NEW YORK STATE | Office of Mental Health

Suicidal Thoughts and Behaviors Among New York High School Students:

2021 New York Youth Risk Behavior Survey (YRBS)

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Executive Summary

This report presents results of a comprehensive analysis of the 2021 New York Youth Risk Behavior Survey data on suicidal thoughts and behaviors among New York high school students. The New York YRBS is a primary source of state-representative, self-reported information on suicidal thoughts and attempts among New York adolescents. This technical report includes a brief description of the prevalence of prolonged sadness, suicidal ideation, suicide attempt, and injurious attempt in 2021 and over time as well as progression between sadness, ideation, and attempt, overall and by sex. The bulk of the report focuses on prolonged sadness, suicidal ideation, and suicide attempt. Some of the key findings are highlighted below in this Executive Summary. Prevalence of these outcomes is presented by student demographics, followed by 29 different risk factors and correlates that are presented in 6 sections covering the topics of school climate, violence, health behaviors, sexual behaviors, tobacco and vape use, and alcohol and drug use. We hope that this information will increase awareness of adolescent suicide risk in New York and assist with data-driven prevention efforts.

Overall Prevalence

The table below shows the prevalence of prolonged sadness, suicidal ideation, suicide attempt, and injurious attempts in the United States (US) and New York (NY). The prevalence of prolonged sadness and suicidal ideation were both significantly lower in NY than in the US:

Item	US %	NY %
Prolonged Sadness	42.3%	33.3%
Suicidal Ideation	22.2%	16.8%
Suicide Attempt	10.2%	9.6%
Injurious Attempt	2.9%	3.1%

Overall, 40.7% of students who endorsed prolonged sadness also endorsed suicidal ideation, and 33.2% of students who endorsed ideation also endorsed suicide attempt.These percentages did not differ significantly between males and females. Nonetheless, some students who denied sadness reported ideation, and some students who denied ideation reported attempt.

Demographics

The prevalence of prolonged sadness, suicidal ideation, and suicide attempt varied by demographic characteristics like sex, race and ethnicity, sexual orientation, and whether the student identified as transgender.

- Compared to males, females had higher prevalence of prolonged sadness (43.8% vs. 22.4%) and suicidal ideation (21.3% vs. 11.9%)
- Compared to non-Hispanic white students, Black or African American students had higher prevalence of suicide attempt (13.7% vs. 6.0%)
- Compared to non-Hispanic white students, Hispanic or Latino students had higher prevalence of prolonged sadness (38.6% vs. 30.0%) and suicide attempt (11.1% vs. 6.0%)
- Compared to non-Hispanic white students, students of another race or ethnicity (including multiple Non-Hispanic, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander) had higher prevalence of prolonged sadness (45.4% vs. 30.0%) and suicidal ideation (27.7% vs. 16.25)
- Compared to students identifying as heterosexual or straight, students identifying as lesbian, gay, bisexual, questioning, or another sexuality had higher prevalence of prolonged sadness (57.8% vs. 25.7%), suicidal ideation (34.7% vs. 11.0%), and suicide attempt (18.1% vs. 5.9%)
- Compared to students not identifying as transgender, students who identified as transgender or were not sure whether they are transgender had higher prevalence of prolonged sadness (52.3% vs. 31.8%), suicidal ideation (41.8% vs. 14.7%), and suicide attempt (36.0% vs. 7.0%)

Risk Factors and Correlates

The highest prevalence estimates of prolonged sadness were seen among students who reported:

- Experiencing dating violence in the past year (75.4%)
- Experiencing both in-school and electronic bullying in the past year (74.9%)
- Vaping on 3 or more days out of the past 30 (64.3%)
- Experiencing sexual violence in the past year (63.5%)
- Engaging in risky sexual behavior (60.8%)
- Being in a physical fight 4 or more times in the past year (60.6%)
- Experiencing electronic bullying in the past year (59.3%)
- Using marijuana at least once in the past 30 days (56.9%)
- Drinking alcohol for the first time before age 13 (55.7%)
- Experiencing at least one indicator of school violence (55.4%)

The highest prevalence estimates of suicidal ideation were seen among students who reported:

- Ever trying cocaine, heroin, methamphetamines, ecstasy, or illegal injectable drugs (54.0%)
- Experiencing dating violence in the past year (49.4%)
- Experiencing both in-school and electronic bullying in the past year (46.8%)
- Using cigarettes, cigars, or smokeless tobacco on at least 1 day in the past 30 days (45.1%)
- Experiencing sexual violence in the past year (42.5%)
- Being in a physical fight 4 or more times in the past year (41.4%)
- Vaping on 3 or more days out of the past 30 (38.1%)
- Drinking alcohol for the first time before age 13 (36.7%)
- Being in a physical fight 2-3 times in the past year (35.6%)
- Ever trying cigarette smoking (35.3%)

The highest prevalence estimates of suicide attempt were seen among students who reported:

- Ever trying cocaine, heroin, methamphetamines, ecstasy, or illegal injectable drugs (57.4%)
- Experiencing dating violence in the past year (44.1%)
- Being in a physical fight 2 or more times in the past year (35.1%)
- Ever using synthetic marijuana (31.8%)
- Experiencing sexual violence in the past year (30.6%)
- Every trying cigarette smoking (29.8%)
- Vaping on 3 or more days out of the past 30 (29.0%)
- Using cigarettes, cigars, smokeless tobacco, or vaping on at least 1 day in the past 30 days (28.9%)
- Experiencing at least one indicator of school violence (26.2%)
- Drinking alcohol for the first time before age 13 (25.3%)

Although the percentages above are unadjusted, all listed risk factors were statistically significantly associated with the respective outcome in logistic regression models that adjusted for age and sex. The risk factors above overwhelmingly represent experiences related to violence, alcohol and drug use, tobacco use, and school climate. There is extensive overlap among the top 10 risk factors across outcomes. For example, students who experienced dating violence had the highest prevalence of prolonged sadness and the second-highest prevalence of suicidal ideation and suicide attempt. In fact, the majority of risk factors listed above are listed for more than one outcome (e.g., ever using an illegal drug, experiencing sexual violence, fighting, and experiencing both in-school and electronic bullying). This underscores the commonality in risk across sadness and suicidal thoughts and behaviors among adolescents. The high representation of risk factors related to violence, substance use, and school climate highlights the potential benefit of directing suicide prevention strategies toward students who experience them, as well as the potential for violence and substance use prevention programs to benefit suicide morbidity outcomes.

Introduction

About the Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a national biennial survey administered by the Centers for Disease Control and Prevention (CDC). The High School YRBS collects data from students in grades 9-12 and monitors key health behaviors and experiences that contribute to the leading causes of death and illness during adolescence and adulthood. The YRBS helps to monitor changes over time, identify emerging issues, and plan and evaluate programs to improve health outcomes. The survey highlights various focus areas with important implications for adolescent health and well-being: sexual behavior, substance use, experiencing violence, and mental health and suicidal thoughts and behaviors. The CDC's most recent national Data Summary and Trends Report can be found at https://www.cdc.gov/yrbs/dstr/index.html.

The New York YRBS is a primary source of state-representative, self-reported information on suicidal thoughts and attempts among New York adolescents. Self-reports provide important information about suicidal thoughts and behaviors without requiring that the thoughts or behaviors result in a healthcare visit or death. Furthermore, the comprehensive array of health topics included in the YRBS provide rich information about risk and protective factors.

About this Report

This report focuses on responses from students enrolled in public and private high schools in New York State in 2021. It provides comprehensive analyses of four questions regarding mental health and suicidal thoughts and behaviors. These questions include:

- During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- During the past 12 months, did you ever seriously consider attempting suicide?
- During the past 12 months, how many times did you actually attempt suicide?
- 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?

The goal of this report is to provide interested parties with a snapshot of suicide risk among NY high school students in 2021, including prevalence, demographic correlates, and risk and protective factors. We hope that this information will increase awareness of adolescent suicide risk in New York and assist with data-driven prevention efforts.

This report is divided into seven sections. Section 1 describes the overall prevalence of prolonged sadness, suicidal ideation, suicide attempt, and injurious attempt in 2021 in NY and the US; the prevalence of each over time in NY, overall and by sex; the prevalence of

progression between sadness, ideation, and attempt, overall and by sex; and the prevalence of prolonged sadness, suicidal ideation, and suicide attempt by student demographics. Sections 2-7 focus on groups of risk and protective factors derived from other questions in the 2021 survey. These sections begin with a table displaying the derivation of included risk and protective factors based on YRBS survey questions. Under the table, associations of risk and protective factors with age and sex are described. For brevity, we mention age associations only when significant linear trends were found, although this may be an oversimplification of the true association. This is followed by bar charts displaying the prevalence of prolonged sadness, suicidal ideation, and suicide attempt within each level of the risk or protective factor. Text results describe significant associations that persisted after adjusting for age and sex using logistic regression models accounting for the survey design and weights.

We aimed to include as many of the 2021 YRBS survey questions as possible in this report. However, it is beyond the scope of this report to assess why associations were observed. **Readers should note that while some associations presented may represent causal relationships (e.g., the risk factor causes suicidal thoughts), others may not.** For example, an apparent risk factor may be a proxy for another factor, such as socioeconomic status, or may be caused by poor mental health. Survey respondents who are experiencing distress may also answer questions differently than those who are not. Readers should not assume that associations presented here represent causal relationships.

Detailed methods on the 2021 YRBS are described by Mpofu et al., 2023 (available at https://www.cdc.gov/mmwr/volumes/72/su/su7201a1.htm?s_cid=su7201a1_w). This report is based on 2021 data files requested from CDC and received on May 1st, 2023, and time trend estimates downloaded from the YRBS Explorer in June 2024. At the time of writing, YRBS Explorer and Youth Online included New York City and New York State Excluding New York City as separate sites and did not include a single statewide site comparable to this report.

Where possible, this report adhered to the NCHS standards for reporting proportions (Parker et al., 2017), which prevented us from including all topics included in the survey. Where results are presented that did not meet these standards, they are noted as unreliable. Risk factors and correlates were categorized to allow sufficient group sizes to reliably estimate prevalence. Cut points were based on those used by the CDC as well as variable distributions and their relationships with the outcomes. Some variables with several ordered levels were made binary, which may obscure underlying ordinal relationships. Note that because age adjustment used the categorized age variable, there may be residual confounding by age.

Readers are invited to provide feedback on this report using the link on page 45.

Section 1:
Prevalence and Demographic Correlates

Overall Prevalence

In 2021, 33.3% of NY respondents reported experiencing prolonged sadness in the past 12 months, compared to 42.3% of US respondents. In NY, 16.8% reported seriously considering suicide in the past 12 months, compared to 22.2% of US respondents. Among NY respondents, 9.6% reported attempting suicide in the past 12 months and 3.1% reported an attempt that required treatment by a doctor or nurse; among US respondents these were 10.2% and 2.9%, respectively. The prevalence of prolonged sadness and suicidal ideation were both significantly lower in NY than in the US[1].

Table 1: Percent of students reporting prolonged sadness, suicidal ideation, suicide attempt, and injurious suicide attempt in the past year in the US and New York YRBS, 2021

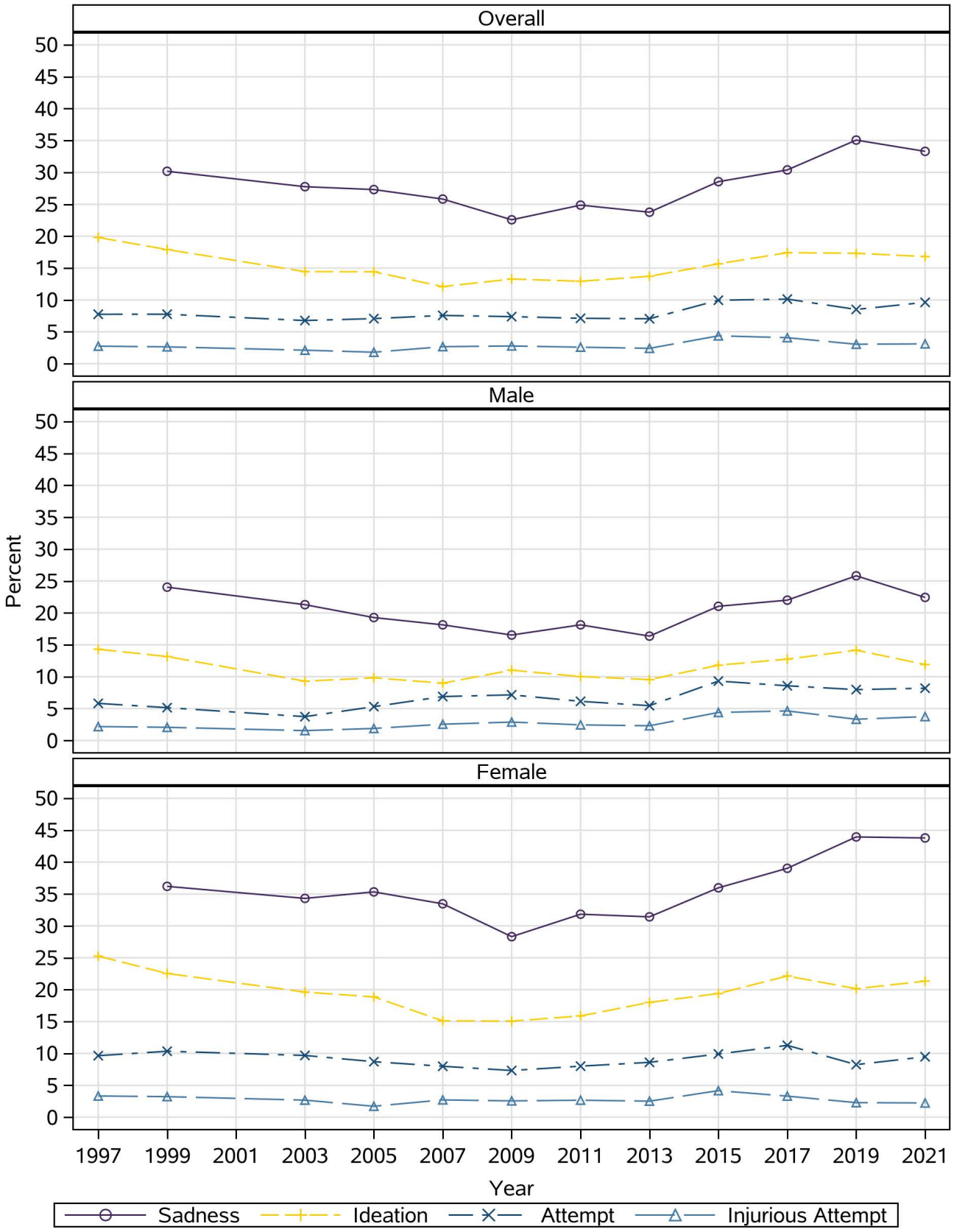
Item	Question	US %	NY %
Prolonged Sadness	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	42.3%	33.3%
Suicidal Ideation	During the past 12 months, did you ever seriously consider attempting suicide?	22.2%	16.8%
Suicide Attempt	During the past 12 months, how many times did you actually attempt suicide?	10.2%	9.6%
Injurious Attempt	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?	2.9%	3.1%

1 Based on non-overlapping 95% confidence intervals.

Prevalence over Time

Figure 1 shows the prevalence of prolonged sadness, suicidal ideation, suicide attempt, and injurious suicide attempt among NY YRBS respondents between 1997 and 2021, overall and by sex. Note that data are not available for 2001 and the 1997 survey did not ask about prolonged sadness. Across that time period, the overall prevalence of prolonged sadness was lowest in 2009 (22.6%) and highest in 2019 (35.1%); prevalence among females was lowest in 2009 (28.3%) and highest in 2019 (43.95%); and prevalence among males was lowest in 2013 (16.4%) and highest in 2019 (25.8%). The overall prevalence of suicidal ideation was lowest in 2007 (12.1%) and highest in 1997 (19.8%); prevalence among females was lowest in 2009 (15.1%) and highest in 1997 (25.3%); and prevalence among males was lowest in 2007 (9.05) and highest in 1997 (14.3%). The overall prevalence of suicide attempt was lowest in 2003 (6.8%) and highest in 2017 (10.15); prevalence among females was lowest in 2009 (7.35) and highest in 2017 (11.35); and prevalence among males was lowest in 2003 (3.7%) and highest in 2015 (9.35). Finally, the overall prevalence of injurious suicide attempt was lowest in 2005 (1.8%) and highest in 2015 (4.4%); the prevalence among females was lowest in 2005 (1.7%) and highest in 2015 (4.2%); and the prevalence among males was lowest in 2003 (1.5%) and highest in 2017 (4.6%).

