Intervention strategy for children victims of bullying and school violence

Estrategia de intervención en niños víctimas de acoso y violencia escolar

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Abstract

The present work "Intervention strategy in children victims of bullying and school violence", was designed to evaluate and intervene, based on the scales of psychological damage found, with cognitive behavioral therapy techniques, exposure therapy, cognitive processing, physical care, self-knowledge, self-acceptance and learning to see memories as a tool. Objective: To develop and apply an intervention strategy in children victims of violence and bullying. Methodology: This research was experimental and mixed, combining qualitative and quantitative approaches. Both approaches were used in this work because when evaluating the children with the AVE test it was done by means of percentiles, when describing the concepts of the scales it was done in a qualitative way, as well as when registering the progress of the patients in the Anecdotal Record. The program provides a series of techniques for dealing with bullying and school violence.

School violence, Victims, Negative self-image, Flashbacks

Resumen

El presente trabajo "Estrategia de intervención en niños víctimas de acoso y violencia escolar", fue diseñado para evaluar e intervenir, con base a las escalas de daño psicológico encontradas, con técnicas de terapia cognitivo conductual, terapia de exposición, procesamiento cognitivo, cuidado físico autoconocimiento, autoaceptación y aprender a ver los recuerdos como una herramienta. Objetivo: Elaborar y aplicar una estrategia de intervención en niños víctimas de violencia y acoso escolar. Metodología: Esta investigación fue de tipo experimental y mixta, en donde se combinaron los enfoques cualitativo y cuantitativo. En este trabajo se utilizaron los dos enfoques porque al evaluar a los niños con el test AVE se hizo por medio de percentiles, al momento de describir los conceptos de las escalas se hizo de una manera cualitativa, al igual que al registrar los avances de los pacientes en el Registro anecdótico. Aportación: una serie de técnicas para la atención en caso de acoso y violencia escolar.

Violencia Escolar, Víctimas, Autoimagen negativa, Flashbacks

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Introduction

Piñuel y Oñate (2006), definen el acoso escolar como un The continued and deliberate verbal and modal abuse of a child by another or others who behave towards the child in a cruel manner, with the aim of subduing, intimidating or threatening the child in order to gain a benefit or to satisfy a need to dominate, subdue or attack. Bullying is distinguished from other situations of violence by three fundamental characteristics: intention, repetition and duration.

In this paper, two cases of minors who are victims of bullying and school violence are presented: The first is an 11-year-old girl and the second is a 6-year-old boy, both of whom are in primary school. Therefore, the AVE Bullying and School Violence test by Piñuel and Oñate (2006) was applied to verify that these two cases were indeed victims of bullying and school violence, and also to evaluate the scales of psychological damage presented by the patients. Based on the results of the test and the similarities in the scales of both cases, an intervention strategy was developed that could be carried out with the two patients at the Municipal Children's Hospital during the period of residency and social service at the Faculty of Psychology and Human Communication Therapy.

The strategy used techniques such as: cognitive behavioural therapy, exposure therapy, cognitive processing therapy, physical care, self-knowledge, self-acceptance, appreciating what one has and learning to see memories as a tool rather than as something that could direct the children's lives.

Rationale

For authors such as Vera *et al.* (2017), school violence and bullying involve various actors: the victim, the perpetrator, the spectator, observer, witness, educators, administrative staff, parents and/or the community, all of whom have an important role to play when it comes to intervening in the problem. It is for this reason that a victim-focused test should be used in this context, as it is the victim who comes to receive psychological therapy.

The treatments proposed by Burbrik (2010), Ehmke (2017), Cifuentes, (2016) and Darder (2017) are specifically to treat the psychological damage that was found with the scales, they are aimed at children and young people, nor do they represent any risk as their use has been documented previously by the authors already mentioned.

These treatments aim to help patients manage anxiety, identify what is causing it, help children to express what they feel and to talk about the bullying problem in an open way and motivate them to feel able to do things for themselves. Another advantage of these treatments is that they try to involve the parents or guardians of the patients in the treatment.

Piñuel and Oñate (2006) point out that bullying is very serious in periods such as childhood and adolescence because the victims tend to believe that they do everything wrong, they think that they are really a disaster, that they are hopeless and that those who accuse them are right, some children resort to suicide.

