



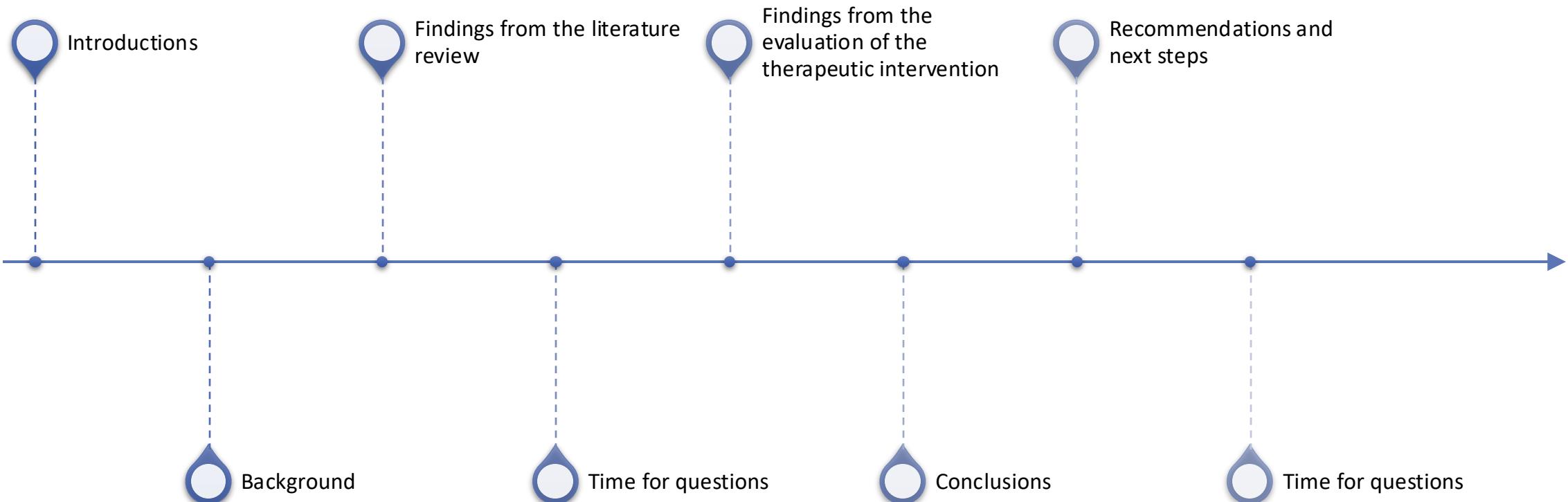
# The Trauma of Bullying

Tuesday 24<sup>th</sup> September 2024

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&  
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# Overview of the session

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# Background: The nature & prevalence of bullying in the UK

Bullying is: A form of aggressive behaviour perpetrated in the peer group. Occurs where there is an **intent to harm** the target and where there is a **power imbalance** between the perpetrator and the target (Olweus, 1993).

[The Anti-Bullying Alliance](#) (ABA) defines bullying as: The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power.

Can include different types of behaviour, including **direct bullying** (name calling, hitting/ kicking), **indirect bullying** (ignoring someone, leaving someone out of a group) and **cyberbullying** (bullying which occurs through digital/ communication devices).



# Background: The prevalence of bullying in the UK

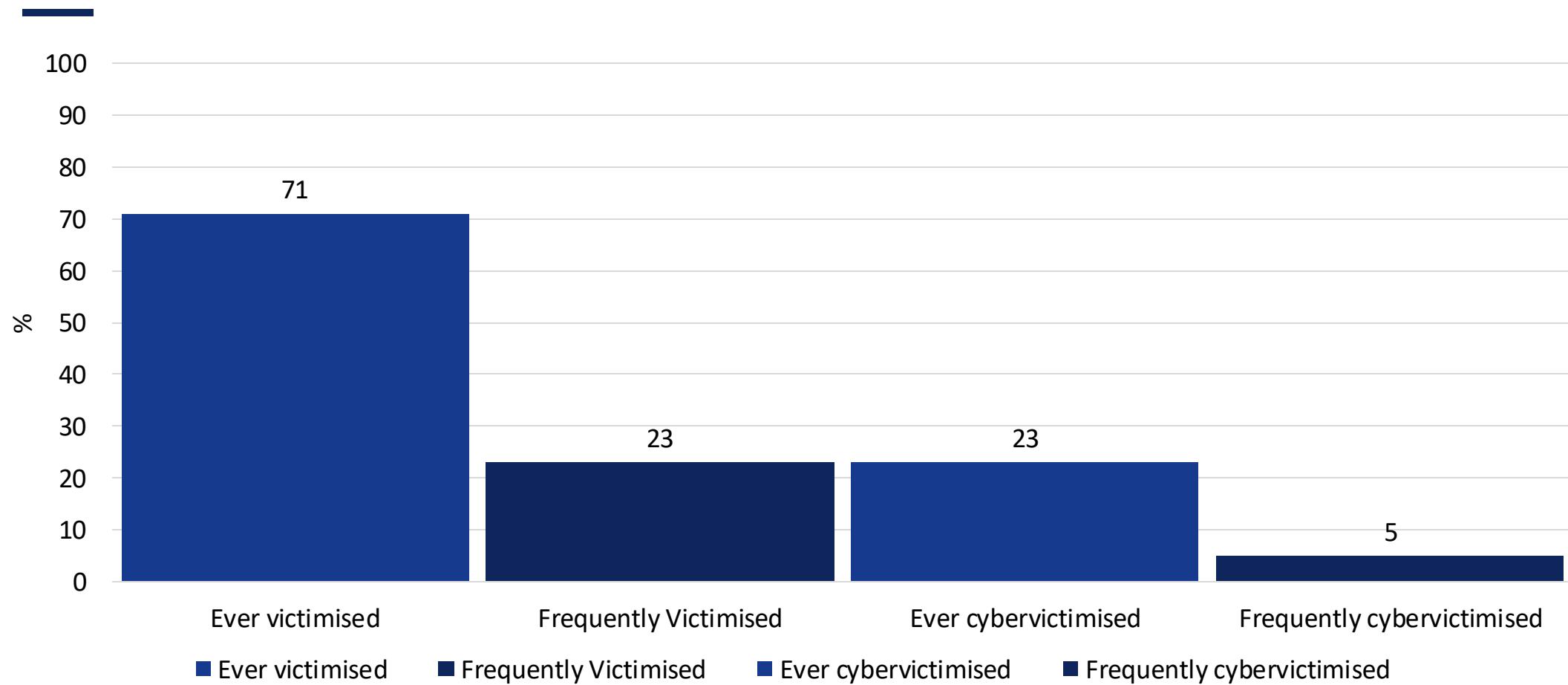
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The [Good Childhood Report \(2024\)](#) reported on the [Health Behaviour in School-Aged Children \(HBSC\)](#) study 2021/22 data and found:

The UK had the second highest levels of bullying in Europe (out of 27 countries).



