Exploring how teens, young adults and parents responded to *13 Reasons Why*

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INTRODUCTION

Adolescents' use of and access to media around the world has changed dramatically over the past decade (Livingstone, Haddon, Vincent, Mascheroni, & Olaffson, 2014; Rideout, 2015; Sozio et al., 2014) with the development of mobile technologies, such as cell phones and tablet computers, and the increase in streaming media content, like Netflix. These changes have enabled highly individualized viewing of targeted content at home, in school, and with friends. While all individuals are impacted by these new developments, there has been much discussion and concern about the impact of media on adolescents specifically, due to their unique developmental stage. Therefore, the purpose of this study was to examine adolescent, young adult, and parent responses to *13 Reasons Why*, a Netflix show that presents a number of difficult topics in its narrative, including bullying, depression, and suicide. We surveyed respondents in four global regions: Australia/New Zealand, Brazil, the United Kingdom (UK), and the United States (US).

In recent years, there has been a recognition that three dimensions influence how media affect youth: the individual consumer, the content consumed, and the context of the media consumption (Guernsey, 2012). In the case of the individual, developmental differences can influence how the content affects the viewer. For example, younger viewers are less equipped cognitively to process some of the complex messages and visual editing in media, and may not understand some of the social contexts depicted in media content. Adolescents, while more cognitively advanced than young children, are in a unique developmental stage due to their heightened egocentrism (Elkind, 1967) and increased tendency to engage in risky behaviors (Arnett, 1990; Greene, Krcmar, Walters, Rubin, & Hale, 2000). Therefore, the way they interpret, react, and respond to media messages can differ in comparison to younger children and adults. Beyond age, individual differences among adolescents can influence how the viewer interprets the message of any media presentation. It is important to note that this particular generation of adolescents also are coping with high levels of stress, depression, and anxiety (e.g., Mojtabai, Olfson, & Han, 2016), which may influence the impact of media messages.

Beyond the individual viewer, media content can be influential as well. Past research has demonstrated that highly relatable programs, in which the viewer sees similarities between themselves, the characters, and the situations depicted can positively impact learning and motivation to continue watching (Tian & Hoffner, 2010). The content also must be appropriate for the age and experience of the viewer. For example, previous research has examined the impact that media have on adolescent youth, including studies of controversial programming like MTV's *16 and Pregnant* and *Teen Mom*. Specifically, studies demonstrate that viewing such shows decreases the rates of births to teen parents and increases searching for terms like "contraceptive use" and "abortion" online (Kearney & Levine, 2015). Aubrey and colleagues (2014) also found that perceived similarity to the individuals in the show influenced effects. Other research suggests that the effects of these shows is influenced by parent communication at home (Martins & Jenson, 2014; Wright, Randall, & Arroyo, 2013). Altogether, these findings underscore the importance of understanding adolescents' perceptions of character similarity and relatability, considering parent-child interactions, and the individual's home environment.

Finally, the viewing context is also important and often times understudied with adolescent viewers. We know from reports that parents tend to co-use media less with their older children than younger children (Livingstone et al., 2014; Rideout, 2015), meaning that adolescents are more likely to watch media content alone or with peers, in comparison to younger children. With the increase in more individualized technologies (e.g., tablets) and streaming, on-demand content, the viewing context in which youth watch shows has changed dramatically from just a few decades ago when programs were more likely to be watched as a family on the living room television set on the night the program aired. Today, youth and adults have the ability to select content and watch as many episodes in one sitting as they have time for – a behavior that has been termed binge viewing, and which is often associated with Netflix programs. Recently developed entertainment media aimed at adolescent audiences, like

13 Reasons Why, have attempted to integrate tough topics into their narratives, given that subjects such as depression, suicide, bullying, and sexual assault are parts of adolescents' lives around the world. A yet-unstudied area, however, is how exposure to such "tough topic" media relates to aspects of adolescent viewers' wellbeing. For example, are adolescents who watch these programs engaging in conversations with friends, parents, teachers, and counselors, are they seeking information about these difficult topics, do they feel comfortable in discussing these sensitive subjects with others, and are they reaching out to others who might be dealing with these issues?

