INTRODUCTION

The Youth Risk Behavior Survey (YRBS) is a self-administered, school-based, confidential, and anonymous survey that was conducted in Duval County Public Schools (DCPS) during the spring of 2009, 2011, 2013, 2015, and 2017. This is part of a national effort by the Centers for Disease Control and Prevention (CDC) to obtain information pertaining to youth health behaviors that contribute to the leading causes of death and disability among youth and adults. This report summarizes 2017 YRBS data on violence, suicide, and safety behaviors among Duval County high school students. In 2017, 3,493 students from 21 Duval County public high schools participated in the YRBS.

Duval County is located on the northeast coast of Florida and is comprised of urban, suburban, and pockets of rural areas. The County is divided into six Health Zones (HZ) which differ in terms of demographics, socioeconomic factors, and health outcomes. The HZs are based on mutually exclusive zip codes tied to county organization and demographics. The HZ analysis of the YRBS data increases our understanding of differences in the geographic distribution of health-related behaviors in Duval County and can assist in planning targeted health interventions.

LOCATIONS OF DUVAL COUNTY PUBLIC HIGH SCHOOLS
Violence remains a significant challenge among high school students in Duval County. In 2017:

- During the 30 days before the survey:
  - 1 in 9 high school students missed school because they felt unsafe. About 1 in 5 lesbian, gay, and bisexual (LGB) students missed school because they felt unsafe compared to 1 in 11 heterosexual students.
  - 4.0% of high school students carried a weapon on school property – a 34% decrease since 2013.
- During the 12 months before the survey:
  - About 1 in 10 high school students were threatened or injured with a weapon on school property. About 1 in 6 LGB students were threatened or injured with a weapon compared to 1 in 14 heterosexual students.
  - Over 1 in 10 high school students were in a physical fight on school property. Male students (13.9%) were more likely to have been in a fight than female students (8.2%).
  - HZ 2 ranked the highest for 9 out of 13 violence indicators and consistently showed numbers that were significantly higher than the Florida average.

More high school students in Duval County experienced bullying when compared to Florida. In 2017:

- During the 30 days before the survey:
  - About 1 in 5 high school students in Duval County reported being bullied at school versus 1 in 7 Florida students. Female students (21.5%) in Duval County were more likely to have been bullied than male students (17.1%).
- About 1 in 6 high school students in Duval County reported being electronically bullied versus 1 in 9 Florida students. Female students (19.6%) in Duval County were more likely to have been electronically bullied than male students (11.6%).

What is bullying?
Bullying is a form of violence. The CDC defines bullying as any unwanted aggressive behavior by another person or group of people that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying can include aggression that is physical, verbal, or relational.

What is cyberbullying?
Cyberbullying is bullying that takes place over digital devices. It is possible for cyberbullying to cross the line into criminal behavior, such as the sharing of illicit photos.

Teens who are bullied are at higher risk for:
- Physical injury
- Depression and anxiety
- Substance use
- Sleep issues
- Health complaints
- Academic problems
- Suicide

Teens who bully others are at higher risk for:
- Substance use
- Academic problems
- Violence throughout adolescence and into adulthood
DUVAL COUNTY, 2017

NATIONALLY, SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR YOUTH AGES 15-19.

SUICIDE AFFECTS ALL YOUTH, BUT SOME GROUPS ARE AT HIGHER RISK:

- Boys with an emotional or behavioral disorder
- LGB youth
- Youth with a substance abuse problem
- Youth that have lost a friend or relative to suicide
- Native American/Alaskan Native and Hispanic youth
- Youth living in urban areas or in poverty

RISK FACTORS:

- Family history of suicide
- History of depression or other mental issues
- Poor grades despite effort
- Alcohol or drug use
- Easy access to lethal means
- Lack of social connections and support
- Recent situational crisis

PROTECTIVE FACTORS:

- The presence of an important person in the youth’s life
- Good coping skills
- A supportive and caring family
- Interests and activities

NATIONAL SUICIDE PREVENTION LIFELINE:
1-800-273-TALK (8255)

DUVAL COUNTY HIGH SCHOOL STUDENTS WERE AT INCREASED RISK FOR SUICIDE-RELATED BEHAVIORS. DURING THE 12 MONTHS BEFORE THE 2017 SURVEY:

- Depression and suicide-related behaviors were more common among Duval County high school students compared to Florida students.

