

The Trauma of Bullying: How to Handle the Ramifications for both the Victim and the Bully



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Bullying defined by KISD:

- ▶ Bullying occurs when a student or group of students engages in written or verbal expression that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the District; expression through electronic means that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the District; or physical conduct that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the District and that
- ▶ Has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property; or
- ▶ Is sufficiently severe, persistent, and pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student.
- ▶ This conduct is considered bullying if it:
 - Exploits an imbalance of power between the student perpetrator and the student victim through written or verbal expression or physical conduct; and interferes with a student's education or substantially disrupts the operation of a school.

Hands on activity!



► <https://www.youtube.com/watch?v=UYxpX3N20qU>

Hands on activity: Rock, Paper, Scissors

What we don't see:

"WHEN A CHILD IS AT HIS WORST, THAT'S WHEN HE NEEDS YOU THE MOST."

DAN SIEGEL, NO DRAMA DISCIPLINE

TRAUMA & CHRONIC STRESS

- ▶ Stress that overwhelms a person's ability to cope.
- ▶ One time incident or daily intrusions
- ▶ The subjective experience of a threat to life, bodily integrity, or sanity (a situation in which survival is the overriding concern).
- ▶ An adverse circumstance that negatively impacts a person in the present (ACES)

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today." – Dr. Robert Block, former President of the American Academy of Pediatrics

What We See vs. What We Don't



e ICEBERG

What others see...
nerd
He's ticked

Jumpy + looking like he's ready to fight

He reacts easily

He has no friends

tattling or snitching
Threatening

What others don't see...

Smart
loves reading
loves school / classes

Affraid of sharing personal information

What happened before you got around them
vulnerable to being bullied

My sister was always focused on
I'm starting out at a 7-9 on the anger scale.

I hate it when life is unfair.

remembering something that makes me angry

Not good at talking to people - withdraws

Someone bullied me

Thoughts and Emotions
Brother beat me up - triggering my fight reflex when I'm angry

and Urges I have

What trauma looks like in children?

Age specific trauma reactions:

pre-school – 2nd grade

- anxiety
- worries about re-occurrence
- behavioral changes
- somatic complaints
- changes in school performance
- re-creating event
- increased sensitivity to sounds
- focus on death/dying
- regressive symptoms



What trauma looks like in children cont...

Pre-school – 2nd grade (cont.)

- ▶ helplessness
- ▶ repetitive play themes
- ▶ separation fears
- ▶ generalized fear
- ▶ cannot identify feelings
- ▶ sleep disturbance



What trauma looks like in children cont...

Age specific trauma reactions: 3rd – 5th grade

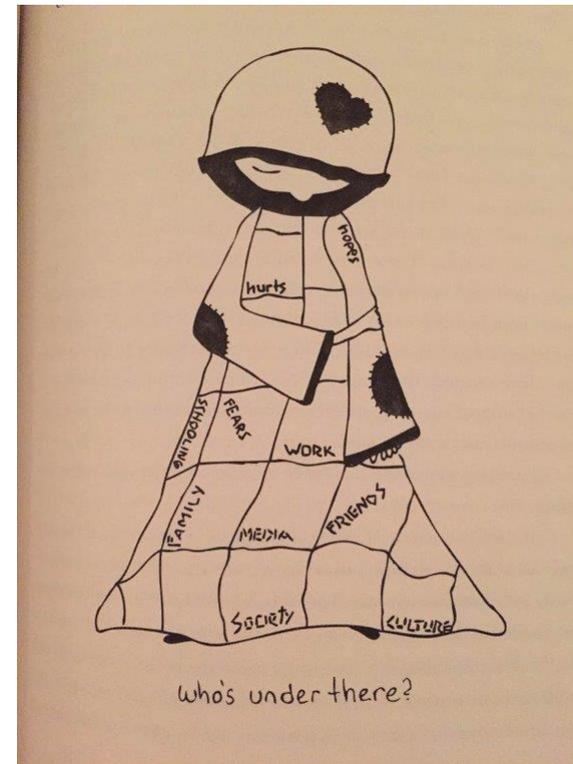
- ▶ preoccupied with own actions
- ▶ development of new fears
- ▶ close monitoring of parent's responses
- ▶ retelling & replaying of event
- ▶ somatic complaints i.e. stomach ache, headache, fatigue
- ▶ concerns regarding own & others' safety
- ▶ impaired concentration & learning



What trauma looks like in children cont...

