



SUICIDE AND BULLYING

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Translating Injury Science into Prevention Symposium Rosenfield Auditorium and Hess Commons Mailman School of Public Health, Columbia University May 25, 2017

FACULTY DISCLOSURE

 No potential conflict involving the subject matter of this presentation or involving commercial supporter(s)





SCOPE OF THE PROBLEM: Youth Suicide Deaths, U.S.

- In 2015, suicide ranked as the second leading cause of death for individuals under 24 years of age.
- 5,904 individuals under the age of 24 died by suicide in 2015.... around 16 suicide deaths per day.





10 Leading Causes of Death, U.S. 2015

	Age Groups											
Rank	<u>≤1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65+</u>	<u>All Ages</u>
1	Congenital Anomalies 4,825	Unintentional Injury 1,235	Unintentional Injury 755	Unintentional Injury 763	Unintentional Injury 3,919	Unintentional Injury 8,595	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 507,138	Heart Disease 633,842
2	Short Gestation 4,084	Congenital Anomalies 435	Malignant Neoplasms 437	Malignant Neoplasms 428	<u>Suicide</u> 2,061	<u>Suicide</u> <u>3,430</u>	<u>Suicide</u> <u>6,947</u>	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 419,389	Malignant Neoplasms 595,930
3	SIDS 1,568	<u>Homicide</u> <u>369</u>	Congenital Anomalies 181	<u>Suicide</u> <u>409</u>	<u>Homicide</u> <u>1,587</u>	<u>Homicide</u> <u>3,146</u>	<u>Homicide</u> <u>4,863</u>	Heart Disease 10,387	<u>Unintentional</u> Injury 21,499	Unintentional Injury 19,488	Chronic Low. Respiratory Disease 131,804	Chronic Low. Respiratory Disease 155,041
4	Maternal Pregnancy Comp. 1,522	Malignant Neoplasms 354	Homicide 140	Homicide 158	Malignant Neoplasms 583	Malignant Neoplasms 886	Malignant Neoplasms 3,704	<u>Suicide</u> <u>6,936</u>	Liver Disease 8,874	Chronic Low. Respiratory Disease 17,457	Cerebro- vascular 120,156	Unintentional Injury 146,571
5	Unintentional Injury 1,291	Heart Disease 147	Heart Disease 85	Congenital Anomalies 156	Heart Disease 306	Heart Disease 691	Heart Disease 3,522	Homicide 2,895	<u>Suicide</u> <u>8,751</u>	Diabetes Mellitus 14,166	Alzheimer's Disease 109,495	Cerebro- vascular 140,323
6	Placenta Cord Membranes 910	Influenza & Pneumonia 88	Chronic Low. Respiratory Disease 80	Heart Disease 125	Congenital Anomalies 195	Congenital Anomalies 191	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Diabetes Mellitus 56,142	Alzheimer's Disease 110,561
7	Bacterial Sepsis 599	Septicemia 54	Influenza & Pneumonia 44	Chronic Low. Respiratory Disease 93	Influenza & Pneumonia 72	Diabetes Mellitus 144	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebro- vascular 5,307	Cerebro- vascular 12,116	Unintentional Injury 51,395	Diabetes Mellitus 79,535
8	Respiratory Distress 462	Perinatal Period 50	Cerebro- vascular 42	Cerebro- vascular 42	Chronic Low. Respiratory Disease 63	Chronic Low. Respiratory Disease 139	Cerebro- vascular 567	Cerebro- vascular 1,788	Chronic Low. Respiratory Disease 4,345	<u>Suicide</u> <u>7,739</u>	Influenza & Pneumonia 48,774	Influenza & Pneumonia 57,082
9	Circulatory System Disease 428	Cerebro- vascular 42	Benign Neoplasms 39	Influenza & Pneumonia 39	Cerebro- vascular 61	Complicated Pregnancy 120	HIV 529	HIV 1,055	Septicemia 2,542	Septicemia 5,774	Nephritis 41,258	Nephritis 49,959
10	Neonatal Hemorrhage 406	Chronic Low. Respiratory Disease 40	Septicemia 31	<u>Two</u> <u>Tied</u> <u>33</u>	Diabetes Mellitus 52	Influenza & Pneumonia 112	Congenital Anomalies 443	Septicemia 829	Nephritis 2,124	Nephritis 5,452	Septicemia 30,817	<u>Suicide</u> <u>44,193</u>

