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Bullying behavior in children with intellectual disability

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Abstract

It is widely accepted that children with intellectual disability (ID) are prime candidates for being bullied. The objective of this research was to determine specific roles in bullying behavior in children with ID. The sample consisted of 61 adolescents with mild ID (45 boys and 16 girls), aged from 12.5 to 17.5, who attended special schools. Traditional roles in bullying behavior were determined using Reynolds's Bully Victimization Scale. It was revealed that 18% of students had scale scores above normal range (six bullies, four victims and one bully-victim).

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1. Introduction

A considerable number of scientific articles in contemporary literature deal with the phenomenon of bullying. Despite the great interest of scientific and professional public there is still no universal and generally accepted definition of bullying. The term bullying encompasses different manifestations of behavior, from teasing to the infliction of body injury, connected by the intent to intimidate or injure another person. According to the definition provided by Reynolds, "bullying refers to the use of physical, psychological, or direct verbal means either individually or in a group, to cause physical or psychological distress to others" (Reynolds, 2004:4). This author makes distinction between overt aggression toward others, relational bullying and harassment. Overt peer aggression refers to hitting and fighting, being with a group that assaults other students, stealing things from others, intimidating and forcing other students to do things they did not want to do etc. Relational aggression and harassment include behaviors such as threats, insults, teasing and ridicule.

Similarly, some authors classify bullying in accordance with the general typology of aggressive behavior, making distinction between direct (physical and verbal) and indirect bullying (Lagerspetz, Bjorkqvist, Peltonen, 1988). Physical bullying refers to hitting, kicking, hair pulling, pushing, slapping, etc. The most common manifestations of verbal bullying are threatening, name calling, insulting, teasing etc. Relational bullying is focused on infringement of another child's relationship with the group, which is achieved by ignoring, spreading rumors and coaxing others to have no dealings with a particular child.

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Olweus, as one of the most frequently cited authors in this field, points out to similar patterns of behavior calling them negative actions (Olweus, 1993). In addition, this author emphasizes that negative actions are carried out repeatedly and over the time and that they are characterized by imbalance in strength. Farrington defines bullying as repeated oppression, psychological or physical, of a less powerful person by a more powerful one (Farrington, 1993: 381). Durability and repetitiveness are important features of bullying, since their introduction excludes random and minor violent behavior among peers. The unequal distribution of power is key feature of bullying behavior, because there is a clear distinction between perpetrators and victims, which is based on the fact that one side is physically or psychologically stronger than others.

In order to better understand how bullying occurs and lasts, many authors have focused attention to studying features of the bullies and victims. Summing up the results of a number of empirical researches, Farrington found that bullies and victims differ in numerous characteristics (Farrington, 1993). Bullies are more often male, aggressive, tough, strong, confident and impulsive. The victims were both male and female, unpopular, lonely, rejected, anxious, depressed, unwilling to retaliate and lacking self-esteem. In addition, the author points to the existence of some correlation between violent behavior and victimization, and overlap between bullies and victims. Olweus uses the term provocative victims to designate a specific group of victims with combined anxious and aggressive reaction patterns (Olweus, 1993).

Reynolds puts students with simultaneous moderate or significant level of violent behavior and victimization in a separate group and marks the group as bully-victim (Reynolds, 2004). He claims that the bully-victims require our attention as a separate category of students with the present internalizing and externalizing distress, as well as a lower level of a psychosocial adjustment compared to the bullies and victims. According to the results of this author's research, in a standardized sample of the 3-12 grades of both genders, clinically significant or higher levels of both bullying and victimization were identified at 6% of the students.

The results of the stated researches imply that there is a connection between some individual characteristics with the bullying and victimization. The question is if there are differences in prevalence and characteristics of bullying and victimization at the students with the intellectual disabilities related to the normative population. There's a significant number of research works about bullying among the children with the disabilities in literature. However, there's a small number of specific data about bullying and victimization among the children with the intellectual disabilities, since the children with various types of developmental disabilities are seen as a unique group. The results of the small number of studies suggest that, besides more frequent showing of violent behavior, the students with intellectual disabilities become more often victims of bullying. For instance, Dickson discovers a higher prevalence of bullying at adolescents with intellectual disabilities (28%) compared to the peers from the normative population (9.8%) (Dickson, Emerson, Hatton, 2005). On the other hand, results of the comparative study of the patterns of bullying and victimization among general education students and students who have special needs, show that students with intellectual disabilities experienced verbal assaults and bullying at a higher rate than children with other types of disabilities and typically developing children (Morrison, Furlong, 1994).

The reasons for the presence of the bigger risk of bullying and victimization at the students with disabilities are usually seen by the authors in the lack of personal qualities valued in the peer group, such as: intelligence, physical appearance, physical abilities and skills, social skills, and so on. Having in mind that most of the researches so far have been done in regular schools, where the students with the intellectual disabilities attended classes with the typically developing students or were separated in special classes within the school, the presumption that the quality of interactions and the existing differences among students with and without disturbances influence the frequency of bullying seem justified. The particularity of the research is that the frequency and characteristics of bullying and victimization were explored in special schools for the students with intellectual disabilities. That enables noticing the patterns of showing and exposing of the students with intellectual disabilities in a group of peers with similar abilities and characteristics.