  - Over 1 in 3 Duval County high school students experienced depression for two or more weeks in a row – a 24% increase since 2013. Female students (44.7%) were more likely to experience depression than male students (25.2%).
  - Over 1 in 5 Duval County high school students seriously contemplated suicide – a 22% increase since 2013. Female students (25.3%) were more likely to report suicide ideation than male students (15.0%).

- Close to 1 in 5 Duval County high school students made a plan to attempt suicide – a 19% increase since 2013. Female students (21.8%) were more likely to have made a plan to attempt suicide than male students (14.1%).
- Close to 1 in 5 Duval County high school students attempted suicide – a 63% increase since 2013. Female students (20.6%) were more likely to have attempted suicide than male students (16.9%).
- Suicide risk behaviors were more common among LGB high school students. In Duval County, close to 1 in 3 LGB students have attempted suicide compared to 1 in 6 heterosexual students.

FEMALES 25% VS MALES 15%

HAVE CONTEMPLATED SUICIDE
<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>HZ1</th>
<th>HZ2</th>
<th>HZ3</th>
<th>HZ4</th>
<th>HZ5</th>
<th>HZ6</th>
<th>Duval County</th>
<th>FL</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIOLENCE</td>
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<td></td>
</tr>
<tr>
<td>Did not go to school because they felt unsafe at school or on their way to or from school*</td>
<td>11.3%</td>
<td>16.4%</td>
<td>9.2%²</td>
<td>8.9%²</td>
<td>13.5%</td>
<td>7.1%²</td>
<td>11.8%</td>
<td>10.2%²</td>
</tr>
<tr>
<td>Were in a physical fight**</td>
<td>25.4%</td>
<td>28.0%</td>
<td>16.9%²</td>
<td>24.9%</td>
<td>25.8%³</td>
<td>18.1%²</td>
<td>24.1%³</td>
<td>21.1%²</td>
</tr>
<tr>
<td>Were in a physical fight on school property**</td>
<td>9.0%</td>
<td>13.9%</td>
<td>5.4%²</td>
<td>11.6%³</td>
<td>10.7%</td>
<td>6.6%²</td>
<td>10.4%³</td>
<td>7.9%²</td>
</tr>
<tr>
<td>Carried a weapon on school property*</td>
<td>4.1%</td>
<td>6.1%</td>
<td>1.9%²</td>
<td>2.3%²</td>
<td>2.0%²</td>
<td>4.9%</td>
<td>4.0%</td>
<td>3.2%²</td>
</tr>
<tr>
<td>Were threatened or injured with a weapon on school property**</td>
<td>7.8%²</td>
<td>15.8%</td>
<td>6.3%²</td>
<td>6.8%²</td>
<td>7.0%²</td>
<td>7.7%²</td>
<td>9.4%²</td>
<td>8.4%²</td>
</tr>
<tr>
<td>Threatened or injured someone with a weapon on school property**</td>
<td>4.7%²</td>
<td>13.0%</td>
<td>3.7%²</td>
<td>5.0%²</td>
<td>5.9%²</td>
<td>7.8%</td>
<td>7.2%²,³</td>
<td>QNA</td>
</tr>
<tr>
<td>BULLYING</td>
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</tr>
<tr>
<td>Were bullied on school property**</td>
<td>18.0%</td>
<td>23.3%</td>
<td>16.3%</td>
<td>18.4%</td>
<td>21.5%</td>
<td>20.8%</td>
<td>19.9%</td>
<td>14.3%²,5,D</td>
</tr>
<tr>
<td>Bullied someone on school property**</td>
<td>9.0%</td>
<td>11.8%</td>
<td>9.9%</td>
<td>8.5%</td>
<td>10.3%</td>
<td>13.8%</td>
<td>10.3%</td>
<td>QNA</td>
</tr>
<tr>
<td>Were electronically bullied**</td>
<td>11.5%²</td>
<td>20.0%</td>
<td>14.7%</td>
<td>12.4%²</td>
<td>18.2%</td>
<td>20.7%</td>
<td>16.1%</td>
<td>11.5%²,5,D</td>
</tr>
<tr>
<td>Were the victim of teasing or name calling because someone thought that they were lesbian, gay, or bisexual</td>
<td>12.8%</td>
<td>17.0%</td>
<td>14.3%</td>
<td>13.1%</td>
<td>14.7%</td>
<td>11.1%</td>
<td>14.4%</td>
<td>9.7%²,3,5,D</td>
</tr>
<tr>
<td>SUICIDE</td>
<td></td>
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</tr>
<tr>
<td>Felt sad or hopeless almost everyday for two or more weeks in a row**</td>
<td>33.7%</td>
<td>36.4%</td>
<td>39.4%⁶</td>
<td>34.9%</td>
<td>33.0%</td>
<td>26.9%</td>
<td>35.1%</td>
<td>27.8%²,4,D</td>
</tr>
<tr>
<td>Seriously considered attempting suicide**</td>
<td>19.9%</td>
<td>24.0%</td>
<td>21.2%</td>
<td>20.4%</td>
<td>17.6%</td>
<td>16.8%</td>
<td>20.8%</td>
<td>13.8%¹,4,D</td>
</tr>
<tr>
<td>Made a serious plan to attempt suicide**</td>
<td>20.2%</td>
<td>17.3%</td>
<td>19.0%</td>
<td>18.8%</td>
<td>19.8%</td>
<td>14.8%</td>
<td>18.5%</td>
<td>10.7%¹,5,D</td>
</tr>
<tr>
<td>Attempted suicide **</td>
<td>17.1%</td>
<td>24.5%</td>
<td>15.9%²</td>
<td>16.8%²</td>
<td>15.5%²</td>
<td>19.6%</td>
<td>18.8%²</td>
<td>7.6%¹,6,D</td>
</tr>
<tr>
<td>SAFETY BEHAVIORS</td>
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</tr>
<tr>
<td>Texted or e-mailed while driving a car or other vehicle*</td>
<td>29.3%</td>
<td>30.9%</td>
<td>30.1%</td>
<td>28.4%</td>
<td>27.9%</td>
<td>40.3%</td>
<td>30.3%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Rode with a driver who had been drinking alcohol*</td>
<td>16.9%</td>
<td>24.0%</td>
<td>17.9%</td>
<td>19.0%</td>
<td>17.2%</td>
<td>19.4%</td>
<td>19.6%</td>
<td>17.1%²</td>
</tr>
<tr>
<td>Drove a car or other vehicle when they had been drinking alcohol*</td>
<td>4.9%</td>
<td>6.4%</td>
<td>2.5%</td>
<td>3.1%</td>
<td>3.9%</td>
<td>8.8%</td>
<td>4.7%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Weapon = A gun, knife, or club

