Nationally, about 17% of adolescents between 12 and 19 years old were overweight between 2001 and 2004. Often, people who are overweight are also obese – defined as having an unusually high proportion of body fat (DHHS, 2005[b]). Since 1980, obesity rates among adolescents 12 to 19 years old have doubled. Income level is inversely associated with obesity rates; the highest obesity rates occur in the populations with the lowest incomes. Furthermore, African-American, American Indian, and Hispanic children are more likely to be obese than children of other races or ethnicities. Children who are overweight are more likely to be overweight as adults. Health problems associated with obesity include hypertension, Type II diabetes, asthma, and cancer – as well as psychological problems and depression. Girls who are overweight often experience social stigmatization and hurtful comments from those around them (Girl Scouts of the USA, 2007).

In 2005, 5.8% of Wisconsin high school girls were overweight, compared to 10% of high school girls nationally. In the same year, 13.8% of Wisconsin high school boys, and 16% of high school boys nationally, were overweight (DHHS, n.d.[c]).

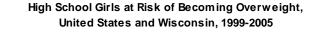
In 2005, 5.8% of Wisconsin high school girls were overweight, compared to 10% of high school girls nationally.

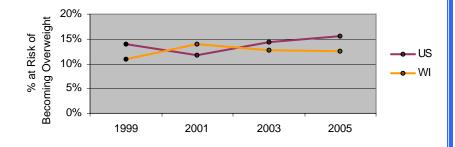
In 2005, 12.6% of Wisconsin high school girls were at risk for becoming overweight (defined as being between the 85<sup>th</sup> and 95<sup>th</sup> percentile for Body Mass Index), compared to 15.5% of high school girls nationally DHHS, n.d.[c]).





Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *YRBSS Youth Online Database*.





Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *YRBSS Youth Online Database*.

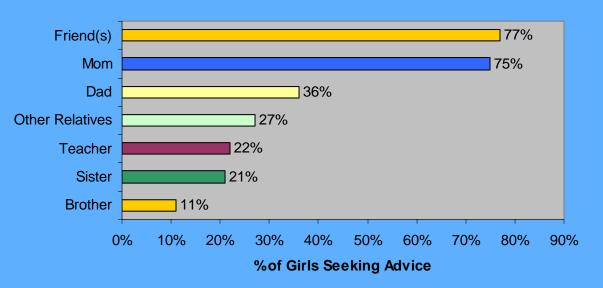
THE STATUS OF GIRLS IN WISCONSIN

23

© Copyright Alverno College 2007

### Understanding Girls' Lives: Social Support & Concerns

Young girls, those between the ages of 10 and 12 years, face a variety of issues when transitioning from childhood to adolescence. At younger and younger ages, girls must deal with issues like navigating peer and social relationships, emerging sexuality, dating, academic concerns, material possessions (or lack thereof), and bullying and teasing. While most girls of this age report being comfortable seeking advice from their peers, most also are comfortable seeking advice from adults in their families. Promisingly, most girls of this age also recognize parental concern as an expression of support (Girl Scouts of the USA, 2000).



#### Where Girls Aged 10-12 Seek Advice

Source: Girl Scouts of the USA, Girls Speak Out: Teens Before Their Time, 2000.

In a 2000 national survey conducted by Girl Scouts of the USA, girls aged 10-12 years indicated that their most likely sources of advice were their friend(s) and their mother. Girls in this age group were only slightly more likely to indicate that they sought advice from their friend(s) than their mother (77% versus 75%, respectively). Thirty-six percent of girls in this age group indicated that they would seek advice from their father, and 27% indicated they sought advice from other relatives. Twenty-two percent sought advice from their teacher(s), 21% sought advice from their sister, and 11% from their brother (Girl Scouts of the USA, 2000).

In another study conducted by the Girl Scouts of the USA, teen girls reported that their feelings of safety (or lack thereof) revolved around the presence and support of their peers and the adults in their lives. Girls tend to define safety in terms of the people surrounding them, not in terms of place or physical protection. Furthermore, girls consider the broad concept of "safety" in more emotional terms than physical, and draw upon trusting and positive relationships with the people in their lives to produce a feeling of general safety (Girl Scouts of the USA, 2003[a]).

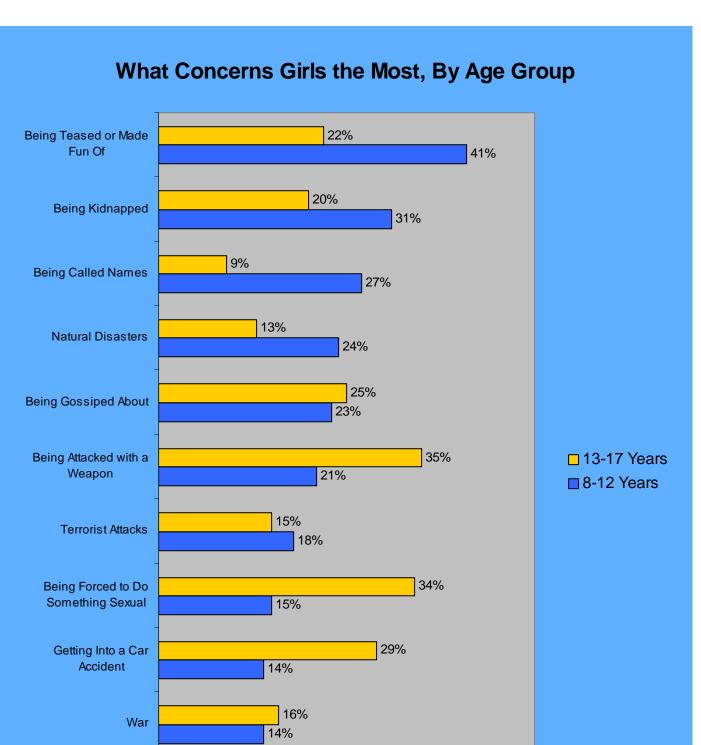
In the 2003 study, girls of different ages were asked what worried them the most and asked to select from a list of options (multiple selections were possible). Girls aged 8-12 years were most worried about being teased or made fun of. Forty-one percent of girls in this age group reported that being teased or made fun of worried them the most (more than those reporting worrying about terrorists and about war combined). Twenty-two percent of girls aged 13 to 17 years reported that being teased or made fun of worried them the most. Twenty-seven percent of girls aged 8 to 12 years reported that being called names worried them the most, compared to 9% of girls aged 13 to 17 years. Twentythree percent of girls aged 8 to 12 years, and 25% of girls aged 13 to 17 years, chose being gossiped about as one of the things that worried them the most (Girl Scouts of the USA, 2003[a]).

#### **Beyond the Report**

These pages report data from a national perspective.

- What concerns Wisconsin girls the most?
- Where do Wisconsin girls seek advice?

Are there differences among girls of different races and ethnicities?



Source: Girl Scouts of the USA, Feeling Safe: What Girls Say, 2003.

20%

10%

10%

Getting a Disease

0%

32%

40%

50%

30%

THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

### Social Influences & Activities: Support from Adults & Peers

Wisconsin Students' Responses on Social Support Structures at School and Home, by Gender, 2005			
	Girls	Boys	
Q: They feel like they belong at their school	•		
Strongly agreed or Agreed	75%	74%	
Disagreed or Strongly Disagreed	16%	16%	
Unsure	10%	10%	
Q: Their teachers really cared for them and	l gave them a lot of end	couragement.	
Strongly agreed or Agreed	67%	62%	
Disagreed or Strongly Disagreed	22%	23%	
Unsure	12%	15%	
Q: Their family loved them and gave them	help and support wher	they needed it.	
Strongly agreed or Agreed	89%	87%	
Disagreed or Strongly Disagreed	7%	6%	
Unsure	5%	7%	
Q: How many adults (besides their parents) the student felt comfortable seeking help from if there was an important question affecting their lives.			
4 or more	38%	39%	
2-3	40%	34%	
1	13%	14%	
None	9%	14%	
Figures may not total to 100% due to rounding.			

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*, 2005.

In 2005, Wisconsin high school students were asked a variety of questions about their social support structures at home and at school. When asked if they agreed or disagreed that they felt as if they belonged at their school, 24% of Wisconsin high school girls strongly agreed, and another 51% agreed. Eleven percent of Wisconsin high school girls disagreed with this statement, 5% strongly disagreed, and 10% were unsure (DPI, 2005[a]).

When asked whether they agreed that their teachers really cared for them and gave them a lot of encouragement, 16% of Wisconsin high school girls strongly agreed, and 51% agreed. Seventeen percent disagreed, 5% strongly disagreed, and 12% were unsure (DPI, 2005[a]).

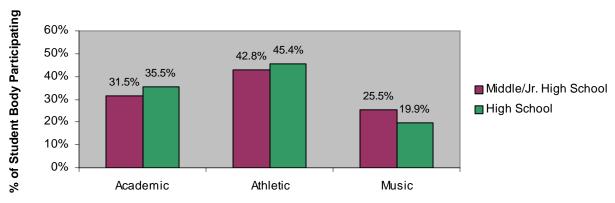
Wisconsin high school students were also asked whether they agreed or disagreed with the statement that their family loved them, and gave them help and support when they needed it. Fifty-seven percent of Wisconsin high school girls strongly agreed, and 32% agreed. Five percent disagreed, 2% strongly disagreed, and 5% were unsure (DPI, 2005[a]).

Students were also asked how many adults (besides their parents) they would feel comfortable seeking help from if there was an important question affecting their lives. Thirty percent of Wisconsin high school girls indicated that they had five or more such adults in their lives, 8% had four such adults, 16% had three, 24% had two, and 13% had one other such adult in their lives. Nine percent of Wisconsin high school girls indicated that there were no such adults in their lives (DPI, 2005[a]).

#### THE STATUS OF GIRLS IN WISCONSIN

#### Social Influences & Activities: Extra/Co-Curricular Activities

Extracurricular (or co-curricular) activities are important for adolescents in many ways. Through participation in extracurricular activities, students develop skills that are necessary for adult life – such as teamwork, community awareness, or physical training – but which may not be developed fully in a classroom setting (DOE, 2004). Extracurricular activities include sports teams, clubs, music activities, academic activities, and other options. Activities are not part of the regular academic curriculum, and are not offered for credit (DPI, 2006[d]).



#### Extra/Co-Curricular Activity Participation Rates, Wisconsin Middle/Jr. High and High School Students, 2004-2005

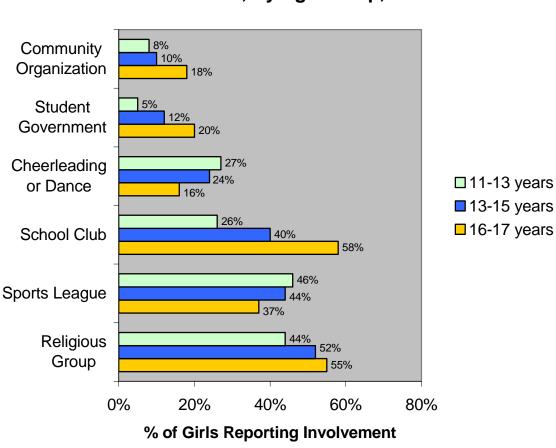
Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools* (WINSS) Data Analysis, 2006.

Levels of student participation in extracurricular activities in the 2004-2005 school year are shown above. Of Wisconsin middle school students, 31.5% participated in an academic extracurricular activity, 42.8% participated in an athletic activity, and 25.5% participated in a music-related activity. Among Wisconsin high school students, there is slightly more student participation in academic and athletic activities, but slightly less participation in music-related activities. In the 2004-2005 school year, 35.5% of Wisconsin high school students participated in an academic extracurricular activity, 45.4% participated in an athletic extracurricular activity, and 19.9% participated in a music-based activity (DPI, 2006[a]).

In 2005, 35.5% of Wisconsin high school students participated in an academic extracurricular activity, and 19.9% participated in a music-based activity. Nationally, girls are more likely than boys to participate in academic organizations and music-related activities.

Mind the Gaps: Gender-specific data regarding participation in extracurricular activities are not publicly available. Nationally, female students have been more likely to participate in non-athletic extracurricular activities than their male peers, but less likely to participate in athletic programs. Girls have been more likely to participate in extracurricular activities like the school newspaper, academic organizations, and music-related activities. Boys are more likely to play on sports teams or participate in some other athletic activity (DOE, 2004).

### Social Influences & Activities: Extra/Co-Curricular Activities



Youth Group/Club Involvement, Girls Aged 11-17, United States, By Age Group, 2001

Source: Girl Scouts of the USA, Ten Emerging Truths: New Directions for Girls 11-17, 2002.

National data collected in 2001 by the Girl Scouts of the USA shows that adolescent girls are more likely to participate in certain types of extracurricular activities based on their age group. As girls age, they are more likely to report participation in community organizations, student government, school clubs, and religious groups. Younger girls are more likely to participate in activities like cheerleading, dance, or sports leagues (Girl Scouts of the USA, 2002[a]).

#### **Beyond the Report:**

This page reports data from a national perspective.

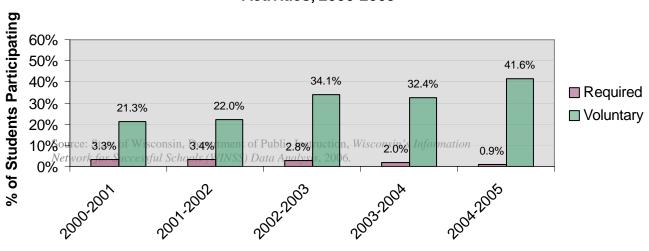
How many Wisconsin girls are participating in activities like religious groups, cheerleading or dance, and student government?

Are there also differences in participation rates among various age groups of Wisconsin girls?

### Social Influences & Activities: Community Involvement/Volunteerism

Nationally, a third of female volunteers aged 18 to 29 cite youth volunteer experiences as a significant influence on their adult volunteering (Girl Scouts of the USA, 2003[b]).

Wisconsin middle school and high school students have opportunities to participate in schoolsponsored community activities. School-sponsored community activities, unlike extracurricular activities, may be undertaken as part of a class project, or integrated into the regular curriculum in some other way for class credit. Alternatively, students may participate in school-sponsored community activities that are purely voluntary, like those offered through school clubs or schoolsponsored volunteer activities. Examples of school-sponsored community activities include working with the elderly or undertaking local environmental projects (DPI, 2006[d]).

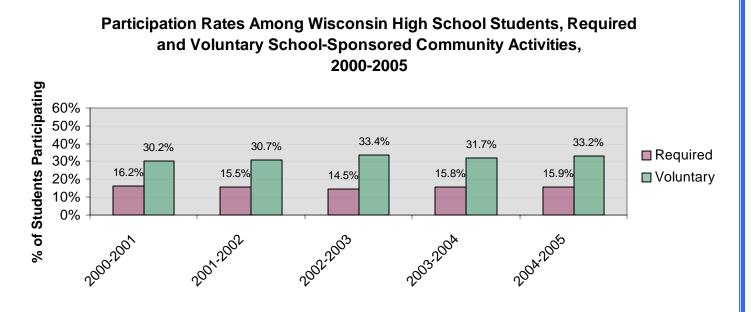


#### Participation Rates Among Wisconsin Middle/Jr. High School Students, Required and Voluntary School-Sponsored Community Activities, 2000-2005

Source: State of Wisconsin, Department of Public Instruction, Wisconsin's Information Network for Successful Schools (WINSS) Data Analysis, 2006.

