# UNIVERSITY OF CAMBRIDGE

*Faculty of Education*

For the:

**anti-bullying alliance**
SEN & Disability
developing effective anti-bullying practice

**Knowledge Phase: Part 2 – A comprehensive review of the literature**

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# Responding to Bullying among Children with Special Educational Needs and/or Disabilities

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# Acknowledgements

# Summary

This report presents the findings from a review of the literature on the bullying of children with special educational needs (SEN) and/or disabilities. The review was carried out between February and June 2010 by the research team at the Faculty of Education, University of Cambridge, on behalf of the Anti-Bullying Alliance.

The primary purpose of this review is to analyse the content of the best available literature in relation to the review areas.

**Aims**

This report reviews the literature for one key research question, (examined last in this report),

- What does the evidence say are the most effective approaches that schools can take to a) preventing and b) responding to the bullying of children with SEN and/or disabilities?

and three supplementary questions:

- What evidence is there that children and young people with SEN or disabilities are disproportionately vulnerable to experiencing bullying and/or peer victimisation within the school context?

- What is particular about this group of children in respect of their vulnerability to bullying, in the context of their interactions with peers?

- What does the evidence tell us about the challenges that schools face in effectively preventing and responding to the bullying of children with SEN and/or disabilities?

This section will go on to provide brief summaries of the ideas from the main report relating to:

- review methods and an assessment of the evidence base
- the vulnerability of young people with SEN and/or disabilities to bullying
- the characteristics of children with SEN and/or disabilities and social context
- the challenges for schools
- the most effective approaches for schools

and the report's conclusions and main messages.

## Summary of the main messages

**Bullying and victimisation are key issues**

- Pupils with SEN and/or disabilities are disproportionately at risk.
- Pupils with mild difficulties and/or hidden disabilities may be more at risk.
- Marginalisation and isolation lead to victimisation and bullying.
- Pupils affected are in mainstream and special contexts.
- Pupils with SEN and/or disabilities can be both bullies and victims.

**Types of bullying**

- Bullying of pupils with SEN and/or disabilities is more relational than direct although both are present. Peer isolation and peer difficulties are more common.
- Pupils with SEN and/or disabilities may experience more ridicule, manipulation and name-calling.
- New forms of bullying – cyber, sexual and manipulation - also apply to pupils with SEN and/or disabilities.
- It is a continuum going from isolation and ostracism through to hate crime.

**Particular aspects of bullying and pupils with SEN and/or disabilities**

- **ALL** pupils with SEN and/or disabilities may have characteristics that make them more vulnerable to bullying. However, the key factors in reducing vulnerability are social and so social skills and social opportunity  are important.
- Social skills and communication emerge as key issues in the bullying of pupils with SEN and/or disabilities.
    - Social behaviours are crucially important with regard to peer victimisation.
    - Language and communication are key to social competence.
- The context of the classroom and the school are also important.
    - The social fabric of the classroom is important.
    - Peer acceptance is a protective factor.
    - Inclusion in mainstream settings does not automatically engage with these issues.
- The challenges that schools face vary.
    - Some challenges are methodological: to do with detecting the existing level and nature of bullying (for example, how children with SEN and/or disabilities perceive bullying behaviour; teacher ratings as opposed to self-reports).

- Some challenges are to do with the logistics of implementation (for example, school management; implementing whole school policy; teacher awareness and willingness to address issues).
- Some challenges are to do with how the issue is conceptualised (for example, rather than as 'problem children', changing attitudes and recognising the social context is crucial).

**Effective approaches that schools can take to prevent and respond**

- The research on interventions for pupils with SEN and/or disabilities has developed over the last fifteen years but there is still a need for much more research on school-based interventions and their efficacy.
- Accessing the views of young people with SEN and/or disabilities is a significant methodological challenge.
- There is a need to conceptualise bullying as located with the social context of the school and young people's lives.
- There is a strong case for intervening both preventatively and reactively, as well as monitoring the bullying of pupils with SEN and/or disabilities.
- Planned preventative interventions improve matters but, if there is no intervention, bullying in mainstream settings can be worse than in special settings. Peer support interventions show some success but need to be assisted by the classroom and school climate.
- Interventions fall into two main categories: those that aim to engage the empathy of peers through peer education and harness that in the support of the student; and those that engage in direct peer support.
- Simple targeted interventions can have considerable impact but need to focus on the particular needs of pupils with SEN and/or disabilities or the social meaning of the behaviour and experiences.

# Implications for policy and practice

**Central role for communication and language**

- Language is a key aspect of social integration and so there is an important task for schools to do more in the area of developing communication and language. There is a need for a wider curriculum for communication.
- The interventions and education should include a strong focus on expressive communication skills and advocacy, as well as alternative and augmentative modes.

**Central role for social skills**

- Social competence with peers is a key protective factor and schools need to see the development of this as a key task. There is a need to do more.
- The curriculum for social education needs to be expanded.
- Adults in schools need to pro-actively develop peer relationships.

- Social as well as educational opportunities need to be offered in schools.

**Implications for teachers**

- The literature consistently suggests that teachers tend to underestimate (or to be unaware or ignore) teasing, bullying and victimisation of children with SEN and/or disabilities.
- A challenge is for teachers to become more aware and to access the views of pupils with SEN and/or disabilities. The awareness of the particulars of bullying pupils with SEN and/or disabilities and of the evidence on appropriate interventions are important areas of training and development.
- Another challenge is that of deciding when and how to intervene.

**Implications for support**

- There is evidence that particular forms of support for pupils with SEN and/or disabilities can increase vulnerability so the nature of the support and its impact needs to be considered.
- Support staff need to be better trained in the personal, social and emotional aspect of learning; the social aspects of bullying; the evidence on effective interventions and on the effects of marginalisation from the peer group.
- Being in need of 'help' is a risk factor.
- Isolation from teachers and peers is a risk factor.
- Peers play a key role and peer support, appropriately introduced and monitored, is a key area of development. Peers as buddies, mentors, active and supportive bystanders are all areas that could be developed.

**Implications for pupils and parents**

- Parents need to develop their capacity to listen to pupils and to become advocates.
- Pupils need to be helped to developing 'voices' and be able to engage in self advocacy.
- Pupils becoming involved in research and development is a new and important area for development, as is pupils contributing to school improvement.

**Implications for school structures**

- Forms of organisation in schools for engaging with SEN and/or disabilities can make things worse. Separate grouping and teaching can be unhelpful.
- Schools need to develop informed approaches to pupil grouping and extended responsibility for pupils with SEN and/or disabilities during the 'non-teaching' parts of the school day

- Inclusive schools need to do more to build empathy among the peer group and active responsibility among peers for the well-being of pupils with SEN and/or disabilities
- Schools have responsibility for the whole school day and extended experiences, these need monitoring and extending. Schools have and could take more responsibility for non-teaching times and social opportunities.

## Implications for inclusion

- There is a need to manage and get more sophisticated in our responses to difference. Building awareness and empathy can be a strong agent of change and bring out the best qualities in peers.
- Locational integration in mainstream settings is not enough.
- All schools need to be alert and pro-active.
- All schools can become more inclusive.

## Implications for research

- There is a need for further research into preventative and reactive interventions in schools to reduce the bullying of pupils with SEN and/or disabilities. There a big gap in the research on the level of whole school or large approaches and interventions. Action research and rigorous evaluative studies would make a useful contribution, especially if they were studies of evidence informed interventions.
- The research needs to include a wider range of research. Currently the research is mainly made up of case studies, often of individuals or small groups, and surveys. There is a need for research on whole school initiatives and on the development of whole school strategies.
- There are very useful accounts of practice in the literature but the warrant for them is often unclear, so validated whole school practice studies would also be useful as would the development of criteria for such studies.
- Different modes of research such as pupil self-reporting and teacher awareness studies would also be useful.

## Summary of policy implications

- National and local policy and practice need to respond more effectively to bullying and victimisation among pupils with SEN and/or disabilities, since it is a priority area and rates are very high.

- Communication and language should have a central role in the curriculum for pupils with SEN and/or disabilities as these help develop resilience and coping.

- The social aspects of education should have a central role in the curriculum for pupils with SEN and/or disabilities.

    - Particular emphasis should be given to peer education, peer support and the development of social competence.

- Inclusive schools need to do more to build empathy among the peer group and active responsibility among peers for the well-being of pupils with SEN and/or disabilities

- Teachers' awareness of the bullying and victimisation of pupils with SEN and/or disabilities needs to be raised.

- Support staff need to be better trained in the personal, social and emotional aspects of learning and they need to be deployed in ways that do not increase the marginalisation of pupils with SEN and/or disabilities.

- There should be improved support for advocacy among pupils with SEN and/or disabilities and these young people should be more meaningfully and actively involved in school review and development processes.

- Parents should be enabled to support young people in becoming advocates.

- Schools need to develop informed approaches to pupil grouping and extended responsibility for pupils with SEN and/or disabilities during the 'non-teaching' parts of the school day.

- There should be further research into bullying and victimisation among pupils with SEN and/or disabilities, particularly research that involves young people and that supports the development and evaluation of improved practices.

# Purpose and scope of the literature review

This section outlines the purpose, focus and remit of the literature review.

**History of the project**

The Lamb Inquiry was established as part of the previous government's response to the House of Commons Education and Skills Committee Report *Special Educational Needs: Assessment and Funding*. In the final report (December 2009), one of the recommendations was that Government should review the effectiveness of a range of approaches to preventing and tackling bullying of children with SEN and/or disabilities and invest further in those with the most impact[1].

This project was therefore launched early in 2010, led by the Anti-Bullying Alliance working with key organisations, to identify best practice in tackling SEN and/or disabilities-related bullying and to explore how schools can be supported to address it.

The aim of this project is to understand and then exemplify the most effective responses schools can make to preventing and responding to the bullying of children and young people with SEN and/or disabilities. The key audience for this is the schools' sector.

From this, the Department for Education (DfE) will also be able to consider how schools should be best supported to invest in measures which have most impact.

