

USING THE LENS OF TRAUMA TO UNDERSTAND THE EFFECTS OF BULLYING

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Agenda

- Trauma and Its Impact
- Relationship between trauma and bullying
- Trauma-informed strategies for intervention
- A final comment: grit, resilience, and post-traumatic growth

Grief and trauma

GRIEF

- Generalized reaction is SADNESS
- Grief reactions stand ALONE
- Known to public and professionals
- Does not disfigure identity
- Regret says “I wish I would have...”
- Dreams of person who died, was hurt
- Pain is related to the loss
- Anger is not destructive

TRAUMA

- Generalized reaction is TERROR
- Trauma reactions generally include grief reactions
- Largely unknown (esp. in children)
- Attacks and distorts identity
- Guilt says, “It was my fault.”
- Dreams of self dying, being hurt
- Pain is related to tremendous terror and sense of powerlessness, fear
- and loss of safety
- Anger is assaultive (even if non-violent trauma)

What is trauma?

Any experience that leaves a person feeling hopeless, helpless, fearing for their life/survival, their safety. This experience can be REAL or PERCEIVED.

The National Institute of Trauma and Loss in Children

Keep in Mind

Trauma reactions are **no different** following non-violent situations such as natural disasters, chronic illness, etc.

Trauma Exposure

- **Victim** (abuse, neglect, car accident)
- **Witness** (personal witness – domestic violence, police, fire)
- **Related to** (peer, siblings – of chronically ill siblings, sibling that completed suicide)
- **Listening to details of trauma** (therapists, media exposure, video games, etc.)

Posttraumatic Stress Disorder (DSM 5)

Re-experiencing (INTRUSION – 1)	Avoidance (NUMBING - 1)	Negative Cognitions and Mood (2)	Arousal (2)
Flashbacks	Detachment	Distorted sense of self	Aggression
Intrusive thoughts - images	Numbing	Estrangement to others	Reckless behavior
Traumatic dreams	OCD like behavior Phobic like behavior	Markedly diminished interest	Self-destructive and Rule-breaking behaviors
Sleep problems	Self Harm	Depression	Hypervigilance
Physical complaints	Substance Abuse	Blames self or others	Irritability
	Eating Disorders		Inattention
	Not wanting to talk about it		Cognitive/Learning problems

Overlapping Symptoms

Symptom Overlap (Weinstein et al., 2000)	ADHD	PTSD
Hypervigilance	X	X
Inattention	X	X
Detachment	X	X
Irritability	X	X
Anger Outbursts	X	X
Distracted	X	X
Restless	X	X
Impatient	X	X
Impulsive	X	X
Limited sense of future	X	X
Difficulty Concentrating	X	X

Types of Trauma

- Type 1 – Single exposure
- Type 2 – One type of exposure that is repeated OR exposure to one or two different events
- Type 3 – Complex Cumulative Trauma/Developmental Trauma Disorder

Acute Stress vs. Post traumatic Stress

- **Acute Stress** – NORMAL Response/Reaction to stress and even trauma – 4-6 weeks
- **Posttraumatic Stress** – Exaggerated and Prolonged Stress Response beyond 4-6 weeks and even years later
 - ✓ Dysregulation of Stress Chemistry – Stress hormones don't come back down
 - ✓ Increased activation of the Sympathetic Nervous System (heart rate, startle response, fight response)

