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The Trauma of Bullying:

Evaluating the impact of a trauma-informed therapeutic intervention to support children who have been chronically bullied in school.

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Abstract

The poor mental health outcomes associated with being bullied in school are well documented in the research literature. Trauma-informed approaches offer one possible avenue of support. The aim of this study is to examine the traumatic impact of being chronically bullied in school and evaluate the use of a pilot trauma-informed therapeutic intervention. In this study, 18 parents in England whose child was receiving a new bullying-focused trauma-informed therapy completed an online questionnaire about their child's experiences of bullying and their trauma symptoms. Their children were aged between 8 and 16 years old (M_{age}=11.28 years, SD_{age}=2.24 years), 9 (50%) young people were male, and 9 (50%) were female. The questionnaire was completed before and after the 12-week therapeutic intervention. The findings of the study highlight the negative impact being bullied has on poor mental health, particularly on symptoms of trauma. The results of the small-scale evaluation also highlight how the trauma-informed therapeutic intervention reduced symptoms of trauma and supported children and young people to cope with their experiences of bullying. While a pilot study, the findings offer a potential avenue for helping young people being chronically bullied in school.

Being bullied in school is a frequent experience for many young people. Such experiences are related to difficulties attending and engaging in school (Nakamoto & Schwartz, 2010), alongside the development of poor mental health in both the short- and long-term (Reijntjes et al., 2010a, 2011). This is particularly the case for young people who are chronically bullied in school (Gregus et al., 2023; Gregus et al., 2020). While anti-bullying interventions have developed greatly over recent years, evaluations of such interventions suggest only moderate changes in the prevalence rates of being bullied and bullying others (Hensums et al., 2023). As a result, many young people continue to be bullied and remain vulnerable to developing poor mental health. Recently, there has been a growing movement to recognise bullying as a traumatic experience (Idsoe et al., 2021; Jenkins et al., 2023). Defining bullying as a traumatic experience enables the opportunity to use trauma-informed approaches to support those being bullied in school (Jenkins et al., 2023). Therefore, the aim of this study is to examine the traumatic impact of being chronically bullied in school and evaluate the use of a pilot trauma-informed therapeutic intervention.

Prevalence and impact of bullying in schools

Bullying is a specific form of aggressive behaviour where there is an imbalance of power between those perpetrating the bullying and the person being bullied, for example, based on physical strength or popularity (Olweus, 1999; Whitney & Smith, 1993). The behaviour is experienced repeatedly and over time and includes an element of intentionality, where the perpetrator intends to hurt the target (Olweus, 1978). For many young people, bullying can be a temporary experience. However, for some, it can be a constant and frequent experience that continues over time (chronic bullying; Gregus et al., 2023). For example, in their national survey in 2022 of approximately 30,000 pupils in the UK, the Anti-Bullying Alliance examined how often children and young people were being bullied in school (Anti-Bullying Alliance, n.d.). They identified that 71% of children and young people had *ever*

been bullied (defined as those who had been bullied a little, a lot, or always), and 24% had reported ever being cyberbullied. Regarding *chronic* bullying (defined as those who had *always* been bullied), 24% reported being frequently bullied, and 6% reported frequently experiencing cyberbullying. The relationship between being bullied and poor mental health is now well-documented in the literature. Such negative outcomes include higher levels of depression, loneliness, anxiety, suicidal ideation and suicidal behaviours alongside poorer self-esteem (Hawker & Boulton, 2000; Holt et al., 2015; Reijntjes et al., 2010a). Young people who are chronically bullied in school are particularly vulnerable to these mental health outcomes (Alisheva & Mandal, 2023; Bowes et al., 2013).

Being bullied in school can also impact young peoples' attendance at and engagement in school and their 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. Currently, in England, it is difficult to identify the exact number of young people who may be absent from school due to bullying. However, in their analysis, 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.

Bullying as a traumatic experience

Given the negative impact that being bullied can have on young peoples' mental health and academic engagement and achievement, there have been recent calls for bullying to be defined as a traumatic experience (Idsoe et al., 2021; Jenkins et al., 2023). Trauma is broadly defined as a reaction to an event or series of events that experiences that can lead to people feeling fearful, unsafe, and threatened (Mental Health Foundation, n.d.). Those who

experience trauma typically feel overwhelmed by their experiences to the point of feeling unable to cope (van der Kolk et al., 1996). Such thoughts and feelings have been reported in those who report being bullied, with evidence suggesting that being bullied is associated with worrying and feeling fearful about school (Corby et al., 2016). Further, previous research has highlighted how threat appraisals (evaluating experiences of bullying as threatening) and coping style, play an important role in the development of poor mental health following experiences of bullying (Hunter et al., 2004; Noret et al., 2018). As such, there is overlap in the broad definition of trauma and thoughts and feelings associated with being bullied (see Idsoe et al., 2021; Jenkins et al., 2023) for a discussion on defining bullying as a trauma).

