



Youth Suicide Prevention Community of Practice – Eighth Meeting

The Mental Health Consequences of Bullying

**Wednesday, October 31, 2012
10:30 to 11:30 AM EDT**

Featured Speakers:

Dr. Melissa Holt

Moderator:

Jennifer Allison

Please dial 1-866-835-7973 for audio.

The webcast will begin shortly. Your phone line is currently muted.



Meeting Orientation Slide

- If you are having any technical problems joining the webinar please contact the Adobe Connect at **1-800-422-3623**.
- Type any additional questions or comments into the Chat box on the middle left hand side of your screen.
- You can also make the presentation screen larger at any time by clicking on the “Full Screen” button in the upper right of the slide deck.

Introductions

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota
- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia
- Other partners

Bullying and Suicide: Understanding Who Is At Risk & How Prevention Programs Might Help

Melissa K. Holt, Ph.D.

Counseling Psychology & Human Development Cluster

Boston University School of Education

October 31, 2012

Presentation Overview

1. Review findings from extant literature on the link between bullying involvement and suicidal ideation or attempts
2. Discuss details of one study on this topic
3. Synthesize evidence about the effectiveness of bullying prevention programs & consider implications for mental health

Media Attention



Amanda Cummings



Tyler Clementi



Phoebe Prince



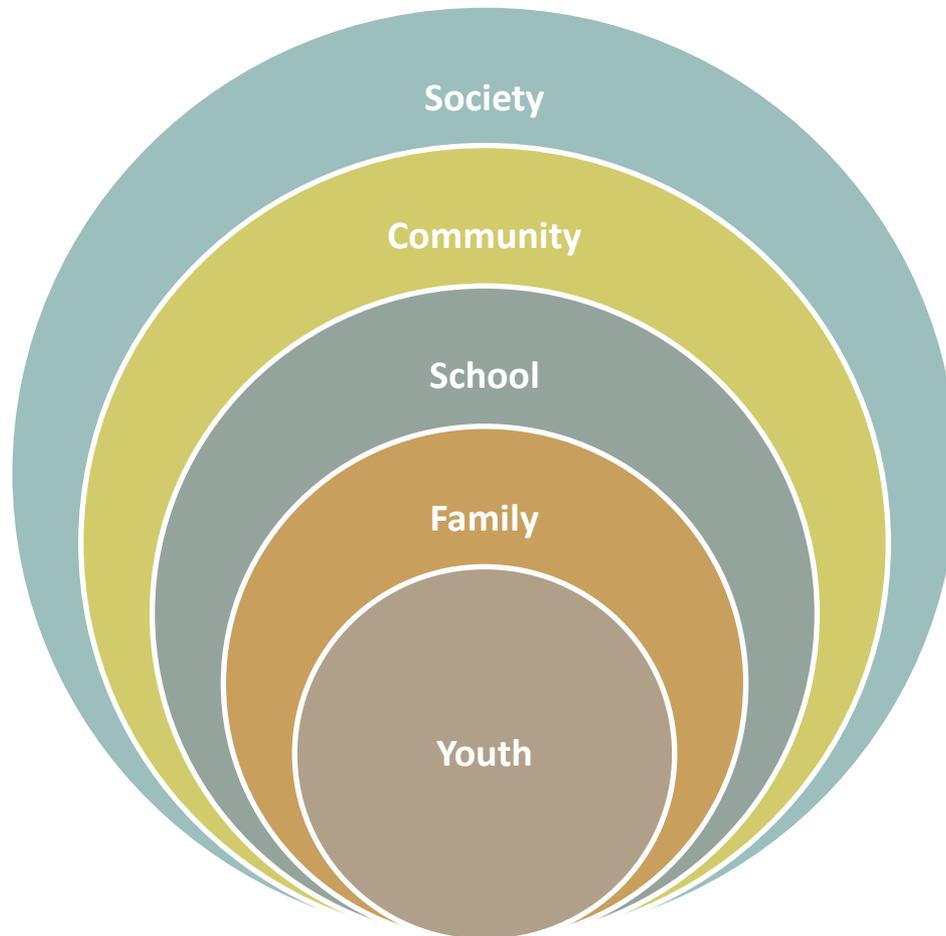
Amanda Todd

“The Problem with *Bully*”

by Emily Bazelon, *Slate*, 3/29/12



Social-Ecological Framework



Bullying Involvement & Mental Health

- Linked to internalizing behaviors including depression and anxiety, particularly for victims (Kaltiala-Heino, Frojd, and Marttunen, 2010; Klomek et al., 2008; Winsper et al., 2012).
- When bullying occurs in multiple contexts (e.g., cyber and school) psychological distress is particularly heightened (Schneider, O'Donnell, Stueve, and Coulter, 2012)
- Long-term effects – emerging evidence
 - Frequent bullies - more likely to be depressed at age 18, even after controlling for initial symptoms of depression (Klomek et al., 2008)
 - Victims of bullying - increased risk for borderline personality disorder symptoms later in life (Wolke et al., 2012)
 - Frequent female victims at age 8 - increased risk of psychiatric treatment & psychopharmacological drug use at age 24, even after controlling for baseline psychopathology (Sourander et al., 2009)