Mind the Gaps: Gender-specific data regarding participation in school-sponsored community activities are not publicly available. In Wisconsin's middle schools, students are much more likely to be involved in voluntary school-sponsored community activities than in required activities. In the 2004-2005 school year, 0.9% of Wisconsin middle school students participated in required activities, and 41.6% of students participated in voluntary school-sponsored community activities. The same trend is seen throughout recent academic years, with the number of students participating in required school-sponsored community activities declining throughout the past five academic years (DPI, 2006[a]).

### Social Influences & Activities: Community Involvement/Volunteerism



Source: State of Wisconsin, Department of Public Instruction, *Wisconsin's Information Network for Successful Schools* (WINSS) Data Analysis, 2006.

Wisconsin high school students are more likely to be required to participate in community activities than are Wisconsin middle school/junior high students. In the 2004-2005 school year, 15.9% of Wisconsin high school students participated in required school-sponsored community activities, and 33.2% participated in voluntary activities. (DPI, 2006[a]).

#### **Beyond the Report:**

This page reports data that are not gender-specific.

Are there gender differences in participation in schoolsponsored community activities?

Are Wisconsin girls offered opportunities to participate in activities specifically designed for girls and young women?

Do Wisconsin girls have the opportunity to interact with female leaders in the community during these activities? Are Wisconsin girls given opportunities to develop their own leadership abilities through school-sponsored community activities?



See Online Research Appendices for national data regarding influences on young female volunteers.

THE STATUS OF GIRLS IN WISCONSIN

# **Television & Computers: Girls as Television Viewers**

The television media is a powerful influence on today's young girl, one which may be positive or negative, or both. Today's television media sends certain messages to girls about the importance of appearance and material possessions, messages that may negatively affect girls' self esteem and body image, and create unrealistic expectations and values in impressionable teenagers. Women are more likely to be shown in sexualized ways, or in romantic situations, and less likely to be shown in a career situation. Conversely, images of empowered and versatile women in television media may serve to boost girls' confidence and independence. Either way, today's girl is likely to be influenced in many ways by her television viewing habits (Children Now, 1997).

Wisconsin High School Students' Reported Television Usage on an Average School Day, By Gender, 2005			
	Girls	Boys	
3 or more hours	23%	29%	
2 hours	25%	27%	
1 hour	21%	18%	
< 1 hour	23%	19%	
no television	9%	8%	
Nationwide average for 3 or more hours	36%	38%	
Figures may not add to 100% due to rounding.			

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance 2005*. 2005.

The good news for Wisconsin high school girls is that they are less likely than their peers to watch television in larger time blocks. In a study asking students to self-report on television usage on an average school night, girls were one-third less likely than girls nationally and about 20% less likely than boys locally to watch 3 or more hours of television. The advantage disappears, however, at measures of 2 or fewer hours (DHHS, 2005[a], DPI, 2005[a]).

#### **Beyond the Report:**

Wisconsin girls are less likely than their peers to watch television in larger time blocks.

What are Wisconsin girls doing instead? Working? Doing homework? Socializing? Talking on the telephone? Using the Internet?

# **Television & Computers: Girls as Computer & Internet Users**

Because the computer has become such an integral part of our workforce and society as a whole, any gender disparity in knowledge regarding computers could prove problematic for women as they enter the workforce. Simply put, computer skills are absolutely necessary to succeed in today's economy (DOE, 2004).

With increased availability of computer technology, youth are gaining increasingly complex skills quickly. In 1994, online youth ages 12 to 17 years who had used instant messaging software or who had worked on or created web pages were virtually nonexistent. In 2003, 74% of these youth had used instant messaging software, and 24% had worked on a web page or created one of their own (The Children's Partnership, 2005).

In 2003, children in households with annual incomes under \$15,000 were about half as likely to have access to personal home computers than were children in households with annual incomes of \$75,000 or more. Economic factors affect the availability of computer technology to children. In 2003, 45% of youth 7 to 17 years of age living in households with annual incomes under \$15,000 had access to a home personal computer. In households where annual income exceeded \$75,000, 96% of youth in this age group had access to a home computer (The Children's Partnership, 2005). Virtually all schools have some form of computer and Internet access, eliminating some of the effects of this disparity. Historically, however, schools that serve predominantly low-income children tend to have older computers and equipment, fewer computers on a per-classroom basis, and fewer opportunities to incorporate computer technology into the students' learning experiences (Becker, 2000).

Most Wisconsin students have access to computers and the Internet through both library media centers in schools as well as in the 466 Wisconsin public libraries throughout the state. Federal funding administered by the Wisconsin Department of Public Instruction is also used to enhance technology resources in schools with high student poverty rates (R. Grobschmidt & L. Krantz, personal communication, September 13, 2007).

Generally, research shows that girls tend to utilize computers for different purposes than their male counterparts. While boys are more likely to use computers for gaming applications and entertainment, girls tend to use the computers for learning and socializing opportunities (Girl Scouts of the USA, 2001). Girls also tend to use the Internet to access knowledge that they are uncomfortable asking parents or peers about, like dating, psychological problems, or sticky social situations (Girl Scouts of the USA, 2002[b]).

Girls tend to use computers for different purposes than boys – for socializing, learning, and getting answers to questions they are too uncomfortable to ask.

Only one third of Wisconsin students "concentrating" in computer and data processing courses are female.

Girls account for only about one-third of Wisconsin students "concentrating" (participating in a coherent sequence of three or more courses) in computer and data processing courses through high school career and technical education programs (NWLC, 2007).



See Online Research Appendices for more information regarding girls as computer and Internet users.

THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

## **Reproductive Health: Sexual Activity**

Rates of ever having sexual intercourse among Wisconsin high school students are slightly lower than the national averages for both genders. Nonetheless, in 2005, 40.3% of Wisconsin high school girls reported that they had sexual intercourse at least once in their lifetime, on par with 40.2% of their male peers, and slightly below the rate of 45.7% for high school girls nationwide (DHHS, 2005[a]).

In 2005, 31.8% of Wisconsin high school girls reported that they were currently sexually active (had sex at least once in the preceding month), compared to 27.3% of male students.

Nationwide, 34.6% of girls reported that they were currently sexually active (DHHS, 2005[a]).

Rates of sexual activity among both genders of high school students, both in Wisconsin and nationwide, tend to rise as students advance in grade level (DHHS, 2005[a]).

In 2005, 25% of Wisconsin high school girls reported that it was important to them to delay sexual intercourse until marriage.

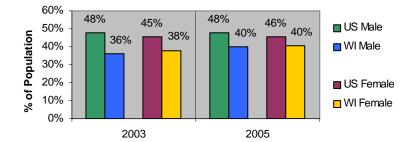
Another 24% reported it was important to wait until they fell in love, 16% until they were an adult in a long-term committed

relationship, 3% until they finished high school, and 3% until engagement. In the same year, 12% of Wisconsin high school girls reported that it was not important to them to delay sexual intercourse, and 18% were not sure. By comparison, 16% of their male peers reported that it was important to delay sexual intercourse until marriage, 15% until they were in love, 12% until they were an adult in a long-term committed relationship, 5% until finishing high school, and 3% until engagement. Thirty-one percent of boys reported that it was not important to them to delay having sex, and 18% were not sure (DPI, 2005[a]).

The Wisconsin State Health Plan includes the specific goal of reducing, by 2010, the number of Wisconsin high school students who have had sexual intercourse to 30% or less (DHFS, 2005[b]).

Furthermore, it is important to recognize rates of sexual *intercourse* do not speak fully to rates of sexual *activity*. It is important to also consider the rates of oral sex and other sex acts, since sexual acts other than intercourse may precipitate sexual intercourse and can also spread sexually transmitted disease. Teenagers, especially older teens, may view oral sex as less emotionally intimate and less risky than sexual intercourse, and may underestimate or ignore risks of sexually transmitted disease (The Guttmacher Institute, 2004). Unfortunately, current information regarding teenagers engaging in these behaviors is sparse (The Guttmacher Institute, 2004; NCRW, 2002). Data collection methods like the *Wisconsin Youth Risk Behavior Survey*, used throughout this report, do not currently ask teens about oral sex behaviors or other sexual acts.

High School Students Reporting Past Sexual Intercourse, 2003 & 2005



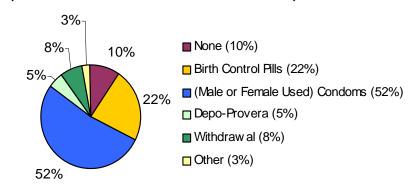
Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*. 2003 & 2005.

In 2005, 31.8% of Wisconsin high school girls reported being sexually active. Twentyfive percent thought it was important to delay sex until marriage.

# **Reproductive Health: Contraception Usage**

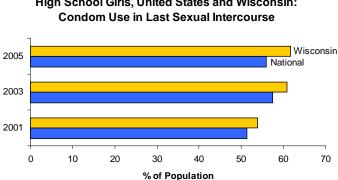
In 2005, Wisconsin high school girls who had ever had sexual intercourse were very likely to report using some method of contraception the last time they had sexual intercourse. (These figures take into account only the 40% of Wisconsin high school girls who reported ever having sexual intercourse. It should also be noted that the survey method did not allow for selection of more than one contraception method.) Of these girls, 52% had used a condom the last time they had sex, and another 22% reported the use of birth control pills. Another 5%



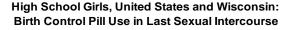


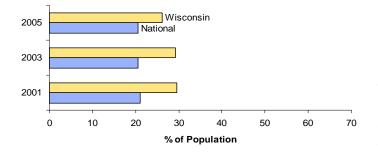
Source: State of Wisconsin, Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2005.

reported use of Depo-Provera (injected birth control) and 8% reported using the withdrawal method as a means of contraception. Ten percent of these girls reported using no method of birth control the last time they had sexual intercourse (DPI, 2005[a]).



High School Girls, United States and Wisconsin:





Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, Youth Risk Behavior Surveillance, 2001, 2003, & 2005.

In 2005, 61.7% of sexually active Wisconsin high school girls reported using a condom in their last sexual intercourse, compared to 55.9% of sexually active high school girls nationally (DHHS, 2005[a]).

> In 2005, 90% of sexually active Wisconsin high school girls reported using some method of birth control the last time they had sex.

In the same year, 26.1% of sexually active Wisconsin high school girls reported birth control pill use before their last sexual intercourse, compared to 20.6% of their peers nationally (DHHS, 2005[a]).

# Reproductive Health: Sexually Transmitted Disease<sup>+</sup>

As part of the Wisconsin State Health Plan, rates of syphilis, Chlamydia, gonorrhea, and human immunodeficiency virus (HIV) infection are targeted as key indicators of the overall health of the state's population (DHFS, 2005[b]).

#### Wisconsin Youth Ages 15-19 Years: STD Cases Reported in 2005, by Sex

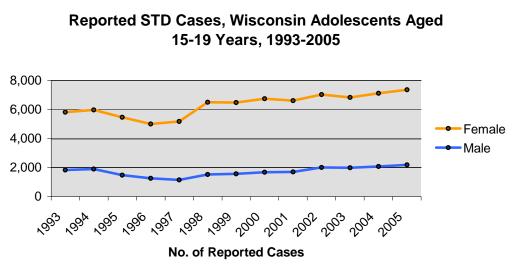
	Female	Male
Chlamydia	5,577	1,515
Gonorrhea	1,355	631
Syphilis	1	1
Genital HSV	429	38
Total	7,362	2,185

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Wisconsin STD Program, Sexually Transmitted Disease in Wisconsin 2005: Cases Reported Among Persons 15-19 Years of Age, 2005.

Wisconsin females ages 15 to 19 years are three times more likely than their male peers to have a reported STD. In 2005, females accounted for 77.1% of reported cases of STD infection among Wisconsin adolescents in this age group. Of the 9,552 reported cases of STD infection, girls accounted for 7,362. (There were five cases where the adolescent's gender was unknown.) Chlamydia diagnoses accounted for the majority of new STD cases among these adolescents (DHFS, 2005[c]). National data are similar; girls account for the majority of STD diagnoses among adolescents, and Chlamydia is (by far) the most commonly reported STD (DHHS, 2006[b])

Wisconsin girls ages 15 to 19 are three times as likely as their male peers to have a reported STD. Of the 9,552 reported STD cases in this age group in 2005 in Wisconsin, girls accounted for 7,362, or 77.1%.

Rates of reported STD cases among Wisconsin adolescent girls have historically been far higher than among their male peers. As shown above, the rates of reported STDs among the adolescent female population are currently more than triple those among the adolescent male population (DHFS, 2006[i]).



Sources: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Youth Sexual Behavior and Outcomes 1993-2005, 2006.

State of Wisconsin, Department of Health and Family Services, Division of Public Health, Wisconsin STD Program, Sexually Transmitted Disease in Wisconsin 2005: Cases Reported Among Persons 15-19 Years of Age, 2005.

See Online Research Appendices for additional information regarding STDs and adolescent girls and geographic data.

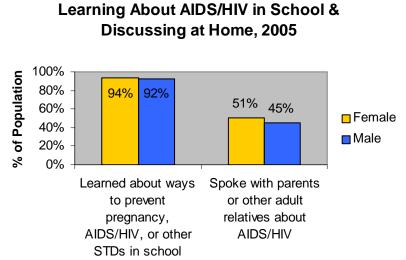
THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007



# **Reproductive Health: HIV/AIDS**

It is estimated that a quarter of all HIV-positive patients first contracted the disease before reaching the age of 25. In 2005, 15% of reported HIV diagnoses in Wisconsin occurred when the patient was under 24 years of age (DHFS, 2006[j]).

Overall, the majority of persons diagnosed with HIV in the state of Wisconsin are male, accounting for 76% of all reported HIV cases in 2005. Despite the lack of data for the age group targeted in this report, it is raised as an issue of concern for girls as new HIV cases among women were twice as likely to be attributed to high-risk heterosexual behavior than other means of transmission, such as intravenous drug use (DHFS, 2006[j]).



Wisconsin High School Students:

Source: State of Wisconsin, Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2005.

In 2005, 94% of Wisconsin high school girls reported learning about "ways to prevent pregnancy, AIDS/HIV, or other sexually transmitted diseases in school," compared to 92% of boys. However, 51% of Wisconsin high school girls (and 45% of their male peers) reported having ever spoken with their parents or other adult relatives regarding AIDS/HIV infection. These figures increased slightly as students aged, with 53% of Wisconsin 12<sup>th</sup> graders reporting speaking with their families about HIV/AIDS, compared to 46% of 9<sup>th</sup> graders (DPI, 2005[a]).

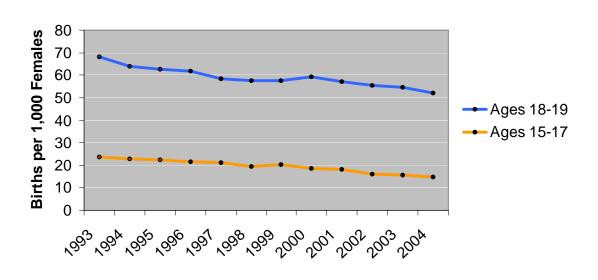
In 2005, 94% of Wisconsin high school girls reported learning about "ways to prevent pregnancy, AIDS/HIV, or other sexually transmitted diseases in school." In comparison, 45% reported speaking with their parents or adult relatives about AIDS/HIV.



+For the purposes of this report, the terminology sexually transmitted disease is interchangeable with sexually transmitted infection, a term becoming more commonly used in the medical field. STD rates reflect only diagnosed cases, and are therefore only a partial measure of actual incidence (DHFS, 2005[c]). Data refers to rates of selected STDs: Chlamydia, gonorrhea, syphilis, and genital herpes (genital HSV). The Wisconsin Department of Health and Family Services provides data regarding incidence of these specific STDs on an annual basis.

