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# ***Bullying and Suicide Prevention***

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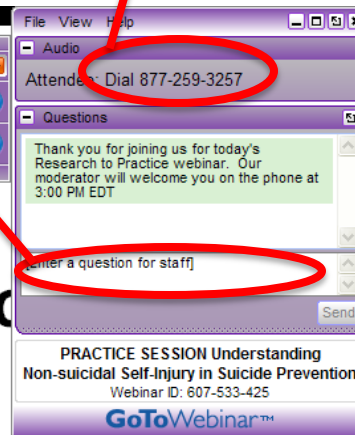
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# Research to Practice Webinar

## *Bullying and Suicide Prevention*

Hosted by:  
the Suicide Prevention Resource Center and  
the Federal Partners in Bullying Prevention

# Today's Speakers



**Anat Brunstein Klomek,  
Ph.D.**



**Catherine Bradshaw,  
Ph.D., M.Ed.**

# Bullying, Suicidal Ideation and Suicidal Behavior Among Adolescents

**SPRC Webinar  
2.2.2012**

**Anat Brunstein Klomek, Ph.D.**

School of Psychology, Interdisciplinary Center, Herzliya, Israel  
Child and Adolescent Psychiatry, Columbia University/NYSPI

**Madelyn S. Gould, Ph.D., M.P.H**

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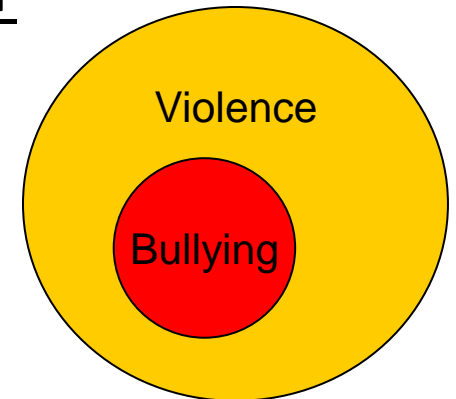
# Collaborators

- **Division of Child and Adolescent Psychiatry at Columbia University and New York State Psychiatric Institute:** *Frank Marrocco, Ph.D., Marjorie Kleinman, M.S., Irvin Sam Schonfeld, Ph.D., M.P.H., Elizabeth Altschuler, M.A., Lia Amakawa, M.A.*
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# Definition

Although definitions vary, most agree that bullying involves:

- Attack or intimidation with the intention to cause fear, distress, or harm that is either physical, verbal, or psychological/relational
- A real or perceived imbalance of power between the bully and the victim
- Repeated attacks or intimidation between the same children over time



(Centers for Disease Control and Prevention, 2011; Olweus, 1991)

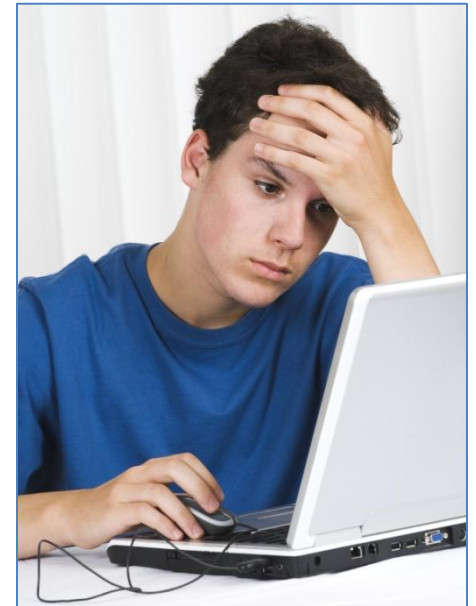


# Types of Bullying

- Physical – e.g., hitting, kicking
- Verbal – e.g., name calling
- Social Exclusion
- Spreading Rumors
- Cyberbullying – e.g., via e-mails, texts, web sites

# Characteristics of Cyberbullying

- Difficulty of escaping from it
- Large potential audience
- Anonymity of the cyberbully
- Cyberbully may be less aware of consequences of his/her actions
- Fewer opportunities for empathy



(Hinduja & Patchin., 2009; Kowalski & Limber., 2007; Smith et al., 2008; Sourander et al., 2010)

# Youth involved in bullying behavior

- Bullies
- Victims
- Bully-Victims
- Bystanders



# Important to Remember

- Bullying is not a normal part of healthy adolescent development.
- Bullying should not be tolerated.
- Bullying is associated with serious adverse psychological outcomes.