Scope of the Problem: Youth Suicide Ideation/Behavior

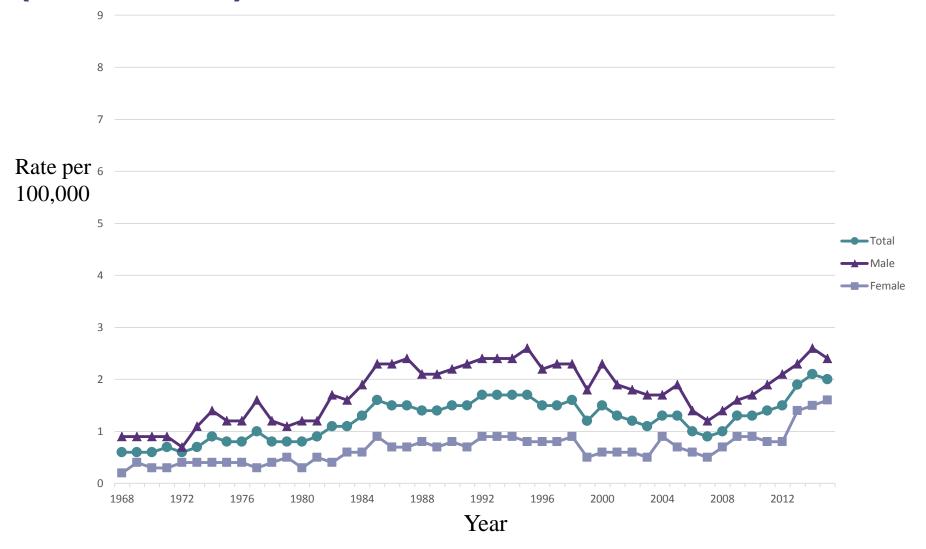
17.7% of U.S. high school students seriously consider attempting suicide and 8.6% attempt suicide during a 12-month period (YRBS, 2015).

U.S. Latina girls have the **highest rates** of feeling sad and hopeless, seriously considering suicide, making a suicide plan AND attempting suicide when compared to whites and blacks.



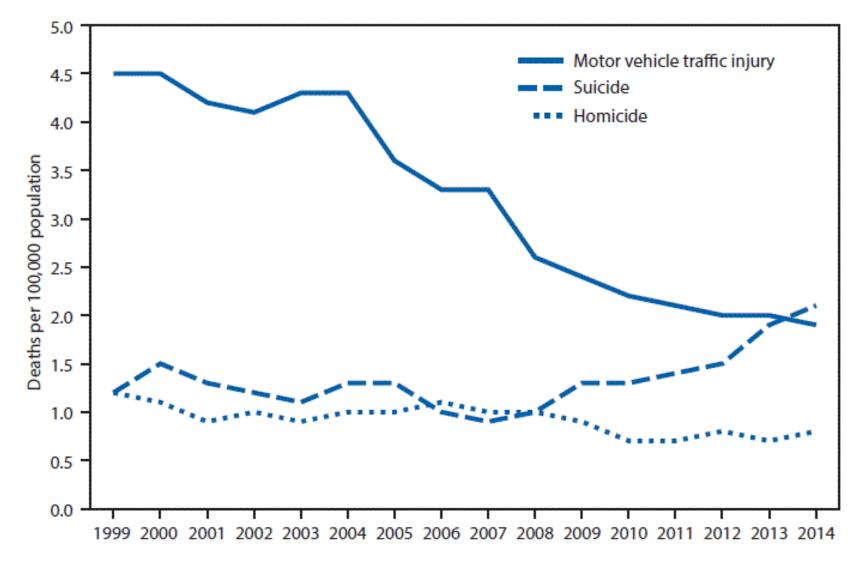


Suicide Deaths Among Youth Ages 10-14 (1968-2015)

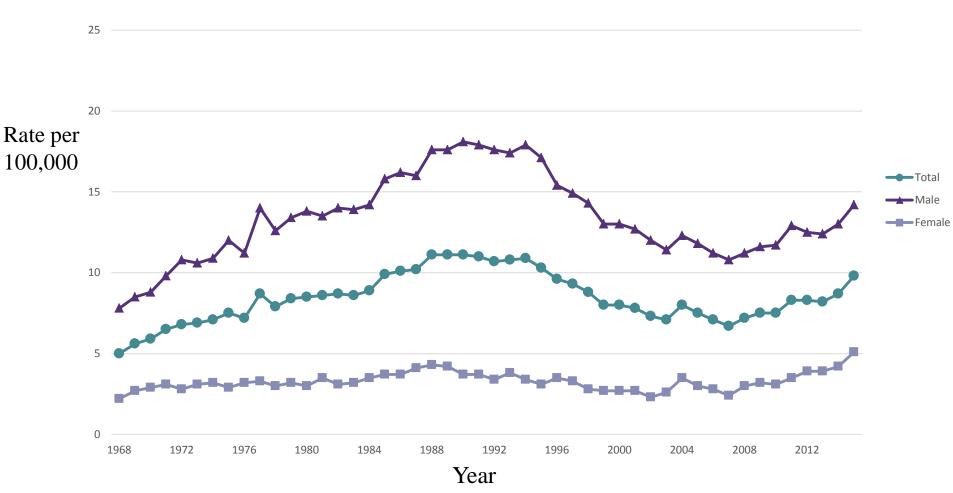


Ind Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [Online]. (2017).

