



ISSN: 0975-833X

International Journal of Current Research
Vol. 11, Issue, 02, pp.1390-1395, February, 2019

DOI: <https://doi.org/10.24941/ijcr.34446.02.2019>

RESEARCH ARTICLE

EFFECTS OF BULLYING ON SUICIDE AMONG LGB ADOLESCENTS IN FLORIDA

Wede J. Yarsiah, MPH, *Yussif M. Dokurugu, DrPH, MPH, C. Perry Brown, Dr PH, MSPH

Florida Agricultural and Mechanical University, USA

ARTICLE INFO

Article History:

Received 09th November, 2018

Received in revised form

27th December, 2018

Accepted 09th January, 2019

Published online 28th February, 2019

Key Words:

Bullying, Suicide, LGB.

ABSTRACT

Sexual orientation is a term that describes a person's sexual, emotional, or romantic attraction, as well as the gender of the people they are attracted to. Bullying is unwanted, aggressive behavior among school aged children. Bullying can lead to low self-esteem, poor health, substance abused, self-harm, and suicide which is define as the act or an instance of taking one's own life voluntarily and intentionally. The purpose of this research is to understand the effects that bullying has on the suicide rate among adolescent LGB in Florida. Data was collected from the Youth Risk Behavior Survey (YRBS) with a sample size of 6,359. Only twenty-six variables were used and analysis through SAS Studio 9.4. The population included 9-12 graders, blacks, whites, heterosexuals, gays/lesbians, bisexuals, those who were unsure, Hispanics/Latinos and all other race. Bivariate and multivariate analysis were used. The significance of the study shows that 59% Gay/ Lesbian, 43% Bisexual are bullied because of their sexual orientation. Race, ethnicity, gender, sexual orientation influences being bullied and the vulnerability suicidal ideations. Bullying, behavioral factors, drugs and alcohol use, physical harm, and low self-esteem are all significant when taking in consideration with suicide ideations. This study highlights and provides information about bullying, and suicide on LGB adolescents in Florida while taking in counts for the different predictable factors.

Copyright © 2019, Wede J. Yersiah et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Wede J. Yersiah, MPH, Yussif M. Dokurugu, Dr PH, MPH, C. Perry Brown, DrPH, MSPH. 2019. "Effects of Bullying on Suicide among LGB adolescents in Florida", *International Journal of Current Research*, 11, (02), 1390-1395.

INTRODUCTION

About 1.3 million kids, which is roughly equivalent to 8 percent of all high school students in America reported being lesbian, gay or bisexual. Sexual orientation is a term that describes a person's sexual, emotional, or romantic attraction, as well as the gender of the people they are attracted to. Sexual orientation is different from gender identity. Youths tend to cope with the transition from childhood to adulthood successfully and become healthy and productive adults, others struggle because of challenges such as stigma, discrimination, family disapproval, social rejection, and violence. Extensive research has found that homosexual adolescents are also at an increased risk for certain negative health outcomes compared to their heterosexual counterparts. Bullying is unwanted, aggressive behavior among school aged children. It involves a real or perceived power imbalance and the behavior is repeated, or has the potential to be repeated, over time. While attending school 34% of LGB high school students are bullied compared to 19% of heterosexual students. Bullying often includes teasing, talking about hurting someone, spreading rumors, leaving kids out on purpose, and attacking someone by hitting them or yelling at them.