(e.g. Ivarsson et al., 2005; Nansel et al., 2001)

# Terms and Definitions

- Suicidal ideation- Thoughts of suicide.
- Suicidal behavior – Behavior that is self-directed, non-fatal, and deliberately results in injury or the potential for injury and for which there is evidence of suicidal intent. Examples: suicide attempts, preparatory acts.
- Suicide- Death caused by self-directed injurious behavior with any intent to die.

# Extent of the problem

In a typical 12-month period:

- Nearly 14% of American high school students seriously consider suicide
- Nearly 11% make plans about how they will end their lives
- 6.3% actually attempt suicide

Suicide is the 3<sup>rd</sup> leading cause of death among adolescents 12-18 years old.

(CDC, 2010)

# Complex relationship between bullying and suicidality



<http://www.cbsnews.com/stories/2011/09/16/48hours/main20107537.shtml>

Typical media message:  
bullying causes suicide.

This does not tell the full  
story.

Suicide risk may be  
substantially mediated by  
other factors.

(Gould et al. 2003, Shaffer et al.,  
1996; Brent et al., 1993).

# US Cross-sectional study

- Prevalence of bullying behavior in and out of school
- Association of bullying behavior with depression, suicidal ideation and suicide attempts by gender
- Impact of the co-occurrence of bully-victims
- 2002-2004
- 2342 students
- 13-19 years old
- 9<sup>th</sup>-12<sup>th</sup> grade in 6 high schools in NY State

(Gould et al., 2005; Klomek et al., 2007)



# Question samples: bullying behavior

## GENERAL:

Bullied at school?

Bullied away from school?

Bullied others in school?

Bullied others away from school?

## SPECIFIC VICTIMIZATION:

How often has someone bullied you in these ways:

Made fun of you because of religion or race

Made fun of you because of your looks or way you talk

Hit, slapped or punched you

Spread rumors or mean lies about you.

Made sexual jokes, comments or gestures to you

Used e-mail or internet to be mean to you

(Gould et al., 2005; Nansel et al., 2001)

