Suicide and Bullying

Issue Brief

SPRC
SUICIDE PREVENTION RESOURCE CENTER

This issue brief examines the relationship between suicide and bullying among children and adolescents, with special attention to lesbian, gay, bisexual, and transgender (LGBT) youth. It also explores strategies for preventing these problems.

Definitions

Suicide: A suicide is a death by a self-inflicted injury under circumstances in which the individual intended or should have reasonably expected that this injury would result in his or her death.

Suicide prevention: Suicide prevention is commonly used to refer to activities that prevent suicides and behaviors closely associated with suicide (including thinking about or considering taking one's own life).

Bullying: Bullying is typically defined as the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use new communication technologies, such as social media and texting, to harass and cause emotional harm to their victims.

Extent of the Problem

Suicide: Suicide is a major problem among young people in the United States.

- Suicide is the third leading cause of death for young people ages 12–18 (Centers for Disease Control and Prevention [CDC], 2007).
- In a typical 12-month period, nearly 14 percent of American high school students seriously consider suicide; nearly 11 percent make plans about how they would end their lives; and 6.3 percent actually attempt suicide (CDC, 2010).

Bullying: During the 2007–2008 school year, 32 percent of the nation's students ages 12–18 reported being bullied (Dinkes, Kemp, & Baum, 2009). Of these students:

- 21 percent said they were bullied once or twice a month.
- 10 percent reported being bullied once or twice a week.
- 7 percent indicated they were bullied daily.
- Nearly 9 percent reported being physically injured as a result of bullying.

During that same school year, four percent of students ages 12–18 reported being cyberbullied (Dinkes et al., 2009). Another study found that approximately 13 percent of students in grades 6–10 reported being cyberbullied (Wang, Nansel, & Iannotti, 2010; Wang, Iannotti, & Nansel, 2009).

Bullying and Suicide

Both victims and perpetrators of bullying are at a higher risk for suicide than their peers. Children who are both victims *and* perpetrators of bullying are at the highest risk (Kim & Leventhal, 2008; Hay & Meldrum, 2010; Kaminski & Fang, 2009). All three groups (victims, perpetrators, and perpetrator/victims) are more likely to be depressed than children who are not involved in bullying (Wang, Nansel et al., in press). Depression is a major risk factor for suicide.

Bullying is associated with increases in suicide risk in young people who are victims of bullying (Kim, Leventhal, Koh, & Boyce, 2009) as well as increases in depression and other problems associated with suicide (Gini & Pozzoli, 2009; Fekkes, Pipers, & Verloove-Vanhorcik, 2004).

Victims of cyberbullying are also at risk for depression. One study found that victims of cyberbullying had higher levels of depression than victims of face-to-face bullying (Wang, Nansel et al., 2010).

A review of the research (Arseneault, Bowes, & Shakoor, 2010) indicated that there are personal characteristics that increase a child's risk of being bullied. These personal characteristics include the following:

- Internalizing problems (including withdrawal and anxiety/depression)
- Low self-esteem
- Low assertiveness
- Aggressiveness in early childhood (which can lead to rejection by peers and social isolation)

Given that many of these characteristics are also risk factors for suicidal behavior, the authors of the review cited above suggest that it is often the children most at risk for suicide who are bullied, which in turn further raises their risk of suicide (as well as of anxiety, depression, and other problems associated with suicidal behavior). Others have made similar observations (Nansel et al., 2001). The research does not suggest that personal risk factors alone cause a child to be bullied. Rather, these personal characteristics act in conjunction with risk factors associated with two influential components of a child's social life:

- The family, including child maltreatment, domestic violence, and parental depression (Arseneault et al., 2010)
- The school environment, including a lack of adequate adult supervision (which can be a result of the physical layout of a school); a school climate characterized by conflict and a lack of consistent and effective discipline (Swearer, Espelage, Vaillancourt, & Hymel, 2010); and school size (Bowes et al., 2009)

Bullying, and especially chronic bullying, has long-term effects on suicide risk and mental health that can persist into adulthood (Arseneault et al., 2010). One review of the research concluded that bullying can cause (or contribute to) "comparatively low levels of psychological well-being and social adjustment and to high levels of psychological distress and adverse physical health symptoms" (Rigby, 2003).

Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth

LGBT youth attempt suicide at a rate 2–4 times higher than that of their heterosexual peers (Suicide Prevention Resource Center [SPRC], 2008). In the words of one expert, LGBT adolescents "must cope with developing a sexual minority identity in the midst of negative comments, jokes, and often the threat of violence because of their sexual orientation and/or transgender identity (Morrow, 2004). A recent review of the research identified 19 studies linking suicidal behavior in lesbian, gay, and bisexual (LGB) adolescents to bullying at school, especially among young people with "cross-gender appearance, traits, or behaviors" (Haas et al., 2011).

LGBT youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Garofalo, Wolf, Kessel, Palfrey, & Durant, 1998; Bontempo & D'Augelli, 2002; Berlan, Corliss, Field, Goodman, & Austin, 2010).

- A 2005 survey of students ages 13–18 found that 65 percent reported being verbally or physically harassed or physically assaulted over the past year because of "their perceived or actual appearance, gender, sexual orientation, gender expression, race/ethnicity, disability, or religion." In contrast, 90 percent of LGBT teens reported being verbally or physically harassed or assaulted based on one or more of these characteristics (Harris Interactive & Gay, Lesbian, and Straight Education Network, 2005).
- A study of nearly 6,000 sexually active, male Vermont students in grades 8–12 revealed that those with multiple male sexual partners reported greater levels of violence and victimization at school (as well as suicide attempts) than those with only one male partner. The researchers speculated that this was because young men with more sexual partners were more likely to be identified as gay than young men with only one male partner (DuRant, Krowchuck, & Sinal, 1998).

A review of the research found that the relationship between bullying and suicide risk was stronger for LGB youth than for heterosexual youth (Kim & Leventhal, 2008).

The State of the Art of Prevention

Suicide: Comprehensive school-based prevention programs can help prevent suicidal behavior (May, Sema, Hurt, & DeBruyn, 2005; Kalafat, 2003). Research (Haas et al., 2011; American Association of Suicidology, 1999) and experience suggest that school-based suicide prevention programs should not focus narrowly on student education and life skills training but also include the following:

- Activities to identify young people at risk of suicide (such as gatekeeper training and screening)
- Referrals to mental health services

The Suicide Prevention Resource Center recommends the adoption of anti-bullying policies and other activities specifically intended to prevent suicidal behavior among LGBT youth (SPRC, 2008).

Bullying: The evidence for the effectiveness of school-based bullying prevention programs is mixed:

- An analysis of whole-school prevention programs concluded the following: "It is clear that the whole-school approach has led to important reductions in bullying in a number of cases, but the

results are simply too inconsistent to justify adoption of these procedures to the exclusion of others" (Smith, Schneider, Smith, & Ananidaou, 2004).

- A meta-analysis of bullying prevention programs found that although "school bullying interventions may produce modest positive outcomes, that they are more likely to influence knowledge, attitudes, and self-perceptions rather than actual bullying behaviors" (Merrell, Gueldner, Ross, & Isava, 2008).
- A research review concluded that interventions employing classroom curricula or social skills training did not decrease bullying. The review provided some support for the use of whole-school approaches but warned that there were "significant barriers" to their success, including the difficulty of implementing these programs and the characteristics of school environments and student bodies that may affect program outcomes (Vreeman & Carroll, 2007).
- One meta-analysis concluded that school-based, anti-bullying prevention programs reduced bullying and victimization by an average of 20–23 percent (Farrington & Ttofi, 2009a). This analysis concluded that "programs inspired by the work of Dan Olweus worked best" (Farrington & Ttofi, 2009b) and that these programs have shown to be (1) more effective among older children than younger children, and (2) most effective in Norway, less effective in Europe, and least effective in the United States (Farrington & Ttofi, 2009b).