Álvarez (2019) and Hernández (2017) mention that the psychology professional is responsible for the actions of promotion, prevention, intervention, treatment and recovery of the mental health of the victims, seeking to favour protective environments in the family, school and community for this reason the educational authorities were also involved.

Problem

There is currently an increase in cases of bullying and school violence in basic education schools in our country.

According to the Organisation for Economic Co-operation and Development (OECD), in Loyalty for Michoacán (2022), our country has as a reference that 50% of students suffer violence or bullying.

For decades, various government ministries have developed strategies to address these cases (Government of Mexico, 2016); however, in the face of such a phenomenon, it is necessary that public institutions dedicated to the mental health care of the school-age population take the necessary measures to prevent and address these types of problems.

Objectives

General Objective

To develop and implement an intervention strategy for child victims of violence and bullying.

Specific Objectives

–   To verify the existence of bullying and school violence in patients.
–   To evaluate the scales of psychological damage present in the patients.
–   To elaborate an intervention strategy according to the scales found.
–   To reduce the possible psychological damage in the victims of bullying and school violence.

Theoretical framework

In this section we will describe the theories and concepts referring to the terms bullying and school violence, which in English-speaking countries are known as bullying, as well as the psychological damage that bullying and school violence inflict on children and the intervention strategies that the authors propose for the damage found in the cases of this work.

Violence and bullying

The Ministry of Public Education (SEP) relies on Barragán *et al.* (2018) to define bullying as any intentional, targeted, frequent and unequal power behaviour (whether physical, age, social, economic, among others) that is exercised between students in the school environment, with the aim of subduing, exploiting and causing harm.

It is important to consider that in the dynamics of bullying, attention should not only be focused on the aggressor, but on all the figures involved in the school setting, taking into account that the same child can play one or more roles: bully, victim or spectator.

SEP uses the term school harassment, not bullying. The difference between the term bullying and violence and harassment lies in the language and what the term encompasses according to different authors:

For Vera *et al.* (2017) school violence refers to conflicts presented in the school environment that refer to insults, hitting or violent symbolic acts, such as exclusion, isolation and rejection.

For this author, the term bullying is one of the types of school violence that occurs frequently in educational institutions and is a universally accepted term, which in Spanish-speaking countries is known as acoso escolar, maltrato escolar, matoneo, agresión escolar, intimidación escolar, maltrato entre iguales o pares, acoso y violencia escolar or hostigamiento escolar.

Bullying refers to aggressive behaviour with the intent to harm, carried out consistently over a period of time, with unequal power and exercised by one or more students against one or more others.

The role of the family in cases of bullying and school violence

For the author Díaz-Aguado (2006), the family can provide the opportunity to learn trust, empathy and security, which are the pillars to prevent violence and bullying.

The family has the capacity to establish quality bonds based on mutual trust. This capacity begins to develop from the relationships that the child establishes with the most significant adults, with whom he/she learns what to expect from others and from him/herself.

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The role of education authorities in cases of bullying and school violence

As well as the family, educational authorities such as headmasters and teachers play an important role in the prevention and intervention of bullying and violence at school, and in this work they have also played an important role.

The role of the psychologist in cases of bullying and school violence

Álvarez (2019) mentions that, in order to prevent bullying, it is necessary to previously analyse why it occurs, as it has a multi-causal origin, i.e.: individual traits of the victims, of the aggressors, family factors, school and community factors.

Psychologists work not only on risk factors, but also in the training of professionals in direct contact with students and their families; in advising the administration; and in the design and implementation of preventive programmes in schools and in the community.

Description of violence and bullying scales of the AVE test

Piñuel and Oñate (2006) point out that bullying has different modalities depending on the type of bullying behaviour that the child receives. These authors have designed an AVE bullying and school violence test aimed at victims that evaluates two aspects: scales of violence, bullying and scales of psychological damage.
The test is carried out using a 94-question format, and when the format is completed, the results are sent to the TEA Ediciones website via internet using a security pin included in the application manual. The questions for each scale are randomly distributed in the aforementioned questionnaire.

Background

According to what was observed during the residency period, there were some cases of children who came to the psychology department of the Municipal Children's Hospital of the State of Durango due to problems in the school environment that affected their self-esteem, performance and social relations.