not at all

1-2 times

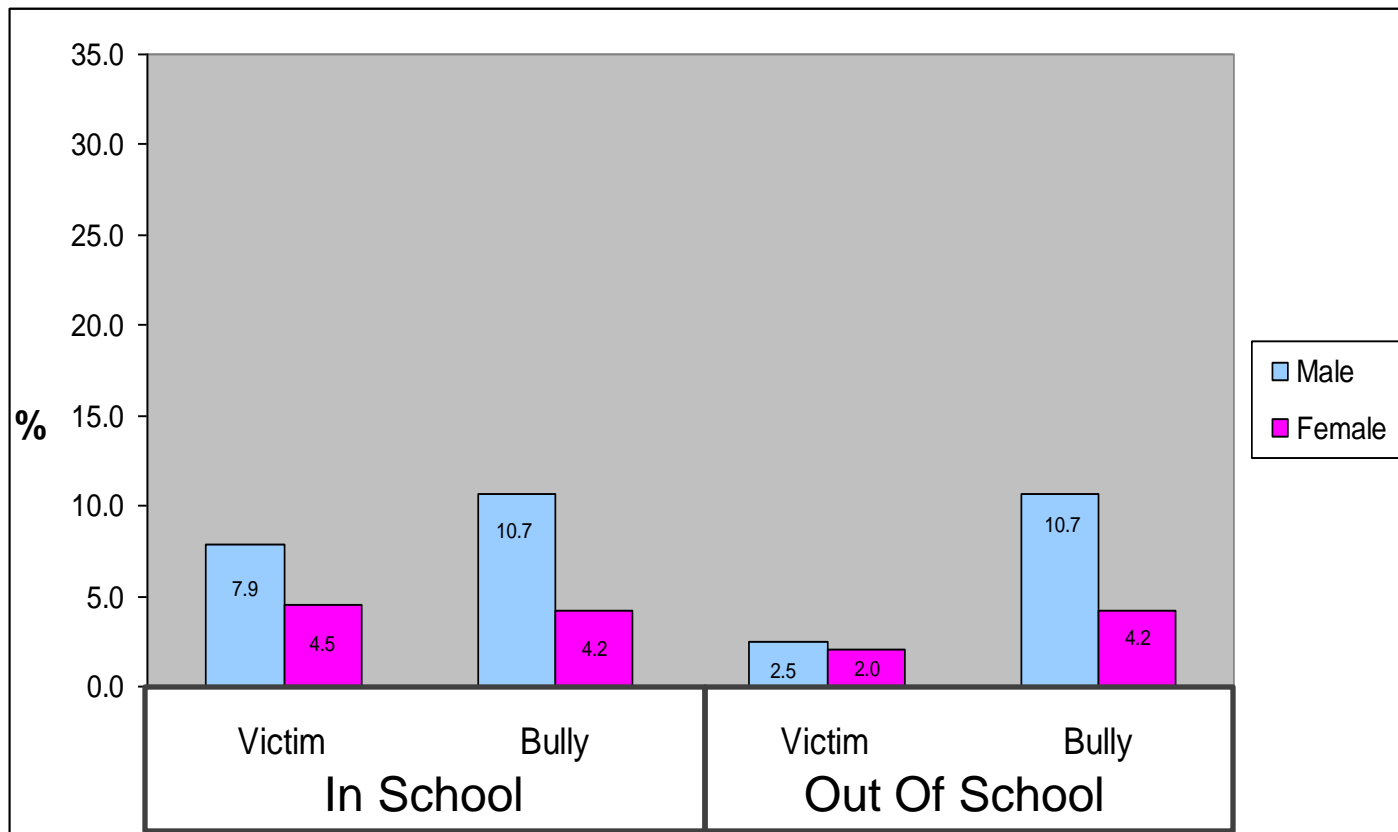
3-4 times

a few times  
a week

most days