Bullying Involvement & Suicidality

- There appears to be an association, though most studies have been cross-sectional
- Inconsistent findings about which subgroup of youth involved in bullying might be at greatest risk for suicidal ideation
- Divergent findings about whether the association is stronger for boys or for girls (e.g., Klomek et al., 2009; Laukkanen et al., 2005)
- Few studies have considered the influence of other mental health symptoms

Kim & Leventhal (2008) Review

- Included **37 studies**
 - *27 studies*: Children & adolescents from the general population
 - *10 studies*: Specific population (e.g. Asperger's Syndrome, Learning Disorders, Behavioral disorders, homosexual and/or bisexual orientation, at detention centers)
- **Locations of studies:**
 - 1/2 in United States; 1/3 in Europe
- **Measurement:**
 - *Bullying* : Largely self-report; U.S. studies used Youth Risk Behavior Survey
 - *Suicide risk*: Ideation, attempts, composite

Kim & Leventhal (2008): Findings

- Most studies reported **positive associations** between all bullying types and suicidal risks
 - Strongest risk was for bully-victims both in general population and specific populations
- Odd ratios for suicide risk associated with bullying experience ranged from **1.4 to 10.0**
- **Methodological limitations:**
 - Most studies did not control for other well-established suicide risk factors (e.g. gender, psychopathology, history of suicide)
 - Self-report – issue of shared variance
 - All studies were cross sectional

Klomek, Sourander, & Gould (2010)

Review

- Included **31 studies**
- **Inclusion:**
 - Empirical research addressing suicide and bullying among children, adolescents, and young adults of the general population.
- **Exclusion:**
 - Articles that focused on specific populations (e.g. sexual minorities) or adults

Klomek et al. (2010): Findings

- Similar findings to the Kim & Leventhal (2008) review
- Increased risk of suicidality in **longitudinal studies** ranged from **1.7-11.8**
- 2 studies found that school bullying was a significant risk factor for suicidal ideation and behaviors in adolescents, **independent of other suicide risk factors**, such as depression, sex, socioeconomic status, and family structure
- **Methodological limitations:**
 - Shared method variance; brief screening instruments for suicide-related thoughts & behaviors; Different meanings for what is considered bullying; Most focus only on ideation; Limitations of cross-sectional data

ESPELAGE & HOLT (IN PRESS)

Extend our understanding of the link between bullying and suicidality through considering the experience of aggressive bullies & the role of depression/delinquency

Participants

- 652 5th to 8th grade students
- Rural Midwestern town
- **Race/Ethnicity** : 58.1% White, Non-Hispanic; 34.5% Hispanic; 3.3% Biracial; 0.6% Black; 0.6% Native American; 0.5% Asian American; 2.4% did not report
- 31% resided in “low income” homes according to State Board of Education Statistics
- **Measures**
 - Bullying perpetration, Bullying victimization, Fighting
 - Suicidal ideation (“I think about killing myself”) & Suicide attempts (“I deliberately try to hurt or kill myself.”)

Bully/Victim Subtypes

- **Uninvolved** (n = 357; 55%), students scoring 1 SD below the mean on each of the three scales.
- **Victims** (n = 110; 17%), students scoring 1 SD above the mean on the Victimization Scale, but 1 SD below the mean on the Bullying and Fighting Scales.
- **Bully-victims** (n = 29; 4%), students scoring 1 SD above the mean on the bullying and victimization scales.
- **Bullies** (n = 114; 18%), had scores greater than 1 SD above the mean on the Bullying Scale with no elevations on other two scales.
- **Aggressive Bullies** (n = 42; 6%), students with scores 1 SD above the mean on the Fighting Scale, moderate scores on the Bullying Scale, and low mean scores on the Victimization Scale.