The authors of one review of the research on bullying prevention suggested that the effectiveness of whole-school approaches may be exaggerated because evaluations of these programs often depend on self-reports by students (Swearer et al., 2010). They also concluded that implementation of these programs in the United States:

- Fails to intervene in the social environment that promotes bullying
- Fails to incorporate factors such as race, disability, and sexual orientation
- Are designed to reach all students when only a small percentage engage in bullying

Implications for Prevention

There is little research on how suicide prevention and bullying prevention programs may be used together. Researchers and public health practitioners have raised the possibility of more comprehensive prevention efforts. For example:

- One meta-analysis suggests that "the continued search for effective bullying interventions . . . should not be limited strictly to interventions that are labeled 'antibullying programs' but also consider behavioral interventions that are universal in nature as well as those that target the specific problems associated with bullying in schools" (Merrell et al., 2008).
- Given the risk factors common to interpersonal and self-directed violence, the Centers for Disease Control and Prevention's Strategic Direction for the Prevention of Suicidal Behavior recommends the promotion of social support, participation, cohesion, and integration, as well as the reduction of social isolation, as primary strategies to prevent suicide *and* violence (CDC, n.d.).
- There is a potential for schools to develop programs that will identify students at risk for a range of behavioral health problems, including suicidal behavior and conduct problems, and help the students address these issues (Zenere & Lazarus, 2009).

Bullying prevention and suicide prevention share common strategies in three areas: (1) school environment, (2) family outreach, and (3) identification of students in need of mental and behavioral health services (and helping these students and their families find appropriate services). The fact that bullies and their victims share some risk factors (e.g., depression) and that the victims of bullying may be at risk partially because of personal risk factors (e.g., anxiety disorders) suggests that both suicide and bullying can be prevented using strategies to identify and treat students with these risk factors. However, no substantial research has been done on this approach.

At the same time, attempts to find and use overarching prevention strategies and "move upstream" from problem behaviors, such as bullying and suicide, should not ignore the need for interventions that target specific behavioral health problems. This could include the following:

- Policies and procedures for identifying and responding to young people at risk for suicide, including staff training and linkages with community mental health centers (Substance Abuse and Mental Health Services Administration, in press)
- Components focusing on the specific risk and protective factors relevant to LGBT youth, including those relating to bullying and other forms of harassment based on sexual orientation (SPRC, 2008)
- Elements that seem to be particularly successful in preventing bullying, including effective disciplinary measures, adult supervision (especially on the playground), educating parents about bullying, and creating a school culture that does not support bullying (Farrington & Ttofi, 2009b)

Recommendations

The following action steps may help create synergy in addressing both suicide and bullying.

- Start prevention early. Bullying begins at an age before many of the warning signs of suicide are evident. Intervening in bullying among younger children, and assessing both bullies and victims of bullying for risk factors associated with suicide, may have significant benefits as children enter the developmental stage when suicide risk begins to rise.
- Keep up with technology. Bullying often takes place in areas hidden from adult supervision. Cyberspace has become such an area. At the same time, young people may also use social media and new technologies to express suicidal thoughts that they are unwilling to share with their parents and other adults. Both bullying prevention programs and suicide prevention programs need to learn how to navigate in this new world.
- Pay special attention to the needs of LGBT youth and young people who do not conform to gender expectations. These youth are at increased risk for both bullying victimization and suicidal behavior. It is essential to respond to the needs of these young people, especially the need for an environment in which they feel safe, not just from physical harm, but from intolerance and assaults upon their emotional well-being.
- Use a comprehensive approach. Reducing the risk of bullying and suicide requires interventions that focus on young people (e.g., mental health services for youth suffering from depression) as well as the environment (especially the school and family environments) in which they live.

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The Suicide Prevention Resource Center provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

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