The project is structured in two distinct but concurrent phases, a knowledge phase and a products phase. The weighting of the project is towards knowledge, and this literature review builds on an earlier scoping study (McLaughlin, Byers and Peppin Vaughan, 2010). The scoping study assessed the nature and strength of the evidence base and provided an initial overview of trends in the literature in relation to the effectiveness of measures to prevent and respond to the bullying or victimisation of children with SEN and/or disabilities.

This literature review aims to show what works best in preventing and responding to the bullying of children and young people with SEN and/or disabilities in schools. It also identifies gaps in the evidence currently available. Additionally, it will cross-reference to any generic evidence on bullying that may be relevant. In the review we set out an overarching assessment of the evidence base as whole before moving on to analyse and report in detail on each of the review questions. The review ends with a series of conclusions and practice recommendations.

The knowledge phase also includes a call for local practice in order to find examples of evaluated local work that can be further interrogated alongside the literature review and possibly developed into case studies. A separate products phase, including publications and a space on the ABA website will follow.

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[1] Recommendation 9, *Lamb Inquiry: Special Educational Needs and Parental Confidence*, (DCSF,2009)

**Policy background**

Since the 1990s, preventing and responding to bullying in schools has been increasingly prioritised in education policy and official literature. There has been acknowledgement that schools themselves can play an effective role in preventing and tackling bullying, and in relation to this there have been increasing requirements for schools to have explicit policies on bullying. Successive governments have produced guidance for schools on how they can prevent and respond to bullying, including the creation of a whole-school policy, local authority actions, and staff professional development, including guidance on preventing and responding to bullying of children with SEN/D (DCSF, 2008).

Since 2000, there has been an increasing concern about the relationship between bullying and children with SEN and/or disabilities, especially in the light of developments in relation to the inclusion of children with SEN and/or disabilities in mainstream settings. Some commentators (for example, Warnock, 2005) have suggested that these developments have resulted in children with SEN and/or disabilities becoming more vulnerable to marginalisation and victimisation. As this is an emergent field, however, relatively little research has been conducted so far on whether and how children with SEN and/or disabilities might be particularly at risk from bullying, particularly within school contexts. Recent publications, particularly from advocacy groups, have looked at groups that are apparently particularly vulnerable to bullying, pressing for more attention to issues of isolation, victimisation and the mental health of people with disabilities. Publications so far include *Count Us In* (Foundation for People with Learning Disabilities, 2002); *The Mental Health of Children and Adolescents with Learning Disabilities in Britain* (Emerson and Hatton, 2007); *Don't Stick It, Stop It* (Mencap, 2007); and *Getting Away with Murder* (Scope, 2008). Wider-scale research is yet to be forthcoming, although publications such as these represent more substantial approaches to the issues.

As detailed later in this study, most existing studies of bullying address specific categories of SEN and/or disability, resulting in a 'patchwork quilt' of research findings relating to different groups. Our research review therefore contributes to this emergent field by providing an overview and meta-analysis of the issues.

**Research questions**

The review team primarily considered one key question:

- What does the evidence say are the most effective approaches that schools can take to a) preventing and b) responding to the bullying of children with SEN and/or disabilities?

Additionally, the study addresses three key context questions:

- What evidence is there that children and young people with SEN and/or disabilities are disproportionately vulnerable to experiencing bullying and/or peer victimisation within the school context?
- What is particular about this group of children in respect of their vulnerability to bullying, in the context of their interactions with their peers?
- What does the evidence tell us about the challenges that schools face in effectively preventing and responding to the bullying of children with SEN and/or disabilities?

An earlier scoping study conducted by the research team tested the integrity of the key questions against an initial reading of the literature, with the result that a small amendment was suggested to the phrasing of research questions 3, to include the phrase '*in the context of their interactions with their peers*'. Much of the literature is concerned directly with what are seen by researchers as characteristics that may make children with exceptionalities vulnerable to bullying and/or victimisation. Other papers, however, adopt arguably a more complex perspective and explore the interactions that take place between bullies and victims that enable victimisation to take place. In some of these papers, the differences between bullies and victims are analysed, for example, in terms of social adjustment and/or social skills or in terms of the effects, for both bullies and victims, of underlying psychopathologies. This may be a more refined way in which to engage with the issue and it emerges that, in some instances (for example, among children with ADHD), children with SEN may emerge as both bullies and as victims. Understanding the dynamics of these interactions may facilitate the development of a more sophisticated analysis of the origins of the bullying and victimisation of children with SEN and/or disabilities.

The scoping study also reviewed the nature and strength of the evidence available, and reported on trends in the literature. Following the findings of the scoping study and for the preparation of this review, additional sources were also examined, as described in the review methods section.

**Definitions**

In approaching the research questions, we have used the following definitions, decided on through consultation within the research team.

- The phrase 'special educational needs (SEN) and/or disabilities' was taken from existing Government guidance (2008), and understood to cover a broad range of conditions (including, for example, autism spectrum disorders, physical disabilities, and attention deficit hyperactivity disorder). The decision was taken to exclude mental health conditions (such as depression, anxiety, OCD, anorexia), other physical differences / medical conditions (such as obesity, eczema, asthma, diabetes) and 'gifted and talented' children. This is discussed further in the section on terminology below.

- 'Children and young people' were defined as children in primary or secondary school. Studies relating to children of pre-school age, adults, or young adults not in school were excluded, although there is also literature on aggression towards toddlers and adults with SEN and/or disabilities. This decision was made due to the need to focus on challenges faced in particular by schools, and on the measures that can be taken by schools.

- 'Bullying' was defined as bullying between peers, rather than physical or psychological abuse from adults towards children. The definition of bullying was taken from the DCSF 'Safe to Learn' guidance (2007: 11), which defines bullying as:

  > *Behaviour by an individual or group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally.*

  Thus our definition did not include random or isolated incidences of aggression or violence, instead paying attention to the particularly victimising nature of targeted bullying behaviour.

- We adopted a flexible interpretation of the phrase 'most effective approaches', acknowledging, in the light of the literature, that effectiveness can be identified across a variety of dimensions (e.g. reduced frequency of bullying behaviour, improvements in reported emotional well-being, enhanced resilience or social participation).

**Terminology**

Different terms have been used to refer to 'special educational needs' and 'disabilities' in different time periods and geographical locations. Using a variety of related or alternative search terms enabled us to locate clusters of articles focusing on aspects of bullying and/or victimisation and children with SEN and/or disabilities. It is worth noting that much of this literature is relatively current so archaic terminologies ('educationally subnormal' or 'physically handicapped') were less relevant.

However, the phrase 'special educational needs (SEN)' is still in use, sometimes shortened to the more generic 'special needs'. These terms are being replaced in some contexts by phrases like 'additional needs' (for example, in Scotland) or 'exceptionalities' (for example, in Canada).

The term 'disabilities' is used widely to denote a range of impairments and disabilities. Sometimes the term is qualified by adding an emphasis on 'physical disabilities' to denote a subset of 'disabilities'. Technically, some children have disabilities occurring as a result of 'cerebral palsy'. Some children are described simply as having 'health needs'.

The term 'learning difficulties' is currently used in England (in educationally-focused literature) and in this scoping paper and is equivalent to 'learning disabilities' (in health or social services-orientated literature). This term is sometimes subdivided into categories such as, for example, 'severe learning difficulties' or 'moderate learning difficulties'. The same difficulties are described in other contexts as 'intellectual disabilities' (in the Far East and Australasia) and as 'mental retardation' (in North America) with subdivisions as in 'mild retardation' etc. The term 'educational difficulties' is beginning to be used in some contexts. Some children will be diagnosed specifically with 'Down syndrome'.

A number of articles focus on children who are said to experience 'attention deficit/hyperactivity disorder' (ADHD) or 'attention deficit disorder' (ADD). These difficulties may be associated with, or described as equivalent to, 'hyperactivity' or 'inattention'. Other children may be described as displaying 'disruptive behaviour' or as having 'movement co-ordination problems'. Other children may be said to experience 'emotional problems' or high levels of 'arousal'. We have excluded from our work reports concerning children who merely display difficult or challenging behaviour without any other form of associated disability or special educational need.

The preferred contemporary term for disabilities on the autistic spectrum is 'autistic spectrum disorders' or 'autism spectrum disorders' (ASD) but the term 'autism' is still widely used. A specific group of people who may have some autistic characteristics but who may achieve relatively high academic attainments are described as having 'Asperger syndrome'.

Children who experience a range of difficulties in speaking are described as having 'speech and language difficulties' (commonly abbreviated to 'SpLD'). Some articles refer to children whose speech is marked by disfluency or 'stammering'. Other children may be diagnosed with 'Tourette syndrome'.

Children who experience a range of hearing difficulties may be described as being 'partially hearing' or 'deaf'.

Some children are described as experiencing 'obesity' or other physical differences such as eczema, asthma, or diabetes; or they may be described as being 'gifted'; or they may suffer from mental health conditions such as depression, anxiety, obsessive-compulsive disorder, or anorexia; and suffer from bullying and/or victimisation as a result. However, for the purpose of this review it was decided that these do not routinely fall under the definition of special educational needs or disability, so studies focusing on children with these characteristics were not included. It is acknowledged that these medical and mental health conditions *can* lead to special educational needs and or disabilities but they do not necessarily do so. Therefore studies that are concerned only with medical and health conditions were excluded from this review. This is not to deny the possibility that these young people may be victimised or bullied nor to suggest that this should not be taken seriously. Indeed, some comments are raised in relation to children experiencing these conditions where they help to shed light on the main findings of the review or where children experience co-morbid conditions or combinations of difficulties.

When offering direct quotations from original sources, this review uses the original language which researchers and writers adopted. References are therefore made to terms which may be considered dated or offensive. This is a function of history.

# Main review methods

**Selection of relevant material**

Once the key questions had been set by the Anti-Bullying Alliance, in response to the project commissioner's brief, the parameters for the research were decided (see Appendix). The methods used for this literature review built on those employed in the scoping study, using a broad range of methods to identify relevant material:

- searches of bibliographic databases;
- searches of project and organisation websites;
- contacting individuals working in relevant organisations;
- recommendations from the National Children's Bureau and ABA;
- references gathered from the full text of relevant articles.

