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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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This report presents the findings of a therapeutic intervention used to support young people chronically bullied in school. This report has been commissioned by the children's charity Kidscape with funding from the Mather Family Charitable Trust. The therapeutic intervention was developed and delivered by Service Six. We would like to thank all the families who shared their stories and participated in the evaluation study.

BACKGROUND

Being bullied in school is a frequent experience for many young people in the UK. Such experiences are strongly related to difficulties attending and engaging in school[1], alongside the development of poor mental health in both the short- and long-term[2,3]. This is particularly the case for young people who are chronically bullied in school[4,5]. While anti-bullying interventions have developed greatly over recent years, evaluations of such interventions suggest only moderate changes in bullying behaviour[6]. As a result, many young people continue to be bullied and remain vulnerable to developing the associated poor mental health outcomes. In recent years, there has been a growing movement to recognise bullying as a traumatic experience[7,8]. Defining bullying as a traumatic experience enables the opportunity to use trauma-informed approaches to support those being bullied in school[7]. Through their parent/ carer helpline, the UK national charity Kidscape has spoken to many parents/ carers who reported on the profound impact being bullied has had on their child. As a result, Kidscape funded a therapeutic support intervention for twenty families, to support them to cope with and manage their experiences of bullying. This report presents the results of an evaluation of this intervention and highlights the potential benefits of trauma-informed therapeutic support to support young people being chronically bullied in schools.



The prevalence and impact of bullying in schools

Being bullied in school is a frequent experience for many children and young people in the UK. In their national survey of approximately 30,000 pupils in 2022, the Anti-Bullying Alliance examined how often children and young people were being bullied in school[9]. They identified that 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. In terms of chronic (frequent) bullying (defined as those who had been bullied *always*), 24% reported being frequently bullied, and 6% reported frequently experiencing cyberbullying. Being bullied in school is associated with a range of negative outcomes, including poor mental health. Large-scale reviews have highlighted that being bullied is associated with higher levels of depression, loneliness, and anxiety, and poorer self-esteem. Being bullied is also associated with headaches[10], poorer academic achievement[1], sleeping problems[11], suicidal ideation and suicidal behaviours[12], and weapon carrying[13]. Such findings have been reported in the short and long term.

Alongside the mental health implications of being bullied in school, being bullied in school can impact children and young peoples' attendance at and engagement in school. For example, the Anti-Bullying Alliance[9] also found that those who were frequently 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. As a result, children and young people may avoid school to avoid experiencing bullying. So much so that the Anti-Bullying Alliance[14] has recently suggested that *"Bullying is a significant cause of persistent absence among young people in England"*. Currently, in England, it is difficult to identify the exact number of young people who may be absent from school. However, in their analysis in 2011, Red Balloon[15] 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.

Given the negative impact on young people, there have been recent calls for bullying to be defined as a traumatic experience. In our recent review, we highlight how the definitions of bullying and trauma align and summarise the evidence suggesting a relationship between bullying and symptoms of trauma[16]. Conceptualising bullying as a traumatic experience will have implications for the way young people who are being bullied are supported, alongside implications for intervention programmes. Trauma-informed practices offer one possible route for guidance on bullying, support for those being bullied and intervention.

Anti-Bullying Interventions

The prevalence of bullying and the negative impact such experiences can have on mental health and educational experiences has led some to suggest that bullying is a public health concern in urgent need of effective intervention[17,18]. As a result, various initiatives have been developed to reduce bullying in schools. Interventions can involve targeted work with individuals within the school (i.e., students and teachers) or from the broader community (i.e., parents/ guardians). Such work can include social and emotional skill development intervention[19], empowering bystanders to tackle bullying they hear and see intervention[20], awareness-raising work with teachers and parents/ carers (e.g., fliers and guidebooks), and training opportunities on how to tackle bullying and support those being bullied[21,22]. Alternatively, interventions can 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[23]. The inclusion of these different components varies across programmes, but typically, such interventions involve more than one group of individuals and include multiple elements. Although work in anti-bullying programmes has been undertaken for many years, current evidence suggests that such programmes only lead to moderate reductions in bullying in school [6,23]. Particular aspects of programmes that may be more effective, for example, anti-bullying interventions may be more effective in younger students[24], and more intensive programmes may be more effective[25]. While such programmes are moderately effective in reducing bullying behaviour, recent research has suggested that the effectiveness of such programmes on frequently/ chronically bullying young people is limited[26]. 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.

The aim of this study

Trauma-informed 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[27]. Such practices are based on an understanding of the impact trauma can have on students' behaviour, learning and health and wellbeing[28]. Despite growing awareness and use of trauma-informed approaches in education[28], the use of such approaches in a bullying context is limited[7]. In response to the volume of calls received on their parent line where parents referenced the impact of bullying on signs of trauma and poor mental health, Kidscape commissioned a therapeutic support intervention to support those who were being chronically bullied in school. Therefore, the aim of this study was to evaluate the use of this intervention and examine how the intervention reduced trauma symptoms in young people who are experiencing bullying in schools.