Figure 1: Prevalence of prolonged sadness, suicidal ideation, suicide attempt, and injurious suicide attempt among NY YRBS respondents, by sex and overall, 1997 to 2021*



*Data are not available for 2001. The 1997 survey did not ask about prolonged sadness.[i]

Progression between Sadness, Ideation, and Attempts

Table 2 below shows the prevalence of progression between sadness, ideation, and attempt, overall and by sex. As would be expected, ideation is substantially more common among those reporting sadness than among those denying sadness, and attempt is more common among those reporting ideation than among those denying ideation. Nonetheless, some students who denied sadness reported ideation, and some students who denied ideation reported attempt.

Table 2: Prevalence of progression between sadness, suicidal ideation, suicide attempt, and injurious attempts, overall and by sex

	Overall %	Females %	Males %
Ideation among those with sadness	40.7	40.1	41.0
Ideation among those denying sadness	4.1	6.2	2.6
Attempt among those with ideation	33.2	32.7	30.4
Attempt among those denying ideation	3.4	2.7	3.6
Injurious attempt among those with an attempt	35.8	23.3	--*

*Suppressed due to low reliability

Among those reporting sadness, the prevalence of ideation did not differ significantly between males and females. Among those denying sadness, ideation was more common among females than males. The prevalence of attempt did not differ significantly between males and females, regardless of whether they endorsed or denied ideation. The prevalence of injurious attempt among males reporting attempt is considered unreliable.

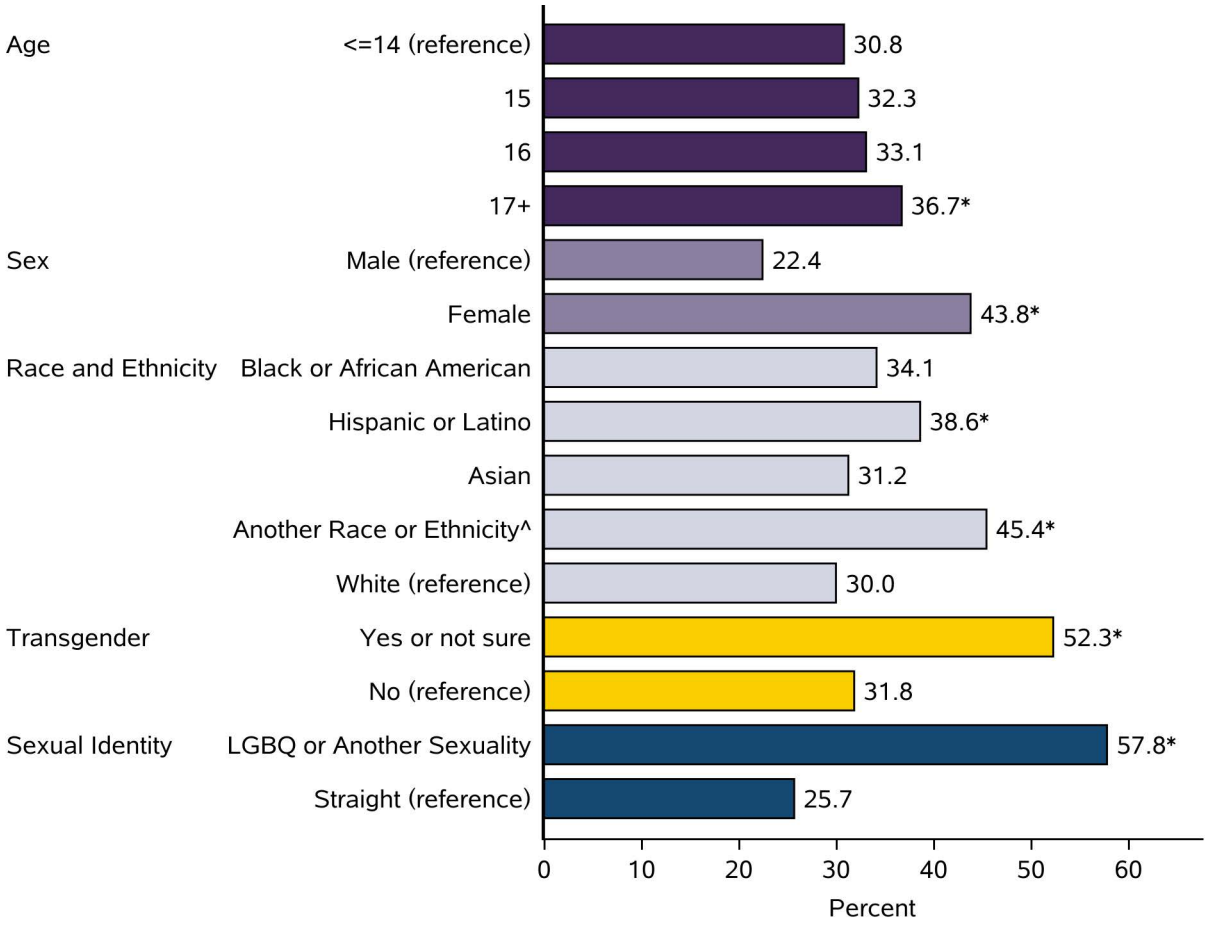
Prevalence by Demographic Characteristics

As with the risk factors described in Sections 2 through 7 below, demographic variables were categorized to ensure that estimates of prevalence within each group would be reliable. Sex was identified by students as male or female. Age was categorized as 14 or younger, 15, 16, and 17 or older. Race and ethnicity was categorized as Hispanic or Latino (any or multiple race), Black or African American (non-Hispanic), Asian (non-Hispanic), white (non-Hispanic), and another race or ethnicity (non-Hispanic). The latter included those identifying as more than one race, American Indian/Alaskan Native, or Native Hawaiian/Other Pacific Islander. While the use of such a heterogeneous racial category reduces the ability to interpret results and obscures patterns within the groups included, it was viewed as preferable to omitting smaller groups. In subsequent reports it will be possible to combine multiple years of data to assess prevalence among groups with fewer respondents.

Sexual identity was categorized as straight (worded as “Heterosexual (straight)” on the survey) or LGBQ or Another Sexuality (including “Gay or lesbian”, “Bisexual”, “I describe my sexual identity some other way”, and “I am not sure about my sexual identity (questioning)”). Transgender identity was based on the question “Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?” and categorized as No (“No, I am not transgender”) or Yes or Not Sure (including “Yes, I am transgender”, and “I am not sure if I am transgender”). As with race and ethnicity, sexual identity and transgender identity included heterogeneous categories that may obscure important differences between combined groups. Subsequent reports combining multiple years of data will be better suited to describe the prevalence of suicide-related outcomes among groups with fewer respondents.

The prevalence of prolonged sadness in the past year by age, sex, race and ethnicity, sexual identity, and transgender identity is shown in Figure 2 below. Prolonged sadness was significantly more common among 17+ year-olds compared to those 14 and younger, and among females compared to males. It was also significantly more common among students identifying as Hispanic or Latino and students identifying as another race or ethnicity compared to students identifying as white. It was significantly more common among students identifying as lesbian, gay, bisexual, questioning, or another sexuality compared to those identifying as straight. Lastly, prolonged sadness was significantly more common among students who identified as transgender or were not sure whether they were transgender compared to those who did not identify as transgender.

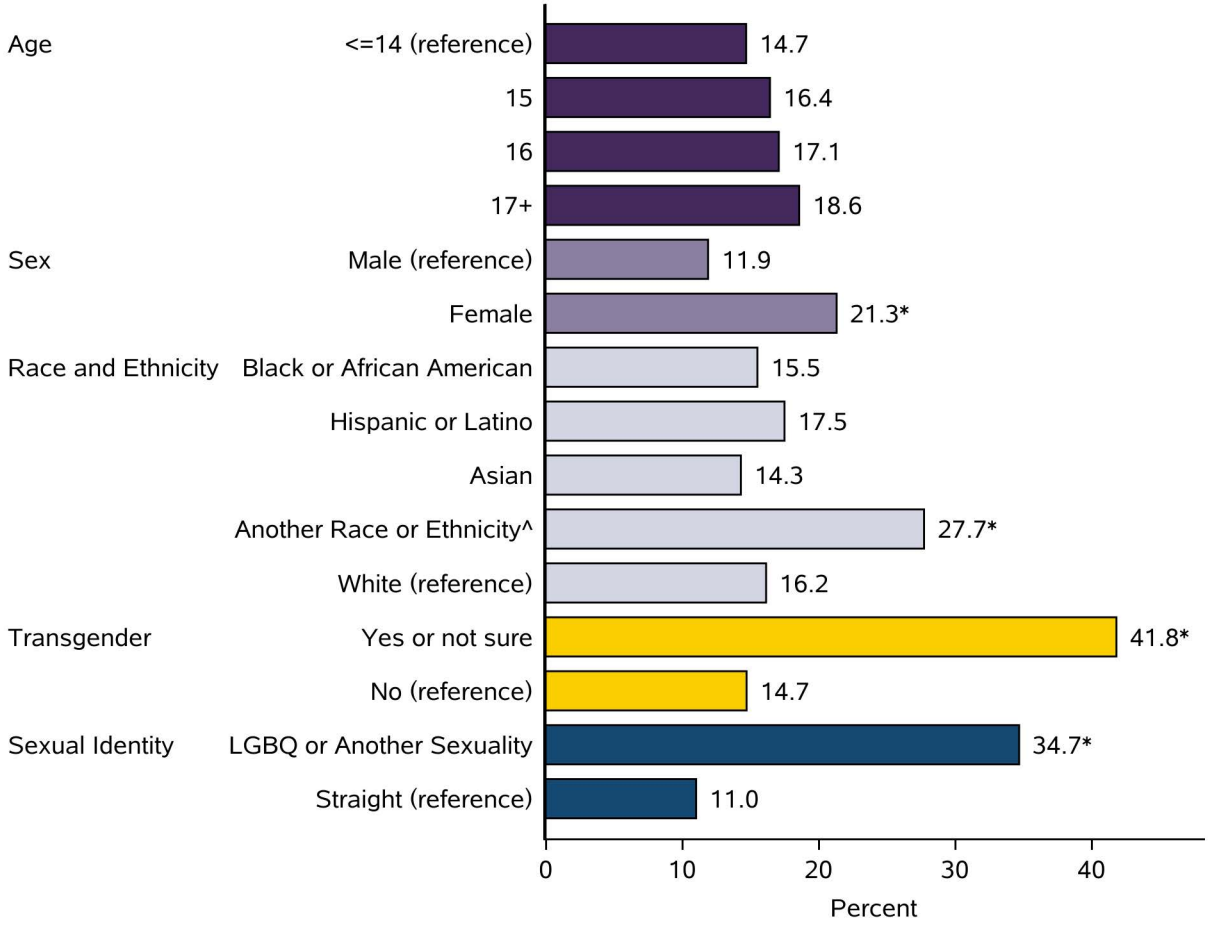
Figure 2: Prevalence of prolonged sadness by adolescent demographic characteristics



^ Includes multiple Non-Hispanic, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander
*Denotes that the prevalence or prolonged sadness was significantly different from the reference group

The prevalence of suicidal ideation in the past year by age, sex, race and ethnicity, sexual identity, and transgender identity is shown in Figure 3 below. Suicidal ideation was significantly more common among females compared to males and among those that identified as another race or ethnicity compared to those who identified as white. It was also significantly more common among students identifying as lesbian, gay, bisexual, questioning, or another sexuality compared to those identifying as straight. Lastly, suicidal ideation was significantly more common among students who identified as transgender or were not sure whether they were transgender compared to those who did not identify as transgender.

