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**Teen Suicide: Risk Factors for Bullying to Become Bullycide**

Anyone who works with young people today likely to have encountered incidents of bullying, cyberbullying, or other forms of teen aggression. But not every professional and paraprofessional has encountered a victim's suicide. Why do some cases lead to "bullycide" and others do not? This workshop explores the risk factors for bullying and highlights those that indicate a higher probability for suicide as a tragic consequence of the victimization.

The processes of bullying is complex. In the modern era, teens' lives are often fragmented, making it difficult for the adults who regularly have contact with a bully or a victim to notice red flags—if there are any. Also, because teen relationships rely heavily on virtual environments, social media has multiplied the opportunities for harmful behavior and the power of the harm such behavior causes—to the victim, the victim's family, and the school community. The nature of the harm, the conduct of the offender, the attributes of the victim, and the environment at home and at school are all part of the complex puzzle that may lead to suicide of a bullied student.

Research on teen bullying shows that aggressive behaviors and victimization are associated with broad psychosocial difficulties. Numerous studies have found that both victims and bulliers have elevated levels of depression, self-harm behavior, and suicidal ideation. Using a review of the findings of recent studies in the field, this presentation outlines the risk-factors and the protective factors for suicide among teens who are involved in the dynamics of bullying and cyberbullying. If these vulnerabilities are not addressed during adolescence, they have been linked with successful suicides in late adolescence and young adulthood, as well as dangerous aggression toward others.

**Learning Objectives:**

- To identify risk factors for bullying victimization;
- To identify risk factors for aggressive conduct;
- To understand the risk factors that may lead to the victim's suicide.

*October 27-29, 2014 · Bethlehem, Pennsylvania, USA*  
*Pre/Post-Conference Events: Oct. 23-26 & Oct. 30-Nov. 2*
The Victimology of Fatal Teen Bullying: 
Risk Factors for Suicide Among Teen Bully Victims

Background


"Previous studies have found that victims, perpetrators, and bully-victims demonstrate elevated levels of depression, physical fighting, weapon-carrying, self-harm behavior, suicidal ideation, and suicide attempts. Longitudinal studies indicate that youth involvement in bullying is a risk factor for later suicidal idea, suicide attempts, and deaths by suicide."

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
53 J. Adolescent Health S4-S12 (2013)

"[T]here is a darker side to adolescence that, until now, was poorly understood: a surge during teenage years in anxiety and fearfulness. Largely because of a quirk of brain development, adolescents, on average, experience more anxiety and fear and have a harder time learning how not to be afraid than either children or adults."

Why Teenagers Act Crazy, by Richard A. Friedman, NY Times (NY Ed.) SR1 (June 29, 2014)
**Bullying Defined**

Bullying is the use of physical, psychological, or verbal means of causing physical or psychological distress to others.


Bullying is “an abusive behavior that often leads to greater and prolonged violent behavior” that amounts to “peer child abuse.”

*Arnette and Walsleben, 1998, 3.*

Bullying is a form of social toxicity, sarcasm (eye rolling), exclusion (isolation), mocking, name-calling, and public humiliation.

Bullying includes cyberbullying, which is the “willful and repeated harm inflicted through the medium of electronic text.”


**Cyberbullying**

Cyberbullying, online harassment, and “cyber-harassment” refer to online communications or postings intended to embarrass, threaten, distress, or annoy a victim.  
*Renee L. Servence, Comment, Cyberbullying, Cyber-Harassment, and the Conflict Between Schools and the First Amendment, 2003 Wis. L. Rev. 1213, 1218-20* (distinguishing between cyberharassment and cyberbullying)

Cyberstalking is a pattern of repeated, credible online threats, often anonymously, and often through chat rooms, e-mail, and other forms of instant communication.  

In addition to insults—(words used to offend, deride, or embarrass)—cyberbullying and cyberstalking may involve gossip that spreads personal information about the victim. Gossip is distinguishable from insult in that it is presented as “factual.” Gossip includes both rumors that are later substantiated as accurate, as well as falsehoods.  

