

Study: Kids with behavior issues, disabilities are bullied more, bully others more

June 27 2012, By Steve Smith

(Medical Xpress) -- Students receiving special-education services for behavioral disorders and those with more obvious disabilities are more likely to be bullied than their general-education counterparts -- and are also more likely to bully other students, a new study shows.

The findings, published in the *Journal of School Psychology*, highlight the complexity of bullying's nature and the challenges in addressing the problem, said lead author Susan Swearer, professor of school psychology at the University of Nebraska-Lincoln.

"These results paint a fairly bleak picture for [students](#) with [disabilities](#) in terms of [bullying](#), victimization and disciplinary actions," wrote Swearer, a national expert on school bullying who has consulted with both the White House and Lady Gaga's Born This Way Foundation on anti-bullying initiatives. "Sadly, these are the students who most need to display prosocial behavior and receive support from their peers."

The research followed more than 800 special-ed and general-ed students between the ages of 9 and 16 at nine different elementary, middle and high schools over time. More than a third -- 38.1 percent -- said they had bullied other students. At the same time, 67 percent said bullies had victimized them.

The study found that students who received [special education](#) services were at increased risk for bullying others, for being bullied, for being sent to the school office for disciplinary problems and for engaging in

[antisocial behavior](#). In particular, students with observable disabilities -- language or hearing impairments or mild mental handicaps -- reported the highest levels of bullying others and being bullied themselves.

"The observable nature of the disability makes it easy to identify those students as individuals with disabilities, which may place them at greater risk for being the easy target of bullying," Swearer and her co-authors wrote. "Also, being frustrated with the experience of victimization, those students might engage in bullying behavior as a form of revenge."

Also among the study's findings:

- Students with non-observable disabilities, such as a learning disability, weren't affected as much. They reported similar levels of bullying and victimization as students without disabilities, and reported significantly less victimization compared with students with more outward behavioral disabilities.
- As general-education students who bullied others progressed through middle school, their bullying behaviors increased through and peaked at seventh grade -- and then steadily decreased.
- Both boys and girls engaged in bullying. Gender differences in both general-education and special-education students were statistically insignificant when it came to the behavior.
- For students in general education, there was a major difference by grade level in their experience with victimization. Fifth-graders reported much more victimization than sixth-, seventh-, eighth- and ninth-graders. But for students in special education, there was no difference by grade level.

The authors suggest several steps to address their findings. First, anti-bullying interventions emphasizing prosocial skills should be implemented for students, regardless of their ability. Students in general education could help the process by serving as prosocial role models for

students with disabilities. Also, the authors suggest, helping students with observable disabilities become better integrated into general-education classes may help prevent them from being bullied.

"Programming should be consistently implemented across general and special education, should occur in each grade and should be part of an inclusive curriculum," the authors wrote. "A culture of respect, tolerance and acceptance is our only hope for reducing bullying among all school-aged youth."

In addition to Swearer, the study was authored by Cixin Wang at the Kennedy Krieger Institute at Johns Hopkins University; John W. Maag, professor of special education at UNL; Amanda B. Siebecker of Boys Town Behavioral Health Clinic; and Lynae J. Frerichs, a pediatric psychologist with Complete Children's Health in Lincoln.

Provided by University of Nebraska-Lincoln

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