In this study, individuals in all regions were asked about the same "tough topic" entertainment program *13 Reasons Why*, and the research questions were identical. However, due to cultural, educational, and mental health support differences in these countries, we examined the results separately for each region. For example, mental health resource access for youth in the US and Brazil is relatively limited. Educational institutions in the US take on much of the burden of meeting the mental health needs of youth (Fazel, Hoagwood, Stephen, & Ford, 2014; Rones & Hoagwood, 2000). In the US, schools' mental health initiatives are decentralized, and vary based on local administrative bodies (Fazel et al., 2015), like school districts, who control the allocation of funding for mental health resources—mainly distributing funding based on the represented mental health needs of student bodies by school or on a per-student basis, while rarely providing schools equal amounts of funding (Foster et al., 2005). Similarly, in Brazil, problems of access to mental health-related resources are apparent. Socioeconomic disparities and imbalanced resource distribution across the country limit access to mental health services for Brazilian adolescents (Paula, Lauridsen-Ribeiro, Wissow, Bordin, & Evans-Lacko, 2012). Mental health aid to Brazilian youth is predominantly provided through the Psychosocial Community Care Center for Children and Adolescents (CAPSi) (Paula et al., 2012), yet the proportion of CAPSi in some regions of Brazil is one to 1.3 million youth (Mari, 2014).

In contrast, both the UK and Australia take a more progressive stance towards addressing the mental health needs of their youth. For example, in Australia, 60% of schools report having a mental health intervention program in place, and 69% state that they provide access to mental health information to their students (Department of Health and Aging, 2013). In the UK, 90% of educational institutions report providing mental health training to members of their staff, and 87% of state schools offer their students information related to mental health resources (Marshall, Wishart, Dunatchik, & Smith, 2017). The availability of mental health information may lower barriers to access and increase youth's use of mental health resources. Estimates of health service utilization by British youth ages 5-15 with a mental disorder range between approximately 50-71% (Meltzer, Gatward, Goodman, & Ford, 2003).

Beyond direct cultural differences in terms of access to and use of mental health care, there is also evidence of response style differences that arise from cultural and regional differences (Harzing, 2006). Research demonstrates that respondents from the US and Brazil are more likely to have higher levels of acquiescence and respondents from the United Kingdom have slightly higher rates of middle responses (Harzing, 2006). Therefore, considering the diversity of participants as a function of culture and response style, we present findings in four separate reports: one each for the US, the UK, Australia/New Zealand, and Brazil, in addition to this comprehensive global report. In each report, we explain the methodology used to collect the sample in each respective country, and offer eight overarching findings. In this global report, we offer eight key findings that cut across the entirety of the sample, including all four regions of interest.

RESEARCH OBJECTIVES

The goal in conducting this research is to examine how the individual, the content, and the context of viewing relate to how adolescents and their parents, as well as young adults, react to tough topic entertainment media that focuses on depression, bullying, suicide, and sexual assault. Specifically, this study examined how adolescents and young adults in four different regions, Australia/New Zealand, Brazil, the UK, and the US, perceived, related to, and were reportedly influenced by the popular Netflix series *13 Reasons Why*, a show that features tough topics in its narrative. We chose to survey participants in order to examine how exposure related to attitudes, reliability, information seeking, and self-reported behavior change, including comfort in discussing difficult topics with others, increased knowledge about these topics, and parent-child supportive communication. The following report offers data that addresses the following targeted research questions:

- Did adolescent and young adult viewers find the show and characters to be relatable?

- Did watching *13 Reasons Why* increase viewers' understanding of the tough topics included in the program?

- What are parent, adolescent, and young adults' attitudes toward *13 Reasons Why*?

- Did watching *13 Reasons Why* relate to changes in viewer behavior, such as reaching out or apologizing to classmates?

- Did watching *13 Reasons Why* support conversations with peers, parents, teachers, or counselors about the topics included in the program?

- Do these relationships differ based on the individual viewers' characteristics?