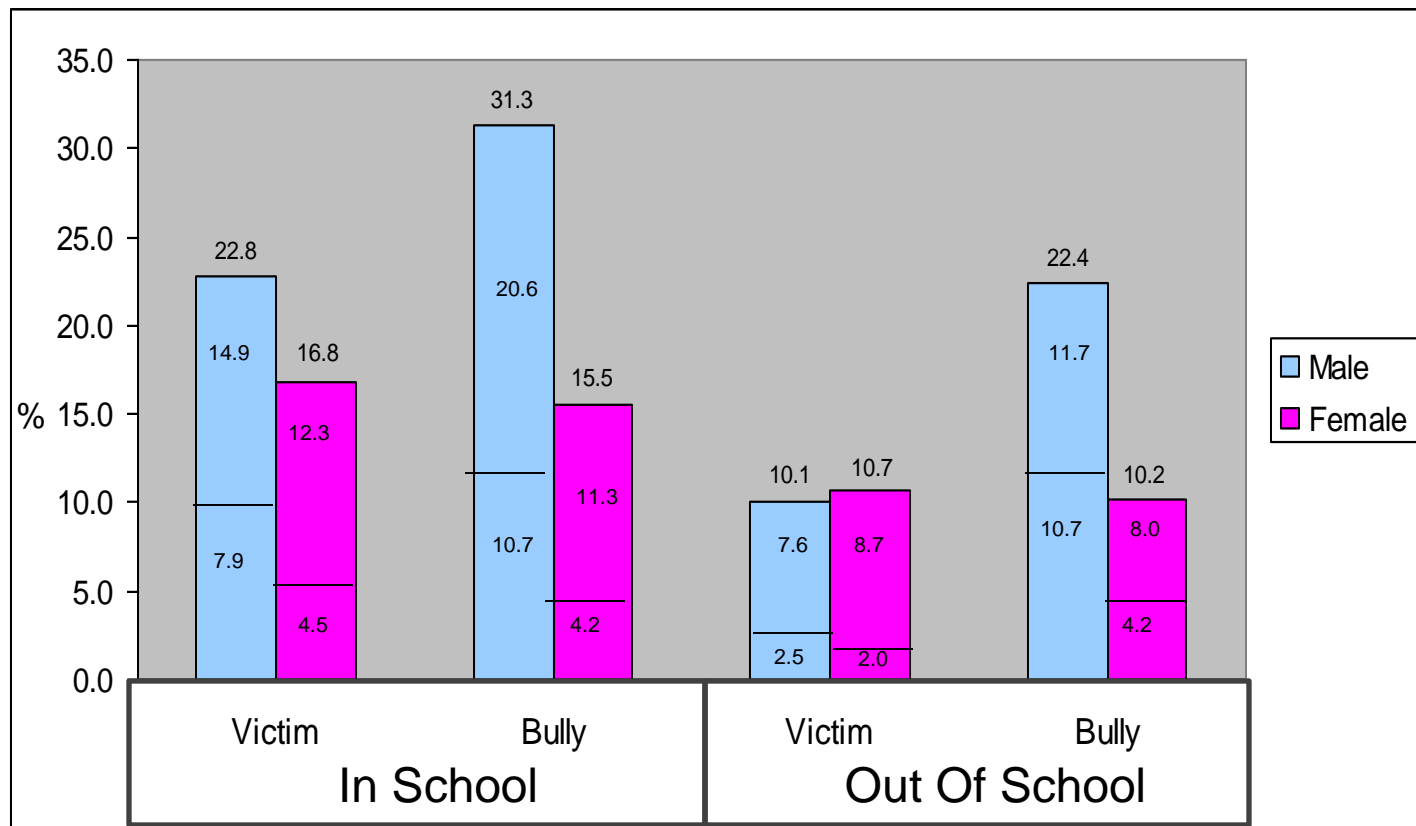
# Prevalence of Frequent Bullying Behavior In and Out of School

(Klomek et al., 2007)



