



2023

**YOUTH RISK  
BEHAVIOR SURVEY**  
MIDDLE SCHOOL DATA REPORT



Published XXXX

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# CPS Resources

As one of the largest school districts in the country educating students from all walks of life, CPS bears an important responsibility to help our students with challenges related to trauma, substance use, mental health, violence in their communities, and other stressors. This is especially true as our students continue to recover from the lingering impacts of the pandemic.

Below is a list of resources, tools, and supports provided by CPS to help students achieve both physical and emotional health. While we are proud of this effort, we know the District can do more to ensure every child is successful in and beyond the classroom. The District will use the data gathered in this survey to continue to expand these resources, and to help build a more thoughtful and proactive response to the challenges our students face.

## **Mental Health**

[Mental Health | Chicago Public Schools](#)  
[Comprehensive Mental Health and Suicide Prevention Policy](#)  
[Mental Health Toolkit](#)  
[Mental Health Flyer for Students](#)  
[Mental Health Flyer for Parents/Caregivers](#)

## **Substance Use Resources**

[Substance Use and Mental Health Services Hotline](#)

## **Sexual Health Resources**

[Sexual and Reproductive Health Services Web Page](#)  
[Sexual Health Education Web Page](#)  
[Sexual Health Education Policy](#)  
[Sexual Health Education Implementation Guidance](#)

## **Health Services Resources**

[Student Health Services Web Page](#)  
[School Based Health Center Locations](#)

## **LGBTQ+ Supportive Environments**

[LGBTQ+ Supportive Environments Web page](#)  
[Guidelines Regarding The Support Of Transgender and Gender Nonconforming Students](#)

## **School Safety and Violence Resources**

[Office of School Safety and Security \(OSSS\) Web Page](#)  
[Crisis Support Web Page](#)

## **Diet and Exercise**

[Nutrition Support Services \(NSS\) Web Page](#)  
[Health and Physical Education Department Web Page](#)  
[Local School Wellness Policy for Students](#)

In addition to the resources linked above, CPS was awarded \$2.5 million in 2022 from the Substance Abuse and Mental Health Services Administration, which the District is using to bolster our trauma-informed mental health and substance use services and support.

If you are interested in additional health-related resources from the CPS Office of Student Health and Wellness, please visit [Health and Wellness | Chicago Public Schools](#)

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# 01

## About YRBS

# About YRBS

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to monitor health behaviors among youth across the United States. CPS first administered the middle school YRBS in 1995, and biennially from 2009–2013 and 2019–2023.

At CPS, YRBS monitors a variety of youth behaviors that impact students' health and well-being. Some topics covered on the 2023 YRBS include:

- Mental health
- Substance use
- Physical activity
- Dietary behaviors
- Community safety and violence
- School safety
- Sexual and gender identity
- Impact of COVID-19

Data collected through YRBS provide important insights about the health of youth nationwide. In 2023, 1,421 middle school students participated in the YRBS, providing representative data about health behaviors across the District. Schools are randomly selected to participate in the survey, using a process set up by Westat. You can learn more about Chicago's middle school sample [here](#) and how the sample is determined by Westat [here](#). **This report only contains data on CPS middle school students (grades 6-8).**

## Why YRBS

Understanding the health behaviors of our Chicago youth is essential to creating programs and policies that address health-related barriers to learning. YRBS is used by CPS and other local education agencies, state and federal governments, local non-profit organizations, and schools for various purposes including planning and evaluating programs, as well as informing policies. To learn more about the national data set and see comparisons to Chicago data, visit [the CDC YRBSS results page](#).



# 02

## Health Equity

# Health Equity

This report presents health disparities experienced by Chicago middle school students based on gender, LGBTQ+ identity, race, and ethnicity. It is important to note that these disparities are not due to innate differences between students, but rather due to an intersection of personal, social, economic, and environmental factors that impact their health and well-being. These factors, known as the [Social Determinants of Health](#), underscore the value of holistic interventions and fair policies and systems that build infrastructure to support youth while promoting resilience among those most at risk for adverse health outcomes.<sup>1</sup>

The [CPS Equity Framework](#) defines equity as championing the individual cultures, identities, talents, abilities, languages, and interests of each student by ensuring they receive the opportunities and resources that meet their unique needs and aspirations. In an equitable school district, every student has access to the resources, opportunities, and educational rigor they need, regardless of their race, ethnicity, sex, gender identity, sexual orientation, language, learning path, accessibility needs, family background, family income, citizenship, or tribal status.<sup>2</sup>

## What is Resilience?

Resilience is generally known to be an intersection of individual, household, school, community, and social factors that promote well-being. Experiences including stability, trust, perceived capability, and a sense of belonging can improve an individual's resilience. Resilience is not a construct or singular trait, but rather a collection of dynamic experiences across multiple facets of one's lived experiences. Literature suggests the presence of several protective factors that promote well-being and reduce the risks of negative outcomes in youth.<sup>3</sup> Protective factors may include individual-level factors such as self-regulation, relational skills, and problem-solving skills; relationship-level factors such as positive peers and caring adults; and community-level factors such as positive community and school environments.<sup>4</sup>

## YRBS and WSCC

The identification of leading health-related barriers to learning is vital to support the well-being of students. [Whole School, Whole Community, Whole Child](#) is a student-centered framework for addressing physical, mental, and social-emotional health in schools, created by the CDC and ASCD (formerly the Association for Supervision and Curriculum Development).<sup>5</sup> Supporting the whole child in schools means using a holistic approach that not only makes the connection between health and academic success, but also unites stakeholders through collective impact to ensure every student in every school has the support and resources they need to learn and thrive. CPS District-level data, policies, and programs are essential to reduce barriers to learning faced by Chicago youth.



