

BULLYING AND TRAUMA:

**Is bullying a traumatic experience
for children and young people?**



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This report on bullying as a traumatic experience provides a summary of research conceptualising school bullying as a traumatic experience and the relationship between being bullied and trauma symptoms. This report has been commissioned by the children's charity Kidscape with funding from the Mather Family Charitable Trust. We would also like to thank Service Six for their input on the report.

OVERVIEW

Bullying is a frequent experience for many children and young people. Estimates suggest that between 20 and 25% of young people experience bullying in school¹. In their recent survey, the Anti-Bullying Alliance identified that of almost 30,000 primary and secondary school pupils, 24% reported being frequently bullied face to face, and 6% reported experiencing frequent cyberbullying¹. Such findings highlight that being bullied can be a frequent experience for many children and young people. Research has also consistently found a relationship between being bullied and poor mental health, including higher levels of depression, anxiety, and a greater risk of suicidal thoughts^{3,4,5}. Despite the evidence highlighting the long-term negative impact being bullied can have on young people's mental health, bullying is rarely defined or discussed as a traumatic experience. This may, in part, be because *bullying* and *trauma* come from different research traditions⁶. However, in recent years, there has been a greater focus on aligning the two^{6,7}. The aim of this literature review is to synthesise and summarise the research literature on bullying as a traumatic experience. In this review, we will first consider how the definition and experience of bullying align with the definition of trauma before considering the evidence on the relationship between being bullied and trauma symptoms. The implications of defining bullying as a trauma for policy and practice will also be discussed.



DEFINING BULLYING AS A TRAUMATIC EVENT

We [Kidscape⁸] define bullying as the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power.

Defining bullying

Bullying is defined as a specific form of aggressive behaviour which occurs in peer groups. Definitions of bullying, such as Kidscape's definition⁸, are based on the influential work of Dan Olweus^{9,10}. Typically, such definitions highlight that bullying behaviour is an *intentional* act to distinguish this from accidental acts of aggression and where the perpetrator intends to upset or harm the victim. Further, acts of bullying are defined as *repeated* to distinguish between isolated acts of aggression. Bullying is also argued to occur within relationships with an imbalance of power, for example, based on differences in physical strength, ability, or popularity within the peer group^{9,10}. This power imbalance is abused to harm and disempower the person being bullied¹¹ and is cyclical, where bullying others can lead to a greater power imbalance between perpetrator and victim¹². While Olweus' definition remains one of the most frequently cited definitions of bullying, this definition is widely debated. Specifically, the debate surrounding the definition of bullying considers 1) whether the behaviour must be repeatedly experienced and how to define and measure, 2) an intent to harm and 3) an imbalance of power¹³. As a result of such debates, other definitions of bullying have been developed. While the emphasis on repetition and intent to harm may differ, the core focus on bullying as aggressive behaviour that occurs in peer relationships with an imbalance of power remains a critical defining feature of bullying¹³.

Bullying includes different forms of aggressive behaviour. Children and young people can experience direct bullying, which includes physical and verbal acts of aggression, such as name-calling, insults, being pushed, hit and kicked¹⁴. Bullying can include indirect bullying (also known as social/ emotional bullying), which includes ignoring the victim, leaving someone out of a group, or spreading malicious rumours. Finally, cyberbullying is defined as bullying which occurs through electronic or communicative devices¹⁵ and can include verbal and written behaviours (e.g., posting nasty or embarrassing posts), visual behaviours (e.g., posting or sharing embarrassing photographs), exclusion (e.g., leaving someone out of a chat group), and impersonation (e.g., where accounts are used to impersonate someone else without permission)¹⁶. Evidence suggests that physical, verbal, or indirect forms of bullying are more frequently experienced than cyberbullying, and cyberbullying rarely occurs in isolation^{17,18}.

From a socio-ecological perspective, bullying is defined as a social process resulting from peer-group dynamics^{19,20}. Bullying can involve many students beyond the perpetrator and the victim. Other peers can reinforce the bullying or intervene and be a source of support for those experiencing bullying²¹. Work on participant roles in bullying^{22,23} has identified four additional broad categories of peers, including those who reinforce and those who assist the bully, those who defend the victim (bystanders), and outsiders (those who may know that

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bullying is occurring but are not involved). Using the terms bully and victim can limit how we think about bullying, suggesting the behaviour is a characteristic of the individual involved rather than a problem emerging from dynamics within peer-group relationships²³.

