Bullying and Suicide
By Ken Norton LICSW

Bullying has become a hot button issue during the past several years. Suicides of young people who have been bullied have received extensive national and international media coverage. Often this coverage has been sensational as well as inaccurate and have not followed media recommendations for reporting on suicide (covered in this column in a previous issue of the NH NASW news). What is often missing from media coverage on bullying and suicide is that suicide is a complex issue and there are not necessarily simple causal effects.

In an attempt to clarify the relationship between bullying and suicide, The Suicide Prevention Resource Center (SPRC) recently released an issue brief on the subject. Information in this article is drawn from and summarizes this brief. To read the brief in its entirety go to http://www.sprc.org/library/Suicide_Bullying_Issue_Brief.pdf

Recent studies indicate that 32% of youth between the ages of 12 and 18 report being bullied. Of that 21% report it happening once or twice a month, 10% report it happening weekly, 7% state it happens daily and 9% report being physically injured as a result of bullying. Studies indicate that between 4% and 13% (depending on the study)of high school students report having been the victims of cyber bullying. With increasing use of social networking sites and the internet it is likely these figures will rise.

Further research shows that both perpetrators and victims of bullying are at higher risk for suicide. Yet those at highest risk are those individuals who are both victims *and* perpetrators. Individuals in each of these groups are more likely to be depressed than youth in the general population and depression is a significant risk factor for suicide. Cyber-bullying is also associated with depression with one study indicating that youth who are victims of cyber-bullying are more likely to be depressed than those who are bullied face to face. Face to face bullying typically occurs in specific places (eg school) or situations and may have limited exposure to others while cyber-bullying can occur at any time and there is no escaping it. Depending on the situation it can be done in a way that is very private or viewed by many people.

One of the challenges regarding suicide prevention and bullying is the commonalities between bullying and suicide. Research indicates that issues such as a low self esteem, low assertiveness and aggressiveness in childhood (resulting in ostracism by peers) and internalizing problems increase the likelihood of that a child will be bullied as well as increases the risk for suicide.

Other studies indicate that these individual risk factors combined with familial risk factors such as abuse/neglect, domestic violence, parental depression, or the lack of adequate supervision in the school environment can contribute to increased risk for suicide. Studies also indicate that long term effects of bullying can contribute to negative impacts on psychological and physical health social adjustment and well being as well as long term impact on physical health into adulthood.

Bullying and suicide of lesbian, gay, bi sexual, transgender and questioning (LGBT) youth and young adults has received a tremendous amount of attention in the media. Research of this population presents particular challenges but has progressed considerably in recent years. A previous column in the NH NASW news focused on suicidal behaviors in the LGBT population. While there is not research indicating higher rates of suicide in the LGBT population, studies do show that LGBT youth attempt suicide 2-4 times more than their heterosexual peers. Numerous studies have indicated there is a direct connection between suicidal behavior of LGBT youth and bullying at school – particularly those with "cross gender appearance, traits or behaviors." Additionally, studies show that LGBT youth are more frequently bullied than other youth.

Perhaps the most telling research is less specific to bullying and more generalized to social climate and tolerance. A study released in April of 2011 of counties and high school students in Oregon found that the LGB teens living in unsupportive surroundings had a 20% higher risk of attempting suicide than those in more supportive areas (Hatzenbuehler 2011). The researchers further concluded that risk factors from the social environment appear to present greater risks than those from individual-level risk factors

So what are we to conclude regarding bullying and suicide? According to the SPRC policy paper on bullying and suicide, *"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."* The issue brief further concludes that while evidence reinforces the importance of overarching prevention strategies, that it is essential to also include interventions which focus on individual behavioral health issues as well.

So how does this inform social work practice? Social workers who are working with any youth should assess whether they may be either victims or perpetrators of bullying, particularly youth who have serious emotional disorders, and recognize the increased risk for suicidal thoughts or behaviors. It is also essential for social workers whose practice brings them into contact with youth and young adults to be well versed in new technology and ask about bullying on- line.

Given the recent research findings, particularly those showing how social climate can impact on bullying and subsequently risk for suicide, it is essential for social workers to not only involve themselves in case work with individuals at risk but to also (when possible) advocate for and work toward insuring schools, youth organizations and perhaps society in general nurture environments that promote tolerance and strive to minimize bullying or harassment of any type. Also key is the need for promoting and participating in general prevention programs for all young people (not just high school or college students).

***It is everyone's responsibility to prevent suicide*.** Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the eighteenth in a series of articles for the NH NASW newsletter on suicide prevention. Previous articles include: Suicide as a Public Health Issue, Suicide Prevention In NH, Survivors of Suicide Loss, No Harm Contracts, Military/Veterans and Suicide, Restricting Access to Lethal Means, Suicide and Older Adults, Suicide Risk and LGBT Youth, Clinicians as Survivors of Suicide Loss, Suicide and the Economy, Media, New Media, Safe Messaging & Suicide Prevention, Ethics and Suicide Prevention, Suicide and Self Harm, Homicide/Suicide and Suicide Attempter Survivors. Previous articles can be viewed in the news and media section of the Connect Program website www.theconnectproject.org Ken Norton is the Executive Director of NAMI NH and he can be reached at 225-5359 or knorton@naminh.org