



# MENTAL HEALTH ASPECTS OF BULLYING AND TRAUMA

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## Concerns Associated with Bullying

On the Youth Risk Behavior Survey (YRBS), there has not been a decline of student reports of being bullied since 2009, when the question was first asked.<sup>1</sup> In some states with more comprehensive bullying prevention statutes, there appears to have been an increase in student reports of being bullied.<sup>2</sup>

Recent meta-analyses of bullying prevention programs have documented low to no positive impact—with zero effectiveness at the secondary level.<sup>3</sup>

A recent commentary in *Pediatrics*, outlined that bullying can have life-long health consequences and has been associated with stress-related physical and mental health symptoms, including depression, anxiety, post traumatic stress, and suicidal ideation.<sup>4</sup> When bullying is motivated by discrimination or an attack on someone's core identity, it can have especially harmful health consequences.<sup>5</sup>

A recent study in *Pediatrics* found that youth suicides are most prevalent during the school year.<sup>6</sup> A study focusing on YRBS data demonstrated that students who were bullied were more likely to miss school.<sup>7</sup> A 2004 comprehensive study of school shootings by the Secret Service, demonstrated that 71% of the school shooters felt persecuted, bullied, threatened, attacked or injured by others prior to the incident.<sup>8</sup> Another recent *Pediatrics* study reported that students who were bullied were twice as likely to bring weapons to school and that if bullied students had also been in a fight, been threatened or injured at school, or skipped school out of fear for their safety, each additional risk factor increased the likelihood of bringing a weapon to school.<sup>9</sup>

Clearly, experiencing being bullied can have a profound harmful impact.

## Bullying and Trauma

It is necessary to “connect the dots” between bullying and traumatic stress disorders. One recent study revealed a high incidence of Post Traumatic Stress Disorder (PTSD) symptoms among students who reported they were bullied and a strong association between frequency of exposure to bullying and such symptoms.<sup>10</sup>

Researchers have outlined how the experience of being bullied by peers becomes biologically embedded in the physiology of the developing child, which in turn has a harmful impact on their health and behavior.<sup>11</sup>

A recent study has documented that the brains of high school students who experienced persistent bullying appeared to have actually shrunk in size in a manner similar to adults who experienced early life stress, such as childhood maltreatment.<sup>12</sup>

The National Child Traumatic Stress Network describes two forms of traumatic distress.<sup>13</sup> Acute traumatic events involve experiencing, witnessing, or a threat of a serious injury to yourself or another. Chronic traumatic situations that occur repeatedly over periods of time and result in feelings of fear, loss of trust in others, decreased sense of safety, guilt, and shame.

Bullying situations could involve acute traumatic events, a chronic traumatic situation, or both. However, normally the situations are more chronic—persistent and pervasive hurtful behavior.

In these situations, it is exceptionally important to focus on two concerns. The first is that these serious, persistent, or pervasive hurtful incidents are occurring. The second is that students are unable to obtain help from school staff in getting these incidents to stop—which significantly increases their feelings of helplessness and hopelessness. These students are required to come to these hostile environments, where they know no help will be forthcoming, every school day.

The standards for PTSD under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) focuses on major traumatic events (Criterion A), not chronic or complex traumatic situations.<sup>14</sup>

However, another category in *DSM-5* Stress Disorders appears to be highly relevant to situations of chronic, persistent, pervasive hurtful conduct. This is Specified Trauma-and Stressor-Related Disorder. Under this diagnosis, clinically significant distress or impairment in functioning predominate, but full criteria for another disorder in this category is not met. The criteria that is missing in bullying situations is the acute traumatic event.

The following are the additional key criterion for PTSD, not including the acute traumatic event, along with suggestions of how these criterion may manifest when a student is being seriously and/or persistently bullied.

- **Criterion B: Re-experiencing Symptoms.** Students who experience serious or persistent bullying frequently demonstrate intrusive memories of what is happening to them, as well as dreams of people being hurtful to them. They often experience significant distress thinking about what might happen to them when getting ready for school or being taken to school.
- **Criterion C: Avoidance Symptoms.** Students who experience bullying that is serious or chronic will generally demonstrate significant signs of avoidance. However, while this may be mental avoidance of situations that bring up bad memories, this is also likely real-time avoidance of going to school.

