

11-10-2008

Bullying and Depression

Susan M. Swearer Napolitano

University of Nebraska - Lincoln, sswearernapolitano1@unl.edu

Follow this and additional works at: <http://digitalcommons.unl.edu/edpsychpapers>



Part of the [Educational Psychology Commons](#)

Swearer Napolitano, Susan M., "Bullying and Depression" (2008). *Educational Psychology Papers and Publications*. Paper 134.
<http://digitalcommons.unl.edu/edpsychpapers/134>

This Article is brought to you for free and open access by the Educational Psychology, Department of at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Educational Psychology Papers and Publications by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.



Bullying and Depression



Author: [Susan Swearer](#)

Source: Bullying Special Edition Contributor

A common misconception about bullying is that this phenomenon does not result in negative long-term consequences. In reality, children and adolescents who are involved in bullying face a host of psychological difficulties. Oppositional defiant disorder (8), attention deficit hyperactivity disorder, and depression have been identified as mental health disorders that are associated with bullying (3).

Consequently, it is vital that parents and teachers become familiar with the signs of depression in youth and understand the factors that may be triggers for depressive symptoms in bullies, victims, and bully-victims (i.e., individuals who bully others and are also the targets of bullying). Once the connection between bullying and depression is understood, individuals will be better prepared to select interventions that combat both bullying behaviors and depression.

What is Depression?

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) there are three depressive disorders (1):

- Major Depressive Disorder (MDD) is characterized by one or more Major Depressive Episodes, which are periods of depressed mood or loss of interest that endure for at least two weeks at a time (18). Other symptoms of MDD include loss of energy, feelings of worthlessness, diminished concentration, suicidal ideation, and changes in sleep, weight, or psychomotor activity.
- Dysthymic Disorder (DD) is a chronic, mild form of depression that includes symptoms such as depressed mood, irritability, and two other depressive symptoms. D
- Depressive Disorder Not Otherwise Specified (D-NOS) is diagnosed when an individual's depressive symptoms do not meet the criteria of the previous two disorders.

Although prevalence rates for depression in children and adolescents vary (18), they seem to fall between 1.6% and 8.9% (2). With respect to developmental trends, depression rates increase with age and rise dramatically during adolescence (19). Based on the prevalence of depression in youth, it is important to examine depression more thoroughly in the context of bullying.

Depression in Bullies, Victims, and Bully/Victims

Victims of bullying are particularly at-risk for experiencing depression. Victims have been found to do the following:

- possess typically low self-esteem view themselves in a negative manner (10 & 11), which can ultimately lead to depression.
- are associated with depression and unhappiness at school (14) and low self-worth (3).

Additionally, bullies and bully-victims may also experience depression. Studies have found the following tendencies in bullies and bully-victims:

- had higher levels of depressive symptoms than victims and individuals who were not involved in bullying (17)
- had comorbid depression with other disorders (e.g., oppositional or conduct disorders for bullies) (8)
- were the most impaired subgroup of students involved in bullying with respect to mental health issues (17 & 7)

Along with depressive symptomatology, there appears to be a relationship between bullying and suicidal ideation. Findings indicate that individuals who are involved in bullying are at risk for developing depression and suicidal thinking, regardless of their status. Studies, for example, have found the following:

- A larger proportion of adolescent bully-victims and victims reported suicidal ideation compared to bullies and uninvolved youth (7)
- Bullies and victims scored significantly higher than uninvolved peers on measures of depressive symptoms and suicidal thoughts (12)

Explaining the Link between Bullying and Depression

Several factors impact the relationship between bullying and depression. For instance:

- With respect to victims, some studies suggest that targets of bullying inadvertently set themselves up for bullying through their passivity. Thus, some victims are unlikely to report victimization or to retaliate, which makes them appealing targets for bullies (15 & 10).
- Due to the correlation between depression and bullying others (1), a possible explanation for bullying behavior is that bullies engage in aggressive behaviors to compensate for negative feelings or low-self esteem (11).

School personnel should be aware of the link between bullying and depressive symptoms. For instance, peer support can moderate the relationship between bullying and depression (6).

Treatment Approaches and Considerations

It is apparent that bullying is not a normal rite of passage which all youth experience without consequences. Unfortunately, involvement in bullying can result in mental health disorders such as depression. Depressed children and adolescents who are involved in bullying would benefit from evidence-based, individualized interventions that address their unique needs. Bullying interventions should provide youth with effective strategies to cope with the bullying itself as well as manage internalizing symptoms (17).

Cognitive-behavioral approaches may be ideal for treating depression in bullies, victims, or bully-victims since Cognitive-Behavioral Therapy (CBT) is considered a well-established treatment for depression (4). For instance, the Bullying Intervention Program (BIP) (16) can be used in place of other strategies that are commonly used to deter bullying (e.g., suspensions), which tend to be ineffective (5). The BIP is designed for students who bully others and is conducted in a one-on-one format. It consists of three components that are

completed during a single three-hour session: 1) assessment; 2) psychoeducation; and 3) feedback.