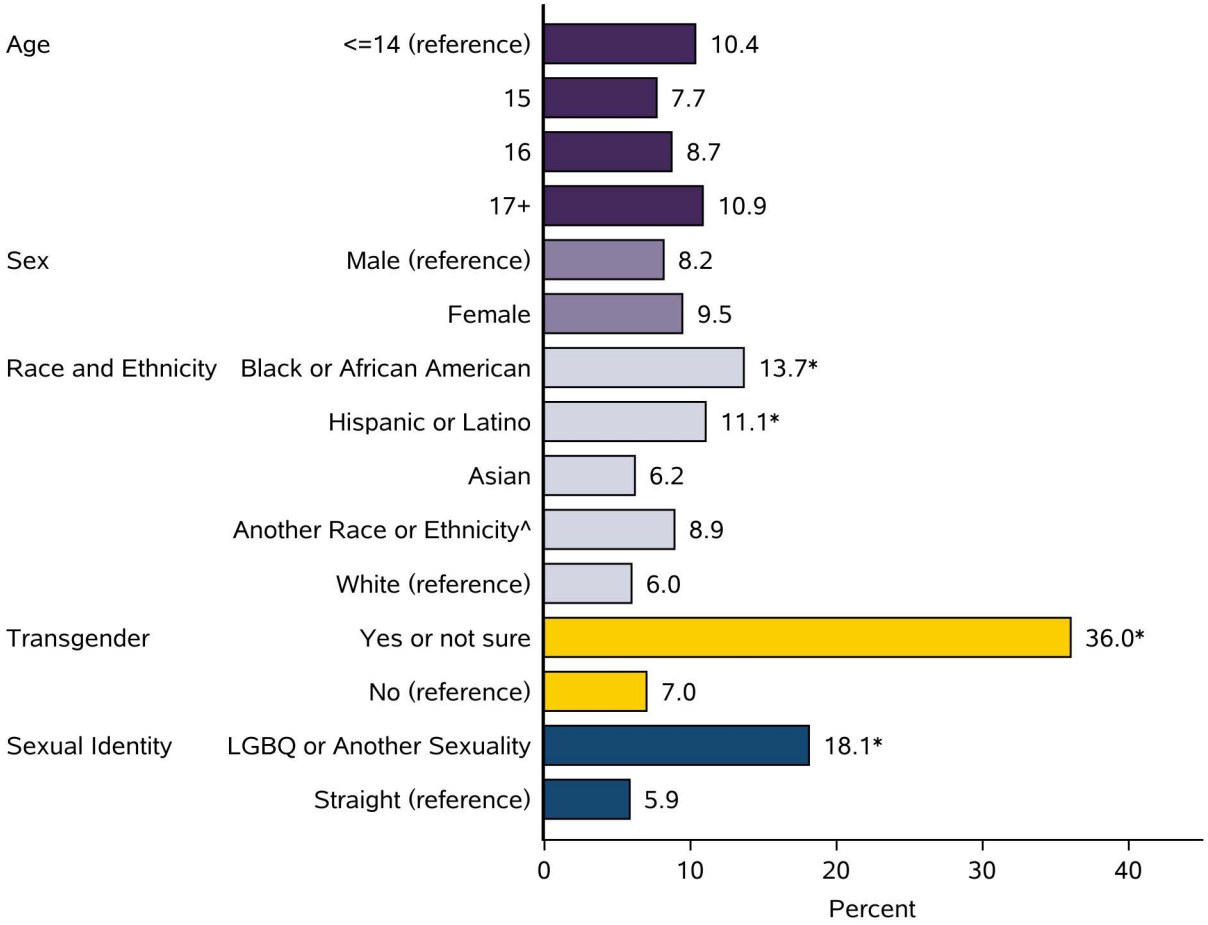
Figure 3: Prevalence of suicidal ideation by adolescent demographic characteristics



^ Includes multiple Non-Hispanic, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander
*Denotes that the prevalence of suicidal ideation was significantly different from the reference group

The prevalence of suicide attempt in the past year by age, sex, race/ethnicity, sexual identity, and transgender identity is shown in Figure 4 below. Suicide attempts were significantly more common among students who identified as Hispanic or Latino and in those who identified as Black or African American compared to those who identified as white. They were also significantly more common among students identifying as lesbian, gay, bisexual, questioning, or another sexuality compared to those identifying as straight. Lastly, suicide attempt was significantly more common among students who identified as transgender or were not sure whether they were transgender compared to those who did not identify as transgender.

Figure 4: Prevalence of suicide attempt by adolescent demographic characteristics



^ Includes multiple Non-Hispanic, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander
*Denotes that the prevalence of suicide attempt was significantly different from the reference group

Note: Among those categorized as 'another race or ethnicity' and 'yes or not sure' for transgender, estimates of suicide attempt prevalence are considered unreliable due to wide confidence intervals

Section 2:
School Climate

School Climate Risk and Protective Factors	Values
School-related violence: • Carrying a weapon on school property in the past 30 days • Skipping school due to safety concerns in the past 30 days • Being threatened or injured on school property in the past 12 months • Being in a physical fight on school property in the past 12 months	Yes, experienced at least one No, experienced none
Being bullied in the past 12 months	Yes, on school property Yes, electronically Yes, both types Neither type of bullying
Having an adult at school you can talk to if you have a problem	Yes No Not sure

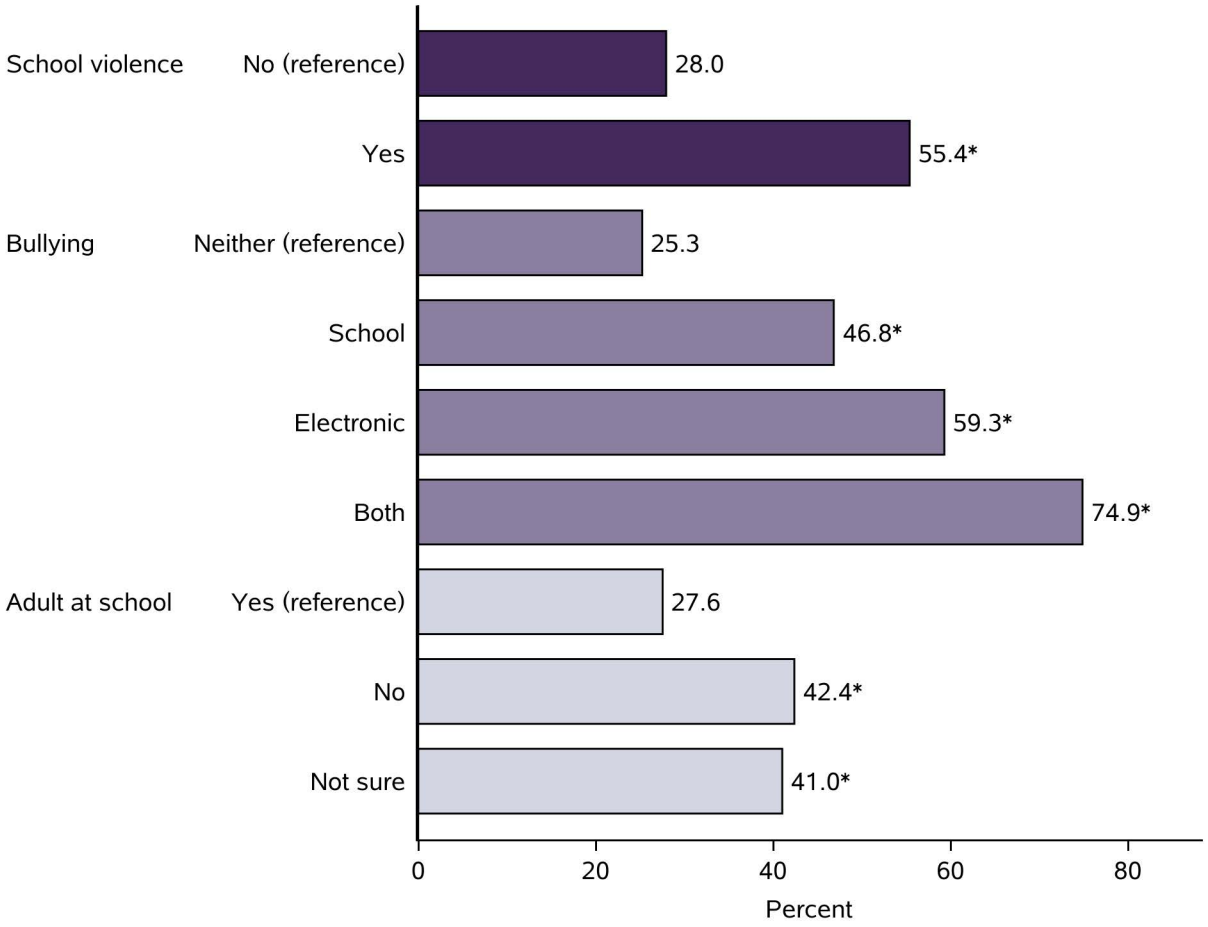
Females were more likely than males to report experiencing electronic bullying and both types of bullying. Younger students, particularly those age 14 and younger, were more likely to answer “not sure” to whether there is an adult in the school they can talk to.

School Climate and Prolonged Sadness

Figure 5 below shows the prevalence of prolonged sadness according to each school climate risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they do not have an adult at school they can talk to if they have a problem, or are not sure whether they have one, compared to students who do.
- Reported experiencing bullying on school property, electronic bullying, or both types of bullying, compared to those who did not report experiencing bullying. Sadness was significantly more common among those who reported both types of bullying compared to those who reported either bullying on school property or electronic bullying.
- Endorsed at least one indicator of school violence (being threatened or injured, fighting, carrying a weapon, or skipping school due to safety concerns) compared to students who endorsed none.

Figure 5: Prevalence of prolonged sadness in the past year by school climate risk and protective factors



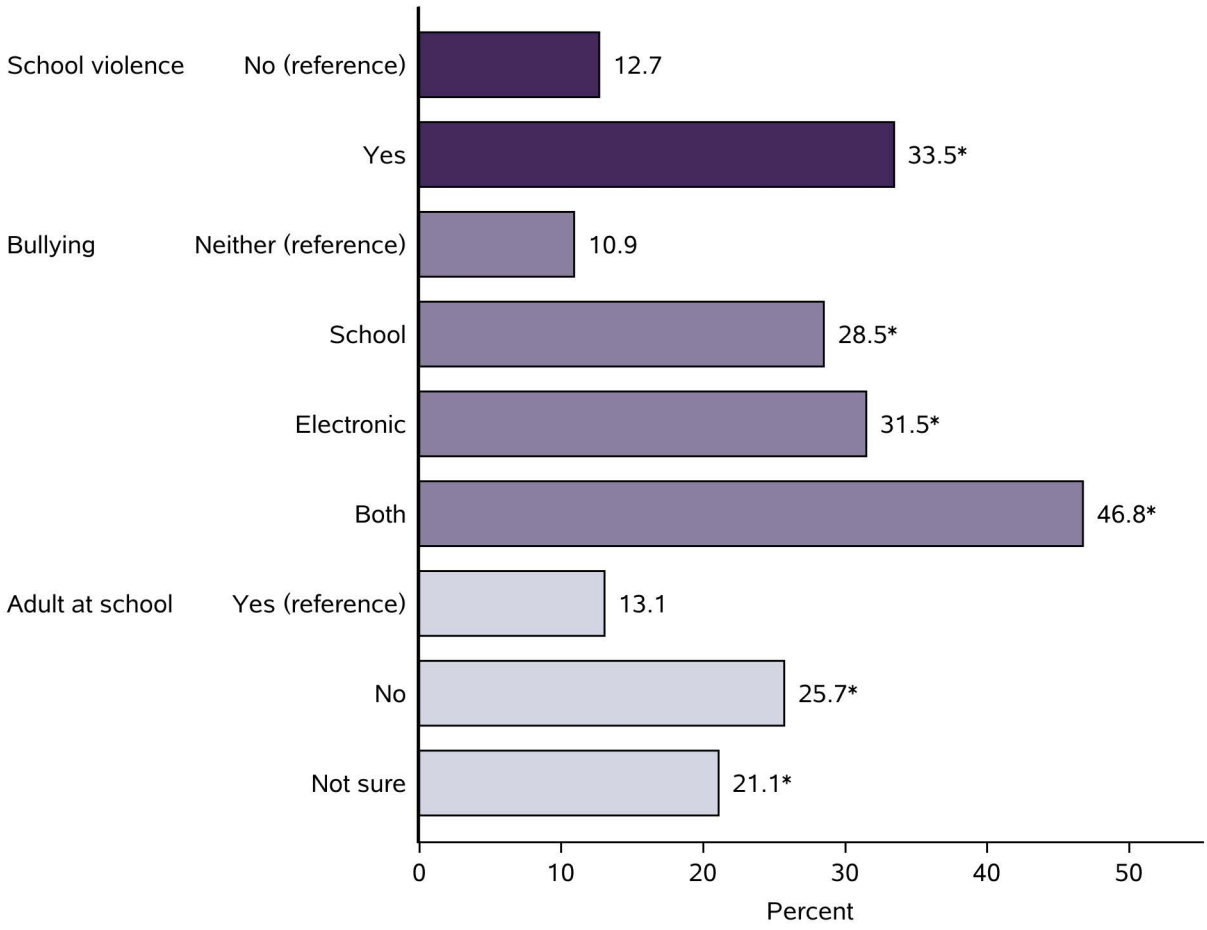
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

School Climate and Suicidal Ideation

Figure 6 below shows the prevalence of suicidal ideation in the past year according to each school climate risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported that they do not have an adult at school they can talk to if they have a problem, or are not sure whether they have one, compared to students who do.
- Reported experiencing bullying on school property, electronic bullying, or both types of bullying, compared to those who did not report experiencing bullying. The prevalence of ideation was higher among those who reported both types of bullying than among those who reported bullying on school property only.
- Endorsed at least one indicator of school violence (being threatened or injured, fighting, carrying a weapon, or skipping school due to safety concerns) compared to students who endorsed none.

Figure 6: Prevalence of suicidal ideation in the past year by school climate risk and protective factors



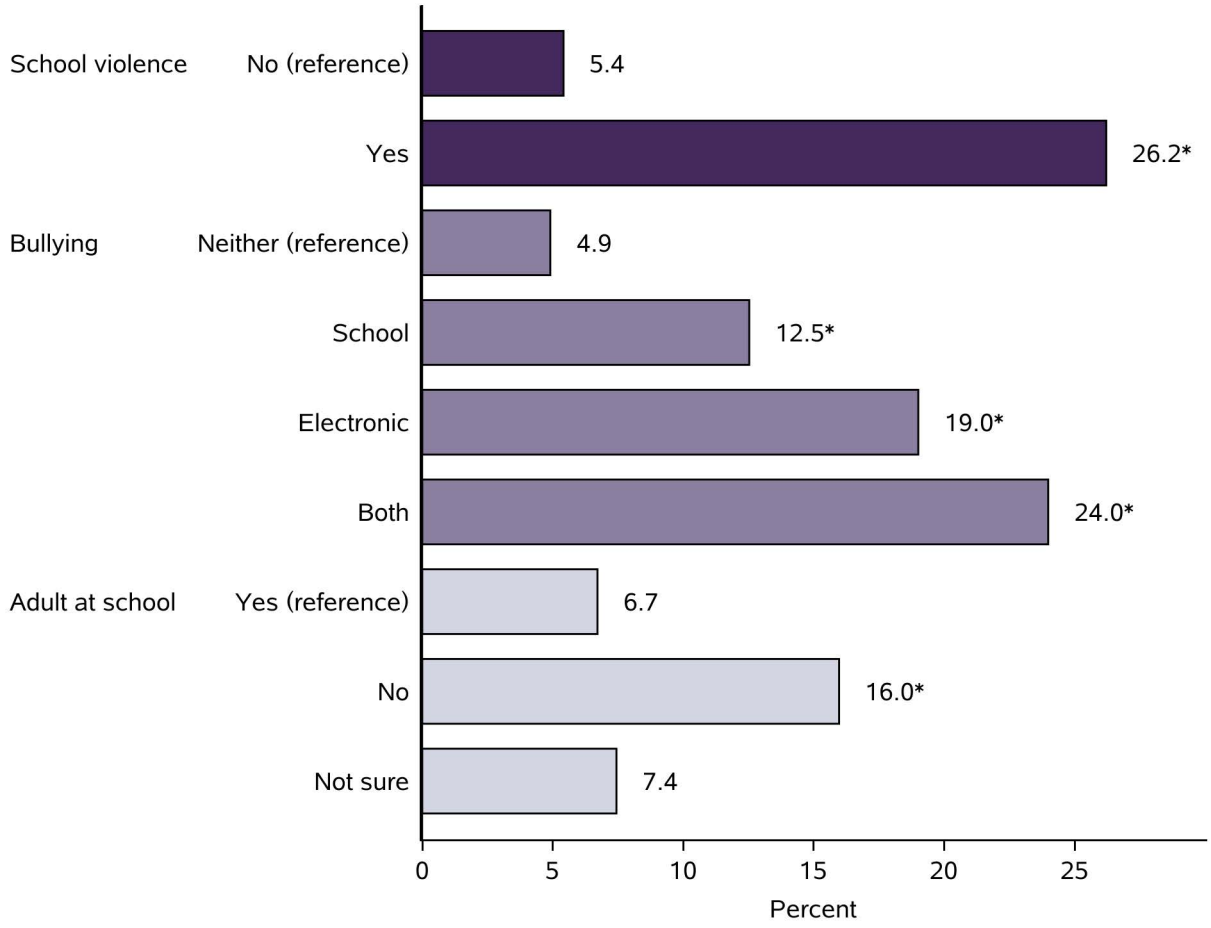
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

School Climate and Suicide Attempt

Figure 7 below shows the prevalence of suicide attempt in the past year according to each school climate risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they do not have an adult at school they can talk to if they have a problem compared to students who do.
- Reported experiencing bullying on school property, electronic bullying, or both types of bullying, compared to those who did not report experiencing bullying. The prevalence of attempt was more common among those who reported both types of bullying than among those who reported bullying at school only.
- Endorsed at least one indicator of school violence (being threatened or injured, fighting, carrying a weapon, or skipping school due to safety concerns) compared to students who endorsed none.

