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Understanding the bullying dynamic among students in special and general education

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ABSTRACT

Students in general and special education experience bullying. However, few empirical investigations have examined involvement in bullying along the bully/victim continuum (i.e., as a bully, victim, or bully–victim) among students with disabilities. A total of 816 students, ages 9 to 16, participated in the present study. From this total sample 686 were not receiving special education services (categorized as “no disability”), and 130 were receiving special education services (categorized as “observable disability,” “non-observable disability,” and “behavioral disability”). Data on students’ involvement in bullying, office referrals, and prosocial behavior were collected. Results indicated that students with behavioral disorders and those with observable disabilities reported bullying others more and being victimized more than their general education counterparts. Students with behavioral disorders also had significantly more office referrals than students in general education. Seventh graders in general education reported more bullying behavior than sixth graders and ninth grades in general education. Fifth graders in general education reported more victimization than students in all other grades in general education. However, the grade differences were not significant for students in special education. No gender differences on bullying and victimization were found. Students with disabilities reported less engagement in prosocial behaviors than their general education peers. Implications for bullying prevention and intervention across both general and special education are discussed.

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1. Introduction

Bullying is a major problem facing our nations' schools and communities. Bullying behaviors consist of negative actions toward a student or a group of students perpetrated by one or more peers (Olweus, 1993a, 1993b). Bullying can be physical (e.g., hitting, pushing, and kicking), verbal (e.g., threats, name calling, and teasing), or relational (e.g., excluding individuals from the group, spreading rumors, and saying mean things). Whether or not bullying consists of physical behaviors, verbal behaviors, or both, the common denominator is that the bullying behaviors involve aggressive acts; there is an imbalance of power between the bully and the person being bullied, and bullying behaviors are repeated over time (Espelage & Swearer, 2003; Olweus, 1993a, 1993b; Smith, Schneider, Smith, & Ananiadou, 2004). Bullying behaviors among school-aged youth can occur in the school building, on school grounds, going to and from school, and in cyberspace (i.e., cyberbullying). Students may be involved in the bully/victim continuum as a bully, victim, bully-victim (i.e., both bullies others and is bullied by others), or a bystander (i.e., someone who observes bullying; Jimerson, Swearer, & Espelage, 2010).

Bullying is a common experience among school-aged youth. In the most comprehensive study conducted in the United States, Nansel et al. (2001) found that 29.9% of 15,686 sixth through tenth grade students surveyed reported regular involvement in bullying. Specifically, 13% reported bullying others, 10.6% reported being bullied, and 6.3% reported involvement as a bully-victim. Other studies with large sample sizes also suggest that about 20% to 30% of adolescents are involved in bullying (Carlyle & Steinman, 2007; Dinkes, Cataldi, Kena, & Baum, 2006; National Center for Education Statistics, 2006; also see Rose, Monda-Amaya, & Espelage, 2010 for a review). Some studies with smaller sample sizes have found higher prevalence rate of bullying. For example, in one study of 250 middle and high school students, 75% reported being bullied (Hazler, Hoover, & Oliver, 1992). Of these students, 90% reported experiencing negative side effects as a result of being bullied, such as anxiety, low grades, and social rejection (Hazler et al., 1992). The wide range of estimates from different studies may be due to the different age groups studied, and various definitions of bullying, and assessment methods used. For example, some studies used a more lenient frequency cut-off point in their definition of bullying. Furthermore, some studies used students' self-report, but other studies used teacher report or observation to measure bullying.

1.1. Bullying and Students with Disabilities

In spite of increased information and research on involvement in bullying, much less is known about this phenomenon among and toward students with disabilities (Morrison, Furlong, & Smith, 1994; Whitney, Nabuzoka, & Smith, 1992). This state of affairs is somewhat surprising because many students with disabilities, particularly those with high-incidence disabilities (i.e., learning disabilities and emotional and behavioral problems), display many of the characteristics attributed to bullies (i.e., impulsivity and aggression; Rodkin & Hodges, 2003), victims (i.e., emotional liability and anxiety, Grills & Ollendick, 2002), and bully-victims (i.e., low frustration tolerance, anger, and academic underachievement; Olweus, 1993a). In one of the first studies to examine the relation between bullying and disability status, Whitney, Smith, and Thompson (1994) found that students with disabilities were at greater risk for being victims and were more likely to be both bullies and bully-victims than their nondisabled peers.

Research on bullying among students with disabilities has suggested that students with disabilities are more likely to be involved in bullying than their general education peers (Rose, 2011; Rose, Espelage, & Monda-Amaya, 2009). For example, using data from the National Survey of Children's Health, Van Cleave and Davis (2006), found that students with behavioral, emotional, or developmental problems were two times more likely to be a victim of bullying, three times more likely to bully others, and three times more likely to be a bully-victim than children without special health care needs. Although these findings are intriguing, they are based on parental report about their children's health. As such, parents (and not children) were asked if they were concerned about bullying and parents were not asked if their child had actually experienced bullying. Consistent with Van Cleave and Davis's finding, another study by Woods and Wolke (2004) including 1,016 elementary school students in the United Kingdom found that victims of physical bullying and relational bullying were more likely to be children who had clinically significant behavior problems, including conduct problems, hyperactivity, emotional symptoms, and peer problems than children without significant behavior problems. Children who engaged in relational bullying were more likely to have at least

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