Bullying can lead to low self-esteem, poor health, substance abused, self-harm, and suicide. Merriam-Webster dictionary defines suicide as the act or an instance of taking one's own life voluntarily and intentionally. Nearly 30,000 Americans commit suicide every year. Suicide is the 10th leading cause of death in US for all ages and the 2nd leading cause of death in the world for ages 15-24 according to the Center of Disease and control. One in 65,000 children ages 10 to 14 commit suicide each year. There are 2 times as many deaths due to suicide than HIV/AIDS. The Center of Disease and Control also states that the ratio of suicides compared to attempted suicides is 1 suicide for every 25 attempted suicides. Males make up 79% of all suicides, while women are more prone to having suicidal thoughts. In the U.S., suicide rates are highest during the spring. On average, 1 person commits suicide every 16.2 minutes. Each suicide intimately affects at least 6 other people. The purpose of this research is to understand the effects that bullying has on the suicide ideations among adolescent LGB in Florida. This study seeks to further understand the role social determinants such as age, race, grade, sexual orientation and behavioral factors play in the suicide ideation among this population. The research questions that will be answered are: What percentage of LGB say they were bullied because of their sexual orientation? How race, ethnicity, gender, sexual orientation, grade level correlate being bullied and vulnerability to suicide ideation? What is the

*Corresponding author: Dr. Yussif M. Dokurugu, PH, MPH, MA., Florida Agricultural and Mechanical University, USA.

association between being bullied and these behavioral factors such as drug usage, alcohol usage, physical harm and low self-esteem?

Literature Review: More than 40 years ago, research on bullying started (Olweus, 1973, 1978) and this behavior was defined as an ‘aggressive, intentional acts carried out by a group or an individual repeatedly and over time against a victim who cannot easily defend him or herself’ (Olweus, 1993, p. 48). Bullying is a component of this hierarchy and has its own structure. Every seven minutes a child is bullied. According to Dr. Dan Olweus, there are seven different levels within the bullying ladder: the students who want to bully and initiate the action, their followers or henchmen, supporters or passive bullies, passive supporters or possible bullies, disengaged onlookers, possible defenders, and defenders who dislike the action of bullying and help those that are victimized (Olweus, 2001). Two hundred and eighty thousand students are physically attacked in secondary schools each month. One hundred and sixty thousand students stay home from school every day due to bullying.

Forty-three percent of students fear harassment in the bathroom at school. Bullying comprises of verbal attacks like name calling, threats, physical behaviors including hitting, kicking, damaging victim’s property), and relational/social aggression like social exclusion, and rumor spreading (Monks & Smith, 2006; Olweus, 1993; Smith, 2014) up to the most recent forms of attacks through Internet and new technologies which is also referred to as cyber bullying. A study conducted in 2010 study that involved a random sample of 2,212 teen males and 2,162 teen females, the male to female ratio varied the most in the following three areas: victimization within a person’s lifetime (16.6% for males vs. 25.1% for females), admitted to a cyber bullying offense within a person’s lifetime (17.5% for males vs. 21.3% for females), and had a hurtful comment posted about oneself online (10.5% for males vs. 18.2% for females) (Hinduja & Patchin, 2010b, p. 1). Another study that was conducted by the Cyberbullying Research Center involving a sample size of 468 students revealed that females are typically more emotionally affected by cyberbullying than males. The females in the study reported being frustrated (39.6%), angry (36%), and sad (25.2%) more often than males who reported lower percentages in each category (27.5%, 24.3%, 17.9% respectively).

There have been several high-profile cases involving teenagers taking their own lives in part because of being harassed and mistreated over the Internet (Apollo, 2007; Halligan, 2006; Jones, 2008). Cyberbullicide is defined as suicide indirectly or directly influenced by experiences with online aggression (Hinduja & Patchin, 2009). One factor that has been linked to suicidal ideation is experience with bullying in and around school and the neighborhood (Carney, 2000; High, 2007; Marr & Field, 2001). In addition to those who successfully end their life, many other adolescents strongly think about and even attempt suicide. It is therefore essential that researchers work to identify the causes and correlations of these outcomes among this vulnerable population (Hinduja, Patchin, 2010). Over 50% of all suicides are completed with a firearm. Youth suicide continues to be a significant public health concern in the United States. In 2015, 17.7% of high school students reported seriously considering attempting suicide, and 8.6% actually attempted suicide during the previous 12 months

(CDC, 2016). Media campaigns such as the “It Gets Better Project” has emerged to promote the message that suicide is not the answer. A recent study by Russell, Everett, Rosario and Brikett in 2014, found some race/ethnicity and gender differences in victimization in the Youth Risk Behavior Survey (YRBS) data. For example, White and Hispanic sexual minorities skipped school because they felt unsafe more often than their heterosexual peers. The Gay, Lesbian and Straight Education Network 2011 National School Climate Survey found that Black LGBT students were less likely to feel unsafe at school or report physical or verbal harassment because of their sexuality than their White, Hispanic, or multiracial LGBT peers (Kosdw et al., 2012). Kosciw, Greytak and Diaz also found that Black LGBT students were less likely to experience victimization related to sexual orientation compared with White LGBT youths in 2009.