# 03

## Understanding this Report

# Understanding this Report

## Statistical Significance

Statistical significance is the idea that a statistical result (often, a difference between values) is unlikely to be due to random chance. The calculated probability, or p-value, is used to assess statistical significance, as the p-value corresponds to the probability that the result observed is actually due to random chance. This means that the lower the p-value, the less likely it is that the observed values occurred because of random chance alone. A p-value of less than 0.05, or 5%, indicates that there is less than a 5% chance that the differences observed are due to chance, and it is the most commonly used metric for distinguishing significant results from non-significant results.

## Significance Reported in Tables

Throughout this report, statistical significance of less than .05 is denoted with icons in the respective data tables. Questions with fewer than 10 student responses are not included to protect student privacy and provide accurate estimates of health behavior engagement.

- ◇ Significant difference between demographic groups ( $p < 0.05$ )
- Fewer than 10 student responses



## Important Considerations

- Measures on the YRBS are primarily focused on health risks, and not on protective factors or youth resilience, and this databook is limited in that it presents findings only from this survey. Note: the trends we present are meant to aid in the creation and allocation of resources and opportunities that support students.
- This report was limited by small sample sizes for youth whose race or ethnicity is Native American or Alaska Native, Asian or Pacific Islander, and non-Hispanic multiracial. As a result, these groups are combined into an “all other races” category. Still, the size of this group was not large enough to report on certain health behaviors. We acknowledge that individuals in these groups face health inequities; however, the Chicago YRBS sample limits the ability to conduct statistical analyses for these groups individually.
- One question on the YRBS asks “What is your sex?” with the only options being “male” and “female.” This question does not specify if students should define sex as their sex assigned at birth or gender identity, and does not include response options other than male or female. Therefore, this data may not accurately represent the sex or gender identities of intersex, transgender, or non-binary students.
- Participants do not always respond to every question, so different questions in the survey may have different numbers of responses. Percentages should not necessarily be compared across questions as they may have varying percentages of missing data.
- The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor trends in youth risk behavior over time and was administered to middle school students beginning in 1995. In order to monitor these trends, questions must retain similar wording over time, and, as a result, questions are not always asked using the most up-to-date language.
- While Chicago YRBS data is representative of all students attending public middle schools in Chicago, it is not possible to identify differences between students attending schools in different geographic regions of Chicago due to the nature of the sampling methodology used to conduct the survey.

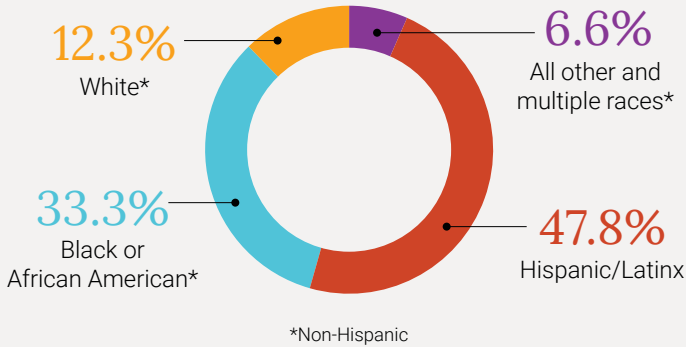
# 044

## Student Characteristics + Demographics

# Student Characteristics + Demographics

## Self-Reported Demographics and Characteristics

### Race / Ethnicity



### Sex

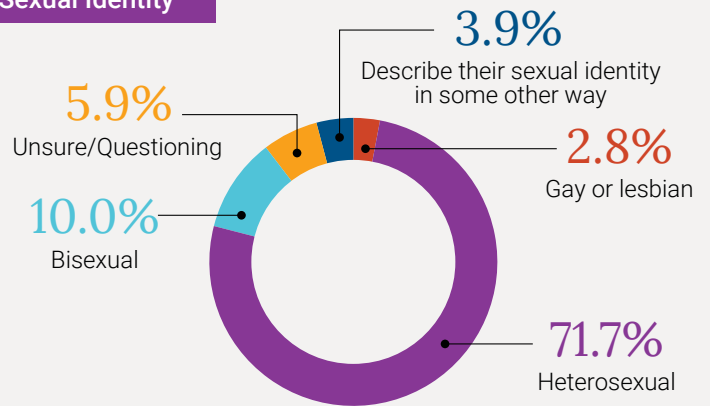


In addition to asking about sex, the YRBS also asks students if they are transgender.

**1.3%**  
of CPS middle school students are transgender

Transgender is an umbrella term for people whose gender identity or gender expression differs from the sex they were assigned at birth.<sup>6</sup>

