

OREGON HEALTH TRENDS

Center for Health Statistics (503) 731-4354

STATE OF OREGON • HEALTH DIVISION • DEPARTMENT OF HUMAN RESOURCES

SUICIDAL BEHAVIOR

SERIES NO. 49

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Results From the Youth Risk Behavior Survey

I think many people close their eyes to the visible. Things that their children are screaming silently.

Comment by an Oregon high school student

INTRODUCTION

During the past three and one-half decades, the suicide rate among Oregon teenagers has increased more than five-fold. Results from the 1997 Oregon Youth Risk Behavior Survey (YRBS) have shown that Oregon high school students with certain demographic and behavioral characteristics are at increased risk of attempting suicide.

If the increased risk of suicide among Oregon's youth is to be reversed, it is essential to develop an understanding of characteristics, behaviors, and events associated with youth suicide—factors that can be used to identify at-risk youth. One available tool is the 1997 Oregon YRBS. The survey included three questions regarding suicidal ideation and behavior:

1. During the past 12 months, did you ever seriously consider attempting suicide?
2. During the past 12 months, how many times did you actually attempt suicide?
3. 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?

This article focuses on the second question. A caveat: recent research has shown that only a small proportion of survey respondents who report having attempted suicide actually have taken substantive action to injure themselves.

METHODOLOGY

All school superintendents for each of Oregon's 230 public schools with grades 9, 10, 11, or 12 were invited to participate in the 1997 YRBS. Participation required permission at the district and school level, as well as from the students and their parents. After data editing, the convenience sample included 32,378 usable surveys, or 23% of the state's 142,286 high school students. Each student's survey was assigned a weight based on their school's size and socioeconomic ranking, to more accurately represent Oregon's population of high school students. In the strictest statistical sense, these data cannot be referred to as typical Oregon teens as the schools were not randomly chosen. For more information, see *1997 Oregon Youth Risk Behavior Survey, Summary Report*.

This newsletter is a summary of the forthcoming report, Suicidal Behavior: A Survey of Oregon High School Students. To receive a copy, please call 503-731-4354.

ABSTRACT

During the past three and one-half decades, the suicide rate among Oregon teenagers has increased more than five-fold. Results from the 1997 Oregon Youth Risk Behavior Survey (YRBS) have shown that teens with certain demographic and behavioral characteristics are at increased risk of attempting suicide. (The YRBS included the responses of 32,378 Oregon high school students.) Among those at greatest risk of making a suicide attempt were: physically and sexually abused students, students who had multiple pregnancies, and heavy users of tobacco, alcohol and/or illicit drugs. Suicide attempts are also strongly linked with a number of other characteristics and life events, many arising in unfavorable home environments. This article focuses on the demographic and behavioral risk factors associated with suicide attempts among Oregon high school students. In addition to describing characteristics associated with suicide attempts, from the YRBS, other potential signs of suicidal behavior are also presented.

Within Last 12 Months	Oregon		U.S.
	1997	1995	1995
Considered suicide	22%	24%	24%
Attempted suicide	9%	9%	9%
Treated for attempt	2%	2%	3%

RESULTS

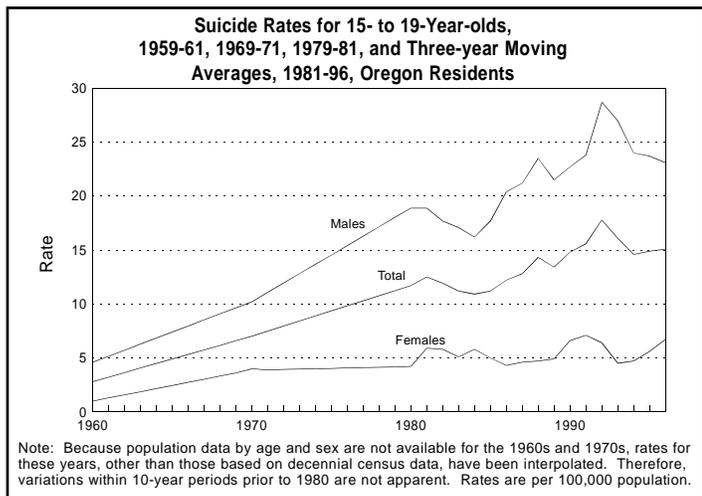
The data suggest that about 35,000 (22%) Oregon high school students considered suicide during the year preceding the survey. Another 13,000 (9%) attempted suicide and 2,000-3,000 (2%) were treated for their attempts. These figures may seem high, but they are what the students reported, and are consistent with YRBS results nationally.

