

# Violence and Bullying Among School-Aged Youth



# Understanding Youth Violence

Youth violence refers to harmful behaviors that can start early and continue into young adulthood. The young person can be a victim, an offender, or a witness to the violence.

Youth violence includes various behaviors. Some violent acts—such as bullying, slapping, or hitting—can cause more emotional harm than physical harm. Others, such as robbery and assault (with or without weapons), can lead to serious injury or even death.



## Why is youth violence a public health problem?

Youth violence is widespread in the United States (U.S.). It is the third leading cause of death for young people between the ages of 15 and 24.<sup>1</sup>

- In 2012, 4,787 young people aged 10 to 24 years were victims of homicide—an average of 13 each day.<sup>1</sup>
- Over 599,000 young people aged 10 to 24 years had physical assault injuries treated in U.S. emergency departments—an average of 1642 each day.<sup>1</sup>
- In a 2013 nationwide survey, about 24.7% of high school students reported being in a physical fight in the 12 months before the survey.<sup>2</sup>
- About 17.9% of high school students in 2013 reported taking a weapon to school in the 30 days before the survey.<sup>2</sup>
- In 2013, 19.6% of high school students reported being bullied on school property and 14.8% reported being bullied electronically.<sup>2</sup>
- Each year, youth homicides and assault-related injuries result in an estimated \$16 billion in combined medical and work loss costs.<sup>1</sup>



## How does youth violence affect health?

Deaths resulting from youth violence are only part of the problem. Many young people need medical care for violence-related injuries. These injuries can include cuts, bruises, broken bones, and gunshot wounds. Some injuries, like gunshot wounds, can lead to lasting disabilities.

Violence can also affect the health of communities. It can increase health care costs, decrease property values, and disrupt social services.<sup>3</sup>



## Who is at risk for youth violence?

A number of factors can increase the risk of a youth engaging in violence. However, the presence of these factors does not always mean that a young person will become an offender.

Risk factors for youth violence include:

- Prior history of violence
- Drug, alcohol, or tobacco use
- Association with delinquent peers
- Poor family functioning
- Poor grades in school
- Poverty in the community

# Understanding Youth Violence



## How can we prevent youth violence?

The ultimate goal is to stop youth violence before it starts. Several prevention strategies have been identified.

- Parent- and family-based programs improve family relations. Parents receive training on child development. They also learn skills for talking with their kids and solving problems in nonviolent ways.
- Social-development strategies teach children how to handle tough social situations. They learn how to resolve problems without using violence.
- Mentoring programs pair an adult with a young person. The adult serves as a positive role model and helps guide the young person's behavior.
- Changes can be made to the physical and social environment. These changes address the social and economic causes of violence.

For more information about how you can prevent youth violence in your community, see *Preventing Youth Violence: Opportunities for Action*.



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like youth violence.

### Step 1: Define the problem

Before we can prevent youth violence, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

### Step 2: Identify risk and protective factors

It is not enough to know that youth violence is affecting a certain group of children in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent youth violence.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

For a list of CDC activities, see *Preventing Youth Violence: Program Activities Guide*.



## Where can I learn more?

### Centers for Disease Control and Prevention

[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

### CDC Facebook Page on Violence Prevention

[www.facebook.com/vetoviolence](http://www.facebook.com/vetoviolence)

### STRYVE

[www.vetoviolence.org/stryve/home.html](http://www.vetoviolence.org/stryve/home.html)

### Stop Bullying

[www.stopbullying.gov](http://www.stopbullying.gov)

### Preventing Youth Violence: Opportunities for Action

<http://www.cdc.gov/violenceprevention/youthviolence/Opportunities-for-Action.html>



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# Understanding School Violence

School violence is youth violence that occurs on school property, on the way to or from school or school-sponsored events, or during a school-sponsored event. A young person can be a victim, a perpetrator, or a witness of school violence. School violence may also involve or impact adults.

