Wisconsin 2017 Youth Risk Behavior Survey

Special Topic
SUICIDE AND HELP SEEKING

Wisconsin Department of Public Instruction
Tony Evers, PhD, State Superintendent
Youth suicide is one of the most pressing problems facing schools and their communities. Wisconsin’s Youth Risk Behavior Survey (YRBS) asks public high school students about suicidal ideation and behavior. When analyzed alongside students’ other responses, the YRBS can help us understand more about the number of students at risk and their characteristics.

**Suicide-Related Questions on the YRBS**
Wisconsin’s 2017 Youth Risk Behavior Survey asks four questions directly related to suicidal ideation and behavior:

- **Considered suicide:** “During the past 12 months, did you ever seriously consider attempting suicide?”
- **Planned suicide:** “During the past 12 months, did you make a plan about how you would attempt suicide?”
- **Attempted suicide:** “During the past 12 months, how many times did you actually attempt suicide?”
- **Attempt-related injury:** “If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?”

Below are the overall percentages for each of these questions in 2017.
Tracking Suicides and Suicidal Ideation
During the 1990s and early 2000s, suicidal ideation and youth suicides decreased. However, in recent years these figures have started to increase again, both in Wisconsin and nationally. Below are trends from Wisconsin’s YRBS.¹

Wisconsin’s YRBS data shows recent, statistically significant increases in the percent of young people who considered and planned suicides. There is no significant change yet in the percent of young people who already attempted suicide or report receiving medical treatment for a suicide attempt.

Not all students are showing the same degree of change. The recent uptick in considering suicide is particularly noticeable for females. The chart below shows these gender differences dating back to 1993.

¹ No survey data is available for 1995 or 2015, due to inadequate response rates in those years.
Vital statistics data does seem to show an increase in youth deaths by suicide. Below is the most recent data for high school-aged youth in Wisconsin, as reported in the Wisconsin Department of Health Services Wisconsin Interactive Statistics on Health (WISH) query system. Note that 2016 is the most recent year available. Rates are increasing for both younger and older teens, with 2016 rates at 13.5/100,000 for ages 15-17 and 19.1/100,000 for ages 18-19.
Who Is At Higher Risk?
Not all young people are at equally high risk of suicide. There are key differences based on both demographics (who students are) and life histories (what they have experienced).

The chart below breaks out the suicide questions by some of the highest risk groups. (Percentages are only displayed for the highest and lowest risk groups.)

In terms of demographics, lesbian, gay, bisexual and transgender (LGBT) youth and those with disabilities or long-term health issues (“Has disability”) are at the highest risk for suicidal ideation. Students who are currently homeless or staying with friends or relatives due to economic hardship (“Homeless”) are at the highest risk of attempting suicide. Students with low grades (Ds or Fs) are at a similarly disproportionate risk.
Race and gender are other key factors to consider. The chart below shows the YRBS suicide attempt question, broken out by racial minority status (white vs. other) and gender.

This chart helps tease out the intersection of race and gender. While female students are at generally higher risk of suicidal behavior than males, the picture becomes more complicated when we include race. For instance, white females report much higher suicide attempt rates than white males, but they are below any males of color. The composition of the survey respondents makes it difficult to get strong estimates for each racial or ethnic group; however, rates appear to be highest for multi-racial and Black or African American students.

What Happened To Students? Trauma and Victimization
Research related to Adverse Childhood Experiences (ACES) and trauma continually shows that adults with extensive childhood trauma are at a markedly increased risk of suicide. The 2017 Wisconsin YRBS does not ask the traditional ACEs questions. However, there are some questions about exposure to violence and aggression. Data from those questions do confirm that students who are exposed to violence and aggression are also at much higher risk of suicidal behavior. For instance, out of a hypothetical 10 high school students who attempted suicide:
- 6 out of 10 (59.6%) have been bullied either in person or electronically
- Nearly 5 out of 10 (48%) have been raped or experienced dating violence

---

2 Note, however, that males are still much more likely than females to actually die by suicide.
3 Such differences are not statistically significant, but it is difficult to see significant differences when the number of respondents is relatively small, as it is with students of color in this survey.
More than 8 out of 10 (86%) answered “yes” to at least one of the questions around victimization (e.g., being bullied, threatened with a weapon, experienced rape or dating violence, or had safety concerns significant enough to impact school attendance).

The category “experienced sexual or dating violence” combines three questions: whether students have ever been raped (by anyone), whether they have been pressured into some sexual activity by a dating partner, and whether they have experienced physical violence by a dating partner. Overall, students who have attempted suicide are three times more likely than their peers to have experienced at least one of these (48.4% vs. 15.7%). Of these three questions, physical dating violence and rape rise to the top. Students who attempted suicide were 5.2 times more likely than non-attempting peers to have experienced physical dating violence and 4.8 times more likely to have been raped (not shown here). As mentioned previously, the experience of homelessness is also highly correlated: students who attempt suicide were 4.5 times more likely to be homeless or without a permanent address.