Most attempts are probably not made with death as the goal. Rather, they are cries for help, motivated by a desire to resolve interpersonal conflicts — especially in the case of medically non-serious attempts.

Suicidal behavior is a consequence of a complex interaction of factors, not a single event, although a single event may act as a trigger. YRBS data show that suicidal behavior is strongly linked to other forms of risky or potentially self-destructive behavior. The remainder of this article focuses on some of the behaviors identified in the YRBS that are strongly associated with youth suicide attempts.

PHYSICAL ABUSE

Over one-quarter (27%) of all high school students said they had been physically abused at some time, 26% of males and 29% of females. These youths were almost five times more likely to attempt suicide than were those who had not been physically abused (19% vs 4%).



SEXUAL ABUSE

Fifteen percent of students reported that they were victims of sexual abuse, 5% of males and 25% of females. These young Oregonians were nearly four times more likely to make a suicide attempt than were those who were free from this type of abuse (22% vs. 6%). Individuals sexually abused during childhood or adolescence are at greater risk of a variety of short- and long-term impairments including sexual disturbances, anxiety and fear, low self-esteem, depression, aggressive behavior and interpersonal problems.

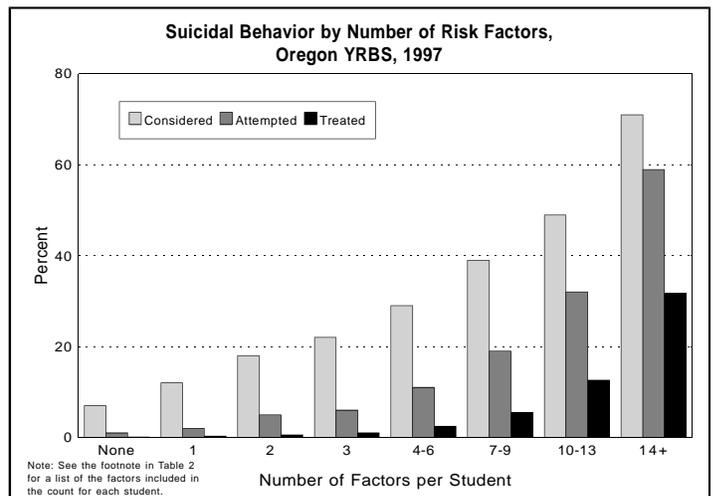
SUBSTANCE ABUSE

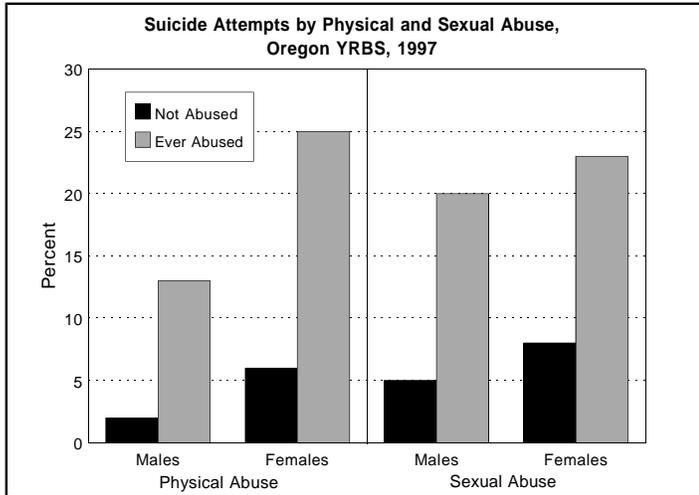
Cigarette Smoking. One-fourth of students (23%) reported smoking during the previous 30 days. No greater risk differential was seen than that between heavy smokers (20+ cigarettes per day) and non-smokers. Heavy smokers were nine times more likely to attempt suicide (45% vs. 5%).

Alcohol Consumption. Frequent alcohol consumption was also associated with suicide attempts. While nearly half (46%) of students drank alcohol during the previous month and were at greater risk of suicidal behavior, those who drank on 20 or more of the previous 30 days were at greatest risk, 29% compared to 4% of abstainers.