Three screening stages were undertaken to filter out the materials most relevant to the research questions; for a full description of the criteria used at each stage please see the Appendix.

*Screening 1*: was carried out using record titles and abstracts (where available) to ensure the search results conformed to the search parameters and were relevant for answering the scoping study questions.
Materials were excluded if:
- they did not address the issue of bullying;
- they were published before 1990 (although comments about some earlier papers have been included in this report where the evidence provides a foundation for later commentaries);
- they did not relate to a study in an English-speaking country, or were not published in English;
- they did not relate to the scoping study questions;
- they reported on the causal effect of bullying on mental health problems and disorders;
- a fuller report was published elsewhere;
- they were duplicate records.

*Screening 2*: was conducted after consultation over the results of the first screening among the research team, and further discussions about the remit of the study. Further materials were excluded if:

- they focused solely on ADHD-related 'behavioural' problems or disorders;
- the bullying explored was between adults, or pre-school children;
- they were investigating the effectiveness of medical treatments for aggressive behaviour or ADHD;

- the aggression and bullying investigated was occurring in non-school contexts (for example, at home, between parents, children and siblings).

After the second screening, full text versions of the articles were collected where possible and read for analysis, to assess the evidence base for each of the research questions.

*Screening 3*: as there was some considerable discussions within the research team about specifically which literature was to be included at this stage (see 'Cause and effect', below), the literature review phase included a revisiting of the literature excluded in the second screening, in order to confirm the criteria applied to this study. After the decision to adopt a refined definition of SEN and/or disabilities, which did not include mental health disorders, other physical differences or medical conditions and 'gifted' children, the previously excluded literature was reviewed again alongside included articles and additional literature which had been sourced from full text articles and from further consultations with individuals. Young people who have medical conditions only do not tend to be bullied any more than other young people. In the section on *Those who do not get bullied* (page 21) there is further detail on this point.

In this third screening, sources were sorted according to primary or secondary importance, or excluded entirely from the study. The quality and nature of the material was recorded on 'report cards', with summaries of the findings in relation to each research question. Certain key findings from earlier research were noted at this stage. These references were followed up and, where relevant, allusions to these sources have been included in the review. The final selected sources are listed in the References section. We used 278 references in this final stage and report.

The review process was monitored through a series of meetings held with ABA at the National Children's Bureau and through consultations with other interested parties and key commentators.

**Limitations**

The following limitations should be noted.

- In some cases, we were unable to locate full text versions of the articles selected through the screening process, because they were available only in libraries abroad.
- The review largely concerns studies published since 1990, although few articles were found from the period preceding this and the bulk of research is understood to have been conducted in the 1990s and beyond. We suggest that any significant research in the period immediately prior to this is likely to have been referred to in the papers we reviewed and, where relevant, the review alludes to these findings.
- Many of the individuals and organisations we contacted did not reply in time for inclusion in the review.
- The review has been a time-limited exercise, enabling the team to explore the available literature and analyse the cross-cutting characteristics of the evidence

base; however it was not possible to engage in the same depth with broader literature on bullying.

- The review was limited to English-language studies only.
- The evidence base for school interventions, particularly in terms of high-quality evaluations, was limited, which in turn restricted the conclusions for Research Questions 1 and 4.

# Assessment of the evidence base

**Nature of the evidence base**

The majority of papers were from studies in the UK or the US, with a small proportion from other countries (including Australia, Canada, Israel, Jordan, the Netherlands, Scandinavia and Hong Kong) and some interesting comparative studies from multiple locations. The literature addressed bullying in a mixture of mainstream and special school settings (sometimes with comparisons between settings). Research tended to focus on the incidence of bullying in relation to specific disabilities, with less attention to the experiences of the general population of children with SEN and/or disabilities within mainstream schools. This review therefore attempts to bring together such disparate case studies.

Different types of literature explore these issues; these include:
- research articles in peer-reviewed journals;
- reports produced by voluntary sector organisations (such as Mencap);
- consciousness-raising and polemical literature from advocacy groups;
- policy-related literature produced by government departments;
- enquiries carried out by the voluntary sector;
- speculative work identifying problems and hypothesising on possible responses.

It was considered important to include all these types of literature despite there being a lack of detail about methodology in some cases because some of the literature is relatively immature. Papers which were opinion only , rhetorical or where  no evidence was made available were not included.

**Gaps in the evidence base**

Some anti-bullying approaches which have been developed for use in mainstream schooling (for example, staff training, 'Circle of Friends' and peer mentoring) have been applied to children with SEN and/or disabilities, but, as is indicated in later sections of this review, there is little research so far on the effectiveness of these strategies. Also, as is suggested above, most studies relate to particular forms of SEN or categories of disability, and there has been hardly any 'overview' work on strategies that might cover all children with SEN and/or disabilities. Further, there is very little action research, or where this has been conducted,  it has been on a small scale.  In this way, the existing literature is not specifically geared to resolving the problem. The concluding section of this review outlines the need for further research in a number of areas.

**Cause and effect**

The main subjects of this study, as defined by the research questions, are children with SEN and/or disabilities who are bullied. However, a significant proportion of the literature addresses the anti-social and aggressive behaviour of children with particular forms of SEN and/or disabilities (e.g. autism, Asperger syndrome or ADHD) towards their peers, and the challenges for schools in reducing this. There is some discussion about whether over-aggressive behaviour should be classified in itself as a disability but this review does not engage significantly with the literature on challenging behaviour unless there is also some discussion of bullying and/or being bullied being associated with these phenomena. Further, many studies examine the significance of bullying in terms of causing mental health problems (especially anxiety and depression) (e.g. Rigby, 2005). This literature was also excluded from this study as it did not relate closely enough to the research questions, but these are clearly significant problems that also affect young people with SEN and/or disabilities.

Some questions also need to be raised about the ways in which the literature sets up the issue of bullying. Children with certain forms of SEN and/or disabilities are often positioned within studies as having characteristics that make them inherently likely to be bullies and/or bullied, meaning that the research avoids exploring the interactions and relationships between bullies and victims and the significance of aspects of the school context. Thus one characteristic of the evidence base is the tendency to employ a 'deficit model', labelling children as 'maladjusted', 'anti-social' or 'aggressive', or as having characteristics making them likely to be bullies or bullied in future. Other research suggests that this view is too simplistic and some studies build on the benefits of employing a 'social model' of disability and bullying which does not look only at the characteristics of one individual but also considers the social and inter-personal environment in which the bullying is occurring. This also relates to broader debates in the school violence literature over whether some forms of behaviour should be classified as 'deviance' when instead attention should be paid to the needs and conditions of individuals (for example, Watts and Erevelles, 2004).

# Are children and young people with SEN and/or disabilities disproportionately vulnerable to experiencing bullying within the school context?

**The children with SEN and/or disabilities who are bullied or victimised**

There is a great weight of evidence that confirms that children with SEN and/or disabilities are significantly more likely to be bullied or victimised than their non-disabled peers (see, for example, Salmon and West, 2000). This evidence comes from a wide range of settings including the UK (see, for example, Thompson, Whitney and Smith, 1994; Whitney, Smith and Thompson, 1994a); Ireland (see, for example, O'Moore and Hillery, 1989); Scandinavia (see for example, Kaukiainen, Salmivalli, Lagerspetz, Tamminen, Vauras, Maki and Poskiparta, 2002; Skär, 2003; Bejerot and Mortberg, 2009); the USA (see, for example, Hemphill and Siperstein, 1990; Twyman, Saylor, Saia, Macias, Taylor and Spratt, 2010); Hong Kong (see, for example, Yuen, Westwood and Wong, 2007); and Canada (see for example, Kuhne and Wiener, 2000; Savage, 2005; Luciano and Savage, 2007).  The groups that include children who are reported to be vulnerable to bullying include young people with:

- severe, mild and moderate learning difficulties (see Gottlieb and Leyser, 1981; Taylor, Asher and Williams, 1987; Martlew and Hodson, 1991; Nabuzoka and Smith, 1993; Mishna, 2003; Norwich and Kelly, 2004; Twyman et al, 2010)
- speech and language difficulties (including stammering, cleft lip and palate) (see Mooney and Smith, 1995; Hugh-Jones and Smith, 1999; Sweeting and West, 2001; Hunt, Burden, Hepper, Stevenson and Johnston, 2006)
- physical disabilities and impairments (see Yude, Goodman and McConachie, 1998; Skär, 2003)
- sensory impairments (including impairments of hearing and vision) (see Dixon, Smith and Jenks, 2004)
- autism and autism spectrum disorders (ASD) (see Bejerot and Mortberg, 2009; Twyman et al, 2010)
- attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) (see Twyman et al, 2010; Unnever and Cornell, 2003)
- higher attainments (children who are described as being gifted and talented) (see Morrison and Furlong, 1994; Peterson and Ray, 2006b)
- specific learning difficulties (SpLD or dyslexia) (see Mishna, 2003; Savage, 2005; Yuen, Westwood and Wong, 2007; Ingesson, 2007)
- social, behavioural and emotional difficulties (Pope, Bierman and Mumma, 1991; Johnson, Thompson, Wilkinson, Walsh, Balding and Wright, 2002).

*Rates of vulnerability*

The rates of vulnerability to bullying for children with SEN and/or disabilities are very significant. Various reports suggest, for example, that bullying may have been experienced by:

- 83% of children with learning difficulties (or eight out of ten) (Luciano and Savage, 2007; Mencap, 2007)
- 82% of children who are disfluent (those with a stammer), 59% of them at least once a week, and 91% for name calling (Mooney and Smith, 1995)
- 70% of children with autistic spectrum disorders combined with other characteristics (for example, OCD) (Bejerot and Mortberg, 2009)
- 39% of children with speech and language difficulties (Sweeting and West, 2001) (Savage, 2005, argues that children with speech difficulties are three times more likely to be bullied)
- 30% of children with reading difficulties (Sweeting and West, 2001).

