Long-term Consequences of Childhood Bullying in Adults who Stutter: Social Anxiety, Fear of Negative Evaluation, Self-esteem, and Satisfaction with Life

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A B S T R A C T

Purpose: Psychosocial disorders have been reported in adults who stutter, especially social anxiety disorder. Social anxiety has been linked to childhood victimization. It is possible that recalled childhood victimization could be linked to psychosocial problems reported in some adults who stutter.

Method: Participants were 36 adults who stutter and 36 adults who do not stutter (mean age = 21.9 years). The Retrospective Bullying Questionnaire was completed for primary school, secondary school and university environments for physical, verbal, relational and cyber bullying. Participants were categorized into one of five groups (bully, victim, bully-victim, bystander and uninvolved) based on their responses. Participants completed four psychosocial scales: social interaction anxiety, fear of negative evaluation, self-esteem and satisfaction with life scales.

Results: The two groups differed with adults who stutter having higher social interaction anxiety, fear of negative evaluation and satisfaction with life. Analyses of variance revealed that victims had the highest scores among both groups on all four scales.

Conclusion: Adults who recalled being victimized during childhood were more likely, regardless of whether they stutter or did not stutter, to have poorer psychosocial scale scores. These results show the lingering effects of childhood victimization, common in some children who stutter, may contribute to the reported psychosocial problems in adulthood. The need for early intervention for children who are bullied and future research with larger samples is warranted.

1. Introduction

Stuttering is a speech motor social disorder in which fluency disruptions (e.g., sound and syllable repetitions, prolongations) may interfere with functional communication. It is a multidimensional, communication disorder which includes cognitive, affective and social components (Boyle & Blood, 2015). Developmental in nature, with an early onset, it involves the speech motor behaviors, thoughts and feelings of the speaker, as well as the responses from communication partners and on-lookers. Individuals who stutter report a perceived "loss of control" sometimes before, during or after the stuttering event

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(Perkins, Kent, & Curlee, 1991). As a social communicative disorder, public reactions' and responses' impact the perceived negative stereotypes and stigmatization for individuals who stutter (Boyle & Blood, 2015). Social experiences play a role in the progression and maintenance of stuttering. These negative stereotypes and related stigma may interfere with building and maintaining strong peer networks and social skills. The lack of these social supports may increase the likelihood of being targeted and victimized by bullies not only for their speech disruption but also co-occurring social difficulties which may make them appear to be different (Hartley, Bauman, Nixon & Davis, 2015; Hymel & Swearer, 2015). Research also suggests that psychological distress, stigmatization, anxiety, and an adverse impact on quality of life are potential consequences of stuttering in some adults who stutter (Blumgart, Tran, & Craig, 2010; Boyle & Blood, 2015; Iverach et al., 2009a, 2009b; Iverach & Rapee, 2014; Tran, Blumgart, & Craig, 2011). This may be due to the variability, unpredictability and chronicity of stuttering in persons who stutter (PWS) combined with the negative stereotypes, prejudice and stigmatization by society (Boyle & Blood, 2015).

1.1. Bullying, Disability and Stuttering

Bullying is typically defined as an intentional and harmful act of physical, verbal, relational or cyber aggression repeatedly perpetrated by an individual (the bully) with more power over a targeted victim (Olweus, 1993; Mishna, 2012; Smith, 2014). The number of school-age children involved in the bullying dynamic (i.e., bullies, victims and bully-victims) varies from approximately 30% to 50%, especially when bystanders and on-lookers are included in these estimates (Nansel, Overpeck, Pilla, Ruan, Simons-Morton & Scheidt, 2001; Wang, Iannotti & Nansel, 2009). The negative psychological, social, academic and physical effects of bullying have been well documented in children and adolescents. Some of these include poorer academic performance, increased likelihood of depression, personality problems and social anxiety, digestive and respiratory health related problems, lower self-confidence and self-esteem, and poorer peer relationships (Hymel & Swearer, 2015).

