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Research paper

Outcomes of anti-bullying intervention for adults with intellectual disabilities

Linda McGrath [a], Robert S.P. Jones [b,*], Richard P. Hastings [b]

[a] CoAction Slip, Bantry, Co. Cork, Ireland
[b] School of Psychology, Bangor University, UK

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ABSTRACT

Although existing research is scarce, evidence suggests that children and adults with intellectual disabilities may be at increased risk of being bullied (as they are for maltreatment generally) and possibly more likely than those without disabilities to also engage in bullying behavior. Despite significant clinical interest in bullying, we could find no published research on the outcomes of bullying intervention for individuals with intellectual disabilities. Adults with intellectual disabilities in three work center settings participated in one of two interventions for perpetrators and/or victims of bullying: (a) psychoeducational intervention with a cognitive behavioral orientation ($n = 20$), or (b) the same intervention but with additional involvement of community stakeholders such as parents, the police, and local schools ($n = 22$). A third work center ($n = 18$) acted as a waiting list control comparison. Pre-intervention, 43% of participants reported that they had been bullied within the preceding three months and 28% identified themselves as having bullied others. Reports of being bullied decreased significantly within the two intervention groups over time but not in the control group. There were no differences between the two intervention groups, and no statistically significant reduction in self-reported bullying behavior. Initial data on this intervention suggest that its effects might be clinically meaningful with an associated Numbers Needed to Treat for reduction in exposure to bullying of 5.55.

Bullying is not a new phenomenon, although it was not until the 1970s that it became a focus of scientific research, beginning with pioneering work in Norway (e.g., Olweus, 1978). Since then, there has been considerable research undertaken, both within the school environment (see Merrell, Gueldner, Ross, & Isava, 2008 for a recent meta-analytic review of school-based bullying interventions), and in the workplace (Nielsen, Matthiesen, & Einarsen, 2008; Rayner, Hoel, & Cooper, 2002). Definitions of bullying vary, but there is broad agreement that there are two forms of bullying: direct and indirect (Jenson & Dieterich, 2007; Wolke, Woods, Bloomfield, & Karstadt, 2000). Direct bullying includes aggressive acts such as hitting, kicking, punching, name-calling, mobile telephone texting, taking possessions, and making threats. Indirect bullying refers to active social exclusion, malicious gossip, and withdrawal of friendships.

Few researchers have examined bullying towards or by individuals with intellectual disability, but existing data suggest that a relatively high proportion of both children and adults are at risk of being bullied (Branstone, Fogarty, & Cummins, 1999; Mencap, 1999; Norwich & Kelly, 2004; O'Moore & Hillery, 1989; Whitney, Smith, & Thompson, 1994). Bullying towards individuals with intellectual disability may also persist over long periods of time (Sheard, Clegg, Standen, & Cromby,

* Corresponding author at: School of Psychology, Bangor University, 43 College Road, Bangor, Gwynedd LL57 2DG, UK. Tel.: +44 1248 382205.
E-mail address: r.s.jones@bangor.ac.uk (Robert S.P. Jones).

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2001). These data on bullying are consistent with research in other areas suggesting increased risk of victimization of people with intellectual disabilities, including physical and sexual abuse (Petersilia, 2001; Sobsey, Randall, & Parrila, 1997; White, Holland, Marsland, & Oakes, 2003), and also data on exposure to life events including physical attacks by others (Owen et al., 2004). There is also a small body of research suggesting that individuals with an intellectual disability may be at an increased risk of being both a bully and a bully-victim—a bully who is also bullied by others (Dickson, Emerson, & Hatton, 2005; Kaukiainen et al., 2002; Nabuzoka, Whitney, Smith, & Thompson, 1993).

