

A REASSESEMNT OF THE RELATION BETWEEN SUICIDE AND BULLYING: A HIDDEN MENACE TO HUMAN SOCIETY AND LIFE

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ABSTRACT: *Epidemiological research reveals that suicide and bullying are significant public health problems affecting youth in the whole world. are complex phenomena that have gained considerable attention from policymakers, families, educators, and the general public over the past few years. This level of public attention provides the rare opportunity for action through developing policy, increasing prevention programming, and altering social norms. It is increasingly vital that we adopt a public health approach to address these two concerns. A critical component of this approach is the application of solid epidemiological research and a balanced approach is necessary when communicating research findings, particularly regarding such a sensitive and evocative issue such as youth suicide. This paper is a humble attempt at exploring the intervention approaches based on scientific research evidence in order to curb the deadly nexus between bullying and self-annihilation.*

Key Words: *bullying, suicide, ecological approach, scientific research, intervention*

Introduction:

Epidemiological research reveals that suicide and bullying are significant public health problems affecting youth in the whole world. Suicide is the fourth leading cause of death for children between the ages of 5 and 14, and the second leading cause of death for those between the ages of 15 and 24 (Hoyert&Xu, 2012). Meanwhile, bullying is one of the most common forms of victimization experienced by young people in the United States. Approximately 20% to 28% of middle school and high school students indicate on self-report surveys that they have been bullied within the past year (Robers, Kemp, & Truman, 2013). Children and youth who are involved in bullying are at increased risk for numerous negative outcomes. Victims of bullying frequently report physical health problems, lower school engagement, and reduced academic performance (Cornell, Gregory, Huang, & Fun, 2013). Youth who are victimized often experience feelings of depression and anxiety that may persist through adulthood (Copeland, Wolke, Angold, & Costello, 2013). In light of these findings regarding the mental health correlates and potential consequences of bullying, it is not surprising that some youth involved in bullying are at increased risk for suicide (Copeland et al., 2013). Data from the National Violent Death Reporting System (NVDRS) also suggest that school problems, depressed mood, substance abuse problems, and other life crises that are prevalent among victims of bullying are also common among youth suicide decedents (Karch et al., 2013).

Although the prevalence of suicidal behaviors is greater among youth involved in bullying compared to those who are uninvolved (Copeland et al., 2013), the scientific literature has not yet established a causal relationship between bullying and suicide. Furthermore, most victims of bullying do not become suicidal (SPRC, 2011). Rather, there may be vulnerable groups of youth who are victimized and at greater risk for suicide, such as sexual minorities (Poteat, Mereish, DiGiovanni, & Koenig, 2011; Poteat, O'Dwyer, & Mereish, 2012; Robinson & Espelage, 2011). Youth with disabilities may also be at risk for increased victimization (Rose, Espelage, Aragon, & Elliott, 2011; Sullivan & Bradshaw, 2012). As the scientific literature has shed light on the complex association between bullying and suicide, a more balanced approach is clearly necessary for addressing these issues.

Health Approach:

Adopting a health perspective to effectively reduce bullying and suicide entails using scientifically informed approaches to raise awareness about bullying and suicide, as well as disseminating accurate information based on what is known from empirical research. Furthermore, prevention efforts should include universal strategies to enhance protective factors for all youth, selective interventions to modify early antecedents of bullying and suicide for youth at risk, and concerted efforts for youth already engaged in these behaviour (Mrazek & Haggerty, 1994; O'Connell et al., 2009). Integration of bullying and suicide prevention efforts are of crucial significance and scientific research has shown that youth bullying and suicide share a common set of risk and protective factors, such as emotion regulation problems, impulsivity, social support, and

connectedness (O'Brennan, Bradshaw, & Sawyer, 2009; Zenere& Lazarus, 2009). Tiered prevention approaches may be useful strategies for integrating bullying and suicide prevention efforts and targeting the many risk and protective factors for these concerns (Waasdorp, Bradshaw, & Leaf, 2012). Universal programs such as Positive Behavioral Interventions and Supports (PBIS; Horner, Sugai, & Anderson, 2010), Second Step (Espelage, Low, Polanin, & Brown, 2013), and the Good Behavior Game (GBG; Wilcox et al., 2008) target early risk and protective factors for bullying and suicide, which make youth less likely to exhibit these negative outcomes (Ialongo et al., 1999; Wilcox et al., 2008). Due to their school-wide approach that targets multiple risk factors, universal interventions may offer a synergistic strategy to prevent bullying and suicide (Domitrovich et al., 2010).

