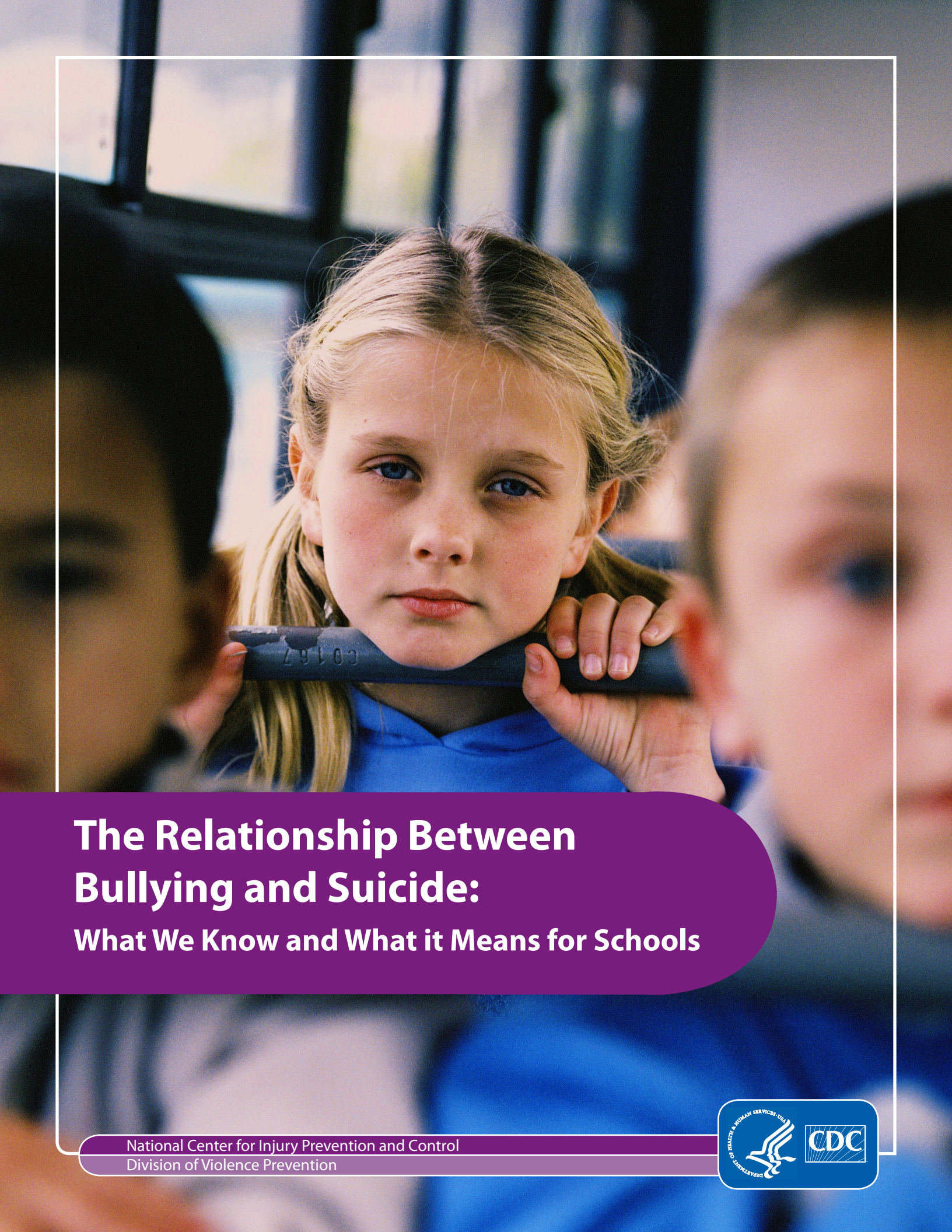

The Relationship Between Bullying and Suicide:

What We Know and What it Means for Schools

National Center for Injury Prevention and Control
Division of Violence Prevention

What We Know about Bullying and Suicide

In the past decade, headlines reporting the tragic stories of a young person's suicide death linked in some way to bullying (physical, verbal, or online) have become regrettably common. There is so much pain and suffering associated with each of these events, affecting individuals, families, communities and our society as a whole and resulting in an increasing national outcry to "do something" about the problem of bullying and suicide.