Some researchers argue that these problems may get worse as young people grow older and move into secondary schools. Mooney and Smith (1995) report the greatest prevalence of bullying at age 11 to 13. Savage (2005) argues that bullying and isolation get worse as young people get older and this is borne out by Martlew and Hodson's results (1991). Kuhne and Wiener's research (2000) found that children with learning difficulties were seen by their peers as becoming more dependent and less liked over time, resulting in them being more neglected and rejected.

*Comorbidity*

Children with co-morbid conditions (for example, autism with obsessive-compulsive disorder (OCD) or SpLD with ADHD or anxiety etc) report higher levels of peer victimisation. Humphrey, Storch and Geffken (2007) assert that children with ADHD and a comorbid psychiatric condition (particularly a condition with externalising features) were found to be more likely to be victimised by their peers. Bejerot and Mortberg (2009) looked at differences in rates of bullying among children with OCD alone and OCD combined with 'autistic traits' and found that both groups were bullied but that 70% of the children with comorbid conditions were bullied compared with 50% of the children with OCD alone. In their study, Baumeister, Storch and Geffken (2008) found that children with SpLD who also experienced comorbid psychiatric diagnoses reported higher levels of peer victimisation. The research carried out by Montes and Halterman (2007) indicates that children with autism and ADHD or ADD experienced a greater risk of being bullied than children with autism alone. Sweeting and West (2001) note that teasing and bullying are additive, meaning that the chances of being bullied are compounded for children with combinations of difficulties or characteristics of 'difference' (see, for example, Sveinsson, 2006)

*Those who do not get bullied*

Young people who have medical conditions only do not tend to be bullied any more than other young people. For example, children with cystic fibrosis do not report being bullied or ostracized – nor do children with mental health problems like depression or anxiety (Twyman et al, 2010). Yude and Goodman (1999) report that 'peer problems' for children with hemiplegia were not predicted by the visibility of their physical difficulties; 'family adversity'; or 'degree of neurological involvement' (page 7). Sweeting and West (2001) suggest that children who have medical problems (asthma, allergies etc) are, in general, well-liked and accepted by their peers.

**The kinds of bullying and victimisation that are reported**

The literature has evidence of both direct and relational bullying against children with SEN and/or disabilities. Mooney and Smith (1995) report that 59% of the people with speech difficulties they interviewed had been physically bullied as children, for example, and that 56% of respondents had experienced the spreading of rumours. However, there is some evidence that children with SEN and/or disabilities may, in some instances, be affected by a different kind of bullying involving ridicule, manipulation and name-calling (see Moore, 2009). 91% of Mooney and Smith's subjects had experienced name calling at school, for example. There are also suggestions (see Sweeting and West, 2001, for example) that 'teasing' and 'bullying' are related and are experienced by the same children.

*Peer isolation and friendship difficulties*

Pupils with SEN and/or disabilities tend to be 'less accepted and more rejected' by their peers than other children (Gresham and MacMillan, 1997; Nakken and Pijl, 2002) and poor acceptance is known to lead to greater risk of victimisation and bullying (Carter and Spencer, 2006; de Monchy, Pijl and Zandberg, 2004). Frederickson (2010) argues that 'poor social status' within the peer group is one of the key factors leading to increased vulnerability to bullying. Kuhne and Wiener (2000) report that their research suggested that children with learning difficulties were more likely to be socially rejected by their peers. The children with hemiplegia in Yude et al's (1998) report were found to have 'an excess of peer relationship problems' (page 539) despite having been schooled with a stable peer group for more than five years. They were found to be less liked (receiving fewer positive nominations than peers and more negative ones); to be twice as likely to be rejected; to have fewer friends; to be twice as likely to have no friends; and to be three times more likely to be victimised. They tended not to be bullies themselves. In Twyman et al's work (2010), children with ASD, learning disabilities and ADHD all reported themselves as experiencing 'more clinically significant bullying and/or victimization experiences' (page 6) while children with ASD reported being both ostracised and victimised.

**The nature of the data and lack of awareness among teachers**

In the research that has produced these findings, there are roughly twice as many examples of pupil or ex-pupil self reporting (or reporting from peers) as there are examples of assessments based on teacher, parent or researcher reports (although some of the pupil self report data is triangulated against data from adults). Significantly, the research also indicates that teachers tend to underestimate, undervalue or discount reports of bullying from pupils with SEN and/or disabilities.

The literature consistently suggests that teachers tend to underestimate (or to be unaware of or to ignore) teasing, bullying and victimization of children with SEN and/or disabilities (see, for example, Olweus, 1978; Besag, 1989; Martlew and Hodson, 1991). The respondents in Mooney and Smith's (1995) research said that teachers were either unaware of bullying or did nothing about it; only 20% of teachers were reported to have intervened to help children being bullied. This is supported by Atlas, Rona and Pepler (1998) who argue that '(a) bullying is pervasive in the classroom, (b) teachers are generally unaware of bullying, and (c) the peer group is reluctant to intervene to stop bullying' (page 93).

## What is particular about this group of children in respect of their vulnerability to bullying, in the context of their interactions with their peers?

**Characteristics in children**

The literature suggests that children with SEN and/or disabilities may have certain characteristics that make them more vulnerable to bullying. These characteristics include:

- academic difficulties and performing less well at school (for example, poor readers or those with a low IQ) (see Siperstein and Gottlieb, 1977; Olweus, 1978; Gottlieb, Semmel and Veldman, 1978; Elam and Sigelman, 1983; Whitney, Smith and Thompson, 1994a&b; Yude and Goodman, 1999; Singer, 2005)
- low self esteem and anxiety with tendencies to internalise problems (see Chazan, Laing and Davies, 1994; Dockrell and Lyndsay, 2000; Kaukiainen et al, 2002; Moore, 2009)
- differences in physical attributes (for example, clumsiness, deafness, a visible disability or an impairment) (see Siperstein and Gottlieb, 1977; Henderson and Hall, 1982; Besag, 1989; Nabuzoka and Smith, 1993; Gilmour and Skuse, 1996; Stinson, Whitmire and Kluwin, 1996; King, Specht, Schultz, Warr-Leeper, Redekop and Riseborough, 1997; Hurre and Aro, 1998; Leff, 1999; Dixon et al, 2004)
- shyness, submissiveness, passivity and an external locus of control (including being over-protected by parents) (see Olweus, 1978 and Moore, 2009)
- uncooperative, disruptive behaviour and aggression (see Roberts and Zubrick, 1992; Erhardt and Hinshaw, 1994; Yude and Goodman, 1999)
- language and communication difficulties (more marked for receptive language and complex language impairments) (see Mooney and Smith, 1995; Hugh-Jones and Smith, 1999; Knox and Conti-Ramsden, 2003; Savage, 2005; Luciano and Savage, 2007)
- inappropriate social behaviour or deficits in social competence (see Gottlieb, Semmel and Veldman, 1978; Siperstein and Bak, 1985; Kavale and Forness, 1996; Kaukiainen et al, 2002; Bauminger, Edelsztein and Morash, 2005; Fox and Boulton, 2005)
- low social status (Dockrell and Lyndsay, 2000).

Moore (2009) also argues that children with disabilities are at increased risk of bullying because they are absent from school more often (negatively impacting upon their friendships; they spend a lot of time with staff (also negatively impacting upon their friendships; and they may be less able to defend themselves and to report bullying (if they have fewer friends to support them; if they experience communication difficulties; and if they histories of over-protection by adults meaning that they have little experience of standing up for themselves or defending themselves within the peer group).

*Children who are both bullies and victims*

Some children become involved in teasing and bullying others but also get bullied themselves. Nabuzoka and Smith (1993) argue that children who are aggressive or disruptive are less socially accepted than those who are non-aggressive and may be bullied because they are seen as 'provocative victims'. Children who were identified by peers as 'being disruptive', 'starting fights', 'seeking help', 'being a bully' and 'being a victim' were more likely to be rejected and 'not liked' (Nabuzoka and Smith, 1993). Whitney, Nabuzoka and Smith (1992) suggest that some children with SEN and/or disabilities can be seen as 'provocative victims', becoming involved in teasing and bullying as well as being bullied, because they are less socially competent. These are often children with learning disabilities or ADHD (Holmberg and Hjern, 2008; Unnever and Cornell, 2003; Twyman et al, 2010). Social factors seem to be key here. These children may be unaware that they are causing harm and upset and may misread social cues that prevent 'teasing' becoming more hurtful. They may have difficulty monitoring and controlling their behaviour in social situations (Unnever and Cornell, 2003). There is also some evidence that children who are rejected may be more likely to respond by adopting bullying behaviours.


**The importance of social skills**

Frederickson (2010) argues that social behaviours are crucially important with regard to peer victimisation. Children with 'low social ability' are more at risk than those with 'high social intelligence' (Bejerot and Mortberg, 2009). Nabuzoka and Smith (1993) suggest that low levels of 'competence in handling social situations' (page 1445), lack of knowledge of social rules or 'deficits in decoding social situations' (page 1446) can lead to peer rejection and victimisation among children with learning difficulties. Yude and Goodman (1999) argue that peer group difficulties are often associated with 'constitutional difficulties in social skills and understanding' (page 7). Twyman et al (2010) agree, noting that the prime causative factor that renders children with learning difficulties more likely to be bullied is 'reduced social competence' (page 6). Discussing children with learning difficulties, these authors argue that 'social skills deficits that make it less likely for them to be accepted by their peers or to be chosen as a friend' (page 6) and that children with learning difficulties may have 'difficulty in interpreting nonverbal cues, communication messages, and feelings associated with those messages' (page 6) (see also Kavale and Forness, 1996).