Even nonmalicious communications may incidentally harm another.  
*Kara D. Williams, Comment, Public Schools vs. MySpace & Facebook: The Newest Challenge to Student Speech Rights, 76 U. Cin. L. Rev. 707, 728 (2008) (distinguishing between cyberharassment and cyberbullying).*

Electronic activities that constitute cyberbullying and similar harms include repeated email or text barrages, placing the victim's e-mail account on SPAM and pornography site email lists, disseminating embarrassing images or texts of the victim, hacking into a victim's computer, sending the victim malicious viruses, and posting derogatory remarks on victim's Facebook pages.  
*StopCyberbulling.org, Telling the Difference, www.stopcyberbullying.org/lawenforcement/telling_the_difference.html*

Cyberbullying’s purpose is similar to that of traditional bullying in that the aggressor seeks power and control. Like a traditional bully, a cyberbully strives to make victims feel weak and at fault for the bully's actions.  
*Bullying.org, How is Cyberbullying Different from Other Forms of Bullying?, http://www.cyberbullying.org (last visited Oct. 9, 2007).*
Statistics on Bullying
Borowsky, et al., studied verbal and social bullying activities (not physical) and found that:

- 43.3% of the sample reported no involvement in verbal or social bullying,
- 37.8% reported moderate involvement,
- 6.1% reported frequent perpetration only,
- 9.6% reported frequent victimization only, and
- 3.1% reported frequent victimization and perpetration.

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
53 J. Adolescent Health S4-S12, S6-7 (2013)

Englander (2013) found that 80% of girls and 53% of boys surveyed indicated that they had experienced cyberbullying. Many students who report being bullies have also bullied others.

Negative Consequences of Peer-on-Peer Violence

Victims of bullying often experience “low self-esteem, depression, chronic illness ... school problems, familial problems, and suicidal ideation.”

School-based peer-on-peer violence engenders numerous problems for students, including disengagement from academics, involvement with truant or deviant peers, alcohol and drug use, and aggressive behavior.


Being bullied may result in broad-based difficulties establishing friendships, social isolation, low self-esteem, depression, anxiety, and for some, suicide.

Bulliers and Bullied Have Similar Background Risk Factors
Aggressive conduct is established early and will be chronic in a small percentage of students.

High and stable levels of childhood aggression are correlated with lower levels of family resources, sociodemographic vulnerability, and less sensitive parenting and lack of parental involvement, assessed from infancy through third grade. Trajectories of Physical Aggression from Toddlerhood to Middle Childhood: Predictors, Correlates, and Outcomes, NICHD Early Child Care Research Network and William F. Arsenio, Monographs of the Society for Research in Child Development, Vol. 69, No. 4 (2004).

"Priority health-risk behaviors, which are behaviors that contribute to the leading causes of morbidity and mortality among youth and adults, often are established during childhood and adolescence, extend into adulthood, and are interrelated and preventable." DOJ Youth Risk Behavior Surveillance—United States, 2011 (Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; 5) unhealthy dietary behaviors; and 6) physical inactivity.)
Adolescence Is Transition Designed for Risk Factors

Transitions inherent in adolescence heighten feelings of fear, vulnerability, and aggression; they magnify deficits in coping skills; and teens have little ability to place challenges in longer life perspective.


"Adolescence is practically synonymous in our culture with risk taking, emotional drama and all forms of outlandish behavior. Until very recently, the widely accepted explanation for adolescent angst has been psychological. Developmentally, teenagers face a number of social and emotional challenges, like starting to separate from their parents, getting accepted into a peer group and figuring out who they really are. It doesn’t take a psychoanalyst to realize that these are anxiety-provoking transitions."

*Why Teenagers Act Crazy, by Richard A. Friedman, NY Times (NY Ed.) SR1 (June 29, 2014)*
Why some and not others?

Why do some teens commit suicide, while others do not?

Overall suicide rates
About 5,000 U.S. teenagers kill themselves each year, the Centers for Disease Control and Prevention said, with suicide attempts many times that number. There are no figures for how many of those suicides or attempted suicides were caused by bullying.

The annual suicide rate among Americans 15- to 19-years-old is about seven per 100,000, according to the Centers for Disease Control and Prevention.

Teenage boys are more likely to commit suicide than are girls.

A CDC study also showed 14.5 % of U.S. high school students reported seriously considering suicide during the year preceding the survey, and 6.9 % said they had attempted suicide once or more in the same period.

Each year, between 15% and 25% of U.S. students in elementary through high school report being bullied.

StopBullyingNow.HRSA.gov.
Research Questions

Researchers have attempted to explore:

1. The dynamics of peer-on-peer aggression through social-psychological or criminological theoretical lens.
2. How bullying behavior is understood and experienced by students.
3. The environmental risk factors for teen suicide.
4. The individual level risk behaviors associated with thinking about or attempting suicide among youth involved in bullying.
5. The protective factors against suicidal ideation or suicide attempts among youth involved in bullying.

Research conclusions
Suicide is no longer viewed as an individual or purely psychological problem.

Violence and suicide often go hand-in-hand. "Priority health-risk behaviors, which are behaviors that contribute to the leading causes of morbidity and mortality among youth and adults, often are established during childhood and adolescence, extend into adulthood, and are interrelated and preventable."