36

Birth rates for teenage mothers have generally declined in recent years. In 1993, the birth rate among Wisconsin girls aged 15 to 19 years was approximately 41 per 1,000; in 2004, the rate was 30 per 1,000. The birth rate for younger teenagers, those 15 to 17 years of age, is consistently lower than that for older teens, aged 18 to 19 years. In 2004, the birth rate to mothers 15 to 17 years of age was 15 per 1,000, compared to a birth rate of 52 per 1,000 among teenage girls ages 18 or 19 years (DHFS, 2006[i]).

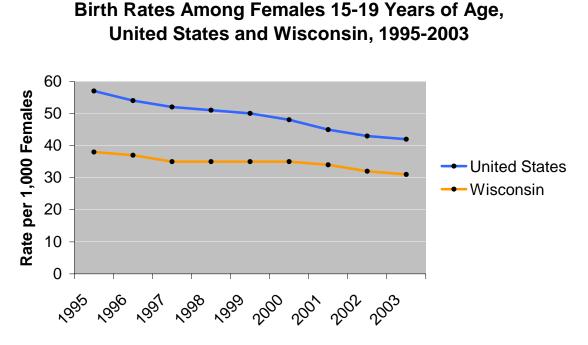


Birth Rate to Teenage Mothers, By Age Group, Wisconsin, 1993-2004

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Youth Sexual Behavior and Outcomes 1993-2005*, 2006.

It is important to note that teen pregnancy is not simply a "teenage" issue, nor an issue of consensual sex alone. The majority of males who father babies with teenage girls are over 20 years of age, implying statutory rape. Evidence points to a close correlation between sexual assault and teenage pregnancy. Twenty-three percent of women who are sexually assaulted become pregnant by the perpetrator. Forty-two percent of girls 15 or younger who are having sex report that their first sexual intercourse was not consensual (UWGM, 2006).

Twenty-three percent of women who are sexually assaulted become pregnant by the perpetrator. Fortytwo percent of girls age 15 and younger who are having sex report that their first sexual intercourse was not consensual.



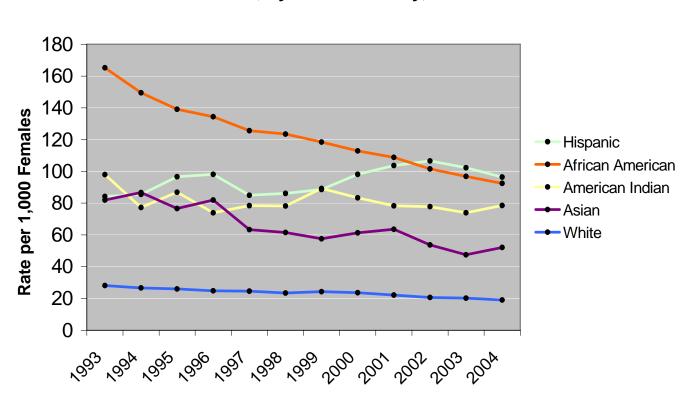
Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Births to Teens in Wisconsin 2005*, 2006.

Statewide, Wisconsin's teenage birth rates have historically remained well below national averages. In 2003 (the most recent date for which national comparison data is available), Wisconsin's birth rate was 31 per 1,000 females aged 15 to 19 years, compared to the national average of 42 per 1,000 females (DHFS, 2006[k]). Nonetheless, Wisconsin was ranked first among all states for the birth rate for black teens, while white teens ranked below the national average and Hispanic teens ranked near the national average (Guttmacher Institute, 2006). It should be noted that birth rates do not take into account terminated pregnancies or those that end in miscarriage (UWGM, 2006).

Milwaukee County's 2005 birth rate for girls under 20 years old was 62.4 per 1,000 (DHFS, 2006[k]). Based on 2004 data, Milwaukee ranks 7<sup>th</sup> in teen births (16.9% of all births were to teens) among the 50 largest U.S. cities in the country, down from  $2^{nd}$  in 2003 (18.7%). Milwaukee also ranks 6<sup>th</sup> in the nation for the share of births to teens who were already mothers (Anne E. Casey Foundation, 2007).

Although Milwaukee receives the largest amount of attention because of the number of births to teens, other Wisconsin counties have similarly high figures. In Milwaukee County, 5.2% of all births were to young teens (under age 18), compared to 6.9% in Menominee County and 6.8% in Adams County. The Wisconsin cities with the highest share of births to younger teens (among all births) are: Milwaukee (6.4%), Racine (5.4%), Green Bay (4.4%), and Beloit (4.3%) (DHFS, n.d.[a]). Wisconsin's teen birth rates are well below national averages. However, Milwaukee ranks 7<sup>th</sup> in teen births among the 50 largest U.S. cities, and other areas in Wisconsin have similarly high rates.

Teen mothers are much more likely to be unmarried than their older counterparts. In 2005, 67.2% of all births were to married mothers, while 14% of teen mothers (under age 20) were married at the time they gave birth (DHFS, 2006[k]).

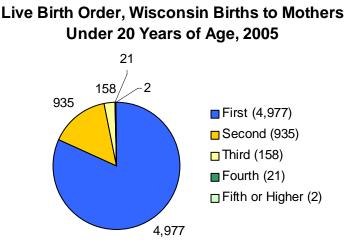


#### Birth Rates, Women Aged 15-19 Years, Wisconsin, by Race/Ethnicity, 1993-2004

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Youth Sexual Behavior and Outcomes 1993-2005*, 2006.

There are large disparities in teen birth rates between races/ethnicities in the state of Wisconsin. In recent years, the birth rate of African American teens has declined steadily, but is still high at 92.5 births per 1,000 females in 2004. For both African-American and Hispanic girls, the 2004 birth rate is equivalent to about one out of ten girls aged 15 to 19. Indeed, the birth rate for Hispanic teens eclipsed the African-American teen birth rate in 2002. For those racial and ethnic groups shown, only Hispanic girls had a higher teen pregnancy rate in 2002 than in 1993 (DHFS, 2006[i]).

Significant racial and ethnic disparities persist in Wisconsin teen birth rates. Hispanic and African-American girls have the highest teen birth rates, equal to almost one in ten girls ages 15 to 19 annually.



Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Births to Teens in Wisconsin 2005*, 2006.

The vast majority of births in Wisconsin to mothers under the age of 20 years are first-order births (the first child the woman has borne). However, 18% of births to mothers in this age group represent second-order or higher births. Three percent of teen births in Wisconsin in 2005 were third-order births (DHFS, 2006[k]). Nationally, "repeat teen births" fell 20% from 1993 to 2002. In Milwaukee, this measure fell 29% in the same period (UWGM, 2006).

#### The Social Costs of Teen Pregnancy

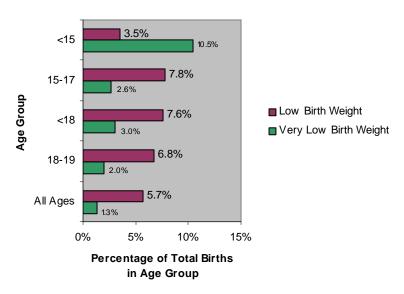
Any discussion of teen pregnancy in the state of Wisconsin must include a discussion of the issue's far-reaching implications. About 85% of the births to teen mothers are paid for through the state's Medical Assistance program. Historically, teenage mothers are less likely to graduate from high school, less likely to complete other degrees, less likely to be qualified for a job that can support a family, and more likely to require the assistance of income subsidies or public assistance programs (DWD, 2004). The cost (over the long term) of one birth to a teenager is estimated at almost \$80,000 (UWGM, 2006). For a comprehensive overview of the social and economic impact of teen pregnancy, see The United Way of Greater Milwaukee's 2006 report, *If Truth be Told: Teen Pregnancy, Public Health, and the Cycle of Poverty*.

#### Reproductive Health: Infant Mortality, Low Birth Weight, & Prenatal Care

Infant mortality rates can provide a powerful window into the overall health of any given community. In the past, efforts to increase economic self-sufficiency and education levels have reduced infant mortality rates, pointing to the connection between quality of life and infant mortality. As in other community indicators, infant mortality rates continue to show sharp racial disparities (DHFS, n.d.[d]).

Low birth weights are commonly associated with inadequate prenatal care and inadequate nutrition (DHFS, n.d.[d]). The link between low birth weight and quality of life indicators, much like the link between community health and infant mortality, is illustrated by these connections.

It should be noted that the most commonly used definition of low birth weight, and the standard that applies to the following data, is a birth weight of less than 2,500 grams (5 pounds). Very low birth weight indicates a weight of 1,500 grams or less (3 pounds, 5 ounces). Low birth weight is associated with both premature ("preterm") births, as well as full-term, underweight infants (March of Dimes, 2007).



#### Percentages of Low and Very Low Birth Weight, by Age Group of Mother, Wisconsin, 2005

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Births to Teens in Wisconsin 2005*, 2006.

Generally, rates of very low and low birth weight infants decline as the age of the mother increases; younger mothers are more likely to have a low birth weight infant (DHFS, 2006[k]). In 2005, the incidence of very low birth weight infants born to Wisconsin mothers under the age of 20 years was 9.3 per 1,000, compared to a lower rate of 7.0 per 1,000 in the general population (DHFS, 2005[d]).

Teenage mothers are more likely to have a low birth weight infant than the general population. The youngest mothers are at the most risk.

#### Reproductive Health: Infant Mortality, Low Birth Weight, & Prenatal Care

For the total Wisconsin population, African American babies are three times as likely to die before reaching one year of age than white babies in Wisconsin. There is no sign of a significant decline in the African American infant mortality rate in this state (DHFS, 2000). Furthermore, less pronounced (but still notable) differences exist among Hispanic, Asian American, Laotian/Hmong, and American Indian infant mortality rates (DHFS, 2007).

Infant Mortality Rates for Wisconsin Teen Mothers, Per 1,000, By Age Group and Race/Ethnicity of Mother, 2005						
	All Races/ Ethnicities	White	Black	American Indian	Hispanic	Laotian/ Hmong
Under Age 15	23.3	N/A*	41.7	N/A*	N/A*	N/A*
15 – 17 Years Old	15.2	13.6	20.4	N/A*	6.6	14.1
18 – 19 Years Old	10.9	9.5	17.2	22.2	7.3	N/A*

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Interactive Statistics on Health Data Query System*. (n.d.)

\*Data not available from WISH Query System.

As shown in the table above, the same disparities appear when examining infant mortality rates for teen mothers of different races and ethnicities. For all races and ethnicities shown, the infant mortality rate is lower for older teens than their younger counterparts. For Wisconsin girls under the age of 15, the 2005 infant mortality rate was 23.3 per 1,000 population, higher than rates for 15 to 17-year-olds (15.2 per 1,000) and 18 to 19-year-olds (10.9 per 1,000). Where data is available, African American and American Indian girls have infant mortality rates higher than those of the general population (DHFS, n.d.[a]).

Compared to white infants, African-American infants in the state of Wisconsin are three times as likely to die before their first birthday. In 2005, the highest infant mortality rates for Wisconsin teen mothers were among African-American and American Indian populations.

## Substance & Alcohol Abuse: Tobacco

The public health risk of youth tobacco use cannot be underestimated. The majority of adolescents who smoke cigarettes on a regular basis become adult smokers, and the risk of related health problems increases if an individual begins smoking at a young age (DHHS, 1996.)

Older teenagers are more likely to be current smokers than their younger counterparts, and are more likely to have tried smoking cigarettes at some point in their lifetimes. There are no notable gender differences in rates of current smoking or ever having smoked among Wisconsin high school students (Palmersheim, Ullsvik, & Remington, 2005). The majority of adolescents who smoke on a regular basis become adult smokers.

Older teens are more likely to report current smoking than their younger counterparts.

In 2006, 8% of Wisconsin middle school girls (in grades 6-8) reported current use of any type of tobacco, compared to 9.6% of boys. Only 0.6% of female students reported use of smokeless tobacco ("chew"), in comparison to 3% of boys (DHFS, 2006[e]).

Wisconsin High School Students Reporting Current Smoking, By Gender, 1999-2005			
	Male	Female	
1999	38%	38%	
2001	29%	37%	
2003	23%	24%	
2005	24%	22%	

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Cigarette Smoking, High School Students*, 2006.

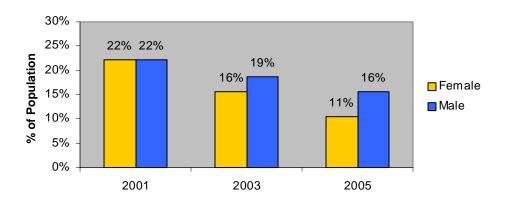
With the exception of 2001 data, there are not substantial differences between the reported rates of current smoking among Wisconsin high school girls and their male peers (DHFS, 2006[f]).

In 2005, 22% of Wisconsin high school girls were current smokers. Rates of smoking among Wisconsin high school students have been steadily declining in recent years. In 1999, 38% of Wisconsin high school girls were current smokers.

## Substance & Alcohol Abuse: Tobacco

The rate of Wisconsin high school students who report ever having smoked an entire cigarette before the age of 13 years has been declining in recent years. The rate of female students engaging in this behavior is decreasing more quickly than that of male students. In 2005, 11% of Wisconsin high school girls reported having smoked a cigarette before the age of 13 (DHHS, 2001; DHHS, 2003[A];DHHS, 2005[a]).

#### Wisconsin High School Students: Smoked a Cigarette Before Age 13, 2001-2005

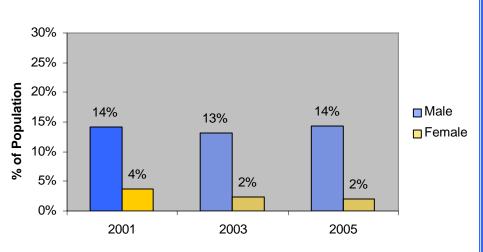


Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.

#### In recent years, the number of Wisconsin high school students who report having smoked a cigarette before age 13 has been declining. In 2005, 11% of Wisconsin high school girls reported smoking before age 13.

Female high school students use smokeless tobacco ("snuff") at lower rates than male students. In 2005, 2% of Wisconsin high school girls reported current use of smokeless tobacco, compared to 14% of their male peers. For 2001-2005, rates of smokeless tobacco usage among Wisconsin high school students are similar to national averages, with male students' usage exceeding that of their female counterparts (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]).

#### Wisconsin High School Students: Current Smokeless Tobacco Use, 2001-2005



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.



See Online Research Appendices for race and ethnicity data related to high school students' smoking behaviors.

**THE STATUS OF GIRLS IN WISCONSIN** 

### Substance & Alcohol Abuse: Alcohol

Underage drinking is a very significant problem, in Wisconsin as well as nationally, and should be viewed as a public health concern. Alcohol is generally the drug of choice for teenagers and is intrinsically linked to deaths and injuries resulting from impaired driving and impaired judgment (United States National Institutes of Health [NIH], n.d.).

100% 79% 76% 73% 80% of Population 54% 60% 49% 47% Lifetime Use Current Use 40% 20% % 0% 2001 2003 2005

#### Wisconsin High School Girls: Use of Alcohol in Their Lifetimes and Current Alcohol Use, 2001-2005

(DPI, 2001; DPI, 2003; DPI, 2005[a]).

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*, 2001, 2003, & 2005.

In 2005, 76% of Wisconsin high school girls reported consuming alcohol at least once in their lifetimes. Almost half reported consuming one or more alcoholic drinks in the past month. Almost a third reported drinking five or more drinks in a row on at least one occasion in the past month.