METHOD

Participants

The participants in the study included parents/carers of young people who were experiencing bullying in school. 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.

The trauma-informed therapeutic support

Kidscape and Service Six, with support from the Crysalys Foundation, offered therapeutic support to parents/ carers and their children who were being chronically bullied in school. Participating children (aged 8 to 18) were offered up to twelve fully funded therapeutic support sessions through BACP-accredited provider Service Six. These sessions could be delivered face-to-face (where appropriate) or online. Kidscape fully funded the cost of the therapeutic intervention (though not the cost of any travel or any other related expenses). Referrals to the project were managed through Kidscape and offered to parents/ carers who contacted the Kidscape parent advice line. The therapeutic approach developed by Service Six counsellors for Kidscape was aimed at young people who had experienced significant bullying. It is a trauma-informed therapy based on a three stage theoretical model, summarised in Figure 1.

Figure 1: The three-stage theoretical model underpinning the Trauma Therapy for Kidscape

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

Service-Six offered twelve sessions to each of the young people, which focused on the goal of successfully achieving post-traumatic growth.

Evaluation Questionnaire

A questionnaire for parents/ carers was created for this evaluation. Three questionnaires were designed: 1) to be completed before the therapy sessions started, 2) to be completed as soon as the sessions ended, and 3) to be completed two months after the end of the last sessions. All questionnaires were administered online using the Qualtrics survey tool. 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.

Bullying. To measure the frequency of bullying experienced by the young person, a question adapted from the Olweus Bullying Victimisation Questionnaire[29] was included in the questionnaire. A definition based on Olweus' and Kidscape's definition of bullying was included and parents were then asked how often their child had been bullied in the previous couple of months. Questions on 1) whether the bullying had been reported, 2) whether it had stopped after being reported, and 3) whether their child had missed school due to their bullying experiences were also included in the questionnaire. Parents/ carers were then given the opportunity to provide more detail on the bullying experienced by their child and the impact the bullying had had on their child and their family.

Trauma Symptoms. A copy of the parent/carer report version of The Child and Adolescent Trauma Screen (CATS)[30] questionnaire (version for 7-17 years) was included in the questionnaire. The CATS is a freely available screening tool designed to capture symptoms of post-traumatic stress disorder (PTSD) based on the DSM-5 criteria. The CATS is not a diagnostic tool but a screening tool designed to capture symptoms of PTSD. A total symptom score is calculated with a possible range of 0 to 60, with a higher score indicating more trauma symptoms. The authors suggest that a cut-off score of >21 should be used to indicate clinically relevant symptoms that require further support. Alongside a total score, scores on reexperiencing, avoidance, negative mood, and hyperarousal are also calculated.

Evaluation of the intervention. Questionnaires 2 and 3 included questions on parent/carer perceptions of the therapeutic intervention. This included a question on how helpful their child found the intervention provided, and this was rated on a four-point scale from very helpful to very unhelpful. Parents/ carers were then provided with the opportunity 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 who is concerned about a young person because they are being bullied or because they are bullying others. Parents/ carers who contacted the advice line for guidance on supporting their child who is being bullied in schools. In those situations where the child was showing signs of trauma due to their experiences of bullying, the parent/ carer and child were offered therapeutic support. Each family was offered up to 12 sessions with trauma-informed at Service Six (a BACP Accredited Charity). When a family accepted the invitation for therapeutic support, they were contacted separately by the research team at the University of York, who invited them to participate in the evaluation of the therapeutic intervention offered. The research team stressed to parents that their decision on whether to participate in the evaluation would have no impact on whether or not they could access the therapeutic support. If a parent/ carer agreed to participate in the evaluation, 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 completed their therapy sessions, Service Six contacted Kidscape, who administered questionnaire two and followed up two or three months after with questionnaire three. After completing each questionnaire, participants were sent a £10 Amazon voucher as a thank-you for their participation.