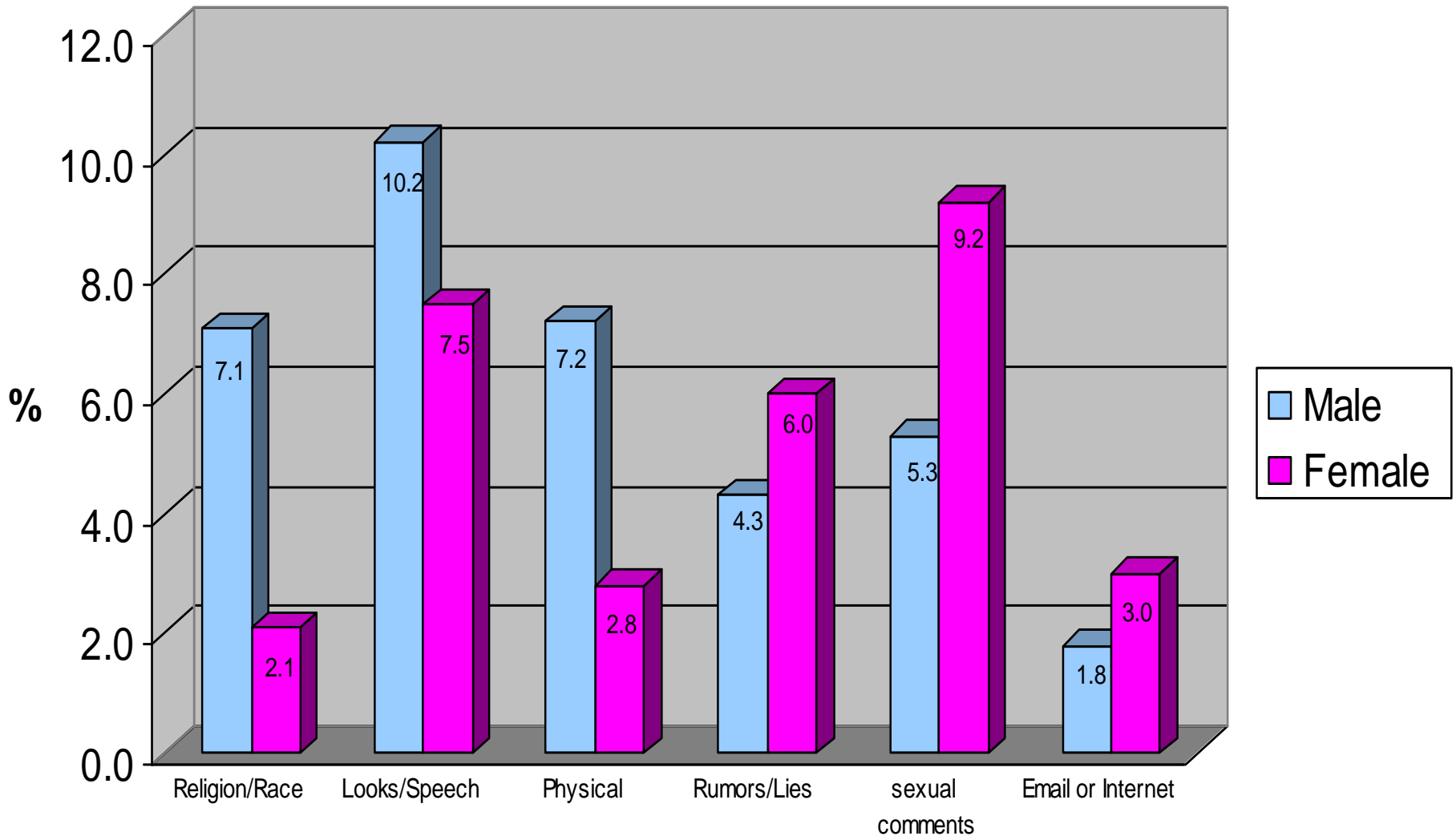
# Prevalence of Infrequent Bullying Behavior In and Out of School

(Klomek et al., 2007)



# Frequent Victimization by Gender

(Klomek et al., 2007)



# Gender differences

- There appears to be gender differences associated with frequency of involvement in bullying – either as a bully or a victim – and adverse psychological outcomes.
  - Females: *any* involvement in bullying is associated with adverse outcomes.
  - Males: *frequent* involvement in bullying is primarily associated with adverse outcomes.
- “Gender Paradox”: females are less likely to be bullies but when they are, they have a more severe impairment than their male counterparts

(Kim, et al., 2006; Tiet et al., 2001; Wasserman et al., 2005)

# Important points

- Bullying others, and not only being victimized, is associated with depression, suicidal ideation and attempts.  
(Forero et al., 1999; Kaltiala-Heino et al., 1999, 2000; Roland., 2002)
- The strongest association between involvement in bullying and depression/suicidal ideation/attempts is found among those who are both bullies and victims (bully-victims).