For this reason, the Centers for Disease Control and Prevention (CDC) and other violence prevention partners and researchers have invested in learning more about the relationship between these two serious public health problems with the goal of using this knowledge to save lives and prevent future bullying.

As school administrators, teachers, and school staff in daily contact with young people, you are uniquely affected by these events and feel enormous pressure to help prevent them in the future. The purpose of this document is to provide concrete, action-oriented information based on the latest science to help you improve your schools' understanding of and ability to prevent and respond to the problem of bullying and suicide-related behavior.

What We Know about Bullying

- Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. Bullying can occur in-person or through technology.
- Bullying has serious and lasting negative effects on the mental health and overall well-being of youth involved in bullying in *any* way including: those who bully others, youth who are bullied, as well as those youth who both bully others and are bullied by others, sometimes referred to as bully-victims.
- Even youth who have *observed but not participated in bullying* behavior report significantly more feelings of helplessness and less sense of connectedness and support from responsible adults (parents/schools) than youth who are have not witnessed bullying behavior.
- Negative outcomes of bullying (for youth who bully others, youth who are bullied, and youth who both are bullied and bully others) may include: depression, anxiety, involvement in interpersonal violence or sexual violence, substance abuse, poor social functioning, and poor school performance, including lower grade point averages, standardized test scores, and poor attendance.
- Youth who report frequently bullying others and youth who report being frequently bullied are at increased risk for suicide-related behavior.
- Youth who report *both* bullying others and being bullied (bully-victims) have the highest risk for suicide-related behavior of any groups that report involvement in bullying.

What We Know about Suicide

- Suicide-related behaviors include the following:

  Suicide: Death caused by self-directed injurious behavior with any intent to die.

  Suicide attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

  Suicidal ideation: Thinking about, considering, or planning for suicide.

- Suicide-related behavior is complicated and rarely the result of a single source of trauma or stress.
- People who engage in suicide-related behavior often experience overwhelming feelings of helplessness and hopelessness.
- ANY involvement with bullying behavior is one stressor which may significantly contribute to feelings of helplessness and hopelessness that raise the risk of suicide.
- Youth who are at increased risk for suicide-related behavior are dealing with a complex interaction of multiple relationship (peer, family, or romantic), mental health, and school stressors.

What We Know about Bullying *and* Suicide Together

- We know that bullying behavior and suicide-related behavior are closely related. This means youth who report any involvement with bullying behavior are more likely to report high levels of suicide-related behavior than youth who do not report any involvement with bullying behavior.
- We know enough about the relationship between bullying and suicide-related behavior to make evidence-based recommendations to improve prevention efforts.

What We DON'T Know about Bullying and Suicide

- We don't know if bullying directly causes suicide-related behavior. We know that most youth who are involved in bullying do NOT engage in suicide-related behavior. It is correct to say that involvement in bullying, along with other risk factors, increases the chance that a young person will engage in suicide-related behaviors.

The Relationship Between Bullying and Suicide

Recent attention focused on the relationship between bullying and suicide is positive and helpful because it:

1. Raises awareness about the serious harm that bullying does to all youth involved in bullying in any way.
2. Highlights the significant risk for our most vulnerable youth (e.g. youth with disabilities, youth with learning differences, LGBTQ youth).
3. Encourages conversation about the problem of bullying and suicide and promotes collaboration around prevention locally and nationally.