# Background: The prevalence of bullying in the UK

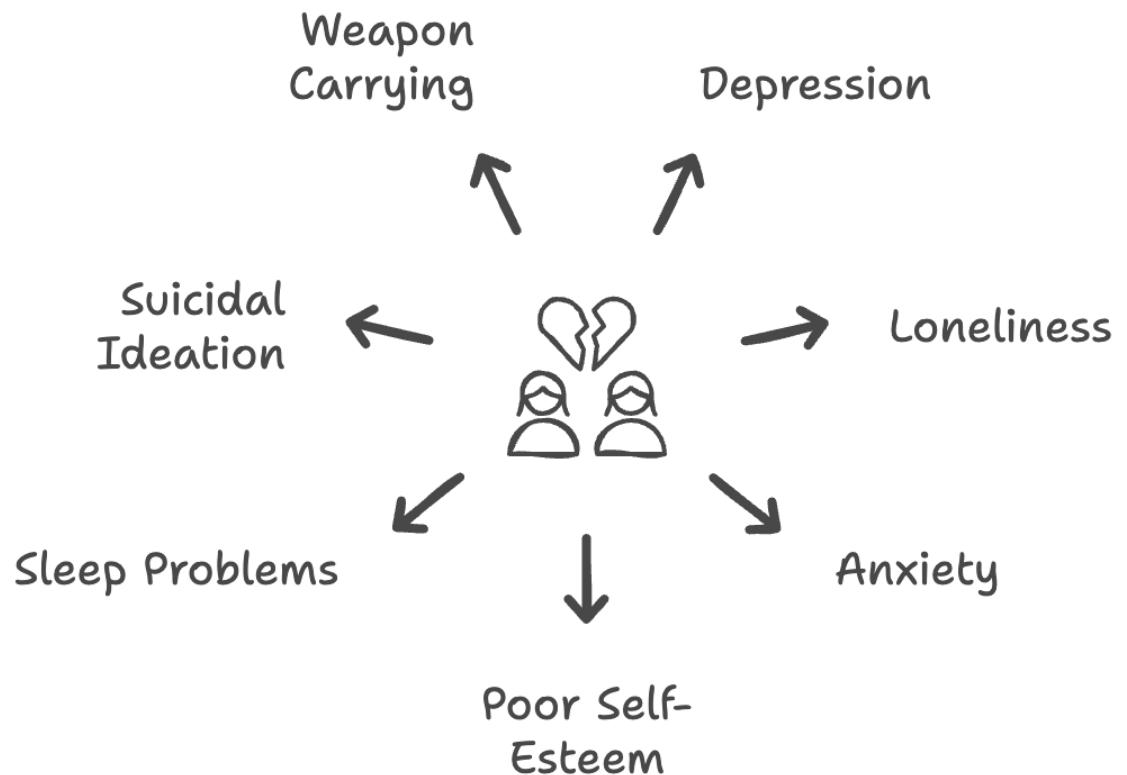


# Background: The impact of bullying on poor mental health

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Large-scale literature reviews have highlighted that being bullied is associated with:

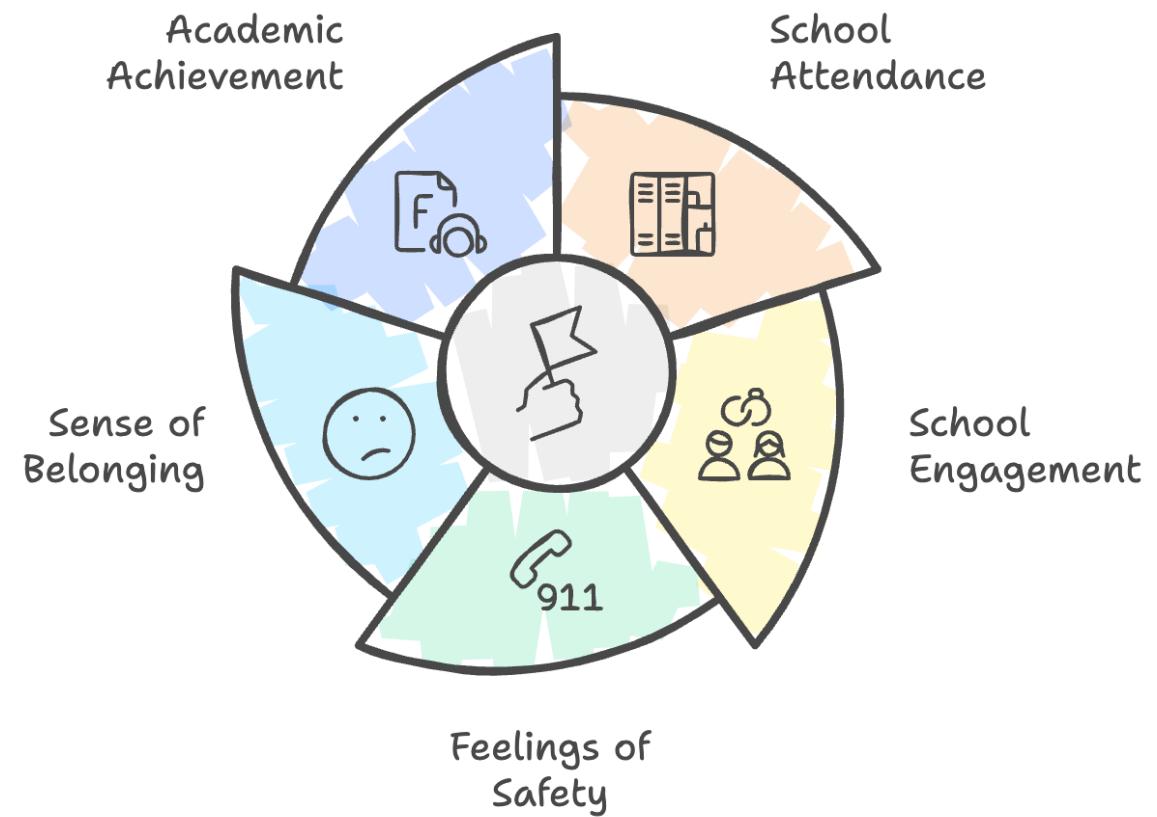
- higher levels of depression (Fisher et al., 2016).
- greater feelings of loneliness (Hawker & Boulton, 2000)
- higher levels of anxiety (Fisher et al., 2016).
- poorer self-esteem (Hawker & Boulton, 2000).
- headaches (Gini et al., 2014).
- sleeping problems (van Geel et al., 2016).
- suicidal ideation and suicidal behaviours (Holt et al., 2015).
- weapon carrying (Valdebenito et al., 2017).



# Background: The impact of bullying on school

Research has also highlighted the impact bullying can have on young people's school experience.

- Being bullied is associated with poorer academic achievement (Nakamoto & Schwartz, 2010)
- The Anti-Bullying Alliance (Anti-Bullying Alliance, n.d.) reported that those who were chronically bullied in school were less likely to feel safe in school, less likely to report liking school, and less likely to feel like they belong in school.
- [Brown et al. \(2011\)](#) estimated that 16,493 young people in England may be absent from school solely due to their bullying experiences.
  - They also suggested that a further 77,950 young people may be absent from school where bullying is a contributory factor to their absence.