Suicidal Ideation by Bully-Victim Subtype

	Question: I think about killing myself.			X ²
	Not True	Somewhat True	Very True	
Uninvolved (n = 355)	88.2%	9.9%	2.0%	80.87***
Victims (n = 110)	61.5%	23.9%	14.7%	
Bully-Victims (n = 29)	40.0%	36.7%	23.3%	
Bullies (n = 114)	68.1%	20.4%	11.5%	
Aggressive Bullies (n = 42)	57.1%	23.8%	19.0%	

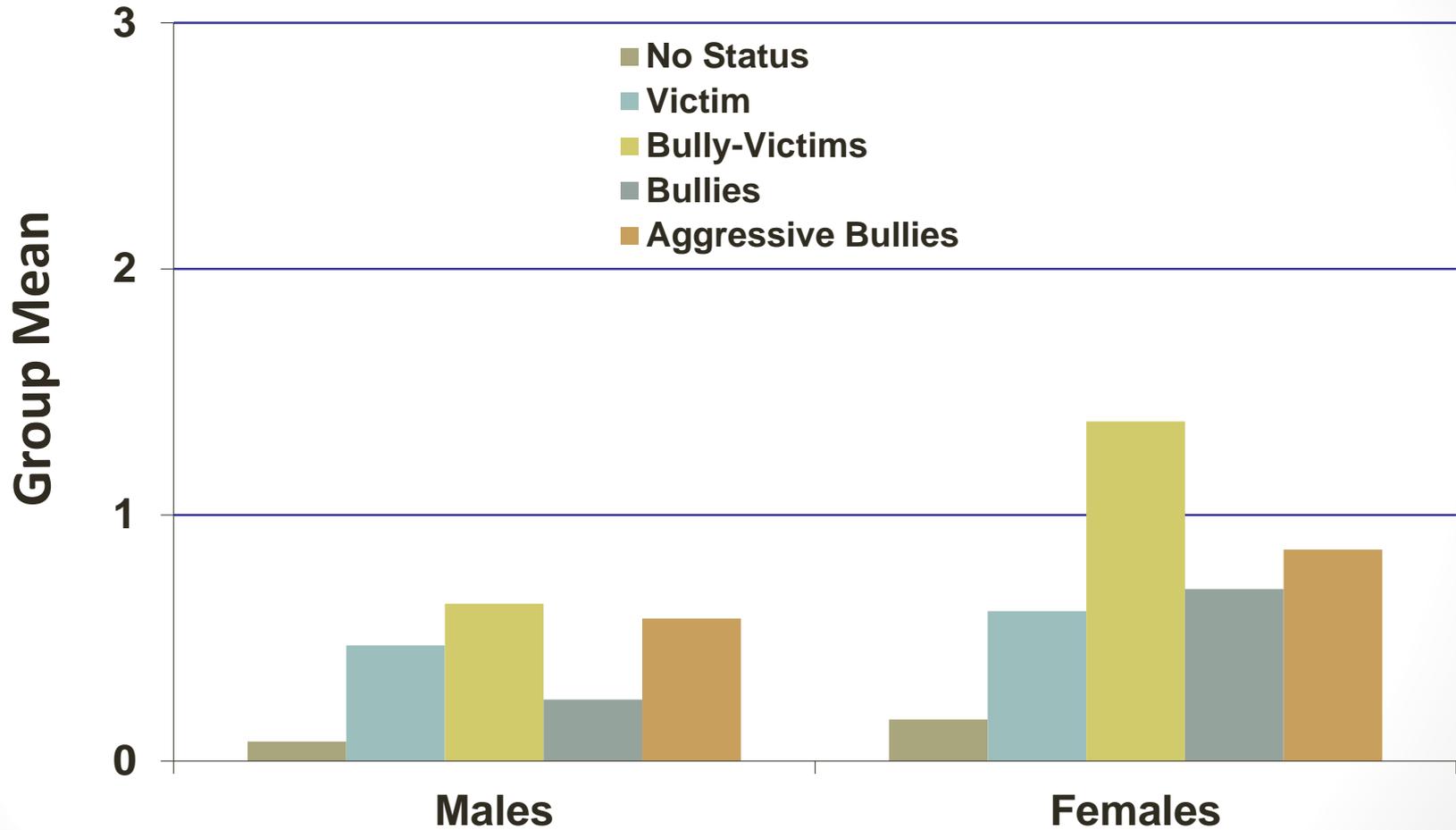