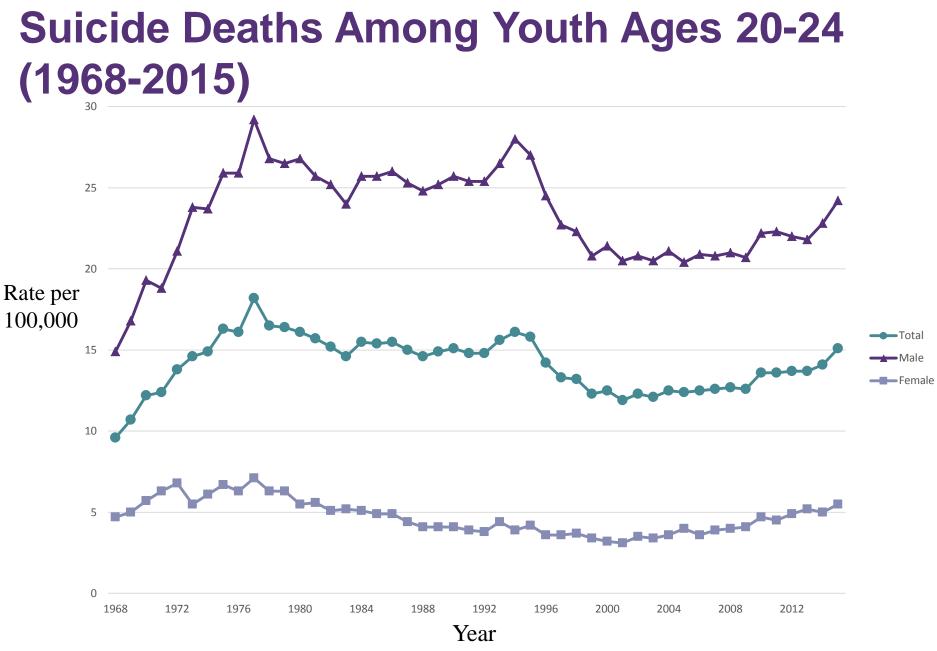
Death Rates for Motor Vehicle Traffic Injury, Suicide and Homicide, 10-14 Years, U.S., 1999 - 2014



Suicide Deaths Among Youth Ages 15-19 (1968-2015)



Source: Centers for Disease Control and Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [Online]. (2017).



Source: Centers for Disease Control and Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [Online]. (2017).

HOW DOES A SUICIDE OCCUR?

UNDERLYING VULNERABILTY

e.g.: Mood Disorder / Substance Abuse / Aggression / Anxiety / Impulsivity/ Sexual Orientation/ Abnormal Serotonin Metabolism/ Family Characteristics, including history of suicidality/ Sexual Abuse/Physical Abuse/Social adversity

STRESS EVENT

(often caused by underlying condition)

e.g. In Trouble With Law or School / Loss/ Bullied

ACUTE MOOD CHANGE

e.g.: Anxiety – Dread / Hopelessness / Anger

FACILITATION

Method/Weapon available / Recent example /Media models (of suicide) Lack of services

Family cohesion/ Strong personal relationships/ Available support / Positive coping strategies/ Unavailability of lethal means Media models (of coping)/Treatment

SURVIVAL

SUICIDE



NEW YORK STATE OF OPPORTUNITY. COLUMBIA UNIVERSITY Department of Psychiatry







THE REMAINDER OF TODAY'S PRESENTATION WILL ADDRESS THE FOLLOWING QUESTIONS:

- Are teens "bullied to death"?
- What is the relationship between bullying and suicidal ideation/behavior?
- What are the implications of media messages?





OUTLINE OF PRESENTATION

- Definition of bullying behaviors
- Prevalence of bullying behaviors
- Association of bullying behaviors with suicidal ideation and behavior
- Confounders, mediators and moderators
- Media considerations





BULLYING BEHAVIORS: DEFINITION

A student is being bullied or victimized when he or she is exposed, <u>repeatedly over time</u>, to negative actions on the part of one or more other students. Must be an <u>imbalance in strength.</u>

(Olweus, 1986, 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

OVERT VICTIMIZATION RELATIONAL VICTIMIZATION





CYBERBULLYING: DEFINITON

"An aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself."