Twyman et al (2010) propose that children with ADHD tend to be 'less well liked by peers and have fewer friends, because they have difficulty monitoring their behaviour in social situations' (page 6, and see also Law, Sinclair and Fraser, 1988). In Erhardt and Hinshaw's research (1994), children with ADHD were 'overwhelmingly rejected' by their peers as a result of what was interpreted as their aggressive or noncompliant social behaviour. Yuen, Westwood and Wong (2007) report that social adjustment factors (including anger control, compliance with rules, meeting social expectations and interpersonal skills) were found to be significantly associated with bullying among children with SpLD. Johnson et al (2002) assert that the children in their research (and boys in particular) were at greatest risk of being bullied when they had poor prosocial

skills, difficulties with social interaction, hyperactivity and emotional problems. For children with moderate learning difficulties, low scores on positive social behaviours (for example, co-operation) are said to lead to rejection even if negative social behaviour scores (for example, aggression) are moderate, while lower rates of negative behaviour can improve acceptance (Frederickson and Furnham, 2004; Nabozoka and Smith, 1993; Roberts and Zubrick, 1992; Taylor, Asher and Williams, 1987). Other research (Kuhne and Wiener, 2000) has indicated that children with learning difficulties are less likely to be regarded as cooperative or as leaders than their non-disabled peers and are therefore more likely to be neglected or rejected. Children with autism are reported to be at particularly high risk of peer victimisation because of their 'deficits in social communication' (Bejerot and Mortberg, 2009, page 171 and see Little, 2002). Even people with 'subtle autistic traits' seem to be at risk as Bejerot and Mortberg (2009) suggest that their 'poor social skills rather than social anxiety are intuitively detected by peers, and result in exclusion and bullying' (page 174). Baumeister, Storch and Geffken (2008) report that, because children with SpLD have 'impaired social tendencies', they tend to have a lower social status than peers (see also Kavale and Forness, 1996) and therefore to be rejected and victimised. Hemphill and Siperstein (1990) propose that 'because conversation is so often the medium through which children initiate contact, exchange information, and negotiate shared roles, deficits in this particular social area can signal a broader kind of social incompetence' (page 132).

**The importance of language and communication**

In their study, Hemphill and Siperstein (1990) looked at the social aspects of bullying and especially at conversational skills. These authors argue that children who lack these skills may be seen by their peers as 'socially incompetent', adding that children with learning difficulties tend to experience delays in language development, including difficulties in questioning strategies and topic-relevant responding; poor conversation initiation; and trouble maintaining and extending conversations.

In the Hemphill and Siperstein study (1990), language is seen as having a 'central place'. The elementary school pupils in Hemphill and Siperstein's sample 'responded more positively' when the child with mild learning difficulties in the video they watched appeared to have 'competent' conversational skills. These children perceived a peer with mild learning difficulties and poor conversation skills as socially isolated or 'lonely' – 'on the periphery of classroom social structure' (page 133). This finding applied whether or not the mainstream children knew that the pupils on the video tape had been identified as having learning difficulties and applied equally to boys and girls. The mainstream children had good 'discourse awareness' and were good at detecting strengths and weaknesses in conversation and identifying specific problems (especially long pauses and lack of active initiation).

This suggests that social competence is defined by linguistic competence. 84% of the people Mooney and Smith (1995) interviewed said that they had experienced difficulties, as children who were disfluent, in making friends, explaining that they had not felt that they had 'fitted in' among their peers in school. Mooney and Smith (1995)

suggest that speech difficulties mean children are less capable of 'asserting and verbally defending themselves' (page 25). Rourke (1989) notes that poor language skills are a predictor of peer rejection. Savage (2005) argues that children with 'poorer social skills and language difficulties' are more at risk of bullying than their socially and conversationally more competent peers. Savage (2005) also states that children with 'learning disabilities' in Canada (equivalent to SpLD in the UK) lack 'communicative competence' and have 'reduced empathy'; they become socially rejected as a result and are thus at risk of bullying (see also Mishna, 2003).

It may be possible to be more precise about the language difficulties that lead to peer victimisation. Botting and Conti-Ramsden's work (2000) among children with language impairment indicates that children with expressive language difficulties only have fewer social or behavioural problems. Those with mixed expressive and receptive difficulties tend to experience more behavioural problems while these authors report that those with complex language impairments have more marked social difficulties with their peers because of their 'significant difficulties in understanding the interactions of others' (page 116).

*Language and communication linked to other factors*

In Luciano and Savage's study (2007), children with learning difficulties were more likely to be bullied than their peers. The factors associated by these researchers with an increased risk of bullying included difficulties with receptive language ('this variable plays a key role', Luciano and Savage, 2007, page 27) and external locus of control. The children in Lucinano and Savage's study perceived themselves as not being socially accepted, despite that fact that they were being educated in a fully inclusive setting (with no separate teaching) and were not openly 'labelled' as having SEN.

Luciano and Savage (2007) maintain that communication problems and 'misinterpretation of social situations' (page 27) may be key elements leading to increased risk of bullying for young people with SEN and/or disabilities. These authors also argue that internalising problems (anxiety, low self esteem) linked to external locus of control (unassertiveness, passivity, submissiveness) mean that children with SEN are 'potential targets for bullies because they are perceived as weak and unlikely to retaliate' (page 27). In a similar way, children with speech and language difficulties are also seen as having low self-esteem and as being socially rejected and thus also at risk (Dockrell and Lyndsay, 2000).

*Social isolation and bullying*

Being bullied in itself can also lead to further bullying. Baumeister et al (2008) argue that peer victimization leads to withdrawal, anxiety, depressive symptoms, social problems, thought problems, attention problems and disruptive behaviour and that all these symptoms are themselves characteristics that are likely to render young people more likely to be victims of further bullying. Further, these authors propose that children may internalise negative comments from peers and incorporate these into their own negative self-views, becoming, in turn, more depressed and anxious. Given

the circular nature of some of these causes and effects, Baumeister et al (2008) acknowledge that they do not know what comes first – the bullying or the anxiety and depression that leads to more bullying. Storch, Masia-Warner and Brassard (2003) confirm this ongoing cycle of bullying and social isolation. Thus rejection by the peer group is closely associated with peer victimisation. As has been suggested above, this rejection seems to be caused most significantly by problems in communication between children with SEN and/or disabilities and their peers and a lack of understanding of social situations. Language is central.

**Developing ideas about causality – within-child and contextual factors**

These problems are sometimes conceptualised as due to 'communication difficulties' located in the children with SEN and/or disabilities. More recent literature may present these issues as at least partially the responsibility of schools for failing to promote friendship opportunities; failing to teach social skills; failing to take responsibility for the 'non-teaching' parts of the school day. Nabuzoka and Smith (1993) suggest that the difficulties that children with SEN and/or disabilities experience are particularly significant in 'unstructured situations such as free-play and in the school corridors' (page 1446). These authors argue that children with learning difficulties may more easily be able to decode the social context of the classroom where roles are defined, rules are explicit, and codes of behaviour are reinforced by teachers. The non-teaching parts of the school day, and the socially unstructured environments outside teaching spaces, have also been reported to generate difficulties for pupils with special educational needs and/or disabilities in other research (Byers, Davies, Fergusson and Marvin, 2008).

Much of the research presents a view of deficits located within young people with SEN and/or disabilities that render them liable to be victimized. However, it is important also to look at contextual issues. As Luciano and Savage (2007) note, 'within-child characteristics are modified or even determined by characteristics of the school context in which children operate' (page 17). There is evidence, for example, that the ways in which schooling for pupils with SEN and/or disabilities operates can exacerbate the problems young people face by:

- requiring them to be passive and compliant and failing to teach them to be more assertive
- over-protecting them (also exacerbated by over-protective parents – see Olweus, 1978)
- providing young people with SEN and/or disabilities with inappropriate forms of staff support (through the use of learning support assistants (LSAs) for example) and so isolating them from their peer group
- teaching them outside their peer group for all or part of the day (in 'remedial' or 'special' classes) (see, for example, Baumeister, Storch and Geffken, 2008)
- failing to ensure equality of physical access to environments and activities so young people with physical disabilities and sensory impairments are unable to join in with activities with their peers

- requiring them to seek help because the work has not been adjusted in order to be accessible to them (Sweeting and West, 2001, suggest that 'seeking help' is seen by peers as a key characteristic of children with SEN and/or disabilities and as a key reason for their being rejected and victimised).

Contextual features, including staff support, poorly differentiated teaching and separate teaching, may mean that children with SEN and/or disabilities do not have the right opportunities to forge protective links with their peers. In Nabuzoka and Smith's work (1993), children with learning difficulties were identified by their peers as being 'shy' and as 'seeking help' more often than their peers and therefore as 'not being liked'. In this work, children with learning difficulties were seen as being characterised by 'vulnerability or inadequacy' (page 1444) and 'seeking help' was strongly correlated with becoming 'victims of bullying'. Provision of staff support can be seen as reinforcing the characteristic of 'constantly seeking help' (Lynas, 1986).

Children who are not effectively integrated and who rely on staff support may therefore become victims of bullying and teasing. O'Moore and Hillery (1989) found, for example, that children in 'remedial' or 'special' classes experienced twice as much bullying as mainstream pupils. Martlew and Hodson's results (1991) indicate that mainstream students in secondary schools expand their circles of friends while young people with moderate learning difficulties report that they are 'subjected to increased amounts of teasing' (page 363) and have fewer friends, both in school and out of school. The research also indicates that other factors, for example, frequent absences from school for medical issues or difficulties in reporting problems because of communication problems (Moore, 2009), can work against children with SEN and/or disabilities finding ways to 'fit in' with their peer group.

If the key factors in reducing vulnerability to victimisation and bullying are social then social opportunity is an important issue. The young people interviewed by Skär (2003) felt that their disability 'restricted them in making social relations with their peers' (page 640). They said they felt excluded from their peer group and had few experiences of contact outside school hours. These young people said, as a result, that the attitudes of their peers were negative – and they reported getting teased or taunted with name calling. The implication in that schools should take responsibility for promoting access for young people to social situations as well as to educational opportunities.