*** $p < .001$

Suicidal Ideation by Bully-Victim Subtype

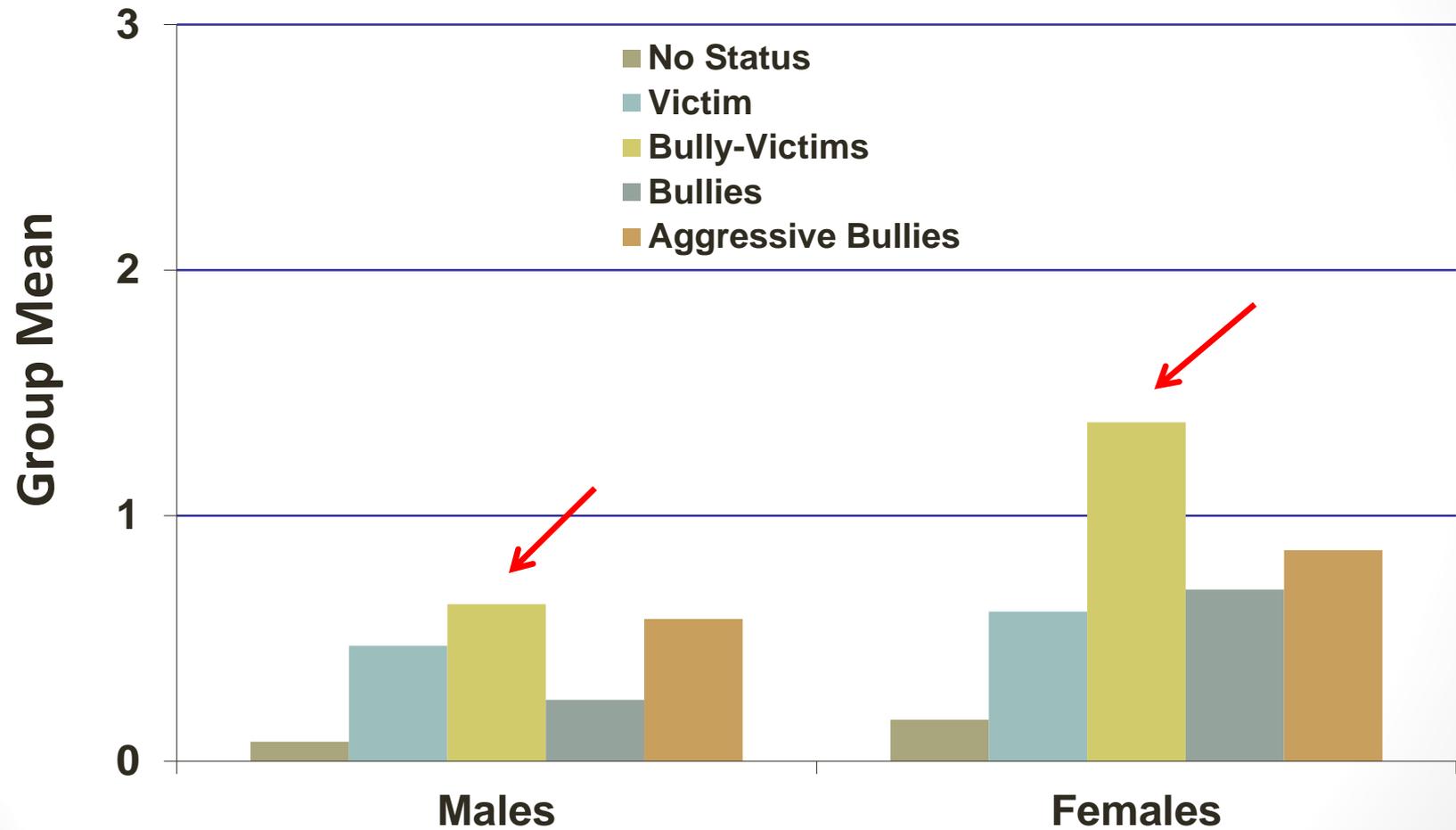
	Question: I think about killing myself.			X ²
	Not True	Somewhat True	Very True	
Uninvolved (n = 355)	88.2%	9.9%	2.0%	80.87***
Victims (n = 110)	61.5%	23.9%	14.7%	
Bully-Victims (n = 29)	40.0%	36.7%	23.3%	
Bullies (n = 114)	68.1%	20.4%	11.5%	
Aggressive Bullies (n = 42)	57.1%	23.8%	19.0%	