# Background: Anti-bullying interventions

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Range of anti-bullying interventions have been developed. Interventions can include:

- Targeted work with individuals within the school (i.e., students and teachers) or from the broader community (i.e., parents/ guardians).
- Alternatively, interventions can employ a broader, whole-school approach (e.g., the [Olweus Bullying Prevention](#), [KiVA](#), Anti-Bullying Alliance's [All Together](#) programme).
- Focus is typically on reducing bullying behaviour, increasing help-seeking/ reporting and increasing bystander behaviour.
- Evidence suggests that such programmes only lead to moderate reductions in bullying behaviour (Hensums et al., 2023).
- Effectiveness is somewhat limited for those being chronically bullied (Kaufman et al., 2018).
- Interventions that focus specifically on supporting those being bullied are not as well developed.
- Support for those being bullied not as clear.

# Background: Current policy guidance (DoE)

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- “Bullying, especially if left unaddressed, can have a **devastating effect on individuals**. It can be a **barrier to their learning** and have **serious consequences for their mental health**”. (page 2)
- “schools have a responsibility to support children who are bullied and make **appropriate provision** for a child’s needs. The nature and level of support will depend on the individual circumstances and the level of need. These can include **a quiet word from a teacher that knows the pupil well, asking the pastoral team to provide support, providing formal counselling, engaging with parents, referring to local authority children’s services, completing a Common Assessment Framework or referring to Child and Adolescent Mental Health Services (CAMHS).**” (page 11)
- “In some circumstances the consequences of **bullying may lead to a child or young person experiencing pronounced social, emotional or mental health difficulties**. Schools should ensure they make **appropriate provision for a child’s short term needs**, including **setting out what actions they are taking when bullying has had a serious impact on a child’s ability to learn**. If the bullying leads to persistent, long-lasting difficulties that cause the child or young person to have significantly greater difficulty in learning than the majority of those of the same age, then **schools should consider whether the child will benefit from being assessed for SEN**.”

# Background: Summary

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1

## BULLYING IS A COMMON EXPERIENCE

ABA (2022) study of approximately 300,000 young people identified 24% were frequently bullied and 6% were frequently cyberbullied. UK has the second highest prevalence of bullying in Europe.

2

## THE IMPACT OF BULLYING

Bullying is associated with a range of poor mental health outcomes and is one factor associated with children and young people' absence from school.

3

## THE LIMITS OF CURRENT INTERVENTIONS

Numerous anti-bullying interventions have been developed but reviews suggest they only lead to small-moderate changes in bullying behaviour, leaving children and young people vulnerable to the impact of bullying.

# Background: The current project



With funding from the Mather Foundation  
Kidscape commissioned us to undertake:

- A literature review examining bullying as a traumatic experience.
- Evaluate the use of a therapeutic intervention (delivered by the Counselling organisation Service Six) to reduce the impact of bullying on children and young people's mental health.



# The Trauma of Bullying

The literature review

# The literature review

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We undertook a narrative literature review to examine whether bullying is a traumatic experience. We looked at this in two ways.

1

## CAN WE DEFINE BULLYING AS TRAUMATIC?

How does the definition of bullying align with definitions of trauma?

1. Examined the overlap between bullying and definitions of trauma.
2. Examined definitions of trauma included in the diagnostic criteria for post-traumatic stress disorder.

2

## BULLYING & PTSD

Is being bullied associated with symptoms of trauma, such as Post Traumatic Stress Disorder (PTSD)?

# Defining bullying as a traumatic experience

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## Bullying is....

The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online.

1

Trauma is typically defined as a reaction to events or experiences that can lead to people feeling **fearful**, **unsafe**, and **threatened**, where individuals feel **overwhelmed** by their experiences to the point of feeling **unable to cope**

2

### Types of trauma

**Type 1:** Type I (acute) traumas reflect a single unanticipated event, such as a car accident.

**Type 2:** Type II (chronic) traumas reflect repeated ongoing experiences, such as sexual abuse.

**Type 3:** Type III (complex) trauma has been suggested as a further form of traumatic experience to reflect the cumulative effect of multiple traumatic events.

# Defining bullying as a traumatic experience

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1

Trauma is typically defined as a reaction to events or experiences that can lead to people feeling **fearful, unsafe, and threatened**, where individuals feel **overwhelmed** by their experiences to the point of feeling **unable to cope**



Research evidence highlights how those who are bullied often report feeling frightened, scared, and unsafe in school, report their experiences of bullying as threatening and often struggle to cope.

2

### Types of trauma

**Type 1:** Type I (acute) traumas reflect a single unanticipated event, such as a car accident.

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# Defining bullying as a traumatic experience

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## Bullying is....

The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online.

**PTSD in the Diagnostic and Statistical Manual for Mental Disorders 5 (DSM-5)** Criterion A - suggests that the person was exposed to death, the threat of death, an actual or threatened serious injury, or actual or threatened sexual violence. Such events could have been experienced directly, through witnessing an event or by learning that the event occurred to a close relative or friend.

**ICD-11** include similar criteria but also suggest that the experiences can be short or long-lasting.

Bullying is not explicitly listed as an example traumatic event in the diagnostic criteria, we can see how the characteristics of bullying, and the outcomes of being bullied, align with such definitions.

- DSM-VI and ICD-11 refer to acts of aggression and violence
- The definition of bullying aligns well with the repeated interpersonal acts captured in these definitions of traumatic events, as bullying reflects repeated experiences of aggressive behaviour among peers.

# The relationship between being bullied and trauma

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- There are not as many research studies on the relationship between being bullied and trauma symptoms compared to publications on other mental health difficulties, such as anxiety and depression.
  - However, the available research highlights a relationship between being bullied and trauma symptoms (e.g., Crosby et al., 2010).
- This evidence suggests that this relationship is consistent for
  - different forms of bullying (e.g., Litman et al. 2015).
  - different roles in bullying (e.g., Mateu et al., 2020).
  - when other forms of traumatic childhood experiences have been controlled for (e.g., McGuckin et al., 2011).
- Although limited, a few studies have recently examined the mechanisms underpinning the relationship between being bullied and trauma symptoms. These studies highlight the important role of
  - trauma-related appraisals (e.g., Campbell & Morrison, 2007).
  - feelings of trauma-related guilt and shame (e.g., Lian et al., 2022)
  - Alexithymia (Guzzo et al., 2014).

# Key Points

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- Evidence suggests bullying can be defined as a trauma.
- Conceptualising bullying as a trauma offers a new avenue of investigation for understanding the relationship between bullying and poor mental health.
- Offers other opportunities for intervention, particularly the use of trauma-informed approaches.
- Trauma-informed practices offer one possible route for support and intervention.

*“We strongly believe that bullying should not be tolerated, either within school or in the wider community. **Bullying can have a negative effect on both the bully and the victim. The idea that bullying is in some way character building and simply part of childhood is wrong and should be challenged.”***

[point 7]

The House of Commons Select Committee on Education and Skills [Third Report](#) on bullying.



# The Trauma of Bullying

Evaluation of the  
therapeutic intervention

# Aims of the Evaluation

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Kidscape also funded the counselling service, Service Six, to provide a trauma informed therapeutic intervention to support those being chronically bullied in school.

