Bullying and Youth Suicide: Breaking the Connection

How school leaders respond to the suicide of a student will help determine the depth and duration of its impact on the school community.

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It is among a principal's worst fears: a student has committed suicide. In the hours that followed the call from local law enforcement officials, Principal Green reviewed his crisis plan and prepared to summon his team and inform his staff members, students, and parents. But nothing had prepared him for the second call when police informed him they were about to arrest five of his students. The deceased student had left a note indicating that she had been a victim of prolonged, torturous cyberbullying. Her text messages, e-mail, and social network postings strongly implicate the five students facing arrest. Now what?

The suicide of a student is one of the most tragic—albeit rare—events to which a school administrator must respond. It requires balancing the grief of students and staff members and their desire to remember the deceased with the risks of contagion that can result from paying a suicide too much attention. The challenges are greatly compounded when the student's death is linked to bullying by fellow students. Concern about the prevalence of bullying behavior among students and the responsibility of the school to prevent or stop it can collide with postvention efforts to support students in need and maintain a positive learning environment.

A principal can greatly mitigate the potential negative consequences of bullying and suicide in his or her school by understanding the behaviors; how they are linked; and most importantly, the role of the school in preventing both.

Context

Although recent headlines suggest that youth suicide is epidemic, the reality is that the suicide rate for youth in the United States has steadily declined over the last two decades. Suicide prevention efforts have proven successful, but suicide remains the third leading cause of death for high school youth (ages 15–19) and the fourth leading cause of death for middle school youth (ages 10–14) in the United States (Xu, Kochanek, Murphy, & Tejada-Vera, 2010).

Bullying is predatory and antagonistic behavior that contributes to the silent misery of millions of students and puts some at increased risk for suicidal thoughts and behaviors (Centers for Disease Control and Prevention, n.d.; Hinduja, & Patchin, 2010). Bullying also undermines the quality of the learning environment for all students. Anyone can be a target of bullying, but certain populations of students are especially vulnerable to developing suicidal ideation and behaviors as a result of bullying: students who are being cyberbullied; students with disabilities and mental health problems; and students who are lesbian, gay, bisexual, transgender, and questioning (LGBTQ).

Cyberbullying victims are almost twice as likely to attempt suicide as youth who have not experienced being bullied online (Hinduja & Patchin, 2010). LGBTQ youth often face particularly intense pressures, including family rejection (Ryan, Huebner, Diaz, & Sanchez, 2009), that put them at risk for increased suicidal ideation and attempts and are bullied at school at a higher rate than their peers. In the 2009 National School Climate Survey (Kosciw, Greytak, Diaz, &

Created in collaboration with the National Association of School Psychologists (NASP) to facilitate partnerships between principals and school psychologists and to remove barriers to learning. Additional resources are available at www.nasponline.org/resources/principals.

Bartkiewicz, 2010), 84.6% of LGBTQ students reported being verbally harassed, 40.1% reported being physically harassed, and 18.8% reported that they were physically assaulted at school in the past year because of their sexual orientation.

The Link Between Bullying and Suicide

The sheer number of students who report being bullied compared with those who actually die by suicide implies a correlation, rather than a direct causal relationship, but the difference in terms of concern for schools is irrelevant. Research strongly supports the view that all forms of bullying and peer victimization are clear risk factors for depression and suicidal thinking.

Adolescents frequently cite interpersonal problems as a precipitant of suicidal behavior and, relevant to the issue of loss as a trigger, bullying causes a substantial loss of dignity and humanity. The likelihood of suicidal ideation or behavior goes up when there are co-existing risk factors. Girls are particularly at risk if they are suffering depression and are self-medicating with alcohol, drugs, or other substances. Boys are at greater risk if they are depressed and have a conduct disorder (Lieberman, Poland, & Cassel, 2008).

Bullies and victims demonstrate higher levels of suicidal ideation and attempts in all settings (e.g., home and school) and all ages. Overall, adolescents are at greater risk for suicidal thoughts and behaviors if they have been both bullies and victims. Girls and boys have markedly different risk profiles. For girls, risk of ideation and attempts increases with frequency of victimization; for boys, frequent victimization increases risk of ideation but not attempts.

All evidence asserts that children and teens who are frequently involved in bullying behavior either as victims or as perpetrators should be actively screened for mental health problems (Klomek et al., 2009), and school mental health professionals should collaborate with district and community mental health professionals to ensure follow-up treatment.

Prevention

Just as the risks of bullying and suicide are intertwined, prevention of both behaviors involves many related principles and strategies.

Establish a positive, supportive school culture in which bullying and harassment of any type is unacceptable. This should include stated policies and positive affirmations of respect, caring, and inclusion of all students. Policies should be developed by students, staff members, and parents and should include expected behaviors and consequences as well as specific policies that address cyberbullying. Adults should model appropriate behaviors and intervene immediately when they see bullying behavior.

