

Bullying and Children and Youth with Disabilities and Special Health Needs

What is Bullying?

Bullying is unwanted, aggressive behavior among school aged children. It involves a real or perceived power imbalance and the behavior is repeated, or has the potential to be repeated, over time.

Both kids who are bullied and kids who bully others may have serious, lasting problems.

Children with physical, developmental, intellectual, emotional, and sensory disabilities are more likely to be bullied than their peers. Any number of factors—physical vulnerability, social skill challenges, or intolerant environments—may increase their risk. Research suggests that some children with disabilities may bully others as well.

Kids with special health needs, such as epilepsy or food allergies, may also be at higher risk of being bullied. For kids with special health needs, bullying can include making fun of kids because of their allergies or exposing them to the things they are allergic to. In these cases, bullying is not just serious; it can mean life or death.

A small but growing amount of research shows that:

- Children with attention deficit or hyperactivity disorder (ADHD) are more likely than other children to be bullied. They also are somewhat more likely than others to bully their peers (Twyman et al., 2010; Unnever & Cornell, 2003; Weiner & Mak, 2009).
- Children with autism spectrum disorder (ASD) are at increased risk of being bullied and left out by peers (Twyman et al., 2010). In a study of 8-17-year-olds, researchers found that children with ASD were more than three times as likely to be bullied as their peers.
- Children with epilepsy are more likely to be bullied by peers (Hamiwka, Yu, Hamiwka, Sherman, Anderson, & Wirrell, 2009), as are children with medical conditions that affect their appearance, such as cerebral palsy, muscular dystrophy, and spina bifida. These children frequently report being called names related to their disability (Dawkins, 1996).
- Children with hemiplegia (paralysis of one side of their body) are more likely than other children their age to be bullied and have fewer friends (Yude, Goodman, & McConachie, 1998).

- Children who have diabetes and are dependent on insulin may be especially vulnerable to peer bullying (Storch et al., 2004).
- Children who stutter may be more likely to be bullied. In one study, 83 percent of adults who stammered as children said that they were teased or bullied; 71 percent of those who had been bullied said it happened at least once a week (Hugh-Jones & Smith, 1999).

Children with learning disabilities (LD) are at a greater risk of being bullied (Martlew & Hodson, 1991; Mishna, 2003; Nabuzoka & Smith, 1993; Thompson, Whitney, & Smith, 1994; Twyman, Saylor, Saia, Macias, Taylor, & Spratt, 2010). At least one study also has found that children with LD may also be more likely than other children to bullying their peers (Twyman et al., 2010).

Effects of Bullying

Kids who are bullied are more likely to have:

- Depression and anxiety. Signs of these include increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Health complaints
- Decreased academic achievement—GPA and standardized test scores—and school participation. They are more likely to miss, skip, or drop out of school.

Bullying, Disability Harassment, and the Law

Bullying behavior can become “disability harassment,” which is prohibited under Section 504 of the *Rehabilitation Act of 1973* and Title II of the *Americans with Disabilities Act of 1990*. According to the U.S. Department of Education, disability harassment is “intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits, services, or opportunities in the institution’s program” (U.S. Department of Education, 2000).

Disability harassment can take different forms including verbal harassment, physical threats, or threatening written statements. When a school learns that disability harassment may have occurred, the school must investigate the incident(s) promptly and respond appropriately. Disability harassment can occur in any location that is connected with school—classrooms, the cafeteria, hallways, the playground, athletic fields, or school buses. It also can occur during school-sponsored events (Education Law Center, 2002).

What Parents Can Do

If you believe a child with special needs is being bullied:

- Be supportive of the child and encourage him or her to describe who was involved and how and where the bullying happened. Be sure to tell the child that

it is not his or her fault and that nobody deserves to be bullied or harassed. Do not encourage the child to fight back. This may make the problem worse.

- Ask the child specific questions about his or her friendships. Be aware of signs of bullying, even if the child doesn't call it that. Children with disabilities do not always realize they are being bullied. They may, for example, believe that they have a new friend although this "friend" is making fun of them.
- Talk with the child's teacher immediately to see whether he or she can help to resolve the problem.
- Put your concerns in writing and contact the principal if the bullying or harassment is severe or the teacher doesn't fix the problem. Explain what happened in detail and ask for a prompt response. Keep a written record of all conversations and communications with the school.
- Ask the school district to convene a meeting of the Individualized Education Program (IEP) or the Section 504 teams. These groups ensure that the school district is meeting the needs of its students with disabilities. This meeting will allow parents to explain what has been happening and will let the team review the child's IEP or 504 plans and make sure that the school is taking steps to stop the harassment. Parents, if your child needs counseling or other supportive services because of the harassment, discuss this with the team. Work with the school to help establish a system-wide bullying

prevention program that includes support systems for bullied children. As the U.S. Department of Education (2000) recognizes, "creating a supportive school climate is the most important step in preventing harassment."