Bullying is a frequent experience for many young people^{1,2}, affecting the whole peer group²³. Being bullied is associated with poor mental health, and recently, there has been a greater focus on defining bullying as a traumatic experience^{6,7}.

Defining trauma

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^{24,25}. Trauma may result in a lasting impact on the individual²⁶.

“Traumatic events are those that put you or someone close to you at risk of serious harm or death. Our usual ways of coping are overwhelmed, leaving us feeling frightened and unsafe.”²⁴

Early work²⁷ on childhood trauma suggested that trauma has four specific characteristics, including 1) repeated memories that are strongly experienced, 2) repetitive behaviours, 3) trauma-related fears, and 4) changes in opinions towards people, life, and the future. Further, such events can be categorised into Type I and Type II traumas. Type I (acute) traumas reflect a single unanticipated event, such as a car accident, whereas Type II (chronic) traumas reflect repeated ongoing experiences, such as sexual abuse²⁷. More recently, Type III (complex)²⁸ trauma has been suggested as a further form of traumatic experience to reflect the cumulative effect of multiple traumatic events^{28,29}.

Alongside work that has focused on more theoretical definitions of trauma, when defining trauma, authors often draw upon the diagnostic criteria for different forms of traumatic stress, including Post-Traumatic Stress, Developmental Trauma Disorder, and Complex Post-Traumatic Stress Disorder. When outlining the diagnostic criteria for various trauma disorders, a definition of the type of events that could be associated with the disorder is often included. The diagnostic criteria for PTSD in the Diagnostic and Statistical Manual for Mental Disorders 5 (DSM-5)³⁰ include eight criteria that should be met to meet the diagnosis of PTSD. Criterion A outlines the characteristics of events that may be associated with PTSD. It 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 friend³⁰. The diagnostic criteria of the ICD-11³¹ include similar criteria but also suggest that the experiences can be short or long-lasting. Additional criteria in the DSM-5 and ICD-11 reflect how those with PTSD may also report feelings of anxiety, social withdrawal and anxiety, and substance use, alongside emotional outcomes such as anger, shame, and guilt^{30,31}.

While not yet included in the diagnostic manuals, there has been a debate recently to acknowledge the unique nature of trauma in childhood and adolescence and include Developmental Trauma Disorder (DTD)^{6,32}. This disorder highlights the impact trauma can

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have during development. The proposed diagnostic criteria for DTD suggest that to meet this diagnosis, a child or adolescent will have experienced or witnessed multiple or prolonged adverse events, including repeated or severe episodes of interpersonal violence or disruptions to caregiving.

Definitions of trauma highlight different types of traumatic events that can be one-off experiences or repeated over time. These definitions also highlight the impact experiencing such events can have on individuals' feelings of safety, their ability to cope, and their emotional and mental health²⁷⁻³¹.



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ALIGNING THE DEFINITIONS OF BULLYING AND TRAUMA

Similarities can be seen in the definitions of bullying and trauma. While bullying is not typically explicitly stated as an example event in the diagnostic criteria definitions of traumatic events, characteristics and outcomes of bullying experiences align with such definitions. Definitions of traumatic events included in the DSM-VI and ICD-11 refer to acts of aggression and violence, and the definition included in the criteria for DTD refers to interpersonal 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 outcomes of traumatic events cited in the diagnostic criteria suggest that traumatic stress is related to other psychological disorders, including anxiety, substance use, and social withdrawal. These outcomes are also associated with being bullied, with evidence suggesting a relationship between being bullied and higher anxiety⁴, substance use³³, social withdrawal, and social anxiety³⁴.

Broad definitions of trauma also suggest that traumatic experiences can make people feel unsafe, fearful, threatened, and unable to cope^{24,25}. Such feelings are frequently reported by children and young people who report being bullied in school. For example, in one study³⁵ of 156 10 to 17-year-olds who had been bullied in school, the qualitative analysis of participants' responses on the impact of their experiences highlighted that many participants reported feeling fearful and worried. Participants reported, "*I was scared and worried they were going to hit me*" and "*It scared me for what he could do*". Similarly, in a study of 5,784 students in the US³⁶, students who reported being bullied in school were more likely to report feelings of fear and avoidance. Further, research has also highlighted the important role threat appraisals^{37,38} (evaluating experiences as threatening) and coping style³⁹ can play in the relationship between being bullied and poor mental health. Such evidence highlights how young people feel threatened, unsafe, and fearful and may struggle to cope well with their experiences.

Drawing upon both the definitions of traumatic events included in diagnostic criteria and broader definitions of trauma highlights substantial similarities between the definitions of trauma and bullying^{6,7}.

THE RELATIONSHIP BETWEEN BULLYING AND POST TRAUMATIC STRESS DISORDER

Research on the overlap in the definition of bullying and trauma has highlighted some important factors suggesting that experiencing bullying can be traumatic. A further way to examine this relationship is to consider how bullying may relate to the development of symptoms of Post-Traumatic Stress Disorder. In this section, we will review research that has examined the relationship between being bullied and PTSD and any evidence for factors that influence or play a role in this relationship.

The direct relationship between being bullied and trauma symptoms

Several studies have examined how experiencing bullying is related to symptoms of trauma and symptoms of PTSD. In one of the first studies⁴⁰ to examine the relationship between being bullied and trauma symptoms, 331 children and adolescents in years 8 to 11 in the UK were asked to report on their experiences of peer-victimisation. This included questions on physical and verbal victimisation, social manipulation, and attacks on property. Participants were also asked to complete the Impact of Events Scale to capture symptoms of PTSD. Overall, being a victim of peer-victimisation was significantly related to PTSD symptoms. Their analysis showed that one-third of bullied children experienced symptoms of PTSD. The relationship between the different forms of victimisation and PTSD symptoms was also examined and found that social manipulation was significantly related to PTSD symptoms. No other form of victimisation was associated with PTSD symptoms.

More recently, a study of 2,218 secondary school students (11–19 years) in London⁴¹ examined the relationship between bullying involvement and trauma symptoms. Participants were asked about their experiences of being a victim or perpetrator of traditional bullying (verbal, physical and indirect behaviours) and cyberbullying. Participants also reported on two dimensions of trauma symptoms: intrusion and avoidance. Consistent with previous research, an overlap between traditional and cyberbullying was found. This study also found that being a traditional and cyber victim was significantly associated with intrusion and avoidance symptoms. The authors also found that being a cyber-bully-victim was associated with symptoms of intrusion but not avoidance symptoms.

International studies on the relationship between bullying and PTSD have reported similar findings. In their questionnaire study of 244 adolescents aged 10 to 14 years old from two rural schools in the US⁴², participants were asked about their experiences of overt bullying (physical and verbal bullying) and covert bullying (social/ emotional bullying) alongside their trauma symptoms. The trauma symptom questions examined symptoms including intrusive thoughts, dissociative experiences, avoidance and nightmares. They found that 13.5% of participants reported being bullied *at least once per week*, and relational bullying was most frequently reported. All forms of bullying were significantly related to all trauma symptoms for both boys and girls.

Focusing specifically on primary school children, a study⁴³ examined the relationship between peer-victimisation and PTSD in a sample of 358 6–11-year-old primary school

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children in New York. Participants were asked to complete a copy of the UCLA PTSD Reaction Index for DSM-IV alongside a copy of the Multidimensional Peer-Victimisation Scale, which measured experiences of physical victimisation, verbal victimisation, social manipulation, and attacks on property. The results of the study found a relationship between victimisation and PTSD, where all forms of victimisation were related to PTSD symptoms. The results also highlighted that children who had been victimised were twice as likely to report PTSD symptoms as those who had not.

A study used data from a large national sample of 1,104 Norwegian students⁴⁴, from grades 8 and 9. Participants were asked to complete a questionnaire that included questions on their experiences of being bullied and bullying others. Participants were also asked to complete questions on their trauma symptoms using the Children's Impact of Events Scale to measure intrusion and avoidance symptoms. Results of the study identified that 41.3% of girls and 44.3% of boys reported being bullied to some extent. Of those who reported being bullied, 33.7% had trauma scores within the clinical cut-off range. Further exposure to bullying was significantly related to both intrusion and avoidance trauma symptoms.

Similar findings have been reported in other international studies. In a study of 486 male students aged 12 to 17 in South Africa⁴⁵, participants were asked to complete a questionnaire examining their role in bullying as a victim, bully, or bully-bystander alongside self-reports of their trauma symptoms. Trauma symptoms were related to all bullying roles, with the strongest relationship being for those who reported being a victim of bullying. A relationship between overt and relational victimisation and symptoms of PTSD was also reported in a sample of 201 primarily Hispanic and African children in the US⁴⁶. Finally, a relationship between being bullied and trauma symptoms has also been reported in a study of 1,055 pupils aged 12-14 years old in Bosnia⁴⁷. The study reported that pupils involved in school bullying almost every day had significantly more trauma symptoms compared to those not involved.

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Retrospective studies on the relationship between being bullied and trauma symptoms

Two studies have examined the relationship between being bullied and trauma symptoms retrospectively. In such studies, adults are asked to recall their experiences of bullying in school and report on their current trauma symptoms.

A study of 154 undergraduate students aged 17 to 55 years old in Northern Ireland⁴⁸ examined participants' reports of negative peer and educator events in school, participants' perceptions of the worst events to have happened to them in school and whether participants developed symptoms of PTSD following these negative experiences. The most reported negative experiences in school included being embarrassed and being teased. The study also examined symptoms of PTSD and found that 19.4% (N=25) were in the *at-risk* [of developing PTSD] category, and 6.2% (n=8) were in the *clinically significant* category. While the relationship between PTSD symptoms and school experience was not directly tested, the findings highlight the prevalence of negative experiences in school and PTSD symptoms in young adults. Using a similar approach, a study of 482 undergraduate students in the US⁴⁹ examined how experiencing bullying in school was associated with trauma symptoms after controlling for other forms of childhood victimisation. The findings showed that three forms of childhood victimisation were associated with trauma symptoms in adulthood, including being bullied, community violence, childhood verbal and physical abuse, or neglect.

However, being bullied was the strongest predictor of trauma symptoms.

Why is bullying associated with trauma symptoms?

Alongside research that has examined the direct relationship between bullying and trauma symptoms, research has also examined factors that can help understand this relationship.

The relationship between being bullied and trauma symptoms may be due to how children and young people think about and evaluate their experiences (*post-trauma appraisals*). This relationship was examined in a study of 373 14- to 16-year-olds in Manchester⁵⁰. Of this sample, 25% (N=92) reported being bullied once or twice, and 6.6% (N=25) reported being bullied more frequently, *sometimes to several times a week*. Experiencing bullying was found to be related to a greater predisposition to hallucinations, feelings of paranoia and dissociation compared to those who were not bullied. These findings suggest that being bullied may leave young people vulnerable to developing symptoms of psychosis. The results of the study also found a relationship between being bullied and post-trauma appraisals, including self-blame beliefs and negative beliefs about the self and the world. These appraisals were also related to symptoms of paranoia and a predisposition to hallucinations. This finding suggests that these beliefs and feelings may play an important role in the development of trauma symptoms. Therefore, such beliefs should be tackled during therapy to support those experiencing bullying.

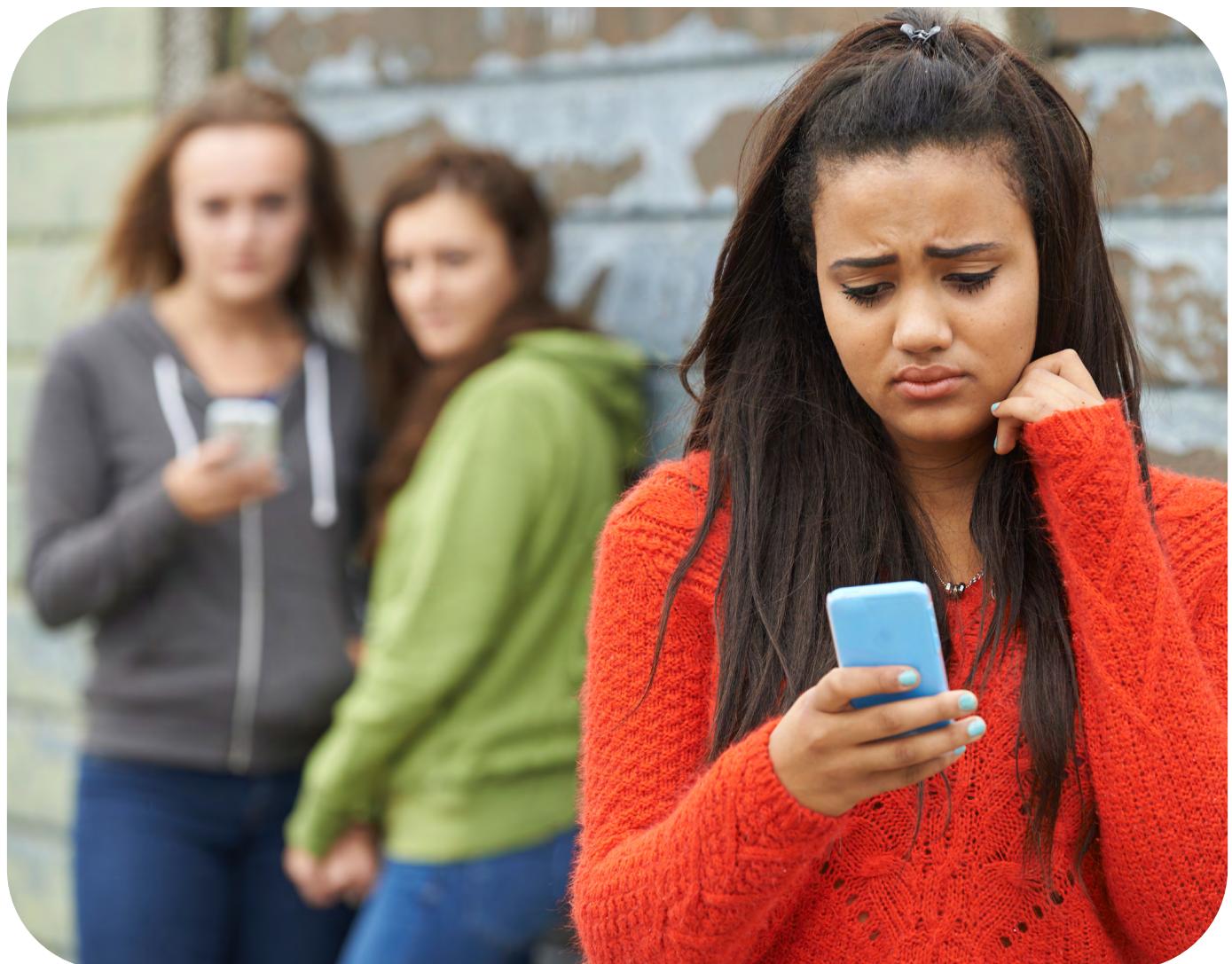
A further study⁵¹ has examined the relationship between retrospective reports of being bullied from school to college and thoughts of trauma-related guilt and shame as factors that may be related to later pro-social behaviour. The authors suggest that those who have experienced trauma, such as bullying, may develop greater altruism and prosocial

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behaviours. In their retrospective study of 276 young adults aged 16 to 25, the authors examined the longitudinal relationship between being bullied in school, thoughts of trauma-related shame and guilt and pro-social behaviour six months later. They found that bullying was related to prosocial behaviour, but there was a difference in the role of trauma-related shame and guilt. Bullying was related to feelings of trauma-related guilt after six months, which was also related to greater prosocial behaviour. In contrast, bullying was also related to trauma-related shame, but shame was related to lower prosocial behaviour. The authors suggest that feelings of guilt were adaptive, promoting greater prosocial behaviour, whereas shame may relate to more social withdrawal, which in turn may reduce prosocial behaviour.

Another study examined the role of alexithymia in the relationship between being bullied and trauma symptoms⁵². Alexithymia is a personality characterised by difficulty identifying and communicating one's own and others' emotions⁵². In a questionnaire study of 488 adolescents aged 16 to 17 years old in Italy, participants were asked to report their experiences of bullying, trauma symptoms and symptoms of alexithymia, which captured their difficulties in describing and identifying feelings and external orientated feelings. Being bullied was related to trauma symptoms. Alexithymia was found to significantly mediate the relationship between being bullied and trauma symptoms, suggesting that the relationship between being bullied and trauma symptoms was due to participants' alexithymia.



CONCLUDING COMMENTS

There is strong evidence that being bullied can be conceptualised as a traumatic experience. In support of other studies^{6,7}, this review has highlighted the overlap in the definition of trauma and bullying, suggesting that being bullied can be defined as a traumatic experience. 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. This evidence also suggests that this relationship is consistent for different forms of bullying, different roles in bullying and also exists when other forms of traumatic childhood experiences have been controlled for. 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, feelings of trauma-related guilt and shame, and alexithymia. Overall, research findings support the notion that being bullied is potentially a severe and chronic stressor in the lives of young people associated with clinical levels of trauma symptoms.

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. The purpose of trauma-informed educational practices is to help students who have been affected by traumatic life experiences by aiming to prevent re-traumatisation^{53,54}. Trauma-informed practices aim to challenge traumatic experiences by supporting students through education and equipping educators with knowledge of how to respond appropriately⁵⁵. The integration of trauma-informed practices into anti-bullying interventions is not yet widespread. However, it offers one potential avenue of support for children and young people struggling with the traumatic impact of their bullying experiences.

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