The cause mentioned by parents or guardians coincided in that it was due to "bullying" which, as mentioned above, refers to situations of violence and harassment at school. During this period of time at least 26 cases with the same problem came to the institution, the patients were attended by psychologists working in the hospital and by resident students or interns.

During this time we worked with three children who presented bullying and school violence and before starting Residency III, two new cases were selected for this report, which was discussed and dealt with by the head of the Psychology department and Social Work, and the consent of the people who referred the children was recorded in the hospital files.

Under these circumstances, it was proposed to the corresponding authorities to apply the AVE Bullying and school violence test by Piñuel and Oñate (2006), in order to know the scales of psychological damage in patients who are victims of violence and bullying and in this way find a strategy to be able to intervene appropriately. It is important to point out that in this institution, health professionals, according to their training, are free to use the methods they consider appropriate for the well-being of patients, so there is no established use of assessment instruments, but there are files with worksheets.

Research methodology

This research was experimental. This is a type of study in which some factor or circumstance is manipulated in order to test what effect this modification has on another phenomenon. On this occasion, techniques were applied to reduce psychological damage in patients.

As well as mixed, where qualitative and quantitative approaches were combined. In this work both approaches were used because when assessing the children with the AVE test it was done by means of percentiles, when describing the concepts of the scales it was done in a qualitative way, as well as when registering the progress of the patients in the Anecdotal Record.

Procedure

Two patients of different sex, age and school grade, but similar in that they both presented problems of bullying and school violence, participated in the study.

For this study we used the AVE Acoso y violencia escolar test, by Piñuel and Oñate (2006) from TEA Ediciones. This questionnaire assesses physical and psychological bullying, as well as associated psychological harm.

It has been validated with a normative sample of children and young people from 222 classrooms from 2nd grade of primary school to 2nd grade of high school in the city of Madrid, Spain, with a total of 4062 subjects. Its reliability was calculated using Cronbach's alpha coefficient with values between 0.78 and 0.95.

The authors mention in the Application Manual that this test is divided into two parts, the first part corresponds to the scales of bullying and school violence, they also point out that these scales are the important part of the test with which it is possible to intervene in the school context.

The second part of the test consists of the scales of psychological harm, although these scales are not sufficient to make a pathological diagnosis, they are useful for working in the clinical setting, and are marked in cream colour in the tables mentioned above.

Therefore, for this research, the scales of bullying and school violence were used in order to raise awareness and ask for help from the educational establishment where the patients develop, also to verify bullying and school violence, while in consultation we will work with the scales of psychological damage.

The questionnaire has percentiles for scoring. The percentiles indicate the achieved level of bullying or psychological harm data by means of the following levels:

Up to the 60th percentile: Not found. From the 61st to the 80th percentile: No evidence.

From the 81st to the 85th percentile: Well established. From the 85th to the 99th percentile: Very well established.

The AVE test also has sixteen pairs of contradictory questions in order to check that the children have answered the questions carefully and that they have been understood.

Results

In this section we present the analysis of the results of the application of the AVE test in Table 1 and Table 2, since the first objective of this project is to verify the existence of bullying and school violence in the patients, we also show the results of the intervention strategy. To facilitate this analysis, Table 3 was made for Case 1 and Table 4 for Case 2.

In the application of the AVE test, as explained above, percentiles greater than 60 are considered to be the found scales, which are represented by colours in the tables.

Up to the 60th percentile: Not found (Blank spaces) From the 61st to the 80th percentile: Found (Pink colour) From the 81st to the 85th percentile: Well found (Yellow colour) From the 85th to the 99th percentile: Very found (Blue colour)

Results of the application of the AVE Test Case 1		
Scale	Level achieved	Percentile
Global Harassment Index	Reported	64
Harassment intensity	Noted	64
Harassment	Well established	83
Bullying	Not established	40
Threats	Not established	25
Coercion	Not established	0
Social blocking	Very well established	99
Social exclusion	Very well established	99
Social manipulation	No evidence	75
Aggression	Not established	50
Anxiety	Well established	80
Post-traumatic stress	No evidence	78
Dysthymia	Not established	53
Diminished self-esteem	Not established	33
Flashbacks	Not established	50
Somatisation	Not established	60
Negative self-image	Reported	78
Self-deprecation	Not established	12

Table 1 Results of the application of the AVE Test Case

In the table above it can be seen that the following features are found in the scales of bullying and school violence:

Overall bullying index, bullying intensity and social manipulation found, bullying are well found, social blocking and social exclusion very well found.

