

EDITORIAL

From bullying to suicide: the pathways road in adolescent

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ABSTRACT

Introduction: Suicide is a traumatic event for close relatives due to various factors, with bullying acting as a mediator. Bullying has been identified as a primary predictor of suicidal ideation and a contributing factor to suicide. **Objective:** This study aims to describe the pathway from bullying victimization to suicidal attempts in adolescents. **Results:** Adolescence is a period of peak physical health and a time of behavioral and emotional problems due to developmental factors, which can increase susceptibility to suicidal behavior. Adolescents who experience bullying report suicidal ideation more frequently, often on a weekly basis, due to psychiatric morbidity (OR = 7.78). The relationship between bullying and suicide is mediated by poor physical and mental health, especially among victims. Bullying victimization triggers psychological or behavioral problems that can lead to suicidal behavior, often mediated by mental health or psychological problems, such as internalization or substance use which serve as maladaptive coping strategies, with suicide ultimately becoming a final coping strategy. **Conclusion:** Psychological or mental health problems mediate the risk of suicidal attempts among bullied adolescents, although other pathways may also be involved.



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Highlights

1. Suicide is a global health problem ranking as the second leading cause of death among adolescents. This prevalence demands urgent attention as rates continue to rise globally.
2. Research has established a significant relationship between bullying and suicide.

BACKGROUND

Suicide is a traumatic event for close relatives, leaving a lasting psychological impact (Andriessen et al., 2020; Hoffmann et al., 2010). It is recognized as the second leading cause of death worldwide (Naz et al., 2021). Risk factors for suicide attempts vary across countries but commonly include violence,



substance abuse, depression, post-traumatic stress disorder, and specific injuries (Balaji et al., 2023). Additional factors include mental health problems, family trauma, academic stress, social and lifestyle factors, economic hardships, and relationship issues (Senapati et al., 2024), with self-harm identified as the strongest predictor (Naz et al., 2021).

Violence is frequently co-occurring with suicide (Witt et al., 2014). Research indicates an odds ratio (OR) showing that violence is associated with a 1.7-times greater risk for suicidal ideation among adolescents with depression (Wang et al., 2023). Bullying is a specific form of violence (El-Maghawry and El-Shafei, 2021) and has been shown to contribute to negative outcomes in children (Lopes Neto, 2005). Studies have identified a history of bullying as a primary predictor of suicidal ideation (Alavi et al., 2017), with some research indicating it as the sole contributing factor to suicide (Sinyor et al., 2014), across various forms of bullying (Smith and Reidy, 2021). Bullying victimization has been associated with a range of health and psychosocial problems, including destructive behavior such as tobacco use or substance abuse (Moore et al., 2017). A systematic review has highlighted the relationship between bullying and psychological problems in the form of non-suicidal self-injury (NSSI) and suicide, affecting both victims and perpetrators (Serafini et al., 2023). Other studies have noted psychosomatic problems (Gini and Pozzoli, 2009), behavioral and emotional problems, depression (Reijntjes et al., 2010), and poor academic performance in bullying victims (Nakamoto and Schwartz, 2010).

OBJECTIVES

This editorial was written to describe the pathway from bullying victimization to suicidal attempts in adolescents.

EDITORIAL

Bullying and suicide: a grim reality of adolescence

Adolescence is a period of peak physical health and a time of behavioral and emotional problems due to developmental factors, which can increase susceptibility to suicidal behavior (Gunn and Goldstein, 2017). A study in Brazil highlighted that changes during adolescence may prompt some to view ending their life as a form of problem solving (Simões et al., 2022). Sadly, while the prevalence of suicide is relatively low among children under 12 (Stoep et al., 2009), the prevalence of suicide among adolescents has risen globally, making it the third leading cause of death (Hasan et al., 2021). In the United States, suicide is the second leading cause of death among adolescents and young adults, with an incidence of 6.5 per 100,000, making it a global public health issue (Stoep et al., 2009). Bullying victimization has emerged as a significant contributing factor, positioning bullying as a major public health issue (Hong et al., 2015). Sexual violence and physical bullying are other contributors to suicide among adolescents (Labuhn et al., 2021). Victims of bullying exhibit suicidal ideation more frequently, often on a weekly basis, due to psychiatric morbidity (OR: 7.78) (Skapinakis et al., 2011). Data from the Global School-Based Student Health Survey (GSHS) from 2000 to 2012 indicated a positive independent relationship between school-level bullying and suicide planning, but not suicide ideation. A study further showed that the relationship between bullying and suicide at the individual level is moderated by the school environment (Kim and Chun, 2020).

The relationship between bullying and suicide appears to be mediated by poor physical and mental health (Wolke and Lereya, 2015), especially among victims. This effect is not observed perpetrators (Skapinakis et al., 2011). Bullying has been associated with several behavioral, emotional, and social problems (Kim and Leventhal, 2008). A study in the United Kingdom revealed that physical and verbal bullying is more prevalent among boys, while relational victimization is more prevalent among girls. Physical bullying victims demonstrated a higher prevalence of suicide ideation, while relational

victimization was associated with suicide attempts. Verbal victimization was associated with suicide ideation due to low parental support, leading to depression (Barzilay et al., 2017).