Therefore, the second aim of this study was to examine the efficacy of this intervention, specifically we aimed to examine the following research aims:

- 1 To examine the impact of being chronically bullied in school on young people and their families, and to examine whether there an association with symptoms of trauma?
- 2 To evaluate the pilot of a trauma-informed therapeutic intervention to support children and young people being chronically bullied in school.

# The Trauma Informed Therapeutic Approach

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- Participating children were offered up to twelve fully funded therapeutic support sessions through BACP-accredited provider Service Six.
- For young people under the age of 13, the clinical assessment is completed with the therapist and the parent. For young people over the age of 13, the clinical assessment is completed with the young person, parent and therapist.
- Where possible, sessions were offered face to face in the Service Six offices. When this was not possible, we used 'zoom workplace', to provide sessions.
- Each therapist was provided with clinical supervision who was CYP qualified, and trauma informed which is a formal process to support our therapists providing support, reflection and guidance.
- The impact of traumatic bullying is not recognised enough. For a young person to go back into school/college everyday and not know if/when the bullying would happen again is abusive and many young people are not protected sufficiently.

# The Trauma Informed Therapeutic Approach

**Stage one** – Stabilising Phase which to create a safe and stable life in the here and now. This involves psychoeducation and the impact of trauma on the brain. Identifying trauma triggers which strategies for managing these triggers into flight/fight/freeze/flop/friend. Emotional regulation. Before moving onto the next stage, the therapist will introduce CBT to challenge the negative automatic thoughts of, 'I deserved it' or 'I am not likeable' and re-frame into positive automatic thoughts.

**Stage two** – Trauma processing phase. This is to process each individual trauma experience and coming to terms with the incidents. We use various methods of processing from talking it through, creatively drawing it on the back of a roll of wallpaper which is similar to a story and includes a chronology of the traumas. The traumas are processed until the memory and impact is minor. We use a scale so to assess the impact before and during this phase of therapy. At the end of this stage, we can assess if introducing Gestalt therapy and the empty chair so the young person can pretend the bully is in the chair and share what they went through but have survived it.

**Stage three** – Integration of the trauma as a past experience and for the young people overcome their fears and live their life. During this phase we discuss regression, if they see the bully or have a reminder such as driving past the school some years later.

**Stage one is the safety and stabilisation phase, which incorporates**

- Emotional and physical regulation.
- Emotional literacy (why I feel these emotions).
- Processing negative self-beliefs (I am not worthwhile).
- Psychoeducation, learning why the brain reacts to trauma.
- Safety strategies and self-care.

**Stage two is the trauma processing phase. Different therapies are offered**

- Talking through their experience until the impact is less impactful.
- Creatively drawing or processing their experience.
- Nonverbal techniques for those who are too distressed to talk about the incidents.
- Through play.

**Stage three is the reconnection phase**

- Reconciliation with self.
- Reconnection with others.
- Resolving the trauma.

# Data Collection

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The participants in the study included parents/carers of young people who were experiencing bullying in school and had contacted the Kidscape Parent Advice line.

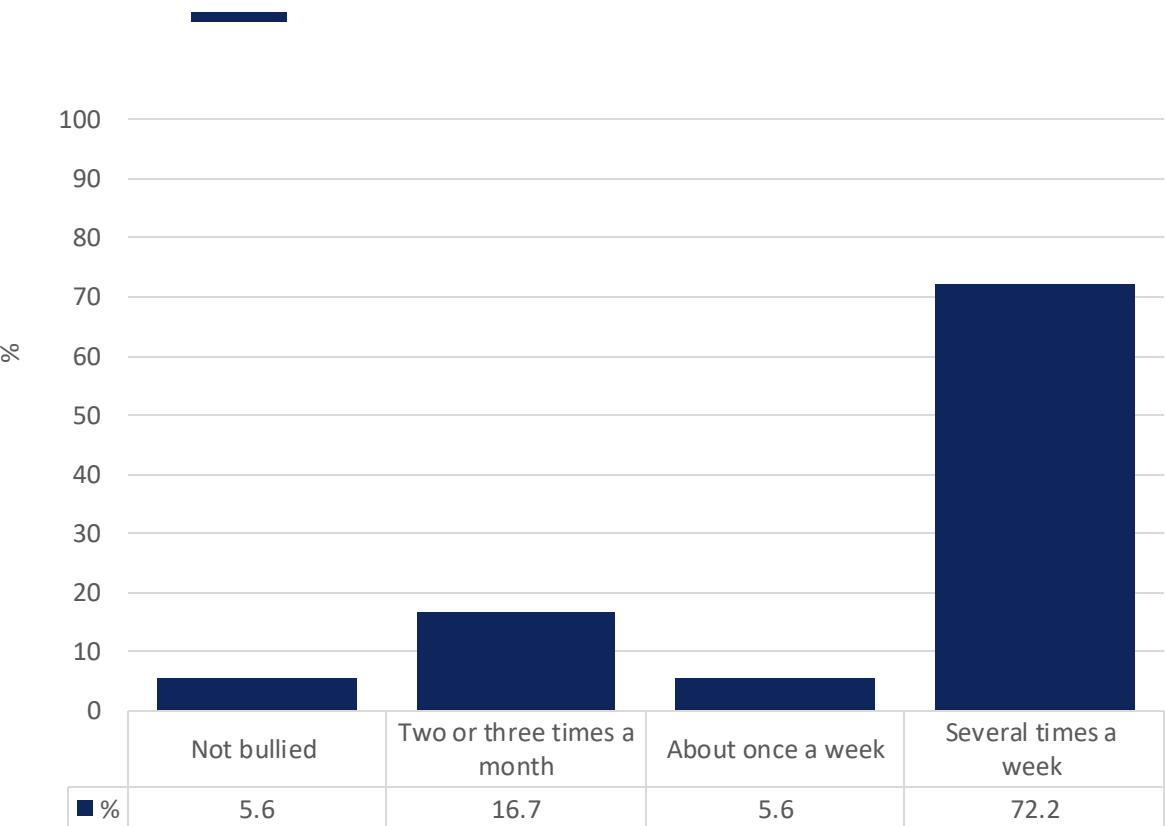
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In total, 20 families were offered therapeutic support, and 18 agreed to participate in this evaluation of the support. The young people ranged between 8 and 16 years old ( $M=11.28$ ,  $SD=2.24$ ), 9 (50%) young people were male, and 9 (50%) were female. For the evaluation we had data from 18 parents at time 1 and 8 parents at the end of the study.

3

Parents were asked to complete three questionnaires before, immediately after, and three months after the intervention. The questionnaires captured parent/carers' reports of their child's experiences of bullying and their trauma symptoms, and in questionnaires 2 and 3, their opinions of the impact of the therapeutic intervention.

# Evaluation: Key Findings



- The majority of parents reported that their child had been bullied *several times a week*.
- All the parents in the study (N=18) had reported their child's experiences of bullying to the school.
- Four parents (22.2%) reported that the bullying had improved since reporting.