Strengthen connections between students and adults. Ensuring that every student is intentionally connected to at least one trusted adult in the building is paramount. Adults must emphasize that no student should suffer unnecessarily and that students should feel safe seeking help if they feel that they are at risk from others, are depressed, or have thoughts of suicide.

Train staff members. Staff members should be trained to recognize and respond to students who indicate that they are struggling. Training

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Prevalence in School-Age Children and Youth

Bullying

- 7%–28% of students engaged in bullying behavior (Hinduja & Patchin, 2010)
- 11%–33% were victimized by bullies (Hinduja & Patchin, 2010)
- 19.9% felt bullied on school campus (Centers for Disease Control, n.d)
- 9.8% were hit or physically hurt by a boy- or girlfriend (Centers for Disease Control, n.d)

Suicide

- 1,661 10- to 19-year-olds died by suicide in 2007 (Xu, Kochanek, Murphy, & Tejada-Vera, 2010)
- 100–200 estimated youth suicide attempts are made per completion (Xu et al., 2010)
- 13.8% seriously considered suicide in past year (Xu et al., 2010)
- 6.3% reported one or more suicide attempts in past year (Xu et al., 2010)

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should include learning clear protocols for reporting bullying behavior and how and when to refer students who exhibit suicide risk to school mental health staff members or designated administrators.

Educate and empower students. Key messages should be framed in the context of how students contribute to a safe and caring school community. Information should address both bullying and suicide prevention strategies as well reinforce tolerance for diversity and individual differences. All students should understand the difference between reporting and ratting and have an anonymous means of reporting their concerns if they don't feel comfortable going directly to an adult.

Reinforce positive behaviors to replace bullying behaviors. Bullying is a learned behavior that can be unlearned. Using positive behavior supports to teach appropriate replacement behaviors has proven to decrease bullying and other negative behaviors in students. Some specific strategies, such as positive behavior interventions and supports (www.pbis.org), include establishing a positive, predictable school culture for all students across all settings; teaching social skills that work as well as or better than problem behaviors; reinforcing the positive behavior of bystanders; and actively supervising students and individualizing support systems.

Ensure access to mental health services and supports. School-based mental health services provided by school psychologists, school counselors, and school social workers are the front line of support for students who are at risk of suicidal ideation and attempts. Services include assessment and identification, counseling, and referrals to community mental health providers. The school-based providers also help link mental health supports to improved school engagement and learning and facilitate collaboration between the school, the family, and private mental health providers.

Protect particularly vulnerable student populations. Students with special needs and LGBTQ students need additional protection. Students with special needs should be receiving support through their IEPs that includes adult mentorship and skills building. LGBTQ students may not have this structured support and might benefit from belonging to a gay-straight alliance or similar clubs. Schools can contact the Gay, Lesbian, Straight Education Network (www.glsen.org) to obtain Safe Space Kits, which help educate school staff members and include resources to visibly demonstrate support for LGBTQ students.

Improve school, family, and community collaboration. Because bullying is associated with many other risk factors, including exposure to violence outside of the school setting, comprehensive strategies that encompass the school, the family, and the community are most likely to be effective. The Centers for Disease Control has launched Striving To Reduce Youth Violence Everywhere (STRYVE), a national initiative to promote increased awareness that youth violence can be prevented and provide an array of evidence-based strategies for schools and communities (www.cdc.gov/violenceprevention/stryve).

Create a specific plan for suicide prevention, intervention, and postvention. Being prepared for the worst is essential. Any plan should include creating a suicide task force; providing gatekeeper training for all school

What Causes Suicide?

No one factor or event causes suicide, but schools play a vital role in identifying students who are at risk. Imagine the seven risk factors—history of substance abuse, conduct disorder or depression, access to such items as firearms or ropes, internal and external protective factors and vulnerabilities, hopelessness, and impulsiveness—as being seven traffic lights. For an adolescent to go from thinking about suicide to attempting suicide, all of the lights must turn green at the same time.

Usually, it takes a trigger or a precipitating event to flip the switch, which is often mistakenly labeled the "cause" of the suicide. Research indicates numerous precipitating events that could spark suicidal ideation, but for youth, triggers most often involve a loss of some kind, such as the death of a loved one, a romantic breakup, or an academic or disciplinary crisis at school (Kalafat & Lazarus, 2002). Once all the lights turn green, a youth can go from thinking about suicide to attempting suicide in less than four minutes, especially if there is a gun or rope around (Shenassa, Rogers, Spalding, & Roberts, 2004). Because accurately predicting exactly when all the lights will turn green for any particular adolescent is nearly impossible, schools must be able to identify all potential risk factors and be vigilant about responding to all students, even those who have been assessed to be low risk.

References

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staff members; proactively identifying depressed students through such screening programs as the SOS (Signs of Suicide) Program (www.mentalhealthscreening.org) or TeenScreen (www.teenscreen.org); developing clear procedures for intervening with suicidal students; improving collaboration with law enforcement officials and community agencies; and planning procedures for the aftermath of a suicide.