### Sexual Identity

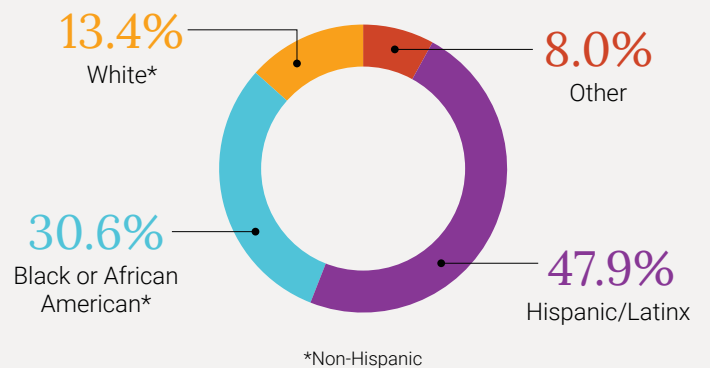


### LGBTQ+ Identities

**25.6%**  
of CPS middle school students are LGBTQ+

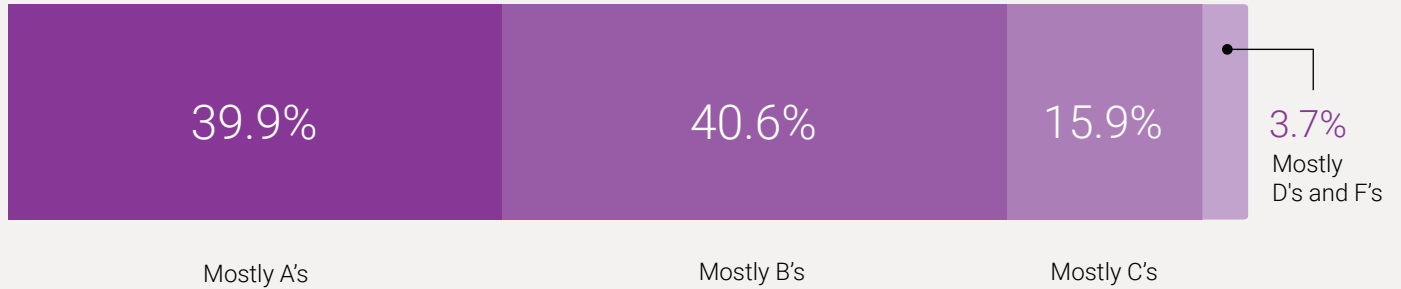
Includes students who are lesbian, gay, bisexual, transgender, non-binary, genderfluid, gender non-conforming, agender, another gender, or questioning their sexual identity or gender identity.

### LGBTQ+ Breakdown by Race

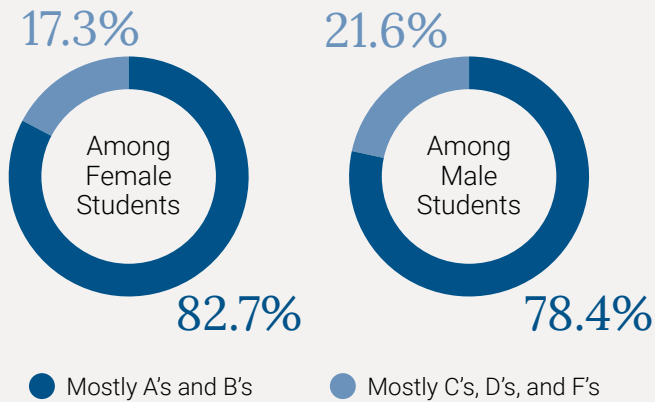


## Self-Reported Academic Achievement

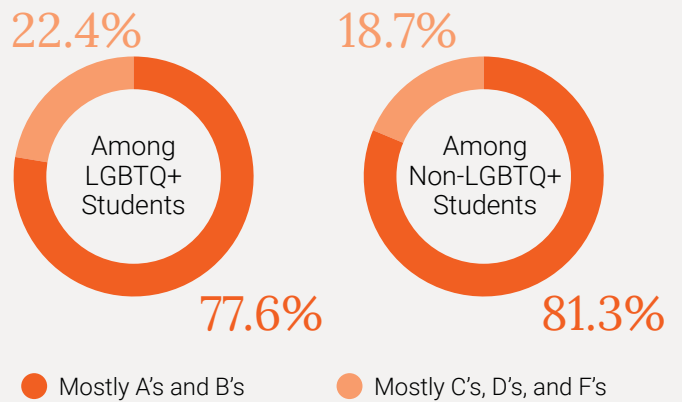
Percentage of students who described their grades as:



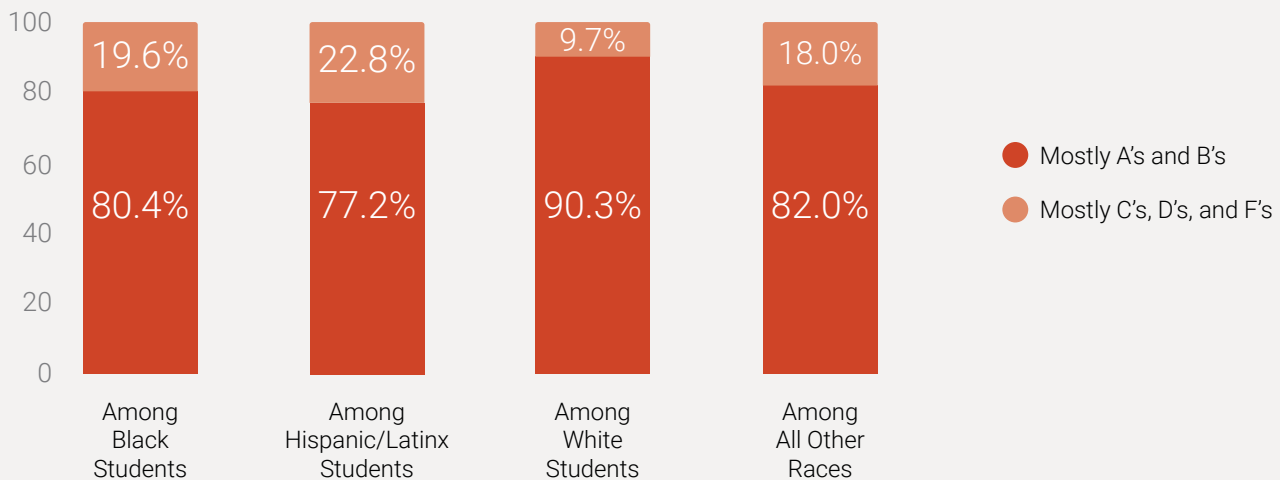
Self-reported School Grades by Sex



Self-reported School Grades by LGBTQ+ Identity



Self-reported School Grades by Race/Ethnicity



# 05

## Health + Academic Achievement

# Health + Academic Achievement

Evidence shows that the health of students is linked to their academic achievement. Health and academic achievement for students can be directly impacted by their school and community environment.<sup>7</sup> The YRBS asks students to report the type of grades they most often earn in school. By collecting self-reported grades, we can better understand their association with student health behaviors, school environments, and community experiences.