Data analysis

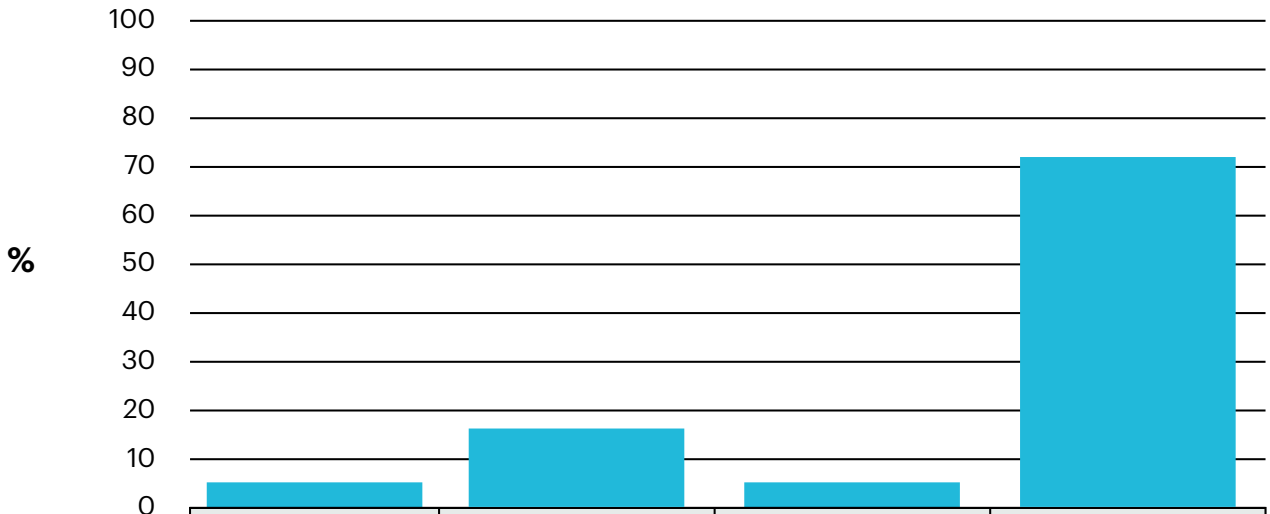
The data analysis is presented in two sections. In section one, we present the data from the first questionnaire, which focuses on parent/ carer reports of their child's experiences of bullying and the impact these experiences had on their child and their families before starting the therapeutic support. In section two, we present changes in trauma symptoms, comparing trauma scores from before the therapeutic support started with trauma scores gathered in Questionnaire 3. Due to a low response rate, trauma data from Questionnaire 2 are not included in the study. As we have a relatively small sample size, changes in scores were analysed using non-parametric tests of difference. Alongside the changes in trauma scores, the parent/carer perceptions of the impact of the therapeutic support on their child are also reported. Throughout the questionnaire, parents/ carers were provided with the opportunity to expand on their answers. Responses to these questions were analysed using quantitative content analysis. Finally, we also present case studies of young peoples' experiences of bullying and the impact the therapeutic support had on these young people.

RESULTS: EXPERIENCES OF BULLYING AND THE IMPACT OF BULLYING ON THE YOUNG PERSON AND THEIR FAMILY

The nature of the bullying experienced

At the start of the study, parents were also asked about their child's experiences of bullying over the previous couple of months. The majority of parents reported that their child had been bullied *several times a week* (see Figure 1).

Figure 1: The frequency of bullying experienced in the previous couple of months.



	Not bullied	Two or three times a month	About once a week	Several times a week
%	5.6	16.7	5.6	72.2

Current bullying and intervention

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. One parent explained that they had reported bullying to their school but felt their child's experiences were not acknowledged or validated:

> **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.**

Another parent highlighted how they felt their child's experiences were not validated due to a lack of evidence:

> **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.**

Finally, one parent reported that they felt that the actions of their child's headteacher made the situation worse:

> **Parent 3: 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.**

The impact of the bullying experienced on the child and their family

Overall, 15 (83.3%) participants reported that their child had taken time out of school because of bullying. Parents/ carers were also asked about the impact the bullying had had on their child and on their family.

Impact on the young person

Parent responses highlighted the profound and harmful impact bullying was having on their child, their family and themselves as parents/carers. Bullying was found to impact on children in terms of feelings of 1) low mood, depression, and anxiety, 2) anger, 3) suicidal thoughts and self-harm, 4) somatic symptoms, 5) problems sleeping, 6) problems eating, 7) feelings of fear, 8) Confidence/ Self-Esteem, 9) Impact on Learning/ Engagement in School, and 10) Loss of trust. These themes are discussed in more detail below.

Low mood, depression, anxiety, and Post-Traumatic Disorder. Several parents (N=11, 61.1%) reported that their child developed feelings of depression, low mood, and/or anxiety as a result of the bullying they experienced, for example

> **"he has been experiencing low mood and anxiety/panic attacks."**
>
> **"He has been diagnosed with PTSD."**
>
> **"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."**
>
> **"She having big anxiety..... She is not happy child as before."**

Anger. Some parents (N=4, 22.2%%) reported that their child had become angry as a result of the bullying they had experienced:

> **"He gets angry and frustrated. He can't let go of things that happened."**
>
> **"Feels angry."**
>
> **"Coming home very angry, frustrated."**

Suicidal thoughts, attempts, and self-harm behaviours. Several parents (N=6, 33.3%) reported that their child had attempted suicide, had thought about suicide, and/or had self-harmed as a result of their bullying experiences:

> **"Alice took an intentional overdose of 16 paracetamol."**
>
> **"She's also told us she doesn't want to be here anymore and thought about self-harming'**
>
> **"Has body image issues. Self-harmed because of it."**

Somatic Symptoms. Two parents (11.1%) reported that their children reported symptoms of physical illness:

> **"Frequent migraines.....Physically being sick before school".**
>
> **"Having tummy pain, nausea, headache, panic attacks, challenging behaviour".**

Problems Sleeping. Six parents (33.3%) reported that their child was having trouble sleeping as a result of the bullying:

> **"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 often doesn't sleep well remembering the threats that were made to him and the general situation."**
>
> **"She is not sleeping, having nightmares, flashbacks,**
>
> **"She's not sleeping."**