Figure 7: Prevalence of suicide attempt in the past year by school climate risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Section 3:
Violence

Violence Risk and Protective Factors	Values
Number of times in a physical fight in the past 12 months	0 times 1 time 2-3 times 4+ times
Number of times experienced sexual violence (forced to do things you did not want to) in the past 12 months	0 times At least 1 time
Experienced dating violence in the past 12 months • Forced you to do sexual things you did not want to do • Physically hurt you on purpose	Did not date 0 times At least 1 time

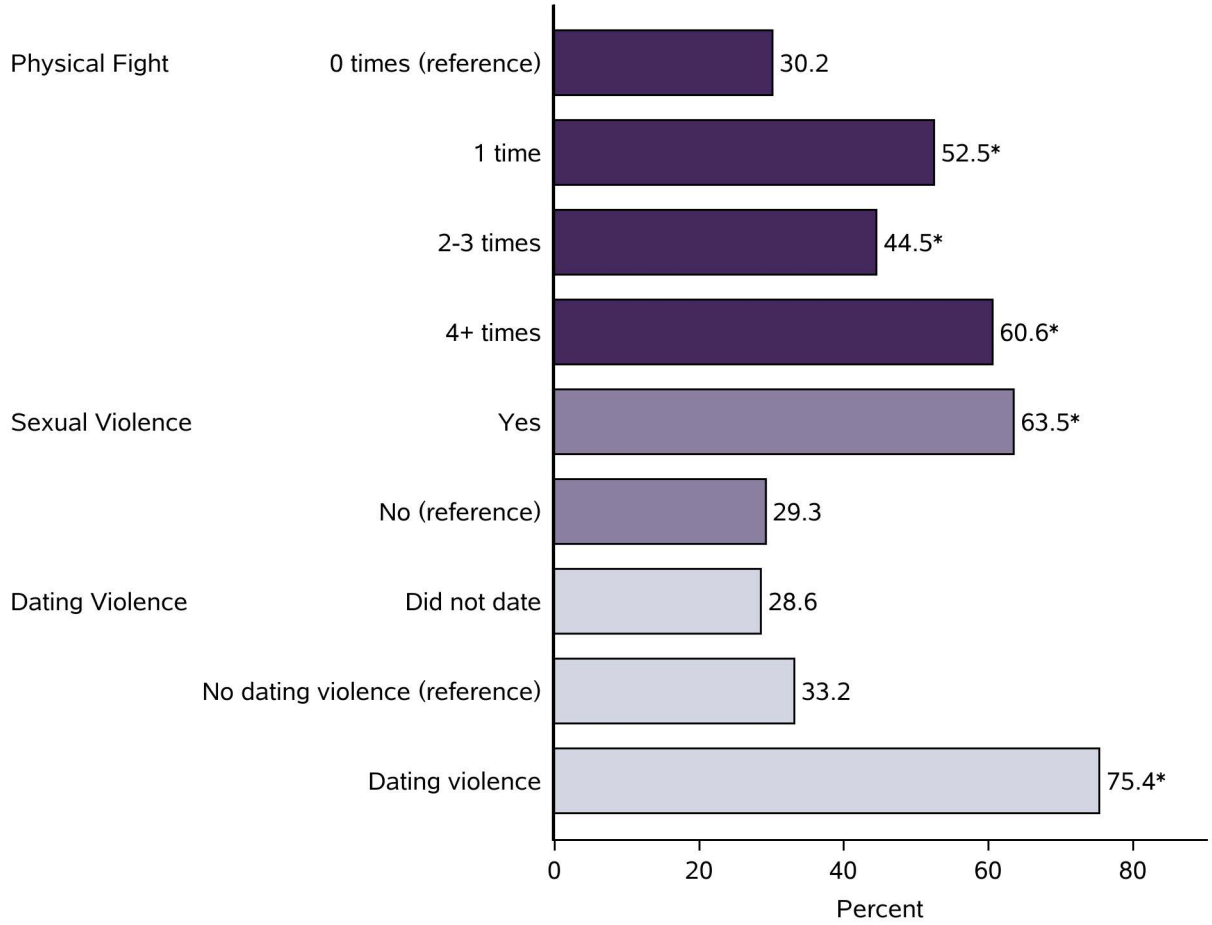
Females were less likely than males to report physical fights in the past year (both 1 time and 2+ times). Younger students, particularly those age 14 and younger, were more likely to report 1 physical fight in the past year. Older students and females were more likely to report sexual violence in the past year. Younger students were more likely to report not dating in the past year. Females were more likely than males to report experiencing dating violence in the past year .

Violence and Prolonged Sadness

Figure 8 below shows the prevalence of prolonged sadness according to each violence risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they were in physical fights in the past 12 months (1 time, 2-3 times, and 4+ times) compared to those who reported no fights in the past 12 months. Sadness was also significantly more common among those who reported being in a fight 4+ times compared to those who reported being in a fight 2-3 times.
- Reported that they experienced sexual violence one or more times during the past 12 months than those who did not report experiencing sexual violence in the past 12 months.
- Reported that they experienced dating violence 1 or more times in the past 12 months compared to those who did not report experiencing dating violence in the past 12 months. Sadness was also significantly more common among those who reported experiencing dating violence compared to those who did not date.

Figure 8: Prevalence of prolonged sadness in the past year by violence risk and protective factors



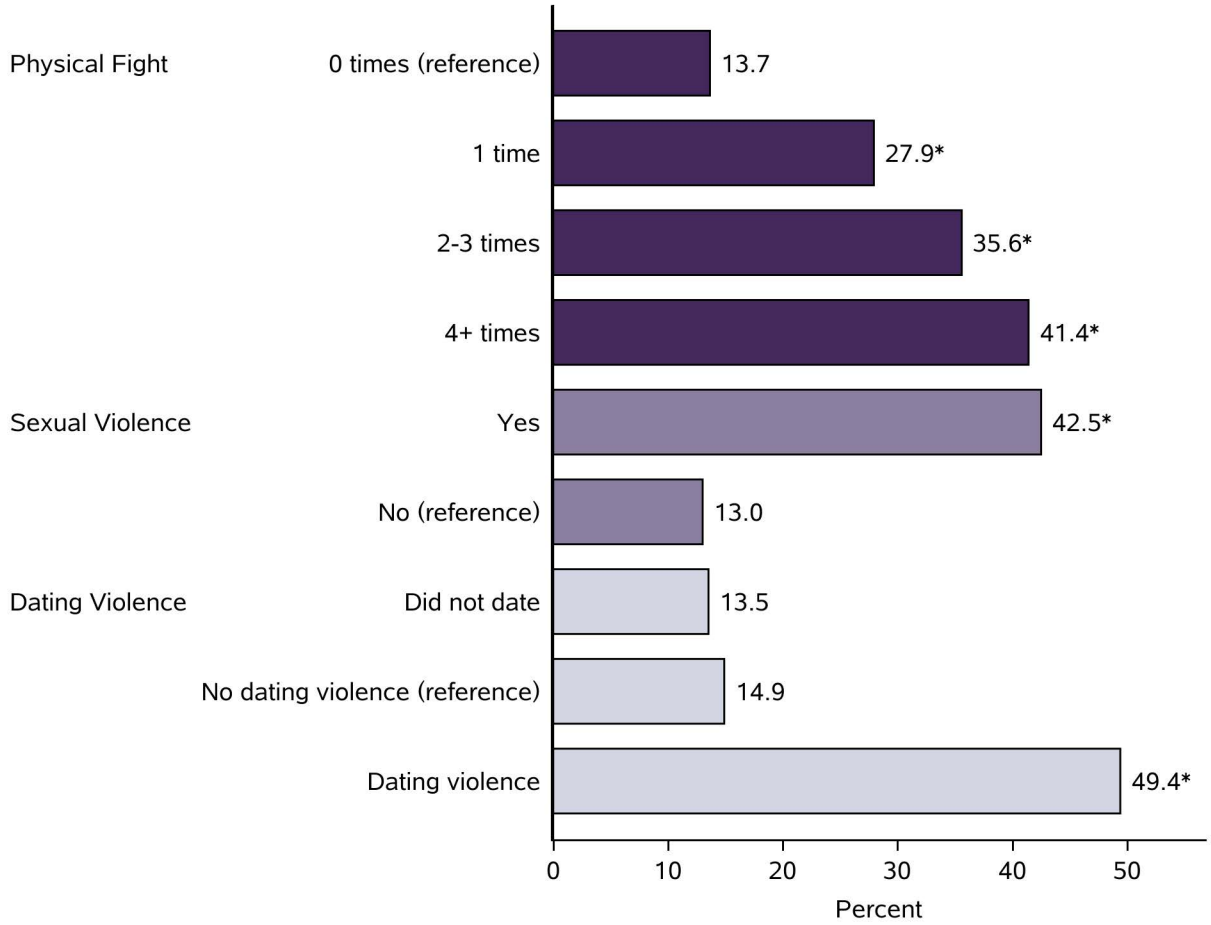
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Violence and Suicidal Ideation

Figure 9 below shows the prevalence of suicidal ideation according to each violence risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported that they were in physical fights in the past 12 months (1 time, 2-3 times, and 4+ times) compared to those who reported no fights in the past 12 months. Ideation was also significantly more common among those who reported being in a fight 2-3 times compared to those who reported being in a fight 1 time.
- Reported that they experienced sexual violence one or more times during the past 12 months than those who did not report experiencing sexual violence in the past 12 months.
- Reported that they experienced dating violence 1 or more times in the past 12 months compared to those who did not report experiencing dating violence in the past 12 months. Ideation was also significantly more common among those who reported experiencing dating violence compared to those who did not date.

Figure 9: Prevalence of suicidal ideation in the past year by violence risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

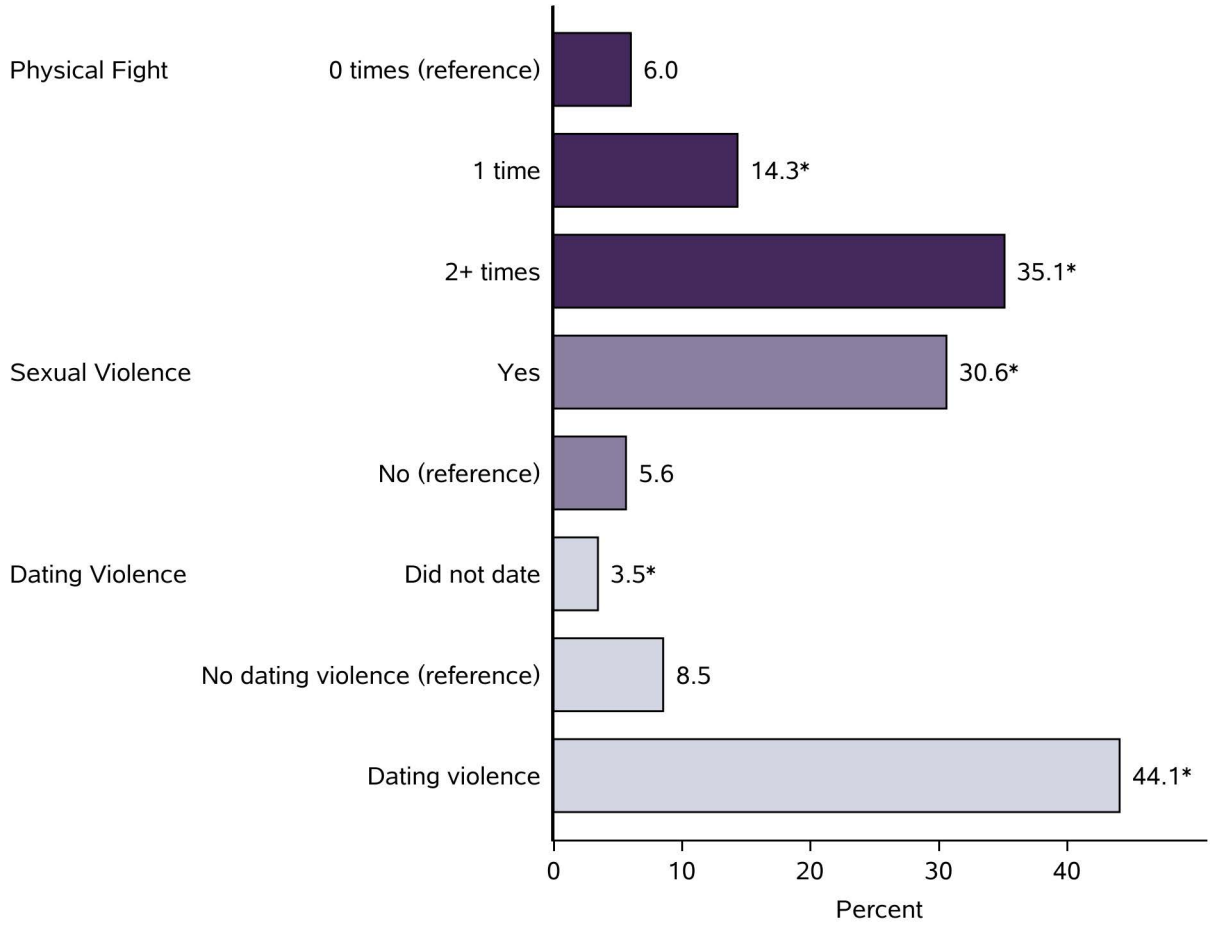
Violence and Suicide Attempt

Figure 10 below shows the prevalence of suicide attempt according to each violence risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they were in physical fights in the past 12 months (1 time and 2+ times) compared to those reported no fights in the past 12 months. Suicide attempt was also significantly more common among those who reported being in a fight 2+ times compared to those who reported being in a fight 1 time.
- Reported that they experienced sexual violence one or more times during the past 12 months compared to those who did not report experiencing sexual violence in the past 12 months.
- Reported that they experienced dating violence 1 or more times in the past 12 months compared to those who did not report experiencing dating violence in the past 12 months.