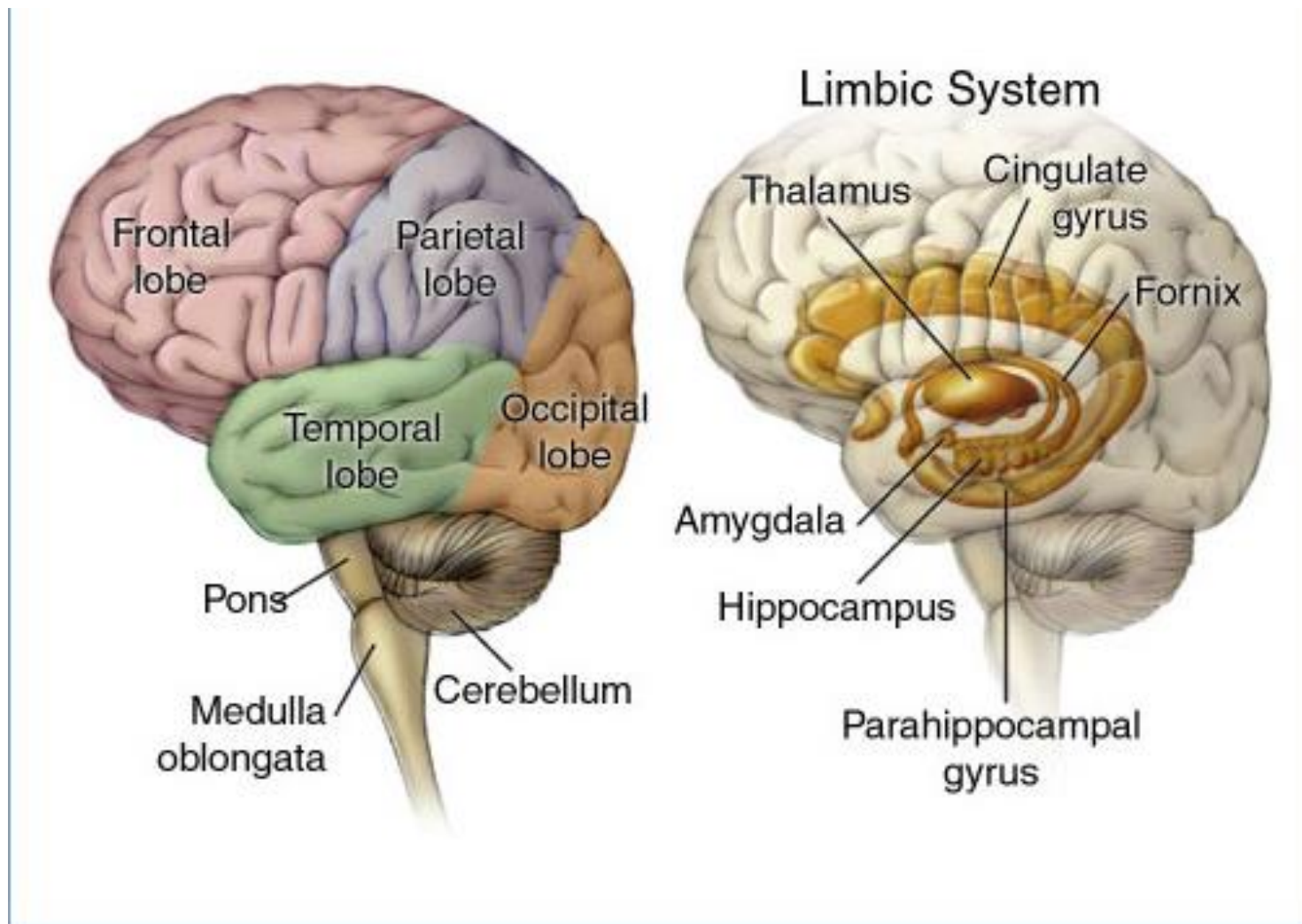
Trauma is a Sensory Experience

Trauma is a
sensory experience
because of what happens to
the brain and memory during
trauma.

Secondary Traumatic Stress

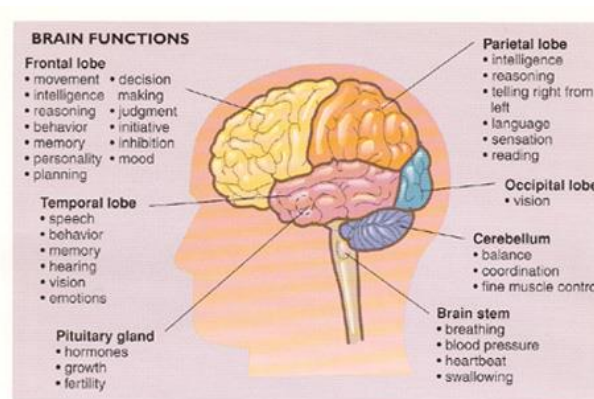
- **Secondary traumatic stress** is the emotional duress that results when an individual hears about the firsthand **trauma** experiences of another. Its symptoms mimic those of post-**traumatic stress** disorder (PTSD).
- [National Child Traumatic Stress Network ...](#)
- www.nctsn.org/resources/topics/secondary-traumatic-stress

