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OREGON DEPARTMENT OF HUMAN SERVICES

BULLYING, DEPRESSION AND SUICIDE AMONG OREGON YOUTH

BULLYING MAY SEEM like just a rite of passage through adolescence; however, it has been associated with serious adverse health outcomes, including depression, suicidal ideation and violent behavior. Bullying is generally defined as aggressive behavior that is intended to cause harm or distress and occurs repeatedly over time in a relationship where there is an imbalance of power. This *CD Summary* explores the impact of bullying on Oregon's youth and provides information for physicians dealing with patients affected by bullying.

HARASSMENT IN OREGON

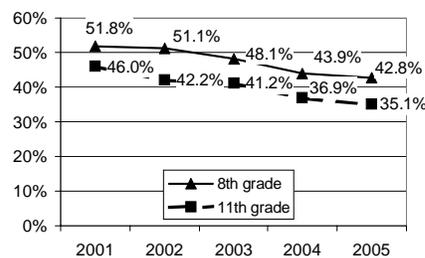
The Oregon Healthy Teens (OHT) survey is a self-administered survey conducted annually among 8th and 11th graders in a random selection of Oregon public schools.* The survey asks youth whether they have been harassed (includes threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and physical attacks) at school (or on the way to or from school) in relation to the following:

- Race or ethnic origin
- Unwanted sexual comments or attention
- Perception that the student was gay, lesbian or bisexual
- Weight, clothes, acne, or other physical characteristics
- Group of friends
- Other reasons

In 2005, large numbers of 8th and 11th graders (42.8% and 35.1%, respectively) experienced some form of bullying, with bullying being more common in

middle school than high school. While bullying is common, the good news is that it has declined in Oregon public schools over the past 5 years (figure 1).

Figure 1. Harassment at School During the Past 12 Months



Not surprisingly, the nature of bullying differed by gender. Girls (17.3% of 8th graders and 18.9% of 11th graders, respectively) were more than four times as likely as boys (4%) to have experienced harassment of a sexual nature. Among 8th graders, girls were more likely than boys to be bullied about their physical appearance (20.3% and 14.6%, respectively), as well as their group of friends (11.9% and 8.4%, respectively). Boys in 11th grade were more likely than girls to experience bullying on race/ethnicity (7.3% and 4.3%, respectively). Only slight gender differences are evident when it comes to bullying targeting sexual identity. For instance, 7.1% of 8th grade girls reported being bullied because someone thought they were gay, lesbian or bisexual, compared to 8.6% of 8th grade boys. A similar trend is noted among 11th graders (4.1% of females; 5.9% of males).

DEPRESSION

The OHT Survey results indicate that bullying increases the

risk of depression. In 2005, 8th grade targets of bullying were more likely than those who were not bullied to have:

- Felt depressed one or more days during the past week (64.7% vs. 40.5%);
- Been nervous (10.3% vs. 3.9%), felt downhearted and blue (13.9% vs. 4.6%) and down in the dumps (9.3% vs. 3.0%) "most" or "all of the time" during the past month;
- Felt so sad or hopeless almost every day for at least two weeks that they stopped doing usual activities (27.0% vs. 9.2%)

Similar findings were seen among 11th graders.

SUICIDE RISK

Of even greater concern is the association between bullying and risk of self-harm. OHT data reveal that those who have been bullied at school are at greater risk for suicidal ideation and attempts, and that the risk appears to increase based on the extent of the bullying. Since the OHT survey does not ask about frequency of episodes, we split respondents into three groups – those who were not harassed, those who were harassed for one reason, and those who were harassed for 2 or more reasons – as a proxy for severity of the harassment experienced. Of those who were harassed, about two-thirds (65%) were harassed for one reason, with the remaining 35% reporting multiple reasons. Suicidal ideation and attempts doubled among those harassed for one reason, and increased nearly five-fold among those

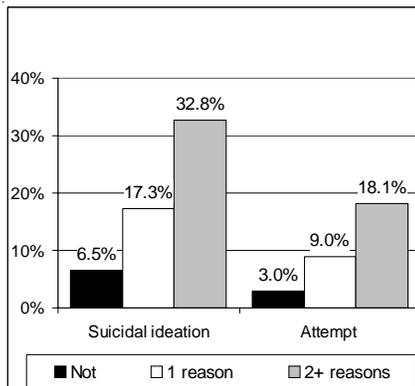
*See <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/index.shtml> for details on the OHT Survey.



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Figure 2. Suicidal Ideation and Attempt During Past Year by Harassment - 8th Grade



harassed for multiple reasons, compared with youth who were not harassed (figure 2).

FEMALES AT GREATER RISK

Regardless of harassment status, girls are at much greater risk than boys for suicidal ideation and attempts. The gender disparity is larger among 8th graders than it is for 11th graders. In general, 8th grade girls are more than twice as likely as 8th grade boys to have either considered or attempted suicide during the past year. About one in five (22.2%) 8th grade girls who were bullied for one reason contemplated suicide, compared with 11.9% of their male counterparts. Suicidal ideation rose to 41.4% among 8th grade girls harassed for multiple reasons, versus 18.5% for their male counterparts.

It appears that girls may use different coping mechanisms than boys. Females in both 8th and 11th grade who were harassed for multiple reasons are much more likely than those who were not to have engaged in risky behaviors such as smoking, drinking (including binge drinking and drinking to the point of getting sick, blacking out and missing school), as well as using marijuana or other drugs. In contrast, the proportion of boys who report these types of behaviors is similar regardless of harassment status.

VIOLENT BEHAVIOR

While the factors leading to violent behavior are clearly complex, the national Safe School Initiative, undertaken by the US Department of Education and the US Secret Service**, examined 37 school shootings and found that many attackers felt bullied, persecuted or injured by others prior to the attack. Although the study was unable to determine whether bullying caused violent behavior, bullying was clearly associated with depression, desperation, and suicidal ideation and attempts among attackers.¹

These findings are supported by a CDC study which found that school attackers were more than twice as likely to have been bullied by their peers and almost seven

times more likely than homicide victims to have expressed some form of suicidal behavior.²

PHYSICIAN'S ROLE

Physicians should ask adolescents about bullying when the patient:³

- Presents with unexplained psychosomatic and behavioral symptoms;
- Experiences problems at school or with friends;
- Expresses thoughts of suicide or other deliberate acts of self-harm; or
- Begins to use tobacco, alcohol or other drugs.

Conversely, if adolescents mention bullying, the above items should also be discussed.

For more information related specifically to suicide, visit DHS's Youth Suicide Prevention Program at: <http://egov.oregon.gov/DHS/ph/ipe/ysp/index.shtml>.

REFERENCES

1. US Secret Service and US Department of Education. The final report and findings of the Safe School Initiative: Implications for the prevention of school attacks in the United States, May 2002. At: http://www.treasury.gov/uss/ntac/ssi_final_report.pdf.
2. Anderson M, Kaufman J, Thomas S, et al. School Associated Violent Deaths in the United States, 1994-1999. JAMA 2001; 286:2695-2702.
3. Lyznicki JM, McCaffree MA, Robinowitz CB. Childhood Bullying: Implications for Physicians. Am Fam Physician 2004; 70:1723-8. At: <http://www.aafp.org/afp/20041101/1723.html>.

**Yes, this CD Summary actually references data from the US Secret Service!