**Classroom settings where there is less bullying**

The social fabric of the classroom is also important. The research suggests that classrooms with 'cohesion', an emphasis on peer friendships and 'caring' staff attitudes are less likely to have bullying behaviour (Roland and Galloway, 2002). In his research, for example, Savage (2005) found that, while children with speech and language difficulties do report three times more bullying than mainstream peers, this varies according to which class they are in. This suggests that these children are not necessarily more prone to bullying but that their experiences depend, to some extent, on where they are taught. Classrooms in which children are encouraged to be willing to play and 'hang out' (i.e. not 'work with' and not necessarily 'be best friends with')

children with speech and language difficulties are reported by Savage (2005) to be less likely to have bullying. Frederickson and Furnham (2004) found similar results for pupils with moderate learning difficulties. Luciano and Savage (2007) argue that, where there are limited opportunities for friendship, there are reduced opportunities to learn social skills – and that the risk of bullying is increased. This suggests that peer acceptance (particularly in non-classroom and playground settings) by large numbers of peers (numerous 'bystanders' rather than a few good friends) is a 'protective factor'. It is clear that this is a professional responsibility rather than a deficit in young people with SEN and/or disabilities.

*Protective factors*

The research suggests that peer acceptance is a protective factor in relation to victimisation and that peer rejection increases the likelihood of children being victimised (Perry, Kusel and Perry, 1988). Moore (2009) suggests that secure friendships (which can bolster self-esteem and offer direct support to vulnerable young people), self-confidence and peer acceptance (which can be enhanced through 'buddying' and peer support arrangements, although Moore notes that the evidence for the efficacy of these is 'mixed') can all be factors that help to protect young people from bullying and victimisation. Nabuzoka and Smith's work (1993) indicates that being seen as 'cooperative' is a protective factor (their research suggests that this is true even where pupils with learning difficulties are also seen as being 'shy' and 'seeking help'). Bejerot and Mortberg (2009) suggest that social anxiety coupled with good social skills may also provide some protection against peer victimisation.

*Friendship and inclusion*

Whitney, Nabuzoka and Smith (1992) argue that children with SEN and/or disabilities are more likely to be bullied because they tend to have fewer friends and therefore lack the protection that a peer group can offer. Luciano and Savage (2007) also argue that students with SEN may not form friendships that can protect them against being bullied (see also Hugh-Jones and Smith, 1999; Chazan, Laing and Davies, 1994; Coie and Cillessen, 1993; Geisthardt and Munsch, 1996; Nabuzoka and Smith, 1993; Rigby, 2000; Roberts and Zubrick, 1992; Savage, 2005; Wenz-Gross and Siperstein, 1997; and Whitney, Smith and Thompson, 1994 a&b). Peer rejection, according to Luciano and Savage (2007), is associated with peer victimisation. These authors suggest that there is some evidence that attending inclusive schools can help by providing opportunities for peer group association. Savage (2005) notes that social support can protect against victimisation and that the most effective factor protecting young people against bullying is acknowledged to be social support, provided through friendship or even acquaintance with peers.

*Inclusion – a necessary but not sufficient condition?*
However, Cavallaro and Porter (1980), Guralnick (1986) and Martlew and Cooksey (1989) all note that pupils with mild or moderate learning difficulties interact less with their peers in integrated settings than other children. Interactions for pupils with

severe learning difficulties are reported to be 'minimal' (Guralnick, 1986). Luciano and Savage (2007) concede that there is also evidence that children with SEN and/or disabilities are bullied more often in mainstream settings. They suggest that inclusive settings (and even schools with 'thoughtful anti-bullying policies', page 27) do not, in themselves, confer protection. Children with SEN and/or disabilities may still have 'low social status' (Luciano and Savage, 2007, page 26), have few friends, and be socially rejected.

It is clear, then, that schools have a responsibility to focus on social issues and to teach social and communication skills. There is also some evidence that actively teaching disability awareness and helping children to understand and empathise with their peers with SEN and/or disabilities can be productive. For example, it is known that the behaviours of pupils with ADHD are likely to lead to rejection by peers (Law, Sinclair and Fraser, 1988). But Frederickson (2010) suggests that the provision of relevant information and 'clearly acknowledging differences' to classmates through a sensitive process of identification and 'labelling' can have 'protective' effects (Bromfield, Weisz and Messer, 1988) and enhance inclusion.

This position is supported by evidence (Newberry and Parish, 1987) that indicates that peers tend to be more accepting and to make 'allowances' for children with more 'visible' disabilities (for example, physical disabilities, visual impairments and hearing impairments). There is also some evidence that children with 'less severe special needs' in mainstream (that is, children with mild or 'hidden' difficulties) experience greater levels of rejection than 'former special school pupils' (Lewis and Lewis, 1988; Sale and Carey, 1995) and that they are more likely themselves to engage in bullying behaviour (Frederickson, Simmonds, Evans and Soulsby, 2007).

Managing the relationships between 'whole school' practices and children's 'special' or 'additional' needs, and the support that may be provided in order to meet them, is one of the challenges that are discussed in the next section.

# What are the challenges that schools face in effectively preventing and responding to the bullying of children with SEN or disabilities?

The review of the literature relevant to this question has shown that:
- some challenges are methodological: to do with detecting the existing level and nature of bullying (for example, how children with SEN and/or disabilities perceive bullying behaviour; teacher ratings as opposed to self-reports);
- some challenges are to do with the logistics of implementation (for example, school management; implementing whole school policy; teacher awareness and willingness to address issues);
- some challenges are to do with how the issue is conceptualised (for example, rather than as 'problem children', changing attitudes and recognising the social context is crucial).

**The nature of the literature**

Some of the studies relevant to this question examine interventions that have been implemented in schools, and which can therefore offer practice-based perspective on the challenges which schools face. Interventions broadly fall into two groups. On one hand, preventative interventions are aimed at engendering a non-violent, inclusive school atmosphere, and for students to develop generic core competencies that can be employed to deal with a wide range of issues including non-aggressive behaviour. On the other hand, in responsive interventions, the teacher uses a range of strategies to establish and maintain a group norm regarding aggressive behaviour such as improving the ability of children to report incidents, support group work (such as Murphy and Heyman, 2007), and peer mediation training (such as Warne, 2003).

However, the literature assessing actual interventions is limited. While the last decade has seen a great increase in schools (particularly in the UK) introducing anti-bullying measures of various kinds, very few of these have been evaluated. One reason for this is that there often simply is not the funding for such assessments[2]; and also that academic studies of bullying are often more interested in the dynamics of student behaviour rather than testing the efficacy of a particular strategy. Many of the studies used for this section therefore do not address practical strategies at all, instead being straightforward studies of the existence and nature of bullying and victimising behaviours of children. Nonetheless, the authors of this review have attempted to infer from such studies what challenges for schools would be in trying to prevent or respond to bullying behaviours.

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[2] In the USA where anti-violence / anti-harassment school materials are more market oriented, different organisations compete to prove which are the most effective strategies; see, for example, http://www.endingviolence.net/pdf/ending-violence.curriculum-comparisons.pdf.

Another feature of the literature is that most of the studies focus on children with a particular type of special educational need or disability; conditions which are particularly frequent are ASD and children with hearing impairments. This means that we have less information relating to children with other disabilities and special educational needs, which is important because the literature suggests that the 'causal mechanisms' of bullying can be quite specific according to the characteristics of the disability [c.f. research questions 2 and 3]. Moreover, it may be unwise to draw general conclusions from such a variety of different studies.

Studies have also been conducted both on inclusive mainstream schools, and on special schools, which will each face different challenges.

In the literature overall, there are generally more quantitative than qualitative studies. Quantitative studies often use sociometric measurements to determine children's relative social position and isolation, by asking respondents questions about who they would like to play with, work with etc, and run correlations with reference to the disability status of children. In order to interact with children who had communication difficulties (for example, because of age, hearing impairment, etc) these measurement methods are often adapted, e.g. through the use of cards with smiling faces. Qualitative studies use observations and interviews to explore the perspectives of children and teachers in more depth and interpreting experiences from the participant's own point of view; Torrance (2000: 16) refers to the importance of qualitative studies, to understand the social context of bullying.

Studies tend to originate from either the fields of psychology, education, and in some cases medicine, although there is a good amount of cross-referencing between studies from different disciplines.


**Methodological challenges**

Some challenges to addressing the bullying of children with SEN and/or disabilities are methodological, because they relate to the ability to detect the existence of bullying within schools.

One difficulty is the ability of children with SEN and/or disabilities to recognise or interpret a situation as being one of bullying, even if victimisation is clearly occurring. This is reported to be the case in children with autism spectrum disorders (Van Roekel et al, 2010). The authors in this case conclude that interventions which are targeted at children with ASD should focus as much on improving children's *perception* of bullying and victimisation, as addressing its occurrence (2010: 71). This is because it was posited that children with ASD have particular difficulties in recognising bullying behaviour; the study suggested that children with ASD who scored highly on teacher- and self-reported victimisation were more likely to misinterpret non-bullying situations as bullying; on the other hand, the more often adolescents with ASD bullied other children, the more the misinterpreted bullying situations as non-bullying. This therefore presents a challenge to schools, as it will interfere with accurate reporting of

bullying and schools will need to help children to have a realistic understanding of social situations.

In a similar study, Khemka et al (2009) revealed that children with intellectual disabilities are not well prepared to recognise and handle situations on their own that involve coercion, especially coercion with a threat; and explored strategies through which such children could be encouraged to seek help from a responsible adult under certain circumstances. Although the studies address different disabilities, the overall implication is that even more than with typically developing children, it can be difficult to detect when bullying involves children with special educational needs or disabilities.

Even with a general school population, bullying is a sensitive topic and problematic to research. Pupils, fearing recrimination from their peers, may withhold information and offer a false picture of the nature of bullying within the school, making qualitative studies in particular perhaps too threatening or inaccurate a method to use (Whitney and Smith, 1993; Dixon, 2006: 14-15). This bolsters the case for using teacher ratings to determine levels of bullying, although as discussed further on there is another set of problems relating to this (Nabuzoka, 2003: 308). There is also the possibility that by asking children about social relations, this may either positively or negatively affect the existing relationships and therefore give inaccurate research results about the impact of interventions.