Youth violence includes various behaviors. Some violent acts—such as bullying, pushing, and shoving—can cause more emotional harm than physical harm. Other forms of violence, such as gang violence and assault (with or without weapons), can lead to serious injury or even death.

To learn more about school violence and youth violence, please visit: [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention).



## Why is school violence a public health problem?

School associated violent deaths are rare.<sup>1</sup>

- 31 homicides of school-age youth, ages 5 to 18 years, occurred at school during the 2012-2013 school year.
- Of all youth homicides, less than 2.6% occur at school, and this percentage has been relatively stable for the past decade.

In 2014, there were about 486,400 nonfatal violent victimizations at school among students 12 to 18 years of age.<sup>1</sup>

Approximately 9% of teachers report that they have been threatened with injury by a student from their school; 5% of school teachers reported that they had been physically attacked by a student from their school.<sup>1</sup>

In 2013, 12% of students ages 12–18 reported that gangs were present at their school during the school year.<sup>1</sup>

In a 2015 nationally representative sample of youth in grades 9-12:<sup>2</sup>

- 7.8% reported being in a physical fight on school property in the 12 months before the survey.
- 5.6% reported that they did not go to school on one or more days in the 30 days before the survey because they felt unsafe at school or on their way to or from school.
- 4.1% reported carrying a weapon (gun, knife or club) on school property on one or more days in the 30 days before the survey.
- 6.0% reported being threatened or injured with a weapon on school property one or more times in the 12 months before the survey.
- 20.2% reported being bullied on school property and 15.5% reported being bullied electronically during the 12 months before the survey.



## How does school violence affect health?

Deaths resulting from school violence are only part of the problem. Many young people experience nonfatal injuries. Some of these injuries are relatively minor and include cuts, bruises, and broken bones. Other injuries, like gunshot wounds and head trauma, are more serious and can lead to permanent disability.

Not all injuries are visible. Exposure to youth violence and school violence can lead to a wide array of negative health behaviors and outcomes, including alcohol and drug use and suicide. Depression, anxiety, and many other psychological problems, including fear, can result from school violence.

# Understanding School Violence



## Who is at risk for school violence?

A number of factors can increase the risk of a youth engaging in violence at school. However, the presence of these factors does not always mean that a young person will become an offender.

Risk factors for school and youth violence include:

- Prior history of violence
- Drug, alcohol, or tobacco use
- Association with delinquent peers
- Poor family functioning
- Poor grades in school
- Poverty in the community

*Note: This is only some information about risk. To learn more, go to [www.cdc.gov/violenceprevention/youthviolence/schoolviolence/risk.html](http://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/risk.html).*



## How can we prevent school violence?

The goal is to stop school violence from happening in the first place. Several prevention strategies have been identified.

- Universal, school-based prevention programs can significantly lower rates of aggression and violent behavior.<sup>3</sup> These programs are delivered to all students in a school or grade level. They teach about various topics and develop skills, such as emotional self-awareness and control, positive social skills, problem solving, conflict resolution, and teamwork.
- Parent- and family-based programs can improve family relations and lower the risk for violence by children especially when the programs are started early.<sup>4</sup> These programs provide parents with education about child development and teach skills to communicate and solve problems in nonviolent ways.
- Street outreach programs can significantly reduce youth violence.<sup>4</sup> These programs connect trained staff with at-risk youth to conduct conflict mediation, make service referrals, and change beliefs about the acceptability of violence.



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like school violence:

### Step 1: Define the problem

Before we can prevent school violence, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

### Step 2: Identify risk and protective factors

It is not enough to know that school violence affects certain students in certain areas. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and to increase protective factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent school violence.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.



## What does CDC do to prevent school violence?

The CDC leads many activities that help us to understand and effectively prevent school violence. Some of these activities include:

- **Youth Risk Behavior Surveillance System (YRBSS).** The YRBSS monitors health-risk behaviors among youth, including physical fighting, bullying, weapon carrying, and suicide. Data are collected every two years and provide nationally representative information about youth in grades 9-12.