Age specific trauma reactions: 3rd – 5th grade

- ▶ fear of being overwhelmed by their feelings
- ▶ sleep disturbance
- ▶ altered and inconsistent behavior
- ▶ hypervigilance
- ▶ pronounced anxiety



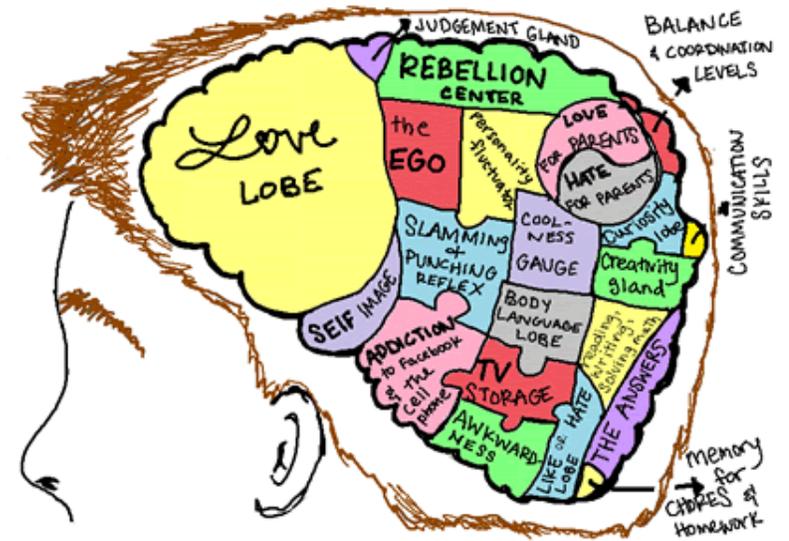
What trauma looks like in children cont...

Age specific trauma reactions:

6th grade & older

- ▶ emotional detachment
- ▶ shame/guilt
- ▶ self-conscious about fears
- ▶ desire for revenge
- ▶ re-enactment
- ▶ acting out behaviors
- ▶ focus: thoughts/comments about death