If studies have revealed the difficulties in getting reports from children about levels of bullying, it might be expected that teachers and other support staff would be the first to notice if a child is being bullied, and that they would act accordingly. However, research suggests that it is also problematic to rely on teacher reports as well. Teachers in mainstream schools have been shown to overrate the social inclusion of the special needs children in their classes (de Monchy et al, 2004) and to underestimate the degree of bullying (Whitney et al, 1994b).

Some studies have directly compared peer and teacher perceptions of bullying, and show that while teachers are good at knowing the numbers of friends children with SEN/D have, they are often very unaware of the frequency with which pupils are being bullied and the frequency with which they are bullying other pupils (Nabuzoka, 2003; de Monchy et al, 2004; Torrance, 2000; Holzbauer, 2008; Martlew and Hodson, 1991). This has been explained by referring to 'cognitive dissonance theory'; teachers may have invested a significant amount of time and energy in creating an inclusive classroom environment, want to make it a success and then find it too difficult to acknowledge that this is not working out for all children (de Monchy et al, 2003: 319)[3].

It is also possible that teachers may be purposively under-reporting levels of bullying, perhaps due to feelings of guilt if they feel (overly) responsible that such bullying is occurring under their watch. Teachers may therefore be less likely to admit that

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[3] This may also depend on the type of disability which children have; in one study of children with Autism Spectrum Disorder by van Roekel (2010: 70), teachers report higher levels of bullying than the students themselves. Most other studies, however, report the opposite.

bullying is occurring, because it may look worse if they are aware but doing nothing to address it.

This is a challenge for schools first in that it suggests that the staff themselves may not be able to notice when a situation needs addressing; but also a challenge in involving teachers in any solution. Indeed, teachers may feel anger at what seems to be unfair criticism, if it has already been a difficult task balancing the different children's needs, and if they have not been given the time, resources or training to deal with it effectively.

In mainstream schools in particular, teachers have a key role in monitoring the social position of all their pupils, and should be even more alert in evaluating the position of pupils with SEN and/or disabilities in particular in their classroom, especially those who have been ignored and rejected for many years and are in danger of developing social-emotional difficulties. Pavri and Monda-Amaya (2001) argue that teachers also play a critical role in assisting pupils in acquiring social skills and in fostering social relationships by facilitating peer interactions and friendships in the classroom. However, teachers have to be aware of the need to take action, before they take on this critical role.

In special schools, some studies have shown that there can be significant levels of bullying, despite their claims to provide a better level of educational wellbeing than if children with SEN and/or disabilities were in mainstream schooling (for example, Alderson and Goodey, 1999). This may be a controversial position for teachers to encounter; Torrance suggests that this might be perceived as tantamount to challenging an entire profession (2000: 19).

The challenge for schools, therefore, is to put in place mechanisms which make it easier for children with SEN and/or disabilities to recognise and report bullying behaviour; and also to support teachers in recognising and addressing such behaviour if and when it occurs. Interventions or focus groups with teachers could encourage them to think about how confident they are about their assessments of victimisation in their classes; to explore how responsible they feel (and why) if bullying occurs, and whether they think they have had adequate training to deal with the situation appropriately, especially if children with SEN and/or disabilities are involved. In doing such focus work, it might also be possible to involve teachers in the collection of data, which might make them feel part of the solution rather than part of the problem.


**Institutional challenges**

If schools are to implement interventions to prevent and respond to bullying of children with SEN and/or disabilities, this will require additional time and resources. This will be needed for teacher training; space in the curriculum for special workshops or sessions to address bullying behaviour (such as introducing peer mediation schemes), and altering existing curricula and learning materials to incorporate inclusive or anti-bullying techniques. To some extent this is part of the challenge of creating inclusive schools and classrooms.

In addition to the overarching need for more time and resources, two further institutional challenges can be identified: the challenge of providing specific solutions simultaneously; and the challenge of implementing a whole-school strategy.

*Specific solutions for specific problems*

While one recommendation is to engender an inclusive school ethos and atmosphere, in which diversity is normal, in practice, special interventions are also needed to accommodate the needs of children with SEN and/or disabilities. In either a mainstream school or a special school, simultaneously employing a number of different strategies may be difficult.

As the evidence for research questions 2 and 3 has suggested, there appear to be different 'causal mechanisms' for bullying according to different types of SEN and/or disabilities, even many of these mechanisms do ultimately stem from social and communication problems. So, for example, children with ADHD or autism spectrum disorder may be more likely to be perceived as aggressive or anti-social by teachers and other children; or the difficulty may be more to do with literal communication with deaf children. This suggests the need for particular strategies required to prevent the marginalisation or victimisation of different children with different sorts of SEN and/or disabilities; the need for 'specific solutions for specific problems'. For example, one study by the National Deaf Children's Society (2006) has shown that deaf children may find it particularly hard to communicate about bullying, so teachers must be aware of this and make the time to listen.

In the first instance, this means that only so much can be said about challenges for schools at a general level, as different problems will appear for strategies relating to different SEN and/or disabilities. However, it also means that schools attempting to prevent and respond to bullying for all of its pupils will face a potential challenge in trying to simultaneously implement different strategies which can address the diverse needs of all students, particularly for inclusive mainstream schools with children with a variety of special educational needs or disabilities, or mixed special schools.

For instance, Dixon (2006: 17, 21) lists the particular dilemmas facing schools implementing school interventions, with reference in this case to deaf children. Her study found tensions between balancing academic input with pastoral care; allowing deaf children to integrate with majority groups but not forcing them to do so; signing for all classes or not signing for all classes. Many dilemmas revolve around the extent to which deaf children can be fully integrated (for example, 'children's relationships can and should be improved' vs. 'there are some children who just can't be helped to make friends'; 'improve communication between deaf and hearing children' vs. 'communication will always be a problem for either the deaf children or the hearing children'). These are some of the choices that schools have to make at both a policy level and in day-to-day practice. Warne (2003: 32) on the other hand, lists challenges facing schools implementing interventions with moderate learning difficulties, with challenges relating to maintaining interest and ownership amongst the participants.

Different measures may also be required to address isolation and marginalisation, as opposed to actual victimisation or bullying. The two are not the same, although the former is likely to increase vulnerability to the latter. Nordmann (2001) observes that the real challenge for schools is hearing student voices and increasing institutional marginalisation, rather than simply reducing marginalisation.

Moreover, although levels of bullying of and by children with SEN and/or disabilities in mainstream and special schools is comparable, research suggests that different sorts of strategies may be required for each type of school[4]. Because mainstreaming has become an increasingly popular strategy over the last 15 years, the children who still attend special schools are likely to be the ones with more severe special educational needs and disabilities, which may require very specific and different types of interventions. For mainstream schools, the dilemma of difference also appears: although designed to bring integration and equality in social relations, can special interventions exacerbate perceptions of difference, and even victimisation due to 'special treatment'.

*Holistic approaches: getting support for and coordinating a whole school strategy*

This is also a challenge for more general efforts to tackle bullying; a whole-school approach of any kind requires resources, coordination and commitment. But it is an important strategy, particularly for children with SEN and/or disabilities; Roberts (1999) recounts the disastrous consequences for her son with physical and mental disabilities when there was no coordinated approach from the school in how her son was treated, particularly in terms of the bullying he was suffering from; when some teachers treated Tom differently to others, the situation became confused. In addition to including the whole school in strategies, it is important to involve parents as well (of the bullies as well as the bullied children).

For mainstream schools, to some extent this should be seen as part of providing a truly inclusive school; rather than children with SEN and/or disabilities 'just being there', children may need support in making contacts and sustaining relationships; physical inclusion only is a very basic condition and extra support may be needed to become part of the group (de Monchy et al, 2004: 328). Alderson and Goodey (1999: 257-258) gives an example of a mainstream school in which a good inclusive ethos and framework has enabled children with autism spectrum disorder to be socially integrated.

As covered under research questions 2 and 3, being part of a social group has been shown to reduce vulnerability to bullying – although this calls into question a school culture where a child is vulnerable if they are not attached to a particular group.

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[4] A study by Knox and Conti-Ramsden (2003) revealed no difference in levels of bullying in mainstream and special schools, possibly because there are more likely to be children with more severe emotional and behavioural disorders in special schools.

Achieving consistent results from whole-school interventions can be problematic (Dixon, 2006: 14-15), as much will depend on the level of support available to the school, and as intervention programmes typically involved several different types of intervention (e.g. improved supervision, curriculum work and the development of a befriending system) which may have varying levels of efficacy. Indeed Smith et al (2004) argue that we are some way off from knowing which are the most effective strategies in tackling bullying, even amongst the general school population.

**Raising awareness and understanding**

A final set of challenges are more concerned with how bullying is conceptualised by pupils, teachers and parents, and the need for all groups to understand the social context in which bullying is occurring. While this has been noted in relation to general studies of bullying, this is particularly pertinent in the case of children with SEN or disabilities, as studies reveal that as well as being disproportionately vulnerable to being bullied, they are often also perceived as being bullies [c.f. research questions 2 and 3]. For example, Kaplan et al (2005) note that if the 'threat assessment' intervention is used, which takes into account the social context of threats and assesses the real level of danger they present, then fewer children with special educational needs are excluded from school. In particular, it is important to raise teachers' understanding of the impact on families so that they do not blame the parents (Mishna, 2003: 343).

But this is also important for preventing the bullying of children with SEN and/or disabilities. Mishna (2003: 340-344) also states that the social context of bullying must be considered and argues that one of the challenges for whole-school approaches is increasing community awareness and changing attitudes. Schools should be encouraged to examine how they define conditions and what expectations or prejudices they have about children with particular types of SEN and/or disability, as these might be misguiding school policies to make them (unintentionally) socially exclusionary to such children. For example, Alderson's study (1999) shows how different understandings of autism by school staff has a significant impact on their level of social integration. The following section goes on to consider strategies that might more effectively prevent or reduce the victimisation of children with SEN and/or disabilities.