Children and adolescents with behavioral (Bear, Mantz, Glutting, Yang & Boyer, 2015; Farmer, Petrin, Brooks, Hamm, Lambert & Gravelle, 2012; Maag & Katsiyannis, 2012; Mishna, 2003); communication (Blood & Blood, 2004, 2007; Cook & Howell, 2014; Hughes, 2014; Knox & Conti-Ramsden, 2003; Langevin, 2015; Murphy, Quesal, Reardon-Reeves & Yaruss, 2013), emotional (Bond, Carlin, Thomas, Rubin, & Patton, 2001), intellectual (Didden, Scholte, Korzilius, De Moor, Vermeulen, O'Reilly… & Lancioni, 2009; Maïano, Aimé, Salvas, Morin, & Normand, 2016; Reiter & Lapidot-Lefler, 2007), physical (Twyman, Saylor, Saia, Macias, Taylor, & Spratt, 2010), sensory (Rose, 2011; Rose, Monda-Amaya & Espelage, 2011; Rose, Simpson & Moss, 2015) and social disabilities (Cappadocia, Weiss, & Pepler, 2012; Van Roekel, Scholte & Didden, 2010) are reported to be at greater risk for victimization and bullying than children without these disabilities. Recently, Hartley et al. (2015) examined victimization in 13,177 students (grades 5 through 12) from 12 different states through a web-based, self-report survey. Of those reporting being victimized two, three or more times a month, the odds for children with disabilities were 2 to 4 times higher than children without disabilities. Similarly, Rose, Simpson and Moss (2015) reported on the prevalence rates of specific subgroups of students with disabilities (i.e. specific learning disability, other health impairment, intellectual disability, emotional behavioral disability, autism spectrum disorder and children with speech or language impairment, deafness, orthopedic impairment, visual impairment or traumatic brain injury) in a large-scale cross-sectional study with 13,325 students without disabilities and 1,183 students with disabilities in Grades 6 through 12. They found that students with disabilities displayed higher rates of victimization, online victimization, relational victimization, bullying, fighting, and aggression when compared with students without disabilities. Although a number of studies have reported higher rates of victimization for specific groups of children and adolescent with disabilities (e.g., children with learning disabilities, emotional disorders and attention deficit disorders), the current research presents conflicting results about specific rates of victimization in children with disabilities (Bear, Mantz, Glutting, Yang, & Boyer, 2015; Blake, Kim, Lund, Zhou, Kwok, & Benz, 2016; Blake, Lund, Zhou, Kwok, & Benz, 2012; Maïano et al., 2016; Rose et al., 2015; Son, Parish, & Peterson, 2012; Son, Peterson, Pottick, Zippay, Parish, & Lohrmann, 2014). Authors believe that not only the type of disability but the severity, visibility, school environment, social economic status, and support networks may play a critical role in the differences described and reported.

Similarly, children, adolescents and adults who stutter are reported to be more frequently victimized than individuals who do not stutter (Blood & Blood, 2004, 2007; Blood, Blood, Tramontana, Sylvia, Boyle & Motzko, 2011; Davis, Howell & Cooke, 2002; Hugh-Jones & Smith, 1999; Langevin, 2015; Mooney & Smith, 1995). Research has also suggested ways of coping and dealing with victimization in PWS (Blood & Blood, 2004, 2007; Blood, Blood, Tramontana et al., 2011; Cook & Howell, 2014; Erickson & Block, 2013; Evans, Healey, Kawai & Rowland, 2008; Langevin, 2015; Langevin, Bortnick, Hammer & Wiebe, 1998; Langevin & Prasad, 2012; Murphy & Quesal, 2002; Murphy, Quesal, Reardon-Reeves & Yaruss, 2013; Murphy, Yaruss & Quesal, 2007; Plexico, Plumb & Beacham, 2013).

1.2. Long-Term Effects of Bullying

Recent research suggests that the negative impact of bullying and victimization may linger well into adulthood (De Lara, 2016). The consequences of being bullied during childhood may include increased social anxiety, isolation, depression, physical problems, economic adversities, personality disturbances and suicidal ideation decades after childhood victimization has ceased (Boden, van Stockum, Horwood & Fergusson, 2016; De Lara, 2016; Klomek et al., 2016; Sansen, Iffland & Neuner, 2014, Takizawa, Maughan & Arseneault, 2014). De Lara (2016) labeled the negative and oftentimes traumatic memories