THE AVERAGE TEENAGE BRAIN



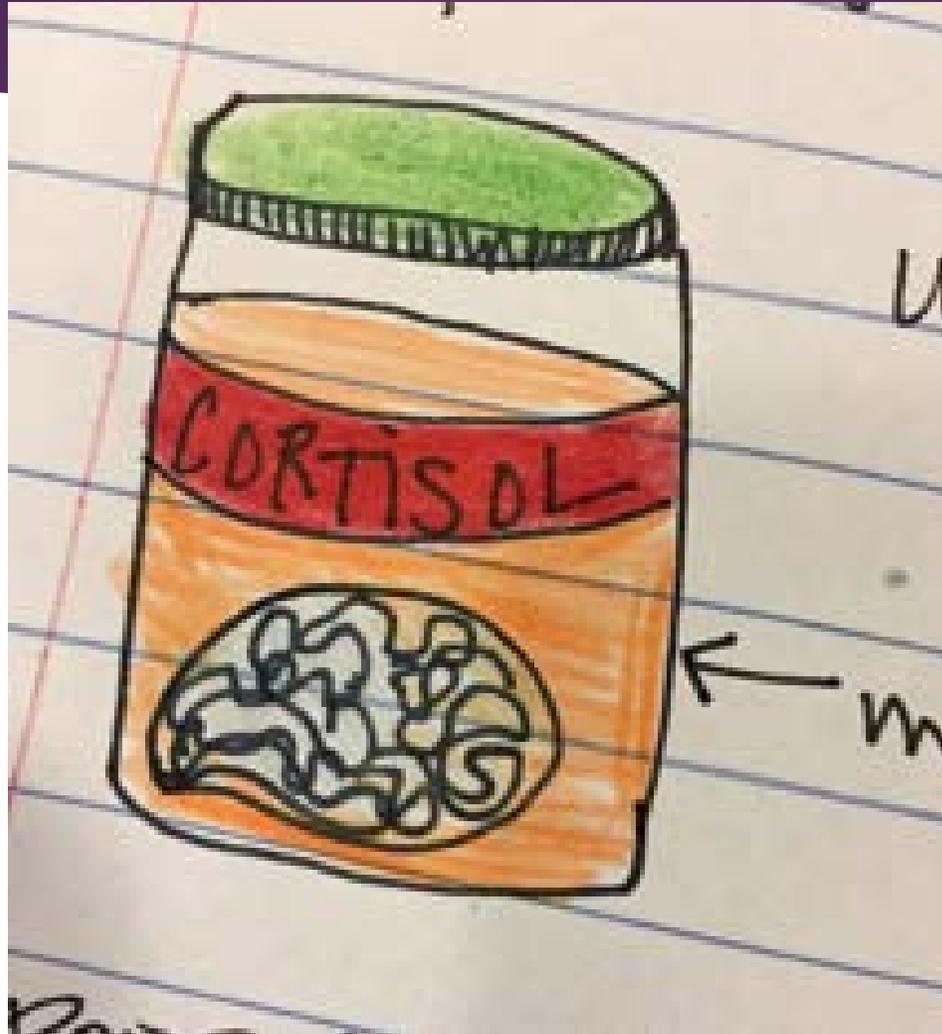
What trauma looks like in children cont...

Age specific trauma reactions:

6th grade & older cont.

- ▶ Refusal to talk about the event
- ▶ Fear of being labeled "abnormal"
- ▶ Rebellion
- ▶ Cognitive disturbances
- ▶ Depression
- ▶ Trauma-driven acting-out behavior
- ▶ Abrupt shift in relationships
- ▶ Sleep & eating disturbances
- ▶ Hypervigilance
- ▶ Develop pessimistic view of the future
- ▶ Premature entrance into adulthood
- ▶ Intrusive thoughts/images
- ▶ Decline in school performance
- ▶ Distrust

We encounter children living in toxic stress daily...their brains are marinating in cortisol.