Inhalant Use. Five percent of Oregon high school students sniffed glue (or otherwise abused inhalants such as spray paints) during the 30 days prior to the survey, and the more often they did this, the more likely they were to attempt suicide. Fully 46% of frequent users (10+ times in the previous month) said they tried to kill themselves compared to 8% of abstainers.

Illicit Drug Use. Illicit drug use was widespread among the state's high school students with almost one in three having used marijuana, cocaine or other illicit substances. As with tobacco and alcohol, the heavier the use, the greater the odds that the user would attempt suicide. Frequent cocaine users were over five times more likely to attempt suicide than were non-users, as were students who had ever injected drugs.





SEXUAL BEHAVIOR

Sexual intercourse at an early age was associated with suicidal behavior. One-third (35%) of high school students had had sexual intercourse—5% before they were even teenagers. (Thirty-five percent of students who had sex before age 13 had been sexually abused, 16% of males and 71% of females.) As with tobacco use and alcohol consumption, the younger a student was when he or she first had sex, the greater the odds that he or she would attempt suicide; the preteen group was more than four times more likely to attempt suicide than were virgins (22% vs. 5%).

One in ten sexually active youth reported becoming pregnant (or causing a pregnancy). At greatest risk were adolescents who had experienced two or more pregnancies; they were eight times more likely to make a suicide attempt than were virgins (41% vs. 5%).

CONCLUSIONS

Suicide is a persistent problem among Oregon’s youth. Parents, educators, health care professionals, and others need to be aware that the changing social milieu is prompting more adolescents to consider suicide as an option.

Among suicide attempters, there is a spectrum of desires, from cries for help to death. Many are ambivalent about ending their lives; they see suicide as the solution to their problems in life, but would rather live if a solution could be found. Threats or warning signs precede as many as 80% of suicide attempts and completions, and, although the majority of the threats are not followed by actions, *all suicidal communications should be taken seriously, responded to, and evaluated.*

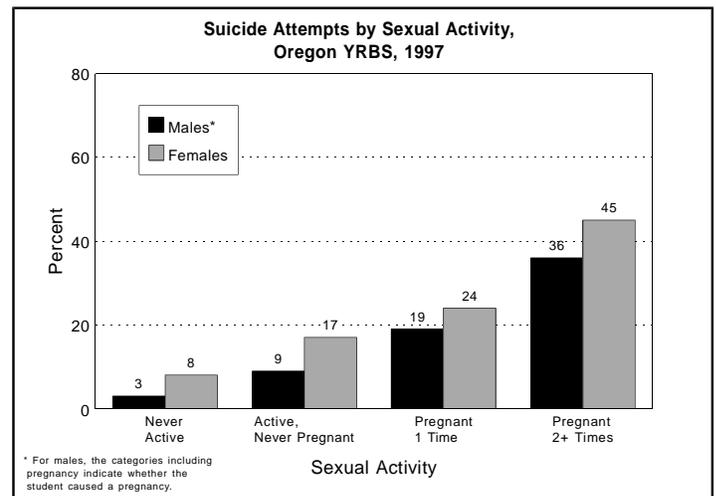
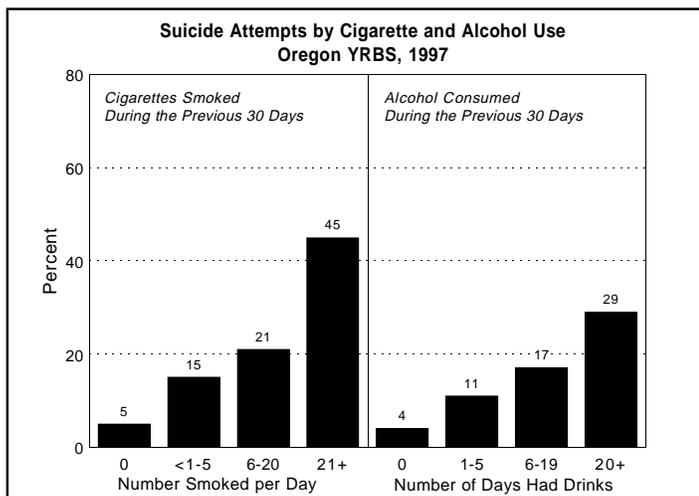
Parents often do not recognize a child’s suicidal symptoms or, if they do, may feel ill-equipped to intervene. Yet without intervention, at-risk youth may commit suicide. School staff and friends of at-risk youth should also be aware of the indicators of potential suicide risk, and should tell those in a position to help if they see someone exhibiting signs of suicidal behavior. Without intervention, a failed suicide attempt may be followed by one that results in death.