The focus of suicide prevention programs on LGB youths is warranted because research suggests that these youths are at higher risk for suicide and suicidal behaviors than are their heterosexual peers. (Stone et al., 2014; Eisenberg & Resnick, 2006; Russell& Joyner, 2001; Russell, 2003). LGB youths have higher odds of reporting suicidal thoughts, plans, and attempts (Stone et al., 2014; Russell &Joyner, 2001; Russell,2003). The strain of coping with the stigma of being a sexual minority in a society in which heterosexuality is normative is often referenced for explaining why LGB youths are at higher risk for suicide (Russell, Joyner, 2006; Wilkinson & Pearson, 2012). Studies show that when youths attend schools with cultures that are more likely to stigmatize LGB youths, their mental health outcomes are even worse. LGB youths may experience is apparent when one examines the percentage of LGB youths who experience harassment and bullying (Kosdw, Greytak, Bartkierwicz, Boesen, Palmer, 2012). Of the gay, lesbian, bisexual, or transgender (LGBT) 6th- to 12th-grade students from the 2011 National School Climate Survey of the Gay, Lesbian and Straight Education Network, 8 55% reported some form of electronic harassment (Kosdw,2012). Additionally, estimates indicate that between 80% and 91%® of LGBT students reported being the victim of name calling and verbal harassment in the school setting, and at least 40% have been physically harassed.

Whether the harassment is online or in person does not change the negative effects victimization can have on adolescents’ mental health and well-being (Schneider, O’Donnell, Stueve, Coulter,2012). Youths who are bullied or harassed are more likely to report delinquent behaviors, depression, low self-esteem, poor school performance, and higher levels of alcohol and drug use (Brikett et al,2009; Crosnoe,2011; Hall-Lande et al,2007; Hepburn et al., 2012; Bearman & Moody, 2004; Eaton et al,2012, Patrick et al., 2010). Youths who reported being victimized or bullied had higher odds of attempting suicide and planning to complete suicide (Shields, Whitaker, Glassman, Frank, Howard, 2012). Despite the prevalence of bullying among LGBT youths, there may be important race/ ethnicity and gender variations to consider. Previous research suggests that males are more likely than females to report being bullied (Kshirsaga et al., 2007; Solberg et al., 2007), and that White adolescents are more likely than Black adolescents (Nansel et al., 2001), to report being bullied. However, admittedly, these findings are far from conclusive because other research has found no evidence of racial differences in bullying (Hepburn, Azrael, Molnar, Miller, 2012).

MATERIALS AND METHODS

The data that was used in this study came from the 2015 Youth Risk Behavior Survey (YRBS). The YRBS is a nationwide dataset for the United States from all national and most of the weighted national, state and large urban school district surveys conducted from 1991 to 2015. This study used the national data from only the year of 2015 and only for the state of Florida from the Youth Risk Behavior surveys, which was conducted under the guidance of the Center of Disease Control (CDC) Youth Risk Behavior Surveillance System. The YRBS procedures are anonymous and voluntary participations designed to protect students' privacy. The students completed an anonymous, self-administered questionnaire during one class period and record their responses on a computer-scannable questionnaire booklet or separate answer sheet. The purpose of the YRBS is to assess the prevalence and correlates of key health and risk behaviors in adolescence that are related to leading causes of morbidity and mortality in the United States. The data for this study was analyzed through the 9.47 Statistical Analysis Software (SAS). The total sample size was 6,359 and there were only 26 variables used out of 267.