The superscript refers to a specific geographic area (e.g., superscript 1 refers to Health Zone 1, D refers to Duval County; F refers to Florida) and indicates that the data for that geographic area is significantly different from the reference geographic area.

Comparisons by County and State are provided by the CDC (See YRBS methodology at www.CDC.gov). Comparisons by Health Zone are provided by the Florida Department of Health in Duval County.
The CDC recommends a holistic approach to improving health behaviors and outcomes among youth. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes that schools, health agencies, parents, and communities share a common goal of supporting health and academic achievement in adolescents. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part of the local community. Importantly, the WSCC model provides a framework for how various sectors can work together to ensure that every young person is healthy, safe, engaged, supported, and challenged. This approach is illustrated in the image to the right.

Using information from the CDC and other research-based initiatives the below content provides recommendations for addressing bullying and other issues related to adolescent safety in Duval County.

**Multifaceted programs that address prevalent issues result in programs that are more meaningful for the community, as well as more cost effective.**

- Tailor programs to address risks and enhance strengths in a community
- Develop strategic partnerships
- Support and empower youth

- Using HZ data, interventions can be developed that address specific risks, such as bullying, that are present in a community. Evidence-based programs can also be tailored to more effectively address the needs of a community. Consider which groups are most affected, where the behavior is taking place, what type of behavior is happening, and what is currently being done.

- No one person (e.g., parent, teacher, mentor) can implement suicide prevention efforts on their own. Build strategic partnerships between anti-bullying groups and those who have direct contact with youth (e.g., coaches, teachers). Adults who supervise a young person can help prevent suicide by knowing the risk factors and warning signs, asking youth that they are concerned about if he/she has been thinking about suicide, and providing timely referrals to community resources.

- Involvement in violence – even as a witness – can have serious and long lasting consequences for youth. Provide support and referrals for all youth involved and include their families. Empower youth by providing concrete, positive ways that they can influence the social norms of their peer group. Provide training to youth on safe and effective actions that they can use when they are concerned about a peer or witness a peer being bullied.