However, framing the discussion of the issue as bullying being a single, direct cause of suicide is not helpful and is potentially harmful because it could:

1. Perpetuate the false notion that suicide is a natural response to being bullied which has the dangerous potential to normalize the response and thus create copycat behavior among youth.
2. Encourage sensationalized reporting and contradicts the *Recommendations for Reporting on Suicide* (http://reportingonsuicide.org) potentially encouraging copycat behavior that could lead to "suicide contagion."
3. Focus the response on blame and punishment which misdirects the attention from getting the needed support and treatment to those who are bullied as well as those who bully others.
4. Take attention away from other important risk factors for suicidal behavior that need to be addressed (e.g. substance abuse, mental illnesses, problems coping with disease/disability, family dysfunction, etc.)

Still, a report of a young person who takes his/her own life and leaves a note pointing directly to the suffering and pain they have endured because of bullying is shocking and heartbreaking. While a young person's death by suicide is a tragedy and both bullying and suicide-related behavior are serious public health problems, our response to such situations must reflect a balanced understanding of the issues informed by the best available research.

It is particularly important to understand the difference between circumstances being related to an event versus being direct causes or effects of the event. To explore this idea, let's look at a similar but much simpler example:

In the case of drowning deaths among children, those who are not directly supervised by a competent adult while swimming are more likely to die by drowning than those children who are directly supervised. While the lack of adult supervision does not directly cause a child to drown, it is a critical circumstance that can affect the outcome of the situation.

Just as with preventing deaths by drowning, for bullying and suicide prevention, the more we understand about the relationship between circumstances and outcomes the better decisions we can make about what actions to take to prevent bullying and suicide-related behavior.

So, if bullying doesn't directly cause suicide, what do we know about how bullying and suicide are related?

Bullying and suicide-related behavior are both complex public health problems. Circumstances that can affect a person's vulnerability to either or both of these behaviors exist at a variety of levels of influence—individual, family, community, and society. These include:

- emotional distress
- exposure to violence
- family conflict
- relationship problems
- lack of connectedness to school/sense of supportive school environment
- alcohol and drug use
- physical disabilities/learning differences
- lack of access to resources/support.

If, however, students experience the opposite of some of the circumstances listed above (e.g. family support rather than family conflict; strong school connectedness rather than lack of connectedness), their risk for suicide-related behavior and/or bullying others—even if they experience bullying behavior—might be reduced. These types of circumstances/situations or behaviors are sometimes referred to as "protective factors."

In reality, most students have a combination of risk and protective factors for bullying behavior and suicide-related behavior. This is one of the reasons that we emphasize that the relationship between the two behaviors and their health outcomes is not simple. **The ultimate goal of our prevention efforts is to reduce risk factors and increase protective factors as much as possible.**

The bottom-line of the most current research findings is that being involved in bullying in any way—as a person who bullies, a person who is bullied, or a person who both bullies and is bullied (bully-victim)—is ONE of several important risk factors that appears to increase the risk of suicide among youth.

What Can We Do with What We Know?

Knowledge is really most helpful if it informs action toward a positive change—in this case, prevention of bullying and suicide-related behavior. In your position—spending several hours a day with youth—you have the opportunity to put some of the best knowledge to work but little time to sift through reams of information. Hopefully, you will find the evidence-based suggestions in this document realistic and actionable in your specific settings.

The following table highlights key research findings about the relationship between bullying and suicide-related behavior, identifies the prevention action you can take based on this information, and suggests places to find supporting resources.