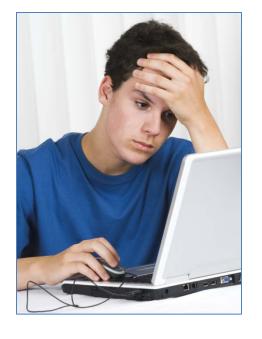
(Smith et al., 2008, p. 376)





CHARACTERISTICS OF CYBERBULLYING

- Difficult to escape from
- 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







ASSESSMENTS OF BULLYING BEHAVIORS

- Teacher ratings
- Peer nominations
- Self-reports





EXAMPLE OF OUR SELF-REPORT ASSESSMENT

INSTR	UCTIONS				1000		10
The next 7 questions are abo being bullied when another s says or does nasty and unple also bullying when a pupil is she doesn't like. But it is not about the same strength qua	67. How often in the past four weeks has someone bullied you	z	1-21	3 – 4 Time	A few times a weel	ckmn rectur	
	Not at all <		Never	2 Times	imes	veek	
61. How often have you been	° 1 − 2 Times ⊂	— Made fun of you because		0	0	0	
bullied at school in the past four weeks?	3 – 4 Times 🧲	of your religion or race	0	0			
pair jour noons i	A few times a week	Made full of you because					Γ
	Most days 🧲	of your looks or the way you talk	0	0	0	0	
	Not at all	Someone was mean about					1
62. How often have you been bullied away from school	1 – 2 Times ⊂	or girl	0	0	0	0	
property during the past	3 – 4 Times <		-				
four weeks?	A few times a week	you	0	0	0	0	
	Most days 🧲	Spread rumors or mean	1				ì
	I was never bullied 🧲	lies about you	0	0	0	0	
· · · · · · · · · · · · · · · · · · ·	Younger than 5 years old 😑	A 210 732	1			1	1
63. At what age were you first bullied?	e were you first 5 – 10 years old - Made sexual jokes, 11 – 14 years old - You you Made sexual jokes, you		0	0	0	0	
	15 – 18 years old 🤤	Someone from your					1
	Not at all	school used e-mail or the internet to be mean to you	0	0	0	0	
64. How often have you	1 – 2 Times 🤤						
bullied others at school during the <i>past four</i>	3 – 4 Times 🧧						
weeks?	A few times a week 🧧						
	Most days 🧲						
	Not at all						
65. How often have you bullied others away from	1 – 2 Times – 3 – 4 Times –						
school property in the past four weeks?	3 – 4 Times						
,,	Most days						
	I never bullied anyone	>					
	Younger than 5 years old						
66. At what age did you first bully someone else?	5 – 10 years old						
,	11 – 14 years old 🧧	>					
	15 – 18 years old						

CDC's National Youth Risk Behavior Survey

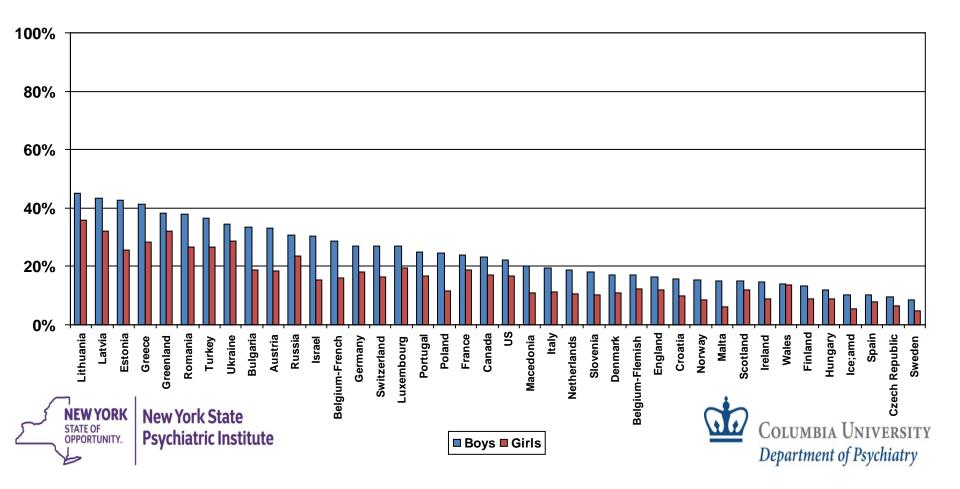
- The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.
- During the past 12 months, have you ever been bullied on school property?
 A. Yes
 B. No
- During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
 - A. Yes
 - B. No





Percentage of Students Involved in Bullying (as Victims, Bullies or Bully-Victims)by Gender

40 Nation Study of 11, 13 & 15-Year-Old School Children (Craig et al., 2009)



PREVALENCE OF CYBERBULLING VICTIMIZATION

- 15.8% of high school students reported cyberbullying in past 12 months.
- A majority (59.7%) of cyberbullying victims were also school bullying victims.
- 36.3% of school bullying victims were also cyberbullying victims.
- Distress was highest among victims of both cyberbullying and school bullying.