Also, the BIP is advantageous due to its individualized nature, in that the session's activities and therapist's recommendations are tailored to meet the unique needs of the student. In general, it is vital to consider this information while selecting and developing interventions that reduce bullying behaviors and alleviate the psychological repercussions associated with victimization.

References

1. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed., Text Revision). Washington, DC: Author.
2. Angold, A., & Costello, E. J. (2001). The epidemiology of depression in children and adolescents. In I. M. Goodyer (Ed.), *The depressed child and adolescent* (2nd ed., pp. 143-178). New York: Cambridge University Press.
3. Callaghan, S., & Joseph, S. (1995). Self-concept and peer victimization among schoolchildren. *Personality and Individual Differences*, *18*(1), 161-163. DOI: 10.1016/0191-8869(94)00127-E.
4. Compton, S. N., March, J. S., Brent, D., Albano, A. M., Weersing, V. R., & Curry, J. (2004). Cognitive-behavioral psychotherapy for anxiety and depressive disorders in children and adolescents: An evidence-based medicine review. *Journal of American Academy of Child and Adolescent Psychiatry*, *43*, 930-959. DOI: 10.1097/01.chi.0000127589.57468.bf.
5. Espelage, D. L., & Swearer, S. M. (2008). Current perspectives on linking school bullying research to effective prevention strategies. In T. W. Miller (Ed.), *School Violence and Primary Prevention* (pp. 335-353). New York: Springer.
6. Holt, M. K., & Espelage, D. L. (2007). Perceived social support among bullies, victims, and bully-victims. *Journal of Youth and Adolescence*, *36*, 984-994. DOI: 10.1007/s10964-006-9153-3.
7. Ivarsson, T., Broberg, A. G., Arvidsson, T., & Gillberg, C. (2005). Bullying in adolescence: Psychiatric problems in victims and bullies as measured by the youth self report (YSR) and depression self-rating scale (DSRS). *Nordic Journal of Psychiatry*, *59*(5), 365-373. DOI: 10.1080/08039480500227816.
8. Kumpulainen, K., Rasanen, E., & Puura, K. (2001). Psychiatric disorders and the use of mental health services among children involved in bullying. *Aggressive Behavior*, *27*, 102-110. DOI: 10.1002/ab.3.
9. Mufson, L., & Pollack Dorta, K. (2003). Interpersonal psychotherapy for depressed adolescents. In A. E. Kazdin & J. R. Weisz (Eds.). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford Press.
10. Olweus, D. (1995). Bullying or peer abuse at school: Facts and intervention. *Current Directions in Psychological Science*, *4*, 196-200. DOI: 10.1111/1467-8721.ep10772640.
11. O'Moore, M., & Kirkham, C. (2001). Self-esteem and its relationship to bullying behavior. *Aggressive Behavior*, *27*(4), 269-283. DOI: 10.1002/ab.1010.
12. Roland, E. (2002a). Bullying, depressive symptoms and suicidal thoughts. *Educational Research*, *44*(1), 55-67. DOI: 10.1080/00131880110107351.

13. Roland, E. (2002b). Aggression, depression, and bullying others. *Aggressive Behaviors*, 28, 198-206. DOI: 10.1002/ab.90022.
14. Slee, P. T. (1995). Peer victimization and its relationship to depression among Australian primary school students. *Personality and Individual Differences*, 18(1), 57-62. DOI: 10.1016/0191-8869(94)00114-8.
15. Smokowski, P. R., & Holland Kopasz, K. (2005). Bullying in school: An overview of types, effects, family characteristics, and intervention strategies. *Children & Schools*, 27(2), 101-110.
16. Swearer, S. M. & Givens, J. E. (2006). Designing an Alternative to Suspension for Middle School Bullies. Paper presented at the annual convention of the National Association of School Psychologists, Anaheim, CA.
17. Swearer, S. M., Song, S. Y., Tam Cary, P., Eagle, J. W., & Mickelson, W. T. (2001). Psychosocial correlates in bullying and victimization: Relationship between depression, anxiety, and bully/victim status. *Journal of Emotional Abuse*, 2(2&3), 95-121. DOI: 10.1300/J135v02n02_07.
18. Swearer, S. M., Wang, C., Givens, J., Berry, B., & Reinemann, D. (in press). Mood and depressive disorders in children and adolescents. Chapter to appear in S. Goldstein & C. R. Reynolds (Eds.), *Handbook of Neurodevelopmental and Genetic Disorders in Children*, 2nd edition. New York: Guilford Press.
19. Weisz, J. R., Southam-Gerow, M. A., Gordis, E. B., & Connor-Smith, J. (2003). Primary and secondary control enhancement training for youth depression: Applying the deployment-focused model of treatment development and testing. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford Press.

© Copyright 2006-2011 Education.com All Rights Reserved.
<http://www.education.com/reference/article/bullying-depression/>