While 78% of suicide attempts by Oregon’s youth (under 18 years of age) during 1996 involved ingestion of drugs, 63% of the attempts that resulted in death of teens and pre-teens involved guns. Because of the high likelihood of death when guns are used, parents and others should restrict access to these highly lethal weapons among at-risk youth. When a gun is used, there is rarely a second chance. In only 30% of the homes of Oregonians where both guns and children are present are the guns stored unloaded and locked.

Preventing youth suicide requires not only direct intervention at the time of the acute event, but also addressing holistically the often broad spectrum of interrelated risk factors leading to the act. The 1997 Oregon legislature, for the first time, provided funding for a Teen Suicide Prevention Coordinator position within the Health Division. For more information, call 503-731-4021.

Soon, maybe tonight, I plan to drink two bottles of hydrogen peroxide.

Statement by an Oregon high school student



* For males, the categories including pregnancy indicate whether the student caused a pregnancy.

Table 2. Percentage of Students Attempting Suicide During the Previous Year, Oregon Youth Risk Behavior Survey, 1997

Characteristic	% With Characteristic*	% That Attempted Suicide*
TOTAL	100	9
ENROLLMENT LEVEL		
<100	2	12
100-399	13	10
400-799	15	9
800-1199	18	9
1200 +	53	8
SOCIOECONOMIC STATUS		
1 (Lowest)	12	11
2	24	10
3	28	9
4 (Highest)	36	7
EVER PHYSICALLY ABUSED		
No	73	4
Yes	27	19
EVER SEXUALLY ABUSED		
No	85	6
Yes	15	22
AGE FIRST SMOKED		
<11	9	19
11-12	11	15
13-14	17	11
15 +	10	8
Never	53	4
AGE FIRST DRANK ALCOHOL		
<11	17	17
11-12	12	12
13-14	25	9
15	17	6
Never	29	3

Characteristic	% With Characteristic*	% That Attempted Suicide*
NUMBER OF TIMES SNIFFED INHALANTS**		
None	95	8
1-9	4	28
10 +	1	46
AGE AT FIRST SEXUAL INTERCOURSE		
<13	5	22
13-14	12	17
15-16	15	12
17 +	3	6
Never	65	5
CAUSED OR BEEN PREGNANT		
Never Sexually Active	65	5
Sexually Active, Never Pregnant	31	13
Once	3	22
2 or more times	1	41
NUMBER OF RISK FACTORS***		
None	18	1
1	17	2
2	14	5
3	11	6
4-6	23	11
7-9	12	19
10-13	5	30
14 +	1	59

*Based on 32,378 weighted cases from 100 schools.
 ** During the previous 30 days.
 ***A count of the number of risk factors for each student including: very underweight or very overweight; physically abused; sexually abused; threatened or injured at school; carried a weapon at school; used tobacco; began smoking before age 11; drank; drank and drove; binged on alcohol; never, rarely or sometimes used a seatbelt; abused inhalants; used marijuana, cocaine or other drugs; had sexual intercourse; had 6+ sexual partners; had sex before age 15; was pregnant or caused a pregnancy..

WARNING SIGNS

Changes in behavior

- Accident proneness
- Drug and alcohol abuse
- Physical violence toward self, others, animals
- Loss of appetite
- Sudden alienation from family and friends
- Worsening performance at school
- Putting personal affairs in order
- Loss of interest in personal appearance
- Disposal of possessions
- Letters, notes, poems with suicidal content
- Taking unnecessary risks

Changes in mood

- Expressions of hopelessness, impending doom
- Explosive rage, crying spells
- Dramatic highs and lows
- Poor appetite, weight loss
- Lack of sleep or excessive sleep
- Talks about committing suicide

Changes in thinking

- Preoccupation with death
- Difficulty concentrating
- Irrational speech
- Hearing voices, seeing visions, expressing bizarre beliefs
- Sudden interest or disinterest in church/religion

Changes in life events

- Death of a family member or friend, especially by suicide
- Loss of important relationship
- Public humiliation or failure
- Serious physical illness



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