Of those Wisconsin high school girls who reported ever consuming an alcoholic drink ("other than a few sips"), the majority consumed their first drink from 13 through 17 years of age. (It should be noted that this measure is taken across grade levels.) Approximately 75% of girls who had consumed alcohol in the past reported doing so for the first time from 13 through 17 years of age. Not surprisingly, levels of current and lifetime use of alcohol increase as grade level increases (DPI, 2005[a]).

In Wisconsin, the majority of high school

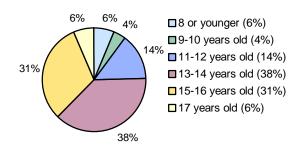
girls report consuming alcohol at least

once in their lifetime ("other than a few

sips"), and approximately half currently used alcohol (had consumed one or more

alcoholic drinks in the preceding 30 days)

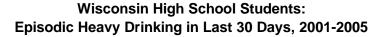
Wisconsin High School Girls: Age First Consumed Alcohol, 2005

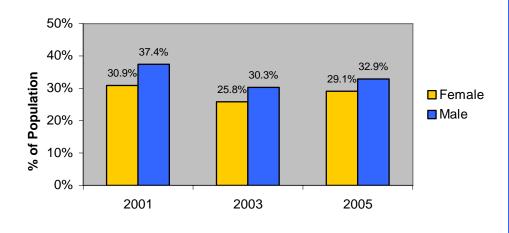


Source: State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*, 2005.

### Substance & Alcohol Abuse: Alcohol

Female high school students in Wisconsin are less likely than male students to engage in current episodic heavy drinking (defined as having at least 5 drinks of alcohol in a row at least one day in the previous month, and also known as "binge drinking"), but the gap is closing. In 2005, 29.1% of Wisconsin high school girls reported current episodic heavy drinking, compared to 32.9% of Wisconsin high school boys (DHHS, 2005[a]).



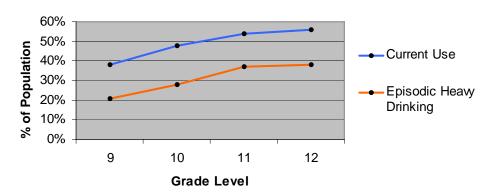


Source: State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*, 2005.

In 2005, 29.1% of Wisconsin high school girls reported episodic heavy drinking (binge drinking) at least once in the previous month, compared to 32.9% of their male peers. This gap, however, seems to be closing.

Wisconsin High School Students: Episodic Heavy Drinking and Current Alcohol Use by Grade, 2005

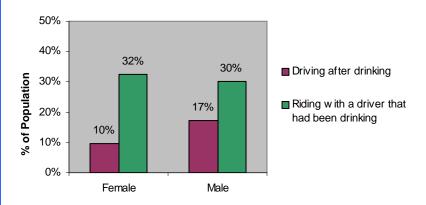
Among all students, rates of episodic heavy drinking and current alcohol use increase as students advance in grade level. However, these increases level off once students reach 11<sup>th</sup> grade. (DPI, 2005[a]).



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*. 2001. 2003. & 2005.

# Substance & Alcohol Abuse: Alcohol

Wisconsin High School Students: Driving After Drinking & Riding With a Driver Who Had Been Drinking, 2005



Wisconsin high school girls are less likely to drive after drinking than their male counterparts. In 2005, 9.7% of female students reported driving after drinking at least one time in the preceding month, compared to 17.3% of male students. However, almost a third (32.4%) of Wisconsin high school girls reported riding in a car with a driver who had been drinking alcohol at least one time in the preceding month. Of their male peers, 30.1% reported this behavior (DHHS, 2005[a]).

Source: State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*. 2005.

In 2005, 9.7% of Wisconsin high school girls reported driving after drinking at least once in the past month. However, almost a third reported riding in a car with a driver who had been drinking at least once in the past month.

In 2005, 709 Wisconsin drivers between the ages of 10 and 19 years old were in a motor vehicle crash while under the influence of alcohol. Furthermore, another 26 drivers between the ages of 10 and 19 years were involved in motor vehicle accidents while under the influence of alcohol and drugs. For both measures, older teens were more often involved in these crash events (Wisconsin Department of Transportation [DOT], 2005).

Wisconsin Drivers Involved in Motor Vehicle Crashes While Under the Influence of Alcohol and Drugs, Ages 10 to 19, 2005			
	Alcohol Alone	Alcohol & Drugs	
10 to 14 Years Old	7	-	
15 Years Old	12	2	
16 Years Old	60	2	
17 Years Old	113	2	
18 Years Old	212	8	
19 Years Old	305	12	

Source: State of Wisconsin, Department of Transportation, 2005 Wisconsin Traffic Crash Facts, 2005.

In 2005, 104,000 Wisconsin girls between the ages of 16 and 19 were licensed drivers. Across genders, rates of motor vehicle crashes and fatal crashes were highest for younger drivers. In 2005, 110 Wisconsin drivers ages 16 to 19 were involved in fatal crashes. Of these, 41 were female and 69 were male. Fifty-one drivers in this age group were killed in these crashes. Of the killed drivers, 19 were female and 32 were male. Of the killed drivers tested for alcohol concentration, 12 female drivers and 20 male drivers had an alcohol concentration level over .08, the legal limit for Wisconsin drivers 21 and over. Of course, any alcohol consumption by youth under 21 years of age is prohibited under Wisconsin law (DOT, 2005).



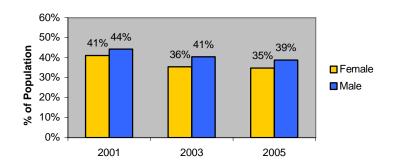
See Online Research Appendices for additional information regarding treatment rates.

THE STATUS OF GIRLS IN WISCONSIN

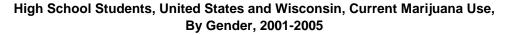
# Substance & Alcohol Abuse: Drug Use

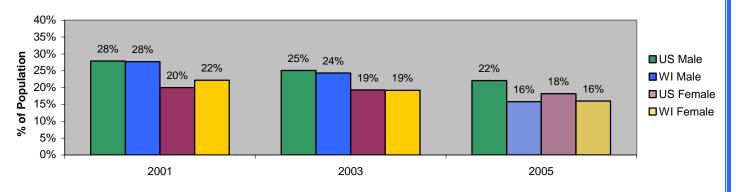
Generally, rates of current drug use increase as high school students advance in grade level. In the state of Wisconsin and nationally, rates of current marijuana use increase by grade level. In recent years, Wisconsin high school girls are slightly less likely than their male peers to report ever having tried marijuana. In 2005, 34.8% of Wisconsin high school girls reported that they had used marijuana at least once in their lifetimes, compared to 38.8% of Wisconsin high school boys, slightly below the national average (DHHS, 2001; DHHS, 2003[A], DHHS, 2005[a]).

#### Wisconsin High School Students Who Have Used Marijuana, 2001-2005



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.





Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.

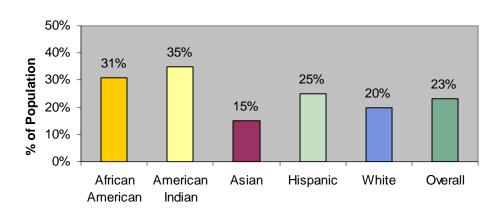
Rates of current marijuana use (defined as having used marijuana at least once in the preceding month) among Wisconsin high school girls have been on the decline in recent years. In 2005, there was almost no difference between rates for Wisconsin high school girls and boys (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]. Wisconsin high school girls were less likely to report smoking marijuana before the age of 13 than their male peers. In 2005, 5% of Wisconsin high school girls reported that they had tried marijuana before the age of 13, compared to 9% of male students (DHFS, 2006[h]).

In 2005, 35% of Wisconsin high school girls reported using marijuana at least once in their lifetimes, and 16% reported using marijuana at least once in the past month.

### Substance & Alcohol Abuse: Drug Use

Wisconsin High School Students Reporting Current Marijuana Use By Race/Ethnicity, 2001-2005

While data by gender are not available by race/ethnicity, definite disparities exist. Among Wisconsin high school students reporting current marijuana use, American Indian students report the highest usage (35%), and Asian American students the lowest (15%) (DHFS, 2006[g]).

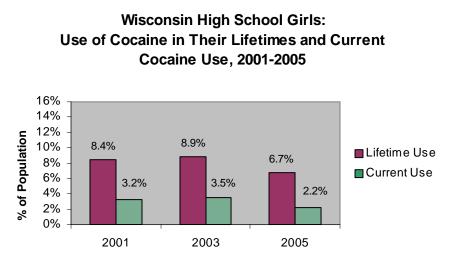


Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Marijuana use, high school students*, 2006.

Furthermore, African American and American Indian high school students were more likely than students of other racial and ethnic groups to report using marijuana for the first time before the age of 13 years. Between 2001 and 2005, 20% of African American students, 24% of American Indian students, 9% of Asian American students, 17% of Hispanic students, and 6% of white students reported this behavior (DHFS, 2006[h]).

In 2005, 6.7% of Wisconsin high school girls reported ever using cocaine, and 2.2% reported using cocaine in the past month.

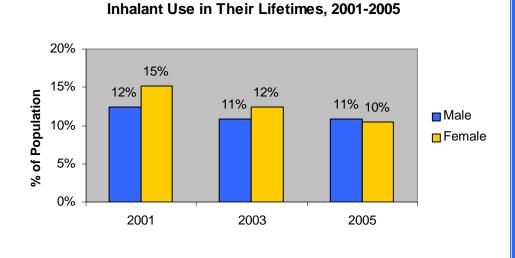
Rates of ever using cocaine and current cocaine use among Wisconsin high school students have been generally similar to national rates in the past five years. In 2005, 6.7% of Wisconsin high school girls reported ever having used cocaine, and 2.2% reported current cocaine use. Of their male peers, 8.8% reported ever using cocaine, and 3.2% reported current use (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]).



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.

# Substance & Alcohol Abuse: Drug Use

In 2001, Wisconsin high school girls were more likely than their male peers to report using inhalants (sniffing glue, inhaling aerosol paint, etc.) at least once in their lifetimes. In 2001, 15.1% of Wisconsin high school girls reported this behavior, compared to 12.4% of their male counterparts. However, the rate of lifetime inhalant usage among Wisconsin high school girls has been declining. In 2005, 10.4% of female students reported ever using inhalants (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]).

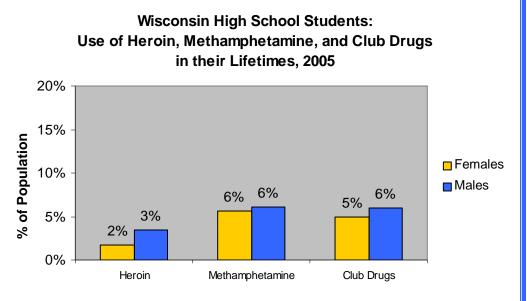


Wisconsin High School Students:

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*. 2001. 2003. & 2005.

# In 2005, 1.7% of Wisconsin high school girls reported ever using heroin, 6.1% reported ever using methamphetamine, and 5% reported ever using club drugs.

Wisconsin high school girls are half as likely as boys to report ever using heroin (1.7% compared to 3.4% for boys in 2005). In the same year, 5.6% of Wisconsin high school girls reported ever using methamphetamine, compared to 6.1% of Wisconsin high school boys (DHHS, 2005[a]). Finally, 5% of Wisconsin high school girls reported ever having used club drugs (ecstasy, special K, or GHB) in 2005, compared to 6% of Wisconsin high school boys (DPI, 2005[a]).



Sources: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2005. State of Wisconsin, Department of Public Instruction, *Wisconsin Youth Risk Behavior Survey*, 2005.



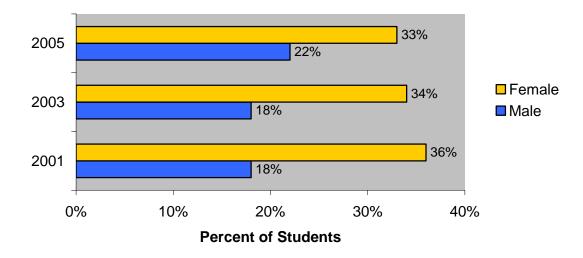
See Online Research Appendices for additional information regarding treatment rates.

THE STATUS OF GIRLS IN WISCONSIN

# Mental Health: Depression

Clinical depression is characterized by symptoms like depressed mood, changes in appetite or lifestyle, uncomfortable physical symptoms, and thoughts of suicide. Women are twice as likely to report experiencing clinical depression in their lifetimes (National Alliance on Mental Illness [NAMI], 2007).

In Wisconsin, as well as nationally, female high school students are more likely to report symptoms of clinical depression than their male counterparts.



#### Wisconsin High School Students: Self-Reported Rates of Depression, 2001-2005

Source: State of Wisconsin, Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2001-2005.

In 2005, 33% of Wisconsin high school girls reported feeling "so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities" at least once in the past year, below the national average for girls of 36.7%, but well above the rate of 22% for Wisconsin high school boys (DPI, 2005[a]).

Despite the high rates of self-reported depressive episodes among Wisconsin teen girls, the rates of self-reported receipt of mental health care (of any kind) are comparatively low. In 2004, only 5% of Wisconsin females under the age of 18 received any mental health counseling or care (Wisconsin Department of Health and Family Services [DHFS], 2006[a]).

According to the Centers for Disease Control and Prevention, the state of Wisconsin ranks 48<sup>th</sup> (out of 50 states and the District of Columbia) for the average number of days per month (4.4) on which women's mental health is not good (Institute for Women's Policy Research [IWPR], 2004). In 2005, 33% of Wisconsin high school girls reported feeling "so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities."

### Mental Health: Self-Harm

Self-harming behaviors involve the intentional infliction of injury to one's own body with the purpose of harming or killing oneself (DHHS, 2006[a]). Adolescent girls are especially at risk for self-injury, as self-harming behaviors commonly appear in the early teen years, and females of any age are more likely to engage in self-injury than are their male counterparts (Mayo Clinic, 2006).

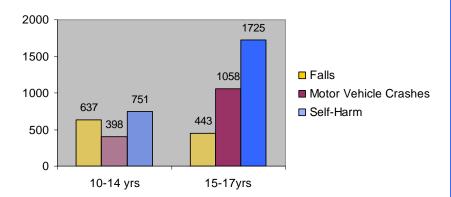
Common self-harming behaviors include cutting, burning, self-poisoning, biting, hitting, and pulling out one's own hair. For many individuals, acts of self-injury provide relief from persistent emotional or psychological pain, a feeling of control, or simply a way to feel "something" (Mayo Clinic, 2006).

For Wisconsin youth aged 10 to 17 years, self-harm is the leading cause of injury-related hospitalizations, exceeding the number of injury hospitalizations due to falls and motor vehicle crashes. From 2002 through 2004, 751 Wisconsin youth of both genders ages 10 to 14 years, and 1,725 youth ages 15 to 17 years, were hospitalized due to confirmed or suspected self-injury (DHFS, 2006[b]).

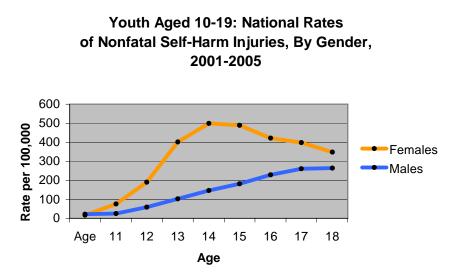
For Wisconsin youth ages 10 to 17, self-harm is the leading cause of injury-related hospitalizations.

Nationally, the risk of self-injury for girls peaks at about 15 years of age, but remains high throughout the teenage years, dropping off slightly in older teens. Female teens are more likely to engage in self-harm than their male peers (DHHS, n.d.[a])

#### Wisconsin Youth Ages 10-17: No. of Injury Hospitalizations by Cause, 2002-2004



Source: State of Wisconsin, Department of Health and Family Services, Wisconsin Injury Prevention Program, *The Burden of Injury in Wisconsin*, 2006.