METHODOLOGY

This global report is based on a survey of 5400 adolescents, young adults, and parents of adolescents from the US, the UK, Australia, New Zealand, and Brazil. The survey instrument was developed by Ellen Wartella, Alexis R. Lauricella, and Drew P. Cingel and data collection was completed by IPSOS Research as an online survey between November 2017 and January 2018. The project was directed by Ellen Wartella, Alexis R. Lauricella, and Drew P. Cingel. Statistical analysis was conducted by IPSOS Research and Melissa Saphir. We thank Brianna Hightower, Kelly Sheehan, Anna Dolezal, Allyson Snyder, Amy Parker, and Michael Carter for their help with the project.

PARTICIPANTS

IPSOS Research worked with partners to recruit participants in the five target countries. We targeted three separate age groups for this survey: (1) Parents with an adolescent between the ages of 13 and 17 ($n = 1880$), (2) adolescents (ages 13-17) ($n = 1722$), and (3) young adults (ages 18-22) ($n = 1798$). The survey for adolescents and young adults was identical (see Appendix A) and parents were provided with a different survey (see Appendix B).

The sample was collected so that approximately 50% of the adolescent and young adult respondents had seen the show based on a question that asked them, "Have you watched the show *13 Reasons Why*?" Overall, the final sample was 45% viewers ($n = 728$ adolescent viewers, $n = 896$ young adult viewers, $n = 792$ parent viewers) and 55% non-viewers ($n = 994$ adolescent non-viewers, $n = 902$ young adult non-viewers, $n = 1088$ parent non-viewers).

GROUPED VARIABLES

Age. Throughout the report, we describe respondents ages 13-17 as adolescents or teens, and we describe respondents ages 18-22 as young adults. Among viewers, age is also analyzed as an individual difference variable, by comparing three age groups: younger teens (13-15), older teens (16-18), and young adults (19-22).

Social Anxiety. Social anxiety was measured using a 10-item measure from La Greca, Dandes, Wick, Shaw, and Stone, (1988). Participants answered each item using a 5 point Likert scale anchored by (1) strongly disagree and (5) strongly agree. Example questions include "I worry about doing something new in front of other kids," "I am afraid that other kids will not like me," "I am quiet when I'm with a group of kids." Based on an analysis of the sample, all items factored together and were summed to create a total social anxiety composite score ranging from 10 to 50. Using a median split, we grouped individuals as being either high or low in social anxiety.

Self-Esteem. Self-esteem was assessed using Rosenberg's (1965) 10-item measure of self-esteem. Each item was answered on a 5 point Likert scale anchored by (1) strongly disagree and (5) strongly agree. Based on an analysis of the sample, all items factored together and were summed to create a total self-esteem composite score ranging from 10 to 50. Using a median split, we grouped individuals as being either high or low in self-esteem.

TABLE 1. Participant Demographics

	Viewers			Non-Viewers		
	Adolescents	Young Adults	Parents	Adolescents	Young Adults	Parents
N	*728*	*896*	*792*	*994*	*902*	*1088*
Male	47%	28%	39%	55%	49%	34%
Female	53%	71%	61%	45%	50%	66%

Note: Not all percentages sum to 100% because 18 individuals did not report their gender

Resilience. Resilience was measured using an 18-item measure from the Institute of Education Sciences's measure of resilience (Hanson & Kim, 2007). Each item was answered on a 5 point Likert scale anchored by (1) strongly disagree and (5) strongly agree. All items factored together and were summed to create a total resilience composite score ranging from 18 to 90. Using a median split, we groups individuals into low and high resilience categories.

Loneliness. Loneliness was measured using an 8-item measure from Roberts, Lewinsohn and Seeley's (1993) measure of loneliness. Each item was answered on a 5 point Likert scale from (1) never to (5) often. All items factored together and were summed to create a total resilience composite score ranging from 8 to 40. Using a median split, we grouped individuals into low and high loneliness categories.