### Example of how to interpret the percentages in this report:

Among students who earn mostly A's or B's,

**17.9%**

did not eat breakfast in the past seven days.

Among students who earn mostly C's, D's, and F's,

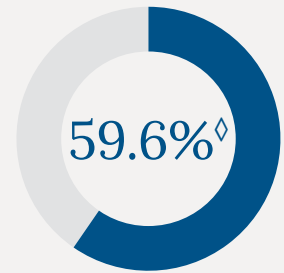
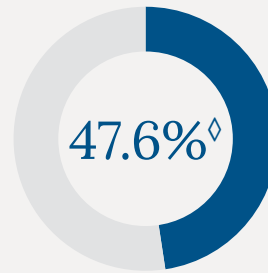
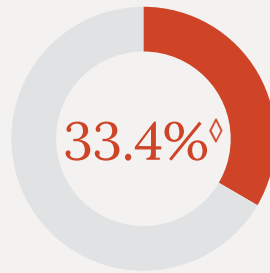
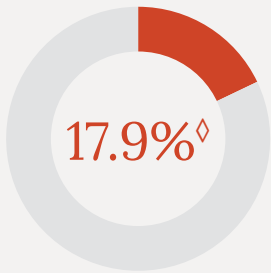
**33.4%**

did not eat breakfast in the past seven days.

### Percentage of Middle School Students Who:

**Did not eat breakfast in the past seven days**

**Have ever been in a physical fight**



Earn Mostly A's or B's

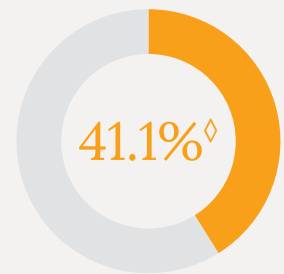
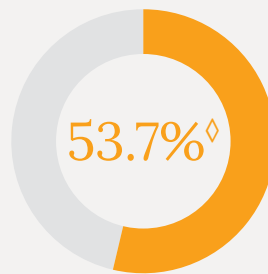
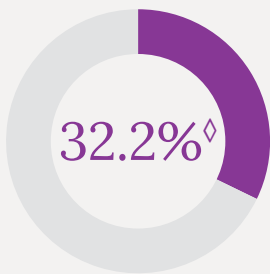
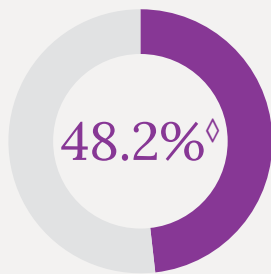
Earn Mostly C's, D's, or F's

Earn Mostly A's or B's

Earn Mostly C's, D's, or F's

**Got eight or more hours of sleep on an average school night**

**Saw a doctor or nurse (for a check-up) in the past 12 months**



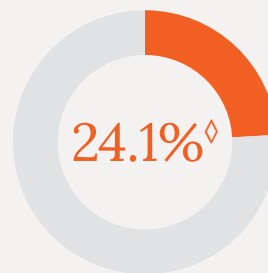
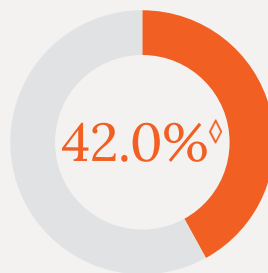
Earn Mostly A's or B's

Earn Mostly C's, D's, or F's

Earn Mostly A's or B's

Earn Mostly C's, D's, or F's

**Most of the time or always feel that they are able to talk to an adult about their feelings**



Earn Mostly A's or B's

Earn Mostly C's, D's, or F's

**NOTE**

Self-reported grades are the only measure of academic success included on the YRBS. There are many other ways to measure academic achievement that are not reflected in this report. It is important to note that the statistics reported below are strictly associations and do not indicate a causal relationship between the variables. Assumptions about individuals should not be made based on District-level data.

# 006

## Mental Health and Wellbeing

# Mental Health and Wellbeing

Suicide is a leading cause of death among adolescents aged 15 to 29.<sup>8</sup> Understanding youth behaviors related to suicidality and substance use is important when developing interventions and programs that can address these health areas. Adolescence is a critical period for preventive measures, as substance use is linked to developing more severe, co-occurring mental health and substance use disorders in adulthood.<sup>9</sup> Consistent with the findings from the national 2021 YRBS results, CPS students that identified as female and students who identified as LGBTQ+ experienced significantly higher feelings of persistent sadness or hopelessness.<sup>10</sup>

The Office of Student Health and Wellness mental health team aims to drive forward inter-departmental mental health initiatives and support policy directives, such as professional development for staff and communications relating to mental health for parents and guardians. The mental health team uses ongoing data collection methods as well as meaningful engagement with relevant stakeholders (e.g., students, their parents and guardians, and school-based behavioral health teams) to actively respond to mental health concerns throughout the District. This team also launched the new [Comprehensive Mental Health and Suicide Prevention Policy](#) and [Implementation Guide](#) to effectively support students and staff.<sup>11,12</sup>



19.2%

of students made a plan about how they would attempt suicide

26.8%

of female students made a plan about how they would attempt suicide;

this was

14.9

percentage points higher than their male peers.