Accounting for age and sex, suicide attempt was significantly less common among those who did not date compared to those who did not experience dating violence in the past 12 months.

Figure 10: Prevalence of suicide attempt in the past year by violence risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex. The 2 highest categories of physical fighting (2-3 times and 4+ times) were combined to increase estimate reliability.

Section 4:
Health Behaviors

Health Behaviors Risk and Protective Factors	Values
Body Mass Index category (based on reported height and weight)	Overweight Obese Neither
Number of days physically active for at least 60 minutes per day in past 7 days	0 days 1-3 days 4-5 days 6-7 days
Hours of screen time on an average school day (not counting time spent doing schoolwork)	3 or more Less than 3
Hours of sleep on average school night	Under 7 hours 7+ hours
Number of times ate fruit in past 7 days	Did not eat fruit Up to once per day 2+ times per day
Number of times drank soda in the past 7 days	Once per day or more Less than once per day
Saw a dentist in the past 12 months	Yes No

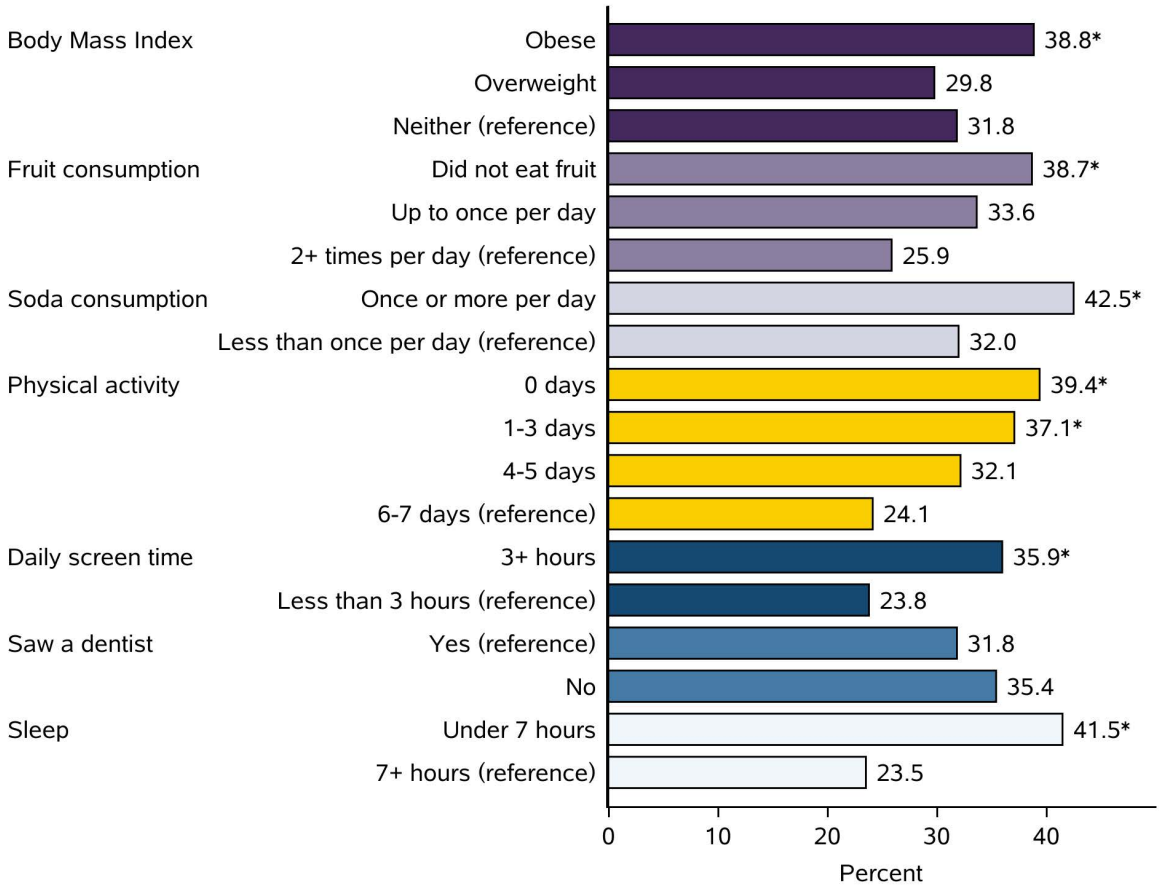
Females were less likely than males to report obesity and more likely than males to report 3 or more hours of screen time a day. Older students were less likely to report getting 7+ hours of sleep a night. Males were more likely than females to report drinking non-diet soda one or more times per day. Older students were less likely to report having seen a dentist in the past year.

Health Behaviors and Prolonged Sadness

Figure 11 below shows the prevalence of prolonged sadness according to each health behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Accounting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they were obese compared to students who were neither obese nor overweight.
- Endorsed 3 or more hours per day of screen time compared to those who reported less than 3 hours per day of screen time.
- Reported that they did not eat fruit in the past 7 days compared to student who ate fruit 2+ times per day in the past 7 days.
- Reported that they spent 0 days or 1-3 days being physically active for at least 60 minutes per day compared to those who spent 6-7 days being physically active for at least 60 minutes per day in the past 7 days.
- Endorsed getting under 7 hours of sleep on the average school night compared to those who got 7+ hours of sleep on the average school night.
- Reported drinking soda once or more per day compared to those who drank soda less than once per day.

Figure 11: Prevalence of prolonged sadness by health behavior risk and protective factors



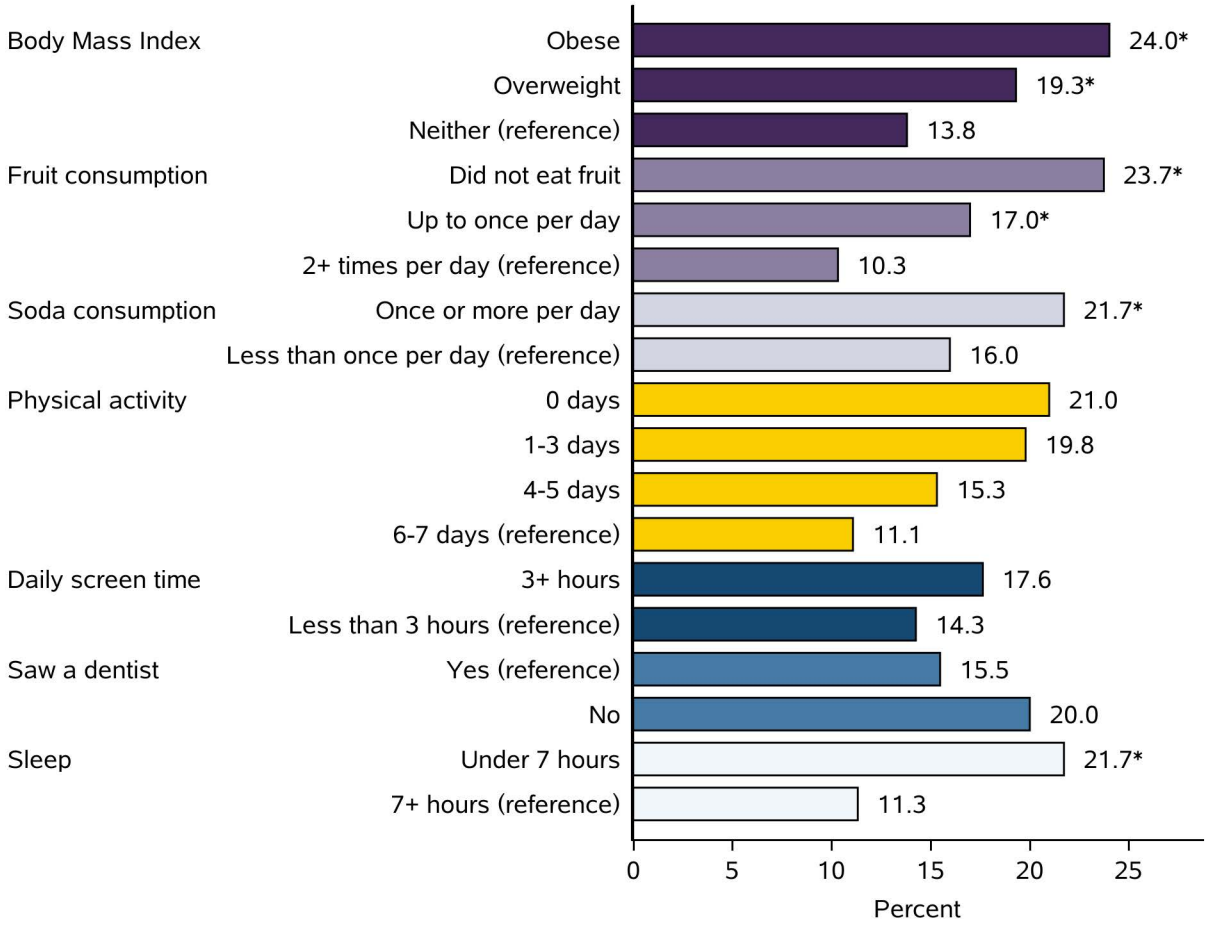
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Health Behaviors and Suicidal Ideation

Figure 12 below shows the prevalence of suicidal ideation according to each health behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported they were obese or overweight compared to students who were neither obese nor overweight.
- Reported that they did not eat fruit or that they ate it up to once per day in the past 7 days compared to those who ate it 2+ times per day. Ideation was also significantly more common among those who reported that they did not eat fruit compared to those who ate fruit up to once per day.
- Endorsed getting under 7 hours of sleep on the average school night compared to those who got 7+ hours of sleep on the average school night.
- Reported drinking soda once or more per day compared to those who drank soda less than once per day.

Figure 12: Prevalence of suicidal ideation by health behavior risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

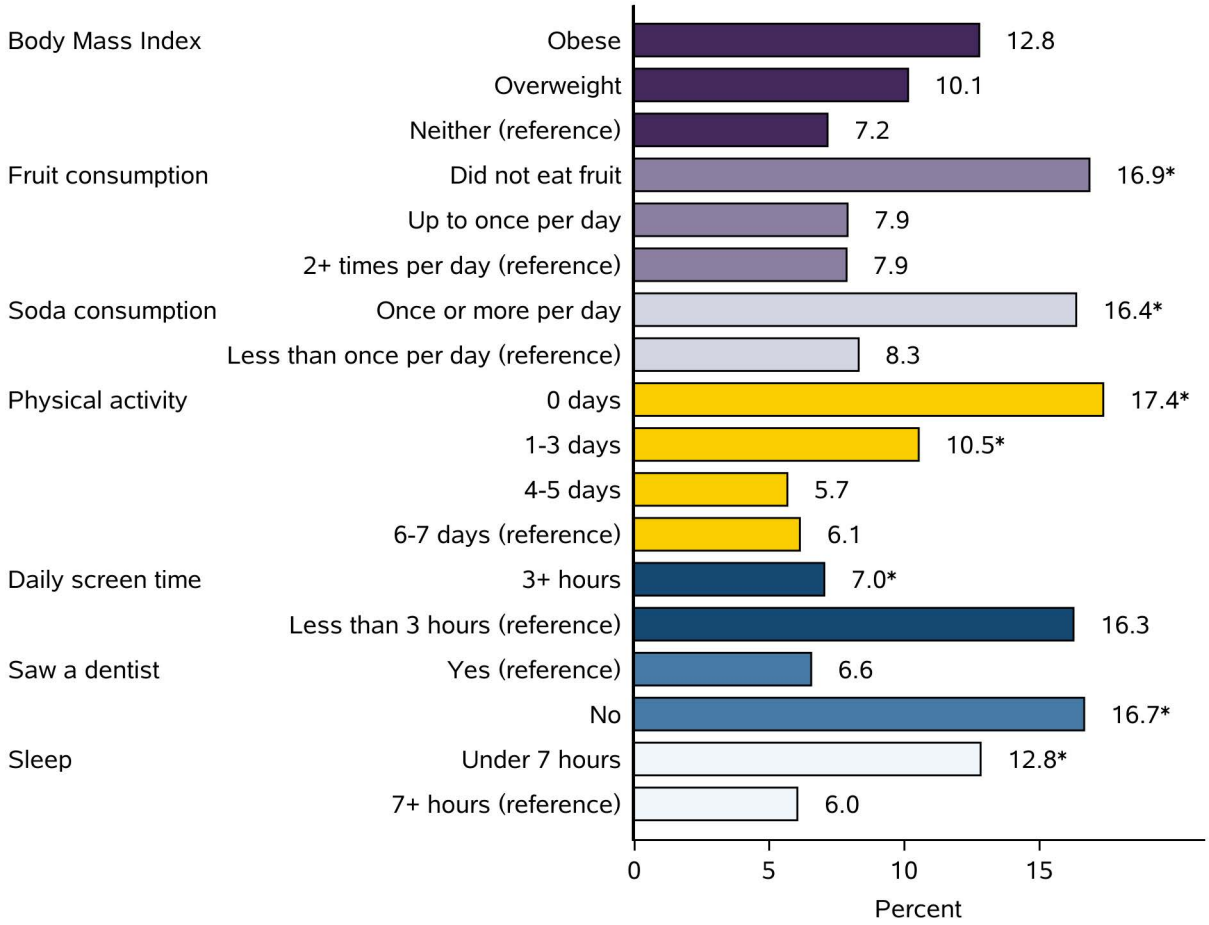
Health Behaviors and Suicide Attempt

Figure 13 below shows the prevalence of suicide attempt according to each health behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they did not eat fruit in the past 7 days compared to those who ate it 2+ times per day in the past 7 days. Attempt was also significantly more common among those who reported that they did not eat fruit compared to those who ate it up to once per day.
- Reported that they spent 0 days or 1-3 days being physically active for at least 60 minutes per day compared to those who spent 6-7 days being physically active for at least 60 minutes per day in the past 7 days. Attempt was also significantly more common among those who spent 0 days being physically active compared to those who spent 1-3 days being physically active.
- Reported that they did not see a dentist in the past 12 months compared to those who did see a dentist in the past 12 months.
- Endorsed getting under 7 hours of sleep on the average school night compared to those who got 7+ hours of sleep on the average school night.
- Reported drinking soda once or more per day compared to those who drank soda less than once per day.