The 26 variables included the demographics (variables age, grade, sex, race, sexid and q89), behavioral variable included substance uses (variables q33, q43, q47, q49, q57), bullying, low self-esteem and harm (variables q26, q20, q24, q25, q17, q16, qbullygay), and suicide ideations (variables q27-q30). Mostly all the 26 variables were recoded using dummy variables to indicate no and yes. The variable age was put into five categories instead of eight. Ages 12 and younger, ages 13 and ages 14 were all combined because the number of individuals in those categories were very small which would have caused that skewed in the data. Frequency codes were ran to see the different distributions between the different variables that were kept. Other researches tend to use age instead of grades, so this study will later drop grade because there was not much difference in the age of the individuals compared to grade when correlation analysis were ran. Univariate analysis were ran to see the frequency distributions and percentages for most of the variables. Bivariate chi square analysis were done to examine the associations between the dependent variable (being bullied because of sexual orientation) and other predictor variables (substance use, low self-esteem and suicide ideations). Multivariate analysis (logistic regression) were ran for the dependent variable (suicide) and significant predictors from bivariate analysis to effect that all these predictors has on suicide ideation of adolescents in Florida.

RESULTS

Characteristic/ Demographics of the sample: The distribution of males (49.06%) and females (50.94%), in this study were equally distributed and for race whites makes up 38.60%, Hispanic/ Latinos makes up 33.88%, Blacks made up 19.26%, and all other race made up 8.26% of the population. Approximately 88% of the students in this study were heterosexual and Lesbians, Gays and Bisexuals makes up only 8% of the sample. Only 18.61% of the students received As and Bs in school for grades. 15 years old, 16 years old, and 17 years old makes up 74% of the population. And the grade levels of these student were almost evenly distributed. 27.78% were ninth graders, 28.41% were in the tenth grade 23.45% are

eleventh graders and 20.36% of the population were in the twelfth grade. Additional details of the same are shown in Table 1. When asked about substance use, nine percent of the students currently smokes cigarettes. Thirty-six percent have used marijuana, 20.96% currently smokes marijuana 12.86% have used prescription drugs and 32.69% currently drinks alcohol (Table 2). As shown in Table 3, 4 and 5 the behavioral distributions, bullying, and the suicide ideations, that students were asked about, 26.83% of these students reported feeling sad and hopeless. Just about 7.36% of them felt threatened at school and got into physical fights at school. And 8.05% of them were concerned about their safety concerns. About eighteen percent were bullied electronically and 9.45% of the students were bullied because of their sexual orientations. Fourteen percent considered suicide, twelve percent made suicidal plans and 8 percent of the student attempted suicide.

Table 1: Demographic Characteristics of Study Population

Attribute	Number	Percent
Sex		
Female	3199	50.94%
Male	3081	49.06%
Age		
<=12-14 yrs old	756	11.89%
15 yrs old	1670	26.26%
16 yrs old	1668	26.23%
17 yrs old	1411	22.19%
18 yrs & older	854	13.43%
Race		
White	2391	38.60%
Black	1193	19.26%
Hispanic/Latino	2099	33.88%
All other race	512	8.26%

Table 2: Substance Use Behaviors of Respondents

Attribute	Number	Percent %
Current cigarette use		
No	5682	90.52 %
Yes	595	9.48 %
Ever use Marijuana		
No	3981	64.35 %
Yes	2205	35.65 %
Currently us Marijuana		
No	4931	79.04 %
Yes	1308	20.96 %
Ever use prescription Drugs		
No	5494	87.14 %
Yes	811	12.86 %
Current alcohol use		
No	4122	67.31 %
Yes	2002	32.69 %

Table 3. Sexual Identity and Grade of Respondents

Attribute	Number	Percent %
Sexual Identity		
Heterosexual	5144	87.51%
Gay/Lesbian	126	2.14%
Bisexual	359	6.11%
Not Sure	249	4.24%
Grade Level		
9 th	1745	27.78%
10 th	1785	28.41%
11 th	1473	23.45%
12 th	1279	20.36%
Grades in School		
A & B	1075	18.61%
All other grades	4703	81.39%