Problems Eating. 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."**
>
> **"No eating before school."**
>
> **"Then they really struggle to eat, wanting to eat, feeling sick, fear of being sick, unable to eat and not feeling full."**
>
> **"In the height of the bullying, he stopped eating."**

Fear. Several parents highlighted that their child had become fearful (N=6, 33.3%) since the bullying started and were scared to go out or go to school:

> **"Alice has been too scared to leave our home alone for fear of being beaten up or facing aggression in the streets, bus stops, shops etc. Alice has felt too scared to go to school for 4 weeks."**
>
> **"He didn't feel safe at school no one believed him".**
>
> **"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".**
>
> **"He sits in class fearing the bully will burst in and attack him."**

Confidence/ Self-Esteem. Five parents (27.8%) reported that their child's confidence had been affected by their experiences of bullying, for example:

> **"My child has lost some self-confidence and self-esteem."**
>
> **"Lack of confidence, reduced resilience. Lack of self-esteem, feelings of low self-worth."**
>
> **"It has been devastating to my child's wellbeing, confidence and academic progress."**
>
> **"He has no self-belief or worth and says he hates himself sometimes".**

Social Isolation. Some parents (N=4, 22.2%) reported how being bullied impacted on their child's social relationships and how their child had become socially isolated as a result of the bullying:

> **"Initially became very socially isolated and was clinging to her boyfriend as the only person who was still talking to her."**
>
> **"My son, avoids social gathering outside people he knows. He relies on, online friends."**
>
> **"He feels socially isolated."**

Appearance concerns. Two parents (11.1%) reported that their child reported more negative feelings about their appearance and body image:

> **"She has also become more self-conscious about her appearance and how others will react to items she wears or, takes into school."**
>
> **"Has body image issues."**

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**
>
> **My child enjoys learning at school but unsurprisingly when the bullying is occurring, she does not look forward to school.**
>
> **His learning has suffered, and he spends most of the time at school in a state of stress.**
>
> **There is a block on learning, formally, and working towards exams**
>
> **He doesn't think he can do some things before he tries and says he isn't very good at some things.**
>
> **She misses school because of it**

Loss of trust. Three parents (16.7%) 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."**
>
> **"trust issues"**
>
> **"un-trusting".**

Impact on the family

Parent responses highlighted the profound and harmful impact bullying was having on their child, their family and themselves as parents/carers. 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. These themes are discussed in more detail below.

Worry and Stress. A child's experiences of bullying were frequently discussed as a source of stress and worry for parents/ carers. Parents/carers highlighted their feelings of stress and worry they regularly experienced:

> **"I have suffered from physical symptoms of stress, including diarrhoea for 1 month, poor sleep, inability to focus, sensations of my skin crawling etc."**
>
> **"I feel stressed and upset thinking about what has happened."**
>
> **"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."**
>
> **"It has caused us so much anger, hurt, and worry."**

Emotional Impact. Participants highlighted a range of emotions they felt in response to their child's experiences of bullying. These strong emotions included feelings of guilt, powerlessness, helplessness, and anger as their child continued to struggle with their experiences of bullying:

> **"We all feel broken, powerless, confused, guilt, anger."**
>
> **"I feel guilty that we didn't do more to intervene (we tried our best but the school wouldn't listen for a long time)."**
>
> **"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."**
>
> **"Sense of helplessness as to how to manage this."**

Impact on Work. Several participants highlighted the impact of their child's experiences of bullying on their ability to engage at work. Parents/ carers highlighted the need to take time away from work to support their child, alongside feeling distracted and unable to concentrate:

> **"I have had to have several days off work recently because it is wrecking me."**
>
> **"Father had to take time off from work, as situation was getting very serious at home."**
>
> **"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."**
>
> **"I am constantly worried about my child's safety and this has hugely impacted on my performance at work."**

Impact on the whole family. Participants also highlighted the impact that their child's bullying had on the family, leading to distress for lots of family members but also damaging previously close relationships:

> **"The bullying has impacted on every inch of our family life, and it is something we will never forget."**
>
> **"It has put a huge emotional strain on all of us as a family."**
>
> **"His grandad was absolutely devastated."**
>
> **"His anxiety has become more severe to the point where he has avoided members of his extended family who he had previously had a very good relationship with."**

Conflict in the family. A child's experiences of bullying were associated with conflict in the home, related to how to manage the behaviour and sibling jealousy:

> **"I am one of two divorced parents, and he gets little support when he is bullied or is suffering bullying at the other parent's (mother's) home."**
>
> **"When she is anxious, she is much more likely to react badly to new situations and this can make general family life more difficult.... Often this makes her have a bad temper which can be aimed at her younger brother in the form of telling him off, or having a go at him."**
>
> **"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."**

RESULTS: THE IMPACT OF THE THERAPEUTIC INTERVENTION ON YOUNG PEOPLES' TRAUMA SYMPTOMS

Trauma symptoms before and after the therapeutic intervention

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 end of 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.