# Response from School

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- **Parent 1:** "Teachers said for a long time that Sam was sensitive to the other boy and that it was not targeted bullying. He was not validated or acknowledged at school until we fought them until they did. 3 weeks ago, Sam was moved into another class as the bully cannot be moved for unknown reasons."
- **Parent 2:** "I repeatedly reported the incidents, but school said they couldn't find any evidence. They ostracised my son, spread rumours about him and surrounded him. They were verbally nasty and made threats of violence. After the evidence was found and they were punished, they have continued to target him on a lower scale - tripping him up with a hockey stick; pushing him over repeatedly; telling him they have never bullied him and he is a liar. School have said the latest incidents were "accidents". I don't think they are willing to admit that the bullying is ongoing."

# The impact of being chronically bullied in school

## TRAUMA SCORES

When interpreting the CATS, a total trauma score of 21 can be used to indicate clinically relevant trauma symptoms.

At the start of the study, all 18 participants had a trauma score of over 21.

## OTHER IMPACTS

Bullying was found to impact on children/ young people in terms of feelings of:

- 1) Poor mental health
- 2) Physical Symptoms
- 3) Fear and Trust
- 4) Impact on learning/ engagement in school
- 5) Confidence
- 6) Social Isolation

*"Alice took an intentional overdose of 16 paracetamol."*

*"Having tummy pain, nausea, headache, panic attacks, challenging behaviour".*

*"She struggles to get to sleep and does not sleep well and this seems worse when she is having a poor time at school."*

*"He sits in class fearing the bully will burst in and attack him."*

*"It has been devastating to my child's wellbeing, confidence and academic progress."*

*"He didn't feel safe at school no one believed him".*

*"My son, avoids social gathering outside people he knows. He relies on, online friends."*

# The impact on parents and families

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Bullying was found to impact parents in terms of

- 1) feelings of worry and stress related to bullying,
- 2) the emotional impact,
- 3) the impact on the whole family,
- 4) the development of conflict in the family because of bullying, and
- 5) the impact on parents' work.

*"It is heartbreaking when he [their child] says he wishes he was normal like everyone else. When he gets angry, it isn't easy to help him. Causes stress and strain."*

*"I felt I was in some ways responsible for what was happening to my son. As his father, I believed I was failing him even though I followed the school's protocol."*

*"I have taken unpaid leave from work to look after her, which is causing financial difficulty and extreme stress about what happens to her when I inevitably have to return to work."*

*"The bullying has impacted on every inch of our family life, and it is something we will never forget."*

*"Sophie's brother thinks we don't care about him, he is getting jealous, upset, angry, can't understand what is going on with his sister."*

# Change in trauma scores



**TABLE 1:** Descriptive Statistics for the trauma scores, before and after the intervention

	<b>Start (N=18)</b>	<b>End (N=8)</b>	<b>Wilcoxon</b>
Total Trauma Score	43.72 (10.55)	31.71 (19.29)	-1.97*
Reexperiencing	10.94 (3.56)	7.75 (4.26)	-2.23*
Avoidance	4.61 (1.58)	4.13 (1.73)	-0.65
Negative Mood	16.06 (2.88)	11.00 (7.71)	-1.83
Hyperarousal	12.11 (3.72)	8.50 (6.65)	-1.97*

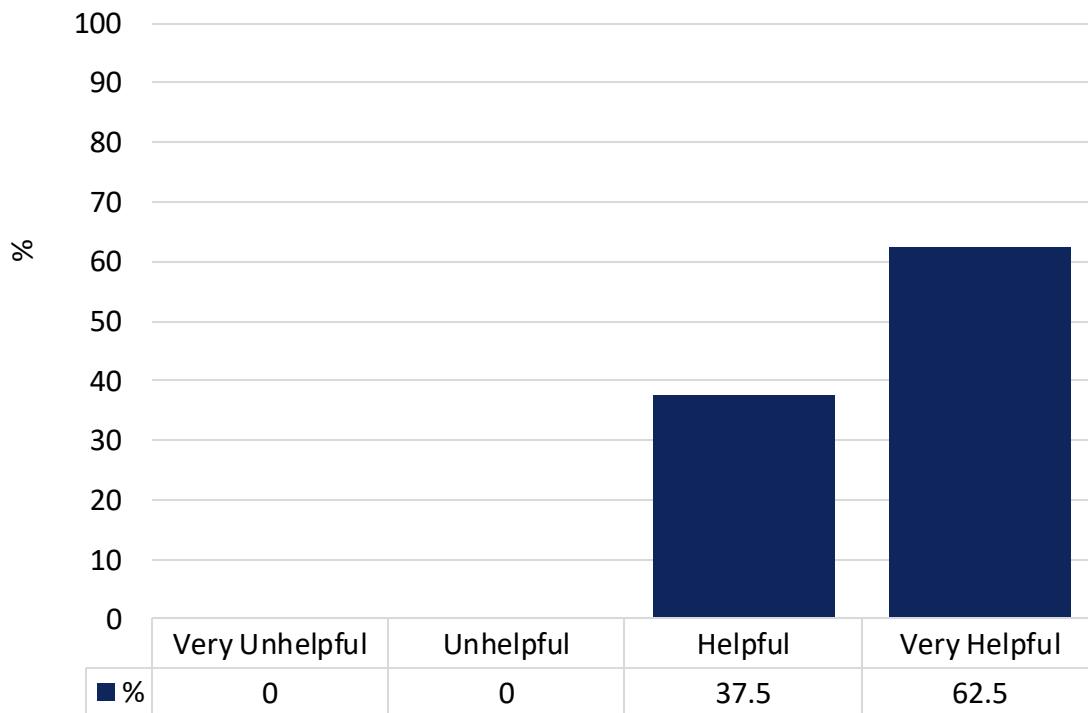
\* $p < .05$



## CLINICALLY RELEVANT TRAUMA SCORES

In the final survey, of the eight participants who participated in the survey, 5 (62.5%) had a clinically relevant score, and the scores for 3 (37.5%) participants had reduced to be not clinically relevant.

# Parent reports of the usefulness of the intervention



"At the time this help was offered it was THE ONLY HELP that we could get from anyone, including the school, NHS, private therapists or even social services. We were told that because we were a loving supportive family we were not a priority and that we were trusted to give Alice the support that she needed. But we didn't feel confident, skilled or knowledge enough to give that support. We weren't who she wanted, she needed someone independent and we needed to feel like SOMETHING practical was being done to help her get through this safely."

# Our Case Studies





# The Trauma of Bullying

Discussion &  
Recommendations

# Discussion: Key Points

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- Results of the literature review highlight the potential for bullying to be defined as a potentially traumatic experience.
- Bullying is a potentially severe and chronic experience for children and young people and one that is associated with trauma symptoms.
- This evidence also suggests that this relationship is consistent for:
  - different forms of bullying,
  - different roles in bullying
  - and exists when other forms of traumatic childhood experiences have been controlled for.
- Conceptualising bullying as a traumatic experience will have implications for the way children and young people who are being bullied are supported, alongside implications for intervention programmes.
- Trauma-informed practices offer one possible route for support and intervention.