(Kim et al., 2005; Kim & Leventhal., 2008; Klomek et al., 2007)

# Limitations of cross-sectional studies

- Bullying experience and suicidal ideation/behavior (SI/SB) are measured at the same time and often through self-report.
- Even if the reporting of bullying experience and SI/SB are statistically correlated, this does not infer causality.
- There might be mediating variables. For example:  
Bullying → Depression → Suicidal ideation/behavior
- Another option may be that mental health problems and/or other community/social risk factors could increase the risk of bullying experience and suicidal ideation/behavior

(Arseneault et al., 2010; Kumpulainen et al., 2000; Wang et al., 2011)

# Longitudinal studies - USA

(Klomek et al., 2011)

- Three groups of high schools students at outset:
  - a. Frequent bullying experience, no depression or SI/SB
  - b. Frequent bullying experience and depression, SI/SB
  - c. Experiencing depression, SI/SB but no bullying experience
- Students who only reported bullying experience (as bullies, victims, or both) did not develop later depression or SI/SB and had fewer psychiatric problems than students identified as at-risk for suicide.
- Students who reported bullying experience and depression, SI/SB were more impaired 4 years later than those who only reported depression or SI/SB.



# Longitudinal Studies - Finland

(Sournader et al., 2005; Klomek et al., 2008, 2009)

Bullying behavior at age 8

Suicidal ideation at age 18 among males N=2348

Suicide attempts and suicide at age 25 among both genders N=5302

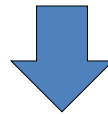
## Suicidal Ideation

Males- Bullying behavior is not associated with suicidal ideation when controlling for baseline depression

# Boys – suicide attempts and suicide

Bullying at age 8 and suicide attempts and suicide until 25

Frequent bullying and victimization are associated with later suicide attempts and completed suicides, but not after controlling for conduct and depression symptoms



Once psychopathology was controlled bullying no longer significantly predicted suicide attempts and completed suicides

# Girls – suicide attempts and suicide

Bullying age 8 and suicide attempts/suicide until age 25

Frequent victimization is associated with later suicide attempts and completed suicides, even after controlling for conduct and depression symptoms



Frequent childhood victimization puts girls at risk for later suicidal behavior, regardless of childhood psychopathology

# Discrepancies between studies

- Correlational vs. Longitudinal studies
- Differences in the participants age
- Different definitions of bullying  
Experience can vary by type, frequency, intensity, duration
- Different assessment of bullying.  
(e.g., self-report surveys, asking peers to identify those who are bullies or bullied)
- Different outcomes:
  - suicidal ideation- any/severe
  - suicidal behavior- any attempt/severe attempt/suicide
- Controlling for baseline psychopathology

(Kim & Leventhal, 2008)

# Conclusions

- Complex relationship between bullying and risk of suicidal ideation/behavior.
- Bullying and peer victimization puts adolescents at increased risk of suicidal ideation and behavior, especially when other psychopathology is present.
- It is not necessarily the bullying per se. There are important mediating variables.
- Suicidal ideation and behavior is usually not attributed to just one event or factor.

# Conclusions cont'd

- Bully, victims and bully-victims are different groups.
- Bully-victims are at high risk.
- It is the frequent involvement that is most concerning.
- Each gender has a markedly different risk profile.
- Girls may be more at risk of adverse psychological outcomes than boys.
- Students involved in frequent bullying behavior should be screened for suicidal ideation/behavior.
- More longitudinal studies are necessary to establish causality.

# Contact Information

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# THANK YOU!



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# Q&A



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# Bullying Prevention: Best Practices and Opportunities for Integration with Suicide Prevention Efforts

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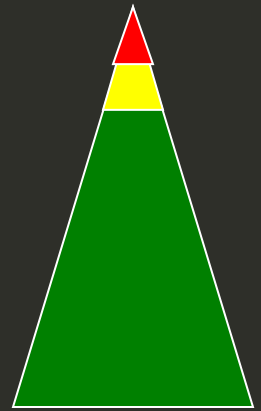
cbradsha@jhsph.edu    February 2, 2012



# Topics to Be Covered

- Common elements of effective school-based bullying prevention programs
- Risk and protective factors addressed by both bullying and suicide prevention programs
- Ways to integrate bullying and suicide prevention into a comprehensive school violence prevention initiative