Accounting for age and sex, suicide attempt was significantly less common among students who endorsed spending 3 or more hours per day on screen time compared to those who spent less than 3 hours per day on screen time.

Figure 13: Prevalence of suicide attempt by health behavior risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Section 5:
Sexual Behaviors

Sexual Behavior Risk and Protective Factors	Values
Ever had sexual intercourse	Yes No
Number of lifetime sexual intercourse partners	Never had sex 1 2+
Number of sexual intercourse partners in past 3 months	Never had sex 0 1+
Risky Sexual Behavior: • Had sexual intercourse before 13 years of age • Used alcohol or drugs before last sexual intercourse • Did not use a condom during last sexual intercourse	Never had sex Yes, experienced at least one No, experienced none
HIV/STD Testing • Ever tested for HIV, the virus that causes AIDS • Tested for an STD, other than HIV in the past 12 months	Yes, tested for at least one No, not tested for either Not sure if tested

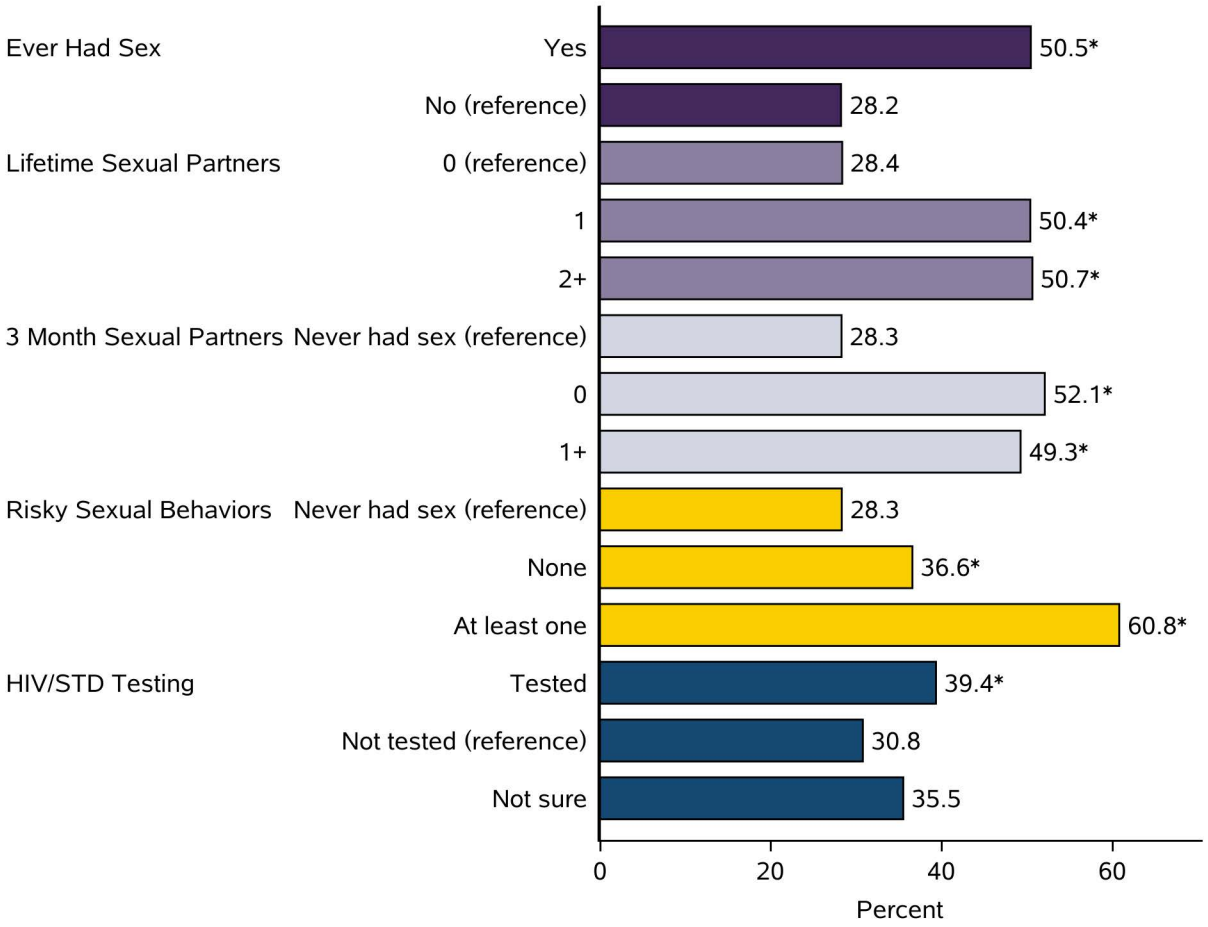
Older students were more likely to report having ever had sex and to report having had 2 or more sexual partners. Older students were also more likely to report having been tested for HIV or another STD in the past year. Females were less likely than males to report having been tested for HIV or another STD, and less likely than males to report that they weren't sure whether they had been tested.

Sexual Behaviors and Prolonged Sadness

Figure 14 below shows the prevalence of prolonged sadness according to each sexual behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Accounting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they have had sex in their lifetime compared to those who had not.
- Reported that they had 1 or 2+ sexual partners in their lifetime compared to those who had 0.
- Endorsed either none or at least one of the risky sexual behaviors compared to those who had never had sex. Sadness was also more common among those who reported at least one risky sexual behavior compared to those who reported none.
- Reported that they had 0 or 1 or more sexual partners in the last 3 months compared to those who had never had sex.
- Reported that they had been tested for HIV or another STD compared to those who had not been tested.

Figure 14: Prevalence of prolonged sadness by sexual behavior risk and protective factors



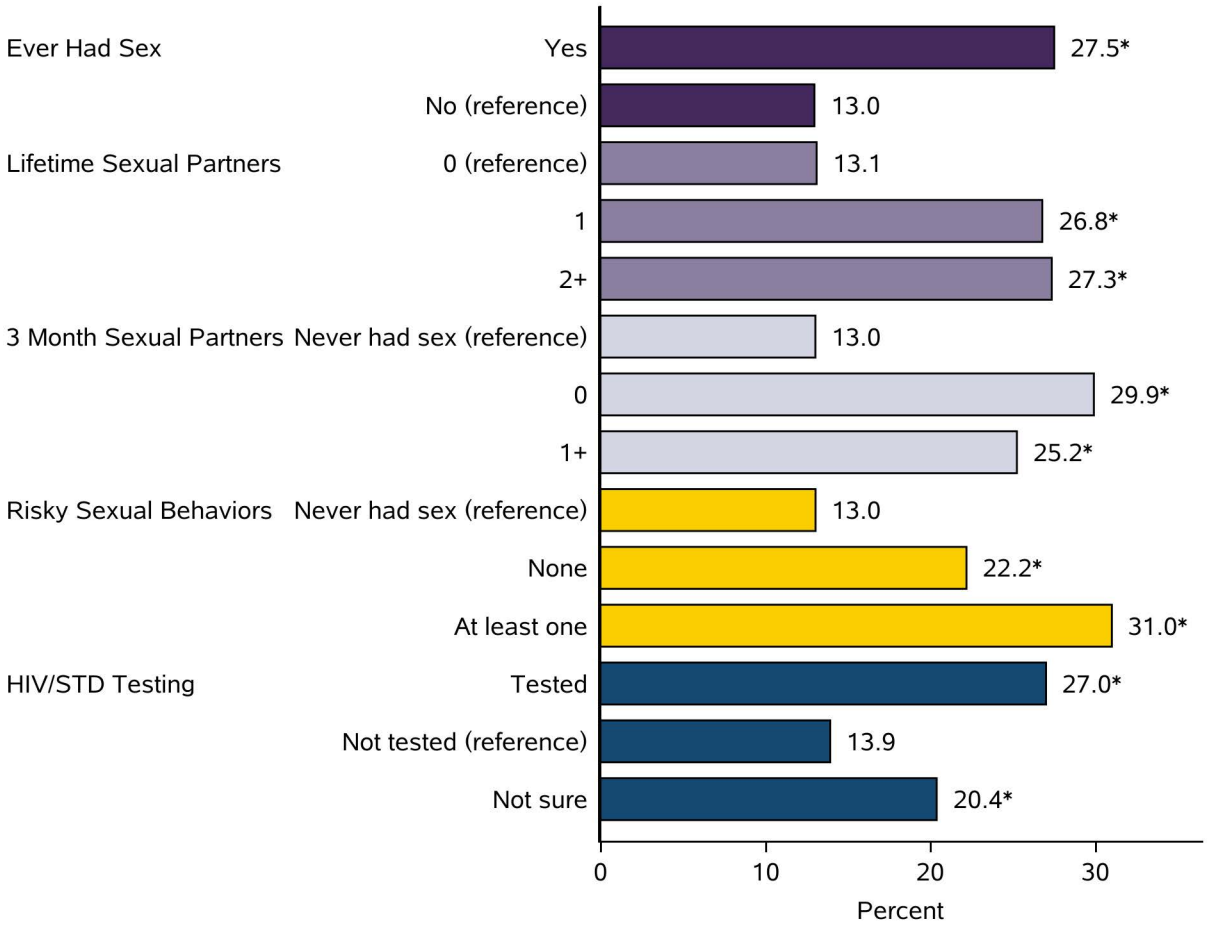
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Sexual Behaviors and Suicidal Ideation

Figure 15 below shows the prevalence of suicidal ideation according to each sexual behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported that they have had sex in their lifetime compared to those who had not.
- Reported that they had 1 or 2 or more sexual partners in their lifetime compared to those who had 0.
- Endorsed either none or at least one of the risky sexual behaviors compared to those who had never had sex.
- Reported that they had 0 or 1 or more sexual partners in the last 3 months compared to those who had never had sex.
- Reported that they had been tested for HIV or another STD, or were not sure whether they had been tested, compared to those who had not been tested.

Figure 15: Prevalence of suicidal ideation by sexual behavior risk and protective factors



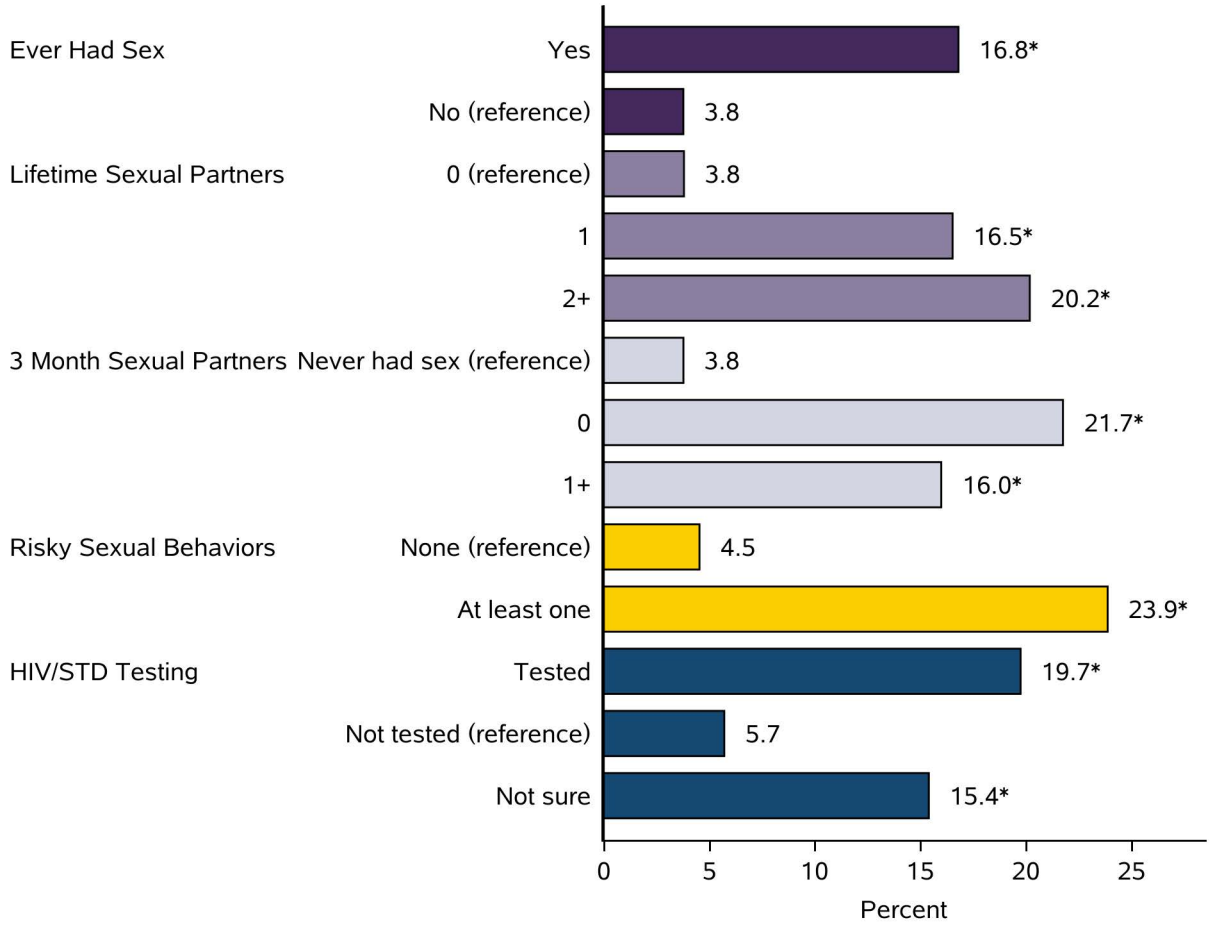
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Sexual Behaviors and Suicide Attempt

Figure 16 below shows the prevalence of suicide attempt according to each sexual behavior risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they have had sex in their lifetime compared to those who had not.
- Reported that they had 1 or 2+ sexual partners in their lifetime compared to those who had 0.
- Endorsed at least one of the risky sexual behaviors compared to those who endorsed none.
- Reported that they had 0 or 1+ sexual partners in the last 3 months compared to those who had never had sex. Suicide attempt was also more common among those who had 1+ partners in the last 3 months compared to those with 0 partners in the last 3 months.
- Reported that they had been tested for HIV or another STD, or were not sure whether they had been tested, compared to those who had not been tested.

Figure 16: Prevalence of suicide attempt by sexual behavior risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex. Those who have never had sex were grouped with those who have not any experienced any of the risky sexual behaviors .