Anatomy of the Brain



Functions of the Brain

Right Brain (Sensory)	Left Brain (Thinking)
Senses	Language
Memory	Reasoning
Affect	Thinking
Emotional Regulation	Understanding/Processing



Stress Response System

- Exposure to a trauma inducing event
- -----→ **SURVIVOR** is frozen in an activated state of arousal (state of fear, state of alert, survival mode)
- -----→ **STRESS HORMONES** are released – cortisol, adrenalin, etc.

Stress Response System

- This surge in stress hormones creates changes in the brain (and actually damages the brain when arousal is prolonged.)
- Changes in the brain cause changes in a person's (the survivor) cognitive, behavioral and emotional functions.

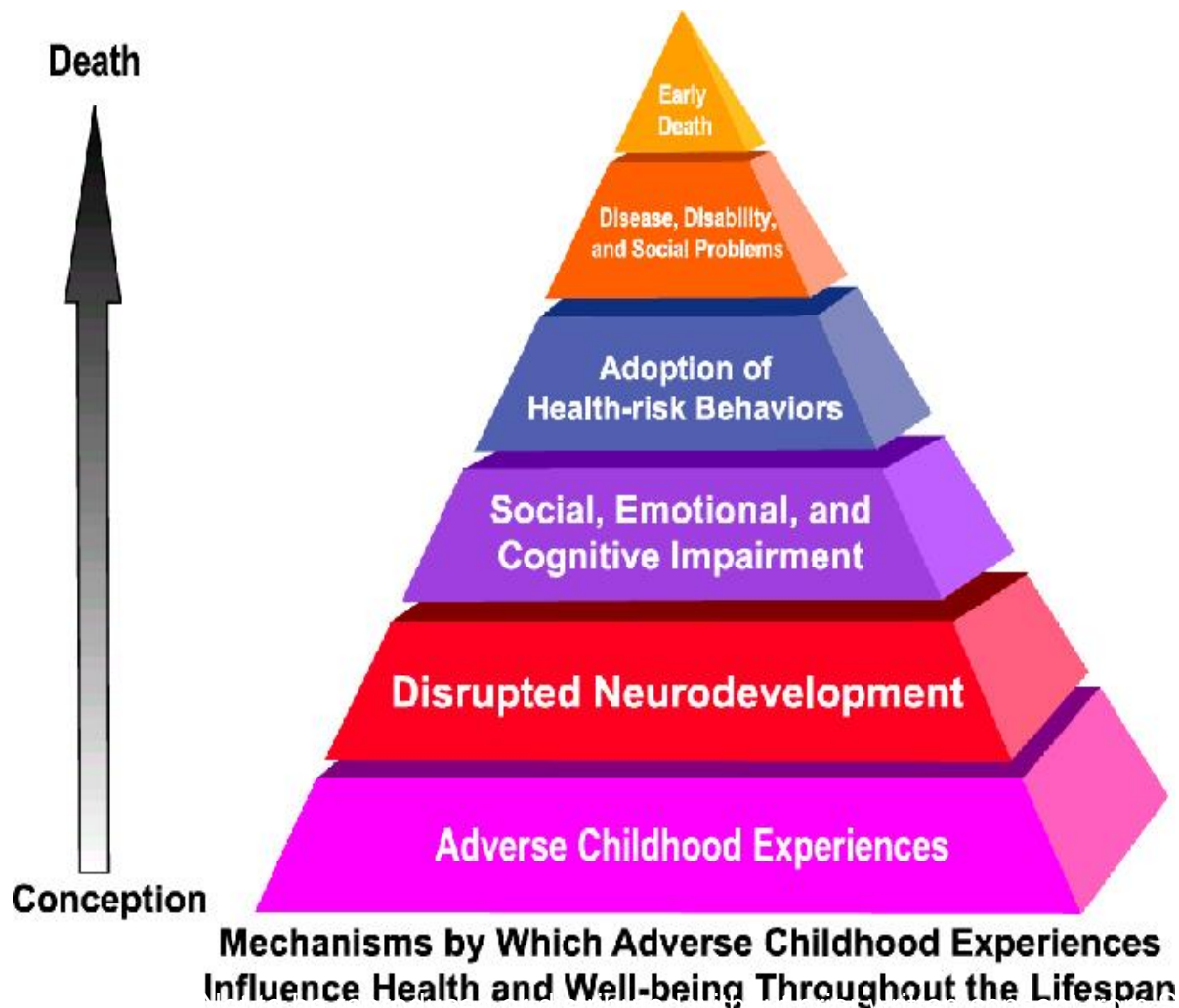
Short and Long Term Effects

- We see twice the number of serious health and mental health problems as those without a history of trauma.
 - Chronic fatigue
 - Poor Immune function
 - Eating Disorders & Obesity
 - Hypertension
 - Interpersonal difficulties
 - Aggressive behavior
 - Low self-esteem
 - Depression
 - Anxiety
- **94 billion dollars per year** (economic costs of trauma)

ACE Study - <http://www.cdc.gov/ace/>

- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.
- More than 17,000 participants
- Findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

ACE STUDY



CDC 2017 – Bullying is an ACE

<https://www.stopbullying.gov/sites/default/files/2017-10/bullying-as-an-ace-fact-sheet.pdf>

Bullying must be viewed through a trauma lens

Why?

1. The CDC has determined bullying to be an ACE
2. Our research- and evidence-based prevention efforts are currently at a systems level, but the affects of bullying ultimately occur inside individuals.
3. Any involvement in a bullying situation can cause PTSD
4. Most importantly, the very definition of trauma applies here

Beyond Bullying Summit 2013

Establish safe and supportive environments

- a. Strong professional communities
- b. Every child with at least one trusted adult
- c. Every child feels that s/he belongs
- d. Shared sense of purpose

Cultivate student social and emotional core competencies

- a. Self-Awareness
- b. Self-Management
- c. Social awareness