# Discussion: Key Points

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- The results of the study highlight the profound impact that chronic bullying can have on children, young people and their families:
  - Consistent with previous research, being bullied was associated with symptoms of trauma and all children and young people had a clinically relevant trauma score.
  - Other outcomes also included symptoms of poor mental health (i.e., depression, anxiety, anger), suicidal thoughts and self-harm, problems sleeping and eating, social isolation, a lack of confidence, loss of trust, and greater feelings of fear.
  - Further, 83.3 % of parents reported that their child had taken time off from school due to their experiences of bullying.
- All parents had reported their child's experiences of bullying to their school.
- Findings from this study also highlighted how a child's experiences of bullying can be a source of stress for parents/ carers and something that impacted them and the wider family.
- Findings from the evaluation of the therapeutic intervention suggest that the therapeutic intervention significantly reduced symptoms of trauma, particularly symptoms of re-experiencing and hypervigilance.

# Discussion: Evaluation of our work

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- A small-scale evaluation.
  - But the first study of its kind to examine a bullying specific trauma-informed therapeutic approach to support children and young people who were being chronically bullied in school.
- We used well developed scales of trauma.
  - But due to time constraints and ethical concerns our study was based on parent reports.
  - Any future work would benefit from taking a multi-informant approach.
- The aim of this study was to pilot the training with a small group of families, limited due to the amount of funding available.
  - The sample in this study was relatively small, involving only pre and post-test measures and no control group.
  - Therefore, further evaluations of the use of trauma-informed therapeutic interventions would be beneficial to develop our understanding of the benefits of such interventions for young people being chronically bullied in school.

# Van der Kolk (2014)

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“Our capacity to destroy one another is matched by our capacity to heal one another. Restoring relationships and community is central to restoring wellbeing....We can change social conditions to create environments in which children and adults can feel safe and where they can thrive (pg. 44)”.



# Supporting chronically bullied students in school.

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## Implement trauma-informed therapeutic intervention

Reduces trauma symptoms and improves mental health.



## Collaborate with external mental health professionals for comprehensive support

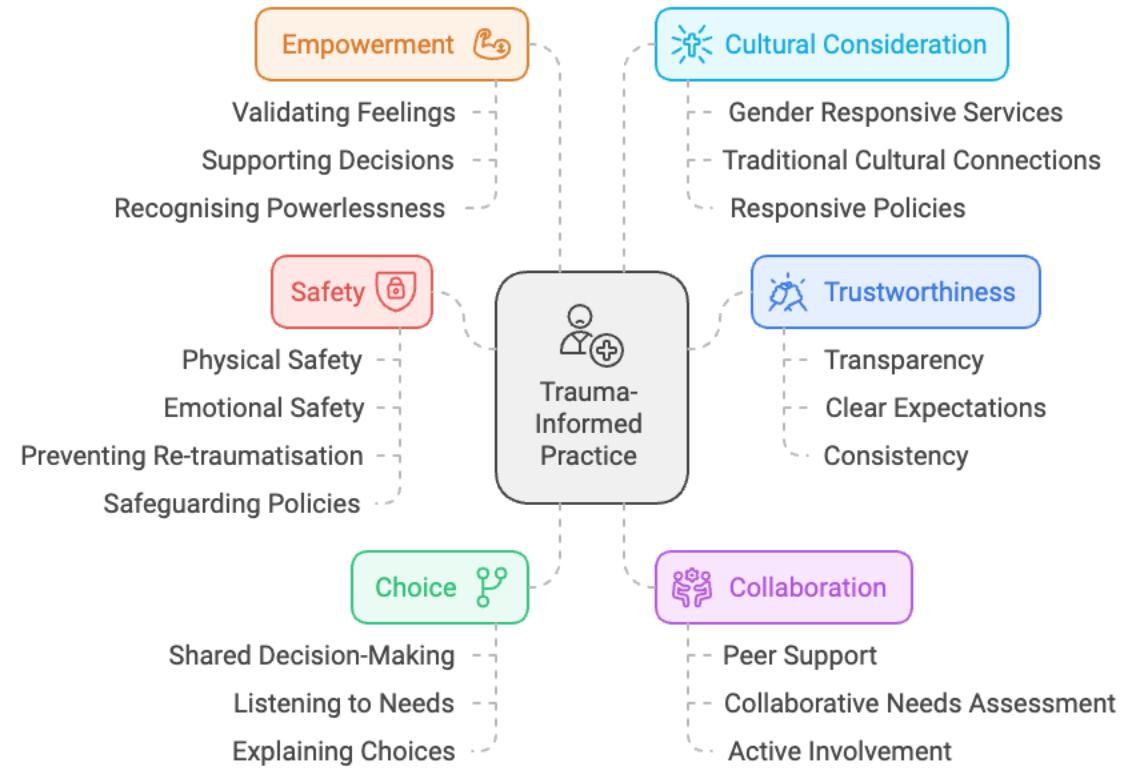
Access to specialised care for students.

## Increase awareness and training for staff on bullying identification and management

Better support for students and early intervention.

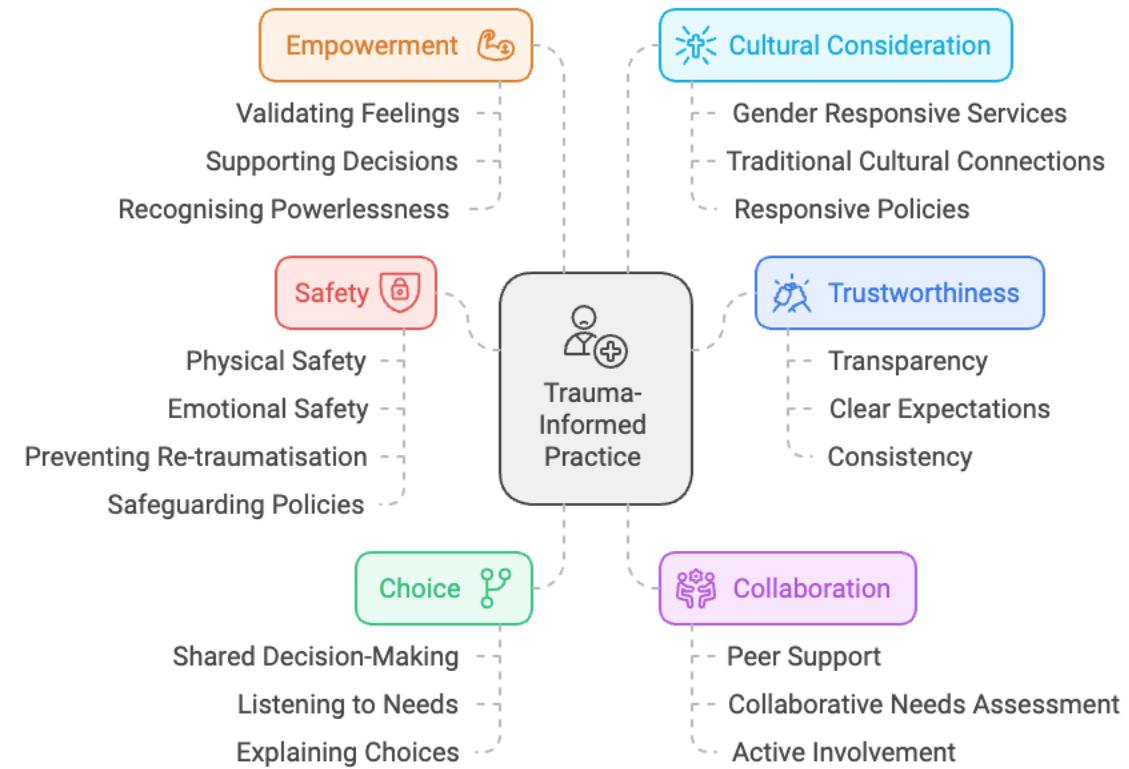
# Recommendation 1: Responding to disclosures of bullying.