The Missing Link Between Victimization and Suicide

Several studies have investigated the correlation between bullying and suicide, such as the Longitudinal Survey of Australian children (LSAC), which found that bullying victims had the highest risk of self-harm and suicide, especially in adolescence between the ages of 16 and 17 (Ahmad et al., 2023). Adolescence is characterized by heightened emotional and risk-taking behaviors as well as intense peer relationship, making it a peak period for suicidal behavior (Gunn and Goldstein, 2017). Adolescents who are victims of bullying may exhibit non-suicidal self-injury (NSSI) mediated by depressive symptoms, although parental support can mitigate this effect to some degree (Claes et al., 2015).

Research has also shown that suicidal thoughts among bullying victims are associated with various mediators, with loneliness accounting for 25% and sleep disturbances and alcohol use accounting for 4-9% (Hasan et al., 2021). Depression, substance use, and social have also been identified as mediators, affecting suicidal ideation and attempts at 57% and 43%, respectively (Yıldız, 2020). A path analysis model in **Figure 1** further reveals that depression affects the self-esteem of the victims, increasing suicidal attempts by 25% and 41%, respectively (Gómez-Tabares, 2021). Other mediators include anxiety, low self-esteem, loneliness, and hopelessness (Hong et al., 2015). A study in the United States showed that physical bullying had a weak correlation with suicide. Meanwhile, identity bullying, particularly related to sexual orientation or gender, leads to hopelessness and suicide attempts. Cyberbullying and social bullying cause mental distress (Newman et al., 2023). Another study found a relationship between food insecurity and bullying with suicide, mediated by anxiety and loneliness (Motsa et al., 2023).

Bullying victimization can trigger psychological or behavioral problems that lead to suicidal behavior (Hong et al., 2015). Suicidal behavior may not occur directly, but is mediated by other behaviors such as internalization or substance use which serve as maladaptive coping strategies, with suicide ultimately becoming the final coping strategy (Zhu et al., 2022). Depression and anxiety are frequently notes as key mediators between bullying and suicidal attempts (Ford et al., 2017; Zhao and Yao, 2022), while substance use and violence can partially contribute by habituating victims to both physical pain and psychological anxiety (El-Maghawry and El-Shafei, 2021).

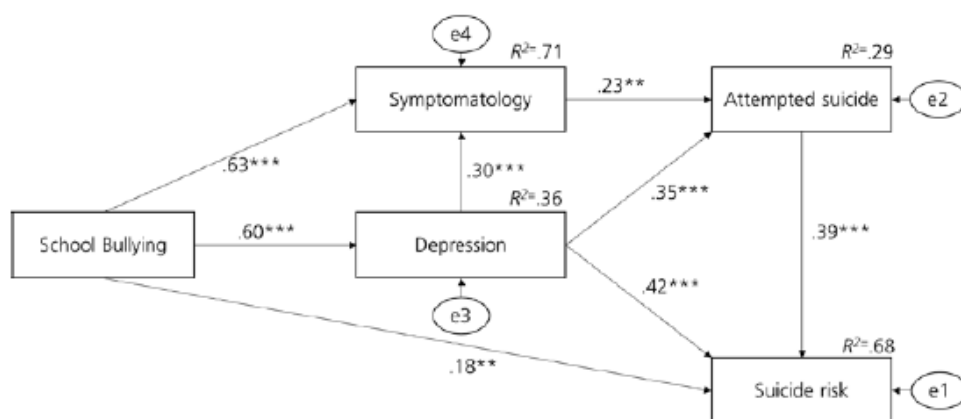


Figure 1. Equation model of school bullying to the risk of suicide
Source: (Gómez-Tabares, 2021).

A study on suicide attempt survivors identified three factors in the pathway to suicide: *background factors* (individual and environmental factors that increase vulnerability); *psychological distress* (emotional and cognitive states that lead to suicidal ideation); and *intervening factors* (factors that facilitate the transition from distress to the attempt). This pattern typically begins with an interpersonal

stressor that triggers distorted thinking and overwhelming emotions, such as anxiety or anger. This condition is exacerbated by ready access to means and/or impulsive tendencies as final catalysts for the suicide attempt (Balaji et al., 2023). This aligns with the three-step theory (3ST) and the psych-ache theory, which posit that suicidal ideation forms as a response to psychological or emotional pain, such as internalized problems. In cases of bullying, victims may experience distress severe enough to drive them toward suicide (Zhu et al., 2022). Commonly methods, referred to as violent suicides, include hanging and poisoning (Senapati et al., 2024). According to Asberg's criteria, violent suicide attempts include hanging, firearms, jumping from heights, deep cuts, car crashes, burning, gas poisoning, drowning, electrocution, and jumping in front of a train, whereas nonviolent suicide attempts include drug overdoses (Ludwig and Dwivedi, 2018).

Limitations

Factors such as sex, races, sociocultural background, and other related aspects that may influence suicide attempts should be considered by future research.

CONCLUSION

Psychological or mental problems mediate the risk of suicidal attempts among bullied adolescents, although other pathways may also be involved.

Conflict of Interest

The author has no conflict of interest.

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Author Contribution

BS: responsible for collecting the evidence, drafting, editing, proof-read and submitting.

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