33.5%

of LGBTQ+ students made a plan about how they would attempt suicide;

this was

17.9

percentage points higher than their non-LGBTQ+ peers.

## Example of how to interpret the percentages in this report:

Among LGBTQ+ students,

# 41.9%

reported that their mental health was most of the time or always not good in the past 30 days..

### TREND

► The percentage of students who made a plan to attempt suicide has not changed since 2019.

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Use social media several times a day	75.8	75.5	78.3	61.8 <sup>◇</sup>	79.3 <sup>◇</sup>	79.1 <sup>◇</sup>	64.9 <sup>◇</sup>	81.8 <sup>◇</sup>	70.1 <sup>◇</sup>
Got eight or more hours of sleep on an average school night	44.9	37.6 <sup>◇</sup>	46.3 <sup>◇</sup>	57.5 <sup>◇</sup>	40.9 <sup>◇</sup>	43.8 <sup>◇</sup>	45.3 <sup>◇</sup>	39.7 <sup>◇</sup>	50.4 <sup>◇</sup>
Have serious difficulty concentrating, remembering, or making decisions	38.1	56.6 <sup>◇</sup>	33.5 <sup>◇</sup>	28.2	37.5	41.5	40.6	50.5 <sup>◇</sup>	25.8 <sup>◇</sup>
Most of the time or always feel that they are able to talk to an adult about their feelings	37.1	24.8 <sup>◇</sup>	41.6 <sup>◇</sup>	49.2 <sup>◇</sup>	40.5 <sup>◇</sup>	32.0 <sup>◇</sup>	36.0 <sup>◇</sup>	33.4 <sup>◇</sup>	40.6 <sup>◇</sup>
Strongly agree or agree that they feel close to people at their school	61	49.1 <sup>◇</sup>	65.7 <sup>◇</sup>	62	66	57.6	66	54.5 <sup>◇</sup>	67.7 <sup>◇</sup>

#### In the past 30 days...

Reported that their mental health was most of the time or always not good	22.4	41.9 <sup>◇</sup>	17.5 <sup>◇</sup>	22.1	19.3	25	24.1	33.0 <sup>◇</sup>	11.8 <sup>◇</sup>
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#### In the past 12 months...

Purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	28.4	47.6 <sup>◇</sup>	22.5 <sup>◇</sup>	22.5 <sup>◇</sup>	24.9 <sup>◇</sup>	33.4 <sup>◇</sup>	25.0 <sup>◇</sup>	35.6 <sup>◇</sup>	21.3 <sup>◇</sup>
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<sup>◇</sup> Significant difference between demographic groups (p<0.05)

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>Ever...</b>									
Seriously considered attempting suicide	<b>25.5</b>	44.4 <sup>◇</sup>	20.4 <sup>◇</sup>	19.5	26.3	27	30.1	35.7 <sup>◇</sup>	15.7 <sup>◇</sup>
Made a plan about how they would attempt suicide	<b>19.2</b>	33.5 <sup>◇</sup>	15.6 <sup>◇</sup>	10.4 <sup>◇</sup>	20.0 <sup>◇</sup>	22.1 <sup>◇</sup>	18.2 <sup>◇</sup>	26.8 <sup>◇</sup>	11.9 <sup>◇</sup>
Attempted suicide	<b>11.4</b>	20.6 <sup>◇</sup>	8.7 <sup>◇</sup>	7.4	14.1	11.1	12.5	16.8 <sup>◇</sup>	6.3 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups (p<0.05)



# 07

## Substance Use

# Substance Use

In alignment with the Whole School, Whole Community, Whole Child (WSCC) Framework, CPS acknowledges that addressing student substance use holistically is critical to caring for students in CPS. Data indicates that certain circumstances are correlated with increased risk of substance use among adolescents. These include, but are not limited to, a family history of substance use, parental substance use, familial rejection of sexual orientation or gender identity, substance use among peers, lack of school connectedness, low academic achievement, childhood sexual abuse, and mental health issues.<sup>13</sup> Further, social determinants of health such as economic disadvantage, food insecurity, and housing instability have been associated with youth experiencing mental health and substance use concerns.<sup>14</sup>

The emergence of new substances such as opioids and other synthetic drugs, in addition to exacerbated mental health concerns in part due to the COVID-19 pandemic, have greatly impacted the context and importance of providing substance use support in schools through a harm reduction and restorative approach.

The [Illinois House Bill 3428](#) amends Public Act 103-0348 (School Code) and requires that a school district, public school, charter school, or nonpublic school shall (instead of may) maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose.<sup>15</sup> To maintain compliance with state law, CPS will provide access to opioid antagonists, education, and training at every District, charter, contract, and options school. The [Administration of Medication Policy](#) adopted by the Chicago Board of Education in October 2023 was updated to include all stock emergency medication, including Narcan.<sup>16</sup> The Office of Student Health and Wellness mental health team utilizes a holistic approach that prioritizes physical, mental, and social-emotional health to ensure that every student in every school is healthy, safe, supported, challenged, and engaged.





6.0%

of students have  
ever smoked a  
cigarette

7.4%

of students have ever  
used an electronic  
vapor product

8.5%

of students  
have ever tried  
marijuana

6.8%

of students have ever  
misused prescription  
pain medication

## Example of how to interpret the percentages in this report:

Among LGBTQ+ students,

# 16.7%

have ever tried an electronic vapor product.