- Bullying can be a challenging behaviour to manage in schools and a behaviour that schools may need additional support to help manage.
- Therefore, the findings of this evaluation highlight the need to share guidance and best practice on how to respond to disclosures of bullying and how to manage complex cases of bullying in school.
- The findings also suggest it may be helpful to share guidance on how to manage disclosures of bullying from a trauma-informed approach.



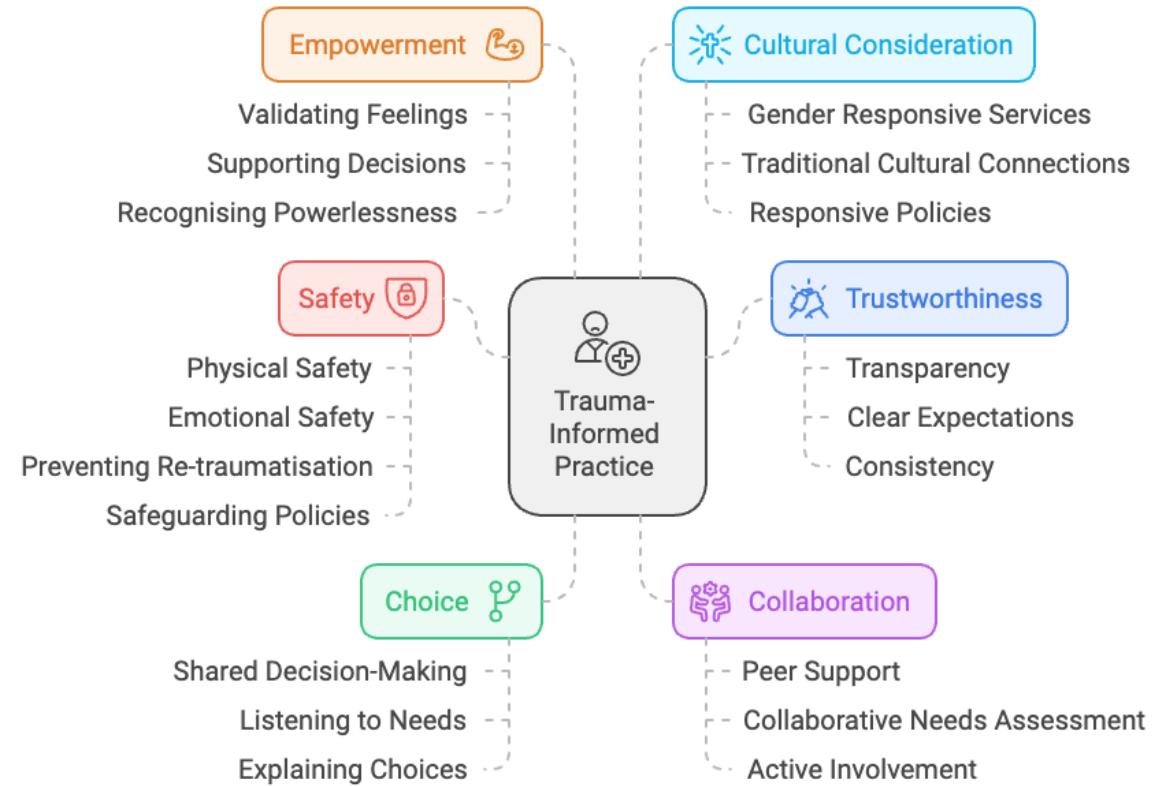
# Recommendation 2: Increase awareness of the impact of being bullied.

- Such findings highlight the profound impact being bullied can have on young people's mental health, social relationships, and engagement in school.
- Two of the four fundamental assumptions of a trauma-informed approach are realising the impact of trauma and recognising the signs and symptoms of trauma.
- From a bullying perspective, we need to increase awareness of how bullying can be defined as a traumatic experience and raise awareness of the mental health symptoms, behaviour changes, and educational impacts associated with being chronically bullied in school.
- To do this, we need to work not only with schools but with families, young people, and health professionals to increase the realisation and recognition of the negative impacts of chronic bullying in school.



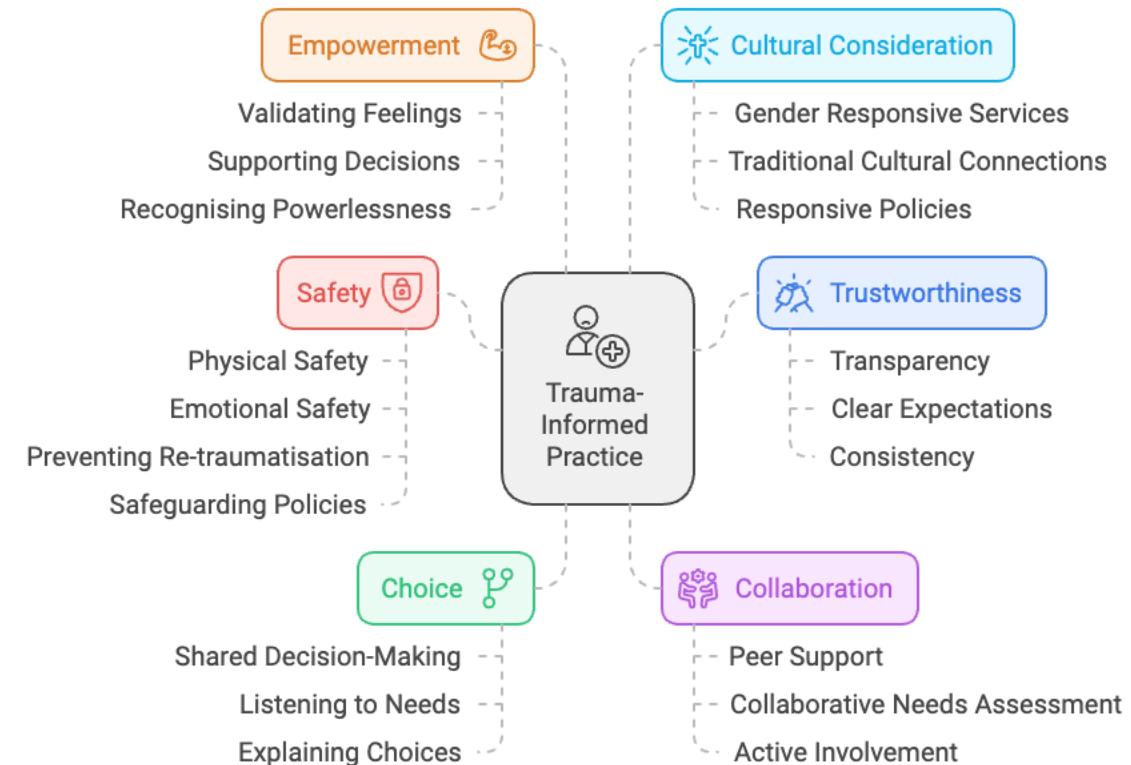
# Recommendation 3: Support for parents/carers.