Happiness. Happiness was measured using 4 items from Lyubomirsky and Lepper's (1999) measure of happiness. Each item was answered on a 7 point Likert scale. Based on analysis of the sample, all items factored together and were summed to create a total happiness score ranging from 5 to 35. Using a median split, we grouped individuals into low and high happiness categories.

All splits were based on the respective regions' data, although they were very similar across all four regions.

PRESENTATION AND DISCUSSION OF DATA IN TEXT

Throughout this report, differences between groups have been tested for statistical significance at the $p < .05$ level. Differences between groups are reported only when these differences are statistically significant. For example, "more younger teens (77%) agreed that people their age act similarly to characters in *13 Reasons Why* than young adult viewers (49%)" indicates that these two percentages are statistically significantly different at the $p < .05$ level. In tables where statistical significance has been tested, superscript letters are used to indicate significant differences between columns (e.g., gender, age groups). Percentages or means that share a common superscript or those that do not have a superscript at all are not significantly different from each other. Due to the nature of survey data, we cannot claim causal relationships between any variables and statistical significance only determines whether two groups differ in the percent of individuals who reported that behavior.

Finally, many items in our survey were based on a 5 point Likert scale with response options: (5) strongly agree, (4) agree, (3) neither agree nor disagree, (2) disagree, (1) strongly disagree. Unless it is otherwise noted, we report the combined "strongly agree" and "agree" response options summed together. In a few instances, we combine the "disagree" and "strongly agree" responses.

Percentages. Percentages may not always add up to 100% due to rounding, multiple response options, or those who marked "I do not know." In the global key findings below, we report a range of percentages based on differences across countries: we report the exact percentage for each item in the respective country reports.

KEY FINDINGS

1. *13 Reasons Why* **resonated with teens and young adults in all four regions, and they felt it was beneficial for them and people their age to watch.** Adolescent and young adult viewers reported that people their age talk and act like the characters on the show, and a majority reported that people their age deal with issues similar to those portrayed in *13 Reasons Why* (74% - 80% across all regions). Additionally, many teens and young adults reported that *13 Reasons Why* was an authentic depiction of high school life (51% - 67%). Further, adolescents and young adults reported that the show was beneficial for them to watch (63% - 79%), and beneficial for others their age to watch (65% - 79%).

2. *13 Reasons Why* **provided teens, young adults, and even parents in all regions with information about various difficult topics.** Globally, teens and young adults reported that the show informed them that someone might be suffering from depression even if they do not see the signs (72% - 84% across all regions) and that there are lots of different reasons why people commit suicide (68% - 81%). Additionally, the show "opened their eyes" to how people their age may be affected by depression (65% - 82%). Teens and young adults agreed that watching *13 Reasons Why* helped them to better understand and process hard topics like depression, suicide, bullying, and sexual assault (59% - 88%). Even parents reported that *13 Reasons Why* helped them to understand hard topics like depression, suicide, bullying, and sexual assault (44% - 68% across all topics for Australian, UK, and US parents), and this was particularly so for Brazilian parents (76 - 83% across all topics).

3. **In all four regions, adolescents and young adults reported seeking information about tough topics following exposure.** A sizeable group of teens and young adults from Australia/New Zealand, the UK, and the US reported seeking information about depression (38 - 47% across these three regions), suicide (36 - 46%), bullying (35 - 44%), sexual assault (33 - 48%), and supporting others (39 - 55%) following exposure to *13 Reasons Why*. Brazilian teens were more likely to report engaging in information seeking about depression (68%), suicide (65%), bullying (66%), sexual assault (60%), and supporting others (74%) after exposure.

It allowed an open dialogue about current issues related to the reality faced by our teens. I feel that with each conversation, besides the fact that the exchange of experiences brought me closer to my daughter and increased the love we feel for each other, our mutual trust was strengthened."

—— AGE 41, FEMALE, BRAZIL

4. **While there were graphic and intense scenes in the show, teens and young adult viewers in each region were generally not opposed to the way the show dealt with these tough topics.** Many adolescents and young adults felt that the intensity of the show was appropriate for them (63% - 74% across all regions) and the graphic nature of Hannah's suicide was necessary to show how painful suicide is (63% - 79%).

