



Bullying Among Children and Youth with Disabilities and Special Needs

What is bullying?

Bullying is aggressive behavior that is intentional and that involves an imbalance of power or strength. Often, it is repeated over time. Bullying can take many forms, such as hitting, kicking, or shoving (physical bullying), teasing or name-calling (verbal bullying), intimidation through gestures or social exclusion (nonverbal bullying or emotional bullying), and sending insulting messages by text messaging or e-mail (cyberbullying).

What is known about bullying among children with disabilities and special needs?

There is a small but growing amount of research literature on bullying among children with disabilities and special needs. This research indicates that these children may be at particular risk of being bullied by their peers. For example, research tells us that:

- Although little research has been conducted on the relation between learning disabilities (LD) and bullying, available information indicates that children with LD are at greater risk of being teased and physically bullied (Martlew & Hodson, 1991; Mishna, 2003; Nabuzoka & Smith, 1993; Thompson, Whitney, & Smith, 1994).
- Children with Attention Deficit Hyperactivity Disorder (ADHD) are more likely than other children to be bullied. They also are somewhat more likely than others to bully their peers (Unnever & Cornell, 2003).
- Children with medical conditions that affect their appearance (e.g., cerebral palsy, muscular dystrophy, and spina bifida) are more likely to be

victimized by peers. Frequently, these children report being called names related to their disability (Dawkins, 1996).

- Obesity also may place children at higher risk of being bullied. In a study of children aged 11–16, researchers found that overweight and obese girls (aged 11–16) and boys (aged 11–12) were more likely than normal-weight peers to be teased or to be made fun of and to experience relational bullying (e.g., to be socially excluded). Overweight and obese girls were also more likely to be physically bullied (Janssen, Craig, Boyce, & Pickett, 2004).
- Children with hemiplegia (paralysis of one side of their body) are more likely than other children their age to be victimized by peers, to be rated as less popular than their peers, and to have fewer friends than other children (Yude, Goodman, & McConachie, 1998).
- Children who have diabetes and who are dependent on insulin may be especially vulnerable to peer bullying (Storch et al., 2004).
- Children who stutter may be more likely than their peers to be bullied. In one study, 83 percent of adults who had problems with stammering as children said that they had been teased or bullied; 71 percent of those who had been bullied said it happened at least once a week (Hugh-Jones & Smith, 1999).

How does bullying affect children?

Bullying can have serious consequences. Children and youth who are bullied are more likely than

other children to

- Be depressed, lonely, anxious;
- Have low self-esteem;
- Experience headaches, stomachaches, fatigue, poor appetites;
- Be absent from school and dislike school; and
- Think about suicide.

Can bullying of my child be illegal?

Yes. Bullying behavior may cross the line to become “disability harassment,” which is illegal under Section 504 of the *Rehabilitation Act of 1973* and Title II of the *Americans with Disabilities Act of 1990*.

According to the U.S. Department of Education, disability harassment is “intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits, services, or opportunities in the institution’s program” (U.S. Department of Education, 2000). This behavior can take different forms including verbal harassment, physical threats, or threatening written statements. When a school finds out that harassment may have occurred, staff must investigate the incident(s) promptly and respond appropriately.

Disability harassment can occur in any location that is connected with school: in classrooms, in the cafeteria, in hallways, on the playground or athletic fields, or on a school bus. It also can occur during school-sponsored events (Education Law Center, 2002).

What can I do if I think my child is being bullied or is the victim of disability harassment?

- Be supportive of your child and encourage him or her to describe who was involved and how and where the bullying or harassment happened. Be sure to tell your child that it is not his or her fault and that nobody deserves to be bullied or

harassed. Do not encourage your child to fight back. This may make the problem much worse.