In the scales of psychological harm, the following were found: Post-traumatic stress and negative self-image were found to be well established, while anxiety was found to be well established.

In the application of this test only one contradiction out of sixteen possible contradictions was found, which shows that the questionnaire was answered seriously and the questions were understood.

Results of the application of the AVE test Case 2		
Scale	Qualification	Percentile
Global Harassment Index	Established	72
Harassment intensity	Very well established	99
Harassment	Not established	59
Bullying	No evidence	80
Threats	Not established	50
Coercion	Not established	25
Social blocking	Very well established	99
Social exclusion	Highly observed	99
Social manipulation	No evidence	71
Aggression	Very well established	99
Anxiety	No evidence	70
Post-traumatic stress	Very well established	93
Dysthymia	Not established	50
Diminished self-esteem	Not established	10
Flashbacks	Very well established	99
Somatisation	Not established	50
Negative self-image	No evidence	62
Self-deprecation	Not established	0

Table 2 Results of the application of the AVE Test Case 2

In the table above it can be found that the following features are found in the scales of bullying and school violence:

Global bullying index, bullying and social manipulation are found, intensity of bullying, social blocking, social exclusion and aggression are found to be very much found. In the scales of psychological damage, the following features were found: anxiety and negative self-image were found, post-traumatic stress and flashbacks were found to be very high.

In the application of this test only one contradiction out of sixteen possible contradictions was found, which shows that the questionnaire was answered seriously and the questions were understood.

The results of the research will now be mentioned according to the scales found in each case.

Scale of psychological harm found in the AVE test	Outcome after the intervention strategy
Anxiety	The child reflected on unpleasant events, mainly about the future, that she was afraid of and reflected on the reason for that fear, discovered by acting them out that they were not as real as she thought. She ordered the fearful events hierarchically by difficulty, acted them all out in the clinic and probably performed some of them in real life. She found that some things were not as complicated as she thought, such as talking to adults about problems. Improvements were reported in other contexts such as home and school in terms of decreased anxiety.
Post-traumatic stress	She reflected on the feeling of shame, but also understood that anyone can make a mistake and that this is no reason to stop participating. She understood that there was no reason to be ashamed of her appearance or clothes - in fact, the boy who assaulted her wore similar clothes - and she also appreciated the advantages of the house where she lives. She said that after some time the bully no longer bothered her, that she had even made friends at school, but that she was afraid that her friends would stop talking to her if the bully said bad things about her and her appearance or intelligence again. She understood that this situation did not have to happen again, as her classmates had no reason to think such things, and she already knew that she was intelligent and pretty. She also discovered that the aggressions she was receiving from this boy were due to a mockery that her classmates and she had previously made of him and that they had nothing to do with her looks or her intelligence.
Negative self-image	The girl reflected on her positive qualities. Her positive qualities were reinforced. She sought to develop a talent. Improvements were reported in other contexts such as family and social contexts as the child was made aware of her positive qualities.

Table 3 Results Case 1

Now that the progress of Case 1 has been mentioned, the following table shows the progress of Case 2:

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Results Case 2	
Scale of psychological harm found in the AVE test	Outcome after the intervention strategy
Anxiety	The child reflected on unpleasant events, mainly in the future that made him afraid, he also reflected on the reasons for this fear, and found that one of these fears was due to his grandmother telling him that she would leave him at school if he cried again, and he talked to her to avoid this situation. He reflected on the fact that crying was not bad for boys and girls and that he could ask for help when he was assaulted. He ordered the situations that frightened him in hierarchical order of difficulty, acted them out and discovered that even his aggressors looked funny, that he could always ask for help and that there was no way his family would abandon him at school because he cried. Progress was reported in other contexts and the child even reports living with the aggressor child.
Post-traumatic stress	The patient reflected on the act of crying or feeling ashamed, actions that were not bad and that not only girls can do it, as boys can also cry or feel ashamed. He also reflected on fear which is an emotion that warns him of something dangerous but sometimes it is not necessary because he cannot know that children do not want to play with him if he has not tried. He discovered that he could work with the child aggressor without being bothered. He understood that he can always ask for help and that it is not pleasant to presuppose some events that will happen in the future.
Negative self-image	The child reflected on his positive qualities. His positive qualities were reinforced at home. He sought to develop a talent, which was drawing.
Flashback	The boy reflected on the anger he felt when he remembered when the bully threw away his personal things and mistreated them, and he also thought about asking an adult for help when the incident happened again. He also reflected on the fear that threats generate in him, and was told not to be afraid because nothing would happen to him if he talked about it with the teacher or his family. The child reflected on situations that generate emotions: happiness, sadness, anger, dislike and fear. The child understood the usefulness of emotions.