Alongside work defining bullying as a trauma, research has also highlighted how being bullied is associated with symptoms of trauma. For example, in their study of 2,218 secondary school students (11–19 years), Mateu et al. (2020) found that being bullied was associated with trauma symptoms of intrusion (involuntary and intrusive memories) and avoidance (avoiding trauma-related situations). Further, in their study of 331 children and adolescents in year 8, Mynard et al. (2000) found that being bullied was associated with symptoms of Post Traumatic Stress Disorder (PTSD), and one-third of bullied children experienced symptoms of PTSD. This relationship is consistent across different forms of bullying (Crosby et al., 2010), different roles in bullying (Penning et al., 2010), and when other forms of traumatic childhood experiences have been controlled for (Espelage et al., 2016). Such evidence supports the notion that bullying can be defined as a traumatic experience. Conceptualising bullying as a traumatic experience, however, has implications for the way young people who are being bullied are supported in school.

Anti-bullying interventions

The prevalence of bullying and the negative impact such experiences can have on mental health and educational experiences has led to the suggestion that bullying is a public

health concern in urgent need of effective intervention (Brendgen & Poulin, 2018; Schoeler et al., 2018). As a result, various programmes have been developed. Interventions can involve targeted work with individuals within the school (i.e., students and teachers) or from the broader community (i.e., parents/ guardians). Alternatively, some interventions employ a broader, whole-school approach (e.g., the Olweus Bullying Prevention and KiVA). Such interventions may involve individual pupils alongside teachers, policy and procedural changes, and parents/ guardians (Gaffney et al., 2021). The inclusion of these different components varies across programmes, but typically, such interventions involve more than one group of individuals and include multiple elements. These evaluations typically focus on reducing bullying behaviour. Although some anti-bullying programmes are well established, evidence suggests that such programmes only lead to moderate reductions in bullying behaviour (Hensums et al., 2023), and are typically more effective in younger students (Yeager et al., 2015). Recent research has also indicated that the effectiveness of such programmes on chronically bullied young people is limited (Kaufman et al., 2018). As anti-bullying programmes continue to be developed, more support and intervention are required for bullied young people (Jenkins et al., 2023).Trauma-informed practices offer one possible avenue for support.

The Current Study

While a range of anti-bullying interventions have been developed, they typically lead to only moderate changes in bullying behaviour. Further, such interventions do not typically focus on supporting those who are being bullied, that is, to reduce the impact on their mental health. Therefore, more targeted interventions designed to support the most chronically bullied children in school are needed to complement existing intervention approaches and reduce the impact of bullying on young people's mental health. Trauma-informed practices offer one possible route for support and intervention. Such practices have developed greatly

in recent years in response to a growing concern regarding the prevalence and impact of trauma in children and young people (Overstreet & Chafouleas, 2016a). Trauma-informed approaches are based on understanding the impact trauma can have on students' behaviour, learning alongside their mental health and wellbeing (Mental Health Foundation, n.d.). Despite growing awareness and use of trauma-informed approaches in education (Overstreet & Chafouleas, 2016b), evaluation data on the effectiveness is lacking (Maynard et al., 2019), and the use of such approaches in a bullying context is limited (Jenkins et al., 2023). This study is the first of its kind in the UK to evaluate a bullying-specific, trauma-informed therapeutic intervention to support young people who are being chronically bullied in school. We aimed to use a mixed-methods approach to examine parents/carers' perspectives of the impact on their child of being chronically bullied in school and evaluate the efficacy of a small-scale pilot of a trauma-informed therapeutic intervention.

Method

Participants

The participants in the study were parents/ carers of young people who were experiencing bullying in school in England. In total, 20 families were offered therapeutic support, and 18 agreed to participate in this evaluation of the support. The parents were parents of young people aged between 8 and 16 years old (M_{age}=11.28 years, SD_{age}=2.24 years), 9 (50%) young people were male, and 9 (50%) were female. Ethical approval was granted by the Department for Education at the University of York prior to the start of the project (Ref: 22/3).

