

Bullying: Special Populations

Children with exceptionalities are more likely to be victimized and can also be more likely to bully others than children without exceptionalities.¹ This trend exists across different ages and in various countries. Research on a subset of exceptional populations of children and their experiences with bullying is summarized below.

Sexual Minority (LGBTQ) Young People

- Experience more unwanted personal advances, public harassment, and ridicule than their heterosexual peers.²
- Sexual-minority and questioning youth are more likely than heterosexual youth to be victims of bullying, peer sexual harassment, and peer or dating-partner physical abuse.³
- Compared to their heterosexual peers, sexual minority youth reported more sexual harassment, more bullying, less closeness with their mothers, and less companionship with their best friends.⁴
- Sexual minority adolescents reported more externalizing behaviors and depression symptoms than heterosexual youth. Overall, both victimization and social support mediated the link between sexual orientation and psychosocial symptoms. Among sexual minority youth, the link between social support and externalizing was mediated by experiences of peer victimization.⁵
- LGBT youth who experienced high levels of bullying based on their sexual orientation can suffer from related post traumatic stress in adulthood.⁶
- Being bullied for gay men is directly connected to suicidality regardless of level of social support.⁷

Special Healthcare Needs (*physical, psychological, behavioral*)

- Children with a disability or special healthcare needs experience more public harassment than other children.^{8,9}
- Relationship problems often characterize children with chronic emotional, behavioral, or developmental problems: they are more likely to be victimized,¹⁰ perpetrate bullying, and be involved in both bullying and being victimized.¹¹

Intellectual Minorities (*Gifted children and children with a learning disability*)

- Gifted children experience a variety of types of victimization and also engage in bullying with rates peaking in grade 6.¹²
- Children with learning disabilities experience more victimization than their peers.¹³

Body Weight is also Linked to Bullying and Victimization^{14,15}

- Obese boys are more likely to be overtly victimized and more likely to overtly bully others than their average weight peers.¹⁶
- Obese girls are more likely to be overtly victimized compared to average or underweight girls.¹⁷
- Underweight girls were more likely to overtly bully others than their average weight or overweight peers.¹⁸
- Weight was not linked to relational bullying or victimization for either boys or girls.¹⁹

Key Themes

- Children with exceptionalities typically experience more victimization than their peers.
- These children are often seen as being “different” than their peers.²⁰
- Mainstream children’s attitudes toward peers with exceptionalities depend on how much they understand the exceptionality and their perceptions of adults’ expectations for inclusion.²¹

Implications

Education

- Adults need to facilitate understanding of exceptionalities and actively promote positive peer interactions for children with exceptionalities.
- Peers require adequate knowledge of an exceptionality to be sensitive and responsive to the needs of an exceptional child (note: teachers may also need education and support regarding addressing the needs of an exceptional child).
- Parents of these children and the children themselves are often able to teach about the exceptionality, what others can do to promote successful behavior and what they might be doing that makes interactions more difficult for exceptional children.

Assessment

- Standardized assessments within school and community contexts must include children with exceptionalities. Some of these children may require assistance in completing standard surveys.
- Qualitative methods, such as interviews and focus groups, may help reveal the experiences of children with exceptionalities and highlight strategies for bullying prevention.

Prevention and Intervention

For exceptional children

- Exceptional children require positive validation of their strengths.
- Exceptional children require adults to provide dynamic scaffolding²² -- interventions to support their specific and changing developmental needs and to enhance their ability to cope with their weaknesses. For example, if a child has difficulties with controlling emotions at recess, a brief reminder to the child in anger management strategies, such as coaching for some deep breathing, may help the child be successful in playing with peers.
- Exceptional children require adults to create positive social contexts, so that they are constantly included in positive peer experiences wherever they live, learn, and play. By recognizing the social dynamics in children’s groups, adults can set up social architecture within the groups so that exceptional children can be embedded in pro-social peer groups and they can be protected from aggressive peers.

For other children

- Adults need to model inclusion at the individual, group, and community levels
- Peers require adults to be clear about the equal role and value of children with exceptionalities.

- Peers require adults to establish clear expectations that exceptional children are to be included and that bullying is unacceptable and will consistently be addressed.

Policy

- School-based policies and general education policies need to include provisions for bullying prevention and intervention programs. Attention to the needs of exceptional children and strategies for their inclusion and safety should comprise part of the policies.
- A policy to ensure regular assessments of all children's safety and relationships, as well as the school climate will provide evidence that bullying prevention programs are effective and are not hindering the development of healthy peer relationships for all students.

(In preparing this fact sheet, we have drawn from Cummings et al., 2006)

¹ Cummings, J. G., Pepler, D. J., Mishna, F., & Craig, W. M. (2006). Bullying and victimization among students with exceptionalities. *Exceptionality Education*, 16(3), 193-222.

² Gruber, J. E., & Fineran, S. (2007). The impact of bullying and sexual harassment on middle and high school girls. *Violence Against Women*, 13(6), 627-643.

³ Williams, T. S., Connolly, J., Pepler, D., & Craig, W. (2003). Questioning and bisexual adolescents: High school experiences of bullying, sexual harassment, and physical victimization. *Canadian Journal of Community Mental Health*, 22(2).

⁴ Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, 34(5), 471-482.

⁵ See note 4 above.

⁶ Rivers, I. (2004). Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals. *Crisis: Journal of Crisis Intervention & Suicide*, 25(4):169-75

⁷ Friedman, M. S., Koeske, G. F., Silvestre, A. J., Korr, W. S., & Sites, E. W. (2006). The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health*, 38(5), 621-623.

⁸ See note 2 above.

⁹ Van Cleave, J. & Davis, M. M. (2006). Bullying and peer victimization among children with special health care needs. *Pediatrics*, 118(4), e1212-e1219

¹⁰ Fekkes, M., Pijpers, F.I.M., Fredriks, A.M., Vogels, T., & Verloove-Vanhorick, S.P. (2006). Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. *Pediatrics*, 117(5):1568-74

¹¹ See note 9 above.

¹² Peterson, J. S., & Ray, K. E. (2006). Bullying and the gifted: Victims, perpetrators, prevalence, and effects. *Gifted Child Quarterly*, 50(2), 148-168.

¹³ McNamara, J. K., Willoughby, T., Chalmers, H., & YLC-CURA (2005). Psychosocial status of adolescents with learning disabilities with and without comorbid attention deficit hyperactivity disorder. *Learning Disabilities Research & Practice*, 20, 234-244.

¹⁴ Griffiths, L J. Wolke, D. Page, A S. Horwood, J P. ALSPAC Study Team. (2006). Obesity and bullying: different effects for boys and girls. *Archives of Disease in Childhood*, 91(2):121-5

¹⁵ See note 12 above.

¹⁶ See note 14 above.

¹⁷ See note 14 above.

¹⁸ See note 14 above.

¹⁹ See note 14 above.

²⁰ See note 1 above.

²¹ Roberts, C. M. & Smith, P. R. (1999). Attitudes and behaviour of children towards peers with disabilities. *International Journal of Disability, Development and Education*, 46, 35-50.

²² See note 1 above.