Suicidal behavior puts others at risk and harms the academic environment.

The response to suicide risk must be holistic and environmental.

Psychostimulants may impair long-term ability to learn from their teen anxieties, to manage aggressive impulses, and to follow normal trajectories to adulthood.

Suicide occurs most often after chronic or severe bullying that leads to humiliation from which, one believes, one cannot recover.
Children who commit suicide face several emotional stressors:

- They feel that there is no way to "live down" their humiliation;
- They are at a time in brain development when they are least able to cope with bullying victimization;
- They do not have the wisdom of past experience to gauge how long their pain might last;
- Many do not have the necessary offline social networks to provide relief and other realities.
- Their only reality, both at school and in social media, is too great a threat to their self-identity and esteem, and so they opt to end the pain they feel.
Suicide Risk Factors:

- **Mental illness**: Mental health problems were linked to suicidal thinking and attempts in both bullying perpetrators and bullying victims.
- **Physical and/or Sexual Abuse by Others**: Prior physical or sexual abuse was a risk factor for suicidality.
- **Self-injury**: Prior self-harm was one of the strongest risk factors linked to suicidal thoughts or attempts, according to how close in time the harm occurred in relation to the bullying. Yet, in physical examinations, medical providers often do not detect or do not screen for indications of suicidal propensities, either because of a lack of training or because they believe suicidality is a psychological condition outside their professional realm.
- **Running away**: Running away from home was a risk factor for suicide; it is believed to be a reflection of the victim's lack of necessary support systems and of the victim's inability to develop support systems for him or herself (Smith et al., 2001).
- **Emotion-based coping mechanisms**: Emotion-focused coping strategies reflect a "learned helpless" style of coping that perpetuates a downward cycle from which the victim may find it impossible to escape.
- **Demographics**: Studies have found some increased risk for suicidality among girls (versus boys) and in ninth-graders (versus older students), (Borowsky et al.)
- **High-Low dilemmas**: High expectations for social capital and achievement combined with low resources for social support.
- **Disinhibited personality traits**: Novelty-seeking; sensation-seeking; and impulsivity had varying but significant correlations to suicide.
- **Unregulated social media activities**: Behavior in online environments can be more extreme and result in more extreme reactions, including suicide.
**High-Low Dilemmas**

High expectations for social capital and achievement combined with low resources for social support.

Pressures on adolescents to compete for high grades and social acceptance may lead to increased stress, unmanageable levels of anxiety, and feelings of powerlessness.

Disinhibited personality traits

Sensation-seeking: "A personality trait defined by the seeking of varied, novel, complex, and intense sensations and experiences and the willingness to take physical, social, legal and financial risks for the sake of such experiences. High sensation-seekers show high-reward sensitivity, less reactive anxiety in physically threatening situations, and diminished perception of risk.” (Ortin, et al., at 2.) Sensation seeking is not to be confused with novelty seeking or impulsivity, though they may be connected.

Three goals of Ortin’s research:

• To investigate the role of sensation seeking in relation to suicidal ideation and suicide attempts, depressive symptoms, and substance use problems;
• To explore the extent to which sensation seeking independently contributes to the risk of suicidal ideation and suicide attempts, beyond what is contributed by depression and substance use problems; and
• To clarify whether sensation seeking interacts with depression and/or substance use problems to increase the risk for suicidal ideation and suicide attempts. (p. 4.)

[Note: Mental health disorders were not controlled for, nor taken into account.]
Ortin found that high levels of sensation-seeking significantly increased the risk of current suicidal ideation and lifetime suicide attempts, independent of current depressive symptoms and substance use problems.

Sensation-seeking correlates with suicide ideation and attempts. High sensation-seekers were found to be more than three times as likely to have serious suicide ideation or a suicide attempt history than low sensation-seekers.

This rate dropped when controlling for depression, but the reports of suicide ideation or attempts were still significantly higher among high sensation seekers than low sensation seekers. (Ortin, et al., at 7.)
Sensation-seeking and Gender: Ortin, et al., found a small effect for correlates of
sensation-seeking and gender, with “boys scoring higher in sensation seeking than girls.”

Sensation-seeking and Age: No significant correlation was found between age or school
grade and sensation-seeking. (Ortin, et al., at 7.)

Sensation-seeking and Depression: Depression was found to be three times more present
among sensation-seekers than in low sensation-seekers. Nearly 12% of the student sample
met criteria for depression on the Beck Depression Inventory. (Ortin, et al., at 7.)