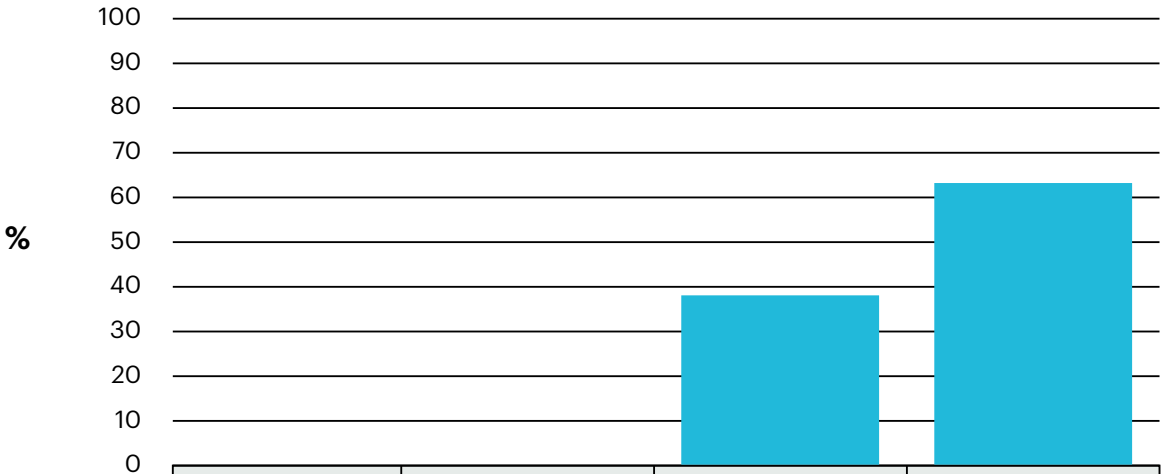
Clinically Relevant Trauma Scores

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. 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 helpfulness of the therapeutic intervention

All parents reported that they felt the therapeutic support had been helpful, see Figure 2.

Figure 2: The perceived helpfulness of the therapeutic support



	Very unhelpful	Unhelpful	Helpful	Very helpful
%	0	0	37.5	62.5

Parents were provided with the opportunity to expand on their answers and explain the impact the intervention had had on their child. As 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, 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."**

Two other parents/ carers highlighted particular skills the therapeutic support helped their child to develop:

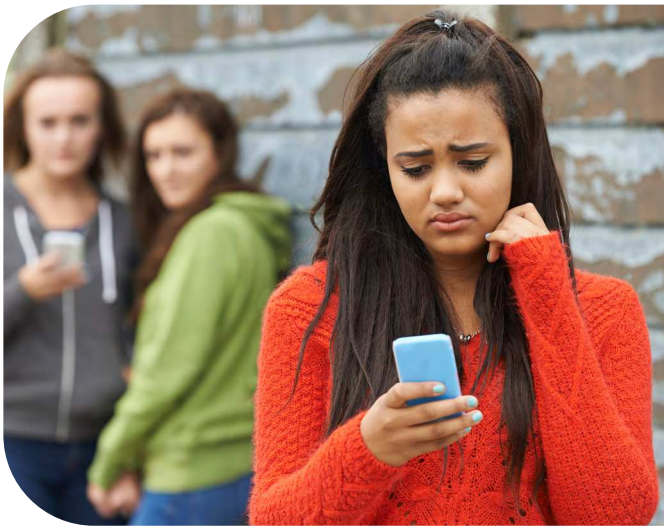
> **"The intervention helped us to identify a few helpful techniques such as writing down worries, or to explain bad experiences that had happened during the day."**

> **"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."**

CASE STUDIES

The Impact of the Therapeutic Intervention on Children/ Young People Chronically Bullied in School

Case Study 1: Alice, 16



Alice had been struggling with being bullied since the beginning of year 9. The bullying started as a result of conflict with her friendship group. As her parent explained, *'The girls she had been best friends with for the past 2 years, turned on her and incited others to also exclude and isolate her, by spreading nasty lies about her character, home life, family situation and sexual activities'*. Two girls, in particular, were intent on damaging Alice's social status as they tried to *"make others dislike Alice, her friends and boyfriend turn against her, isolate, and humiliate her and discredit our family as witnesses to the lies*. Her parent also explained that Alice *"was abused verbally face to face and across social media, repeatedly being threatened to have her head stamped on, face smashed in, bottled and more. We live in a small coastal community, where Alice was well-known and previously extremely popular. After the smear campaign started, everyone her age locally had heard something untrue or nasty about her, so even at best wherever she went there were looks, whispers, giggles, sneers. She has been warned against attending school, going to college, going into the nearby town or even out in the community we live in."*