While bullying and exposure to violence are certainly risk factors for suicide, it’s also important to remember that not all individuals who experience bullying, violence, or other forms of adversity will become suicidal. For instance, even though most of the students from the YRBS who attempted suicide had been bullied, most of the students who had been bullied did not report suicidality. There may be other, underlying risk factors (e.g., abuse, neglect, or other traumas) which increase students’ risks of both being bullied and being suicidal.
Suicidal ideation is also high among students who engage in aggressive behaviors. For instance, students who said that they had been in a physical fight, either at school or elsewhere, were over three times more likely than their non-fighting peers to have attempted suicide. These students are also more likely to have been victimized. Again, it is likely that there are other factors which lead students to be both aggressive and despairing.

What Else is Happening? Lifestyle Risk Factors
In her book iGen, psychologist Jean M. Twenge analyzes national YRBS data as well as several other data sources, including interviews. She finds that screen time and social media are a significant factor in young people’s stress, depression, and anxiety. Lack of sleep (which can also be a result of screen time) also puts young people at risk. In contrast, face-to-face connections, physical exercise, and a sense of meaning are all strong protective factors.

Help-Seeking and Support
Unsurprisingly, students who are considering suicide are also less likely to say that they are connected to their school or individual teachers. While about 75% of non-suicidal teens say that they belong at school or have a teacher to talk to, fewer than half (45.4%) of students who are considering suicide feel like they belong, and a relatively smaller proportion (61.7%) have a teacher they can talk to about a problem. In general, the highest risk groups in the YRBS are also the groups that report the lowest levels of belonging in school. This does not mean that their school experiences are causing them to be suicidal. However, it does point to the need to boost protective factors such as school belonging and adult support and mentorship among high-risk students.
While students who are suicidal are clearly in need of help, they are also less likely than their peers to say that they get the help they need, or that they have someone they can turn to when they are distressed.

Compared with their peers, students who had considered suicide were more than twice as likely to say that they were “not sure” who they could talk to when in emotional distress. Similarly, almost ⅔ of those who had considered suicide (62.1%) said that they rarely or never got the help they needed when they were in emotional distress. Thus, it is important for teachers and others to make conscious efforts to reach out to students who may seem withdrawn or who are otherwise at high risk.

What To Look For:
YRBS data can help us understand which students may need help. Special attention needs to be paid to girls, LGBT youth, students of color, homeless students, and those with low grades. The data also reminds us that suicidal students may sometimes seem more angry and disruptive (for instance, be involved in fights) than sad and withdrawn. DPI's Trauma Sensitive Schools Professional Development System helps educators start to identify, understand, and work effectively with those “difficult” students whose actions may be a cry for help.
What To Do
There are many resources for educators and others who want to be able to better identify and assist struggling young people.

- **Get trained:** DPI delivers full-day suicide prevention training which covers prevention, intervention, and postvention. DPI also developed an online gatekeeper module for all staff to access whenever training is desired. More information is available at [https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention](https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention). Since the data indicates that students are most likely to turn to their peers, it’s also important to offer young people training and venues to help support one another. “Sources of Strength” and “Hope Squad” are two such options.

- **Get data:** The Online YRBS can help you identify the risks in your own school or community. [https://dpi.wi.gov/sspw/yrbs/online](https://dpi.wi.gov/sspw/yrbs/online)

- **Get therapists:** DPI’s School Mental Health Framework has resources for how to structure a school-based mental health program. [https://dpi.wi.gov/sspw/mental-health/framework](https://dpi.wi.gov/sspw/mental-health/framework)

- **Get students talking:** Structured, adult-facilitated focus groups around youth mental health can produce insights and guide future actions.

- **Get students moving:** Incorporate physical activity whenever possible as a protective factor.

- **Get students interested:** Mastery in any given area is a key part of resilience. Encouraging students’ interests and abilities may help them through difficult times.

- **Get students together:** Social gatherings and extracurriculars are an important protective factor. Affinity groups or cultural events that validate and celebrate students’ race, ethnicity, or sexual identity can be particularly important.

- **Get connected:** While most young people turn to their peers rather than adults in times of crisis, adult connections are still a key protective factor. Anything that you can do to make young people feel seen, heard, and valued is part of suicide prevention.
For more information contact:
Katherine McCoy, Ph.D.
Student Services, Prevention and Wellness
Wisconsin Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841
608-266-0506
kate.mccoy@dpi.wi.gov
https://dpi.wi.gov/sspw/yrbs

March 2018
The Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation or disability