# Understanding School Violence

- **School-Associated Violent Death Study.** CDC leads a collaboration with the Departments of Education and Justice to monitor school-associated violent deaths at the national level.
- **School Health Policies and Practices Study (SHPPS).** The SHPPS is a national survey that assesses policies and practices at the state, district, school, and classroom levels. Eight elements of school health are assessed, including approaches to keep a school environment safe and to prevent violence.
- **Health Curriculum Analysis Tool (HECAT).** The HECAT contains guidance, appraisal tools, and resources to help schools conduct an analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum. The results can help schools select or develop curricula to address a number of topics, including violence prevention.
- **School Health Index (SHI).** The SHI is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. Five topics are covered, including violence.
- **National Centers for Excellence on Youth Violence Prevention (YVPCs).** Through collaborations between researchers and local organizations (including the local health department), the YVPCs work with high-risk communities to carry out and evaluate a multifaceted, science-based approach for reducing youth violence.
- **Guide to Community Preventive Services.** The Community Guide is a resource for systematic reviews of research and recommendations about what works to improve public health. Examination of youth violence prevention strategies have included firearm laws, therapeutic foster care, universal school-based violence prevention programs, and transfer of juveniles to adult courts.

- **Striving To Reduce Youth Violence Everywhere (STRYVE).** CDC's national STRYVE initiative provides information, training, and tools to help increase public health leadership in preventing youth violence, promote the widespread use of evidence-based prevention strategies, and reduce national rates of youth violence.



## Where can I learn more?

### CDC Division of Violence Prevention

[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

### CDC Division of Adolescent and School Health

[www.cdc.gov/healthyyouth/](http://www.cdc.gov/healthyyouth/)

### STRYVE

[www.cdc.gov/violenceprevention/stryve/](http://www.cdc.gov/violenceprevention/stryve/)

### Stop Bullying

[www.stopbullying.gov](http://www.stopbullying.gov)

### Surgeon General's Report on Youth Violence

<http://www.ncbi.nlm.nih.gov/books/NBK44294/>



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# Understanding Teen Dating Violence

Dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional, or sexual.

- **Physical**—This occurs when a partner is pinched, hit, shoved, slapped, punched, or kicked.
- **Psychological/Emotional**—This means threatening a partner or harming his or her sense of self-worth. Examples include name calling, shaming, bullying, embarrassing on purpose, or keeping him/her away from friends and family.
- **Sexual**—This is forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or nonphysical, like threatening to spread rumors if a partner refuses to have sex.
- **Stalking**—This refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim.

Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online.

Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name calling, are a “normal” part of a relationship. However, these behaviors can become abusive and develop into more serious forms of violence.



## Why is dating violence a public health problem?

Dating violence is a widespread issue that has serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family.

- Among high school students who dated, 21% of females and 10% of males experienced physical and/or sexual dating violence.<sup>1</sup>

- Among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.<sup>2</sup>



## How does dating violence affect health?

Dating violence can have a negative effect on health throughout life. Youth who are victims are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide.<sup>3,4,5</sup> Youth who are victims of dating violence in high school are at higher risk for victimization during college.<sup>6</sup>



## Who is at risk for dating violence?

Factors that increase risk for harming a dating partner include the following:<sup>7</sup>

- Belief that dating violence is acceptable
- Depression, anxiety, and other trauma symptoms
- Aggression towards peers and other aggressive behavior
- Substance use
- Early sexual activity and having multiple sexual partners
- Having a friend involved in dating violence
- Conflict with partner
- Witnessing or experiencing violence in the home

# Understanding Teen Dating Violence



## How can we prevent dating violence?

The ultimate goal is to stop dating violence before it starts. Strategies that promote healthy relationships are vital. During the preteen and teen years, young people are learning skills they need to form positive relationships with others. This is an ideal time to promote healthy relationships and prevent patterns of dating violence that can last into adulthood.