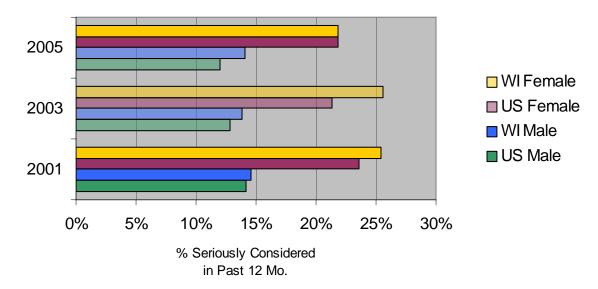


Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control, *Self-Harm All Injury Causes Nonfatal Injuries and Rates per 100,000.* 

# Mental Health: Suicide

Like self-harm, suicide is a significant problem among adolescents in the state of Wisconsin. It is important to distinguish between suicide *attempts* and suicide *deaths*, as national estimates indicate that only one suicide death occurs for every twenty suicide attempts in the general population (DHFS, 2006[c]).

When comparing rates of self-reported depression and rates of self-reported suicide attempts among Wisconsin high school students, surprising differences are found between genders. Female high school students tend to report higher rates of depressive episodes, serious consideration of suicide, and actual suicide attempts than their male counterparts (DPI, 2005[a]; DPI, 2003; DPI, 2001). However, suicide deaths among male teenagers in Wisconsin consistently outnumber suicide deaths of female teenagers (DHFS, 2006[c]).



#### High School Students Reporting Serious Consideration of Suicide, United States and Wisconsin, 2001-2005

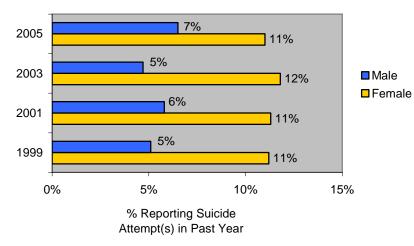
Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 1997, 1999, 2001, 2003, & 2005.

Both national and state data, represented above, show that female high school students are more likely to report seriously considering suicide in the previous 12 months than their male peers (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]).

In 2005, about 22% of Wisconsin high school girls reported seriously considering suicide in the past year, compared to 14% of boys. Eleven percent of girls reported at least one suicide attempt in the past year, compared to 7% of boys. However, for Wisconsin youth ages 10 to 19, males actually commit suicide at more than twice the rate of females.

### Mental Health: Suicide

#### Wisconsin High School Students Reporting Suicide Attempt(s) in the Past Year, 1999-2005



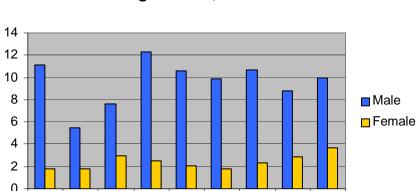
Furthermore, female high school students in Wisconsin are more likely to report at least one suicide attempt in the past 12 months. In 2005, 11% of Wisconsin high school girls reported attempting suicide at least once in the past year, compared with 6.5% of male high school students (DHHS, 2001; DHHS, 2003[A]; DHHS, 2005[a]).

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*. 2001. 2003. & 2005.

Suicide Rate per 100,000 Population

However, actual rates of death by suicide reflect an opposite disparity. Wisconsin males aged 10-19 years are more likely to actually die by suicide than their female counterparts. In 2005, the rate of death by suicide for Wisconsin girls aged 10-19 years was 3.65 per 100,000 population, compared to a rate of 9.92 suicide deaths per 100,000 Wisconsin males of the same age group (DHFS, n.d.[a]).

Between 1999 and 2004, suicide was the third leading cause of death among Wisconsin girls ages 10 to 14, and the second leading cause of death among Wisconsin females ages 15 to 24.



#### Suicide Rates Among Wisconsin Youth Aged 10-19, 1997-2005

Source: State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Interactive Statistics on Health Data Ouerv System*. (n.d.)

1997 1998 1999 2000 2001 2002 2003 2004 2005

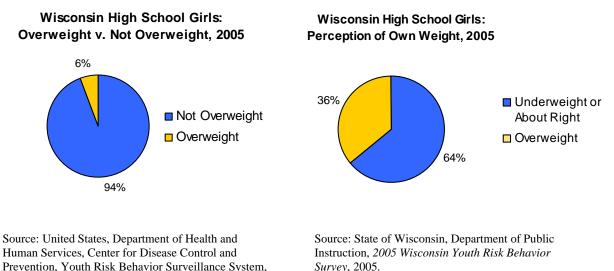
Relatively lower rates of suicide deaths among girls do not indicate lack of risk, however. Between 1999 and 2004, suicide was the third leading cause of death among Wisconsin girls aged 10 to 14 years. (The first and second leading causes of death for this age group were unintentional injury and cancer, respectively.) During the same period, suicide was the second leading cause of death among Wisconsin girls and women aged 15-24 years. (Unintentional injury was the leading cause of death in this age group.) In all, there were a total of 97 deaths by suicide among Wisconsin females, aged 10 to 24, in this five-year period (DHHS, n.d.[b]).

#### THE STATUS OF GIRLS IN WISCONSIN

### Mental Health: Body Image

Body image can be defined in several ways. The concept of body image includes the ways in which we perceive ourselves, the beliefs we hold about our bodies and our appearance, and the emotions associated with our body and appearance. Negative body image consists of an inaccurate perception of one's appearance and/or weight, accompanied by negative emotions and insecurity. Positive body image consists of a truthful perception and genuine appreciation of one's appearance and/or weight. Negative body image is associated with eating disorders, low self-esteem, and depression (National Eating Disorders Association [NEDA], n.d.[a]).

National data in the Girl Scout Research Institute's *The New Normal* report shows interesting contrasts by race and ethnicity. African-American and Hispanic girls are most likely to be overweight. However, African-American girls generally have a more positive body image than girls of other racial backgrounds. Hispanic girls (with the exception of those at higher income levels) tend to have a more positive body image than white girls (Girl Scouts of the USA, 2007).



Wisconsin high school girls are far more likely to believe themselves to be overweight than to actually *be* overweight. In 2005, 36% of Wisconsin high school girls believed themselves to be slightly or very overweight. Another 53% believed themselves to be "about the right weight," and 11% categorized themselves as slightly or very underweight (DPI, 2005[a]). Only about 6%

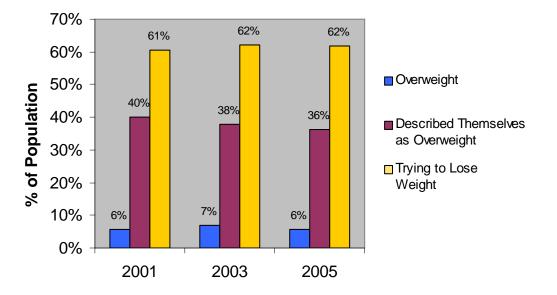
of the same population was actually overweight in 2005 (DHHS, n.d.[c]).

#### In 2005, about 6% of Wisconsin high school girls were actually overweight. However, 36% perceived themselves as overweight, and 62% reported that they were trying to lose weight.

Although less than half of Wisconsin high school girls perceive themselves as overweight, 62% were trying to lose weight in 2005, compared to 30% of Wisconsin high school boys. In recent years, the number of Wisconsin high school girls trying to lose weight has been greater than those who are either actually overweight or those who perceive themselves as overweight (DHHS, 2001; DHHS, 2003[A], DHHS, 2005[a]).

# Mental Health: Eating Disorders

There are three main types of eating disorders. Anorexia nervosa involves a drastic reduction in caloric intake and extreme weight loss. Bulimia nervosa involves a cycle of binging and purging – eating large amounts and inducing vomiting, abusing laxatives, or excessively exercising in order to rid the body of the excess calories. Binge eating disorder consists of consumption of large amounts of food and the possible use of fasting or excessive dieting. (An individual may not fall into only one diagnostic category. Combinations of these symptoms are not uncommon.) Eating disorders involve an extreme and unhealthy preoccupation with weight (NEDA, n.d.[b]). Girls and young women account for an estimated 90% of eating disorders (NCRW, 2002).



#### Wisconsin High School Girls' Weight, Body Image, and Weight Loss Efforts, 2001-2005

Sources: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance*, 2001, 2003, & 2005.

United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *YRBSS Youth Online Database*.

In 2005, 60% of Wisconsin high school girls had increased their physical activity in the preceding month in order to lose weight or maintain their current weight, and 61% had made healthier food choices for this purpose. Eight percent of Wisconsin high school girls, compared with 3% of boys, had vomited or used laxatives in the preceding month in order to lose weight or maintain their current weight (DPI, 2005[a]).

In 2003, the last year data was gathered on the subject, 4% of Wisconsin girls reported that they had abstained from eating for more than 24 hours in the preceding month in order to lose weight or maintain their current weight (DPI, 2003).

In 2005, 8% of Wisconsin high school girls reported vomiting or using laxatives in the past month to lose weight or maintain their current weight.

In 2003, 4% reported they had abstained from eating for more than a day at least once in the preceding month in order to lose weight or maintain their current weight.

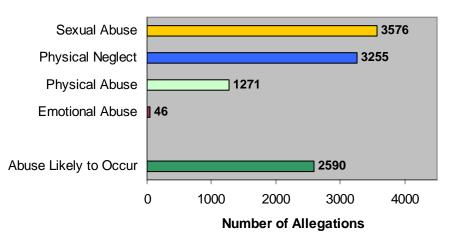
### Violence & Abuse: Child Abuse & Neglect

Child abuse and neglect are serious problems that have lasting effects on children who experience them. Certainly, the physical effects of abuse and neglect can be severe. A child who suffers abuse or neglect may be harmed physically, developmentally, emotionally, psychologically, and socially for the rest of her life. Children who have experienced abuse or neglect often use alcohol and drugs, and are more likely to become juvenile offenders. Academic and social development may be severely affected. The experience of child abuse and neglect is associated with eating disorders, impaired social relationships, self-injury, and depression (DHHS, 2003[A][b]). Furthermore, deaths due to child abuse and neglect continue to occur every year in Wisconsin (DHFS, 2005[e]).

Wisconsin Child Protective Services (CPS) uses the following definitions to describe child abuse and neglect. Maltreatment of children can be categorized into four different forms: physical abuse, physical neglect, sexual abuse, and emotional abuse. Physical abuse is the intentional infliction of physical injury upon a child (someone 17 years of age or younger). Physical neglect involves a failure of a child's parent or guardian to provide for a child's basic needs to such a degree as to endanger the child's health (except where poverty is deemed the cause of the neglect). Sexual abuse of a child includes activities ranging from intercourse to exposure to sexual activity. (Sexual assault will also be discussed in detail in the following section.) Emotional abuse is defined as a failure on the part of a child's parent or guardian to seek the necessary help for a child when symptoms of emotional damage are present. Again, this standard applies only when poverty is not the cause of the adult's failure to seek proper care for the child. Finally, where risk factors are present, CPS may make a determination that maltreatment "is likely to occur," and take action on this basis (DHFS, 2005[e]).

The low number of substantiated emotional abuse allegations may be due to the difficulty of identifying this form of maltreatment. Emotional abuse is identified through assessment of indicators such as bed wetting, behavioral changes, behavior that is not ageappropriate, or other clues such as destructiveness or trouble forming normal peer relationships. Often, children that have been emotionally abused are extremely loyal to the perpetrator of the abuse, fear punishment for reporting the abuse, or believe that the abusive behavior is normal (Prevent Child Abuse America, n.d.)

# Substantiated Reports of Child Abuse and Neglect, By Type, Wisconsin, 2005



Source: State of Wisconsin, Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, *Wisconsin Child Abuse and Neglect Report*, 2005.

## Violence & Abuse: Child Abuse & Neglect

In 2005, 8,831 children in the state of Wisconsin were victims of child abuse and neglect. That translates to an estimated rate of 6.5 abused children per 1,000 in the state. Measures of *substantiated* reports of abuse and neglect include only those cases where a CPS staff member determines, by a preponderance of the evidence, that a child has been victimized by child abuse and neglect. In 2005, CPS found 3,576 allegations of sexual abuse of a child to be substantiated, compared with 3,255 cases of physical neglect, 1,271 cases of physical abuse, and 46 cases of emotional abuse. Furthermore, 2,590 reports were determined to be situations in which abuse was likely to occur, and therefore may have presented an opportunity for CPS intervention (DHFS, 2005[e]).

In 2005, 60.1% of victims of child abuse and neglect in Wisconsin were girls. Girls in the state were victimized at a rate of 8 girls per 1,000 population, compared with a lower rate of 5 boys per 1,000 population. For girls, rates of abuse and neglect rise steeply after age 11, while rates of abuse and neglect begin to decline for their male peers as they age (DHFS, 2005[e]).

For girls 12 years of age and over, sexual abuse allegations make up the majority of substantiated allegations of abuse, as well as determinations that abuse is likely to occur. The number of these determinations in cases of neglect declines as girls age, while the number of these determinations in cases of physical abuse remain relatively steady as girls age (DHFS, 2005[e]).

In 2005, 60.1% of victims of child abuse and neglect in Wisconsin were girls. Girls were victimized at a rate of 8 per 1,000 – compared to 5 per 1,000 boys.

Rates of abuse rise sharply after age 11 for Wisconsin girls, while rates for boys decline as they age.

For girls 12 and over, the majority of substantiated allegations involved sexual abuse.

#### Child Abuse and Neglect in Wisconsin: Rate of Victimization per 1,000 Population, By Age and Gender, 2005

	Female	Male
Age <1 - 3	6.3	6.5
Age 4 - 7	6.8	6.6
Age 8 - 11	5.8	5
Age 12 - 15	10.4	3.6
Age > 16	12.4	2.7

Source: State of Wisconsin, Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, *Wisconsin Child Abuse and Neglect Report*, 2005.

> The majority (67%) of substantiated reports of child abuse in Wisconsin in 2005 were perpetrated by primary caregivers. Parents perpetrated abuse in 47% of cases, partners of parents in 10% of cases, step parents in 3% of cases, other relatives in the home in 2% of cases, and foster parents in 0.6% of cases. About 53% of the cases in which a foster parent was a perpetrator involved neglect, 18% involved sexual abuse, 14% involved physical abuse, and 14% were cases in which abuse was likely to occur. Non-caregivers were perpetrators in 19% of cases, including peer maltreaters in 5% of cases, and family friends in 3% of cases. Almost 70% of cases perpetrated by non-caregivers involved sexual abuse (DHFS, 2005[e]).

## Violence & Abuse: Sexual Assault

The broad category of sexual assault of a child includes the following acts under Wisconsin law: sexual contact or intercourse with a child who is younger than 13 years, sexual contact or intercourse with a child who is not yet 16 years of age, sexual intercourse with a child 16 or 17 years old, incest, child enticement, solicitation of a child for prostitution, exposing genitals to a child, and exposing a child to sexually explicit material, among other charges (Wisconsin Coalition Against Sexual Assault, Inc. [WCASA], 2006).

In 2005, 13% of Wisconsin high school girls reported being forced, physically or verbally, to take part in a sexual activity. Five percent of Wisconsin high school girls reported being "not sure" as to whether this had occurred. In contrast, 6% of Wisconsin high school boys reported being forced to take part in sexual activity, and 2% were unsure (DPI, 2005[a]).