5. **In all four regions, viewers of *13 Reasons Why* reported helping others and engaging in other empathetic behaviors after watching.** Watching *13 Reasons Why* helped adolescent and young adult viewers understand that their actions can have an impact on others (74% - 88% across all regions). Teens and young adults reported trying to be more considerate about how they treated other people (67% - 76%) and reaching out to apologize for how they treated someone after watching the show (45% - 60%). They also reported that the show motivated them to help others suffering from depression, bullying, and sexual assault (54% - 81% across all topics), and reported reaching out to friends who might be struggling with mental health concerns or those who were being picked on (41% - 66%).

6. **Watching *13 Reasons Why* supported conversation in all regions.** Approximately half of parent viewers in Australia/New Zealand, the UK, and the US who discussed the show with their children reported that the show made it easier for them to have conversations about tough topics with their children (56% in all three regions); 71% of Brazilian parent viewers reported this. In addition, about half of Australia/New Zealand and UK parents reported that watching the show prompted them to talk about hard topics, depression, suicide, bullying, sexual assault, and what's going on in their child's life; approximately three-quarters of US and Brazilian parents indicated that exposure prompted them to discuss these topics with their child. Teens reported talking about a range of important topics after watching the show, including steps you can take if you are being bullied (46% - 54%) or feeling depressed (42% - 59%), how to spot the signs of mental health concerns (41% - 55%), and how to know if someone is suffering from depression (47% - 67%). Adolescents reported that the show helped them feel more comfortable talking about these difficult topics with friends, parents, counselors, and teachers.

I talked to my friend about a kid in my class who gets bullied a bit, and we both agreed to stand up for him the next time it happens."

AGE 13, MALE, US

Me and my friend talked about the consequences of our actions and how what we do can impact the lives of others severely as we don't know what they are going through."

AGE 15, MALE, UK

7. **Individual characteristics of the viewers influence their responses to the show.** Across many of the outcome measures, we see differences in how youth respond and react as a function of individual differences like age, resilience, and social anxiety. Considering these differences, it is important to consider these unique characteristics when thinking about how exposure to the show relates to viewer outcomes.

8. ***Beyond the Reasons* was a good start… but further support and resources are requested.** Depending on the region, many youth and parents did not watch the *Beyond the Reasons*[1] episode at the end of the *13 Reasons Why* series. However, for parents and youth who did watch, the *Beyond the Reasons* episode helped them to have a more informed conversation with their teenager or parent, respectively. While adolescents were largely not opposed to the intense and graphic nature of some of the content in *13 Reasons Why*, parents, adolescents, and young adults thought that the show should provide additional resources and support. Teens and young adults thought there should be more discussion in the show of what viewers could do to help those around them who may be suffering (50% - 56%). Parents also wanted more resources throughout the episodes (62% - 75%), including having mental health professionals provide resources at the end of difficult episodes (62% - 74%) and the cast coming out of character to provide resources at the end of specific episodes (62% - 65%).

> *We discussed the show's themes during my psychology class. We talked as a class about our feelings about the show and resources that were available to help each other."*
>
> **AGE 16, FEMALE
> AUSTRALIA / NEW ZEALAND**

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[1] The *Beyond the Reasons* episode was a final episode, companion piece that aired as the last episode of the *13 Reasons Why* series. The episode provided a link for resources, commentary from the cast and mental health professionals, and additional discussion around the importance about talking about suicide.

CONCLUSION & IMPLICATIONS

Contemporary adolescents are living in a global, connected world, with extraordinary access to technologies that allow media use to be more mobile, on-demand, and personalized than ever before. In this social context, then, it is important to consider how media use relates to adolescents' sense of wellbeing. Historically, adolescence is considered to be a key time in the lifespan, characterized by dramatic changes in cognitive and socio-emotional development. Additionally, however, adolescence is also a time during which individuals deal with numerous stressors, with concomitant rises in anxiety and depression (Pine, Cohen, & Gurley, 1998).