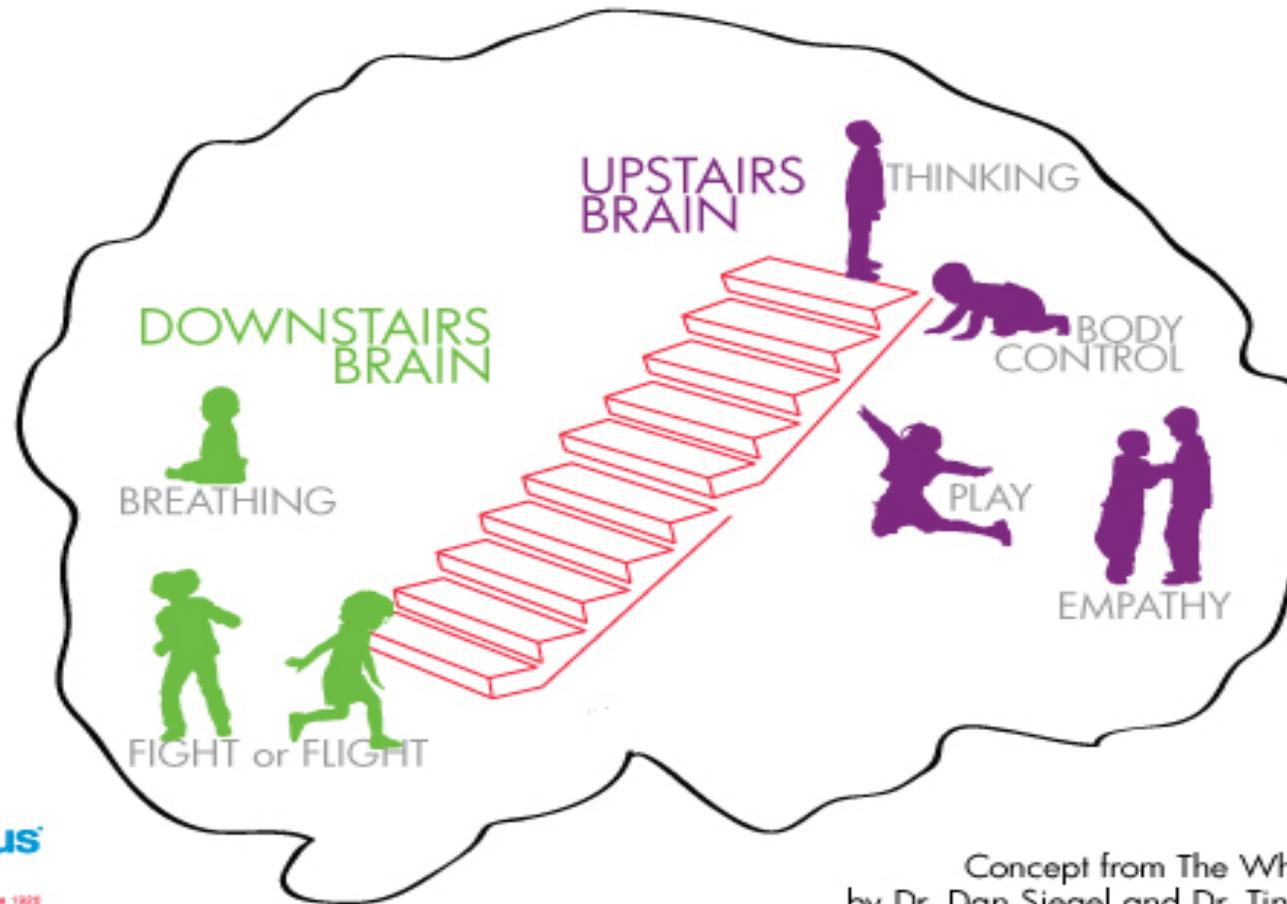


Elevated cortisol levels:

interfere with learning and memory, lower immune function and bone density, increase weight gain, blood pressure, cholesterol, heart disease, increase risk for depression, mental illness, and lower life expectancy...

Feeling socially connected, safe, and self-reliant reduces cortisol.

The Science of Behavior



Upstairs

When a child's upstairs brain is working well, they can

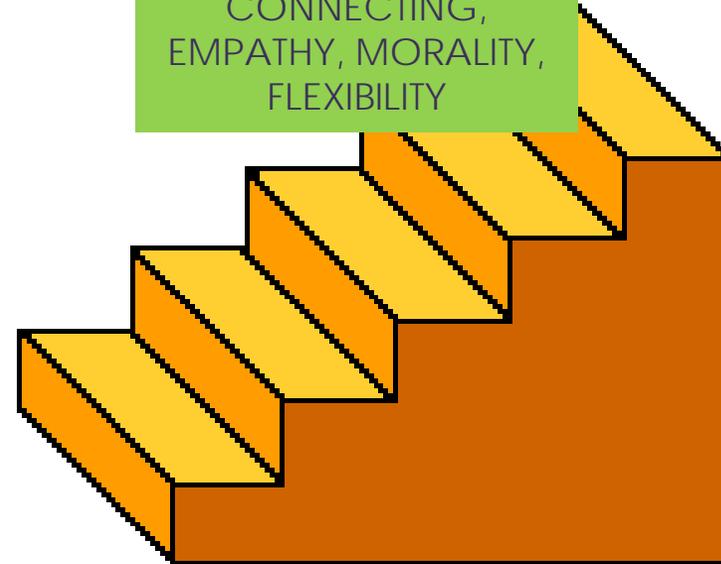
- Regulate their emotions
- Consider consequences
- Think before acting
- Consider how other's feel

It does this by:

- Paying attention to downstairs
- Helping to calm strong reactions, impulses and emotions that come from downstairs