*** $p < .001$

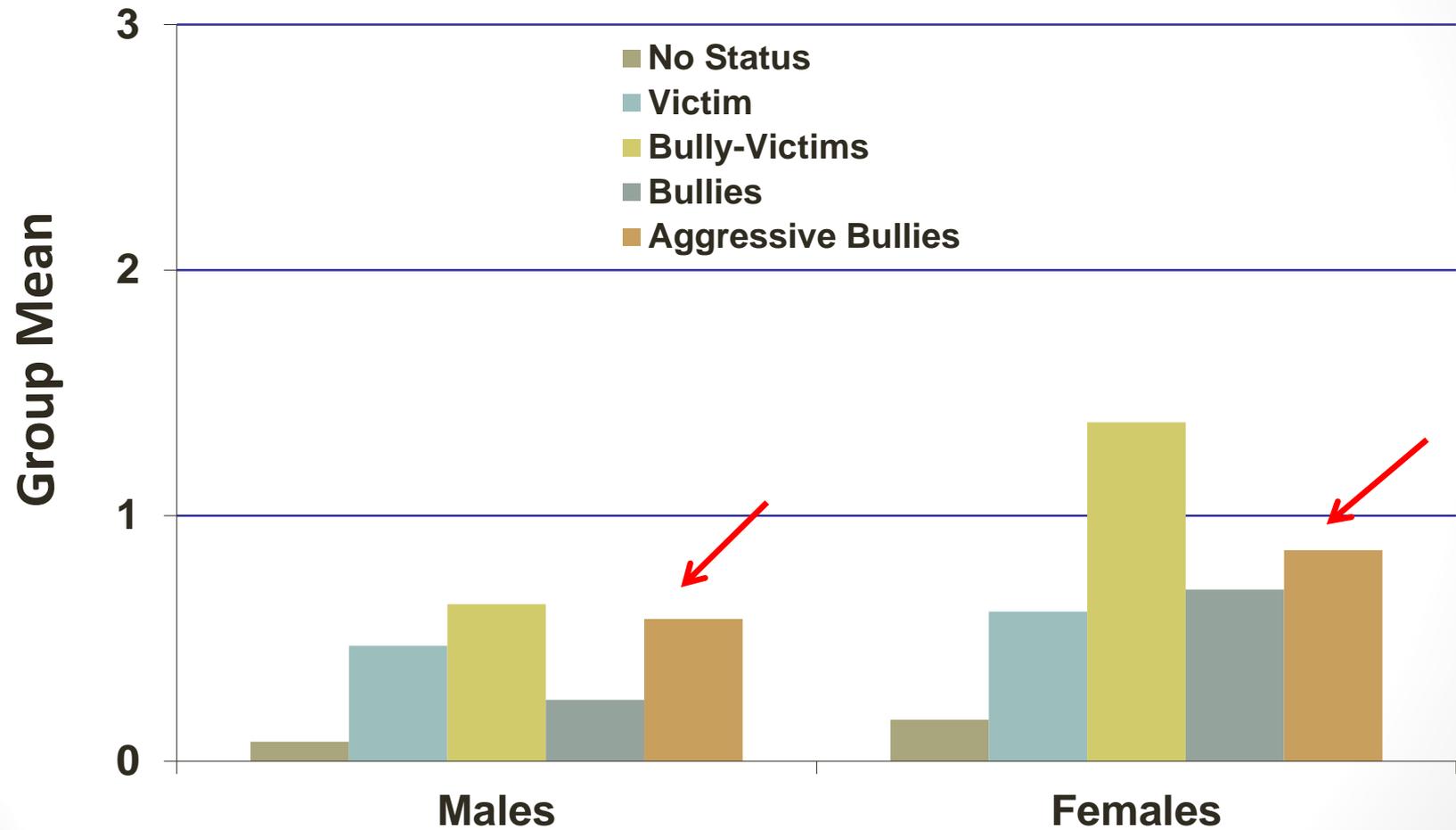
Suicidal Ideation by Sex & Bully/Victim Subtype



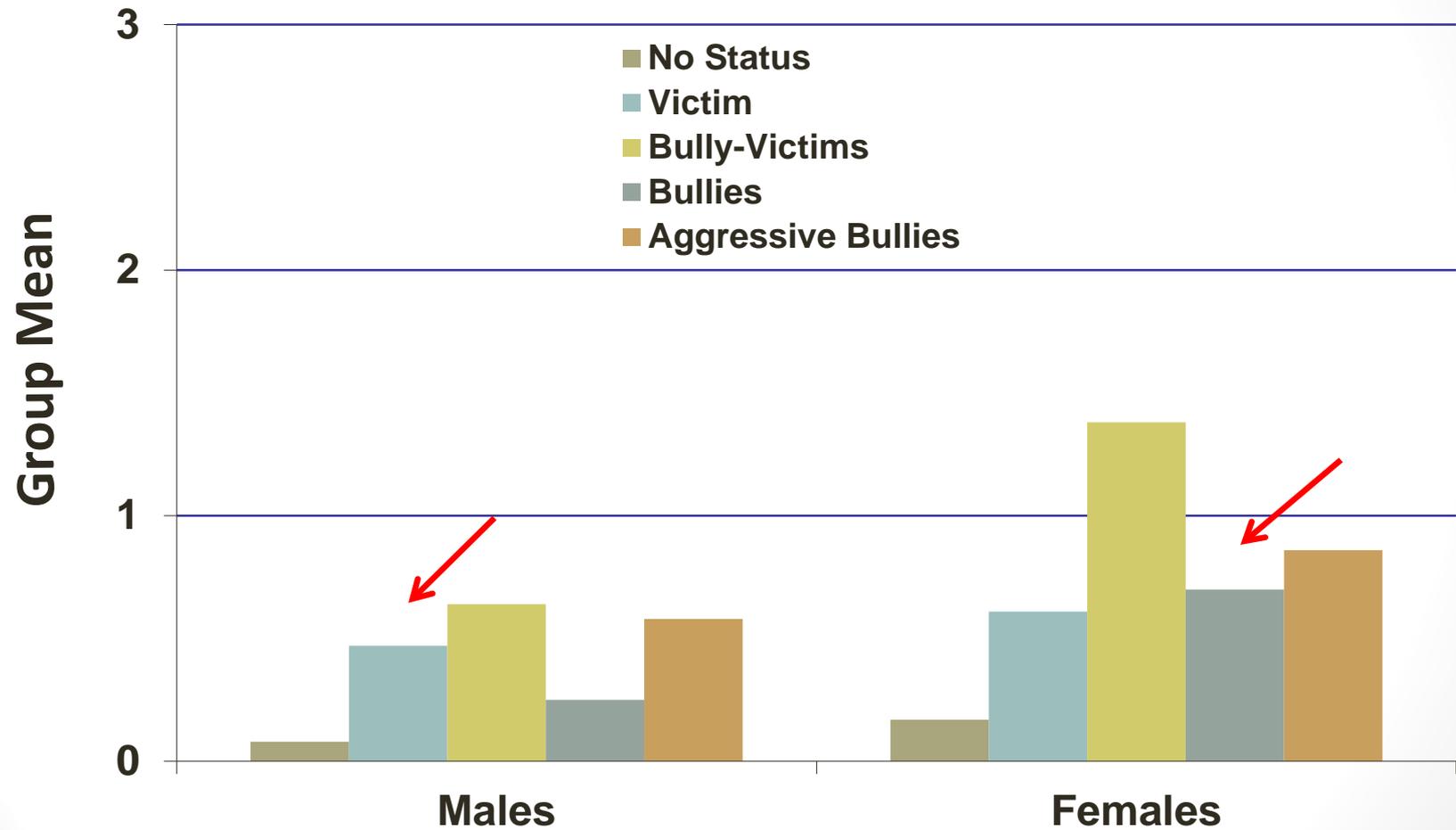
Suicidal Ideation by Sex & Bully/Victim Subtype