# Effective Approaches to Bullying Prevention



- Multi-tiered public health prevention approaches
  - *Universal* system of support, geared towards all students in the school
  - *Selected* interventions to support at-risk students (10-15%)
  - *Indicated* interventions for students already involved in bullying (5-10%)

(Mrazek & Haggerty, 1994; O'Connell et al., 2009; Walker et al., 1996; also see [www.PBIS.org](http://www.PBIS.org))

# School-wide Prevention Activities

- Establish common set of *expectations* for positive behavior across all school contexts
- Establish and implement clear *anti-bullying policies*
- Involve *all school staff* in prevention activities
- Train teachers to implement effective *classroom management* strategies and how to respond to bullying
- Collect *data* to inform prevention programming and surveillance
- Provide high-levels of *supervision* in bullying “hot spots” (e.g., playgrounds, hallways, cafeteria)

(Stopbullying.gov; Olweus, 1993; Olweus et al., 2007)

# Involving Families And Communities

- Training for parents
  - How to talk with their children about bullying
  - How to communicate concerns about bullying to the school
  - How to get actively involved in school-based prevention efforts
- Bullying prevention activities for the community
  - Awareness and social marketing campaigns
  - Messages tailored for specific groups of adults (e.g., doctors, police officers)
  - Opportunities to become involved in prevention activities

(Stopbullying.gov; Lindstrom Johnson et al., in press; Olweus, 1993; Olweus et al., 2007; Waasdorp, Bradshaw, & Duong, 2011)

# Non-Recommended Approaches To Bullying Prevention

- Peer mediation, peer-led conflict resolution, and peer mentoring (Ttofi & Farrington, 2011)
  - Suggests a disagreement, rather than peer abuse
  - May increase bullying and victimization
- Brief assemblies or one-day awareness raising events
  - Insufficient for changing a climate of bullying or producing sustainable effects
- Zero tolerance policies that mandate suspensions (APA, 2008)
  - May lead to under-reporting
  - Little evidence of effectiveness
  - Does not provide intervention to change behaviors

(also see Bradshaw & Waasdorp, 2011; [Stopbullying.gov](http://Stopbullying.gov))

# Comments on Evidence-based Programs

- Meta-analysis found that school-based, anti-bullying prevention programs reduced bullying and victimization by an average of 20-23% (Ttofi & Farrington, 2011)
- Challenges
  - Many programs exist, but we need more research on what works for whom and under what conditions
  - No single program will meet all schools' needs
  - Fidelity of implementation
  - Commitment to sustainability



# Examples of Evidence-based Programs

- Olweus Bullying Prevention Program (Olweus et al., 2007)
  - Multi-component, school-wide intervention
    - Classroom activities and meetings
    - Targeted interventions for students involved in bullying
    - Activities to increase community involvement
  - Studies in Norway and some in the U.S. show positive effects (Ttofi & Farrington, 2011)

# Examples of Evidence-based Programs (cont)

- Steps to Respect
  - Multi-component, school-wide prevention program
    - Parent activities and classroom-focused lessons
    - Targeted interventions for students involved in bullying facilitated by counselors
  - Studies show positive effects (Frey et al., 2005; 2009)



# Examples of Evidence-based Programs (cont)

- Violence prevention approaches and social-emotional learning curricula may also impact bullying
  - Promoting Alternative Thinking Strategies (PATHS)
  - Second Step
  - Coping Power
  - Good Behavior Game
  - Positive Behavioral Interventions and Supports (PBIS)

(See Bradshaw & Waasdorp, 2011; NREPP; Blueprints for Violence Prevention)

