

Bullying and suicide among youth is a public health problem

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Recent studies linking bullying and depression, coupled with extensive media coverage of bullying-related suicide among young people, led the Centers for Disease Control and Prevention (CDC) to assemble an expert panel to focus on these issues. This panel synthesized the latest research about the complex relationship between youth involvement in bullying and suicide-related behaviors. Three themes emerged: 1) Bullying among youth is a significant public health problem, with widespread and often harmful results; 2) There is a strong association between bullying and suicide-related behaviors; and 3) Public health strategies can be applied to prevent bullying and suicide.

A special supplement of the *Journal of Adolescent Health* presents the panel's findings, introduced by an insightful editorial by Marci Feldman Hertz, MS, [Centers for Disease Control and Prevention](#), Atlanta, Georgia, and Ingrid Donato and James Wright, MS, LCPC, Center for [Mental Health Services](#), Substance Abuse and Mental Health Services Administration, Rockville, Maryland.

Between 20 and 56 percent of young people are involved in [bullying](#) annually, as either a victim or perpetrator, or both. While bullying situations vary by type, age, and duration, middle school-aged children are more likely to be involved in bullying than those in high school. Verbal bullying occurs more frequently than physical or cyber-bullying and is more likely to happen over a longer time period. Further, lesbian and gay youth are more likely to be victimized than heterosexuals.

Poor mental and physical health among the victims and perpetrators of bullying, and those who experience both victimization and perpetration, investigators say, contribute to the problem. Further, involvement in bullying can have long-lasting, harmful effects, such as depression, anxiety, abdominal pain, and tension, months or even years later, as reported by two studies in this special supplement.

Researchers demonstrate a strong link between involvement in bullying and suicide. Dorothy Espelage and Melissa K. Holt, authors of "Suicidal Ideation and School Bullying Experiences After Controlling for Depression and Delinquency," show that the idea of suicide and attempts at suicide among middle school students were three-to-five times greater than among uninvolved students.

By applying [public health strategies](#), researchers assert that bullying can be prevented, improving health and mental outcomes for many youth. Articles such as "Suicidal Thinking and Behavior Among Youth Involved in Verbal and Social Bullying: Risk and Protective Factors," by Iris Wagman Borowsky, Lindsay A. Taliaferro, and Barbara J. McMorris, reinforce the call for an integrated approach of multiple strategies to prevent suicide by focusing on shared risk and protective factors, including individual coping skills, family and school social support, and supportive school environments.

Notes the supplement's guest editor, Marci Feldman Hertz, "Given the prevalence and impact of bullying, it is important to move forward while [public health](#) strategies are still being developed. We can begin by implementing and evaluating strategies that have demonstrated effectiveness at increasing protective factors and decreasing risk factors associated with both bullying and suicide." Education and health stakeholders, she adds, should consider broadening their focus beyond just providing services to those already involved in bullying or suicide-related behaviors. They should also implement strategies to prevent

bullying and [suicide](#) behavior from occurring in the first place.

More information: The Relationship Between Youth Involvement in Bullying and Suicide Guest Editor: Marci F. Hertz, MS, Division of Violence Prevention, Centers for Disease Control and Prevention, *Journal of Adolescent Health*, Volume 53, Supplement 1 (July 2013), published by Elsevier.

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