- d. Relationship Skills
- e. Responsible decision making

Beyond Bullying: Proactive Approaches for Successful Students and Safe Schools (White Paper, Sapperstein Associates). Presented at the “Beyond Bullying: Safe Schools, Successful Students” Educational Summit 2013”

Trauma

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Bullying

- **Bully-Victim**
- **Victim**
- **Bully**
- **Witness**
 - Henchman
 - Active supporters
 - Passive supporters
 - Disengaged onlookers
 - Potential defenders

Bullying seen with a lens of trauma

Trauma

Any experience that leaves a person feeling hopeless, helpless, fearing for their life/survival, their safety. This experience can be REAL or PERCEIVED.

Bullying

Unwarranted and intentional

Repetitive or likely to be repeated

Real or perceived imbalance of power

Compelling comparisons

Targeted

- Childhood victimization has been found to be prevalent in adults who are victimized.
 - For example, Mouzos and Makkai (2004) found 73% of domestically abused women had been threatened and abused by males in positions of authority (power) in childhood
 - In the original 1998 ACEs study, 15% of those participants who reported 4 or more ACEs also reported being raped later in life

Perpetrating

- Childhood experience as victim or aggressor has been linked to aggressive and abusive behavior in adults
 - In his follow-up studies, Olweus and his colleagues found that in males identified as “bullies” in grades 6-9
 - 60% had one conviction and 35-40% had 3-4 convictions by age 24
 - In the ACEs study, 10% of females and 14% of males who reported 5 or more ACEs became perpetrators of domestic violence in adulthood
- http://www.violencepreventionworks.org/public/olweus_authors.page
- <https://acestoohigh.com/got-your-ace-score/>
- <https://aic.gov.au/publications/rpp/rpp56>

For those targeted

- Learned Helplessness (Seligman, 1975)
 - Matter of classical conditioning
 - Repeated exposure to a painful experience leads a person to stop avoiding the treatment
 - Behave in a helpless manner
 - Overlook opportunities for relief or change

<https://ppc.sas.upenn.edu/people/martin-ep-seligman>

What can we do? How can we help?