In *Sexual Assaults in Wisconsin 2004* (the last year this report was released), it is noted that 70.1% of all sexual assaults in the state of Wisconsin in 2004 were perpetrated on victims less than 16 years of age. Another 6.7% of assaults involved victims 16 or 17 years of age, and an additional 5.8% of sexual assaults involved victims aged 18-20 years (OJA, 2005).

In 2005, 13% of Wisconsin high school girls reported being forced, physically or verbally, to take part in a sexual activity.

Of reported sexual assaults in Wisconsin (2004), 85% of sexual assaults in Wisconsin in 2004 were perpetrated on females. In that year, 80% of victims were white, 16% were African-American, 1% were American Indian, 1% were Asian-American, and, in another 1% of cases, the race/ethnicity of the victim was unknown (OJA, 2005). By comparison, among the total population of females in Wisconsin, 88% are white; 6% African American, 4% are Hispanic, 2% are Asian American and 1% American Indian (USCB, 2005[a]). It is notable that while African American women make up only 6% of the state's population, they account for 16% of reported sexual assaults.

In 2004, 70.1% of reported sexual assaults in Wisconsin were perpetrated on victims under the age of 16. Eighty-five percent of victims were female. In 2004, 93.3% of perpetrators of reported sexual assault in Wisconsin were male. More than half were teens, with 25% under age 15 at the time of the assault. According to the Office of Justice Assistance, approximately 8.8% of perpetrators were 12 years of age or younger, 18.4% were between 13 and 15 years old, 11% were 16 and 17 years old, and 14.7% were between 18 and 20 years old (OJA, 2005).

As noted in the previous Teen Pregnancy section, the majority of males who father babies with teenage girls are over 20 years of age, implying statutory rape. Evidence points to a close correlation between sexual assault and teenage pregnancy. Twenty-three percent of women who are sexually assaulted become pregnant by the perpetrator. Forty-two percent of girls 15 or younger who are having sex report that their first sexual intercourse was not consensual (UWGM, 2006).

# Violence & Abuse: Intimate Partner Violence

Intimate partner violence involves abuse perpetrated by a boyfriend, girlfriend, a current spouse, or an ex-spouse. It can be hard to accurately measure intimate partner violence for several reasons. The abuse often happens in a private setting, the victim may be ashamed and reluctant to report the perpetrator, and the victim may feel that reporting the abuse could lead to retaliation (DOJ, 2006[a]).

When asked, "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" in the *2005 Wisconsin Youth Risk Behavior Survey*, Wisconsin high school girls and boys were equally likely to report that this had occurred. For both girls and boys, 8% of students reported experiencing dating violence (DPI, 2005[a]).



See Online Research Appendices for national data regarding intimate partner violence.

### Violence & Abuse: Sexual Harassment

In 2005, 30% of Wisconsin girls reported that someone at their school had touched them, said something to them, or displayed a sexual photograph or picture that made them uncomfortable. Another 5% of Wisconsin girls reported that they were not sure if this had occurred. In comparison, 11% of their male peers reported this experience, and another 3% weren't sure if this had happened. Levels of this experience did not generally increase or decrease across grade levels (DPI, 2005[a]).

In 2005, 30% of Wisconsin high school girls reported that someone at their school had touched them, said something to them, or displayed a sexual photograph or picture that made them uncomfortable.

Nationally, there is evidence that sexual harassment, while not appreciated or welcomed by students, is becoming an accepted part of students' educational experience.

### Understanding Girls' Lives: Sexual Harassment

Sexual harassment is sexual behavior, like touching, verbal comments, jokes, and physical interaction that is directed at a person who does not want the behavior to occur. Students in today's schools experience sexual harassment in a variety of ways: forced touching or rubbing up against a person, sexual comments, sexual jokes, the unwanted showing of sexual pictures or material to an individual, rumors about a person's sexuality or sexual behavior, and "peeping," the act of spying on a person in a state of undress (American Association of University Women Educational Foundation [AAUW], 2001).

Nationally, girls are more likely than boys to experience either physical or nonphysical sexual harassment in schools, and to experience either type of harassment on a more frequent basis. Alarmingly, many students report that their attitudes toward sexual harassment are somewhat ambivalent. There is evidence that sexual harassment, while not appreciated or welcomed by students, is becoming an accepted part of the educational experience. Effects of sexual harassment range from emotional reactions, feeling unsafe at school, withdrawing while at school, and attention problems resulting from the harassment (AAUW, 2001).

In 2001, 18% of U.S. students in 8<sup>th</sup> through 11<sup>th</sup> grade reported being afraid of getting hurt or bothered while at school. There were no notable differences between male and female students, nor between rural and urban student populations. Eighty-three percent of girls in these grades reported ever being sexually harassed (compared to 79% of their male peers), and 30% of girls reported being sexually harassed often (compared to 24% of boys). Almost half (44%) of girls in these grades reported being afraid of being sexually harassed at school, compared to 20% of their male peers (AAUW, 2001).

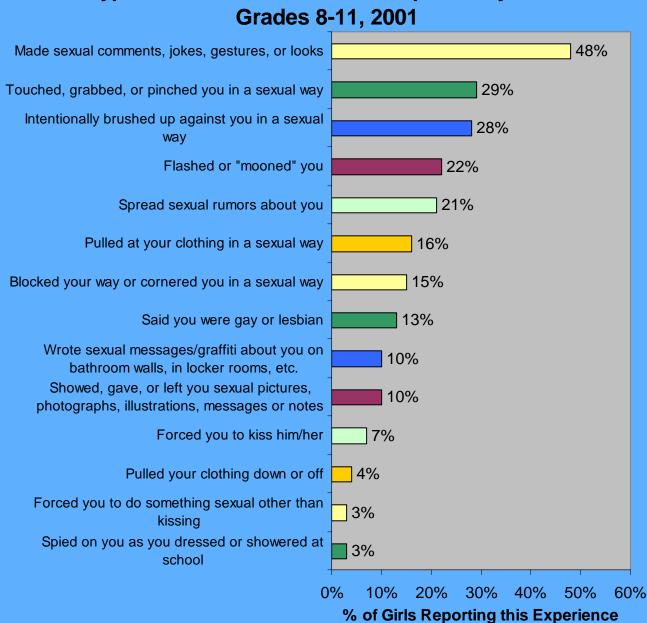
A more detailed picture of sexual harassment in schools can be obtained by studying data from *Hostile Hallways*, a 2001 report by the American Association for University Women. Nationally, girls in the 8<sup>th</sup> through 11<sup>th</sup> grades report experiencing a range of sexual harassment, ranging from sexual jokes, comments, gestures, or looks (48%), to being spied on while undressing or showering at school (3%). Seven percent of girls in this study reported being forced to kiss someone, and 3% reported being forced to perform other sex acts (AAUW, 2001).

#### **Beyond the Report**

These pages report data from a national perspective.

What types of sexual harassment are Wisconsin girls experiencing?

Are there differences among age groups, geographic locations, races/ethnicities, or income levels?



Types of Sexual Harassment Reported by Girls,

Source: American Association of University Women Educational Foundation, Hostile Hallways: Bullying, Teasing, and Sexual Harassment in Schools, 2001.

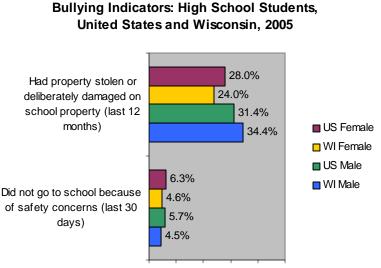
> THE STATUS OF GIRLS IN WISCONSIN © Copyright Alverno College 2007

# Violence & Abuse: Bullying & Fighting

Girls experience many different types of bullying – teasing, malicious rumors, namecalling, physical bullying, and even cyberbullying, bullying behavior that occurs in places like online chat rooms (GirlsHealth.gov Program, n.d.)

Wisconsin high school girls are less likely to report that they did not attend school one or more days in the previous month because of safety concerns than are high school girls nationally. In 2005, 4.6% of Wisconsin high school girls reported this behavior, compared to 4.5% of their male peers in the state and 6.3% of high school girls nationally. Wisconsin high school girls were also less likely than both their male peers and high school girls nationally to report having their property stolen or deliberately damaged on school property within the preceding year. In 2005, 24% of Wisconsin high school girls reported this occurrence, compared to 34.4% of Wisconsin high school boys and 28% of high school girls nationally (DHHS, 2005[a]).

Girls are less likely than boys to report physical fighting. In 2005, 7.1% of Wisconsin high school girls reported getting into a physical fight at school at least once in the preceding year, compared to 17% of their male counterparts in the state and 8.8% of female high school students nationally. While 1.1% of Wisconsin girls reported carrying a weapon at school at least once in the preceding month, 4.9% reported being threatened or injured with a weapon at school at least once in the past year. On a national level, 2.6% of high school girls reported carrying a weapon at school, and 6.1% reported being threatened or injured with a weapon while at school (DHHS, 2005[a]).

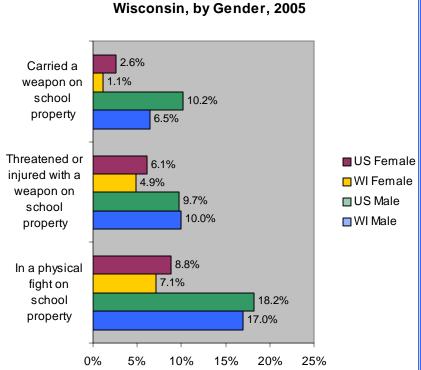


0% 10% 20% 30% 40% 50%

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance 2005*, 2005.

Fighting and Weapons at School:

**High School Students, United States and** 



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Surveillance 2005*, 2005.



See Online Research Appendices for national data regarding bullying and fighting. THE STATUS OF GIRLS IN WISCONSIN

**63** 

## **Crime & Incarceration: Juvenile Crime**

In general, Wisconsin crime rates for selected offenses (violent crime, murder, forcible rape, robbery, and aggravated assault) are lower than national crime rates (DOJ, 2006[b]). Juvenile crime, however, remains a significant problem in the state (as well as nationally). Wisconsin's rate of juvenile arrests is one of the highest in the nation. This trend, however, may be an effect of certain Wisconsin laws regarding curfew, liquor law, and disorderly conduct offenses that are stricter than in other areas of the country (OJA, 2006).

Juvenile crime does not occur in a vacuum. Indicators of high-risk youth, those who are most likely to become juvenile offenders, include the following: the experience of divorce or family separation, living in poverty, witnessing violence or experiencing child abuse, academic failure, and parents or relatives who are addicted to drugs or incarcerated (OJA, 2006). Many, if not most, girls in the juvenile justice system have experienced abuse in some form or another (Girls Incorporated, 2002 [b]).

Many girls in the juvenile justice system have experienced abuse in some form or another. Additional indicators of high-risk youth include separation or divorce in their families, living in poverty, witnessing violence, academic failure, and parents or relatives who are addicted to drugs or incarcerated.

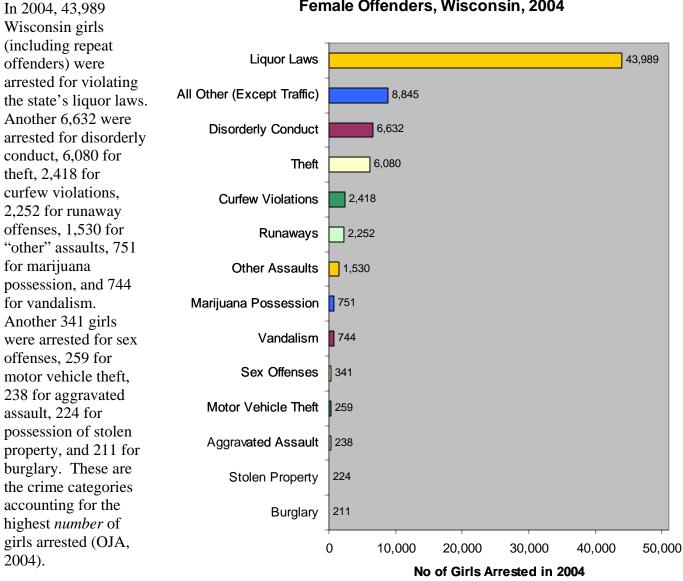
Another factor that affects the numbers is the nature of the crimes themselves. Most young women who become juvenile offenders begin with a "status offense"— a crime that is only a crime by virtue of the juvenile's age. Examples of status offenses include laws that prohibit underage drinking and curfew ordinances (Girls Incorporated, 2002[b]).

# Most young female offenders begin with a status offense – an act that is only illegal by virtue of their age, like liquor law violations.

Of those girls who have contact with the juvenile justice system, only a quarter return on new charges (Girls Incorporated, 2002[b]). In Wisconsin, juvenile offenses were most common at 15 and 16 years of age. In 2004, 60% of juvenile court cases involved offenders who were 15 or 16 years of age. In the same year, 32% of all juvenile arrests involved female offenders. In all, there were 36,217 arrests of female juvenile offenders in Wisconsin in 2004 (OJA, 2004).

Arrests for liquor laws represent a large portion of arrests of juvenile girls in Wisconsin. In 2004, the last year for which data on juvenile arrests is available, almost 44,000 Wisconsin girls were arrested for violations of liquor laws. Another 8,845 were arrested for various offenses not included in other categories, 6,632 were arrested for disorderly conduct, 6,080 were arrested for theft, 2,418 were arrested for curfew violations, 2,252 were arrested as runaways, and 1,530 were arrested for other assaults (OJA, 2004).

### **Crime & Incarceration: Juvenile Crime**



#### Juvenile Arrest Categories with Highest Number of Female Offenders, Wisconsin, 2004

Source: State of Wisconsin, Office of Justice Assistance, Crime and Arrests in Wisconsin 2004,

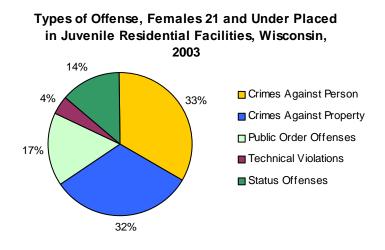
In 2004, Wisconsin girls (under age 18) accounted for 69% of all prostitution arrests, 57% of all runaway arrests, 45% of arrests for fraud, 44% of arrests for synthetic narcotic sales, 42% of arrests for theft, 39% of liquor law violation arrests, 36% of embezzlement arrests, 36% of arrests for curfew violations, 34% of arrests for offenses against families and children, 33% of arrests for negligent manslaughter, and 33% of arrests for other assaults (other than aggravated assault). These are the crime categories in which female offenders made up the largest *proportion* of total arrests, not the categories that yielded the highest *number* of female arrests (OJA, 2004).

In 2004, crime categories with the highest *proportion* of juvenile females arrested include prostitution, fraud, & runaway offenses.

By far, liquor law violations accounted for the largest *number* of juvenile female arrestees.

## **Crime & Incarceration: Juvenile Incarceration**

In 2003, the last year for which data is provided, the National Center for Juvenile Justice [NCJJ] reports a total of 1,455 Wisconsin youth of both genders under the age of 18 were detained or committed due to the commission of a crime (DOJ, 2005). NCJJ statistics measure the number of juvenile offenders residing in residential facilities operated to house juvenile offenders, and do not take into account populations in foster homes, facilities for drug treatment, nonresidential detention facilities, or other types of non-family juvenile residences (DOJ, n.d.).



Source: United States Department of Justice, Office of Juvenile Justice and Delinquency, National Center for Juvenile Justice, *Census of Juveniles in Residential Placement Databook*. 2005.