- Usually children are able to identify when they are being bullied by their peers. Sometimes, however, children with disabilities do not realize they are being targeted. (They may, for example, believe that they have a new friend, when in fact, this “friend” is making fun of them.) Ask your child specific questions about his or her friendships and be alert to possible signs of bullying—even if your child doesn’t label the behaviors as bullying.
- Talk with your child’s teacher immediately to see whether he or she can help to resolve the problem quickly.
- If the bullying or harassment is severe, or if the teacher doesn’t fix the problem quickly, contact the principal and put your concerns in writing. Explain what happened in detail and ask for a prompt response. Keep a *written record* of all conversations and communications with the school.
- Ask the school district to convene a meeting of the Individualized Education Program (IEP) team or the Section 504 team, a group convened to ensure that the school district is meeting the needs of its students with disabilities. This meeting will allow you to explain what has been happening and will let the team review your child’s IEP or 504 plan and make sure that the school is taking steps to stop the harassment. If your child needs counseling or other supportive services because of the harassment, discuss this with the team.
- As the U.S. Department of Education (2000) recognizes, “creating a supportive school climate is the most important step in preventing harassment.” Work with the school to help establish a system-wide bullying prevention

program that includes support systems for bullied children.

- Sometimes children and youth who are bullied also bully others. Explore whether your child may also be bullying other younger, weaker students at school. If so, his or her IEP may need to be modified to include help to change the aggressive behavior.
- Be persistent. Talk regularly with your child and with school staff to see whether the behavior has stopped.

What if the bullying or harassment does not stop?

If your school district does not take reasonable,

appropriate steps to end the bullying or harassment of your child, the district may be violating federal, state, and local laws. For more information about your legal rights, you may want to contact:

- The U.S. Department of Education Office for Civil Rights
Phone: (800)-421-3481; or Web:
<http://www.ed.gov/about/offices/list/ocr/index.html>
- The U.S. Department of Education Office of Special Education Programs
Phone: (202) 245-7468; or Web:
<http://www.ed.gov/about/offices/list/osers/osep/index.html>

References and Resources

Dawkins, J. L. (1996). Bullying, physical disability and the paediatric patient. *Developmental Medicine and Child Neurology*, 38, 603-612.

Education Law Center (2002). *What can you do if your child with a disability is being harassed by other students?* (fact sheet). Retrieved August 10, 2005, from www.elc-pa.org.

Hugh-Jones, S. & Smith, P. K. (1999). Self-reports of short and long term effects of bullying on children who stammer. *British Journal of Educational Psychology*, 69, 141-158.

Janssen, I., Craig, W. M., Boyce, W. F., & Pickett, W. (2004). Associations between overweight and obesity within bullying behaviors in school-aged children. *Pediatrics*, 113, 1187-1194.

Martlew, M., & Hodson, J. (1991). Children with mild learning difficulties in an integrated and in a special school: comparisons of behaviour, teasing and teachers' attitudes. *British Journal of Educational Psychology*, 61, 355-372.

Mishna, F. (2003). Learning disabilities and bullying: Double jeopardy. *Journal of Learning Disabilities*, 36, 1-15.

Nabuzoka, D. & Smith, P. K. (1993). Sociometric status and social behaviour of children with and without learning difficulties. *Journal of Child Psychology and Psychiatry*, 34, 1435-1448.

Storch, E. A., Lewin, A. B., Silverstein, J. H., Heidgerken, A. D., Strawser, M. S., Baumeister, A., & Geffken, G. R. (2004a). Peer victimization and psychosocial adjustment in children with type 1 diabetes. *Clinical Pediatrics*, 43, 467-471.

Storch, E. A., Lewin, A. B., Silverstein, J. H., Heidgerken, A. D., Strawser, M. S., Baumeister, A., & Geffken, G. R. (2004b). Social-psychological correlates of peer victimization in children with endocrine disorders. *Journal of Pediatrics*, 145, 784-784.

Thompson, D., Whitney, I., & Smith, P. (1994). Bullying of children with special needs in mainstream schools. *Support for Learning*, 9, 103-106.

Unnever, J. D., & Cornell, D. G. (2003). Bullying, self-control, and ADHD. *Journal of Interpersonal Violence*, 18, 129-147.

U.S. Department of Education (2000). *Prohibited disability harassment: Reminder of responsibilities under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act*. Retrieved August 10, 2005, from www.ed.gov/about/offices/list/ocr/docs/disabharassltr.html.

Yude, C., Goodman, R., & McConachie, H. (1998). Peer problems of children with hemiplegia in mainstream primary schools. *Journal of Child Psychology and Psychiatry*, 39, 533-541.