January 2012

Schneider et al., 2012

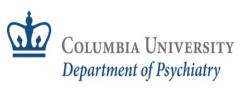
Prevalence of Bullying Vicitimization by Gender and Type of Victimization

- U.S. National Sample (N=13,846) -

	Any bullying victimization (school or cyber) N = 3,429	School bullying victimization only N = 1,372	Cyberbullying victimization only N = 935	Both types of Bullying victimization N = 1,122
Among Girls	31.3%	9.2%	9.1%	12.9%
Among Boys	22.9%	12.2%	4.7%	6.1%

(Messias et al., 2014)





Prevalence of Bullying Victimization by Age and by Type of Victimization

- U.S. National Sample (N=13,846) -

	Any bullying victimization (school or cyber) N = 3,429	School bullying victimization only N = 1,372	Cyberbullying victimization only N = 935	Both types of Bullying victimization N = 1,122
<pre>< 14 years old</pre>	32.6%	16.6%	6.2%	9.8%
15 years old	28.7%	12.9%	6.1%	9.8%
16 years old	28.1%	9.9%	6.9%	11.2%
17 years old	24.2%	8.4%	7.5%	8.3%
<u>></u> 18 years old	21.2%	7.1%	7.4%	6.8%

(Messias et al., 2014)

ASSOCIATED RISK OF SUICIDE

The past 15 years have witnessed a surge in research on association between bullying behaviors and suicidal ideation and behavior.

• Cross-sectional Studies:

Kaltiala-Heino et al., 1999 Finland; Rigby & Slee, 1999 Australia; Cleary, 2000 USA; Van der Wal et al., 2003 Netherlands; Eisenberg et al., 2003 USA; Kim et al., 2005 Korea; **Brunstein Klomek et al., 2007 USA; Brunstein Klomek, 2008 USA**; Bauman, 2008 USA; Kaminski & Fang, 2009. Bonanno & Hymel, 2010 Canada; Hinduja & Patchin, 2010 USA; Dempsey et al., 2011 USA; Hepburn et al., 2012 USA; Litwiller & Brausch, 2013 USA

Longitudinal Studies:

Kim et al., 2009 Korea; Brunstein Klomek et al., 2008 Finland; Brunstein Klomek et al., 2009 Finland; Heilbron & Prinstein, 2010 USA; Brunstein Klomek et al., 2011 USA., Fisher et al., 2012 UK; Copeland et al., 2013 USA Research

Original Investigation

Relationship Between Peer Victimization, Cyberbullying, and Suicide in Children and Adolescents A Meta-analysis

Mitch van Geel, PhD; Paul Vedder, PhD; Jenny Tanilon, PhD

IMPORTANCE Peer victimization is related to an increased chance of suicidal ideation and suicide attempts among children and adolescents.

OBJECTIVE To examine the relationship between peer victimization and suicidal ideation or suicide attempts using meta-analysis.

DATA SOURCES Ovid MEDLINE, PsycINFO, and Web of Science were searched for articles from 1910 to 2013. The search terms were *bully**, *teas**, *victim**, *mobbing*, *ragging*, and *harassment* in combination with the term *suic**. Of the 491 studies identified, 34 reported on the relationship between peer victimization and suicidal ideation, with a total of 284 375 participants. Nine studies reported on the relationship between peer victimization and suicide attempts, with a total of 70 102 participants.

STUDY SELECTION Studies were eligible for inclusion if they reported an effect size on the relationship between peer victimization and suicidal ideation or suicide attempt in children or adolescents.

DATA EXTRACTION AND SYNTHESIS Two observers independently coded the effect sizes from the articles. Data were pooled using a random effects model.

MAIN OUTCOMES AND MEASURES This study focused on suicidal ideation and suicide attempts. Peer victimization was hypothesized to be related to suicidal ideation and suicide attempts.

RESULTS Peer victimization was found to be related to both suicidal ideation (odds ratio, 2.23 [95% CI, 2.10-2.37]) and suicide attempts (2.55 [1.95 -3.34]) among children and adolescents. Analyses indicated that these results were not attributable to publication bias. Results were not moderated by sex, age, or study quality. Cyberbullying was more strongly related to suicidal ideation compared with traditional bullying.