What do we know from research?	What can school personnel do?	Where can I find more information?
Youth who feel connected to their school are less likely to engage in suicide-related behaviors.	Help your students feel connected to you and their school. For example, greet them by name every day. Ask them how they are doing, etc. Encourage their extracurricular interests and involvement. A strong sense of connectedness to caring, responsible adults at school can provide invaluable support to youth who may be struggling socially and/or emotionally.	**CDC resources for fostering school connectedness:** • www.cdc.gov/healthyyouth/adolescenthealth/connectedness.htm **CDC's *Applying Science, Advancing Practice: Preventing Suicide Through Connectedness:*** • www.cdc.gov/ViolencePrevention/pdf/ASAP_Suicide_Issue3-a.pdf
Youth who are able to cope with problems in healthy ways and solve problems peacefully are less likely to engage in suicide and bullying related behaviors.	Teach youth coping/life skills. Focus on positive and empowering messages that build resilience and acceptance of differences in themselves and others. Early training (even starting in elementary school) for students to help them develop coping and problem-solving skills, build resilience, and increase their social intelligence and empathy is important to fostering positive mental health and pro-social behavior.	**Links to evidence-based, social-emotional learning approaches:** *Good Behavior Game* • www.air.org/focus-area/education/?type=projects&id=127 *Steps to Respect: Bullying Prevention for Elementary School* • www.cfchildren.org/steps-to-respect.aspx
Youth with disabilities, learning differences, sexual/gender identity differences or cultural differences are often most vulnerable to being bullied.	Provide better training for all school staff who work with youth. Teach personnel about vulnerable populations and appropriate ways to intervene in bullying situations. Understand that acknowledging risk factors is not the same as victim blaming. There are power differences involved in bullying situations. For this reason, general conflict resolution methods are not appropriate or effective. Adopt and implement effective and inclusive anti-bullying policies.	**Federal resources on responding to bullying:** • www.stopbullying.gov/respond/index.html • www.stopbullying.gov/prevention/training-center/index.html **Information on anti-bullying policy**: • www.afsp.org/advocacy-public-policy/state-policy/anti-bullying-and-anti-cyberbullying-policies

What do we know from research?	What can school personnel do?	Where can I find more information?
Youth who report frequently bullying others are at high, long-term risk for suicide-related behavior. Youth who report both being bullied and bullying others (sometimes referred to as bully-victims) have the highest rates of negative mental health outcomes, including depression, anxiety, and thinking about suicide. Youth who report being frequently bullied by others are at increased risk of suicide-related behaviors, and negative physical and mental health outcomes.	Provide support and referrals for all youth involved. Include their families. Youth who act out through bullying others may be trying to fit in and/or reacting to stress, abuse, or other issues at home or school. Bullying behavior may be an important signal that they need mental health services and additional support. • While punishment and appropriate consequences are often a necessary part of a school's response, we must move beyond punishment and blame to set the tone for lasting prevention. • The focus on blame, shame, and criminalization is divisive and can be a roadblock to getting youth and families the professional support that is needed to make a positive change and prevent future suffering.	**Federal resources on supporting youth involved in bullying:** • www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html • www.stopbullying.gov/respond/support-kids-involved/index.html#address
Involvement in bullying in any way—even as a witness—has serious and long-lasting negative consequences for youth. Youth who reported witnessing bullying had greater feelings of helplessness and less sense of connectedness to school than youth who did not report witnessing bullying.	Empower youth by providing concrete, positive, and proactive ways they can influence the social norms of their peer group so that bullying is seen as an uncool behavior. Encourage more work on bystander approaches to violence prevention in general.	**Federal resources for empowering bystanders:** • www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html • www.stopbullying.gov/respond/be-more-than-a-bystander/index.html **CDC's *Applying Science, Advancing Practice: The Bully-Sexual Violence Pathway in Early Adolescence*** • www.cdc.gov/violenceprevention/pdf/asap_bullyingsv-a.pdf

Looking Ahead

There is a lot of concern, even panic, about the ongoing problem of bullying and suicide-related behavior among school-age youth. Much of the media coverage is focused on blame and criminal justice intervention rather than evidence-based, action-oriented prevention. Public health researchers are continually seeking a better understanding of the relationship between bullying and suicide-related behavior as well as the related risk and protective factors that affect young people. Increased awareness about what we do know, what we don't know, and what information is most helpful and applicable to prevention is crucial to your schools' efforts to protect students from harm.

The good news is that we do have evidence-based, actionable information to help prevent bullying and suicide. As teachers, administrators, and school staff you have a vital and rewarding role to play by getting the word out and encouraging colleagues and communities to take action.

Additional Reading

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www.cdc.gov/violenceprevention/suicide/definitions.html

www.stopbullying.gov/what-is-bullying/index.html

For more information please contact:

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