- The findings of this report highlight the impact that being bullied in school can have on a child's parents/ carers and wider family.
- The findings highlight how parents/ carers and their families report that bullying can be a source of stress and is related to feelings of helplessness.
- Therefore, such findings highlight the need to provide more support and guidance to parents/ carers on how to manage and cope if their child is being bullied in school.



# Recommendation 4: Extend the therapeutic intervention.

- A range of anti-bullying interventions have been developed, which typically focus on reducing bullying behaviour.
- Few targeted interventions have been developed that focus on reducing the negative impact of being bullied on young people's mental health.
- The therapeutic intervention delivered by Service Six offers one possible intervention to reduce the impact of bullying on young people's mental health and should be extended further to support more young people being chronically bullied in school.
- Further work could also examine how therapeutic approaches could be integrated into wider anti-bullying interventions.



# Recommendation 5: Extend the evaluation.

- This evaluation suggests that a focused trauma informed therapeutic intervention can support children and young people to cope with and manage their experiences of bullying and reduce symptoms of trauma.
- Therefore, further evaluations of such an approach would be crucial to examine whether such an approach is beneficial to all children and young people being chronically bullied in school and under what circumstances such an intervention is most effective.



# Conclusions

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- The findings of the study highlight the profound impact that chronic bullying can have on young people and their families and the potential benefit of therapeutic support for these young people.
- Experiencing chronic bullying in school is associated with a range of negative mental health outcomes and educational engagement, highlighting a need for more support.
- The therapeutic intervention evaluated here offers one promising avenue for support, enabling children and young people to manage their experiences of bullying and reducing the impact of bullying and poor mental health.

# Questions & Feedback

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**THANK YOU FOR LISTENING.**

- Any questions? Please put up your hand or post your question in the chat.
- While you're listening if you wouldn't mind sharing any feedback you have on the event, we would really appreciate it.
- The feedback questionnaire is in the chat.

# Contact Details



## **KIDSCAPE**

Webpages:

<https://www.kidscape.org.uk/>

<https://www.kidscape.org.uk/about-kidscape/trauma-informed-practice/>

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Webpage: <https://bullyingthoughtsfeelings.com/>

# References

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Campbell, M. L., & Morrison, A. P. (2007). The relationship between bullying, psychotic-like experiences and appraisals in 14–16-year olds. *Behaviour research and therapy*, 45(7), 1579-1591. <https://doi.org/10.1016/j.brat.2006.11.009>

Crosby, J. W., Oehler, J., & Capaccioli, K. (2010). The relationship between peer victimization and post-traumatic stress symptomatology in a rural sample. *Psychology in the Schools*, 47(3), 297-310. <https://doi.org/10.1002/pits.20471>

Fisher, B. W., Gardella, J. H., & Teurbe-Tolon, A. R. (2016). Peer cybervictimization among adolescents and the associated internalizing and externalizing problems: a meta-analysis. *Journal of Youth and Adolescence*, 45(9), 1727-1743. <https://doi.org/10.1007/s10964-016-0541-z>

Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: A meta-analysis. *Pediatrics*, 132(4), 720-729. <https://doi.org/10.1542/peds.2013-0614>

Hawker, D. S., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(4), 441-455. <https://doi.org/10.1111/1469-7610.00629>

Hensums M, de Mooij B, Kuijper SC, Cross D, DeSmet A, Garandeau CF, et al. (2023). What Works for Whom in School-Based Anti-bullying Interventions? An Individual Participant Data Meta-analysis. *Prevention Science*, 24(8):1435-46. <https://doi.org/10.1007/s11121-022-01387-z>

Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., Wolfe, M., & Reid, G. (2015). Bullying and suicidal ideation and behaviors: a meta-analysis. *Pediatrics*, 135(2), e496-e509. <https://doi.org/10.1542/peds.2014-1864>

Guzzo, G., Pace, U., Lo Cascio, V., Craparo, G., & Schimmenti, A. (2014). Bullying victimization, post-traumatic symptoms, and the mediating role of alexithymia. *Child Indicators Research*, 7, 141-153. <https://doi.org/10.1007/s12187-013-9206-6>

Idsoe, T., Vaillancourt, T., Dyregrov, A., Hagen, K. A., Ogden, T., & Nærde, A. (2021). Bullying victimization and trauma. *Frontiers in psychiatry*, 11, 480353. <https://doi.org/10.3389/fpsyg.2020.480353>

Jenkins, L. N., Miller, H. H., Kaminski, S., & Putzeys, S. (2023). Re-conceptualizing peer victimization as a potentially traumatic event. *International Journal of Bullying Prevention*, 5(2), 151-160. <https://doi.org/10.1007/s42380-022-00129-7>

Kaufman TML, Kretschmer T, Huitsing G, & Veenstra R. (2018). Why Does a Universal Anti-Bullying Program Not Help All Children? Explaining Persistent Victimization During an Intervention. *Prevention Science*, 19(6), 822-32. <https://doi.org/10.1007/s11121-018-0906-5>

Litman, L., Costantino, G., Waxman, R., Sanabria-Velez, C., Rodriguez-Guzman, V. M., Lampon-Velez, A., ... & Cruz, T. (2015). Relationship between peer victimization and posttraumatic stress among primary school children. *Journal of Traumatic Stress*, 28(4), 348-354. <https://doi.org/10.1002/jts.22031>

Lian, Y., Liu, L., Lu, Z. A., & Wang, W. (2022). Longitudinal relationships between bullying and prosocial behavior: The mediating roles of trauma-related guilt and shame. *PsyCh journal*, 11(4), 492-499. <https://doi.org/10.1002/pchj.540>

Mateu, A., Pascual-Sánchez, A., Martínez-Herves, M., Hickey, N., Nicholls, D., & Kramer, T. (2020). Cyberbullying and post-traumatic stress symptoms in UK adolescents. *Archives of disease in childhood*, 105(10), 951-956. <https://doi.org/10.1136/archdischild-2019-318716>

McGuckin, C., Lewis, C. A., Cummins, P. K., & Cruise, S. M. (2011). The stress and trauma of school victimization in Ireland: A retrospective account. *Psychology, Society and Education*, 3(1), 55-67.

Nakamoto, J., & Schwartz, D. (2010). Is peer victimization associated with academic achievement? A meta-analytic review. *Social Development*, 19(2), 221-242. <https://doi.org/10.1111/j.1467-9507.2009.00539.x>

Olweus, D. (1993). *Bullying at School*. Blackwell Publishing.

Valdebenito, S., Ttofi, M. M., Eisner, M., & Gaffney, H. (2017). Weapon carrying in and out of school among pure bullies, pure victims and bully-victims: A systematic review and meta-analysis of cross-sectional and longitudinal studies. *Aggression and Violent Behavior*, 33, 62-77. <https://doi.org/10.1016/j.avb.2017.01.004>

van Geel, M., Goemans, A., & Vedder, P. H. (2016). The relation between peer victimization and sleeping problems: A meta-analysis. *Sleep Medicine Reviews*, 27, 89-95. <https://doi.org/10.1016/j.smrv.2015.05.004>