### TRENDS

- ▶ The percentage of students who misused prescription pain medication has decreased since 2019.
- ▶ The percentage of students who ever used electronic vapor products has decreased since 2019.
- ▶ The percentage of students who smoked cigarettes has overall decreased since 2009.

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Reported their first electronic vapor product was flavored	51.9	64.6	50.6	23.3 <sup>◇</sup>	45.6 <sup>◇</sup>	62.3 <sup>◇</sup>	42.1 <sup>◇</sup>	61.1 <sup>◇</sup>	41.2 <sup>◇</sup>

### In the past 30 days...

Used an electronic vapor product	7.4	11.0 <sup>◇</sup>	6.1 <sup>◇</sup>	9.2 <sup>◇</sup>	8.2 <sup>◇</sup>	—	6.6 <sup>◇</sup>	10.1 <sup>◇</sup>	4.7 <sup>◇</sup>
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### Ever...

Tried cigarette smoking	6	8.2	5.4	—	6	7.5	—	7.6 <sup>◇</sup>	4.4 <sup>◇</sup>
Used an electronic vapor product	12.9	16.7	12	—	14.4 <sup>◇</sup>	15.4 <sup>◇</sup>	9.8 <sup>◇</sup>	16.1 <sup>◇</sup>	9.7 <sup>◇</sup>
Drank alcohol	24.1	30.1 <sup>◇</sup>	22.3 <sup>◇</sup>	12.7 <sup>◇</sup>	23.2 <sup>◇</sup>	29.2 <sup>◇</sup>	17.0 <sup>◇</sup>	27.7 <sup>◇</sup>	20.4 <sup>◇</sup>
Used marijuana	8.5	11.1	8.2	—	12.4 <sup>◇</sup>	7.8 <sup>◇</sup>	8.8 <sup>◇</sup>	10.6 <sup>◇</sup>	6.5 <sup>◇</sup>
Tried marijuana before age 11	1.7	3.3 <sup>◇</sup>	1.1 <sup>◇</sup>	—	2.2	1.7	—	2.5	—
Tried alcohol before age 11	13.2	17.1 <sup>◇</sup>	12.0 <sup>◇</sup>	—	12.0 <sup>◇</sup>	16.4 <sup>◇</sup>	12.0 <sup>◇</sup>	14.1	12.2

<sup>◇</sup> Significant difference between demographic groups (p<0.05)

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Used any drug <i>Including marijuana, synthetic marijuana, cocaine, inhalants, heroin, methamphetamine, MDMA, illegal injection drugs, or prescription pain medicine without a prescription</i>	<b>39.2</b>	43.9	38.1	26.9 <sup>◇</sup>	43.9 <sup>◇</sup>	42.0 <sup>◇</sup>	26.6 <sup>◇</sup>	42.6 <sup>◇</sup>	35.7 <sup>◇</sup>
Used inhalants	<b>4.4</b>	3.8	4.3	—	3.1 <sup>◇</sup>	6.0 <sup>◇</sup>	—	5.4	3.4
Misused a prescription drug	<b>6.8</b>	11.5 <sup>◇</sup>	5.6 <sup>◇</sup>	8.3	6.2	7.3	—	7.5	6
Misused prescription pain medicine	<b>12.1</b>	14.7	11.6	10.2 <sup>◇</sup>	16.4 <sup>◇</sup>	10.4 <sup>◇</sup>	6.8 <sup>◇</sup>	14.7 <sup>◇</sup>	9.4 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups (p<0.05)



008

# Sexual Health + Health Services

# Sexual Health + Health Services

The CDC reports that 30% of U.S. high school students have ever had sexual intercourse, and 48% of those students did not use a condom the last time they had sex. When youth lack the knowledge or tools to make informed choices about their sexual health, they are more likely to acquire sexually transmitted infections (STIs) and experience unintended pregnancies.<sup>17</sup> Understanding youth sexual behaviors is vital to developing interventions and providing health services that address social and cultural conditions affecting sexual health. Sexual health education and services in schools provide students with the necessary knowledge and tools to prevent HIV, STIs, and unintended pregnancy.<sup>18</sup> CPS requires schools to provide students with sexual health services including healthcare referrals, free condoms for 5th–12th grade students, and free menstrual hygiene products (including pads and tampons). You can learn more about sexual health services on the [CPS website](#).<sup>19</sup>

CPS' school-based health centers (SBHCs) are primary healthcare sites located in or near schools that provide students and community members with easily accessible, high-quality, and age-appropriate health care. SBHCs offer health care services such as immunizations, physical exams, behavioral health care, chronic condition management, and sexual and reproductive health care. Currently, there are 31 SBHCs located throughout Chicago, 15 of which are open to the general public. You can review SBHC locations and guidelines [here](#).<sup>20</sup>

The Office of Student Health and Wellness sexual health and LGBTQ+ support team provides students and staff with comprehensive and inclusive sexual health programming, policies, and training. The District's [Sexual Health Education Policy](#) requires that students receive personal health and safety education (grades pre-k–5) and sexual health education (grades 6–12) annually.<sup>21</sup> Available training includes LGBTQ+-inclusive sexual health education teaching strategies, and all CPS staff are required to take an intensive training on supporting transgender, non-binary, and gender nonconforming students. The sexual health and LGBTQ+ support team also supports Gender and Sexuality Alliances (GSAs) in schools, which are student-run clubs that bring together LGBTQ+ and allied students to work toward creating a safe and LGBTQ+-inclusive school environment.