Suicidal Ideation by Sex & Bully/Victim Subtype



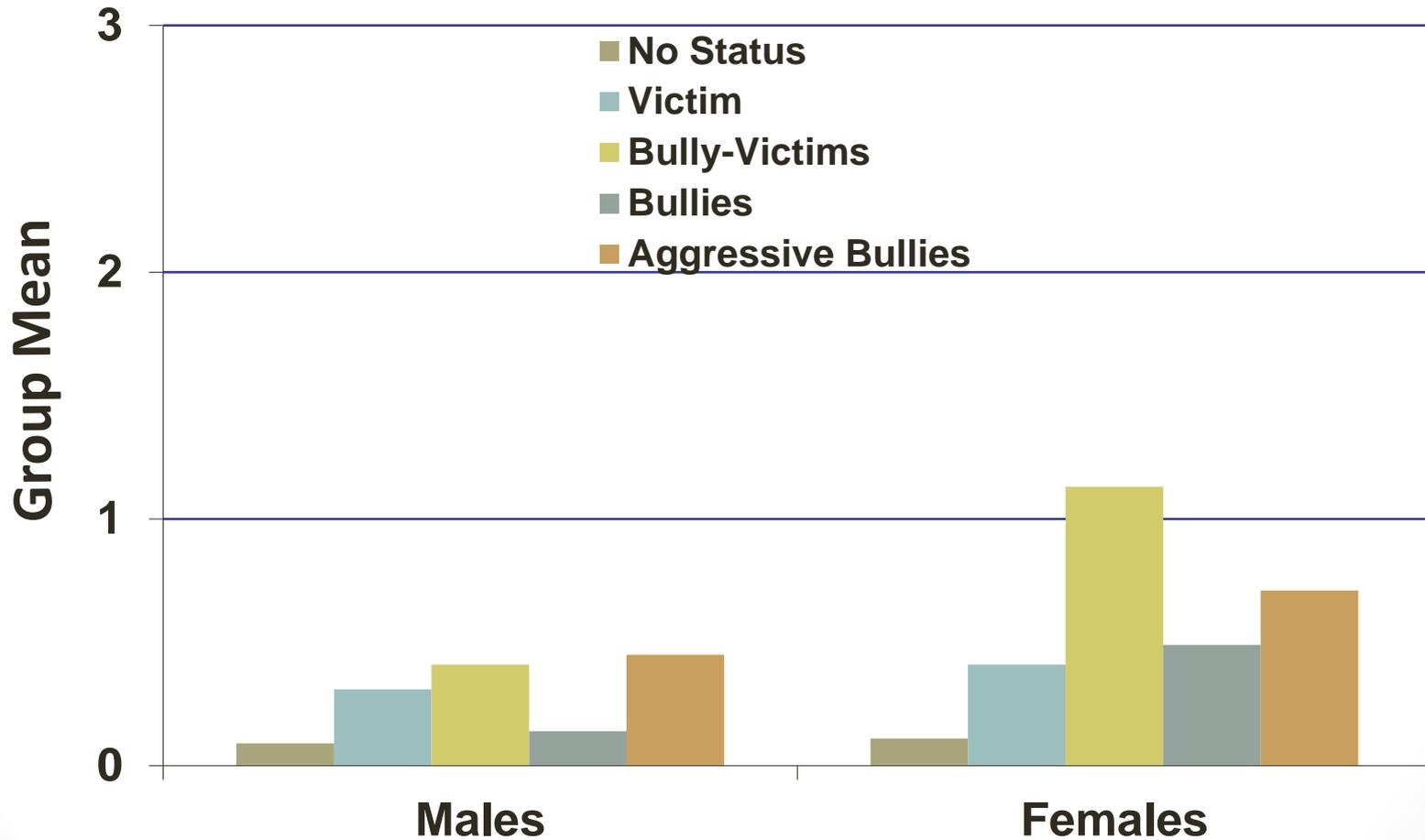
Suicidal Ideation by Sex & Bully/Victim Subtype