Alice's parent explained that Alice became very socially isolated and *"was clinging to her boyfriend as the only person who was still talking to her. He became her world in an unhealthy way so that when he ended the relationship, she felt she had nothing left."* She has been left scared to leave the home and too scared to go to school for four weeks. Alice became more isolated, lonely, and sad, spending ever-increasing amounts of time alone. A month before starting the therapy, she took an intentional overdose of paracetamol. Alice did not return to school and reduced the number of GCSEs she was going to take. Alice's parent explains the impact the bullying continued to have on Alice, *"Alice lost handfuls of hair through stress. She started to self-harm, repeatedly cutting the insides of her thighs as a response to what was happening to her. She disengaged from the family. Alice was angry, upset, distant and exhausted and suffered from palpitations, panic attacks, night terrors and sleep paralysis. She no longer feels safe where we live, has to be escorted to places she had travelled independently for years previously. Twice she left the house and was found at the edge of the cliffs near where we live, following frantic searches by friends and family"*. Alongside the impact on Alice, the bullying impacted on her whole family: *"Alice's siblings were frightened, angry, upset, frustrated and unsure how to deal with what had happened to Alice and in turn how it had affected me. I withdrew from my own family and friends, took sick and then unpaid leave from work for 4 months. I cried nearly every day, was wracked with guilt that I'd let it get to this stage, anger that I couldn't make it better, confusion about how to deal with what was*

happening, frustration that no-one was helping us. It caused marital difficulties, between me and my husband, Alice's dad because I felt abandoned by him like I was dealing with it alone, but he felt like the best thing he could do to help was work as many hours as possible to pay for me being off work. For 9 months our lives have been a roller coaster that has pushed us mentally, emotionally, physically and financially to our limits."

Alice's parent highlighted the therapeutic intervention's profound impact on Alice and the family. On a practical level, as Alice's parent explained, *"The help the service provided with negotiating with the school was incredible- especially the diagnosis of PTSD, anxiety, depression etc."*. The counsellor was able to provide a letter for her school, explaining the reason she was not attending, which stopped the risk of non-attendance. It has also enabled Alice to take her GCSEs in a room alone with an invigilator. If this had not happened, Alice's parents feared she would not have taken her exams. Further, Alice's parent explains, *"most importantly it gave Alice someone unbiased and safe to talk to. Alice really needed someone to listen to her, believe her, not judge her and tell her it was OK and natural to be feeling the way she was- to validate that what she had been through was traumatic and how she had and was responding was real and normal. It allowed Alice to feel validated and believed by an adult that she recognised as professional when others in positions of responsibility like teachers, police, GP's dismissed her. 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."*

The therapeutic intervention provided enabled Alice to manage her feelings and the stress caused by the bullying she experienced. As her parent explained, *"It helped her to feel listened to, valued and justified in her feelings. It's taken a little longer than the 12 sessions, but she is in a much stronger, resilient place now. She has an apprenticeship in hairdressing which she loves and has helped her to make one friend. She's still very isolated and won't go to the town that her school was in unaccompanied by an adult, but she does now get herself to and from work independently and will go out in public alone. Even when shouted at it doesn't affect her in the same way now, she shrugs it off more easily. Alice says the intervention helped her to sort through her thoughts and feelings. It helped her to identify her priorities and recognise some of the positives in her life. As a family we are all much closer now and Alice is a much nicer, more understanding and accepting person than she ever was before, even prior to any bullying!"*.

Case Study 2: Molly, 8



Molly was experiencing bullying in school, as her parent explained, *"My daughter experienced other children pushing and shoving her, saying hurtful things, making her feel unwanted. Other children have spread rumours saying that she said something she didn't, or that she was lying when she wasn't. One child in particular succeeded in getting other children to be nasty to her by telling them to take her pencil etc."* The bullying has been going on for some time *"the bullying has continued over several years, stopping after the school is made aware only to re-start a while later when the perpetrators think nobody is noticing anymore (e.g having a different teacher)"*. Molly's parent explained that Molly struggled to understand why the bullying is happening *"My daughter is kind and wants to help people, she does not understand why people are so horrible to her.:*

The impact of the bullying has been profound, as her parent explains, *"She struggles to get to sleep and does not sleep well and this seems worse when she is having a poor time at school. She is generally an anxious worrier, those worries become much bigger and more frequent when she is being picked on. She has also become more self-conscious about her appearance and how others will react to items she wears or takes into school. Molly has made comments such as "I think maybe I should die and then I could come back as somebody else". She became an unhappy girl struggling to cope in the situation she was in, her behaviour at home became worse, she was generally angry and anxious."* Molly's parent also explained the impact the bullying was having on her family *"The bullying has impacted me quite a lot, I was bullied as a child and do not wish that for my child. I find it upsetting that she is going through this at an even younger age than I was. We are concerned about our child's mental welfare and are concerned that the bullying seems to keep reoccurring after it has been stopped for a while. It is saddening to see her losing confidence and self-esteem and becoming unhappy."*

Molly's parent explained that the therapeutic intervention came at the same time as a school intervention. The school established a friendship group for Molly, and their role is to make sure she is not left out and left alone. However, out of school, this sometimes still helps. In terms of the therapeutic intervention, Molly's parent explains, *"I think my daughter found the intervention helpful. She enjoyed the sessions and she talked through some of the points with the counsellor. She did find it very difficult to talk about herself though and often had to write it down. 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."* Molly's parent explained that Molly often finds it difficult to talk about herself but particularly enjoyed the drawing aspect of the sessions. Molly has now moved school, and as Molly's parent explained, *"The new school is quieter with less children in a class, she has settled in there really well and is now much happier and excited to go to school. If she had not changed schools however I think she would have been in a very bad place right now even though she had had the intervention."*

