

# **Bullying Children With Disabilities**

**A Global Epic**

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## **Abstract**

Bullying is an issue in all schools, colleges and work places throughout the world. It is in the national news constantly. The media typically reports on bullying and harassment when it involves non-disabled children, mostly high school and college aged students. Very little attention is given to bullying and harassment of children with disabilities. Children with disabilities are being bullied at an alarming increasing rate. Bullying involving children with disabilities is much more complex as these children do not have the ability or coping skills to deal with the stress and anxiety that results from being bullied. Proactive strategies are needed in order to meet the needs of victims of bullies.

Bullying is a serious problem nationwide. It has become a global epidemic. Bullying does not discriminate. Bullying and harassment of today's youth occurs in all countries to all children whether those children have disabilities or not. Bullying must be taken seriously. When bullying incidents occur in schools they interfere with student learning and academic performance declines for students involved and may result in further disruptions to the education process due to suspensions and expulsions (Washington State Report, 2008). Bullying crosses all ethnic groups, gender, age and social groups. In an extensive study in Norway, [Olweus \(1993\)](#) found that about 84,000 students (15% of the student population, 1 out of 7 students) in primary and secondary schools were involved in harassment as victims and/or as bullies. In a Canadian study, Pepler and Craig (1997) investigated 4,743 children from the first to the eighth grade; about 6% of the children admitted that they had bullied other children more than once or twice over the past 6 weeks, 5% reported that they were victims, and 2% of the children reported that they were both bullies and victims. [Rigby \(1996\)](#), in a study of the scope of harassment in schools in Australia found that 1 out of 6 or 7 students was a victim of harassment on a weekly basis, or even more frequently; 20.7% of the boys and 15.7% of the girls reported that they were victims of harassment at least once a week. Similar and even higher incidence of harassment was reported in the following countries: England, Scotland, Ireland, Japan, Spain, France, Italy, Holland, Portugal, Belgium, Germany, Switzerland, Poland, and Australia ([Smith & Morita, 1999](#)). In Israel harassment occurs more frequently in regular schools than in special education schools. [Har'el, Kenny, and Rahav \(1997\)](#) published a study conducted in Israel on behalf of the World Health Organization (WHO).

Victimization and bullying has become a pervasive problem in the United States. [Hoover, Oliver, and Hazler \(1992\)](#) studied adolescents in the United States. They asked respondents retroactively whether they had experienced harassment when they were between the ages of 5 and 17 years. The authors found that 81% of the boys and 72% of the girls claimed that they had been victims of harassment at least once. A problem that was once considered to pertain only to school age children has now become a problem that continues through college and into the adulthood. Bullying, harassment, and teasing within schools are not only practiced by many students, but have historically been allowed, ignored, and even modeled by adults. Bullying and teasing have been accepted by many as rites of passage for youth—a normal part of the childhood and adolescent experience. In fact, some researchers have recently wondered whether bullying may serve some purpose for society, resulting in ambivalence toward antiviolence programs (Hoover & Salk, 2003).

Many different studies have been conducted resulting with conflicting data regarding bullying involving children with disabilities and with children without disabilities. One such study stated the instances of bullying on children with special needs were 14% victims of bullying and 8% were bullies; whereas, children in regular education settings were 12% victims of bullying and 5% were bullies (Lopez-Duran, N.I., 2009). According to the U.S. Department of Education in 2000 the number of complaints and consultation calls to OCR and OSERS demonstrates steadily increasing allegations and proven situations of disability harassment (Hoover, J. and Stenhjem, P., 2003). Children with special needs who were mainstreamed into regular education were teased more than children without special needs ( Martlew and Hodson, 1991). In the 2007-2008 school year in the state of Washington, 28% of all Ombudsmen, Washington's interventions involved student bullying or harassment and bullying was part of 21% of Special Education

cases. Reported reasons for student-to-student bullying: Social mistakes/social shortcomings 41%; Special education or disabilities 29%; Social class, friendships 10%; Gender/Sexual Identity 8%; Race 7%; Religion 2%; Multiple issues 3%; Verbal harassment 88%; Physical harassment 12% (Washington State Report, 2008). In studies in the United States subgroups of students with disabilities has been neglected, and present statistics (i.e., school, age, gender, race) may significantly underestimate prevalence in this population. The majority of studies on victimization of students with disabilities documented increased verbal abuse (e.g., name calling, mimicking disability characteristics, teasing), social exclusion, and physical aggression when compared to nondisabled peers (Rose, C. 2010).

Harassment of youth with disabilities is steadily increasing. Children with special educational needs are generally less accepted. They are more rejected and more likely to be victims of bullying (Frederickson, Norah, 2010). All studies found that children with disabilities were 2 to 3 times more likely to be victims of bullying than their non-disabled peers. In addition, the researchers found that the bullying experienced by these children was more chronic in nature and was most often directly related to their disability.” (Stephens-Villano, 2011). Correlations found among 186 students with intellectual disabilities ages 12 to 21 years of age that were bullied had more violent behavior, hyperactivity, emotional problems and interpersonal problems. The same study showed children with disabilities that were bullies and victim-bullies exhibited significantly higher levels of challenging behaviors such as temper tantrums, unruly behavior and quarrelsome behavior. They had more of a tendency to lie and to steal. (Shunit; Lapidot-Leifler, R.N. 2007). Children and adolescents with disabilities are in real danger of physical violence and sexual assault (Morrison, Furlong, & Smith, 1994). Although children with

disabilities are more likely to be the object of bullying, sometimes they can become the bully, often as a result of low self-esteem or being bullied by others (Moore, L., 2007).