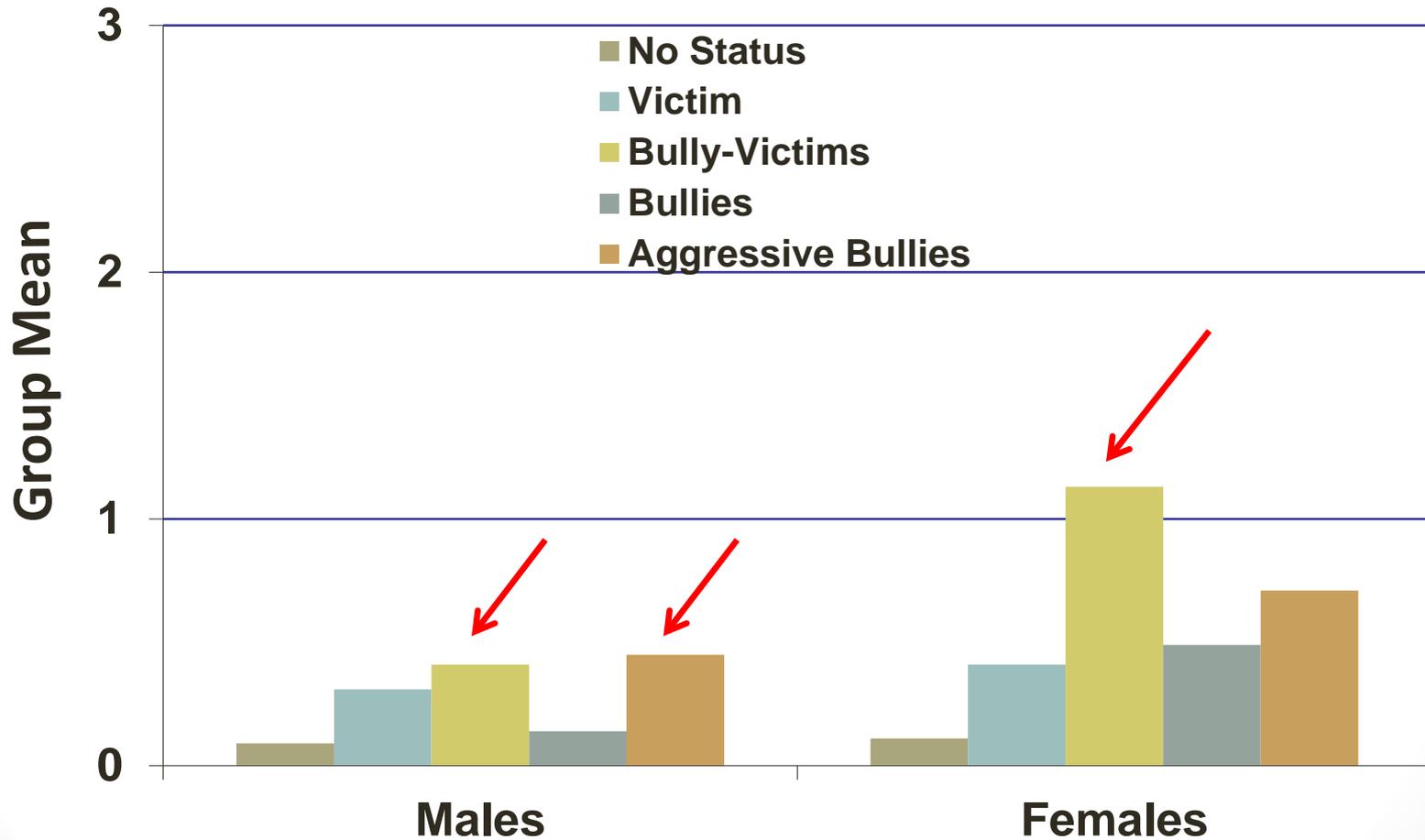
Suicidal Ideation: Bullying Subtypes by Demographics