Materials

The trauma-informed therapeutic support: The therapeutic support was offered to parents/ carers and their children who were being chronically bullied in school in England and whose parents had contacted the Kidscape parent advice line. Participating children (ranging from age 8 to 16 years) were offered up to twelve fully funded trauma-informed therapeutic support sessions with an accredited counsellor, which focused on the goal of achieving post-traumatic growth. The sessions were delivered face-to-face or online, depending on the young person's preference, they were all delivered by the same group of practitioners, and all participants completed all the sessions. The therapy was provided by Service Six (a not-for-profit organisation which supports young people and families; https://www.servicesix.co.uk/) and based on a three-stage model, focusing on: 1) establishing safety and stability, 2) processing the trauma of bullying, and 3) the reconnection phase. The approach included various forms of trauma-informed therapies, including Cognitive Behaviour Therapy to reframe negative automative thoughts and person-centred approaches to build and sustain the therapeutic relationship, emotional and physical regulation, and self-esteem and emotional literacy (stage one). At stage two, Gestalt and narrative therapies were

used to process the trauma of bullying experienced. Creative techniques were also used to work with the children and young people, including play therapy and arts-based techniques. Stage three focused on reviewing the work completed in the therapy sessions alongside sharing strategies for times of regression.

Evaluation questionnaire*:* A questionnaire for parents/carers was developed for the purpose of the current study to evaluate the trauma-informed therapy. Questionnaires were completed at three time-points: 1) before the therapy sessions started, 2) as soon as the sessions ended, and 3) two months after the last sessions. All questionnaires were administered online using the Qualtrics survey tool. Questionnaires captured parent/carers' reports of their child's experiences of bullying and their trauma symptoms, and in Questionnaires 2 and 3, their perspectives of the impact of the therapeutic intervention

Bullying: To measure the frequency and nature of bullying experienced by the young person, parents/carers were first presented with a definition of bullying based on Olweus' (Solberg & Olweus, 2003) and Kidscape's definition of bullying:

"*Here are some questions about your child's experiences of being bullied by other students. First, we define or explain the word bullying. We say a person is being bullied when another person or several other people* (types of bullying were then listed, e.g., *say mean and hurtful things* and *hit, kick, push, shove around*). *When we talk about bullying, these things happen repeatedly, and it is difficult for the person being bullied to defend themselves. We also call it bullying, when a person is teased repeatedly in a mean and hurtful way. But we don't call it bullying when the teasing is done in a friendly and playful way, without causing offense. Also, it is not bullying when two people of about equal strength or power argue or fight.*"

Parents/carers were then presented with six questions (four closed questions and two open-ended questions) related to their child's experiences of being bullied. The first global

question assessed how often their child had been bullied in the previous couple of months. Consistent with previous research (e.g., Demaray et al., 2013), this question was based on a self-report item in the Olweus Bullying Victimisation Questionnaire (OBVQ; Solberg & Olweus, 2003) and was adapted to be completed by parents/carers. Previous research which adapted the question in this way has reported moderate agreement in reports of being bullied (Demaray et al., 2013). Remaining questions assessed: whether the bullying had been reported, whether it had stopped after being reported, and whether their child had missed school due to their bullying experiences were also included in the questionnaire. Finally, two open questions were presented providing parents/carers with the opportunity to provide more detail on the bullying experienced by their child and the impact the bullying had on their child and their family.

Assessment of trauma symptoms: The Child and Adolescent Trauma Screen (CATS; Sachser et al., 2017) questionnaire (version for 7-17 years) was used to assess trauma symptoms. The CATS is a freely available screening tool designed to capture symptoms of post-traumatic stress disorder (PTSD) based on the DSM-5 criteria. A total symptom score is calculated with a possible range of 0 to 60, with a higher scores indicating more trauma symptoms. Sachser et al., (2017) suggest that a cut-off score of $\geq$21 should be used to indicate clinically relevant symptoms that require further support. Subscales of reexperiencing, avoidance, negative mood, and hyperarousal are also calculated. Data on the psychometric properties of the parent report version of the CATS highlight excellent internal reliability of the scale and good concordance between self and parent reports (Sachser et al., 2017).

Evaluation of the intervention: Questionnaires 2 and 3 asked questions on parent/carer perceptions of the therapeutic intervention and included a question on how helpful their child found the intervention provided, rated on a four-point scale from very

helpful to very unhelpful. Parents/carers were provided with an open-ended space to expand on their answers and explain the impact the therapy has had on their child in the longer term.