The Unthinkable

Even the most comprehensive and caring bullying and suicide prevention plan may not prevent a tragedy. The following steps can serve as a checklist for schools when the unthinkable happens:

- Activate the school crisis team. Verify the death and assess its impact on the school community (including staff members and parents).
- If possible, inform staff members personally in a staff meeting before informing students.
- Contact the victim's family to offer support and determine their preferences for students' outreach, expressions of grief, and funeral arrangements and attendance.
- Determine what and how information is to be shared, conferring with the family and law enforcement officials. Never speculate. Always tell the truth.
- Inform students through discussions in classrooms and smaller venues, not assemblies or schoolwide announcements.
- Identify youth who are at risk of suicidal behavior. The suicide of

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What Next?

To foster an increased awareness of the link between bullying and suicide, every principal should work with staff members to answer the following questions:

- Are we doing enough to prevent bullying among our students?
- Do our students genuinely believe that bullying is wrong and adults care enough to stop it? How do we find out?
- Do staff members fully understand the risks of a student suicide and how to respond appropriately to facilitate healing and reduce copycat behavior?
- Are we communicating effectively about bullying and suicide to students, staff members, families, and the community?
- Am I prepared to communicate with the school community when these two issues collide?

peer can trigger other suicides. Work with mental health staff members to identify students who may be at risk. At particular risk are students who might have facilitated the suicide, who failed to recognize or ignored warning signs, or who had a relationship or identify with the victim. Provide support and referral when appropriate.

- Focus on survivor coping and efforts to prevent further suicides. This is a time for key prevention information. Emphasize that no one thing or person is to blame and that help is available.
- Memorials are not recommended for deaths due to suicide, but if there is strong consensus to do so, advocate for appropriate expressions of remembrance. Do not dedicate a memorial (e.g., a tree, a plaque, or a yearbook). Do contribute to a suicide prevention effort in the community or establish a living memorial (e.g., a student assistance program).
- Excessive media coverage of a suicide can lead to copycat behaviors. Reporters should be encouraged to follow the advice in *Recommendations for Reporting on Suicide*, which was developed by the American Association of Suicidology, the American Foundation for Suicide Prevention (AFSP), and the Annnenberg Public Policy Center, among others (http://www.afsp.org/files/Misc_/recommendations.pdf). The recommendations include not making the suicide front-page news or publishing a picture of the deceased, but instead emphasizing suicide prevention, recognition of warning signs, and where to go for help.
- Evaluate the crisis response.

A toolkit is available from the AFSP and the Suicide Prevention Resource Center that will help schools in the aftermath of a suicide. It includes an overview of key considerations; general guidelines for action, both what to do and what not to do; and templates and sample materials (www.sprc.org/afterasuicideforschools.asp).

When Bullying Is Involved

A confluence of challenges will arise if bullying is suspected of contributing to a student suicide. Potential legal issues depend on the specifics of the case (e.g., where the bullying took place and whether or not school officials were made aware of it). In addition to cooperating with law enforcement officials, school leaders should follow school policies related to bullying. School leaders should meet with and listen to the accused students and their families; reinforce behavior expectations and policies; and if out-of-school suspension is warranted, work with their school psychologist to ensure that students have access to continued education in an alternative setting.

Members of the school crisis team should broaden the scope of students they think may be at risk to include those who are friends of the accused students and those who might have been involved bystanders. School leaders must be willing to take an honest look the school climate and the effectiveness of bullying policies. In addition, school leaders are responsible for communicating with the school community. Rumors, misinformation, and blame are a serious risk in the already emotionally fraught aftermath of a student's death. (See Talking Points at www.nassp.org/pl1011Lieberman_talkingpoints.)

There is no easy answer when a student dies by suicide, particularly if bullying by fellow students plays a role. Prevention should always be a priority. If a tragedy occurs, however, how school leaders respond can make the difference between limiting the scope and duration of the crisis and allowing it to put additional students and the entire school environment at risk. PL

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Editor's note: *Additional* Principal Leadership *articles that were developed with NASP on suicide and bullying are available at www.nassp.org/pl1011Lieberman_links*

Resources

Center for Safe and Responsible Internet Use
http://cyberbully.org/

Engaging the Media After a Suicide
www.sprc.org/library/media_guide.pdf

Los Angeles County Suicide Prevention Project
http://preventsuicide.lacoe.edu

National Association of School Psychologists
http://nasponline.org

National Suicide Prevention Lifeline
800-273-TALK (8255)

Stop Bullying Now
http://stopbullyingnow.hrsa.gov/index.html

Suicide Prevention Resource Center
http://sprc.org

Suicide Prevention Resource Center: Best Practices Registry
www2.sprc.org/bpr/index

Trevor Project
www.thetrevorproject.org