Many prevention strategies are proven to prevent or reduce dating violence. Some effective school-based programs change norms, improve problem-solving, and address dating violence in addition to other youth risk behaviors, such as substance use and sexual risk behaviors.<sup>8,9</sup> Other programs prevent dating violence through changes to the school environment or training influential adults, like parents/caregivers and coaches, to work with youth to prevent dating violence.<sup>10,11,12</sup>



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like dating violence.

### Step 1: Define the problem

Before we can prevent dating violence, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data.

### Step 2: Identify risk and protective factors

It is not enough to know that dating violence is affecting a certain group of people in a certain area. We also need to know why. CDC conducts and supports research to answer this question.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent violence.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies and may provide funding or technical help so communities can adopt these strategies.



## Where can I learn more?

### CDC's Dating Matters: Strategies to Promote Healthy Teen Relationships

[www.cdc.gov/violenceprevention/datingmatters](http://www.cdc.gov/violenceprevention/datingmatters)

### CDC's Teen Dating Violence Infographic

[www.cdc.gov/violenceprevention/intimatepartner violence/teen\\_dating\\_violence\\_infographic.html](http://www.cdc.gov/violenceprevention/intimatepartner violence/teen_dating_violence_infographic.html)

### National Dating Abuse Helpline and Love is Respect:

1-866-331-9474 or text 77054 or [www.loveisrespect.org](http://www.loveisrespect.org)

### National Domestic Violence Hotline

1-800-799-SAFE (7233)

### National Sexual Assault Hotline

1-800-656-HOPE (4673)

### National Sexual Violence Resource Center

[www.nsvrc.org](http://www.nsvrc.org)



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# Understanding Bullying

Bullying is a form of youth violence. CDC defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.<sup>1</sup>

Bullying can include aggression that is physical (hitting, tripping), verbal (name calling, teasing), or relational/social (spreading rumors, leaving out of group). A young person can be a perpetrator, a victim, or both (also known as “bully/victim”).

Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Electronic aggression is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.<sup>2</sup>



## Why is bullying a public health problem?

Bullying is widespread in the United States.

- In a 2013 nationwide survey, 20% of high school students reported being bullied on school property in the 12 months preceding the survey.<sup>3</sup>
- An estimated 15% of high school students reported in 2013 that they were bullied electronically in the 12 months before the survey.<sup>3</sup>
- During the 2012-2013 school year, 8% of public school students ages 12-18 reported being bullied on a weekly basis.<sup>4</sup>



## How does bullying affect health?

Bullying can result in physical injury, social and emotional distress, and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood.<sup>5</sup> Compared to youth who only bully, or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems.<sup>6</sup>



## Who is at risk for bullying?

Different factors can increase a youth's risk of engaging in or experiencing bullying.<sup>7</sup> However, the presence of these factors does not always mean that a young person will bully others or be bullied.

Some of the factors associated with a higher likelihood of engaging in bullying behavior include:

- Externalizing problems, such as defiant and disruptive behavior
- Harsh parenting by caregivers
- Attitudes accepting of violence

Some of the factors associated with a higher likelihood of victimization include:

- Poor peer relationships
- Low self-esteem
- Perceived by peers as different or quiet

# Understanding Bullying



## How can we prevent bullying?

The ultimate goal is to stop bullying before it starts. Research on preventing and addressing bullying is still developing. School-based bullying prevention programs are widely implemented, but infrequently evaluated. Based on a review of the limited research on school-based bullying prevention, the following program elements are promising:<sup>8</sup>

- Improving supervision of students
- Using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying by providing consequences for bullying
- Having a whole school anti-bullying policy, and enforcing that policy consistently
- Promoting cooperation among different professionals and between school staff and parents



## How does CDC approach bullying prevention?

CDC uses a four-step approach to address public health problems like bullying.

### Step 1: Define and monitor the problem

Before we can prevent bullying, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

### Step 2: Identify risk and protective factors

It is not enough to know that bullying is affecting a certain group of people in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and tests strategies to prevent bullying.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.