Procedure

Parents/carers were recruited through the Kidscape Parent Advice Line, which offers advice to anyone concerned about a young persons' safety. Parents/carers who contacted the advice line for guidance on supporting their child who was being bullied in school were told about the current study. In situations where the child was struggling with their mental health and struggling to engage with their education due to their experiences of bullying, the parent/ carer and child were offered therapeutic support and invited to participate. When a family accepted the invitation, they were contacted separately by the research team at the University of York, who invited them to participate in the evaluation of the intervention. The research team stressed to parents that their decision on whether to participate in the evaluation would have no impact on whether they could access the therapeutic support. If a parent/carer provided their informed consent to participate in the project, they were sent the first questionnaire to complete. If a parent/ carer decided not to participate, they continued with the therapeutic support and did not complete the questionnaires. Once a family had finished their therapy sessions, parents were invited to complete the second questionnaire, followed three months later with the third and final questionnaire. After completing each questionnaire, participants were sent a £10 voucher as a thank-you for their participation.

Data analysis

The data analysis is presented in two parts. To address the first research aim, to examine the traumatic impact of being chronically bullied in school, we present data from the first questionnaire. This includes parent/carer reports of their child's experiences of bullying and the impact these experiences had on their child before starting the therapeutic support. Responses to the open-ended questions were analysed using qualitative content analysis.

Codes (short labels) were created to represent the data collected through these short open questions (Kleinheksel et al., 2020).

To address the second aim, to evaluate the pilot of a trauma-informed therapeutic approach to support children and young people being chronically bullied in school, we examined changes in trauma symptoms, comparing trauma scores from before the therapeutic support started (Questionnaire 1) with trauma scores at two-month follow-up following the intervention (Questionnaire 3). Due to a low response rate, data immediately following the intervention (Questionnaire 2) are not reported. Therefore, we compared pre- (N=18) and post-intervention scores (N=8). While we recognise the small nature of our sample, we argue that evaluating pilot studies with small samples can still provide useful insights (Purswell & Ray, 2014). Due to our sample size, changes in trauma scores over time were analysed using non-parametric tests of difference.

Results

Traumatic impact of being chronically bullied in school

Parent/carer reports of their child's experiences of bullying

At the start of the study, parents were also asked about their child's experiences of bullying over the previous couple of months. Many parents (*N*=13, 72.2%) reported that their child had been bullied several times a week. In terms of current bullying experiences, 14 (77.8%) parents reported that their child was still being bullied in school. All the parents in the study (*N*=18) had reported their child's experiences of bullying to the school, but only four parents (22.2%) reported that the bullying had improved since reporting. Parents were provided with the opportunity to expand on their answers regarding the child's experiences of bullying in school.

One parent explained that they had reported bullying to their school but felt their child's experiences were not acknowledged or validated: "*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*." [Parent of a boy aged 10].

Another parent highlighted how they felt their child's experiences were not validated due to a lack of evidence: "*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. ... School have said the latest incidents were "accidents". I don't think they are willing to admit that the bullying is ongoing*." [Parent of a boy aged 8].

And, another parent reported that they felt that the actions of their child's headteacher made the situation worse: "*The Head Teacher did not deal with the incidents or give the child any consequences. She also used to reprimand and give consequences to our son before investigating any incidents, only to find he was telling the truth. She also used to go out of*

her way to do things that she knew would affect him in a negative way and isolate him from others." [Parent of a boy aged 8].

The impact of being bullied in school

Overall, 15 (83.3%) participants reported that their child had taken time out of school because of bullying. Parents were then provided with the opportunity to explain the impact being bullied was having on their children. All 18 parents responded to this question. Several codes were identified, highlighting the impact bullying was having on the young people.

Poor mental health. Parents reported that their child's experiences of bullying impact on their mental health in several different ways. Feelings of depression, low mood and/or anxiety were reported in 61.1% of parents (*N*=11). For example, one parent reported: "*She is generally an anxious worrier, those worries become much bigger and more frequent when she is being picked on….. She has become an unhappy child*." [Parent of a girl aged 8].