Selective intervention strategies, such as Coping Power (Lochman et al., 2012), are particularly effective at identifying students at risk for other behavioral problems later in life. Meanwhile, indicative intervention strategies, such as the Incredible Years Program (Webster-Stratton & Herman, 2008), target youth showing early signs of social and emotional problems. Because selective and indicative interventions play an important role in identifying youth at risk for violent behavior, or those already involved, they may potentially be a platform for disseminating gatekeeper training to adults. These interventions would enable adults to identify and refer youth at risk for suicide to mental health service programs. Again, Promoting positive and supportive school climates is an important strategy for effective bullying and suicide prevention (Birkett, Espelage, & Koenig, 2009).Bolstering a positive and supportive school climate involves creating a school culture that fosters respect, caring, and inclusiveness. Students must be also able to make healthy connections with adults in school (Blum, 2005; O'Brennan, Waasdorp, & Bradshaw, 2014). Research has identified a number of strategies that are critical to promoting a favorable school climate and student connectedness. These include providing opportunities for students, teachers, and administrators to work collaboratively and establish clear rules, as well as school policies, regarding behavioral expectations and consequences for when they are violated (Bradshaw et al., 2008; Olweus et al., 2007).Teachers should receive training on classroom management and intervention strategies (Duong & Bradshaw, 2013). Adults should also intervene consistently with problematic behavior (Olweus et al., 2007). Furthermore, it is crucial for adults to be able to model appropriate behaviors and reinforce the positive behaviors of students. In areas where bullying frequently occurs (e.g., hallways, cafeteria, playground), increased adult supervision is necessary. Finally, it is important to develop effective support systems for students such that they can feel safe to seek help from adults if their peers have threatened them or if they feel unsafe in their school environment (Whitted&Dupper, 2005).

Training on Identifying and Responding to Risk Factors for Suicide:

Effective prevention efforts should incorporate screening programs and gatekeeper training in schools (Wyman et al., 2008). School staff should be trained to identify students who appear to be struggling. Specifically, learning to identify risk factors for bullying and suicide is necessary (Espelage& Swearer, 2003). Equally important is for schools to develop policies and protocols for how staff should respond to students who are at risk for bullying and suicide. Strategies should be evidence-based as well. For example, research highlights the importance of timely referrals to appropriate mental health services for students at risk for bullying or suicide (Greene, 2003). Thus, ensuring access to mental health services and supports is pivotal in addressing these concerns. School-based mental health professionals also perform a variety of key functions in prevention efforts (Weist, Lever, Bradshaw, & Owens, 2013). Therefore, school districts need to ensure the availability of school-based mental health professionals (e.g., school psychologists, school counselors, and social workers), as these individuals can provide frontline mental health support for students at risk for suicide. Teacher education curriculum should be accordingly revised and revamped to equip the pre-service teachers for identification and effective management of bullying to prevent greater psycho-social maladies in future.

Early Prevention and an Ecological Perspective:

Youth typically begin to engage in bullying behaviors prior to when suicidal behaviors tend to emerge (Klomek et al., 2009). Accordingly, it is crucial to prevent bullying in early childhood. Through early prevention, educators and mental health practitioners can identify students at risk for later behavior problems, including both suicidal behavior and conduct problems. Programs can then target children in a developmental stage before suicide problems emerge. For youth already involved in bullying, it is imperative to assess their risk for suicide (Rigby & Slee, 1999).Bullying and suicide research efforts often emphasize using an ecological perspective to study these issues. Research supports adopting a

comprehensive approach that involves families, schools, and communities to reduce violence (Mann et al., 2005). For example, parents are important stakeholders in preventing bullying and suicide. They play an important role in talking with their children about bullying and suicide and can advance school-based prevention efforts. Their participation is also necessary for resolving bullying situations that involve their children (Waasdorp, Bradshaw, & Duong, 2011). Meanwhile, prevention programs that involve the community may lead to special opportunities for intervention and outreach (Lindstrom-Johnson et al., 2011). Social marketing campaigns, for instance, can be used to reach large groups (Knox et al., 2003). Furthermore, communications can be tailored to specific groups that may play a role in prevention and early intervention (e.g., police officers or medical professionals) (Srabstein et al., 2008).

Conclusion:

Bullying and suicide are complex phenomena that have gained considerable attention from policymakers, families, educators, and the general public over the past few years. This level of public attention provides the rare opportunity for action through developing policy, increasing prevention programming, and altering social norms. It is increasingly vital that we adopt a public health approach to address these two concerns. A critical component of this approach is the application of solid epidemiological research and a balanced approach is necessary when communicating research findings, particularly regarding such a sensitive and evocative issue such as youth suicide. Moreover, studies suggest that bullying and suicide share some common risk and protective factors. Accordingly, integrating prevention strategies could be a potentially efficient method for addressing both concerns. As some subgroups of youth may be particularly vulnerable to both bullying and suicide (e.g., youth with mental health concerns), a public health approach incorporating universal, selective, and indicated prevention efforts is critical to addressing these two serious health risks. Bolstering protective factors while simultaneously addressing risk factors is important to support vulnerable youth effectively. Although the school environment is a central ecological context for addressing these concerns, family, peer, and broadercommunity contexts are also key considerations in effective prevention efforts. Indeed, addressing the link between bullying and suicide using a scientifically informed and balanced approach will be crucial to achieving the vision of safety and health for all youth.

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