CONCLUSIONS AND RELEVANCE Peer victimization is a risk factor for child and adolescent suicidal ideation and attempts. Schools should use evidence-based practices to reduce Patient Page page 500

Author Audio Interview at jamapediatrics.com

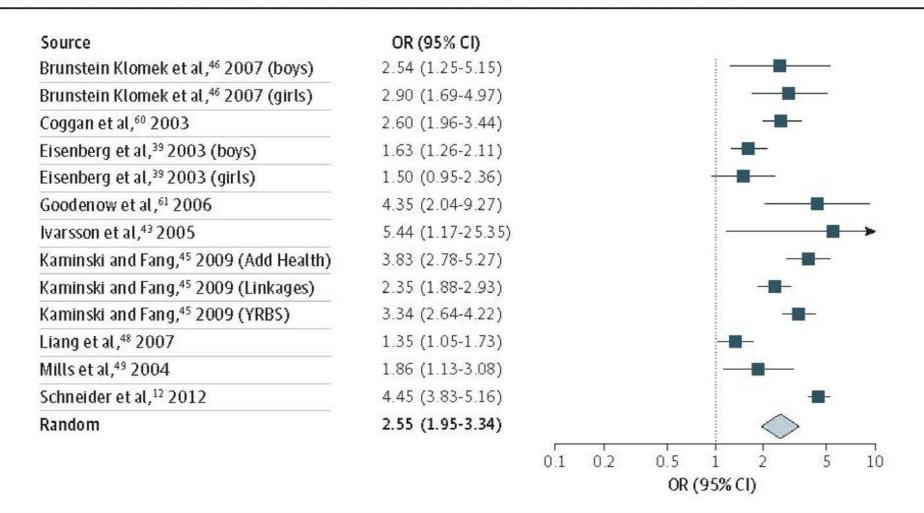
JAMA Pediatr. 2014

 Supplemental content at jamapediatrics.com

Figure 2. Forest Plot of the Effect Sizes Between Peer Victimization	and Suicidal Ideation
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Source	OR (95% CI)					
Adelmann,33 2005	2.07 (2.07-2.14)					
Baggio et al, ³⁴ 2009	2.35 (1 26-4.38)			-	-	
Bonanno and Hymel, ²⁵ 2010	2.47 (1.71-3.57)			-	-	
Brunstein Klomek et al,46 2007 (boys)	2.90 (1.49-5.65)			-	-	
Brunstein Klomek et al,45 2007 (girls)	4.63 (2.59-8.27)			-	-	-
Cleary, ³⁶ 2000	1.88 (1.47-2.40)					
Cluver et al, 27 2010	1.87 (1.50-2.34)					
Delfabbro et al,38 2006	2.30 (1.67-3.18)				-	
Dempsey et al, ¹¹ 2011 (aged 11-14 y)	2.66 (2.05-3.44)			-	-	
Dempsey et al, ¹¹ 2011 (aged 14-17 y)	2.66 (1.92-3.67)			-	-	
Eisenberg et al, ³⁹ 2003 (girls)	1.51 (1.23-1.86)					
Eisenberg et al, ³³ 2003 (boys)	1.67 (1.28-2.17)			-		
Evans et al. ⁴¹ 2001 (boys)	1.54 (1.01-2.34)			-		
Evans et al,41 2001 (girls)	2.43 (1.64-3.60)			-	-	
Fleming and Jacobsen, ⁴¹ 2010 (Botswana)	1.90 (1.54-2.35)			-		
Fleming and Jacobsen, ⁴¹ 2010 (Chile)	2.14 (1.92-2.39)					
Fleming and Jacobsen, ⁴¹ 2010 (China)	2.40 (2.14-2.69)					
Fleming and Jacobsen, ⁴¹ 2010 (Guyana)	2.72 (2.02-3.66)			-	-	
Fleming and Jacobsen, 4 2010 (Jordan)	2.01 (1.60-2.52)					
Fleming and Jacobsen, ⁴¹ 2010 (Kenya)	2.30 (1.97-2.70)					
Fleming and Jacobsen, ⁴¹ 2010 (Lebanon)	2.31 (1.98-2.69)					
Fleming and Jacobsen, 41 2010 (Morocco)	1.70 (1.36-2.13)			-		
Fleming and Jacobsen, ⁴¹ 2010 (Philippines)	2.10 (1.86-2.36)				_	
Fleming and Jacobsen, ⁴¹ 2010 (Tajikistan)	3.01 (2.57-3.52)					
Fleming and Jacobsen, ⁴¹ 2010 (Tanzania)	2.23 (1.69-2.94) 1.75 (1.46-2.10)					
Fleming and Jacobsen, ⁴¹ 2010 (Uganda)	2.78 (2.51-3.08)					
Fleming and Jacobsen, ⁴¹ 2010 (United Arab Emirates) Fleming and Jacobsen, ⁴¹ 2010 (Venezuela)	2.75 (2.25-3.37)					
Fleming and Jacobsen, ⁴¹ 2010 (Venezuera)	1.88 (1.55-2.27)					
Fleming and Jacobsen, ⁴¹ 2010 (Zimbabwe)	1.90 (1.67-2.16)					
Franić et al. ⁴² 2011 (boys)	1.47 (0.89-2.44)					
Franić et al, ⁴² 2011 (girls)	1.95 (1.13-3.37)					
Hay and Meldrum, ¹⁴ 2010	5.11 (3.50-7.46)			-	-	_
Herba et al , ³⁶ 2008	0.87 (0.53-1.42)		-		_	
Hinduja and Patchin. ¹⁴ 2010	2.88 (2.44-3.40)			1 4		
Ivarsson et al. ⁴² 2005	3.17 (1.45-6.94)					
Kaltiala-Heino et al. ⁴⁴ 1999	2.18 (1.43-3.34)					
Kaminski and Fang,45 2009 (Add Health)	2.35 (1.92-2.87)					
Kaminski and Fang,45 2009 (Linkages)	1.67 (1.30-2.15)					
Kaminski and Fang,45 2009 (YRBS)	2.36 (1.91-2.92)			-		