Some parents (*N*=2, 11.1%) also made explicit reference to the child having a diagnosis of PTSD. Reports of suicidal thoughts, attempts and self-harm behaviours were reported by approximately a third of parents (*N*=6, 33.3%), including "*Alice took an intentional overdose of 16 paracetamol"* [Parent of a girl aged 16] and "*She's also told us she doesn't want to be here anymore and thought about self-harming"* [Parent of a girl aged 13]. Externalising symptoms, particularly of anger, were also reported by parents (N=4, 22.2%) in response to experiences of bullying; "*He gets angry and frustrated. He can't let go of things that happened*" [Parent of a boy aged 8]. Changes in body image were also reported by two parents (11.1%) who suggested their child had developed more negative feelings about their appearance: "*She has also become more self-conscious about her appearance and how others will react to items she wears or, takes into school*." [Parent of a girl aged 8].

Physical symptoms. Physical symptoms of illness were reported by two parents (11.1%), particularly aches and pains, "*Frequent migraines…Physically being sick before*

school" [Parent of a boy aged 11]*, and "Having tummy pain, nausea, headache"* [Parent of a girl aged 10]. Trouble sleeping was also commonly reported by parents (33.3% N=6), for example, "*She struggles to get to sleep and does not sleep well and this seems worse when she is having a poor time at school"* [Parent of a girl aged 8]. And "*he often doesn't sleep well remembering the threats that were made to him and the general situation"* [Parent of a boy aged 10]. Several parents (N=5, 27.8%) highlighted the impact being bullied had on their child's eating habits: "*Alice has lost considerable weight as she says that the thought of food or drink makes her feel physically sick"* [Parent of a boy aged 16].

Fear and trust. Several parents (33.3%) highlighted that their child had become fearful since the bullying started and were scared to go out or go to school: "*He didn't feel safe at school no one believed him"* [Parent of a boy aged 10] and "*My child is sometimes frightened in school, and he is constantly on edge. He fears being attacked after the many assaults they subjected him to and he has asked for a gate to our front garden, so that he won't be attacked whilst playing out by passers-by"* [Parent of a boy aged 9]. Feelings of distrust were also reported by parents (16.7%, N=3) reported that the bullying impacted on their child's ability to trust others: "*She lost trust in adults in school as they didn't stop bullying and Emma thinks nobody believing her."* [Parent of a girl aged 10].

Impact on learning/ engagement in school. Several parents (N= 7, 38.9%) reported how the bullying impacted on their child's learning and engagement in school: "*He has fallen behind academically and is now in learning support* [Parent of a girl aged 9]", and "*My child enjoys learning at school but unsurprisingly when the bullying is occurring, she does not look forward to school".* [Parent of a girl aged 8].

Confidence/ self-esteem. Five parents (27.8%) reported that their child's confidence had been affected by their experiences of bullying: "*He has no self-belief or worth and says he hates himself sometimes."* [Parent of a boy aged 8].

Social isolation. Some parents (N=4, 22.2%) reported how being bullied impacted on their child's social relationships, particularly in relation to their child becoming more isolated: "*Initially became very socially isolated and was clinging to her boyfriend as the only person who was still talking to her"* [Parent of a girl aged 16] and "*He feels socially isolated* [Parent of a boy aged 10].

Evaluation of the pilot trauma-informed therapeutic approach

Trauma scores before and after the trauma-informed therapy

The descriptive statistics for the trauma scores and trauma subscale scores are presented in Table 1. As this table shows, the mean scores on all trauma scores reduced after the therapeutic support.

Table 1:

Descriptive Statistics (Mean and Standard Deviation) for the trauma scores before and after the therapeutic support

	Start (N=18)	End (N=8)	Wilcoxon
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

Differences in trauma scores before and after the therapeutic support were examined using a Wilcoxon test. As Table 1 shows, the total trauma score, reexperiencing score, and hyperarousal all significantly reduced after the end of the therapeutic support.

Clinically relevant trauma scores

We compared CATS scores before and after the intervention. 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. 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 perceptions of the trauma-informed therapy

The follow-up questionnaire also asked parents how helpful they found the therapy and provided them with the opportunity to expand on their answers and explain the impact the intervention had had on their child. All parents reported that they felt the therapeutic support had been helpful. One parent explained they felt this was the only support that had been made available to them: "*At the time this help was offered it was THE ONLY HELP that we could get from anyone... We were told that because we were a loving supportive family we were not a priority and that we were trusted to give* our daughter *the support that she needed. But we didn't feel confident, skilled or knowledge enough to give that support."* [Parent of a girl aged 16].

