Investigation into the Bullying Experiences of Children and Adolescents with an Autistic Spectrum Disorder

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Rationale
We know that children/adolescents with an Autism Spectrum Disorder are particularly vulnerable to bullying and harassment from their peers. This vulnerability can be partly attributed to poor understanding of others’ motives and use of atypical social responses from children/adolescents with an Autism Spectrum Disorder.

Previous Findings: About 62% of students with an ASD report being bullied one or more times per week (Bettrolf & Sile, 2009). More research is needed to help us clarify those issues which are significant to understanding how these children/adolescents perceive, make sense of, and respond to bullying.

“I can’t ignore it, I take notice of everything around me, I can’t help it!”

Key Themes
- Identity: Recognising when and how they are bullied by peers
- Telling others: Reporting bullying incidents committed against them
- Raising: Employing strategies to cope with bullying behaviour from others

“Older children and adolescents often aren’t able to pick up on the early, low-level precursors to bullying. They won’t pick up on the sarcasm; they won’t pick up on the ridicule or the name-calling. They won’t realise they are being bullied unless they’re desperate for friends.” (Bitsika, 2012, ABC Radio)

This project is also examining the physical and emotional outcomes which can occur for students with an ASD who are being bullied. Our focus is on gathering information about these students’ experiences from their perspective and in their own words.

Methodology
Stage 1
- Phase A: [Complete]
  - Conduct interviews with 10 children with an ASD who attend mainstream schools.
- Phase B: [Currently in Progress]
  - Complete initial evaluation of bullying questionnaire via administration to participants.
  - Write standardized bullying questionnaire to be sent to 100 participants.
Stage 2
- Phase A
  - Conduct refinement and psychometric evaluation of the standardized bullying questionnaire on 100 participants, plus examine associations between bullying reports and social-emotional depression.
- Phase B
  - Plan pilot intervention study
Stage 3
- Phase A
  - Conduct pilot study (n = 5) for targeted coping with bullying intervention
- Phase B
  - Build data from pilot study of intervention and revise plan for main study
- Phase C
  - Conduct main intervention study (n = 50) of targeted coping with bullying strategies, with Wait-List Control Group (n = 50).

Preliminary Findings
- Over 85% of boys who participated in the research reported that they had been bullied.
- 25% of them reported that this bullying was carried out by a person who sometimes their friend.
- An overwhelming 86.5% of boys said it made them feel angry whilst 61.5% reported feelings of sadness.
- Feelings of nervousness, fear and loneliness were common experiences for many boys we surveyed.

“I get really angry once; tease them back”

“We’ll away, or wish and get away”

Anxiety and Depression
Preliminary findings for anxiety and depression showed a significant difference between normative samples and the boys who participated in the research.

Attention, worry and irritability all presented as markedly high within this group of participants. Scores from self-report assessments indicate clinically significant levels of anxiety and depression.

These initial data support the finding that children and adolescents with an Autism Spectrum Disorder have poorer social-emotional adjustment, find it difficult to make friends and experience loneliness at school (Nasee et al., 2007).

Future Directions
This project will produce a training programme which may be used to assist students with an ASD to cope with bullying. The programme will be stand-alone and portable to a wide variety of educational and service provision settings, and will assist young people with an ASD to develop skills to cope with a major problem which adversely impacts their self-management in day-to-day life, and which has been shown to cause a significant distress and burden in terms of poor psychological health and educational progress for these children and adolescents.

With Great Appreciation to Our Partners
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