- **Criterion D: Negative Cognitions and Moods.** Students who experience bullying often have persistent negative evaluations of themselves, others, and the world. They will often blame themselves or others. Negative emotional states are pervasive. There is also a loss of interest in activities, feeling detached, and an inability to experience positive emotions.
- **Criterion E: Arousal Symptoms.** Students who experience bullying often are consistently hyper vigilant and very likely to trigger. Sometimes they are the ones who are disciplined by the school because they have overreacted to being treated badly with aggressive behavior. The hyper vigilance, feeling constantly on guard, and startle response is ongoing—because the situation may very well be such that danger may be around any corner in the school. They often have difficulties concentrating and learning, as well as problems sleeping.
- **Criterion E Symptoms last more than a month.** Students who experience serious or chronic bullying will be experiencing these symptoms for more than a month because these negative experiences are ongoing.
- **Criterion F: Symptoms cause distress and/or interference.** Students who experience bullying frequently manifest distress symptoms that could include psychosomatic illnesses, such as headaches and stomach aches. They experience interference in their ability to concentrate and learn. They also engage in avoidance of school, rest rooms, or cafeteria. and decline to participate in school activities.

If the student's symptoms will meet the criterion for Specified Trauma-and Stressor-Related Disorder, it would exceptionally helpful to have this diagnosis.

One reason for this that the diagnosis itself indicates that the reason this student is experiencing mental health challenges is because of how this student is being treated by students, and possibly staff, and the failure of the school to respond effectively. This should create a more powerful influence on school leaders to respond more effectively to get the hurtful situations to stop.

Unfortunately, based on anecdotal information obtained by the author, what happens too frequently in way too many cases is that parents who are entirely frustrated at their inability to get the school to stop the bullying of their child then takes their child to their pediatrician. The pediatrician then diagnoses depression, anxiety, or adjustment disorder and prescribes a psychopharmacological treatment.

It is imperative that medical and mental health professionals realize that research has failed to demonstrate the effectiveness of any psychopharmacological treatment for youth who have experienced trauma.<sup>15</sup> Evidence-based trauma focused psychotherapy is the first-line treatment for young people who have experienced trauma.<sup>16</sup>

In the case of young people who are being bullied, the response must be three fold:

- Ensure that appropriate steps are taken by the school to get the hurtful conduct directed at this young person to stop.
- Remedy the harm caused by the past trauma through evidence-based trauma focused psychotherapy.
- Ensure, within the context of such therapy with support at school, that the young person gains effective skills in both responding to future hurtful situations and self advocating for the protection of their well-being.

# Why Bullying Intervention Approaches Are Not Working

## Anti-Bullying Statutes and District Policies

All 50 states have enacted statutes governing bullying. These statutes require schools to establish rules against bullying, set up a student reporting system, investigate upon a report, and make a determination of whether the accused student committed acts that warrant a disciplinary consequence, generally a suspension.

This sole focus on a disciplinary response is at the same time that schools are under significant pressure to reduce suspensions because they are entirely ineffective in reducing misbehavior and are applied in a discriminatory manner.

There is no evidence that any of these anti-bullying statutes are having any positive impact in reducing bullying or supporting a more effective response to bullying by the school. The protections under the statute are only present if the bullied student reports. The vast majority of bullied students do not report because this does not often resolve the situation and very often makes things worse.<sup>17</sup>

Because the focus is on the creation of a disciplinary policy, the primary emphasis of principal has been directed to a determination of whether the accused student has committed an act that has caused such a significant disruption at school to warrant a suspension.

The vast majority of bullying incidents do not meet the standards of “substantial disruption” that a principal would deem necessary to support a response. Most bullied students are experiencing persistent hurtful acts from other students and staff that are of a more minor nature when perceived as one incident, but very harmful when considered as part of an overall persistent pattern of hurtful conduct. The significant emotional harm is the result of the ongoing, chronic nature of the hurtful behavior—as well as the failure of school staff to get this hurtful situation to stop.

## Understanding of the Dynamics of Hurtful Conduct

Another reason for the problem is the general information provided to educators about those who engage in bullying. In a professional development slideshow on the StopBullyingGov web site, the following assertion is made:

*Children and youth who bully others are more likely than their peers to*

- *Exhibit delinquent behaviors*
- *Dislike school, drop out of school*
- *Drink alcohol and smoke*
- *Hold beliefs supportive of violence*
- *Bring weapons to school*
- *Think of suicide and attempt suicide.*<sup>18</sup>

The National Academies of Sciences, Engineering, and Medicine. report, Preventing Bullying Through Science, Policy, and Practice, addressed the issue of the nature of bullying behavior in its report:

*There is evidence that supports a finding that individuals who bully others have contradictory attributes. Research suggests that there are children and adolescents who bully others because they have some form of maladjustment or ... are motivated by establishing their status in a social network. Consequently, the relation between bullying, being bullied, acceptance, and rejection is complex. This complexity is also linked to a stereotype held by the general public about individuals who bully.*

*This stereotype casts children and youth who bully others as being high on psychopathology, low on social skills, and possessing few assets and competencies that the peer group values. Although some occurrence of this “stereotypical bully” or “classic bully” is supported by research, when researchers consider social status in relation to perpetration of bullying behavior, a different profile emerges. These studies suggest that most children and youth who bully others wield considerable power within their peer network and that high-status perpetrators tend to be perceived by peers as being popular, socially skilled, and leaders. High-status bullies have also been found to rank high on assets and competencies that the peer group values such as being attractive or being good athletes; they have also been found to rank low on psychopathology and to use aggression instrumentally to achieve and maintain hegemony. Considering these findings of contrasting characteristics of perpetrators of bullying behavior, it makes sense that the research on outcomes of perpetrating is mixed. Unfortunately, most research on the short- and long-term outcomes of perpetrating bullying behavior has not taken into account this heterogeneity when considering the impact to children and youth who have bullied their peers.<sup>19</sup>*

In other words, the reason bullying prevention efforts have not been effective is due to a failure to understand the true nature of bullying behavior. The thinking of most educators appears to remain thinking in terms of the stereotype. This is especially true as the young people with challenges who are hurtful more frequently engage in aggression that is substantial and obvious.

The more students who are more predominant in engaging in hurtful behavior are ones who are thought of highly by staff—and who are more subtly persistent in their hurtful conduct while bringing in other students who are afraid to fail to follow their lead. They often have powerful and admired parents. Thus, the misunderstanding about the nature of bullying behavior interferes with an effective response by principals—especially when acting under state statutes that require them to impose a disciplinary consequence.

## **Civil Rights Protections**

It is important to distinguish between “bullying” and “discriminatory harassment.” Several federal laws, as well as state laws, govern discriminatory harassment based on “protected class.”<sup>20</sup> At the national level this includes race and national origin, sex and sex role stereotyping, and disabilities. At the state level, religion is generally also specifically included.

These laws are enforced by the U. S. Department of Education’s (USDOE) Office for Civil Rights (OCR) or the state departments of education or human rights commissions. Filing a complaint will start what is called an “agency action” to determine whether the district’s actions are in accord with the laws and regulations. Withholding funds is the outcome of a negative finding. Districts are may be more responsive if a well-documented complaint is filed, although this also could become more adversarial.

Harassment creates a hostile environment when the conduct is sufficiently severe, persistent, or pervasive so as to interfere with or limit a student’s ability to participate in or benefit from the services, activities, or opportunities offered by a school.<sup>21</sup> Note that the concepts of “persistent” and “pervasive” go beyond the concept of hurtful behavior that constitutes a “substantial disruption” thus warranting a disciplinary action.

What the school is required to do under civil rights laws and regulations if a hostile environment is suspected is conduct a prompt, thorough, and unbiased investigation.

If a hostile environment is found to be present, the school must take prompt and effective steps reasonably calculated to end the hurtful conduct, prevent it from recurring, remedy its harmful effects on the target, and correct the hostile environment to reduce the potential the hurtful acts will continue.

OCR has specifically stated that it is essential for schools to do more than simply punish the aggressive student, which is the sole focus of most anti-bullying statutes.

These civil rights requirements provide the basis for knowing what schools should do—but most often do not do—in response to a report of bullying under a state statute. Students who learn that principals will not respond to the persistent or pervasive hurtful acts that are frequently occurring to them and so they often stop reporting.

It is far better when a parent files a complaint with a district if it can be argued that the situation involved discriminatory harassment under civil rights laws, rather than simply a violation of the bullying statute. In doing so, this should place the school and district leadership on notice that the intervention actions expected must be greater than merely deciding whether disciplinary action against the accused student is warranted—and that failure to respond with due diligence could lead to a complaint for violation of civil rights laws to be made.

If the student who is being treated badly is not immediately identifiable as a member of a “protected class” there are two possible strategies can be used to characterize the situation as discriminatory harassment under civil rights laws.

- The student does not have to actually be a member of the protected class. Rather, the hurtful acts must be somehow tied to a perception that the student is within a protected class.<sup>22</sup> Thus, being harassed based on the perspective that one has a minority sexual orientation or a disability will count.
- If a student has been diagnosed by a mental health or medical professional as experiencing a mental health challenge, this student is considered to have a “disability” under Section 504.<sup>23</sup> It is not necessary that a student with a mental health disability currently be receiving special education services, such as being on a Section 504 Plan. If a student with a disability is experiencing serious, persistent, or pervasive hurtful treatment, on any basis, and this is interfering with that student’s learning or participation, then this is a hostile environment and is considered to be discriminatory harassment. This is a violation of Section 504.

## Section 504

Having a young person who is experiencing mental health concerns associated with being bullied placed on Section 504 Plan has some profound additional benefits. This strategy is advisable for all students, even if they are members of other protected classes.

Schools are required to engage in what is called “child find.” If evidence is presented to them, in any manner that indicates that a student has a mental health disability and this is interfering with the student’s Free Appropriate Public Education (FAPE), the school is required to conduct an assessment to determine what is needed to ensure that the student has an equal opportunity to participate in the school’s programs.

Section 504 requires that a group of knowledgeable persons draw upon information from a variety of sources in making this determination.<sup>24</sup> This group of knowledgeable persons is called a Section 504 Team. This Team must include school personnel, as well as external medical or mental health professionals. Evaluations must be conducted at no cost to the parents.

Section 504 does not obligate a school district to provide aids or services that a student does not need. But, even if a student with a disability does not need services, the student is protected from disability-based discrimination under Section 504’s general non-discrimination requirements.<sup>25</sup>

Section 504 also provides system of procedural safeguards that are designed to inform parents of a school district's actions or decisions and to provide parents with a process for challenging those actions or decisions.

These safeguards include notice, an opportunity for parents to review their child's records, an impartial due process hearing to address concerns, and a review procedure.<sup>26</sup> Thus, this due process resolution approach can be followed preceding or in addition to the potential of filing an agency action for discriminatory harassment.

Schools also have responsibilities under Section 504's FAPE requirements when a student with a disability is harassed or bullied on any basis. This could include being bullied based on disability, national origin, sexual orientation or identity, homelessness, or appearance. This is because the bullying can result in a denial of FAPE under Section 504 and, if that occurs, it must be remedied.

This requirement is exceptionally helpful for responding to students who have challenges with weight, who are very frequently treated badly. This hurtful conduct is not generally otherwise based on protected class. If as a result of this hurtful conduct the student with weight challenges has also developed a mental health disability due to the trauma of chronic hurtful conduct, this situation will now fall under the civil rights protections.

A Dear Colleague Letter issued by OCR in 2014 provided clear direction to schools that if a student with disabilities is being bullied this must be addressed by the Section 504 Team, with a plan to address the concern contained within the Section 504 Plan.<sup>27</sup>

Thus, the requirements for the school to take prompt and effective steps reasonably calculated to end the hurtful conduct, prevent it from recurring, remedy its harmful effects on the target, and correct the hostile environment to reduce the potential the hurtful acts will continue must be incorporated into the student's Section 504 Plan.

To incorporate a strategy into a Section 504 Plan to address bullying, it may be necessary to address Functional Behavior Objectives of the bullied student if this student has some challenges in social relationships. This must be done in a way that does not in any way appear to blame the student for being treated badly. Functional Behavior Objectives likely should also include skills in personal advocacy and strategies to respond if someone is hurtful.

The additional components of a resolution strategy should be included in the portion of a Section 504 Plan entitled Supplemental Aids and Supports. By incorporating the steps reasonably calculated to stop the harassment and retaliation, remedy the harm to the target and provide a safety plan for the target, and to correct the hostile environment into the Section 504 Plan, this increases the potential of compliance by the school staff because these reasonably calculated steps have now become part of an enforceable plan.

## **Stopping the Harmful Situation and Enhancing Resilience**

There appear to be two critical components of an effort to address the concerns of students who are experiencing a hostile environment:

- Insisting that the school take appropriate steps to effectively investigate and intervention actions that are reasonably calculated to stop the harmful conduct, prevent retaliation, and correct the hostile environment—including stopping the micro-aggressions by staff and the failure of staff to effectively intervene.

- Increasing the resilience of the targeted students. Resilience is the capacity of individuals to sustain their well-being despite the adversities they are facing. It can unfortunately be anticipated that many “protected class” students will experience hurtful incidents throughout their lives. Ensuring they have a high level of personal resilience must be considered essential.

## **How Can Mental Health or Medical Professionals Support Students**

The best ways a mental health or medical professional can support a student experiencing hurtful conduct are to:

- Ensure the student who is being seriously or persistently bullied has access to trauma based therapy.
- If warranted by the situation, provide a mental health diagnosis under the Specified Trauma-and Stressor-Related Disorder and provide a letter to the parent outlining this diagnosis for the parent’s use in approaching the district to achieve an effective resolution.

The author of this document has also prepared a Documentation Guide for parents or students who are experiencing hurtful conduct. In addition to soliciting information on the incidents, the Guide sets forth questions on the harmful impact. These questions are based on the criteria for the Specified Trauma-and Stressor-Related Disorder diagnosis.

- Describe how, as a result of these hurtful acts, you are feeling. This can be after each act or in general. Describe these concerns in as much detail as possible.
  - Do you find that you are re-experiencing or frequently thinking about what has been happening to you? Are you having upsetting memories of what has been happening? Do these memories occur at times when you are not at school? Do you have dreams where people are hurtful to you? Do you feel distressed just thinking about going to school? If so, describe.
  - Do you find that you are avoiding or trying to avoid thinking about things that can bring up memories of how you are being treated? Are you avoiding or trying to avoid people, places, or activities that relate to how you are being treated? If so, describe.
  - Are you feeling anxious, sad, angry? Do you have negative thoughts about yourself, other people, school, the world? Do you sometimes blame yourself? Are you avoiding activities that you used to like to do? Do you feel disconnected from others? Do you have difficulties feeling positive emotions like being happy and joyful? If so, describe.
  - Do you find that sometimes you are upset or become aggressive? Are you engaging in impulsive or self-harmful behavior? Especially when you are at school, do you feel like you constantly have to be on guard because someone might be hurtful to you? Do you sometimes startle when people come up to you? Do you have difficulties concentrating? Do you have problems sleeping?
  - Are you having headaches or stomach pain or other unexplained feelings of physical discomforts?
- Describe how as a result of these hurtful acts, you have been unable to concentrate, learn, and/or participation in school activities. This also can be after each act or in general. Describe this interference in as much detail as possible.

- Have you skipped school one or more days, skipped a class one or more times, had difficulties concentrating in class, found it hard to complete assignments, received lower grades, or not felt comfortable participating in class discussions?
- Have you avoided riding the bus, certain areas of the school building, using the bathroom, using the locker room, or going into the cafeteria?
- Have you avoided participating in school clubs, participating on a school sports team, or attending school activities?

Questioning along these lines should provide the basis for a diagnosis of Specified Trauma-and Stressor-Related Disorder in situations where such diagnosis is warranted.

## **About the Author**

Nancy Willard has a M.S. in Special Education from the University of Oregon and a J.D. from Willamette University College of Law. She entered the field of bullying prevention by writing the first book ever published on cyberbullying, *Cyberbullying and Cyberthreats: Responding to the Challenge of Online Social Cruelty, Threats, and Distress* (2007, Research Press). She is also author of *Cyber-Safe Kids, Cyber-Savvy Teens, Helping Young People Use the Internet Safely and Responsibly* (2007, Jossey Bass). *Cyber Savvy: Embracing Digital Safety and Civility* (2011, Corwin Press).

She is the author of a book for school leaders and mental health providers, *Engage Students to Embrace Civility*. This book is available on Amazon.

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