Two other parents/ carers highlighted particular skills the therapeutic support helped their child to develop: "*The intervention helped us to identify a few helpful techniques such as writing down worries, or to explain bad experiences that had happened during the day.*" [Parent of a girl aged 9] and "*His counselling sessions really helped him to understand what had happened to him, and the process of healing started straight away as he had a safe space to talk about it all. His teachers let him down badly, so being able to trust another adult was the start of him rebuilding trust in others*." [Parent of a boy aged 13].

Discussion

Given the impact being bullied can have on mental health, interventions that support young people who are being bullied in school are much needed. The aim of the current study was to examine parents perceptions of the traumatic impact of being chronically bullied in school and evaluate a small-scale pilot of a trauma-informed therapeutic approach as an avenue of support. Our findings highlight the negative impact being bullied has on children and young peoples' mental health, including symptoms of trauma and how trauma-informed practices have the potential to reduce symptoms of trauma and support children and young people to cope with their experiences of bullying.

The traumatic impact of being chronically bullied in school

Parent reports highlighted how frequently their child was being bullied, alongside the impact this experience was having on their mental health and engagement in school. Such findings are consistent with previous research (e.g., Reijntjes et al., 2010b, 2011), highlighting the negative outcomes associated with bullying, particularly chronic bullying (Alisheva & Mandal, 2023). Although all the parents in this study had reported their child's experiences of bullying to their school, only four parents reported that their child's experiences of bullying had improved. Further, some parents felt that the school's response made the situation worse for their child. Bullying can be an incredibly complex behaviour to identify and manage in schools. However, the results of this survey are consistent with previous research that suggests how a school responds to incidences of bullying may, at times, exacerbate the impact of bullying on young people (Ellis & Shute, 2007).

The negative impact of the bullying experienced by the young people in the present study was further evident in the CATS trauma scores. All 18 young people had a trauma score of over 21 at the start of the study, indicating clinically relevant scores of trauma symptoms. This is consistent with previous research, which has identified a relationship between being

bullied and trauma symptoms (Idsoe et al., 2021) and post-traumatic stress disorder (DaSilva & Keeler, 2017). Longitudinal research is now needed to examine this relationship over time and consider factors (such as teacher response) that may play a role in the development of trauma symptoms as a result of being bullied in school.

Evaluation of the trauma-informed therapeutic approach

The findings of the evaluation suggest that the therapeutic support provided to young people who were being chronically bullied in school significantly reduced their symptoms of trauma. Specifically, a significant reduction was found in total trauma symptoms, symptoms of reexperiencing the traumatic events and symptoms of hyperarousal. The proportion of young people who had a clinically relevant trauma score also reduced post-intervention. Parents also highlighted the beneficial aspects of the therapy, particularly in terms of supporting their child to develop new skills to cope with and manage their experiences. These findings suggest that the therapeutic intervention evaluated here offers one possible targeted intervention to reduce the impact of being bullied on young people's mental health. While these finding are promising the limitation of our small sample size means the results should be treated with caution. Therefore, future research would benefit from a larger scale evaluation of such approaches further to consider the longer-term impact of bullying-specific trauma-informed approaches.

Limitations

This small-scale evaluation is the first study of its kind in the UK to examine the impact of trauma-informed therapeutic support for young people who were being chronically bullied in school. We used well-established questions and scales to examine parent/carer perceptions of their child's experiences of bullying and the impact of the bullying on their child's trauma symptoms. However, we used parent/carer reports of young peoples' experiences of bullying and their trauma symptoms. Such reports can be subject to bias and

may not capture all relevant information about a child's experiences. Therefore, any future study would benefit from employing a multi-informant approach (Volk et al., 2017), ideally including young people's reports of their own experiences. The aim of this study was to pilot the trauma-informed intervention, therefore, the sample was relatively small, particularly for the follow-up survey, and our study lacked a control group. Therefore, further evaluations of the use of trauma-informed therapeutic interventions are warranted to understand the benefits of such interventions for young people being chronically bullied in school.

Conclusion and practical implications

Our findings 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. As trauma-informed practices are becoming more commonly used in schools, the findings of this study highlight the potential benefit of school psychologists and counsellors using such approaches to support those being chronically bullied in school.