## Where can I learn more?

### Centers for Disease Control and Prevention

[www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/index.html](http://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/index.html)

### VetoViolence

[vetoviolenecdc.gov](http://vetoviolenecdc.gov)

### Federal Partners in Bullying Prevention

[www.stopbullying.gov](http://www.stopbullying.gov)

### Surgeon General's Report on Youth Violence

[www.surgeongeneral.gov/library/youthviolence/youvioreport.htm](http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm)



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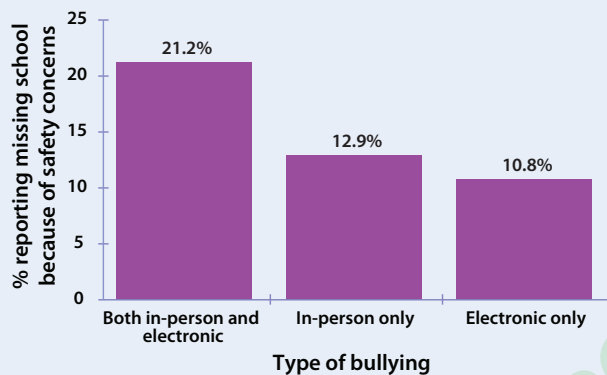
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# Bullying and Absenteeism: Information for State and Local Education Agencies

**In the United States**, bullying remains a serious problem among teens. Although associations between bullying and health risk behaviors are well-documented, research on bullying and education-related outcomes, such as school attendance, is limited.

CDC researchers used the 2013 national Youth Risk Behavior Survey (YRBS) to examine associations between bullying victimization and missing school because of safety concerns. Given increasing attention to electronic bullying, this study considered in-person bullying at school, electronic bullying, and the co-occurrence of both types of bullying.

**Figure 1. Missing school because of safety concerns among U.S. high school students**



## What can education agencies do?

As state and local education agencies work to prevent bullying, they can:

- **Share this information.** By highlighting a potential education-related consequence of bullying, these data can help inform bullying prevention.
- **Address electronic bullying.** Even though electronic bullying may occur beyond school boundaries, this type of bullying may contribute to absenteeism.
- **Respond to co-occurring types of bullying.** Students experiencing multiple types of bullying may be more likely to miss school.
- **Partner with health professionals.** Because bullying is related to both health and education outcomes, there is opportunity for collaboration.

The findings reported in this info brief were published in: Steiner RJ, Rasberry CN. Brief Report: Associations between in-person and electronic bullying victimization and missing school because of safety concerns among U.S. high school students. *J Adolesc.* 2015;43:1-4.

## What does the research say?

About one-quarter of high school students experienced bullying during the past 12 months. Among bullied students, 15.5% missed one or more days of school because of safety concerns during the past 30 days. This is equivalent to 600,000 of the more than 16 million enrolled secondary students in 2011-2012.<sup>1,2</sup> Only 4.1% of students who had not been bullied missed school because of safety concerns.

Figure 1 indicates the percent of students who missed school among those who experienced each type of bullying. Students who experienced both types of bullying were between 5 and 6 times more likely to miss school because of safety concerns than those students who had not been bullied.



<sup>1</sup>National Center for Education Statistics (NCES). Public School Enrollment. Updated May 2014. Accessed: March 6, 2015. Available at: [http://nces.ed.gov/programs/coe/indicator\\_cga.asp](http://nces.ed.gov/programs/coe/indicator_cga.asp)

<sup>2</sup>National Center for Education Statistics (NCES). Private School Enrollment. Updated January 2014. Accessed: March 6, 2015. [http://nces.ed.gov/programs/coe/indicator\\_cgc.asp](http://nces.ed.gov/programs/coe/indicator_cgc.asp)