Case Study 3: Lydia, 10



Lydia had been experiencing bullying in primary school. This bullying included name-calling, exclusion from friendship groups, damage to personal property, physical violence, threats and cyberbullying. Lydia's parent explained the impact the bullying had on Lydia *"When it did occur in primary school, my child was always upset/ depressed, crying, having nightmares and didn't want to go to school"*. Lydia's parent also explained that when the bullying occurred, Lydia struggled with a *"general loss of happiness"* alongside a *"lack of self-esteem and feelings of low self-worth"* and *"feelings of being abnormal"*. As a family, Lydia's experiences of bullying resulted in a *"lack of sleep for all of us, worry for Lydia"*, and a *"sense of helplessness as to how to manage this"*.

Lydia's parent explained, *"School have improved but they didn't act soon enough, and they struggle to accept that this is bullying to then effectively deal with this. Kidscape has helped a lot so far and we see a path that can help her."* Lydia has now moved to secondary school, and Lydia's parent reported that there hasn't been any bullying and she is happy. In terms of the therapy provided, Lydia's parent reported that Lydia had said that *"it helped being able to talk to someone about it. It helped to use new ways to frame thinking and reaction to situations. It really helped to have someone to help understand how each scenario was not positive and to help scale the degree to which it was a bad thing from an independent person"*. Lydia's parent reported that Lydia is now much happier, more resilient, and more confident, and the sessions helped her cope with situations more confidently. As Lydia's parent explains, *'It was a terrible year at school, and we are so glad [the therapist] helped our child. We wish we could have accessed this service sooner and cannot thank you and [the therapist] enough."*

Case Study 4: Sam, 8



Sam was being bullied in primary school and experienced verbal and occasional physical bullying. Sam's parent explained that the child who was bullying Sam *"used to tell him he is rubbish and useless at things, which he believed. This completely destroyed his self-esteem. He would try to get others to think badly of him too. He also started to hit and kick him before we left the school"*. Sam's parent reported that they felt the Head Teacher's response to the bullying made the situation worse *"The Head Teacher never stopped this from happening and in fact blamed our son for everything without investigation only to find out afterwards he was telling the truth. She would shout at him in front of others and punish him. She told him he had no friends because of his behaviour (even though he did have friends). She put him on a table, isolated from everyone, where he couldn't see anything or anyone"*.

Sam's parent explained the impact the bullying had on Sam *"he had no self-esteem and started to believe he wasn't good at lots of things. He was restless at night and would wake up in the night and grind his teeth. He was starting to feel angry lots and struggled to control these big feelings. This was difficult to manage at home sometimes. He also struggled at his new school to believe the teachers when they were trying to help and wanted the best for him. He needs lots of reassurance and praise and is now getting very anxious and worried about the future with the boy who bullied him starting at his new school. He struggles to let go of things that happened. Wants to do well and be liked and worries if any small thing happens. Very hard on himself if things don't go as he wants or thinks it should."* The stress of the bullying was evident in the way Sam's parent explained the impact on the family: *"It isn't easy to help him with his self-belief sometimes. He knows he is loved, but doesn't love himself, which is hard to see. It is heartbreaking when he says he wishes he was normal like everyone else. When he gets angry it isn't easy to help him. Causes stress and strain."*

The therapy sessions were helpful for Sam, as his parent explained, *"He felt much better about things and talking things through with [the counsellor] really helped. [The counsellor] made it very clear to him that he had done nothing wrong and that it was the behaviour of the boy and the Head Teacher that was wrong. She told him about asking his new school for a safe person to go to if it happens again (which unfortunately it did). She said it is ok to feel these big emotions, but that he needs to control them and gave him some strategies to help with this."*

Case Study 5: Jack, 9



Jack experienced bullying in his prep school for nine months. His mother explained; *Three boys pushed, kicked and punched my child over a period of 9 months. They ostracised my son, spread rumours about him and surrounded him. They were verbally nasty and made threats of violence.* Jack's mother reported that she felt he was being bullied in school because he was good at sport and, when starting the school, was confident and outgoing. Both Jack and another new boy (who was very good at football) were both being bullied in school. She explained the nature of the bullying as being particularly violent; The *bullying was terrifying. It was severe. They would push my son to the ground and kick him. Normally this was during football or rugby, and they said it was just a tackle. They would trip him up; hit him with a hockey stick. If he was running in sport, one of them put a hockey stick low down so he would go flying. They spread rumours about him and organised ostracisation from his year group. He became too scared to join in with lunch time football. They falsely accused him of various things to the teachers.* Jack's mother explained that she reported the bullying to the school, who responded by saying, *"there was no evidence it was happening."*

Jack's mother explained the impact the bullying had on Jack: *It has been devastating to my child's wellbeing, confidence, and academic progress. He has been diagnosed with PTSD - he sits in class fearing the bully will burst in and attack him. He has fallen behind academically and is now in learning support. My child is sometimes frightened in school, and he is constantly on edge. In the height of the bullying, he stopped eating and threatened suicide.* The impact of the bullying experienced by Jack was worsened by the lack of response from the school; *"The headmistress later began bullying him, and he became very very low and closed off. She refused to accept the PTSD diagnosis, questioning who had diagnosed him (a therapist not a psychologist). The effects of the bullying on my son, and on me, have been life-changing."*