RECEPTIVE

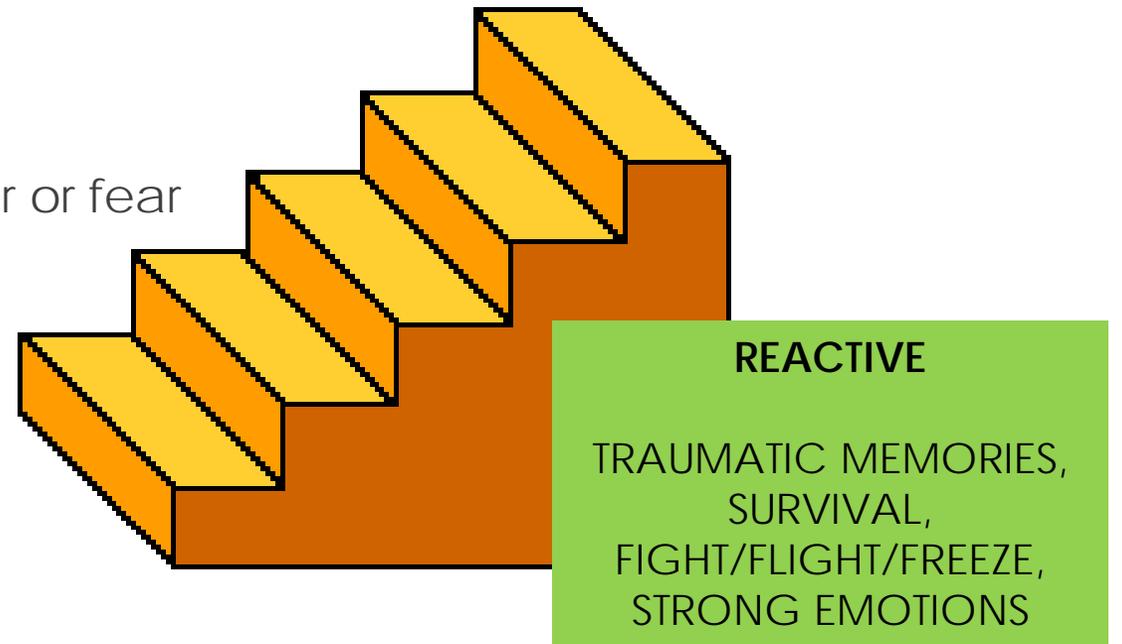
EMOTIONAL
CONTROL, INSIGHT,
PLANNING,
ORGANIZING,
ABSTRACT THOUGHT,
CONNECTING,
EMPATHY, MORALITY,
FLEXIBILITY



Downstairs

Limbic region and Brain Stem - the more primitive part of the brain - is responsible for:

- ▶ Breathing, heart rate...
- ▶ Fight, Flight or Freeze
- ▶ Strong, uncontrolled emotions such as anger or fear



Fight or Flight

- ▶ When children experience chronic stressors or trauma they stay in a heightened state of arousal... (FIGHT, FLIGHT, or FREEZE)
- ▶ Children who are victimized by bullying live in a constant defensive state.
- ▶ Children who bully others have a need for control as a result of dysregulation due to personal stressors and/or trauma.

The 4 S's

1. **Seen** –Acknowledge the child's feelings as real and important.
2. **Safe** – Create a safe environment for students.
3. **Soothe**- Teach coping and self regulation skills.
4. **Secure** - Create a feeling of self confidence for students to problem solve future situations.



How to deal and heal!

SAFETY

I know you won't hurt me and that my needs are met.

PREDICTABILITY

You do what you say and I can count on you.

REGULATION

You are in control of yourself

ATTUNEMENT

I feel seen, I feel heard, I feel known.

SENSE OF CONTROL

I can influence my environment.

SENSE OF COMPETENCE

I am capable.

DELIGHT

You enjoy me.

INDIVIDUALITY

You understand my unique abilities and challenges.

OPTIMISM

The world is a joyful, hopeful place.

HIGH EXPECTATIONS

You expect momentous outcomes from me.

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KISD Elementary Intervention Counselors

