Familiarity breeds support: Speech-language pathologists’ perceptions of bullying of students with autism spectrum disorders

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A R T I C L E   I N F O

Article history:
Received 7 August 2012
Received in revised form 19 December 2012
Accepted 18 January 2013
Available online 31 January 2013

Keywords:
Autism spectrum disorders
Bullying
Speech-language pathologists
Perceptions
Intervention

A B S T R A C T

Children with autism spectrum disorders (ASD) are primary targets for bullies and victimization. Research shows school personnel may be uneducated about bullying and ways to intervene. Speech-language pathologists (SLPs) in schools often work with children with ASD and may have victims of bullying on their caseloads. These victims may feel most comfortable turning to SLPs for help during one-to-one treatment sessions to discuss these types of experiences. A nationwide survey mailed to 1000 school-based SLPs, using a vignette design technique, determined perceptions about intervention for bullying and use of specific strategies. Results revealed a majority of the SLPs (89%) responses were in “likely” or “very likely” to intervene categories for all types of bullying (physical, verbal, relational and cyber), regardless of whether the episode was observed or not. A factor analysis was conducted on a 14 item strategy scale for dealing with bullying for children with ASD. Three factors emerged, labeled “Report/Consult”, “Educate the Victim”, and “Reassure the Victim”. SLPs providing no services to children with ASD on their caseloads demonstrated significantly lower mean scores for the likelihood of intervention and using select strategies. SLPs may play an important role in reducing and/or eliminating bullying episodes in children with ASD.

Learning outcomes: Readers will be able to (a) explain four different types of bullying, (b) describe the important role of school personnel in reducing and eliminating bullying, (c) describe the perceptions and strategies selected by SLPs to deal with bullying episodes for students with ASD, and (d) outline the potential role of SLPs in assisting students with ASD who are victimized.

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1. Introduction

Autism spectrum disorders (ASD) are characterized by social impairment, communication difficulties, and repetitive and stereotyped behaviors (American Psychiatric Association, 2000). Children with ASD have symptoms that vary from mild to severe and often stand out in school environments due to their unique and uncommon reactions and behaviors in social settings. Children with ASD are a very heterogeneous group (Tager-Flusberg & Joseph, 2003). According to Cappadocia, Weiss, & Pepler (2012), bullying experiences are very common among children with ASD and victimization rates are twice as high as those found in the general population. Research reveals self-reported prevalence rates as high as 75% (Little, 2001).

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and prevalence rates from other studies ranging from 6% to 55% (Bejerot & Mortberg, 2009; Carter, 2009; Little, 2002; Montes & Halterman, 2007; Van Roekel, Scholte, & Diddens, 2010). ASD may place students at increased vulnerability in their social environment.

1.1. Bullying

Bullying is a form of aggression that involves three characteristics: (a) intent to do harm, (b) repetition of the bullying behavior, and (c) power imbalance between the bully and victim (Olweus, 1993). The bullying epidemic in schools is a worldwide problem (Aalsma & Brown, 2008; Monks et al., 2009). Young et al. (2011) stated that the effects of bullying include poorer academic achievement, lower self-esteem and confidence, increased anxiety and depression, declines in physical health, absenteeism, alienation and a lack of social connectedness among students. Furthermore, these authors reported that “students with disabilities are both uniquely vulnerable and disproportionately impacted by the bullying phenomena” (p. 1). According to a recently published study on the national prevalence of peer victimization among children with disabilities in the United States, one-quarter to one-third of preschool children with disabilities experienced some form of victimization in schools (Son, Parish, & Peterson, 2012). The authors also reported that rates of peer victimization steadily increased throughout the research period. A recent review of the research by Arseneault, Bowes, & Shakoor (2010) supports the notion that bullying is a global epidemic with severe long-term consequences. The authors concluded that children who were bullied displayed an increase of internalizing problems (e.g., withdrawal, anxiety, social isolation, depression), poorer self-esteem, lower levels of assertiveness, and in severe cases increased suicidal thoughts and actions.

1.2. Types of bullying and characteristics of victims

Bullying can be categorized into four different types: physical, verbal, relational, and cyber. Physical bullying involves direct contact between the victim and perpetrator. It includes hitting, pushing, and kicking among other physical acts. Verbal bullying involves the use of hurtful words to another individual such as name calling or malicious teasing. Relational bullying involves using social relationships to cause harm to others through tactics such as spreading rumors, gossip, purposeful exclusion from social groups and peer discrimination. The fourth type is labeled cyber bullying in which technology is used as a medium for bullying. This includes the use of computers, texting, cell phones, Facebook, and Twitter. It is a unique form of bullying because it can be perpetrated anonymously, without direct contact, has a permanence that other types of bullying may not have, and can often be viewed by a large number of people (Wang, Iannotti, & Nansel, 2009). Students with ASD experience all four types of bullying behaviors. Kowalski and Fedina (2011) reported on 24 children with ADHD and Asperger’s and found that over 57% of the respondents had been traditionally bullied (physical, verbal and relational) and nearly 22% had been cyber bullied within the past two months. They also reported that 19% of these students were bullied several times a week. Cyber bullying is already a recognized and growing problem in children with ASD according to the authors. They report that victims of cyber bullying tend to have less developed social skills. Kowalski and Fedina suggest that “due to social skills deficits, the Internet and technology provide a more fluid means of interacting with peers and opens up the potential pool of social contacts for children with particular disabilities. At the same time, however, increased online activity raises the probability that the same children will be involved in cyber bullying” (p. 1202).

Victims of bullies have been described as either passive (non-responsive to the aggression) or provocative (responsive to the aggression). Passive victims represent 80% to 85% of victims according to researchers (Craig, 1998; Heinrichs, 2003; Olweus, 1993, 2003; Sutton, Smith, & Swettenham, 1999). A passive victim is described as being physically weaker, having fewer friends, demonstrating poorer peer interactions, displaying social problems, and exhibiting poorer pragmatic skills (Rose, Espelage, & Monda-Amaya, 2009; Rose, Monda-Amaya, & Espelage, 2010). Provocative victims are also referred to as bully-victims (Rose, 2011). The victims retaliate to bullying with aggression or coping patterns which mimic bullying behaviors. Some studies suggest because some children with ASD have increased levels of aggressive behaviors (Matson & Nebel-Schwalm, 2007; Rose, Espelage, Aragon, & Elliott, 2011), they may actually be more likely to bully other students or be bullies and victims. Montes and Halterman (2007) reported that 26% of the adolescents with ASD in their study were classified as bullies.

1.3. Children with ASD and bullying

Regardless of the label of victim, bully or bully-victim, children with ASD are involved in higher rates of bullying experiences than peers without ASD. Children with ASD become easy targets for bullies due to their unique and uncommon social skills and their lack of understanding social cues. For example, unique and uncommon comments, a breakdown in initiating or maintaining conversational topics, or a displayed lack of interest in developing or maintaining peer relationships may lead students with these characteristics to be perceived negatively and more vulnerable to the attacks of bullies.

Sofronoff, Dark, & Stone (2011) reported on the first study to examine social vulnerability (gullibility and credulity) and bullying in children with Asperger’s Syndrome (AS) using the newly developed Social Vulnerability Scale (SVS) with parents. The study included 133 parents of children with AS who completed scales and questionnaires about their children’s anxiety, anger, social skills, vulnerability, behavior problems and bullying. Regression analyses showed that social vulnerability was positively correlated with bullying in children with AS. The authors suggested that parents perceived their own children’s
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