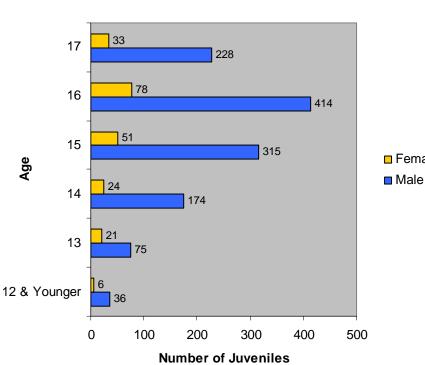
Over half of Wisconsin girls in residential placement in 2005 were detained or committed due to property crime (theft, auto theft, burglary, etc.) or crimes against person (assault, sexual assault, robbery, etc.). Another 17% were detained or committed because of public order offenses (weapons charges, alcohol violations, etc.), and 14% were detained or committed due to status offenses (running away, truancy, incorrigibility, etc). Another 4% were committed for technical violations, like violating previous release conditions (DOJ, 2005).

After a juvenile offender has been arrested, he or she may be sent to a juvenile secure detention facility. Generally, only juveniles 12 years of age or older are held in secure detention in Wisconsin. These detention centers are administered by the Wisconsin Department of Corrections. Children under the age of 12 are held in secure detention only in atypical circumstances (Wisconsin Department of Corrections [DOC], n.d.[a]).

To be placed in secure detention, a juvenile has to have committed a crime for which an adult could be incarcerated for six months or longer, and for which a court has found that the juvenile's presence in the community poses a risk to other residents. On average, a juvenile offender will be incarcerated in secure detention for about eight or nine months. For serious offenders, sentences may range from 18 months to two years in detention. Juvenile correctional institutions provide a range of services, from case planning and drug and alcohol treatment to spiritual counseling and mentoring programs (DOC, n.d.[a]).

The main incarceration facility for girls in the state of Wisconsin is the Southern Oaks Girls School (Union Grove, WI). It is a secure detention facility with a budget to support an average of 82 girls per day. Southern Oaks opened in 1994, and provides programming intended specifically for female juvenile offenders. Southern Oaks offers both a short re-entry program for ten girls at a time, an Intensive Treatment Program designed for offenders with serious mental health issues, and a "Stepping Up" program that addresses the needs of offenders with less severe mental health problems (DOC, n.d.[b]).

# Crime & Incarceration: Juvenile Incarceration



Juveniles in Residential Placement, By Age and Gender, Wisconsin, 2003

Of Wisconsin youth in residential placement in 2003, the vast majority were male. Boys accounted for 1,242 of these offenders, while girls accounted for 213 (DOJ, 2005).

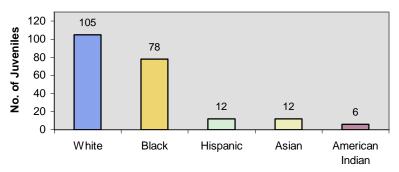
#### Female

Most juveniles in residential placement were 15 and 16 years of age. Over 60% of girls in residential placement were either 15 or 16 years of age on the census date. Six girls were 12 years of age or younger (DOJ, 2005).

Source: United States Department of Justice, Office of Juvenile Justice and Delinquency, National Center for Juvenile Justice, Census of Juveniles in Residential Placement Databook, 2005.

In 2003, the majority of Wisconsin girls in juvenile placement were white (DOJ, 2005). However, African American girls in particular, representing a much smaller portion of the overall population but over a third of the girls in residential placement, were incarcerated at a much higher rate than their white peers.

### Female Juveniles in Residential Placement, By Race/Ethnicity, 2003



Source: United States Department of Justice, Office of Juvenile Justice and Delinquency, National Center for Juvenile Justice, Census of Juveniles in Residential Placement Databook, 2005.



See Online Research Appendices for information on alternatives to incarceration. THE STATUS OF GIRLS IN WISCONSIN

67

### References

- ACT, Inc. (2006). ACT high school profile report: the graduating class of 2006, Wisconsin. Retrieved February 1, 2007, from: http://www.act.org/news/data/06/pdf/states/Wisconsin.pdf.
- American Association of University Women Educational Foundation. (2001, May). *Hostile hallways: bullying, teasing, and sexual harassment in school.* Retrieved February 1, 2007, from: http://www.aauw.org/member\_center/publications/HostileHallways/hostilehallways.pdf.
- American Council on Education. (2006, July 11). College enrollment gender gap widens for white and Hispanic students, but race and income disparities still most significant, new ACE report finds. Retrieved August 31, 2007, from: <u>http://www.acenet.edu/AM/Template.cfm?Section=HENA&TEMPLATE=/CM/ContentDisplay.cfm&CONTEN</u> TID=17251.
- Becker, H. (2000). *Who's wired and who's not: children's access to and use of computer technology*. Los Altos, California: The David and Lucile Packard Foundation. Retrieved August 31, 2007, from: http://www.futureofchildren.org/information2826/information\_show.htm?doc\_id=69803.
- Children Now. (1997). *Reflections of girls in the media*. Retrieved February 10, 2007, from: http://publications.childrennow.org/assets/pdf/cmp/reflections/reflections-girls-media.pdf.
- The Children's Partnership. (2005, June). Measuring digital opportunity for America's children: where we stand and where we go from here. Retrieved February 10, 2007, from: <u>http://www.contentbank.org/AM/Template.cfm?Section=Research\_From\_The\_Childrens\_Partnership&Template</u> <u>=/CM/ContentDisplay.cfm&ContentFileID=1089</u>.
- The College Board. (2006). SAT 2006 college-bound seniors state profile report, Wisconsin. Retrieved February 2, 2007, from: http://www.collegeboard.com/prod\_downloads/about/news\_info/cbsenior/yr2006/wisconsin-2006.pdf.
- Girl Scouts of the USA. (2000). *Girls speak out: teens before their time*. Retrieved February 1, 2007, from: <u>http://www.girlscouts.org/research/pdf/teens\_before\_time.pdf</u>.
- Girl Scouts of the USA. (2001). *The girl difference: short-circuiting the myth of the technophobic girl*. Retrieved February 10, 2007, from: http://www.girlscouts.org/research/pdf/girl\_difference.pdf.
- Girl Scouts of the USA. (2002[a]). *The ten emerging truths: new directions for girls 11-17*. Retrieved February 1, 2007, from: <u>http://www.girlscouts.org/research/pdf/ten\_truths.pdf</u>.
- Girl Scouts of the USA. (2002[b]). *The net effect: girls and new media*. Retrieved February 10, 2007, from: http://www.girlscouts.org/research/pdf/net\_effect.pdf.
- Girl Scouts of the USA. (2003[a]). *Feeling safe: what girls say*. Retrieved January 31, 2007, from: <u>http://www.girlscouts.org/research/pdf/feeling\_safe.pdf</u>.
- Girl Scouts of the USA. (2003[b]). *Voices of volunteers 18-29*. Retrieved February 10, 2007, from: http://www.girlscouts.org/research/pdf/voices\_volunteers.pdf.
- Girl Scouts of the USA. (2006). *The new normal: what girls say about healthy living*. Retrieved August 31, 2007, from: http://www.girlscouts.org/research/publications/original/gs\_exec\_summary.pdf.
- GirlsHealth.gov Program. (n.d.). *Bullying for girls*. Retrieved August 31, 2007, from: http://www.girlshealth.gov/bullying/index.htm.
- Girls Incorporated. (2002[a], October). *Girls and sports*. Retrieved April 3, 2007, from: <u>http://www.girlsinc.org/ic/content/GirlsandSports.pdf</u>.
- Girls Incorporated. (2002[b], August). *Girls and juvenile justice*. Retrieved January 31, 2007, from: http://www.girlsinc.org/ic/content/GirlsandJuvenileJustice.pdf.
- Girls Incorporated. (2004, January). *Girls and science, math, and engineering*. Retrieved February 1, 2007, from: http://www.girlsinc.org/ic/content/GirlsandSME.pdf.

- The Guttmacher Institute. (2004). Oral sex among adolescents: is it sex or is it abstinence? Retrieved April 6, 2007, from: http://www.guttmacher.org/pubs/journals/3229800.html.
- The Guttmacher Institute. U.S. teenage pregnancy statistics: national and state trends and trends by race and ethnicity. 2006. Retrieved June 14, 2007, from: http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf.
- Institute for Women's Policy Research. *The status of women in Wisconsin.* 2004. *Retrieved June 10, 2007, from:* http://www.iwpr.org/States2004/PDFs/Wisconsin.pdf.
- King, J. (2006). Gender equity in higher education: 2006. American Council on Education's Center for Policy Analysis. Retrieved August 31, 2007, from Association of American Colleges and Universities web site: <u>http://www.aacu.org/ocww/volume35\_3/feature.cfm?section=2</u>.
- March of Dimes. (2007). *Low birthweight*. Retrieved January 31, 2007, from March of Dimes Professionals and Researchers Web site: <u>http://www.marchofdimes.com/professionals/14332\_1153.asp</u>.
- Mayo Clinic (2006, August 3). *Self-injury/cutting*. Retrieved December 31, 2006 from Mayo Clinic, Mayo Foundation for Medical Education and Research, Web site: <u>http://www.mayoclinic.com/print/self-injury/DS00775/DSECTION=all&METHOD=print</u>.
- National Alliance on Mental Illness. (2007). *Major depression*. Retrieved January 13, 2007, from: <u>http://www.nami.org/Template.cfm?Section=By\_Illness&template=/ContentManagement/ContentDisplay.cfm&</u> <u>ContentID=7725</u>.
- National Council for Research on Women. (2002). *Girls report: executive summary*. Retrieved January 12, 2007, from: <u>http://www.ncrw.org/research/exec\_sum.htm</u>.
- National Eating Disorders Association. (n.d.[a]). *Body image*. Retrieved December 31, 2006, from: http://www.nationaleatingdisorders.org/nedaDir/files/documents/handouts/BodyImag.pdf.
- National Eating Disorders Association. (n.d.[b]). *What is an eating disorder?* Retrieved January 13, 2007, from: http://www.nationaleatingdisorders.org/nedaDir/files/documents/handouts/WhatIsEd.pdf.
- National Merit Scholarship Corporation. (2006). *Recognizing our nation's intellectual talent: 2005-06 annual report.* Retrieved February 7, 2006, from: <u>http://www.nationalmerit.org/06\_annual\_report.pdf</u>.
- National Women's Law Center. *Wisconsin toolkit: using the law to address sex segregation in high school career and technical education.* 2007. Retrieved June 10, 2007, from the Women's Fund of Greater Milwaukee web site: <a href="http://www.womensfund.com/files/toollkit.pdf">http://www.womensfund.com/files/toollkit.pdf</a>.
- Ophelia Project. (2006[a]). *Question: where do students see relational and physical aggression occur?* Retrieved December 27, 2006, from: http://www.opheliaproject.org/main/documents/BULLYINGLOCATIONFINALsm.pdf.
- Ophelia Project. (2006[b]). Question: who reports bullying, how often do they report it, and to whom? Retrieved December 27, 2006, from: http://www.opheliaproject.org/main/documents/BULLYINGREPORTFINALsm.pdf
- Palmersheim, K., Ullsvik, J., & Remington, P. (2005). Youth smoking in Wisconsin: an assessment of trends in youth smoking through 2004. Madison, Wisconsin: University of Wisconsin Comprehensive Cancer Center, Tobacco Surveillance and Evaluation Program. Retrieved December 31, 2006, from: http://www.medsch.wisc.edu/mep/downloads/Documents/programbriefs/YT\_Summer05\_pages.pdf
- Prevent Child Abuse America. (n.d.). *Fact sheet: emotional child abuse*. Retrieved August 31, 2007, from: http://member.preventchildabuse.org/site/DocServer/emotional\_child\_abuse.pdf?docID=122.
- State of Wisconsin Department of Corrections, Juvenile Corrections. (n.d.[a]). *Type 1 facilities secured juvenile correctional institutions*. Retrieved December 29, 2006, from: <u>http://www.wi-doc.com/Type1\_facilities.htm</u>.
- State of Wisconsin Department of Corrections, Juvenile Corrections. (n.d.[b]). *Southern Oaks Girls School*. Retrieved December 29, 2006, from: <u>http://www.wi-doc.com/SOGS.htm</u>.
- State of Wisconsin Department of Corrections, Juvenile Corrections. (n.d.[c]). *SPRITE program*. Retrieved December 29, 2006, from: <u>http://www.wi-doc.com/sprite2007.htm</u>.

THE STATUS OF GIRLS IN WISCONSIN

- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (n.d.[a]). *Wisconsin interactive statistics on health data query system*. Retrieved January 13, 2007, from <a href="http://dhfs.wisconsin.gov/wish/measures/mortality/long\_form\_broad.html">http://dhfs.wisconsin.gov/wish/measures/mortality/long\_form\_broad.html</a>.
- State of Wisconsin Department of Health and Family Services. (n.d.[b]). *Tracking the state health plan 2010, health priority I: overweight, obesity, lack of physical activity.* Retrieved December 29, 2006, from <a href="http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/i-physactive.htm">http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/i-physactive.htm</a>.
- State of Wisconsin Department of Health and Family Services, Wisconsin AIDS/HIV Program. (n.d.[c]). *Wisconsin AIDS/HIV surveillance special focus*. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/aids-hiv/Stats/QtrlyHIVSurv0407.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Wisconsin Turning Point Transformation Team. (n.d.[d]). *Healthiest Wisconsin 2010 part 1: a partnership plan to improve the health of the public*. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/statehealthplan/shp-pdf/PPH0276-PHIP.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Minority Health Program. (2000). *The health of racial and ethnic minorities in Wisconsin: 1996-2000*. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/health/MinorityHealth/ReportPDF/PPH02810704-MaternalChildHealth.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Children and Family Services, Bureau of Programs and Policies. (2002). *Annual report to the governor and legislature on Wisconsin child abuse and neglect*. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/Children/CPS/PDF/2002CANReport.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Children and Family Services, Bureau of Programs and Policies. (2003). *Child abuse and neglect report 2003*. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/Children/CPS/PDF/2003CANReport.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Children and Family Services, Bureau of Programs and Policies. (2004). *Child abuse and neglect report 2004*. Retrieved December 29, 2006, from: http://dhfs.wisconsin.gov/Children/CPS/PDF/2004CANReport.pdf.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2005[a], July). *Tobacco use, middle school students*. Retrieved December 31, 2006, from <a href="http://dhfs.wisconsin.gov/statehealthplan/track2010/pdf/data/K1atobaccomss.pdf">http://dhfs.wisconsin.gov/statehealthplan/track2010/pdf/data/K1atobaccomss.pdf</a>.
- State of Wisconsin Department of Health and Family Services. (2005[b]), November). *Tracking the state health plan* 2010, *health priority f: high-risk sexual behavior*. Retrieved December 29, 2006, from: <a href="http://dhfs.wisconsin.gov/StateHealthPlan/track2010/priorities/f-highrisk.htm">http://dhfs.wisconsin.gov/StateHealthPlan/track2010/priorities/f-highrisk.htm</a>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Wisconsin STD Program. (2005[c]). Sexually transmitted disease in Wisconsin 2005, cases reported among persons 15-19 years of age. Retrieved December 29, 2006, from: http://dhfs.wisconsin.gov/communicable/STD/2005Data/2005STDdata/state/Youth05.pdf.
- State of Wisconsin Department of Health and Family Services, Wisconsin AIDS/HIV Program. (2005[d]), December). Wisconsin AIDS/HIV surveillance data update. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/aids-hiv/Stats/EpiProfileSlides2007.ppt</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2005[e]). *Health counts in Wisconsin: infant health 2005*. Retrieved December 27, 2006, from: http://dhfs.wisconsin.gov/births/pdf/hc05infant.pdf.
- State of Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning. (2005[f]). Wisconsin child abuse and neglect report. Retrieved December 29, 2006, from: <u>http://dhfs.wisconsin.gov/Children/CPS/PDF/2005CANReport.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Bureau of Health Information and Policy, Division of Public Health. (2005[g]). *Healthiest Wisconsin 2010: annual status report, 2005*. Retrieved December 27, 2006, from: http://dhfs.wisconsin.gov/StateHealthPlan/05annualpdf/dt-report.pdf.

- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2005[h]). *Wisconsin health insurance coverage 2005*. Retrieved February 1, 2007, from: <u>http://dhfs.wisconsin.gov/stats/pdf/fhs05ins.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[a]). 2004 Wisconsin family health survey. Retrieved December 27, 2006, from: <u>http://dhfs.wisconsin.gov/stats/pdf/04fhs.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Wisconsin Injury Prevention Program. (2006[b]), Fall). *The burden of injury in Wisconsin.* Retrieved December 27, 2006, from: <u>http://dhfs.wisconsin.gov/health/injuryprevention/pdffiles/injurypreport.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Wisconsin Injury Prevention Program, Bureau of Community Health Promotion. (2006[c], August). Wisconsin teen suicide fact sheet. Retrieved December 27, 2006, from: <u>http://www.dhfs.wisconsin.gov/health/InjuryPrevention/pdffiles/pph40134TeenSuicideFactSheet-1.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[d]), January). *Physical activity, high school students*. Retrieved December 29, 2006, from: <a href="http://dhfs.wisconsin.gov/StateHealthPlan/track2010/pdf/data/I2physacthss.pdf">http://dhfs.wisconsin.gov/StateHealthPlan/track2010/pdf/data/I2physacthss.pdf</a>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Wisconsin Tobacco Prevention and Control Program. (2006[e]). 2006 Wisconsin youth tobacco survey (YTS) middle school fact sheet. Retrieved December 31, 2006, from: http://www.dhfs.state.wi.us/tobacco/pdffiles/2006/2006MiddleSchoolFactSheet.pdf
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[f]), January). *Cigarette smoking, high school students*. Retrieved December 31, 2006, from: http://dhfs.wisconsin.gov/StateHealthPlan/track2010/pdf/data/C2ccigsmokehss.pdf.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[g]). *Marijuana use, high school students*. Retrieved December 31, 2006, from: http://dhfs.wisconsin.gov/StateHealthPlan/track2010/pdf/data/C2bmarijhss.pdf.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[h]), January). *First use of marijuana before age 13, high school students*. Retrieved December 31, 2006, from: <u>http://dhfs.wisconsin.gov/StateHealthPlan/track2010/pdf/data/C2emarijfirsthss.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. (2006[i]), February). Wisconsin youth sexual behavior and outcomes 1993-2005. Retrieved December 27, 2006, from: <u>http://dhfs.wisconsin.gov/stats/pdf/SexualBehavior05.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Wisconsin AIDS/HIV Program. (2006[j]), January). *The* epidemic of HIV infection in Wisconsin. Retrieved December 29, 2006, from: <u>http://www.dhfs.state.wi.us/aids-hiv/Stats/Epi%20profile%202006.pdf</u>
- State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health and Information Policy. (2006[k], September). *Births to teens in Wisconsin 2005*. Retrieved December 27, 2006, from: <u>http://dhfs.wisconsin.gov/births/pdf/05TeenBirths.pdf</u>.
- State of Wisconsin, Department of Health and Family Services, Division of Public Health, Bureau of Health and Information Policy. (2006[1]). *Fact sheet: poverty and health in Wisconsin*. Retrieved December 27, 2006, from: <u>http://dhfs.wisconsin.gov/stats/pdf/fhs-PovertyHealthfactsheet.pdf</u>.
- State of Wisconsin Department of Health and Family Services, Division of Public Health, Minority Health Project. (2007, January). *Number and rate of infant deaths by race/ethnicity, Wisconsin, 2001-2005*. Retrieved January 31, 2007, from: <u>http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/hlthstatus.htm</u>.
- State of Wisconsin Department of Public Instruction. (2001). 2001 Wisconsin youth risk behavior survey. Retrieved December 27, 2006, from: http://dpi.state.wi.us/sspw/pdf/yrbs01.pdf.
- State of Wisconsin Department of Public Instruction. (2003). 2003 Wisconsin youth risk behavior survey. Retrieved December 27, 2006, from: http://dpi.state.wi.us/sspw/pdf/yrbs03ggltables.pdf.

- State of Wisconsin Department of Public Instruction. (2005[a]). 2005 Wisconsin youth risk behavior survey. Retrieved December 27, 2006, from: http://dpi.state.wi.us/sspw/pdf/yrbs05sumtable.pdf.
- State of Wisconsin Department of Public Instruction. (2005[b], November). *Wisconsin school performance report*. Retrieved December 29, 2006, from: <u>http://www2.dpi.state.wi.us/wsas/statewkce.asp</u>.
- State of Wisconsin Department of Public Instruction. (2006[b], December 8). *Wisconsin knowledge and concepts* examination – criterion referenced test. Retrieved December 29, 2006, from: <u>http://dpi.state.wi.us/oea/kce.html</u>.
- State of Wisconsin Department of Public Instruction. (2006[c], July 3). *IDEA child count 2005-2006*. Retrieved February 8, 2007, from: <u>http://dpi.wi.gov/sped/cc-12-1-05.html</u>.
- State of Wisconsin Department of Public Instruction. (2006[d], July 17). Understanding data about school-supported activities. Retrieved March 11, 2007, from: <u>http://dpi.wi.gov/spr/activi\_g&a.html</u>.
- State of Wisconsin Department of Transportation. (2005). 2005 Wisconsin traffic crash facts. Retrieved April 3, 2007, from: <u>http://www.dot.wisconsin.gov/safety/motorist/crashfacts/docs/crashfacts.pdf</u>.
- State of Wisconsin Department of Workforce Development, Quality Counts for Kids Task Force. (2004, Spring). Governor Jim Doyle's KidsFirst: the Governor's plan to invest in Wisconsin's future. Retrieved December 21, 2006, from <u>http://www.wisgov.state.wi.us/docs/kidsfirst.pdf</u>.
- State of Wisconsin Higher Educational Aids Board. (2006). *Financial aid programs*. Retrieved February 7, 2007, from: <u>http://heab.state.wi.us/programs.html</u>.
- State of Wisconsin Office of Justice Assistance. (2004). *Crime and arrests in Wisconsin 2004*. Retrieved December 29, 2006, from: <u>http://oja.state.wi.us/docview.asp?docid=5262&locid=97</u>.
- State of Wisconsin Office of Justice Assistance. (2005, December). *Sexual assaults in Wisconsin 2004*. Retrieved December 27, 2006, from: <u>http://oja.state.wi.us/docview.asp?docid=8687&locid=97</u>.
- State of Wisconsin Office of Justice Assistance. (2006). *Wisconsin 2006-2008 three year plan*. Retrieved December 27, 2006, from: <u>http://oja.state.wi.us/docview.asp?docid=6461&locid=97</u>.
- State of Wisconsin Court System. (2006[a], December 5). *Alternatives to incarceration*. Retrieved December 29, 2006, from: <u>http://www.wicourts.gov/about/organization/programs/alternatives.htm</u>.
- State of Wisconsin Court System. (2006[b]), December 5). *Alternatives to incarceration*. Retrieved December 29, 2006, from: <u>http://www.wicourts.gov/about/organization/programs/altteencourt.htm</u>.
- State of Wisconsin Court System. (2006[c]), December 5). *Problem-solving courts*. Retrieved December 29, 2006, from: <u>http://www.wicourts.gov/about/organization/programs/altproblemsolving.htm</u>.
- Wisconsin Coalition Against Sexual Assault, Inc. (2006, June 20). *Wisconsin child sexual assault laws*. Retrieved January 3, 2006, from: <u>http://www.wcasa.org/resources/factsheets/child%20sexual%20assault%20laws.pdf</u>.
- United States Census Bureau. (2000). 2000 decennial census. 2000. Data retrieved March 31, 2007, from: <u>http://www.census.gov/main/www/cen2000.html</u>.
- United States Census Bureau. (2005[a]). 2005 American community survey. Data retrieved November 2006, from the American FactFinder Web site: <u>http://factfinder.census.gov/servlet/DatasetMainPageServlet?</u> program=ACS& submenuId=& lang=en& ts=.
- United States Census Bureau, Housing and Household Economic Statistics Division. (2005[b[). *Poverty thresholds 2005*. Retrieved December 27, 2006, from: <u>http://www.census.gov/hhes/www/poverty/threshld/thresh05.html</u>.

THE STATUS OF GIRLS IN WISCONSIN

- United States Census Bureau, Housing and Household Economic Statistics Division. (2006). *Poverty thresholds 2006*. Retrieved February 18, 2007, from: <u>http://www.census.gov/hhes/www/poverty/threshld/thresh06.html</u>.
- United States Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2004, November). *Trends in educational equity of girls & women: 2004*. Retrieved December 28, 2006, from: http://nces.ed.gov/pubs2005/2005016.pdf.
- United States Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2006, November 22). *NAEP Overview*. Retrieved February 8, 2006, from: <u>http://nces.ed.gov/nationsreportcard/about/</u>.
- United States Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2007[s]). *NAEP Data Explorer*. Retrieved February 8, 2007, from: <u>http://nces.ed.gov/nationsreportcard/nde/</u>.
- United States Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2007[b]). *The integrated postsecondary education data system*. Retrieved August 31, 2007, from: <u>http://nces.ed.gov/ipeds/</u>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.[a]). *Self-harm, all injury causes, nonfatal injuries and rates per 100,000.* Retrieved December 27, 2006, from WISQAR database: http://www.cdc.gov/ncipc/wisqars/default.htm.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.[b]). *10 leading causes of death, Wisconsin, 1999 2004, all races, females.* Retrieved December 29, 2006, from WISQAR database: http://www.cdc.gov/ncipc/wisqars/default.htm.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Youth Risk Behavior Surveillance System. (n.d.[c]). *YRBSS Youth Online Database*. Retrieved December 31, 2006 from: <u>http://apps.nccd.cdc.gov/yrbss/</u>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (1996, August). *Health effects of smoking among young people*. Retrieved December 31, 2006, from: <u>http://www.cdc.gov/tobacco/research\_data/youth/stspa5.htm</u>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Youth Risk Behavior Surveillance System. (1997). Youth risk behavior surveillance United States, 1997. Retrieved on April 1, 2007, from <u>http://apps.nccd.cdc.gov/yrbss/</u>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (1999). *Youth risk behavior surveillance United States, 1999.* Retrieved on April 1, 2007, from <u>http://apps.nccd.cdc.gov/yrbss/</u>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2001). *Youth risk behavior surveillance United States*, 2001. Retrieved on December 27, 2006, from http://www.cdc.gov/mmwr/PDF/SS/SS5104.pdf.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2003[a]). *Youth risk behavior surveillance United States, 2003*. Retrieved on December 27, 2006, from http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf.
- United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect. (2003[b]). A coordinated response to child abuse and neglect: the foundation for practice. Retrieved December 30, 2006, from: http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.pdf.
- United States Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2005[a]). *Youth risk behavior surveillance United States, 2005.* Retrieved on December 27, 2006, from <u>http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf</u>.
- United States Department of Health and Human Services, Substance Abuse and Mental Health Administration, Office of Applied Studies. (2005[b]). *State profile Wisconsin: national survey of substance abuse treatment services*. Retrieved December 31, 2006, from: <u>http://wwwdasis.samhsa.gov/webt/state\_data/WI05.pdf</u>
- United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Protection. (2005[c]), September). *Sexually transmitted disease surveillance 2004*. Retrieved December 27, 2006, from: <u>http://www.cdc.gov/std/stats04/04pdf/Survtext.pdf</u>.

#### THE STATUS OF GIRLS IN WISCONSIN

- United States Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006[a]). *Definitions of nonfatal injury*. Retrieved December 27, 2006, from: <a href="http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm">http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm</a>.
- United States Department of Health and Human Services, Center for Disease Control and Prevention. (2006[b], December). *Trends in reportable sexually transmitted diseases in the United States, 2005.* Retrieved August 31, 2007, from: <u>http://www.cdc.gov/STD/stats/trends2005.htm</u>.
- United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2007[a], January 8). Substance abuse treatment admissions by primary substance of abuse, according to sex, age group, race, and ethnicity: Wisconsin. Retrieved February 1, 2007, from: http://www.dasis.samhsa.gov/webt/quicklink/WI05.htm.
- United States Department of Health and Human Services, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. (2007[b], May). *Statistics related to overweight and obesity*. Retrieved August 31, 2007, from: <u>http://win.niddk.nih.gov/statistics/index.htm</u>.
- United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Center for Juvenile Justice. (n.d.). *Census of juveniles in residential placement*. Retrieved February 2, 2007, from: <a href="http://ojidp.ncjrs.org/ojstatbb/Compendium/asp/Compendium.asp?selData=1">http://ojidp.ncjrs.org/ojstatbb/Compendium/asp/Compendium.asp?selData=1</a>.
- United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (1997). *Keeping young people in school: community programs that work*. Retrieved August 31, 2007, from: <u>http://www.ncjrs.gov/txtfiles/dropout.txt</u>.
- United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Center for Juvenile Justice. (2005, December 17). *Census of juveniles in residential placement databook*. Retrieved February 1, 2007, from: <u>http://ojidp.ncjrs.org/ojstatbb/cjrp/</u>.
- United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2006[a]). *Intimate partner violence in the United States*. Retrieved December 29, 2006, from: <a href="http://www.ojp.usdoj.gov/bjs/pub/pdf/ipvus.pdf">http://www.ojp.usdoj.gov/bjs/pub/pdf/ipvus.pdf</a>.
- United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2006[b]). *Reported crime in Wisconsin, reported crime in United States.* Retrieved December 29, 2006, from: <u>http://www.ojp.usdoj.gov/bjs/</u>.
- United States National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Alcohol Policy Information System. (n.d.[a]). *Highlight on underage drinking*. Retrieved December 31, 2006, from: <u>http://alcoholpolicy.niaaa.nih.gov/index.asp?SEC={DA5E054D-FB8E-4F06-BBBC-6EED9F37A758}&Type=B\_BASIC</u>.
- United States, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Alcohol Policy Information System. (2006). *State profile of underage drinking laws: Wisconsin*. Retrieved January 13, 2007, from http://alcoholpolicy.niaaa.nih.gov/stateprofiles/stateprofile.asp.
- United Way of Greater Milwaukee. (2006). *If truth be told: teen pregnancy, public health, and the cycle of poverty.* Retrieved April 3, 2007, from: <u>http://www.unitedwaymilwaukee.org/PDFs/UWGM\_teenpregreport.pdf</u>.
- University of Wisconsin System, Office of Policy Analysis and Research. (2007[a]). *Online Student Statistics*. Retrieved August 31, 2007, from: <u>http://www.uwsa.edu/opar/ssb.htm</u>.
- University of Wisconsin System, Office of Policy Analysis and Research. (2007[b], January). *Informational Memorandum: student financial aid 2005-2006 update*. Retrieved February 10, 2007, from: http://www.uwsa.edu/opar/orb-im/im/fin\_aid/fa05-06.pdf.
- Wilson, R. (2007, January 26). *The new gender divide*. The Chronicle of Higher Education. Retrieved August 31, 2007: http://chronicle.com/weekly/v53/i21/21a03601.htm.
- Wirt, J., Choy, S., Rooney, P., Provasnik, S., Sen, A., & Tobin, R. (2006). *The Condition of Education 2006* (NCES 2004-077). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.