“Sensation-seeking did not significantly interact with depression in its association with
serious suicidal ideation.” There was no significant correlation between sensation-seeking,
depression, and suicide attempt history either. (Ortin, et al., at 8.)

Sensation-seeking and Substance Abuse: High sensation-seekers were more likely to have
abused drugs or alcohol (7% of sample used drugs or alcohol). Substance abuse and
sensation-seeking together did not significantly correlate to suicide ideation.

But suicide attempts were significantly related to high sensation-seekers who were not
substance abusers. (Ortin, et al., at 7-8.)

Novelty-seeking: Defined as “the tendency to respond with intense excitement to novel
stimuli or potential reward, and to actively avoid frustration.” Novelty-seeking has been
linked to adolescents’ risk of suicide. (Ortin, et al., at 2-3.)

Impulsivity: Defined as the “tendency to act quickly without reflection or planning, while
failing to inhibit behavior that is likely to result in negative consequences.”

Prior research has not demonstrated a direct link between impulsivity and suicidal
behavior, but there are numerous studies indicating that long-term deviance and
lifecourse offending are associated with lack of self-control, which may in turn contribute
to circumstances in which suicide is attempted or carried out.

Psychologists have found that, in online environments, “the distance between bully and
victim ... is leading to an unprecedented—and often unintentional—degree of brutality,
especially when combined with a typical adolescent's lack of impulse control and
underdeveloped empathy skills.”
Unregulated Social Media

In a survey of Bridgewater State students, half said their parents never supervised their online activity in high school. "A lot of parents think that bullying is a problem, but not their kid's problem."

Former schoolyard aggression is evolving in dangerous new ways in online environments, which may provoke the developmental inclination toward herding, mob mentalities, and further incitements.

Peggy O’Crowley, Bullies with Byte, Harassment Moves from the School Yard to the Computer, The Star-Ledger, Nov. 21, 2004, at 1.

Social media exacerbates negative aspects of social behavior among teens.

"The rumor mill has always been bad among teenagers, but now it's being driven by this massive engine [of social media]. Much of it starts as minor issues that would have died out, but now they get on their mobile computers and they go to Facebook or start texting their friends and the whole issue escalates."


See also Lisa Guernsey, Telling Tales Out of School, N.Y. Times, May 8, 2003, at G1

The “motives and the nature of cybercommunications, as well as the demographic and profile of the cyberbully differ from their offline counterpart.”

StopCyberbullying.org, Why Do Kids Cyberbully Each Other?, www.stopcyberbullying.org/why_do_kids_cyberbully_each_other.html
A cyberbullying victim may experience more damaging effects than a traditional bullying victim because there is nowhere to escape from the ridicule.

- Online posts are humiliations that are available for the whole online world to see.
- Children do not have the ability to automatically delete disparaging comments off of websites and message boards.
- Cyberbullying has no time clock; it can reach a victim anytime and anywhere. For example, cyberbullying of Phoebe Prince continued on Facebook even after her death.
Shame, Reputation, Humiliation

Extreme shame, resulting from social interactions, sexting, or other (even external) factors may lead to suicidal ideation.

See Seth Walsh Law, CA AB 9 (2012) (gay middle-school student bullied for years).

Teens who experience damage to their reputation from which they believe they cannot recover are more likely to commit (successfully) suicide.

See e.g., Susan Duclos, Indictment Handed Down in MySpace Hoax That Caused Child to Commit Suicide, Digital J., May 16, 2008, www.digitaljournal.com/article/254805 (noting how “information obtained over the MySpace computer system [was used] to torment, harass, humble, and embarrass the juvenile”).
Preventative and Protective Factors

The ability to establish positive social support is an obvious and important protective factor against bullying and its negative effects. But what does that mean?

Protective factors included the following:

- **Parent connectedness:** Connectedness with parents created a “protective effect,” correlating to lower rates of suicide ideation and attempts in all groups.
- **Caring teachers and counselors:** Similar protective effects for school officials as found with parents and friends.
- **Involvement in religious or fine arts and Physical activity:** Mind-body effects are thought to be more powerful than researchers have so far credited. Psychology and educational field have failed to endorse importance of physical activity, team-building, and self-reflection that sports programs and other classes provide. Also, social interactions around physical activities provide opportunities for students to change dynamics. (See Blackboard, BTASM 2015)
- **Academic achievement:** Achievement improves self-esteem and social esteem, which in turn builds protective social buffers around individuals who are vulnerable to bullying.
- **Regular physical health check ups:** Having a physical exam in the year prior to the study showed some, but not a significant protective effect against suicide thinking and attempts. (Borowsky et al. at S6-9.).
- **Coping strategies:** Individual or personality-based mechanisms may be active or passive, but active is believed to be more successful at managing bullying victimization or ending bullying. (Naylor, P., Cowie, H., & del Rey, R. (2001). Coping strategies of secondary school children in response to being bullied. *Child Psychology & Psychiatry Review, 6*, 114-120.)