References

Alisheva, Z., & Mandal, B. (2023). The Differential Effects of Childhood and Chronic Bullying Victimization on Health and Risky Health Behaviors. *Journal of Child and Adolescent Trauma*, *16*(4), 1005–1015. https://doi.org/10.1007/s40653-023-00542-0

Anti-Bullying Alliance. (n.d.). *Bullying, School Experiences and Wellbeing: a Picture of Pupil Experience in England 2022*. Retrieved April 15, 2024, from https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying/prevalence-and-impact-bullying/prevalence-bullying

Bowes, L., Maughan, B., Ball, H., Shakoor, S., Ouellet-Morin, I., Caspi, A., Moffitt, T. E., & Arseneault, L. (2013). Chronic bullying victimization across school transitions: The role of genetic and environmental influences. *Development and Psychopathology*, *25*(2), 333–346. https://doi.org/10.1017/S0954579412001095

Brendgen, M., & Poulin, F. (2018). Continued Bullying Victimization from Childhood to Young Adulthood: a Longitudinal Study of Mediating and Protective Factors. *Journal of Abnormal Child Psychology*, *46*(1), 27–39. https://doi.org/10.1007/s10802-017-0314-5

Brown, V., Clery, E., & Ferguson, C. (2011). *Estimating the prevalence of young people absent from school due to bullying*. National Centre for Social Research. http:// redballoonlearnercouk/includes/files/resources/261298927_red-balloon-natcenresearch-reportpdfBrown

Corby, E. K., Campbell, M., Spears, B., Slee, P., Butler, D., & Kift, S. (2016). Students' Perceptions of Their Own Victimization: A Youth Voice Perspective. *Journal of School Violence*, *15*(3), 322–342. https://doi.org/10.1080/15388220.2014.996719

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

DaSilva, S. M., & Keeler, C. (2017). Adolescent Peer Victimization and PTSD Risk. *Adolescent Psychiatry*, *7*(1), 25–43. https://doi.org/10.2174/2210676606666161121103635

Demaray, M. K., Malecki, C. K., Secord, S. M., & Lyell, K. M. (2013). Agreement among students', teachers', and parents' perceptions of victimization by bullying. *Children and Youth Services Review*, *35*(12), 2091–2100. https://doi.org/10.1016/j.childyouth.2013.10.018

Ellis, A. A., & Shute, R. (2007). Teacher responses to bullying in relation to moral orientation and seriousness of bullying. *British Journal of Educational Psychology*, *77*(3), 649–663. https://doi.org/10.1348/000709906X163405

Espelage, D. L., Hong, J. S., & Mebane, S. (2016). Recollections of childhood bullying and multiple forms of victimization: correlates with psychological functioning among college students. *Social Psychology of Education*, *19*(4), 715–728. https://doi.org/10.1007/s11218-016-9352-z

Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). What works in anti-bullying programs? Analysis of effective intervention components. *Journal of School Psychology*, *85*, 37–56. https://doi.org/10.1016/j.jsp.2020.12.002

Gregus, S. J., Craig, J. T., & Cavell, T. A. (2020). Toward Evidence-Based Interventions for Chronically Bullied Children: Candidate Mechanisms and Potential Strategies. *Evidence-Based Practice in Child and Adolescent Mental Health*, *5*(1), 83–101. https://doi.org/10.1080/23794925.2020.1727796

Gregus, S., Smith, S. L., & Cavell, T. A. (2023). Supporting the Chronically Bullied Child: A Competency-Based Framework for Elementary School Teachers. *Journal of School Violence*. https://doi.org/10.1080/15388220.2023.2289115

Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *41*(4), 441–455. https://doi.org/10.1017/S0021963099005545

Hensums, M., de Mooij, B., Kuijper, S. C., Cross, D., DeSmet, A., Garandeau, C. F., Joronen, K., Leadbeater, B., Menesini, E., Palladino, B. E., Salmivalli, C., Solomontos-Kountouri, O., Veenstra, R., Fekkes, M., & Overbeek, G. (2023). What Works for Whom in School-Based Anti-bullying Interventions? An Individual Participant Data Meta-analysis. *Prevention Science*, *24*(8), 1435–1446. 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

Hunter, S. C., Mora-Merchan, J., & Ortega, R. (2004). The long-term effects of coping strategy use in victims of bullying. *Spanish Journal of Psychology*, *7*(1), 3–12. https://doi.org/10.1017/S1138741600004704

Idsoe, T., Vaillancourt, T., Dyregrov, A., Hagen, K. A., Ogden, T., & Nærde, A. (2021). Bullying Victimization and Trauma. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.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, T. M. L., 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), 822–832. https://doi.org/10.1007/s11121-018-0906-5