Table 4 Results Case 2

As can be seen in the two cases above, reflection on emotions and thoughts played an important role in the patients' improvement. In addition to the above, something that was very helpful was that the patients' families and educational authorities were involved in the process, as proposed by Nuño, A. *et al*. (2018) in the theoretical foundation of this work when explaining the role they should play.

For example, in the Anecdotal Record, it is reported that in Case 1 the girl's mother participates in the tasks given to the patient, this increased her confidence in herself and in her family, also that the school principal agrees to intervene and hold a meeting with the parents which stopped the situation of violence and bullying and improved the coexistence of the students.

According to the Anecdotal Record the same characteristics were also observed in Case 2: The patient's father visited him more often and spent time with him, his grandmother stopped scaring him that she would leave him at school if he cried, instead she talked to him and offered to help him every time something happened to him at school, this eliminated his fears and strengthened his confidence in himself and in his family.

The school that the patient Case 2 attends also held a meeting with the tutors of the children involved, they also implemented group integration dynamics, eliminating the situation of violence and bullying and improving coexistence among the students.

Analysis and conclusión

To conclude the present work, the objectives that were set at the beginning of this research will be mentioned and answered. The first specific objective was: "To verify the existence of bullying and school violence in patients".

To meet this objective, a standardised test was sought to confirm that Case 1 and Case 2 were indeed victims of bullying and school violence. This was found out by knowing the global bullying indexes and the bullying intensities of each of the cases, which are the scales that Piñuel and Oñate (2006) point out can confirm the presence or absence of bullying and school violence.

The second specific objective "To evaluate the scales of psychological harm present in the patients", these scales were verified with the second part of the AVE test. Case 1 and Case 2 had in common:

– Anxiety
– Post-traumatic stress
– Negative self-image

Only Case 2 presented the scale for the presence of flashbacks.

The third specific objective was: "To develop an intervention strategy according to the scales found". This strategy was developed based on the results of the AVE test and the consultation of authors such as: Burbrik (2010), Ehmke (2017), Cifuentes (2016) and Darder (2017), the techniques of the strategy can be summarised in the following table:

Intervention strategy techniques	
Scales found:	Techniques:
Anxiety	Cognitive behavioural therapy. Exposure therapy.
Post-traumatic stress	Cognitive behavioural therapy. Exposure therapy. Cognitive processing therapy.
Negative self-imagery	Physical care. Self-knowledge. Self-acceptance. Appreciating what you have.
Flashbacks	Seeing memories as a tool and not as a lake that directs life.

Table 5 Intervention strategy technique

In the table above it can be seen that not only one specific technique is used to treat cases of bullying and school violence, as it is possible to rely on different techniques and not only on one style of therapy, but it can also be seen that one technique can be used for different psychological harms. For example: Cognitive behavioural therapy and exposure therapy can be used to reduce anxiety and post-traumatic stress.

In general the treatments focus on the feelings and beliefs of the patients, for example: To treat post-traumatic stress the therapy mainly focuses on how the beliefs the patient has and how they affect his or her thinking or acting, but when treating flashbacks the therapy focuses more on how emotions modify the way the patient thinks or acts, because the therapy is directed at his or her mood.

The fourth objective was "To reduce possible psychological damage in victims of bullying and school violence". This objective was achieved by making both patients feel better, improve their self-image, reflect on their feelings, beliefs and integrate into their school and family environments. It is worth mentioning that in Case 2, the child reported continuing to have unpleasant memories, which was followed up with treatment and follow-up.

Finally, the specific objective of this research was to "Develop and apply an intervention strategy for child victims of violence and bullying". This objective was fulfilled by consulting authors who proposed techniques to treat the scales of psychological harm found and so the activities that were applied to the patients could be planned.

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