The rate of bullying among individuals with disabilities is very alarming. There are three factors that increase the risk of children with special needs being involved in bullying and harassment situations. These children bear a stigma related to their disability. They are in an inclusive environment. And children with disabilities may react aggressively or become victims (Nabusoka & Smith, 1993). One of the unintended side effects of inclusion is that many students choose not to be friends with children with disabilities leaving them out of the social web of society in general. These children stand out and are more vulnerable with special health issues. Their behavioral, emotional and development skills are associated with being targets of bullying (CEC September 15, 2008). The issue of bullying is particularly important for students with exceptionalities and therefore for special educators. It can be an unintended side effect of inclusion: when exceptional children are exposed to the general classroom, the risk of bullying increases. For example, a 2006 study published by the American Academy of Pediatrics reported that having a special health care need is associated with being a target of bullying while having a behavioral, emotional, or developmental issue is associated with bullying others *and* with being a bully/victim—that is, someone who both bullies others and is victimized by his peers (CEC, September 15<sup>th</sup> 2008). Because of the social and motor deficiencies Asperger's syndrome (AS) children are frequently targets of bullying (Biggs, Mary Jo Garcia, Simpson, 2010). Autism doesn't fully understand the rules of social interaction and consequences of their behaviors. Children with Autism Spectrum Disorders become easy targets as they are usually shy, passive and have low self esteem. Because of their deprivation social skills they are easy targets (Eisler & Frederiksen, 1980). Peer victimization, in which students are repeatedly harassed, ridiculed,

teased, scorned, and excluded, is one of today's most overlooked educational problems (Brendtro, 2001). Students consistently rank verbal behavior as the primary mode of teasing, and it has been found that long-term verbal harassment is as damaging psychologically as infrequent physical harassment. Students express a great deal of confusion about teasing and how to deal with it, and some argue that social and communication skills are central to dealing with teasing and harassment in any successful antibullying efforts (Hoover & Oliver, 1996; Hoover & Olson, 2000; Stein, 1995). The government-sponsored "Stop Bullying Now!" campaign indicates that 15 to 25 percent of school children are bullied with some frequency. According to a 2007 study by Mencap, 80 percent of children with learning disabilities are bullied at school. The National Autistic Society reports that 40 percent of autistic children and 60 percent of those with Asperger's syndrome have been bullied. Those with conditions that affect their appearance (for example, cerebral palsy, muscular dystrophy, or obesity) are particularly susceptible to name-calling. And while children with behavioral disorders such as ADHD are often assumed to be bullies, in many cases their classmates are "egging them on" in order to evoke a reaction. They are almost 10 times more likely as others to have been regular targets of bullies, according to a report in the *Journal of Developmental Medicine and Child Neurology* (CEC, September 15, 2008).

Bullying has become such a problem of global significance, it is extremely important to continue the research on bullying especially when the bullying involves children with disabilities. Issues such as long-term effects, high-risk factors, age-related frequency patterns, awareness, prevention, and intervention are critical in providing the safe environment that all students need in order to learn (Spencer, 2006). More intervention programs should be established which will help in lowering the level of harassment such as therapeutic and educational programs aimed at

empowering the students with disabilities. Counseling should be implemented to deal with complaints of bullying both formally and informally. Students should be encouraged to open up and disclose experiences of harassment (Bryen et al, 2003). To many times instances of bullying and harassment go undetected and the damage continues. These children often exhibit signs of tremendous stress and anxiety, depression, and some even contemplate suicide. Bullying must be taken seriously. When bullying incidents occur in schools they interfere with student learning and academic performance declines for students involved and may result in further disruptions to the education process due to suspensions and expulsions (Washington State Report, 2008). In addition, equal access to educational opportunities and benefits for youth with disabilities can be eroded through bullying, including denial of rights under the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, Title II, and provisions of a Free Appropriate Public Education (FAPE) (Hoover, J. and Stenhjem, P. 2003). Many parents, especially those of autistic children prefer to home school their children then to subject them to being bullied or harassed. Many parents of autistic students say that while their children are able to remain on par academically, they are unable to deal well with threats (Fabel, A, 2008). In 2009, the Massachusetts Advocates for Children in a survey of nearly 400 parents of children with autism across the state found that 88 percent of children with autism have been bullied at school ranging from verbal abuse to physical contact ( Walk A Mile In Their Shoes Report). Stephanie Steiner, the director of The Matrix Parents Network stated that “without timely and appropriate intervention, students with disabilities who experience bullying will have increased problems that will likely make it more difficult to meet their special needs. Parents must always intervene.” (Walk A Mile In Their Shoes Report).

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