Table 4. Social Attitudes and School Behaviors

Attributes	Number	Percent %
Safety concerns at school		
No	5816	91.95 %
Yes	509	8.05 %
Threatened at school		
No	5862	92.65 %
Yes	465	7.35 %
Physical fights at school		
No	5774	92.64 %
Yes	459	7.36 %
Felt Sad & Hopeless		
No	4607	73.17 %
yes		26.83%

Table 5. Bullying Experiences at School

Attribute	Number	Percent %
Bullied at school		
No	5352	84.62 %
Yes	973	15.38 %
Electronically bullied		
No	5580	88.25 %
Yes	743	11.75 %
Bullied b/c labelled GLB		
No	5578	90.55 %
Yes	579	9.45 %

Bivariate Analysis (Chi Square): When looking at the associations of Lesbians, Gays and Bisexuals who were bullied because of their sexual orientations, there is a significant among all four types of sexual identifications that were looked at in this study. Fifty-nine percent gays/lesbians, forty-three percent bisexuals, twenty-five percent of those individuals who were unsure about their sexuality reported being bullied because of how they identify themselves sexually. Looking at how race may play a factor when it comes to bullying, 32.13% of Hispanics/Latinos and 43.86% of whites were more likely to be bullied because of their sexual orientation based on their race compared to blacks/ African Americans (13.90%) and all other race (10.11%).

This result turned out to be not significant. See table 5 for more details. When taking in consideration of the other predictor variables like suicide ideations, behavioral factors and bullying because of sexual orientations, the bivariate analysis were ran. The results showed that there was significance between all the predictors variables except the student's grades in school. Fifty-three percent used marijuana, 35.28% currently uses marijuana, 25.44% smokes cigarette, 28.80% uses prescription drugs and 49.72% of the students currently drinks alcohol. About 45% of those students who were bullied because of their sexual orientations considered suicide, 37.97% of them made suicidal plans and 30.53% attempted suicide. More than half of the students who were bullied because of their sexuality felt sad and hopeless (59.16%), 23.53% were threatened at school, 22.88% were concerned about their safety at school and 17.93% were involved in a physical fight at school.

Table 8 shows no significance which were mentioned before, however 78.48% of the students bullied had As and Bs in school.

Multivariate Analysis (Logistic Regression): When looking at how sex, race, age, sexual identification and grades in school influences the dependent variable which is suicide ideations. The results showed that males are 49% less likely to consider suicide, 49% less likely to make suicidal plans and men have a higher odds of not attempting suicide compared to women.

Table 6. Made Plans for Suicide

Attribute	Odds Ratios	95% Confidence
Gender		
Males vs. Females	0.489	0.400 0.599
Race		
Black vs. white	0.667	0.502 0.886
Hispanic/Latinos	0.945	0.761 1.174
All other	1.310	0.944 1.819
Age		
15ys vs. 14 and younger	0.861	0.629 1.179
16 yrs vs. 14 and younger	0.852	0.622 1.168
17 yrs vs. 14 and younger	0.795	0.574 1.102
18yrs vs. 14 and younger	0.778	0.536 1.128

Table 7. Made Plans for Suicide by Orientation and School Grades

Attribute	Odds Ratios	95% Confidence
Sex Identity		
Gay/Lesbian vs. heterosexual	3.665	2.308 5.820
Bisexual vs heterosexual	4.946	3.776 6.478
Not sure vs. heterosexual	2.748	1.904 3.967
Grades in school		
A's & B's vs. all other grades	0.704	0.560 0.885

Table 8. Multivariate Analysis for Attempted Suicide

Attribute	Odds Ratios	95% Confidence
Sex Identity		
Gay/Lesbian vs. heterosexual	5.388	3.158 9.193
Bisexual vs heterosexual	6.538	4.756 8.988
Not sure vs. heterosexual	5.604	3.745 8.386
Grades in school		
A's & B's vs. all other grades	0.501	0.381 0.658