2. Method

2.1. Participants

The sample consisted of 61 students with mild intellectual disability (45 males and 16 females), aged from 12.5 to 17.5 ($M=15.88$; $SD=1.35$). All of them attended elementary or secondary schools for children with intellectual disabilities. It is worth mentioning that only small number of children in Serbia is involved in inclusive education. That is the reason we decided to study only those children who attend so called special schools. All of the students were first-language Serbian speakers.

2.2. Procedure

Parental and student consent was obtained for all participants. Participants met with a researcher individually for a single 20 minutes session. Each session began with a brief, relaxing conversation followed by short instruction on how to respond to questions. To avoid confounding effects related to varying reading abilities and cognitive constrains, all questions were read by the researcher. The participant were asked to choose one of the four answers on Likert-type scale, ranging from 0 (never) to 3 (five or more times).

2.3. Assessment tool

Bullying behavior and victimization were assessed by Bully Victimization Scale (BVS, Reynolds, 2003). The BVS consists of 46 items providing scores on the Bullying Scale and the Victimization Scale, each consisting of 23 items. The items encompassed by these two scales are interspersed on the test protocol. Raw scores are converted to standard scores in the form of T scores with a mean of 50 and the standard deviation of 10.

Bullying Scale T scores below 58 are considered to be in the normal range. T scores in a range of 58 through 65 reflect clinically significant bullying behavior; T scores ranging from 66 to 74 represent moderately severe level of bullying, while student with scores higher than 74 manifest severe forms of bullying behavior.

Students with T scores below 56 on the Victimization Scale are not considered to be victimized. Those in the T score range of 56 to 63 are considered to be experiencing a clinically significant level of victimization. Scores in the range of 64 to 68 are indicative of moderately severe victimization. Victimization scores of 69 and higher mean that students experience severe victimization by their peers.

Students who score in the clinically significant to severe ranges on the Bullying scale are considered to be bullies. On the contrary, those students with elevated T scores in the Victimization scale are labeled as victims. Individuals with T scores above normal range on both scales are significant bullies to other students and bullied by others, and they are identified as bully-victims.

3. Results

Table 1. Involvement in bullying behavior

Social roles	males		females	
	n	%	n	%
non-involved	36	80.0	14	87.5
bully	6	13.33	0	0.0
victim	2	4.44	2	12.5
bully-victim	1	2.22	0	0.0
Σ	45	100	16	100

Great majority of our participants were not involved in bullying behavior. However, 11 students (18.03%) were found to participate in bullying, either as bullies (6 boys) or victims (two boys and two girls). In addition, one boy was identified to be the bully-victim.

Clinical severity level of bullying and victimization was presented in Table 2, just for those participants who manifested elevated level of involvement in this kind of behavior.

Table 2. Clinical severity levels of BVS scores

Severity levels	bullying	victimization	both	Σ
Clinically significant	3	4	1	8
Moderately severe	2	0	0	2
Severe	1	0	0	1
Σ	6	4	1	11

School violence and victimization of the relatively low intensity level was identified in three bullies, all four victims and one aggressive victim. Moderately severe level of bullying behavior was detected in two students, while the most severe form of bullying was shown by one student. The student who was involved in school violence as a bully-victim has manifested clinically significant level of both, bullying and victimization.

4. Discussion

Students attending segregated educational settings, such as special schools, self-contained classrooms or resource rooms, have been found to report a higher incidence of being bullied than students who attend regular schools (Norwich & Kelly, 2004). Unfortunately, there was no control group in our research, due to the fact that children with intellectual disability in Serbia predominately attend special schools. It was revealed that 6 out of 61 students were involved in bullying behavior as bullies. All of them were boys. These results are in accordance with Olweus's findings that boys behaved as bullies more frequently than girls towards both boy and girl victims (Olweus, 1991). In addition, it was found that five participants (8.19%) were exposed to peers violence. One of them was so-called bully-victim. The prevalence of victimization among children with disabilities ranges from 12% in an Irish sample (O'Moore, Hilleri, 1989), through 52.4% in the one of the most comprehensive studies in a field, conducted in a sample of Hispano-American children (Sveinsson, 2005), and even 67% in Whitney's and coworkers study (Whitney, Smith, Thomson, 1994). These findings appear to depend on the data source and school setting, as well as on perceived severity of the school violence.

An examination of Table 2 shows that 3 students achieved scores in a clinically significant level of bullying, which means that their aggression towards other students suggest the need for intervention. On the other hand, four children experienced clinically significant level of victimization. Typically, their scores reflect more than pure teasing, and often include overt peer aggression in addition to other relational forms of bully victimization. These children deserve professional attention since being a victim was correlated with emotional and interpersonal problems (Reiter, Lapidot-Lefler, 2007). One child with designation of bully-victim experienced clinically significant level of both, bullying and victimization, and he presents considerable challenge to professionals.

It is worth mentioning that considerable level of bullying was found in three students. Two of them were frequently engaged in bullying behavior, while the last one showed the most severe forms of bullying. All these participants need further evaluation in order to determine underlying causes and real nature of their aggressive behavior.

5. Conclusion

Despite the common assumption there are no research data that clearly demonstrate whether attending an inclusive educational setting really decreased incidence of being bullied. On the other hand, involvement of the children with intellectual disabilities in bullying behavior appears not to be so rare even in the segregated school setting. In present research it was found that 18.3% of adolescents with mild intellectual disability take part in

bullying behavior, either as bullies or victims. Hence, it is very important that all children involved in bullying receive professional support irrespective of their school setting.

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