Section 6:
Tobacco and Vape Use

Tobacco and Vape Use Risk and Protective Factors	Values
Ever tried cigarette smoking, even one or two puffs	Yes, tried at least once No, never tried
Used cigarettes, cigars, or smokeless tobacco on at least 1 day in the past 30 days (used for sadness and ideation)	Yes, used at least once No, did not use any
Used cigarettes, cigars, smokeless tobacco, or electronic vapor products on at least 1 day in the past 30 days (used for attempt)	Yes, used at least once No, did not use any
Number of days used electronic vapor product in the past 30 days	0-2 days 3+ days

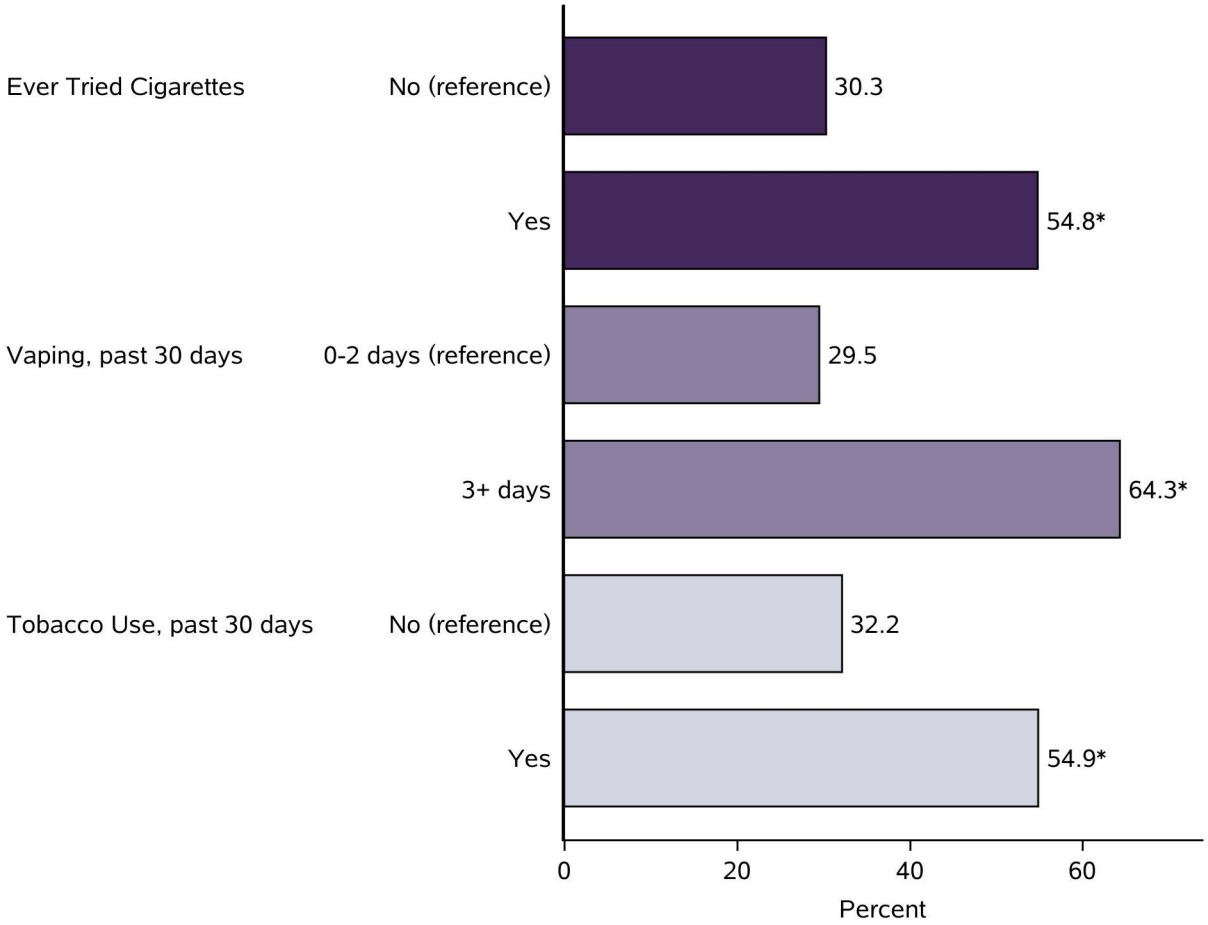
Older students were more likely to report ever having smoke cigarettes and to report any tobacco use (whether or not vaping is included) in the past 30 days. Males were more likely than females to report vaping on 3 or more days out of the past 30.

Tobacco and Vape Use and Prolonged Sadness

Figure 17 below shows the prevalence of prolonged sadness according to each tobacco use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they have tried cigarette smoking at least once in their lifetime compared to those who had not tried cigarette smoking.
- Reported using cigarettes, cigars, or smokeless tobacco in the past 30 days compared to those who had not.
- Reported vaping on 3+ days in the past 30 days compared to those who vaped on 0-2 days.

Figure 17: Prevalence of prolonged sadness by tobacco and vape use risk and protective factors



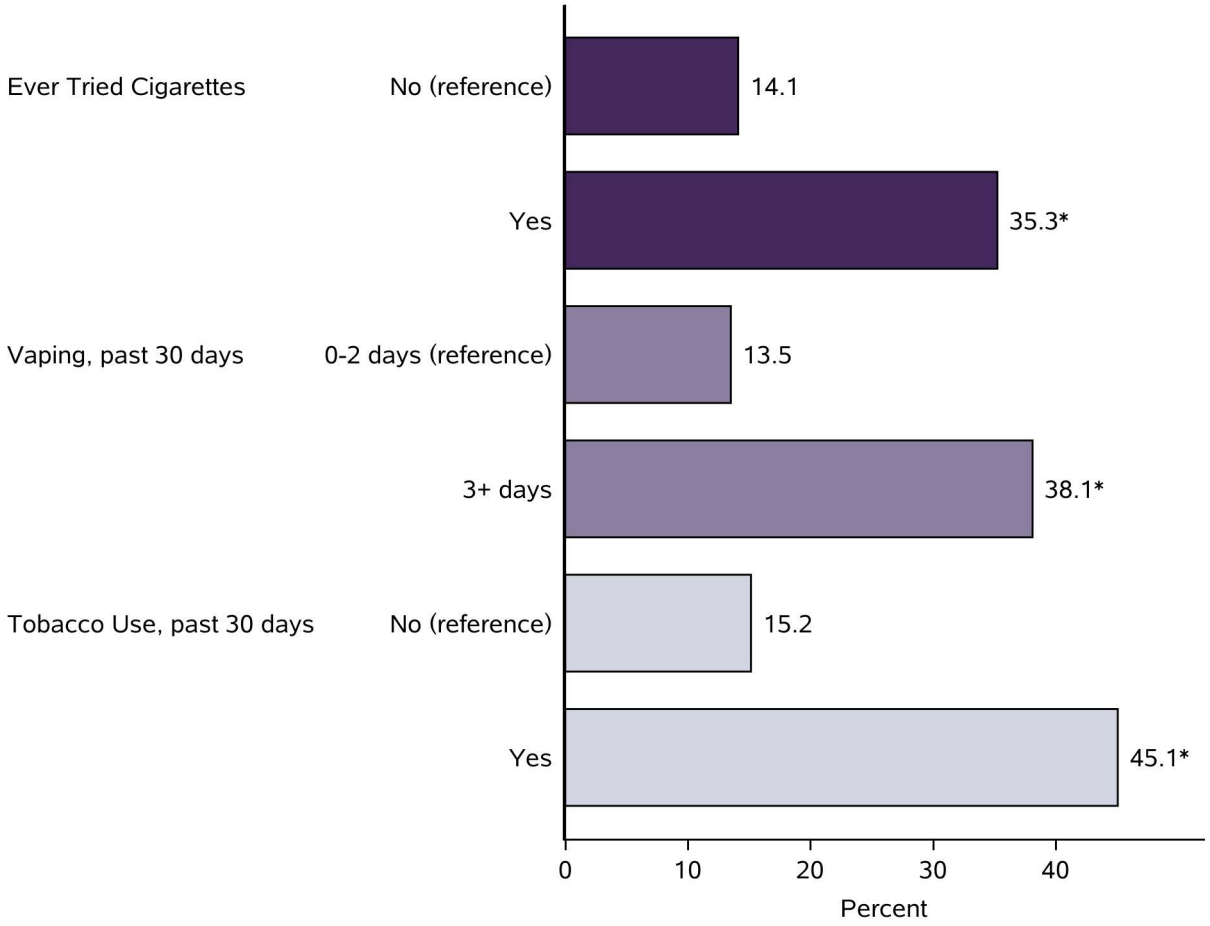
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Tobacco and Vape Use and Suicidal Ideation

Figure 18 below shows the prevalence of suicidal ideation according to each tobacco use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported that they have tried cigarette smoking at least once in their lifetime compared to those who had not tried cigarette smoking.
- Reported using cigarettes, cigars, or smokeless tobacco in the past 30 days compared to those who had not.
- Reported vaping on 3+ days in the past 30 days compared to those who vaped for 0-2 days.

Figure 18: Prevalence of suicidal ideation by tobacco and vape use risk and protective factors



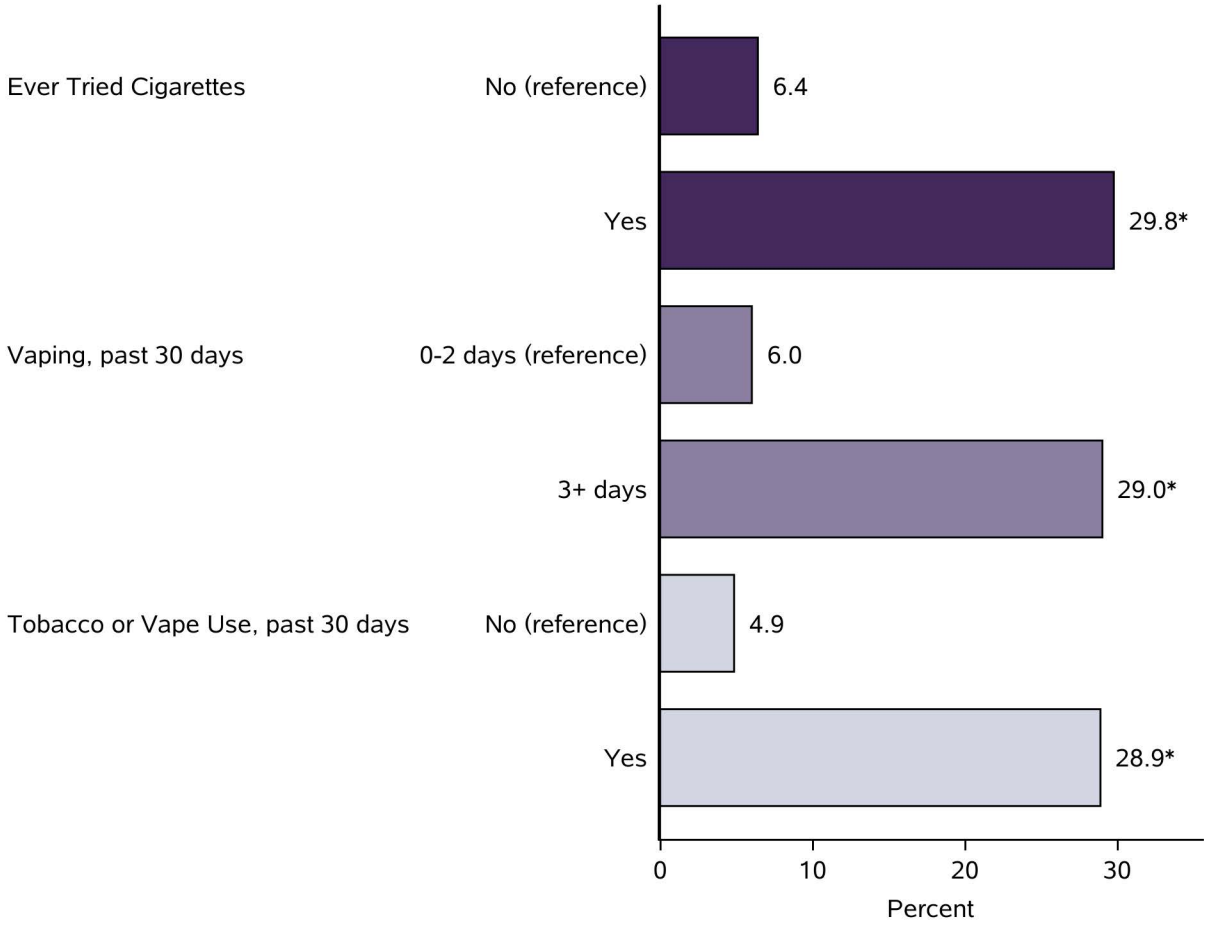
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Tobacco and Vape Use and Suicide Attempt

Figure 19 below shows the prevalence of suicide attempt according to each tobacco use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Accounting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they have tried cigarette smoking at least once in their lifetime compared to those who had not tried cigarette smoking.
- Reported using cigarettes, cigars, smokeless tobacco, or electronic vapor products at least once in the past 30 days compared to those who had not used any.
- Reported vaping on 3+ days in the past 30 days compared to those who vaped for 0-2 days.