Table 9. Suicide Attempts by Gender, Race, and Age

Attribute	Odds Ratios	95% Confidence
Gender		
Males vs. Females	0.564	0.436 0.730
Race		
Black vs. White	1.544	1.107 2.153
Hispanic/Latinos vs. Whites	1.305	0.980 1.738
All other vs. Whites	1.566	1.014 2.419
Age		
15ys vs. 14 and younger	0.760	0.513 1.127
16 yrs vs. 14 and younger	0.791	0.534 1.174
17 yrs vs. 14 and younger	0.722	0.479 1.088
18yrs vs. 14 and younger	0.711	0.443 1.143

Table 10. Summary of Multivariate Factors Associated with Suicide Attempts

Attribute	Odds Ratios	95% Confidence
Feeling sad/ hopeless vs NO	7.662	5.385
Males vs. Females	0.512	0.340
Blacks/AA vs. Whites	2.434	1.589
Hispanic/Latinos vs. Whites	1.481	1.040
All other race vs. Whites	1.721	1.018
Gays/Lesbians vs. Heterosexual	2.847	1.436
Bisexual vs. Heterosexual	2.816	1.895
Unsure vs. Heterosexual	1.981	1.131
Current cigarette use vs NO	1.801	1.155
Current alcohol use vs NO	1.025	0.749
		1.637

DISCUSSION

The sex of the participants were equally distributed between males (49.06%) and females (50.94%). Majority of the individual sin the sample where whites and Hispanic/ Latinos compared to their blacks/ African America counterparts. Eighty percent of the sample size classified themselves as lesbian, gay, and bisexual. About 19 percent of the students rated themselves as receiving A's and B's in school. Close to one-third of the high schoolers who were bullied attempted suicide and 44.89% considered suicide and 37.9% of the made plans. When it came to discussing the significant associations. Males, blacks, and A's and B's are the protectors considering and planning suicide and the predictors factors were LGB and those individuals who were not sure about their sexuality. The protectors when it came to attempt suicide were males and the students that had A's and B's. the predators were the students when were black/African America and all other races and those who were unsure about their sexuality. When looking at all the factors when attempting suicides, the protectors were the students with a's and b's and those individuals who were males. The predictors were those students who were blacks, felt sad and hopeless, LGB and those unsure about their sexuality, those who smoke cigarettes and those who do prescription drugs, those students who were threaten, electronically bullied, bullied at school and those who got in physical fights

Conclusion

Findings from this study indicates very similar findings and correlation to this research and other previous findings from other researched. The Center of Disease Control states that "eight percent of all high school students in America reported being lesbians, gays and bisexuals. The results from this research correlates that eight percent of the adolescents in Florida classifies themselves as gay, lesbian and bisexual. Another study states that women are more prone to having suicide ideations. This research proves that women are more likely and have higher odds of suicidal ideations compared to men. The same results about white adolescents being more like than black to being bullied than black adolescent is also supported by a research conducted by Nansel. Teenagers may be turning to alcohol, drugs, and other substances as a way of coping with their emotions of being bullied which can lead to suicidal ideations. This could be the reason why all these factors were significant. Bullying can trigger depression among vulnerable teens and can prolong feeling sad and hopeless, so this is probably why these adolescents are taking prescription drugs.

Age and grade are correlated, and neither one of these factors influence having suicidal ideations. Knowing the problems, and seeing that sexual orientation, bullying and Individuals who are bullied are more likely to engage in suicidal ideations. Race, gender, sexual identifications, substance use, behavioral factors corresponds with suicide ideations among adolescents. 59% Gay/ Lesbian, 43% Bisexual were bullied because of their sexual orientation. Race, gender, sexual orientation is associated with being bullied and the vulnerability to suicidal ideations. Bullying, behavioral factors, drugs and alcohol use, physical harm, and low self-esteem are all significant when taking in consideration with suicide ideations. Suicide all play a factor with each other. Race, gender, sexual identifications, substance use, behavioral factors call has had effect on suicide ideations among adolescents