Kim et al, ¹⁵ 2005	1.40 (1.15-1.71)			-		
Lemstra et al.47 2012	2.12 (1.71-2.64)					
Liang et al,41 2007	1.73 (1.42-2.12)			-		
Mills et al,43 2004	1.85 (1.12-3.05)					
Owusu et al, ⁵⁰ 2011	1.72 (1.45-2.04)			-		
Park et al, ⁵¹ 2006 (boys)	5.76 (1.94-17.10)				-	-
Park et al, ^{\$1} 2006 (girls)	7.87 (2.32-26.64)			-		-
Peter et al, ⁵² 2008	1.25 (1.00-1.56)			-		
Poteat et al, ⁵² 2011 (heterosexual majority)	2.10 (1.96-2.24)					
Poteat et al, ⁵² 2011 (heterosexual minority)	2.27 (2.00-2.57)			-	-	
Poteat et al,522011 (homosexual majority)	2.66 (1.97-3.58)					
Poteat et al,53 2011 (homosexual minority)	3.55 (2.33-5.43)			-	-	
Rigby and Slee, ⁵⁴ 1999 (peer-report: boys)	3.71 (2.60-5.31)			-	-	
Rigby and Slee, ⁵⁴ 1999 (peer-report: girls)	1.94 (1.35-2.80)					
Rigby and Slee, ⁵⁴ 1999 (self-report: boys)	2.18 (1.59-2.98)			-	-	
Rigby and Slee, ⁵⁴ 1999 (self-report: girls)	1.73 (1.28-2.35)			-		
Rivers and Noret,55 2010	2.22 (1.87-2.63)			-		
Roland, ⁵⁶ 2002 (boys)	1.34 (1.07-1.68)			-		
Roland, ⁵⁶ 2002 (girls)	2.55 (2.03-3.20)			-	H	
Schneider et al, 12 2012	3.56 (3.25-3.90)				-	
Skapinakis et al, ⁵⁷ 2011	3.72 (2.40-5.75)			-	-	
van der Wal et al, 17 2003 (boys)	3.47 (2.75-4.38)				-	
van der Wal et al, 17 2003 (girls)	4.15 (3.39-5.09)				-	
Wang et al, ^{si} 2011	1.76 (1.16-2.68)			-		
Zaborskis and Vareikiene, ⁵⁹ 2008 (boys)	2.34 (1.71-3.19)			-	-	
Zaborskis and Vareikiene, ⁵⁹ 2008 (girls)	2.37 (1.88-2.99)			-	-	
	2.23 (2.10-2.37)			0		
Random	2.25 (2.20-2.57)			1		
Random		0.1 0.2	0.5	1 2	5	10

Figure 3. Forest Plot of the Effect Sizes Between Peer Victimization and Suicide Attempts



TYPES OF BULLYING INVOLVEMENT (I)

- Bullying others, and not only being victimized, is associated with suicidal ideation and attempts. (Forero et al., 1999; Kaltiala-Heino et al., 1999, 2000; Roland., 2002; Klomek et al., 2007)
- The strongest association between involvement in bullying and 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; Hepburn et al., 2012, Copeland et al., 2013)





TYPES OF BULLYING INVOLVEMENT (II)

- Involvement in cyberbullying, as either a victim or a bully, *uniquely* contributes to the prediction of suicidal ideation, over and above the contribution of involvement in traditional forms of bullying (physical, verbal, relational) (Bonanno et al., 2013)
- Cyberbullying victimization is more strongly related to suicidal ideation and attempts than is traditional bullying victimization (Messias, 2014; van Geel et al., 2014)





GENDER DIFFERENCES

- There appear to be gender differences in the threshold for 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.
- However, gender effects are inconsistent, and recent metaanalysis did not find gender differences.