## 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 *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 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?
<p>Youth who feel connected to their school are less likely to engage in suicide-related behaviors.</p>	<p>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.</p> <p>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.</p>	<p><b>CDC resources for fostering school connectedness:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.cdc.gov/healthyouth/adolescenthealth/connectedness.htm">www.cdc.gov/healthyouth/adolescenthealth/connectedness.htm</a></li> </ul> <p><b>CDC's <i>Applying Science, Advancing Practice: Preventing Suicide Through Connectedness</i>:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.cdc.gov/ViolencePrevention/pdf/ASAP_Suicide_Issue3-a.pdf">www.cdc.gov/ViolencePrevention/pdf/ASAP_Suicide_Issue3-a.pdf</a></li> </ul>
<p>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.</p>	<p>Teach youth coping/life skills. Focus on positive and empowering messages that build resilience and acceptance of differences in themselves and others.</p> <p>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.</p>	<p><b>Links to evidence-based, social-emotional learning approaches:</b></p> <p><i>Good Behavior Game</i></p> <ul style="list-style-type: none"> <li>• <a href="http://www.air.org/focus-area/education/?type=projects&amp;id=127">www.air.org/focus-area/education/?type=projects&amp;id=127</a></li> </ul> <p><i>Steps to Respect: Bullying Prevention for Elementary School</i></p> <ul style="list-style-type: none"> <li>• <a href="http://www.cfchildren.org/steps-to-respect.aspx">www.cfchildren.org/steps-to-respect.aspx</a></li> </ul>
<p>Youth with disabilities, learning differences, sexual/gender identity differences or cultural differences are often most vulnerable to being bullied.</p>	<p>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.</p> <p>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.</p>	<p><b>Federal resources on responding to bullying:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.stopbullying.gov/respond/index.html">www.stopbullying.gov/respond/index.html</a></li> <li>• <a href="http://www.stopbullying.gov/prevention/training-center/index.html">www.stopbullying.gov/prevention/training-center/index.html</a></li> </ul> <p><b>Information on anti-bullying policy:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.afsp.org/advocacy-public-policy/state-policy/anti-bullying-and-anti-cyberbullying-policies">www.afsp.org/advocacy-public-policy/state-policy/anti-bullying-and-anti-cyberbullying-policies</a></li> </ul>



What do we know from research?	What can school personnel do?	Where can I find more information?
<p>Youth who report frequently bullying others are at high, long-term risk for suicide-related behavior.</p> <p>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.</p> <p>Youth who report being frequently bullied by others are at increased risk of suicide-related behaviors, and negative physical and mental health outcomes.</p>	<p>Provide support and referrals for all youth involved. Include their families.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	<p><b>Federal resources on supporting youth involved in bullying:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html">www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html</a></li> <li>• <a href="http://www.stopbullying.gov/respond/support-kids-involved/index.html#address">www.stopbullying.gov/respond/support-kids-involved/index.html#address</a></li> </ul>
<p>Involvement in bullying in any way—even as a witness—has serious and long-lasting negative consequences for youth.</p> <p>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.</p>	<p>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.</p> <p>Encourage more work on bystander approaches to violence prevention in general.</p>	<p><b>Federal resources for empowering bystanders:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html">www.stopbullying.gov/what-is-bullying/roles-kids-play/index.html</a></li> <li>• <a href="http://www.stopbullying.gov/respond/be-more-than-a-bystander/index.html">www.stopbullying.gov/respond/be-more-than-a-bystander/index.html</a></li> </ul> <p><b>CDC’s <i>Applying Science, Advancing Practice: The Bully-Sexual Violence Pathway in Early Adolescence</i></b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.cdc.gov/violenceprevention/pdf/asap_bullyingsv-a.pdf">www.cdc.gov/violenceprevention/pdf/asap_bullyingsv-a.pdf</a></li> </ul>

## 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](http://www.cdc.gov/violenceprevention/suicide/definitions.html)

[www.stopbullying.gov/what-is-bullying/index.html](http://www.stopbullying.gov/what-is-bullying/index.html)



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