Limitations and Recommendation

The YRBS dataset already comes with limitations including: all surveys are not in the dataset. State and district YRBDS dataset are owned and controlled by the health and education agencies that conducted the surveys. Some of the agencies did not give the CDC permission to include their data in the combined datasets. Therefore, some analyses conducted using the combined dataset may produce results that do not match results previously published by the CDC. Limitation number two is that the combined datasets are based on the 2015 YRBS stander questionnaire and include data form selected optional YRBS questions. The third limitation is that many states, and district surveys do not include all the standard questions in their questionnaires. However, the limitations that were encounter during this research were the inability to distinguish the difference between the physical and cyber bullying questions. The sample size of the data of blacks in the study, also the inability to know the types of prescription drugs or why the adolescents might be taking prescription drugs. No specificity on school bullying regarding verbal or physical and achieving statistical significance because of large sample size. Some recommendations to help solve and improve and to make and impact on these high schoolers lives are the following. To have better suicide ideations surveillance for all students including LGB students. To have more suicide and anti-bullying prevention programs for parents teachers and students and to have a Bully & suicide hotlines that student can report being bullied, or know someone is being bullied and a Text alert or app for students who are not comfortable with talking to someone about the situation. Support groups for those students who are bullied and those students who are suicidal. The school should have a biweekly/ monthly counseling sections for student who are being bullied to suppressed suicidal ideations. They should conduct Seminars to bring awareness to bullying and suicide, so the students, parents and teacher will be able to properly identify the students who are being bullied and those kids who may be suicidal. There should also be awareness and Information sections at teacher parents' meetings. A system should be implemented to where they have classes to teach, consequences for those individuals who are doing the bullying and rewards for good behaviors and those students who help someone not commit suicide.

REFERENCES

- Bearman PS., Moody J. 2004. Suicide and friendships among American adolescents. *Am J Public Health.*, 94(1):89-95.