This large-scale survey of adolescents, young adults, and parents living in four different countries around the world provides new insight into adolescents' comprehension of tough topics, parent-adolescent conversations about these topics, and adolescents' comfort in discussing these topics with friends, parents, teachers, and counselors. The study also addresses the importance of examining individual differences and documents that younger adolescents and those with higher social anxiety generally report perceiving the show more positively than older adolescents or those with lower social anxiety. Finally, the results indicate that while attitudes and learning from *13 Reasons Why* were relatively positive, there is still ample room for improvement in the development of these types of tough topic entertainment media programs for adolescents, particularly in the area of resources and support for viewers, as this was a main request from adolescents and parents in all four regions studied. We break the results into five main global takeaways.

First, comprehension of the program narrative and overall message about the difficult topics was very high. Adolescent and young adult viewers around the world largely understood that the main character Hannah was experiencing mental illness and social pressures such as depression and bullying. Moreover, the viewers understood that Hannah's suicide caused a great deal of pain for those around her, and that the signs of suicide are not always evident to others. In addition, viewers generally reported that the content and the graphic nature of some of the scenes was appropriate for them personally, and that the characters were relatable.

Second, after watching the show, most viewers reported talking to their parents about these difficult topics, regardless of whether they watched with their parents or not. For example, parent-adolescent communication about the program occurred both during co-viewing and, importantly, after exposure. Indeed, talking to parents (and somewhat less frequently with teachers and school counselors) about these difficult topics was one of the major outcomes for teen viewers of this series. This was less likely to happen for young adults, likely because many young adults may no longer live with their parents. In addition, a majority of parents and adolescents reported that these conversations helped them to understand the topics in the show, and that these conversations were easier to have after viewing compared to before.

Third, a key outcome of watching the program, as reported by primarily adolescent viewers, was increased empathy toward other individuals who may be experiencing mental health issues, bullying, or depression. A particularly positive series of findings from these data is that adolescent viewers of *13 Reasons Why* reported increased understanding of others' needs and concerns, a greater consideration of others' thoughts and feelings, a desire to talk to and try to help other teens in need, and apologizing for treating others poorly in the past.

Fourth, there are individual differences among the viewers in terms of their reactions to *13 Reasons Why*, particularly based on age, level of social anxiety, and culture. Specifically, younger adolescents (ages 13-15) reported that they were more motivated to help others and more comfortable talking to peers, parents, teachers, and counselors about tough topics after watching the show than young adults (ages 19-22). Individuals with higher levels of social anxiety also reported that watching the show helped them to process tough topics, engage in information seeking following exposure, and express their feelings about mental health and suicide to others. In general, adolescents and young adults from Brazil and the US were more likely to report changing their attitudes and behaviors as a function of watching *13 Reasons Why*, compared to UK and Australian viewers. Continued research examining these individual

differences will allow for better targeting of both information and support for those in the greatest need.

Finally, the results of this survey provide recommendations for how media can provide support to teens, young adults, and their parents on these tough topics. A major finding of this study is that while adolescents and parents appreciate that *13 Reasons Why* offers an authentic portrayal of tough topics like bullying, suicide, and depression, they express a desire for the show to offer more resources on these issues. The *Beyond the Reasons* episode helped provide support and resources for parents and adolescents to begin to tackle these important conversations by offering resources of where to go to find help or have conversations with mental health professionals. Parents and adolescents, however, report that they desire more resources to help viewers process and talk about the tough topics depicted in the show. Having the actors step outside their roles and participate in post-program discussion of how to get help for adolescents and families is one possibility suggested by participants. Therefore, there is further opportunity for a show like *13 Reasons Why* to provide helpful resources to adolescent and parent viewers.

In summary, these findings suggest that such tough topic programming can be of help to teens and young adults around the world as they cope with the stressors in their lives. Additionally, these results underscore the potential importance of media exposure and adolescent-life portrayals in the lives of young people, and illustrate how tough topic media can influence conversations with supportive adults like parents, teachers, and counselors, as well as information seeking, attitudes, and behavior among adolescents and young adult viewers.

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