Figure 19: Prevalence of suicide attempt by tobacco and vape use risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Section 7:
Alcohol and Drug Use

Alcohol and Drug Use Risk and Protective Factors	Values
Age when had first drink of alcohol	Never drank alcohol other than a few sips Before 13 years old 13 years old or older
Number of days drank alcohol in past 30 days	Never drank alcohol 0 days 1-2 days 3+ days
Number of days binge drank alcohol in past 30 days	Never drank alcohol 0 days At least 1 day
Ever tried marijuana	No, never tried Yes, at least once
Number of times used marijuana in past 30 days	Never tried marijuana 0 times At least once
Ever tried synthetic marijuana	No, never tried Yes, at least once
Ever tried cocaine, heroin, methamphetamines, ecstasy, or an illegal injectable drug	No, never tried Yes, at least one of them

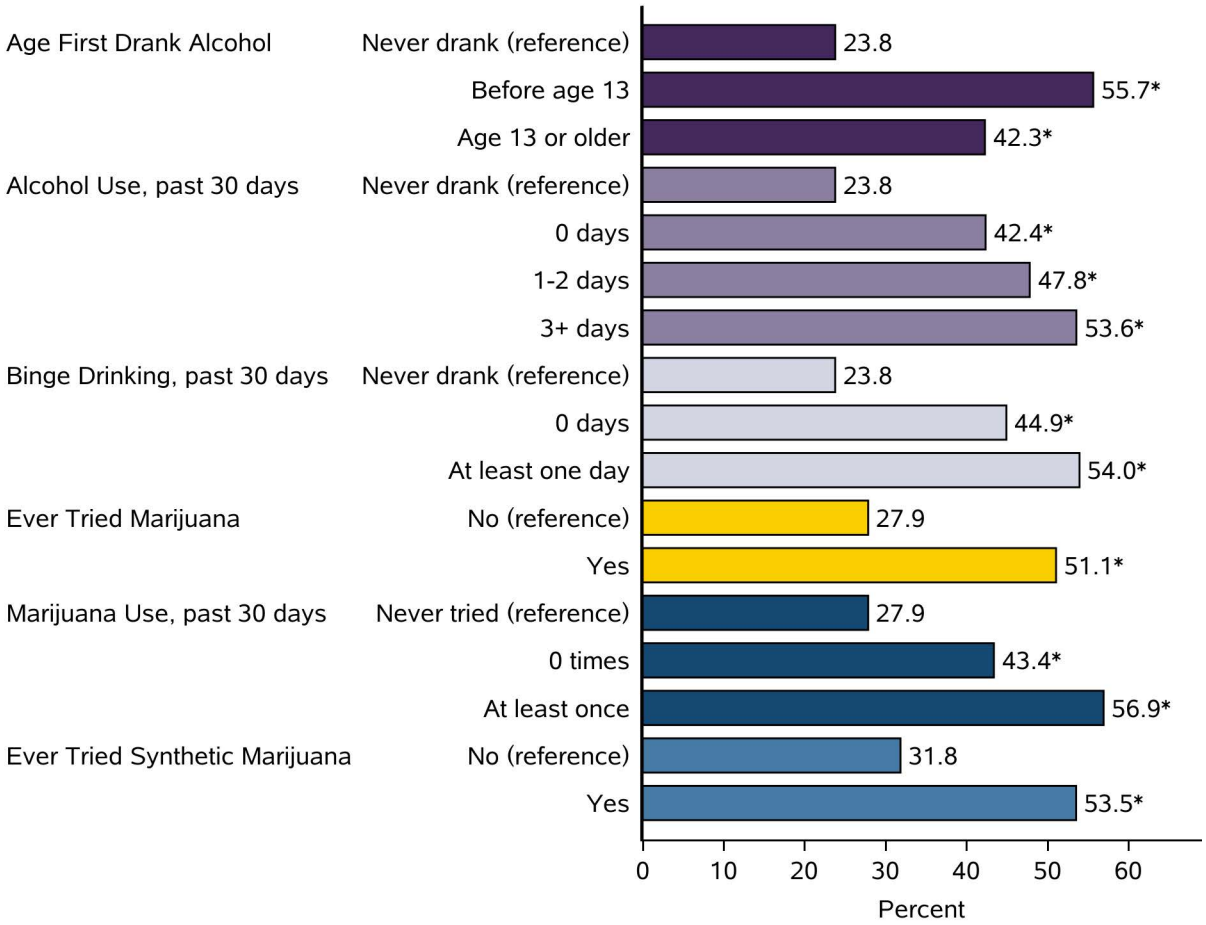
Older students were less likely to report never having tried alcohol, and less likely to report having first tried it before age 13. Females were less likely than males to report that they had never tried alcohol. Older students were more likely to report having consumed alcohol on 3 or more days of the past 30 days and more likely to report binge drinking in the past 30 days. Older students were more likely to report ever having tried marijuana and females were less likely than males to report ever having tried marijuana. Older students were more likely to report ever having used synthetic marijuana. Females were more likely than males to report even having tried cocaine, heroin, methamphetamines, ecstasy, or an illegal injectable drug.

Alcohol and Drug Use and Prolonged Sadness

Figure 20 below shows the prevalence of prolonged sadness according to each alcohol and drug use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, prolonged sadness was significantly more common among students who:

- Reported that they drank alcohol for the first time before 13 years old or when they were 13 years old or older, compared to those who never drank alcohol. Prolonged sadness was also more common among those who reported first drinking alcohol before age 13 compared to those who first drank alcohol at age 13 or older.
- Reported they drank alcohol 0 days, 1-2 days, or 3+ days in the past 30 days, compared to those who never drank alcohol. Prolonged sadness was also more common among those who reported they drank alcohol 1-2 days or 3+ days in the past 30 compared to those who drank 0 days.
- Reported that they binge drank on 0 days or at least one day in the past 30 days, compared to those who never drank alcohol.
- Reported that they have tried marijuana at least once in their lifetime compared to those who had not tried marijuana.
- Reported that they have tried synthetic marijuana at least once in their lifetime compared to those who had not tried synthetic marijuana.
- Reported that they used marijuana 0 times or at least once in the past 30 days, compared to those who never tried marijuana. Prolonged sadness was also more common among those who used marijuana at least once in the past 30 days compared to those who used it 0 times.

Figure 20: Prevalence of prolonged sadness by alcohol and drug use risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex. Ever tried cocaine, heroin, methamphetamines, ecstasy, or an illegal injectable drug variable is not included in Figure 20.

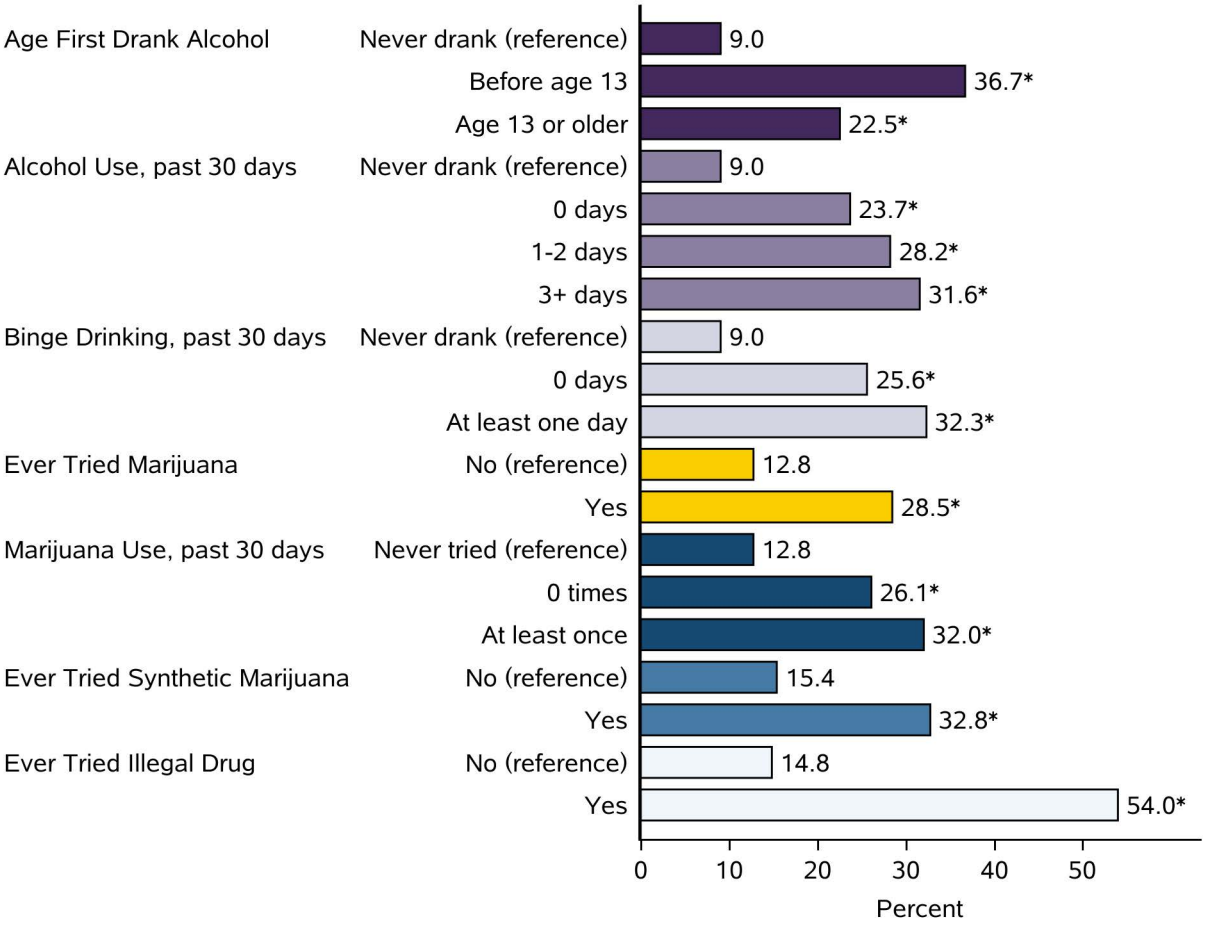
Alcohol and Drug Use and Suicidal Ideation

Figure 21 below shows the prevalence of suicidal ideation according to each alcohol and drug use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicidal ideation was significantly more common among students who:

- Reported that they drank alcohol for the first time before 13 years old or when they were 13 years old or older, compared to those who never drank alcohol. Ideation was also more common among those who reported first drinking alcohol before age 13 compared to those who first drank alcohol at age 13 or older.
- Reported they drank alcohol 0 days, 1-2 days, or 3+ days in the past 30 days, compared to those who never drank alcohol.
- Reported that they binge drank on 0 days or at least one day in the past 30 days, compared to those who never drank alcohol.
- Reported that they have tried marijuana at least once in their lifetime compared to those who had not tried marijuana.

- Reported that they have tried synthetic marijuana at least once in their lifetime compared to those who had not tried synthetic marijuana.
- Reported that they used marijuana 0 times or at least once in the past 30 days, compared to those who never tried marijuana.
- Reported that they had tried cocaine, heroin, methamphetamines, ecstasy, or an illegal injectable drug at least once compared to those who had not tried any of them.

Figure 21: Prevalence of suicidal ideation by alcohol and drug use risk and protective factors



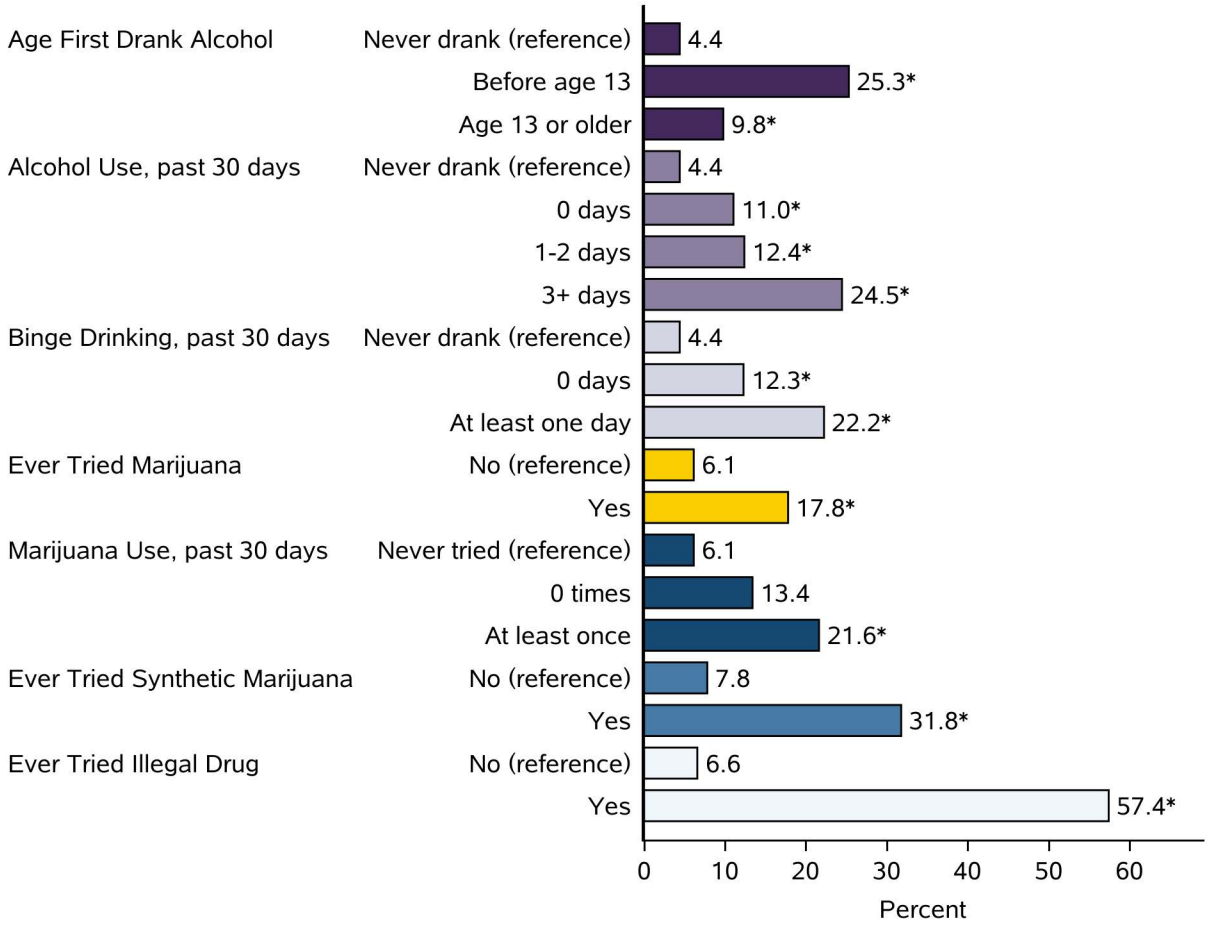
Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

Alcohol and Drug Use and Suicide Attempt

Figure 22 below shows the prevalence of suicide attempt according to each alcohol and drug use risk and protective factor. Asterisks indicate that the prevalence in that group significantly differed from the reference group after adjusting for age and sex. Adjusting for age and sex, suicide attempt was significantly more common among students who:

- Reported that they drank alcohol for the first time before 13 years old or when they were 13 years old or older, compared to those who never drank alcohol. Attempt was also more common among those who reported first drinking alcohol before age 13 compared to those who first drank alcohol at age 13 or older.
- Reported they drank alcohol 0 days, 1-2 days, or 3+ days in the past 30 days, compared to those who never drank alcohol. Attempt was also more common among those who reported they drank alcohol 1-2 days or 3 days in the past 30 compared to those who drank 0 days.
- Reported that they binge drank on 0 days or at least one day in the past 30 days, compared to those who never drank alcohol.
- Reported that they have tried marijuana at least once in their lifetime compared to those who had not tried marijuana.
- Reported that they have tried synthetic marijuana at least once in their lifetime compared to those who had not tried synthetic marijuana.
- Reported that they used marijuana at least once in the past 30 days, compared to those who never tried marijuana.
- Reported that they had tried cocaine, heroin, methamphetamines, ecstasy, or an illegal injectable drug at least once compared to those who had not tried any of them.

Figure 22: Prevalence of suicide attempt by alcohol and drug use risk and protective factors



Note: Prevalence estimates (bars and percentages) account for complex survey design but are otherwise unadjusted. Asterisks indicate that the prevalence differs significantly from the reference group after adjusting for age and sex.

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Feedback

Please tell us what you think about this report **here**!

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