5.5%

of Chicago middle school students have had sexual intercourse

1.7%

of Chicago middle school students had sexual intercourse for the first time before the age of 11

1.1%

of Chicago middle school students have ever been or gotten someone pregnant

10.9%

of Chicago middle school students have ever had an HPV vaccine, and a significantly higher percentage of White students have had an HPV vaccine than Black or Hispanic/Latino students

1.5%

of Chicago middle school students have been told by a doctor or a nurse that they had epilepsy or a seizure disorder

## Sexual Health

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
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### Ever...

Had sexual intercourse	5.5	4.9	5.9	—	10.6	3.6	4.9	2.7 <sup>◇</sup>	8.5 <sup>◇</sup>
Had oral sex	3.4	3.4	3.5	—	5.4 <sup>◇</sup>	2.7 <sup>◇</sup>	—	3	3.8

### Among students who have ever had sexual intercourse

Used a condom during last sexual intercourse	52.9	—	61.3 <sup>◇</sup>	—	52.9	50.1	—	—	58.1
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## Health Services

Have ever received an HPV vaccine	10.9	14.5 <sup>◇</sup>	10.2 <sup>◇</sup>	17.3 <sup>◇</sup>	7.4 <sup>◇</sup>	10.9 <sup>◇</sup>	14.5 <sup>◇</sup>	13.0 <sup>◇</sup>	8.7 <sup>◇</sup>
Saw a doctor or nurse (for a check-up) in the past 12 months	49.7	41.0 <sup>◇</sup>	54.1 <sup>◇</sup>	62.9 <sup>◇</sup>	44.9 <sup>◇</sup>	49.6 <sup>◇</sup>	55.6 <sup>◇</sup>	48.9	50.8

<sup>◇</sup> Significant difference between demographic groups (p<0.05)

# 009

## School Safety + Violence



# School Safety + Violence

Many students are impacted by bullying or violence throughout their adolescence. Bullying and violence can be physical, verbal, social, or electronic.<sup>22</sup> These experiences can have lasting impacts on students' physical, mental, and emotional health and have been shown to disproportionately impact the LGBTQ+ student population. During the pandemic, many students lost consistent access to affirming student organizations and supportive staff.<sup>23</sup> Understanding experiences and perceptions of safety and violence can help reduce the frequency of bullying and violence, as well as better support those impacted. Youth can greatly benefit from trauma-informed care and environments that are safe and supportive for all.

The CPS Office of Safety and Security partners with schools and communities to identify and address safety concerns that directly impact students and staff to foster secure and supportive school environments that help students learn and thrive. This office also serves schools across the District through robust safety supports, clinical and crisis management, the Safe Passage program, safety initiatives, and background checks. Students and families can call the Crisis Team Hotline with safety concerns and questions at 773-553-1792 or the Student Safety Center at 773-553-3335.



25.4%

of middle school students were electronically bullied

1.1%

of middle school students reported they were in a gang

1.7%

of middle school students did not sleep in their parent's or guardian's home in the past 30 days

2.4%

of middle school students reported that an adult in their home most of the time or always physically hurt them

13.2%

more Black students than White students have ever been stopped, questioned, or searched by the police

Among LGBTQ+ students,  
43.2%

have ever been treated badly or unfairly because of their sexual orientation

### School Safety

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Were bullied on school property	36.7	48.5 <sup>◇</sup>	33.1 <sup>◇</sup>	42.9	35.8	36.2	34.3	42.8 <sup>◇</sup>	30.7 <sup>◇</sup>
Were electronically bullied	25.4	32.0 <sup>◇</sup>	23.7 <sup>◇</sup>	33.4 <sup>◇</sup>	22.8 <sup>◇</sup>	26.5 <sup>◇</sup>	25.3 <sup>◇</sup>	35.1 <sup>◇</sup>	15.9 <sup>◇</sup>
Agreed or strongly agreed that they felt close to people at their school	61	49.1 <sup>◇</sup>	65.7 <sup>◇</sup>	62	66	57.6	66	54.5 <sup>◇</sup>	67.7 <sup>◇</sup>

### Safety + Violence

Rarely or never wore a bicycle helmet (among students who had ridden a bicycle)**	76.7	65.4 <sup>◇</sup>	80.4 <sup>◇</sup>	52.4 <sup>◇</sup>	84.8 <sup>◇</sup>	80.7 <sup>◇</sup>	64.9 <sup>◇</sup>	75.3	78.2
Have a desire to join a gang (among students who are not already in a gang)	7.9	8.8	7.8	—	6.3 <sup>◇</sup>	10.9 <sup>◇</sup>	—	6.7	9.2