For Jack, the therapeutic support provided an opportunity to have his experiences validated by an adult outside of the family; *The trauma therapist immediately understood. She listened to my son and believed him.* The counsellor supported Jack, and his family provided a report on Jack's PTSD and recommendations for the school. However, this was not well received by the school; *I have to say the problems arose when she met with the head and the head promised to put in place all of the measures requested by the therapist, to keep my son safe. Not one measure was ever put in place. But the therapist had no say over the school. Then when the therapist's report, which said that Jack had PTSD from the bullying, was sent, the school forced us out and the head began psychologically abusing my son.* Jack was moved from the school, and has started another school; *"he has started a new school where he is certainly not bullied. The staff are honest and fair and I do not believe a bullying situation where a child is left to be bullied so severely for a prolonged period, could ever happen there."* Regarding the therapeutic intervention, Jack's mother explained, *"We are extremely grateful for the intervention."*

DISCUSSION

The findings of this project support previous work on chronic bullying, highlighting the profound impact that being chronically bullied in school can have on young people and their families. The evaluation of the therapeutic intervention suggests that an intensive, trauma informed approach can help support young people to re-engage with school and reduce their trauma symptoms. In this section of the report, we will discuss these findings in the context of previous research and the principles of trauma-informed approaches. We also highlight some recommendations for future research and practice in this area. While the focus of this evaluation was on a specific trauma informed therapeutic intervention, the findings have implications for how we can use a trauma informed approach more generally when supporting children and young people who are being bullied in school.

Experiences of and reporting chronic bullying

Results of the parent/ carer survey highlighted how the young people were being frequently bullied in school. The majority of parents/ carers reported how their child was being bullied several times a week. Although all the parents/ carers in this study had reported their child's experiences of bullying to their school, only four parents/ carers reported that their child's experiences of bullying had improved. When asked about their child's experiences of bullying, some parents/ carers felt that the school's response made the situation worse for their child and resulted in their child losing trust in other adults. Bullying can be an incredibly complex behaviour to identify and manage in schools. However, the results of this survey highlight that the way a school responds to incidences of bullying may, at times, exacerbate the impact of bullying on young people[31].

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.

The impact of bullying on young people and their families

At the start of the study, the survey results highlighted the impact being bullied was having on the young people. The average CATS trauma score was above the cut-off score of 21, indicating clinically relevant scores of trauma symptoms. All 18 young people had a trauma score of over 21 at the start of the study. This is consistent with previous research, which has identified a relationship between being bullied and trauma symptoms[8] and Post-Traumatic Disorder[32] and highlights how being bullied aligns with definitions and diagnostic criteria of trauma[7,8,16]. Further, analysis of the parent/carer comments on the impact being bullied has had on their child highlights the profound and wide-ranging effects being bullied has on the young people. Such outcomes 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. These findings support previous research highlighting the relationship between being bullied and poor mental health[3,33].

The findings of the survey also highlight the impact being chronically bullied was having on young peoples' ability to engage with school. Overall, 83.3% of parents/ carers reported that their child had taken time out of school because of bullying. Results of the content analysis also highlight how being bullied was impacting on their willingness to go to school alongside their child's learning, their lack of enjoyment of school, and a lack of confidence in their ability. Although data on the relationship between bullying and school absenteeism and Emotional Based School Avoidance (EBSA) is limited in England, the findings of this survey support previous research[14,15] suggesting that bullying is one reason why children and young people may avoid and be absent from school.

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.

Alongside the impact on the child, responses to the survey also highlight how their child's experiences of bullying were a source of stress for parents/ carers and something that impacted them and the wider family. Parents/ carers explained how their child's experiences of bullying were a source of significant worry, impacted on their work, their mental health, and a source of strain in the family. These findings echo previous research, which highlights how being bullied can impact on parents/ carers and the need to support and provide guidance on how to help a child who is being bullied 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.

The effectiveness of therapeutic support

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 had also reduced post-intervention. Such findings suggest the therapeutic support led to a reduction in trauma symptoms. Regarding parent/carer reports of the impact of the therapeutic intervention, all parents/ carers who completed the final questionnaire reported feeling that the support had been helpful or very helpful. The case studies also highlight how the support helped young people to re-engage with education and develop healthier ways of coping and strategies for managing their experiences of bullying.

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.

Evaluation of this study

This small-scale evaluation is the first study of its kind in the UK to examine the impact of trauma-informed therapeutic support to support young people who were being chronically bullied in school. We used well-developed scales to examine parent/ carer reports of their child's experiences of bullying and the impact of the bullying on their child's trauma symptoms. However, due to the ethical challenges associated with working with children/ young people who have experienced trauma, 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[34], ideally including young people's reports of their own experiences. 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 quite small. 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.

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.

Conclusion

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.

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