- Birkett M., Espelage DL., Koenig B. 2009. LGB and questioning students in schools: the moderating effects of homophobic bullying and school climate on negative outcomes. / *Youth Adolesc.*, 38(7):989-1000.
- Carney, J. V. 2000. Bullied to death. *School Psychology International*, 21(2), 213–223.
- Centers for Disease Control and Prevention Youth Risk Behavior Surveillance - United States, 2015 MMWR Surveill Summ, 65 (2016), pp. 1-174
- Crosnoe R. 2011. Fitting In, Standing Out: Navigating the Social Challenges of High School to Get an Education. New York, NY: Cambridge University Press.
- Eaton DK., Kann L., Kinchen S. et al., 2011. Youth risk behavior surveillance - United States, MMWR Surveill
- Eisenberg ME., Resnick MD. 2006. Suicidality among gay, lesbian and bisexual youth: the role of protective factors./ *Adolesc Health*. 39(5):662-668.
- Ersilia Menesini & Christina Salmivalli 2017. Bullying in schools: the state of knowledge and effective interventions, *Psychology, Health & Medicine*, 22:sup1, 240-253, DOI: 10.1080/13548506.2017.1279740
- Hall-Lande JA., Eisenberg ME., Christenson SL., Neumark-Sztainer D. 2007. Social isolation, psychological health, and protective factors in adolescence. *Adolescence*., 42(166):265-286.
- Hepburn L., Azrael D., Molnar B., Miller M. 2012. Bullying and suicidal behaviors among urban high school youth. *J Adolesc Health*., 51 (1):93-95.
- High, B. 2007. Bullycide in America: Moms speak out about the bullying=suicide connection. Alberta, Canada: JBS Publishing, Inc
- Hinduja, S., & Patchin, J. W. 2010b. Cyberbullying by gender. Cyberbullying Research Center. Retrieved from Cyberbullying Research Center Website: http://www.cyberbullying.us/2010_charts/cyberbullying_gender_2010.jpg
- Kosciw JG., Greytak EA., Diaz EM. 2009. Who, what, where, when, and why: demographic and ecological factors contributing to hostile school climate for lesbian, gay, bisexual, and transgender youth. *J Youth Adolesc*. 38(7):976-988.
- Kosdw JG., Greytak EA., Bartkiewicz MJ., Boesen MJ., Palmer NA. The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools. New
- Kshirsagar VY., Agarwal R., Bavdekar SB. 2007. Bullying in schools: prevalence and short-term impact. *Indian Pediatr*.44(1):25-28.
- Marr, N., & Field, T. 2001. Bullycide: Death at playtime—An expose of child suicide caused by bullying. London: Success Unlimited.
- Mueller, A. S., James, W., Abrutyn, S., & Levin, M. L. 2015. Suicide Ideation and Bullying Among US Adolescents: Examining the Intersections of Sexual Orientation, Gender, and Race/Ethnicity. *American Journal of Public Health*, 105(5), 980–985. <http://doi.org/10.2105/AJPH.2014.302391>
- Nansel TR., Overpeck M., Pilla RS, Ruan WJ, Simons-Morton B, Scheidt P. 2001. Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *JAMA*. 285(16):2094-2100.
- Olweus, D. 1973. Hackkycklingar och översittare: forskning om skolmobbning [Aggression in the schools: Bullies and whipping boys]. Stockholm: Almqvist & Wiksell.
- Olweus, D. 1978. Aggression in the schools: Bullies and whipping boys. New York, NY: Hemisphere Publishing.
- Olweus, D. 1993. Bullying at school: What we know and what we can do. Oxford: Blackwell.
- Palladino, B., Nocentini, A., & Menesini, E. 2015. Evidence-based intervention against bullying and cyberbullying: Evaluation of the Notrap! program in two independent trials. *Aggressive Behavior*, 194–206. Early online.
- Olweus, D. 2001. Peer harassment: a critical analysis and some important issues. (pp. 3-20). New York: Guilford Publications. Retrieved from <http://www.olweus.org/public/bullying.page>
- Patrick DL., Bell JF., Huang JY., Lazarakis NC., Edwards TC. 2013. Bullying and quality of life in youths perceived as gay, lesbian, or bisexual in Washington State, 2010. *Am J Public Health*., 103(7): 1255-1261.
- Russell ST. 2003. Sexual minority youth and suicide risk. *Am Behav Sci*., 46(9):1241-1257.
- Russell ST., Everett BG., Rosario M., Birkett M. 2014. Indicators of victimization and sexual orientation among adolescents: analyses from youth risk behavior surveys. *Am J Public Health*., 104(2):255-261.
- Russell ST., Joyner K. 2001. Adolescent sexual orientation and suicide risk: evidence from a national study. *Am J Public Health*. 91 (8): 1276-1281.
- Schneider SK., O'Donnell L., Stueve A., Coulter RWS. 2012. Cyberbullying, school bullying, and psychological distress: a regional census of high school students. *Am J Public Health*., 102(1): 171-177.
- Shields JP., Whitaker K., Glassman J., Franks HM., Howard K. 2012. Impact of victimization on risk of suicide among lesbian, gay, and bisexual high school students in San Francisco. *J Adolesc Health*., 50(4):418-420.
- Solberg ME., Olweus D., Endresen IM. 2007. Bullies and victims at school: are they the same pupils? *Br J Educ Psychol*. 77(Pt 2):441-464.
- Stone DM., Luo F., Ouyang L., Lippy C., Hertz M., Crosby AE. 2014. Sexual orientation and suicide ideation, plans, attempts, and medically serious attempts: evidence from local youth risk behavior surveys, 2001-2009. *Am J Public Health*., 104(2):262-271.
- Summ. 2012; 61(SS-4):1-162. Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.
- York, NY. 2018. Gay, Lesbian & Straight Education Network; 2012. Available at: <http://glsen.org/sites/default/files/2011-20/National%20School%20Climate%20Survey%20Full%20Report.pdf>. Accessed April 12.