- Help lower intense hyper-arousal
- Help improve emotional regulation

You can only reduce arousal on a sensory level, not a cognitive level

- So will talking about it help? Will telling the person they are safe help?
- Maybe, a little bit...but it is in what we do to make people feel safe, feel better, on a sensory level that helps, that reduces arousal.

Because Trauma Is A Sensory Experience...

- We must use **SENSORY INTERVENTIONS** to help relieve the pain and terror associated with the trauma.
- **REMEMBER**, there are no words, only images, sensory memories of a trauma.
- So when a person “doesn’t want to talk about it” many times it is more like...”they can’t”.
- Also, a person may not “remember” their experience but you can still work on a sensory level with them.

Trauma-informed strategies

- Normalize effects
- Create awareness
- Engage in activities
- Practice

CDC 2017 Recommendations

- Trauma-Informed Schools
- Social-Emotional Learning
- Mindfulness
- Restorative Practices

A Final Thought: Grit, Resilience, and PTG

- Grit: perseverance and determination, focus and drive toward a goal
- Resilience: “bounce back”, capacity to recover quickly when faced with adversity
- Post-traumatic growth: coming to a new perspective about life after overcoming adversity

For more on this topic:

- StopBullying.gov
 - <https://www.stopbullying.gov/>
- International Bullying Prevention Association
 - <https://ibpaworld.org/resources/education/>
- The National Institute for Trauma and Loss in Children (TLC)
 - <https://starr.org/training/tlc>
- Veto Violence from the CDC
 - <https://vetoviolenace.cdc.gov/apps/aces/>
- ACEs Too High
 - <http://acestoohigh.com>
- My social media world:
 - <https://jemmuldoon.blogspot.com/>
 - Twitter: @jemmuldoon
 - Pinterest: jemmuldoon

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FACT SHEET

stopbullying.gov

Bullying as an Adverse Childhood Experience (ACE)

ACE, or adverse childhood experience, is a potentially traumatic event that can have negative, lasting effects on a person. For children and youth in situations of prolonged and repeated abuse – like bullying and cyberbullying – the impact can affect their development, the way they interact with others, and how they perform in school. It may also affect mental and physical health.

ACEs and Health

The [Adverse Childhood Experiences Study](#), or ACE Study, asked people to complete a confidential survey during their routine physical exam. The questionnaire asked about childhood experiences and current health and behaviors. The study looked at the effect of adverse experiences on a child, across the lifespan. The study showed that people who had multiple ACEs were, on average, at a much higher risk for serious health issues and a shorter life expectancy – sometimes by decades. This may be due to coping behaviors to ease emotional pain – like substance use and self-injury – that can compromise health. Because of the repeated nature of bullying, it may be experienced as ACEs for those who are bullied. We also know that bullying can cause anxiety, depression, or other mental health concerns that may be treated with medications, even as these drugs can also affect overall health or cause other symptoms or side effects.



Bullying as an Adverse Childhood Experience (ACE)

A child who is bullied may experience negative mental health effects – there may be feelings of sadness, loneliness, and isolation. Physical health can also be affected—sleep disturbance, heart disease, eating disorders and other ailments can last into adulthood. Academic performance and participation may slump and some may retaliate with violence. Bullying is also a risk factor for youth suicide.

Violence is an ACE from any perspective. Children and youth who bully have a higher prevalence of violent fighting, vandalism, and criminal activity. In addition, those who witness others being bullied may experience this as an ACE. Witnesses of bullying have a higher rate of tobacco, alcohol, and drug use. Exposure to physical and emotional violence can result in myriad negative mental health and physical health consequences.

Cyberbullying brings added injury and stress due its immediate, indefinite, viral, and permanent nature. The emotional injury can affect children's view of the world, how they related to people, and where they feel safe and understood.