In terms of the effects of bullying, parents of children with intellectual and developmental disabilities report being worried about bullying of their child (e.g., Lee, Harrington, Louie, & Newschaffer, 2008). Furthermore, research data suggest an association between being bullied and emotional problems, and between being a bully and other behavioral problems (Reiter & Lapidot-Lefler, 2007). Given the potential negative outcomes of bullying, and the relatively high prevalence of victimization and bullying behavior among people with intellectual disabilities, the lack of research on bullying is a significant omission in the field. In particular, and we could find no published peer reviewed data on bullying interventions for children or adults with intellectual disabilities. In the present research, we evaluated the impact of an intervention program designed to reduce the perpetration of and exposure to bullying behavior in adults with an intellectual disability.

A 10-week intervention program was devised, drawing on aspects of other anti-bullying programs, anger management programs, and relaxation training programs but adapted to meet the needs of adults with an intellectual disability. The program was cognitive behavioral in orientation. Being bullied might place individuals at risk of emotional problems, and the treatment of emotional problems using cognitive behavior therapy may be efficacious for individuals with intellectual disability (Hatton, 2002). In terms of bullying behavior, research on anger and aggression in people with mild to moderate intellectual disability suggests that cognitive processes such as attributions of hostile intent may be implicated in aggression (Jahoda, Pert, & Trower, 2006). Furthermore, controlled trial data support the efficacy of cognitive behavioral treatment of anger in adults with intellectual disabilities (Taylor, Novaco, Gillmer, Robertson, & Thorne, 2005; Willner, Jones, Tams, & Green, 2002). Although cognitive processes and treatments in relation specifically to bullying have not yet been explored within a population of people with intellectual disability, these sources of evidence suggest that a cognitive behavioral orientation may be beneficial.

Given the potentially supportive role of the community in combating bullying (Astor, 1995; Atlas & Pepler, 1998; Mencap, 1999; Olweus, 1993), we also assessed the outcomes of a version of the anti-bullying program that included additional community involvement. Community involvement took the form of telephone contacts, meetings, and sharing of resources with parents, guardians, and relevant community members including, school headteachers, teachers, and the police.

1. Method

1.1. Participants

Participants were from three work centers for adults with an intellectual disability run by the same organization in neighboring towns in the southwest of Ireland. All participants were recorded on clinical files as having a borderline, mild, or moderate intellectual disability but were not tested as a part of the present research and their IQ scores were not made available to the research team. In Work Center A, the group comprised 20 participants, 10 men and 10 women. They ranged in age between 17 years and 52 years with a mean age of 36 years (SD = 8.98). Fifty percent of the participants resided in their family home, 25% resided in the community housing provided by the organization on a part time basis and spent the remainder of time in their family home, and 25% of the participants resided full time in community housing. In Work Center B the group comprised 22 participants, 10 women and 12 men. They ranged in age between 17 and 55 years with a mean age of 35 years (SD = 13.76). Fifty nine percent of participants resided in their family home, 32% resided part time in community housing with the remainder of time in their family home, and 9% resided full time in community housing. In Work Center C there were 18 participants, 10 women and 8 men. They ranged in age between 18 and 60 years with a mean age of 33 years (SD = 11.07). A total of 67% of participants resided in their family home, and 33% of participants resided part time in community housing with the remainder of time in the family home. Participants' age and the proportion of males and females did not differ statistically across the three work centers.

1.2. Measures

Self-reports of bullying behavior and victimization were obtained at baseline before any intervention, and then again post-intervention. An extensive literature review revealed a scarcity of assessments of bullying specifically designed for adults with intellectual disabilities. To measure victimization, we used a modified version of the Bullying Questionnaire designed and produced in the UK by Mencap (1999). Following a pilot test, the questionnaire was modified slightly to take into account cultural variations and to explore levels of bullying within a defined time period (i.e., the preceding three months). First, participants were given a brief definition of bullying, and then asked to report whether they had experienced bullying as a victim in the past three months.

Bullying was introduced/defined to participants by the researcher in the following way. This definition includes the core dimensions of widely accepted definitions of bullying (e.g., Olweus & Limber, 1999); indirect and direct forms, repeated actions, and negative emotional impact: