



# Cyber bullying in ADHD and Asperger Syndrome populations

Robin M. Kowalski<sup>a,\*</sup>, Cristin Fedina<sup>b,1</sup>

<sup>a</sup> Department of Psychology, Clemson University, Clemson, SC 29634, United States

<sup>b</sup> Department of Psychology, Converse College, Spartanburg, SC 29302, United States

## ARTICLE INFO

### Article history:

Received 7 January 2011

Accepted 11 January 2011

### Keywords:

Bullying

Cyber bullying

Asperger's Syndrome

Attention deficit hyperactivity disorder (ADHD)

Peer victimization

## ABSTRACT

Cyber bullying or electronic bullying refers to bullying that occurs through the Internet or cellular phones. With the rise of technology, researchers have shown a keen interest in the topic of cyber bullying. However, that interest has not extended to individuals with special needs. To address this gap in the literature, the current study examined the prevalence of both “traditional” bullying and cyber bullying in youth with ADHD and/or Asperger's Syndrome, and assessed the social, psychological, and health effects of bullying on participants. In addition, the study addressed the disconnect between parents' understanding of their child's online experiences and their child's actual experiences in the virtual world. Forty-two children and youth reported high rates of bullying victimization through both traditional and electronic means. Individuals not involved with bullying showed greater levels of physical and psychological health relative to those involved with bullying. Parents and children disagreed on a number of issues related to use of the Internet, indicating the need for more clear communication between parents and their children. The results are discussed in terms of theory of mind, both for self and for others.

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## 1. Introduction

Instances of traditional bullying and cyber bullying are easy to find. One has only to turn the television on, read the newspaper, or talk to students in elementary or middle school. Traditional bullying is typically defined using three criteria: it is an aggressive behavior intended to harm another person; it is typically repeated over time; and, it occurs among individuals between whom there is a power imbalance (Kowalski, Limber, & Agatston, 2008; Olweus, 1993). Bullying can take any of a number of different forms including verbal, physical, and relational, with verbal being the most common type of bullying experienced by both girls and boys (Nansel et al., 2001; Olweus & Limber, 2010). Recent research by Dan Olweus and Susan Limber with over half a million participants who had completed the Olweus Bullying Questionnaire (OBQ) found that 16.8% of the respondents reported being bullied “2–3 times a month” or more. Almost 10% reported bullying others “2–3 times a month” or more. Nansel et al. (2001) in a nationally representative survey of over 15,000 children in grades 6 through 10 similarly found that 17% reported having been victims of bullying “sometimes” or more often within a single school term. Nineteen percent indicated that they had bullied others “sometimes” or more often during the same time frame.

Children who are bullied experience a range of negative physical and psychological effects, including depression, anxiety, low self-esteem, suicidal ideation, poor grades, and negative physical health symptoms (Baumeister, Storch, & Geffken, 2008; Didden et al., 2009; Kowalski & Limber, 2010; Olweus, 1993; Shtayermman, 2007; Wiener & Mak, 2009). Individuals

\* Corresponding author. Tel.: +1 864 656 0348; fax: +1 864 656 0358.

E-mail addresses: [rkowals@clemson.edu](mailto:rkowals@clemson.edu) (R.M. Kowalski), [crstnfedina@yahoo.com](mailto:crstnfedina@yahoo.com) (C. Fedina).

<sup>1</sup> Present address: Department of Psychology, Western Carolina University, Cullowhee, NC 28723, United States.

who perpetrate bullying also experience negative consequences. They are more likely than individuals not involved in bullying to be involved in other types of antisocial and problematic behaviors, including fighting, vandalism, and poor academic performance (Kowalski et al., 2008; Nansel et al., 2001; Olweus, 1993). In the extreme, individuals involved with bullying may take their own life. Suicides resulting from bullying were rated #2 in iVillages most notable events of 2010.