	% Male	% White	5-6th grade
Victims (<i>n</i> = 41)	50%	66%	46%
Bully-Victims (<i>n</i> = 18)	61%	50%	50%
Bullies (<i>n</i> = 36)	38%	33%	50%
Aggressive Bullies (<i>n</i> = 17)	76%	32%	76%

Suicide Attempts by Bully/Victim Subtype



Suicide Attempts by Bully/Victim Subtype



Suicidal Attempts by Bully-Victim Subtype

	Question: I deliberately try to hurt or kill myself.			χ^2
	Not True	Somewhat True	Very True	
Uninvolved (n = 355)	91.3%	7.3%	1.4%	53.89***
Victims (n = 110)	71.8%	20.9%	7.3%	
Bully-Victims (n = 29)	56.7%	26.7%	16.7%	
Bullies (n = 114)	77.2%	17.5%	5.3%	
Aggressive Bullies (n = 42)	64.3%	23.8%	11.9%	

*** $p < .001$

Suicidal Attempts by Bully-Victim Subtype

	Question: I deliberately try to hurt or kill myself.			
	Not True	Somewhat True	Very True	χ^2
Uninvolved (n = 355)	91.3%	7.3%	1.4%	53.89***
Victims (n = 110)	71.8%	20.9%	7.3%	
Bully-Victims (n = 29)	56.7%	26.7%	16.7%	
Bullies (n = 114)	77.2%	17.5%	5.3%	
Aggressive Bullies (n = 42)	64.3%	23.8%	11.9%	

*** $p < .001$

Suicidal Attempts: Bullying Subtypes by Demographics

	% Male	% White	5-6th grade
Victims (n = 31)	50%	65%	75%
Bully-Victims (n = 13)	50%	50%	50%
Bullies (n = 26)	37%	31%	40%
Aggressive Bullies (n = 15)	73%	40%	80%

Summary of Study's Findings

- Victims reported more suicidal ideation and attempts than uninvolved youth & bullies.
- Bully-victims reported higher rates of suicidal ideation and attempts (especially females) than uninvolved students.
- Bullies who were female were more likely to report suicidal behavior in comparison to male bullies.
- Aggressive bullies who are male are more likely to report suicidal behavior than female aggressive bullies.
- Suicidal behavior patterns appeared for grade and race/ethnicity.

Extending Study Findings: The Role of Depression & Delinquency

- Suicidal behavior composite score was computed
- Analyses were conducted with bullying subtype and sex as independent variables, and suicidal behavior as the dependent variable. Depression & delinquency were also included in analyses.
- **Brief summary of findings:**
 - Uninvolved students reported significantly less suicidal behaviors than youth in the victim and bully-victim clusters, but did not differ from bullies or physically aggressive bullies.
 - Girls still reported more suicidal behaviors than boys, though the difference was less pronounced when depression & delinquency were considered.

BULLYING PREVENTION

How might bullying prevention programs promote positive psychological functioning?

Bullying Prevention

- **49 states have adopted anti-bullying policies** (Srabsetin et al., 2008)
 - About 1/2 explicitly encourage bullying prevention within the legislation
 - 14 states mandate bullying prevention programs (though specific recommendations not often provided)
- **Merrell et al. (2008) meta-analysis**
 - Little evidence of reductions in bullying behaviors; decreases in knowledge, attitudes, and self-perceptions about bullying
- **Ttofi & Farrington (2012) meta-analysis**
 - Programs were generally effective - Bullying & victimization decreased on average by 20-30% and 17-20%, respectively.
 - Best results for programs:
 - Modeled after the Olweus Bullying Prevention Program
 - Those with particular components – i.e., parent meetings, improved playground supervision, firm disciplinary methods, classroom management, teacher training, and cooperative group work

Kiva Bullying Prevention Program

- The Finish Ministry of Education mandated the development of an anti-bullying program to be offered to all schools country-wide, the result of which was Kiva.
- There have been a series of comprehensive evaluations, largely focused on 4th-6th grade youth.
- Results show significant reductions in bullying and peer victimization in the intervention schools (Kärnä et al.2011).
- Moreover, there were reductions in internalizing problems in the intervention but not control groups (Williford, Boulton, et al. 2012).
- Notably, **reductions in victimization were found to predict the changes in anxiety and depression.**

Conclusions

- Research evidence on the link between bullying involvement and suicidal ideation/attempts supports media portrayals of this association – to a degree
 - There does appear to be a relation between bullying involvement and suicidal ideation/attempts
 - BUT...the reality is nuanced, and more research is needed to inform which youth involved in bullying might be at greatest risk for suicidality
 - Longitudinal research will allow for a better understanding of the directionality of this association
- Emerging evidence suggests that bullying prevention programs can promote changes in psychological functioning

CONTACT INFORMATION:

HOLTM@BU.EDU

Questions?