Individual coping mechanisms: Internal coping strategies include the development of positive self-esteem and assertiveness; external coping strategies include establishing social support and anti-bullying policies in schools.


Successful coping strategies may distinguish potential victims who escape bullying and those who become victims.

Passivity: Students who are frequently victimized (approximately 13% of bullied students, (Smith & Shu, 2000, as cited in Juvonen & Graham, 2001)) have been found to cope more passively than those who have never or seldom been victimized. Smith et al. suggested that victims who ignore bullying might actually be employing a successful strategy in school environments that are unsupportive of the victim’s distress or do not provide social support.


This contradicts other assumptions about passivity, which have been associated with poorer overall well-being. Kochenderfer-Ladd and Skinner (2002) found that children who were victimized by their peers and ignored these problems reported feeling lonelier and exhibited increased signs of anxiety and depression.


Because active coping strategies have been found to be protective against bullying, it is thought that passivity must result in the opposite effect.

"Buddy" Networks: Victims who have a virtual or actual social network on which they can rely are more likely to seek assistance to buffer the effects of bullying.

Talking to others about the bullying experience and attempting to make new or different friends are protective of future bullying and of suicidality. (Smith et al., 2004)

Cyclical nature of victimization-protective factors may be self-fulfilling. Snyder et al. found that children who became long-term victims of bullying were more likely, compared to children who escaped bullying, to be depressed and lacking the social skills to effectively relate to peers. (Snyder et al. 2003.)
Perceptions of school support systems: The extent to which students actively deal with being bullied may depend on their perceptions about their school environment.

School environments characterized by high rates of violence have fewer resources for at-risk students, a concomitant lower academic orientation, and spend less time on nonacademic endeavors. Such environments have more inter-student and student-teacher conflict, deemphasize student autonomy, and have low safety as perceived by students. Kasen, Johnson, & Cohen, 1990; Boxer, Edwards-Leeper, Goldstein, Musher-Eisenman, & Dubow, 2003.

School environments perceived as less safe give the impression, especially to victims of bullying, that there may not be adequate resources to cope with the bullying or that their personal safety and well-being are beyond the school's control.

Lack of resources at the school combined with weak social supports may contribute to a bullying victim's "learned helplessness" style of coping.
What we already know
Better recognition and intervention of adolescent suicide ideation and attempts are needed, and programs targeted at addressing the prevalent risk and protective factors among both perpetrators and victims of bullying may be a starting point in reducing the tragic consequences. (Borowski, et. al., at S7-11.)

Attention must be paid at the K-12 level, and both universities and the legal system must do more to address suicidal and aggressive tendencies.

The Emerging Crisis of College Student Suicide: Law and Policy Responses to Serious Forums of Self-Inflicted Injury, co-authored by Nancy Tribbensee. 32 Stetson L. Rev. 125. (p. 253-56.).
Adolescent Risk Measurement tools:

- **Brief Sensation-Seeking Scale:** This scale contained four items, measuring the subject's inclination toward sensation-seeking by asking them to rate their agreement with such statements as “I would like to explore strange places” or “I prefer friends who are unpredictable.” (Ortin, et al. at 4-5.)

- **Beck Depression Inventory:** This questionnaire contains 21 items to assess cognitive, behavioral, affective, and somatic components of depression, with respondents being choosing zero (“symptom is not present”) to three (“symptom is severe”). The Beck Inventory has proven valid and reliable through over 200 past studies and is structured to measure whether an individual is depressed.

- **Drug Use Screening Inventory:** This test is “designed to screen for alcohol or drug use and problems among teenagers” and includes 15 items measuring the degree of involvement and severity of consequences, three items relating to school performance, and one item testing for "aggression while under the influence."

- **Suicidal Ideation Questionnaire:** The 15 items on this questionnaire about suicidal-related thoughts can be on a scale of zero (“I never had this thought”) to six (“This thought was in my mind almost every day”).

- **Suicide Attempt History:** Recent suicide attempts, as well as lifetime attempts, were asked by Ortin using seven questions dealing with the occurrence and details of such attempts. For Ortin's study, a respondent was “considered to have an attempt history if he or she reported any past attempt, regardless of timing, injury, or medical attention.” (Ortin, et al. at 6.)