Among those at greatest risk of being bullied are children and adolescents with special needs. Studies have consistently shown that individuals with disabilities and special needs are at heightened risk of being bullied relative to their peers (Baumeister et al., 2008; Didden et al., 2009; Humphrey & Lewis, 2008; Montes & Halterman, 2007; Taylor, Saylor, Twyman, & Macias, 2010; Van Cleave & Davis, 2006; Van Roekel, Scholte, & Didden, 2010). Children with disabilities are immediately set apart as different. Although children with some types of disabilities seem to be more likely to be victimized than others (Taylor et al., 2010), it is the fact that they have characteristics that make them stand out from others that makes them likely targets. In one study of children with autism, prevalence rates of bullying were over 44% (Montes & Halterman, 2007). In another, children with attention deficit hyperactivity disorder (ADHD) reported significantly higher rates of peer victimization than matched peers who did not have ADHD (Taylor et al., 2010; see also Twyman et al., 2010; Wiener & Mak, 2009). Similarly, children and adolescents with Asperger's Syndrome, an autism spectrum disorder (ASD), showed increased rates of traditional bullying victimization (Carter, 2009; Humphrey & Symes, 2010; Symes & Humphrey, 2010; see also Van Roekel et al., 2010), with self-reported prevalence rates of 75% in one study (Little, 2001; see also Little, 2002). Carter (2009) found that 65% of the parents in her sample of children with ASD reported that their children had experienced peer victimization within the previous year. Higher rates of verbal and physical attacks are thought to stem from difficulties with social interaction and the inability to read social cues that characterize children with ADHD and Asperger Syndrome (American Psychiatric Association, 2000; Bacchini, Affuso, & Trotta, 2008; Wiener & Mak, 2009). Children with ADHD are often impulsive, aggressive, demanding, and unyielding with their friends (Wiener & Mak, 2009). These behaviors not only alienate them from their peers but also frequently elicit bullying from others. Similarly, children with Asperger Syndrome often fail to pick up on social cues that would allow for fluid social interactions, often lack verbal fluency, are frequently overly sensitive to particular auditory or tactile sensations, and are often unyielding in their need for a routine (Loveland, Pearson, Tunali-Kotoski, Ortegon, & Cullen-Gibbs, 2001; Van Roekel et al., 2010), characteristics that make them likely candidates for bullying by others who see them as odd and different. Furthermore, children with ADHD as well as autism spectrum disorders, such as Asperger's, frequently behave in aggressive ways, which increases the probability that they might perpetrate bullying behaviors. Not surprisingly, prevalence rates of bullying victimization appear to be higher in mainstream settings as opposed to special education settings (Little, 2001; Van Roekel et al., 2010).

Although research has clearly shown increased prevalence rates of traditional bullying among children with disabilities, little research has investigated the prevalence rates of cyber bullying within this same population. Didden et al. (2009) conducted the only study to date examining the prevalence of cyber bullying among children with developmental disabilities. They found that 7% of the children ages 12–19 reported having been cyber bullied via the Internet. Four percent said they had been cyber bullied through text messaging.

Cyber bullying occurs when technology is used as a tool to bully. Cyber bullying is defined as bullying that occurs through email, instant messaging, in a chat room, on a web page, or through digital images or messages sent to a cellular phone (Kowalski & Limber, 2007; Kowalski et al., 2008). For example, a victim may be targeted in angry comments on a social networking site, be harassed by hundreds of "spam" texts, have a website devoted to their humiliation, or be insulted or targeted in a chat room.

Like traditional bullying, cyber bullying is an act of aggression that is often repeated over time, and that occurs among individuals between whom there is a power imbalance (Kowalski et al., 2008). However, traditional bullying and cyber bullying are distinct behaviors. Just under 50% of victims of cyber bullying report not knowing the identity of the individual who perpetrated the behavior. This anonymity factor clearly distinguishes cyber bullying from traditional bullying. People will say and do things anonymously that they would never say or do in face-to-face interactions, opening up the potential pool of perpetrators of cyber bullying. In addition, unlike traditional bullying which typically occurs at school during the school day, cyber bullying can occur at any time during the day or night. This 24/7 accessibility to the victim leaves victims feeling very vulnerable. The punitive fears surrounding the two types of bullying also differ. Victims of traditional bullying are reluctant to report their bullying to others for fear that they will be re-victimized. Victims of cyber bullying fear having the technology by which they were targeted removed by their parents or other authority figures (Agatston, Kowalski, & Limber, 2007).

Because of these differences in the two types of bullying, it is important to understand children and adolescents' experiences with cyber bullying as well as traditional bullying. This is particularly true for children with special needs. Although, initially, the Internet might afford children with disabilities an "easier" means of relating to peers, their social skills deficits, lack of empathy, and emotional volatility will likely lead to problems in the virtual as well as in the real world.

Because of their social skills deficits, the Internet provides a more fluid means of interacting with peers and opens up the potential pool of social contacts for children with particular disabilities. At the same time, however, increased online activity raises the probability that the same children will be involved in cyber bullying (Didden et al., 2009). Children who report online harassment have also been found to have less developed social skills (Shea & Wiener, 2003; Wolak, Mitchell, & Finkelhor, 2007). We hypothesize that children with Asperger Syndrome and/or ADHD will experience high levels of both traditional bullying and cyber bullying.

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