- Explore whether the child may also be bullying other younger, weaker students at school. If so, his or her IEP may need to be modified to include help to change the aggressive behavior.
- Be persistent. Talk regularly with the child and with school staff to see whether the behavior has stopped.

Getting Additional Support

If a school district does not take reasonable, appropriate steps to end the bullying or harassment of a child with special needs, the district may be violating federal, state, and local laws. For more information, contact:

The U.S. Department of Education
Office for Civil Rights

Phone: (800)-421-3481

Web: <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>

The U.S. Department of Education
Office of Special Education Programs

Phone: (202) 245-7468

Web: <http://www.ed.gov/about/offices/list/osers/osep/index.html>

The U.S. Department of Justice
Civil Rights Division

Phone: 1-877-292-3804

Web: <http://www.justice.gov/crt/complaint/#three>

References and Resources

Dawkins, J. L. (1996). Bullying, physical disability and the paediatric patient. *Developmental Medicine and Child Neurology*, 38, 603-612.

Education Law Center (2002). What can you do if your child with a disability is being harassed by other students? (fact sheet). Retrieved August 10, 2005, from www.elc-pa.org.

Gray, W. N., Kahhan, N. A., & Janicke, D. M. (2009). Peer victimization and pediatric obesity: A review of the literature. *Psychology in the Schools*, 46, 720-727.

Hamiwka, L. D., Yu, C. G., Hamiwka, L. A., Sherman, E. M. S., Anderson, B., & Wirrell, E. (2009). Are children with epilepsy at greater risk for bullying than their peers? *Epilepsy & Behavior*, 15, 500-505.

Hugh-Jones, S. & Smith, P. K. (1999). Self-reports of short and long term effects of bullying on children who stammer. *British Journal of Educational Psychology*, 69, 141-158.

Janssen, I., Craig, W. M., Boyce, W. F., & Pickett, W. (2004). Associations between overweight and obesity within bullying behaviors in school-aged children. *Pediatrics*, 113, 1187-1194.

Lieberman, J., Weiss, C., Furlong, J., Sicherer, M., & Sicherer, S. (2010). Bullying among pediatric patients with food allergy. *Annals of Allergy, Asthma & Immunology*, 105, 282-286.

Martlew, M., & Hodson, J. (1991). Children with mild learning difficulties in an integrated and in a special school: comparisons of behaviour, teasing and teachers' attitudes. *British Journal of Educational Psychology*, 61, 355-372.

Mishna, F. (2003). Learning disabilities and bullying: Double jeopardy. *Journal of Learning Disabilities*, 36, 1-15.

Nabuzoka, D. & Smith, P. K. (1993). Sociometric status and social behaviour of children with and without learning difficulties. *Journal of Child Psychology and Psychiatry*, 34, 1435-1448.

Storch, E. A., Lewin, A. B., Silverstein, J. H., Heidgerken, A. D., Strawser, M. S., Baumeister, A., & Geffken, G. R. (2004a). Peer victimization and psychosocial adjustment in children with type 1 diabetes. *Clinical Pediatrics*, 43, 467-471.

Storch, E. A., Lewin, A. B., Silverstein, J. H., Heidgerken, A. D., Strawser, M. S., Baumeister, A., & Geffken, G. R. (2004b). Social-psychological correlates of peer victimization in children with endocrine disorders. *Journal of Pediatrics*, 145, 784-784.

Thompson, D., Whitney, I., & Smith, P. (1994). Bullying of children with special needs in mainstream schools. *Support for Learning*, 9, 103-106.

Twyman, K. A., Saylor, C. F., Saia, D., Macias, M. M., Taylor, L. A., & Spratt, E. (2010). Bullying and ostracism experiences in children with special health care needs. *Journal of Developmental Behavioral Pediatrics*, 31, 1-8.

Unnever, J. D., & Cornell, D. G. (2003). Bullying, self-control, and ADHD. *Journal of Interpersonal Violence*, 18, 129-147.

U.S. Department of Education (2000). *Prohibited disability harassment: Reminder of responsibilities under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act*. Retrieved August 10, 2005, from www.ed.gov/about/offices/list/ocr/docs/disabharassltr.html.

Wang, J., Iannotti, R. J., & Luk, J. W. (2010). Bullying victimization among underweight and overweight U.S. youth: Differential associations for boys and girls. *Journal of Adolescent Health*, 47, 99-101.

Weiner, J. & Mak, M. (2009). Peer victimization in children with attention-deficit/hyperactivity disorder. *Psychology in the Schools*, 46, 116-131.

Yude, C., Goodman, R., & McConachie, H. (1998). Peer problems of children with hemiplegia in mainstream primary schools. *Journal of Child Psychology and Psychiatry*, 39, 533-541.