(e.g., Tiet et al., 2001; Wasserman et al., 2005; Kim, et al., 2006; Brunstein Klomek et al. 2007; Dempsey et al., 2011; Hepburn et al., 2012 Fisher et al., 2012; van Geel, 2014)

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POTENTIAL CONFOUNDERS

Victims and bullies/victims differ from children not involved in bullying in their rates of exposure to other risk factors for suicide, including:

- Depression and other psychopathology
- Environmental factors, such as
 - low socioeconomic status
 - unstable family structure
 - family dysfunction (including domestic violence)
 - parental psychopathology
- Physical maltreatment by parent or other adult

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Controlling for Potential Confounders (Sourander et al., 2005; Klomek et al., 2008, 2009)

Bullying behavior at age 8, in Finland

Suicidal ideation at age 18 (males, N=2348)

Suicide attempts and suicide at age 25 (both genders, N=5302)

Males - Frequent bullying behavior is **no longer** associated with suicidal ideation after controlling for **baseline depression**;

Frequent bullying and victimization are **no longer** associated with later suicide attempts and completed suicides after controlling for **conduct and depression symptoms**

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

Controlling for Potential Confounders (Copeland et al., 2013)

Bullying behaviors (bullies and victims) between 9 and 16 Range of psychiatric outcomes in young adulthood 19, 21 and 24-26

Controlling for childhood psychiatric disorder and family hardships:

Victims continued to have higher prevalence of agoraphobia, GAD, and panic disorder

Bullies/victims continued to have higher risk for depression, panic disorder, agoraphobia (females only), suicidality (males only)

Bullies continued to have higher risk for antisocial personality disorder





Controlling for Potential Confounders (Fisher et al., 2012)

Internalizing and externalizing problems and IQ at age 5 Bullying victimization and maltreatment by adult at ages 5, 7 and 10 Self-harm at age 12

Controlling for physical maltreatment by an adult, pre-morbid emotional or behavioral problems, and IQ:

For both boys and girls, association between frequent bullying victimization and self harm behavior **remained**

In addition, a matched analysis of twins was conducted in order to control for shared environmental factors (i.e., **poverty, parental psychopathology, domestic violence).** Bullied twins were significantly more likely to self harm than were their non-bullied co-twins.





MEDIATORS

- Relationship between victimization and suicidal ideation was partially mediated by social hopelessness (but not general hopelessness) (Bonanno & Hymel, 2010)
- Relationship between bullying/victimization and suicide attempts was mediated by depression, but differently for males and females. (Bauman et al., 2013)
- Relationships between suicidal behavior and victimization from both physical bullying and cyberbullying were partially mediated by substance use and violent behavior (Litwiller & Brausch, 2013)





MODERATORS

- Relationship between victimization and suicidal ideation was moderated by perceived social support from family (but not friends) (Bonanno & Hymel, 2010)
- Relationship between frequent bullying victimization before age 12 and self-harm at age 12 was moderated by family history of suicidal behavior, history of physical maltreatment by an adult, and history of mental health problems (Fisher et al., 2012)





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)





SUMMARY

- Worst outcomes for individuals who are both victims and bullies
- Long-term effects of victimization are maintained even after accounting for childhood psychiatric disorders and a range of environmental factors, including family hardships.
- Among children exposed to bullying, the ones at risk for suicide are those with additional risk factors.
- Suicidal ideation and behavior cannot be attributed to just one event or factor (e.g., bullying).





CLINICAL IMPLICATIONS

- Youth involved in bullying should be assessed for other risk factors
- Exposure to multiple types of trauma/adversity heightens risk (and is therefore important to assess)
- Involvement in childhood bullying (in combination with other factors) is a risk factor for mental illness and suicide later in life
- Aggression is another risk factor don't forget about suicide risk to bullies and bully-victims





A common media script is simplistic explanation of causality



Full Picture?

- Moved to new country
- Divorced parents
- Poor grades
- •Recent break up with boy friend
- Previous suicide attempt
- History of depression

BULLYING MEDIA MESSAGES

- Typical media message: bullying causes suicide.
- May normalize suicide as a reaction to being bullied.
- This does not tell the full story.
- Presents misinformation about the causes of suicide because suicide risk is substantially influenced by other factors.
- Oversimplified messages may contribute to suicide contagion.





RECOMMENDED MEDIA MESSAGE

• Bullying increases the risk of suicidal ideation and behavior

However,

 Most youth who are bullied do not have thoughts of suicide or engage in suicidal behavior





RESOURCES FOR PARENTS AND PATIENTS

http://schools.nyc.gov/RulesPolicies/RespectforAll/ default.htm

http://www.stopbullying.gov/