Kleinheksel, A. J., Rockich-Winston, N., Tawfik, H., & Wyatt, T. R. (2020). Demystifying Content Analysis. *American Journal of Pharmaceutical Education*, *84*(1), 7113. https://doi.org/10.5688/AJPE7113

Mateu, A., Pascual-Sánchez, A., Martinez-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

Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*,*15*, (1–2). https://doi.org/10.1002/cl2.1018

Mental Health Foundation. (n.d.). *Trauma*. Retrieved January 16, 2025, from https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/trauma

Mynard, H., Joseph, S., & Alexander, J. (2000). Peer-victimisation and posttraumatic stress in adolescents. *Personality and Individual Differences*, *29*(5), 815–821. https://doi.org/https://doi.org/10.1016/S0191-8869(99)00234-2

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

Noret, N., Hunter, S. C., & Rasmussen, S. (2018). The relationship between peer victimization, cognitive appraisals, and adjustment: A systematic review. *Journal of School Violence*, *17*(4). https://doi.org/10.1080/15388220.2017.1423492

Olweus, D. (1999). Sweden. In P. K. Smith, M. J. Junger-Tas, D. A. Olweus, Richard. F. Catalano, & Philip. T. Slee (Eds.), *The nature of school bullying: A cross-national perspective* (pp. 7–27). Routledge.

Overstreet, S., & Chafouleas, S. M. (2016a). Trauma-Informed Schools: Introduction to the Special Issue. *School Mental Health*, 8(1), *1–6*. https://doi.org/10.1007/s12310-016-9184-1

Overstreet, S., & Chafouleas, S. M. (2016b). Trauma-Informed Schools: Introduction to the Special Issue. In *School Mental Health*, *8*(1), 1–6. https://doi.org/10.1007/s12310-016-9184-1

Penning, S. L., Bhagwanjee, A., & Govender, K. (2010). Bullying boys: The traumatic effects of bullying in male adolescent learners. *Journal of Child and Adolescent Mental Health*, *22*(2), 131–143. https://doi.org/10.2989/17280583.2010.528580

Purswell, K. E., & Ray, D. C. (2014). Research with small samples: Considerations for single case and randomized small group experimental designs. *Counseling Outcome Research and Evaluation*, *5*(2), 116–126. https://doi.org/10.1177/2150137814552474

Reijntjes, A., Kamphuis, J. H., Prinzie, P., Boelen, P. A., van der Schoot, M., & Telch, M. J. (2011). Prospective Linkages Between Peer Victimization and Externalizing Problems in Children: A Meta-Analysis. *Aggressive Behavior*, *37*(3), 215–222.

Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010a). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse & Neglect, 34*(4), 244–252.

Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010b). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse and Neglect*, *34*(4), 244–252. https://doi.org/10.1016/j.chiabu.2009.07.009

Sachser, C., Berliner, L., Holt, T., Jensen, T. K., Jungbluth, N., Risch, E., Rosner, R., & Goldbeck, L. (2017). International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). *Journal of Affective Disorders*, *210*, 189–195. https://doi.org/10.1016/j.jad.2016.12.040

Schoeler, T., Duncan, L., Cecil, C. M., Ploubidis, G. B., & Pingault, J. B. (2018). Quasi-experimental evidence on short- and long-term consequences of bullying victimization: A meta-analysis. *Psychological Bulletin*, *144*(12), 1229–1246.

Solberg, M. E., & Olweus, D. (2003). Prevalence Estimation of School Bullying with the Olweus Bully/Victim Questionnaire. *Aggressive Behavior*, *29*(3), 239–268. https://doi.org/10.1002/ab.10047

van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. Guildford Press.

Volk, A. A., Veenstra, R., & Espelage, D. L. (2017). So you want to study bullying? Recommendations to enhance the validity, transparency, and compatibility of bullying research. *Aggression and Violent Behavior*, *36*, 34–43. https://doi.org/10.1016/j.avb.2017.07.003

Whitney, I., & Smith, P. K. (1993). A survey of the nature and extent of bullying in junior/middle and secondary schools. *Educational Research*, *35*(1), 3–25. https://doi.org/10.1080/0013188930350101

Yeager, D. S., Fong, C. J., Lee, H. Y., & Espelage, D. L. (2015). Declines in efficacy of anti-bullying programs among older adolescents: Theory and a three-level meta-analysis. *Journal of Applied Developmental Psychology*, *37*(1), 36–51. https://doi.org/10.1016/j.appdev.2014.11.005