#### Ever...

Slept away from home because they were kicked out, ran away, or abandoned	3.3	4.7	2.8	—	4.2	3.4	—	3.1	3.6
Witnessed physical abuse between adults in the home	21.4	26.3	19.9	11.5 <sup>◇</sup>	22.7 <sup>◇</sup>	23.8 <sup>◇</sup>	20.3 <sup>◇</sup>	23.2	19.7
Physically abused by an adult	35.9	47.7 <sup>◇</sup>	33.3 <sup>◇</sup>	22.2 <sup>◇</sup>	34.5 <sup>◇</sup>	40.1 <sup>◇</sup>	42.2 <sup>◇</sup>	36.6	35.2
Seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	39.2	38.7	40	26.8 <sup>◇</sup>	46.6 <sup>◇</sup>	40.2 <sup>◇</sup>	25.4 <sup>◇</sup>	38.7	39.5
Treated badly or unfairly because of their race or ethnicity	38.1	40.4	37.8	33.0 <sup>◇</sup>	34.8 <sup>◇</sup>	41.1 <sup>◇</sup>	51.4 <sup>◇</sup>	38.9	37.3
Treated badly or unfairly because of their sexual orientation	17.5	43.2 <sup>◇</sup>	9.4 <sup>◇</sup>	19.3	17.4	17.1	22.6	22.8 <sup>◇</sup>	12.2 <sup>◇</sup>
Were in a physical fight	50.7	42.4 <sup>◇</sup>	53.3 <sup>◇</sup>	35.2 <sup>◇</sup>	71.7 <sup>◇</sup>	40.8 <sup>◇</sup>	51.5 <sup>◇</sup>	41.5 <sup>◇</sup>	60.0 <sup>◇</sup>
Rode with a driver who had been drinking alcohol in the car	20	25.0 <sup>◇</sup>	19.3 <sup>◇</sup>	12.8 <sup>◇</sup>	17.2 <sup>◇</sup>	25.7 <sup>◇</sup>	15.0 <sup>◇</sup>	25.1 <sup>◇</sup>	12.1 <sup>◇</sup>
Were forced to work or do something illegal by someone who got money or something of value for what they did	3.9	3.3	4	—	4.5	4	—	2.4 <sup>◇</sup>	5.3 <sup>◇</sup>
Been stopped, questioned, or searched by police (during their life)	21.3	21.5	22.4	15.6 <sup>◇</sup>	28.8 <sup>◇</sup>	18.8 <sup>◇</sup>	17.9 <sup>◇</sup>	20	22.6

<sup>◇</sup> Significant difference between demographic groups (p<0.05)

# 10

## Diet + Exercise

# Diet + Exercise

Schools play an important role in ensuring students have access to healthy food and opportunities for physical activity. A healthy diet can reduce the risk of developing various health conditions (such as high blood pressure, heart disease, type 2 diabetes, or iron deficiency) for adolescents. It has also been shown that eating a healthy breakfast is associated with improved cognitive function and mood.<sup>24</sup> Regular physical activity is also important to adolescents' physical health as it builds strong bones and muscles and helps improve cardiorespiratory fitness.<sup>25</sup> Additionally, adolescent participation in physical activity has social and physiological benefits, including higher self-esteem and less depressive symptoms.<sup>26</sup> Behaviors related to nutrition and physical activity involve various individual, social, physical, and macro-level factors, including access to food (such as distance to a grocery store or proximity of schools to fast food restaurants), nutrition education, preventative health care, and a safe environment to exercise.<sup>27</sup>

CPS policies and programs aim to mitigate the effects of numerous inequities experienced by CPS students, such as food insecurity and inequitable access to safe spaces for outdoor play, by ensuring that schools provide consistent access to nutritious food and opportunities for physical activity and nutrition education. All students have access to a free breakfast and lunch every day, and meals include fruits, vegetables, milk, and whole grains. Additional information about school nutrition policies is available [on the CPS website](#).<sup>28</sup>



35.2%

students who were physically active at least 60 minutes per day on five or more days in the past seven days

21.5%

of middle school students did not eat breakfast in the past seven days

29.4%

of students reported that some of their classroom teachers provide short physical activity breaks during regular class time (not counting their physical education teacher)

13.3%

more female students than male students have eaten an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge"

2.8%

of students most of the time or always go hungry because there was not enough food in their home

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Reported that some of their classroom teachers provide short physical activity breaks during regular class time	29.4	32.6	28	28.4	31	28.2	38.4	30.7	28.2

**In the past seven days...**

Ate breakfast on all seven days	31.1	27.3	31	39.1 <sup>◇</sup>	32.0 <sup>◇</sup>	25.4 <sup>◇</sup>	47.4 <sup>◇</sup>	25.6 <sup>◇</sup>	36.7 <sup>◇</sup>
Did not eat breakfast	21.5	25.9	20.2	15.2 <sup>◇</sup>	16.9 <sup>◇</sup>	28.3 <sup>◇</sup>	11.0 <sup>◇</sup>	23.6 <sup>◇</sup>	19.3 <sup>◇</sup>
Were physically active at least 60 minutes per day on five or more days	35.2	27.0 <sup>◇</sup>	39.5 <sup>◇</sup>	55.5 <sup>◇</sup>	29.6 <sup>◇</sup>	33.5 <sup>◇</sup>	43.2 <sup>◇</sup>	29.8 <sup>◇</sup>	40.7 <sup>◇</sup>

**In the past 12 months...**

Participated in one or more physical activity-based teams, clubs, or activities. <i>Includes sports, dance, cheerleading, color guard, gymnastics, or other teams, clubs, or activities run by their school or community groups</i>	65.4	57.5 <sup>◇</sup>	69.1 <sup>◇</sup>	75.3 <sup>◇</sup>	67.8 <sup>◇</sup>	61.4 <sup>◇</sup>	70.2 <sup>◇</sup>	67.7	63.2
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**Ever...**

Tried to lose weight or keep from gaining weight by skipping meals or going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes	26.2	41.8 <sup>◇</sup>	22.8 <sup>◇</sup>	23.8 <sup>◇</sup>	21.7 <sup>◇</sup>	31.3 <sup>◇</sup>	28.3 <sup>◇</sup>	37.6 <sup>◇</sup>	15.0 <sup>◇</sup>
Ate an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge"	37.1	50.2 <sup>◇</sup>	34.8 <sup>◇</sup>	39.2 <sup>◇</sup>	37.3 <sup>◇</sup>	37.4 <sup>◇</sup>	37.1 <sup>◇</sup>	43.5 <sup>◇</sup>	30.8 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups ( $p < 0.05$ )

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# HEALTHY CPS

— OFFICE OF STUDENT HEALTH & WELLNESS —

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