# Integration of Bullying and Suicide Prevention Efforts

- Integration of school-based programs and initiatives is critical
  - Schools on average are using about 14 different violence prevention programs or strategies (Gottfredson & Gottfredson, 2001)
    - Can lead to ‘program fatigue’
    - Overwhelming for school staff, making it difficult to implement programs with fidelity
    - Results in poor sustainability
  - Create a coordinated, long-term integrated prevention plan to promote a safe and supportive learning environment and healthy students

(Domitrovich, Bradshaw et al., 2010)

# Common Prevention Strategies

- Bullying and suicide prevention share common strategies:
  - Focus on the school environment
  - Family outreach
  - Identification of students in need of mental and behavioral health services
  - Helping students and their families find appropriate services



# Overlap in Risk and Protective Factors for Bullying & Suicide

- Overlapping risk and protective factors
  - Risks
    - Depression, anxiety, poor emotion regulation, and impulse control problems
  - Protective
    - Connectedness, social support, and integration to reduce social isolation



(CDC, nd; Guerra & Bradshaw, 2008; Lambert et al., 2008; O'Brennan et al., Zenere & Lazarus, 2009)

# Targeting Common Risk Factors

- Develop strategies for identifying students at risk for a range of behavioral health problems
  - Including suicidal behavior and conduct problems
- Both suicide and bullying may be prevented using strategies to identify and treat students with these risk factors
  - Classroom-based prevention program (Good Behavior Game) focused on impulse control and group cohesion reduced suicide ideation and bullying (Ialongo et al., 1999; Wilcox et al., 2008)
  - Additional research is needed in this area



# Shared Features of Suicide and Bullying Prevention Efforts

- Policies and procedures for identifying and responding to students at risk for bullying and/or suicide
  - Staff training
  - Linkages with community mental health centers
- Creating a school culture that promotes connectedness
  - Discourages bullying
  - Students support each other emotionally
- Educating parents
  - Identify risk factors for bullying and suicide
  - What to do when a child is involved or at risk
- Increasing adult supervision



(CDC, n.d.; Farrington & Ttofi, 2009; SAMHSA, in press; Speaker & Petersen, 2000)

# Action Steps: Creating 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
  - Prevent bullying among younger children
    - May have significant benefits as children enter the developmental stage when suicide risk begins to rise and bullying peaks
  - Assess both perpetrators and victims of bullying for risk factors associated with suicide





# Action Steps: Creating Synergy in Addressing Both Suicide and Bullying (cont)

- Use a comprehensive approach that addresses
  - Youth, especially those at risk for or experiencing mental health problems (e.g., depression)
  - School context
  - Family
  - Community





# Action Steps: Creating Synergy in Addressing Both Suicide and Bullying (cont)

- Engage the bystander
  - Bullying often takes place in areas hidden from adults
  - Often a disconnect between what youth see and what adults see
  - Peers often first aware
  - Encourage the bystander to tell adults about concerns they may have about their peers
  - Safe and structured manner to involve youth in preventing both bullying and suicide

(Bradshaw et al., 2007)

# Action Steps: Creating Synergy in Addressing Both Suicide and Bullying (cont)

- Keep up with technology
  - Increasing trend in use of technology in bullying
  - Youth may use social media and new technologies to express suicidal thoughts
  - Adults need to learn how to navigate this new world (e.g., supervision)
  - Programs should incorporate technology in screening, prevention, and intervention



# Resources on Suicide Prevention

- Suicide Prevention Resource Center
  - Information and best practices registry
    - [www.SPRC.org](http://www.SPRC.org)
- American Foundation for Suicide Prevention
  - Media Guidelines
    - [www.afsp.org/media](http://www.afsp.org/media)

# Resources on Bullying Prevention

- StopBullying.gov
  - Tip sheets and other resources for multiple audiences
- FindYouthInfo.gov
  - Interagency resources on range of youth-related topics
- National Registry of Evidence-based Practices and Programs
  - <http://nrepp.samhsa.gov/>
- Blueprints for Violence Prevention
  - <http://www.colorado.edu/cspv/blueprints/>

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# Q&A

# Thank you!



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