Figure 1 Ace Study Pyramid of ACEs across the Lifespan
www.cdc.gov/violenceprevention/acestudy/about.html

Addressing ACEs and Preventing Bullying

The effects of trauma are cumulative and can affect health across the lifespan. Some strategies to address ACEs and prevent bullying that are used by schools and other programs can be applied to the public health arena:

Trauma-Sensitive Schools – This approach ensures that all school staff – from the principal to the janitor – understands the nature and impact of trauma. A student’s behavior can be a sign that they have been exposed to trauma. This approach recognizes the trauma, responds with compassion and intervention, and avoids certain responses that do more harm than good (such as isolation and suspension). Public health entities can apply this approach with their own staff.

Social-Emotional Learning – Social-emotional learning, or SEL, teaches children at a young age how to name and recognize their feelings and builds skills to manage emotions. This approach provides children the opportunity to work together, understand each other, take responsibility, and to resolve disagreements peacefully. By understanding each other personally, children are less likely to bully or do other unkind acts to each other. If bullying does occur, SEL approaches can be helpful to name what is happening, identify the feelings behind the actions, and to resolve. Healthcare providers can infuse these skills whenever they interact with children.

Mindfulness – Many schools are seeing the benefits of teaching mindfulness – or the skill to become aware of thoughts, emotions, and behavior – to children. Mindfulness is usually goal oriented and guided by teachers. Mindfulness can be a useful skill to students who may be inclined to act out or who have bullied in the past, where they can identify escalating feelings before acting on them. Public health agencies can offer resources on mindfulness to children and families.

Circle Discussions – This approach is used to draw out open discussion, build understanding, and bring about justice when there is unrest. Circles were developed as a means to shift away from punishment to a more collaborative approach to respond to the question: What can we do to make things right? Guided by community-building questions, all children and youth in the class or group are asked to participate, but can decline if they do not want to participate. If bullying occurs, circle discussions can bring the group together to focus on supportive, collaborative, and healthy actions.

Restorative Justice – Restorative Justice programs focus on restoring the relationships and repairing harm. Schools are also using restorative justice as a way to bring all parties together to repair the harm that was done. Like circle discussions, restorative justice moves away from individual punishment to community learning. This approach can be very helpful for children and youth to understand bullying from the perspective of the person being bullied, the person bullying another, and the witnesses. Restorative Justice programs are led by adults who have had considerable professional training and are not a form of peer mediation. Peer mediation or conflict resolution are not recommended to deal with bullying.

While many of these efforts occur in school, they can happen in other places where children and youth come together. Efforts to help children and youth heal, understand, and to work together needs to happen through State and community collaborations, looking beyond education to after school programs, sport activities, summer camps, and social media platforms.

The ACE Study is just one of many examples that underscore the importance of prevention and action. Bullying can be an ACE for children and can have long-lasting effects. State and community collaboration is essential to the health and future of children. By building empathy, social-emotional skills, and trauma-informed communities, bullying can be identified and addressed immediately. Having these preventive practices in place should make bullying less frequent, while affording children and youth skills that they can use throughout life.



Source and Research Limitations

The information discussed in this fact sheet is based on the comprehensive review of bullying research presented in the National Academies of Sciences, Engineering, and Medicine’s report entitled [Preventing Bullying Through Science, Policy, and Practice](#).



This report includes the most up to date research on bullying, but it is important to note that this research has several important limitations. Most of the research is cross-sectional, which means it took place at one point in time. This type of research shows us what things are related to each other at that time, but cannot tell us which thing came first or if one of those things caused the other to occur.

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FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

FACT: Trauma can impact school performance.

- Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

FACT: Trauma can impair learning.

Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.

Chronic exposure to traumatic events, especially during a child’s early years, can:

- Adversely affect attention, memory, and cognition
- Reduce a child’s ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety

FACT: Traumatized children may experience physical and emotional distress.

- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
 - Thinking others are violating their personal space, i.e., “What are you looking at?”
 - Blowing up when being corrected or told what to do by an authority figure
 - Fighting when criticized or teased by others
 - Resisting transition and/or change

FACT: You can help a child who has been traumatized.

- Follow your school’s reporting procedures if you suspect abuse
- Work with the child’s caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- Share Trauma Facts for Educators with other teachers and school personnel

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