HEARTSMAP CME – RELATIONSHIPS AND BULLYING

HEARTSMAP Domain	Relationships and bullying
Number of articles	3

General Theme	Clinician Bottom Line
Sexual Orientation and bullying • Half of gay youth and 1/5 of lesbian youth have been verbally or physically assaulted in high school. The LGBTQ population is 2 to 4 times more likely to be threatened with a weapon at school than heterosexual peers. Harassment predisposes the youth to a higher risk of dropping out of school. (Level of Evidence: II.1)	• Physician should connect the youth to an appropriate psychosocial support if relational difficulty and stigmatization are identified. • See article #1
Bullying and depression • Those involved in bullying behaviour, either as a victim or bully, are at a higher risk of depression, suicidal ideations, and suicidal attempts. (Level of Evidence: II.1)	• Youth found to be involved in bullying, either as a victim or bully, should be assessed for depression and suicidality, and vice versa. • See article #2
Bullying and intervention • The multi-component, school-based intervention program was most efficacious for preventing bullying. (Level of Evidence: II.1) • Victims of bullying can present with an array of internalizing symptoms, such as depression and anxiety. (Level of Evidence: II.1)	• A clinician should screen and treat for internalizing symptoms such as depression and anxiety in victims of bullying. • See article #3

1. Kaufman, M. (2016). Adolescent sexual orientation: Position statements and practice points. Canadian Paediatric Society. Retrieved from http://www.cps.ca/documents/position/sexual-orientation.
    a. **Objective:** Review what is the best clinical guideline in assisting LGBTQ youth in terms of their sexual orientation, family dynamic, relationship, and stigmatization they face.
    b. **Method**: a systematic review of demography, survey, and cross-sectional studies on LGBTQ youth and their risks, behaviours, and health care needs.
    c. **Result:** 1/2 of gay youth and 1/5 of lesbian youth have been verbally or physically assaulted in high school. The LGBTQ population is 2 to 4 times more likely to be threatened with a weapon at school than heterosexual peers. Harassment predisposes LGBTQ youth to dropping out of school.
    d. **Conclusion:** Despite the lack of cohort studies, the position statement nonetheless presents solid evidence that LGBTQ youth face elevated risks in psychosocial and health domains due to stigmatization. Clinically, physicians should connect youth to appropriate psychosocial supports if relational difficulty and stigmatization are identified.
    e. **Level of evidence:** II.1 (a systematic summary of various types of studies)

2. Brunstein klomek, A., Marrocco, f., Kleinman, M., Schonfeld, I. S., & Gould, M.S . (2007). Bullying, Depression, and Suicidality in Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, *46*(1), 40–49. http://doi.org/10.1097/01.chi.0000242237.84925.18
    a. **Objective:** to describe the association between bullying and depression, suicidal ideation, and suicide attempts in adolescents
    b. **Method:**
        i. **Population**: 2,342 adolescents aged 13 to 19 (grades 9 through 12) who are attending six high schools in New York
        ii. **Design**: a cross-sectional study involving self-reported questionnaires on bullying, depression, suicidal ideation, and suicide attempts
        iii. **Primary objective measure:** odds ratios of suicidal ideations and attempts in bullies and victims compared to those not involved in bullying
    c. **Result:** Compared to those who have never been bullied, those who were bullied less than weekly in school was 2.63 times more likely to be depressed, 2.79 times more likely to have had serious suicidal ideations, and 2.66 times more likely to have had suicide attempts (all $p < 0.001$). Those who are bullied frequently (at least three or four times in the past 4 weeks) were 7.35 times more likely to be depressed, 5.41 times more likely to have had serious suicidal ideation, and 4.48 times more likely to have had suicide attempts than those who were never bullied (all $p <0.001$). Compared to those who have never bullied, those who bully others in school less than weekly were 1.72 times more likely to be depressed, 2.62 times more likely to have had serious suicidal ideations, and 2.45 times more likely to have attempted suicide (all $p < 0.001$). As for those who bully frequently (at least three or four times in the past 4 weeks), they were 3.46 times more likely to develop depression, 3.44 times more likely to have had serious suicidal ideation, and 3.64 times more likely to have attempted suicide than those who never bully (all $p < 0.001$). Girls who bully others frequently were 3.93 more likely to experience depression and attempt suicide than boys who bully frequently. In summary, higher involvement in bullying, both as a victim and a bully, were associated with elevated risks of depression, serious suicidal ideation, and suicide attempts.
    d. **Conclusion:** Despite being a cross-sectional study, the large sample size and robust odds ratios lend strong credit to the study's finding that involvement in bullying, both as a victim and a bully, is associated with higher risks for depression, suicidal ideation, and suicidal attempts. The risks are elevated with greater involvement in bullying behaviour, either as a victim or bully. Clinically, youth who are involved in bullying should be screened for depression and risks of suicides, and vice versa.
    e. **Level of evidence: I**I.1 (well-designed cross-sectional study).

3. Leff, S. S., & Waasdorp, T. E. (2013). Effect of Aggression and Bullying on Children and Adolescents: Implications for Prevention and Intervention. *Current Psychiatry Reports*, *15*(3), 1–10. http://doi.org/10.1007/s11920-012-0343-2
    a. **Objective:** to define an evidence-based prevention and intervention for aggression and bullying
    b. **Method:**
        i. **Population**: children and adolescents experiencing aggression and bullying
        ii. **Design: a** systematic review of various studies
        iii. **Primary outcome measure**: subtypes of aggression, associated risks, intervention and clinical implications
    c. **Result:** The most efficacious intervention program for bullying and aggression was a multi-component, school-wide program with more supervision and concrete disciplinary responses to aggression. One of the protective factors to bullying was strong friendship. Contrary to a traditional belief that bullies lack social skills, some bullies are often influential and popular,

which would require a different intervention approach. Supportive communication with the parent can help youth who are victims of bully. Youth are more likely to report bullying to a parent than a teacher. Clinically, victims of bullying present with a host of internalizing symptoms, which may include high level of depression and suicidal ideation.

d. Conclusion: The extensive systematic review provides solid support to various recommendations it makes concerning management of bullying. For instance, a clinician should screen and treat for internalizing behaviours such as anxiety and depression among children and adolescents who are involved in bullying. For bullies who are popular and influential, it would be important to focus on developing positive leadership skills and social influence.

e. **Level of evidence**: II.1 (systematic summary of extensive number of studies)

Appendix: Guide for Level of Evidence

Canadian Task Force on the Periodic Health Examination's Levels of Evidence*

Level	Type of evidence
I	At least 1 RCT with proper randomization
II.1	Well designed cohort or case-control study
II.2	Time series comparisons or dramatic results from uncontrolled studies
III	Expert opinions