# What are the most effective approaches that schools can take to prevent and respond to the bullying of children with SEN and disabilities?

This section will examine the general state of the research on interventions and then examine the methodological and philosophical issues that arise. The studies of prevention and response are then explored ending with the agenda for future research and practice.

**The literature**

The research on the topic of bullying interventions has developed considerably over the last fifteen years. The particular focus on interventions for pupils with SEN and/or disabilities began with studies such as those by Thompson, Whitney and Smith (1994) in their Sheffield studies. These authors were among the first to identify the need to pay particular attention to the needs of young people with SEN and/or disabilities. Since then there has been greater research activity and there have been many reviews of research internationally (e.g. Frederickson et al, 2007; Farmer, 1993; Gresham and MacMillan, 1997; Kavale and Fomess, 1996; Frederickson, 2010). These reviews of research clearly highlight that many students with SEN and/or disabilities have social difficulties and are not well accepted by their peers. The consequences of this, which have been studied in students who do not have such difficulties, indicate that peer rejection and social skill deficits are associated with later adjustment problems (Farmer, 1993; Kamps and Tankersley, 1996; Kauffman, 1999). The focus of the studies has been largely on peer relations and how they can be developed. This will be explored in later sections. The research includes a mix of detailed qualitative studies, including accounts of practice by psychologists, advisory teachers, classroom teachers and support staff, as well as substantial reviews of research and inquiries by researchers in higher education. There is a useful literature which examines the views of young people and is largely situated in accounts by non governmental organization or specialist advocacy groups.

*Methodological issues*

Guidance on dealing with bullying in schools promotes the accessing of students' views (DCSF 2008) and this is also raised by others (Hodson et al, 2005). A Mencap study (2007) highlights this as an important methodological issue. How do we access the experiences of young people with SEN and/or disabilities in relation to bullying in ways that are economical of effort and pragmatic in school situations? Marino et al (2001) write about the importance of this activity since we need to accurately assess bullying of young people with SEN and/or disabilities in schools and we know that there is tendency to under estimate it. Byers et al (2008) provide one example of school-based, participatory research that highlights and tackles the issues of bullying and social isolation for young people with SEN and/or disabilities in mainstream schools. Lewis and Lindsay (2000) and Porter and Lacey (2005) provide important

guidance on conducting research that effectively includes young people with SEN and/or disabilities.

*Philosophical issues*

Many writers (Frederickson, 2010; Rose and Howley 2003; Watts and Erevelles, 2004) draw our attention to matters of conceptualisation and the impact on intervention. They show that the way in which we conceptualise bullying (or school violence in their terminology) and disability leads to notions of blame, responsibility and dictates the locus of intervention. If we locate the problem in the student, then our response to this will be to intervene in this domain and focus on individuals. The significant movement in the literature is the acceptance of the need to conceptualise bullying as located within the social context of schools and young people's lives and so the focus has been on peer relations in both preventing and responding to bullying for young people with SEN and/or disabilities.

**Prevention**

This shift in research from a concentration on the cognitive aspects of SEN and/or disabilities to the psychosocial, and in particular peer relations, has highlighted difficulties of social competence, peer status and peer acceptance, and social cognition (Greenham, 1999). There have been many research studies that have focused upon the inclusion of young people with SEN and/or disabilities in mainstream settings and researchers have studied the different elements of peer relations (Frederickson 2007; Mishna, 2003; Marini et al, 2001; Farmer, 1993; Greenham, 1999; and Whitney et al, 1992). When the young people with physical disabilities that Skär (2003) interviewed were teased, taunted or were called names, for example, they felt they could respond either by becoming a joker and using the abusive terms themselves – or by avoiding contact with peers. These young people sought friendships outside their age group (with both younger and older friends) and outside their gender (disabled boys found girls to be 'kinder'). They also liked socialising on the Internet where they did not have to reveal their disability.

Some studies, and there are less of them, have researched the impact of certain preventative interventions which will be explored in detail in this section. What is clear is that there is a strong case for intervening both preventatively and reactively. There is also a case for monitoring the bullying of pupils with SEN and/or disabilities since this has been significantly under estimated (Frederickson et al, 2007; Hanish and Guerra, 2000; Pepler et al, 1994; Sharp, 1996).

*Planned interventions*

Much of the research and the discussion have centred upon the social consequences for young people with SEN and/or disabilities of being included in mainstream settings. These studies are important because they have much to tell us about social interaction and social rejection so central to bullying. Frederickson (2010) concludes that reviews

comparing inclusive settings with separate special schools or classes have reported small positive benefits of inclusion (Baker, Wang and Walberg, 1994–5; Lindsay, 2007), while reviews comparing social outcomes within inclusive settings have found that pupils with special educational needs are generally less accepted and more rejected than their typically developing classmates (Gresham and MacMillan, 1997; Nakken and Pijl, 2002). However, the research also shows that planned preventative interventions make a difference and improve matters and that if there is not intervention then bullying can be worse in mainstream settings. Inclusive settings may lead to lower levels of bullying for children with SEN and/or disabilities because they may allow these children to develop social skills though behavioural modelling and generally enhance acceptance and participation (Rose, 2009). 'However, if students are not fully integrated into peer groups, inclusion may maintain or exacerbate victimisation' (Martlew and Hodson, 1991). This isolation then limits opportunities to learn, practice, and receive validation for social skills (Mishna, 2003). Ineffective integrative practices may also 'hinder the ability to develop a protective peer base...' (Rose, 2009: 764). So what is apparent is that there is a need for planned interventions. These interventions also need to be targeted and sophisticated in their response to particular socially contextualized needs and in response to the different challenges presented by particular disabilities.

Farmer (1993) summarises how research in the 1980s and 1990s focused upon social skills training and peer support strategies. Yude and Goodman (1999), for example, suggest treating 'externalising problems' with behaviour management or medication; or helping children to develop better social skills and understandings. Yude et al (1998) recommend (speculatively) a 'whole school approach that fosters inclusive attitudes and increases disability awareness'; 'coaching in social skills'; and 'training in mentalising techniques' (page 540). These strategies were found to be useful but the outcomes were modest because they did not take into account the social context or the contextual factors that maintain the aggressive behaviour, which is often related to peer status and role. The effectiveness of individual and peer support interventions depends in part on whether they are supported by the general classroom and school social climate.

> 'While assisting aggressive students to develop stronger social competencies and friendships, educators must also be aware of the ways in which the social context can support problem behaviour and should develop strategies to inhibit the emergence of interchanges that maintain antisocial behaviour. This does not mean ignoring the focus on peer rejection and social skills training. Rather, the framework of interventions should be broadened to include a more direct focus on social structures, including students' peer affiliations and social roles in the classroom and school, and providing students with opportunities to develop positive roles and associations outside the instructional setting.'

> (Farmer, 1993, page 206)

Mishna (2003) has shown the need for adult support, both to help the group proactively in order to prevent rejection or victimization and to help the group accept

the child who has already been victimised. Adults are also essential to changing the social contexts of and interactions in the school and the classroom. Dixon (2006) in a study of bullying of deaf or hearing impaired children noted that when using a framework of interventions which target emotional change, cognitive change and behavioural change most of the interventions adopted by teachers was in the cognitive category and she argues that not enough attention is given to helping adults to work with the emotional aspects of bullying pupils with SEN and/or disabilities. The framework of emotional cognitive and behavioural change is a useful overall framework for shaping interventions in general. However most of the work focuses on changing the nature of the peer interactions or using the peer group as a support.

*The nature of the peer interventions*

Interventions fall into two main categories: those that aim to engage the empathy of peers through peer education and harness that in the support of the students (Young, 1998; Greenham, 1999; Etherington, 2007; Frederickson, 2010) or those that engage in direct peer support. Frederickson (2010) argues that the risks associated with the 'labelling' of children with special educational needs have been overstated. Instead there is evidence that including the peer group in open communication about special needs and responses to these needs is an important foundation in many cases for building positive classroom relationships. Peer education aims to provide information by a range of means and thinking about the context. A framework for thinking about the communication is to think of 'the who, the what, the how and the to whom' (Frederickson, 2010 citing Campbell, 2006). Campbell (2006) identified four components of persuasive communication: the source ('who'), message ('what'), channel/ medium ('how') and receiver/target/audience ('to whom') and argues that these should be investigated in developing the knowledge base about how most effectively to present initial information to classmates. It is important to provide explanatory information not just descriptive information (Campbell, 2007). The strategies used to educate peers include telling pupils about the special need of the young person. Hunt, Alwell, Farron-Davies and Goetz (1996) and Turnbull (2006) describe using multi media presentations, along with active learning tasks, to classes in which a young person with SEN and/or disabilities was present or about to enter. These presentations informed the classmates about pupils with special needs and the nature of the difficulty. This seemed to signal to peers 'that these pupils are deserving of special attention' (Frederickson, 2010, page 6). These studies provide evidence of the effectiveness of this intervention in increasing positive interaction between the children with special educational needs and their peers and securing levels of acceptance equivalent to their peers. The activation of empathy and understanding for pupils with SEN and/or disabilities is seen as the mechanism operating here. Reward is gained and feelings of high self-esteem from helping someone (Frederickson, 2010). There is a strong argument made in these studies for raising awareness of the disability. But there is also a need to harness peer support and to intervene in the social context.

Saylor and Leach (2009) describe the Peer EXPRESS (Experiences to Promote Recreation, Exposure, and Social Skills) programme 'whose mission was to bring peers

with and without disabilities together for shared arts, sports, camps, service, and leisure activities in school and in the community' (pages 79–80). The authors concluded that this resulted in increased empathy and ability to relate and a significant decrease in bullying behaviour. Other strategies to engage peers directly in support include buddy systems (Frederickson, 2010), Circle of Friends (Etherington, 2007) and peer mediation (Warne, 2003). Moore (2009) recommends helping to foster friendships, peer-support or 'buddying' in addition to involving young disabled people in developing school policy on bullying. There is a body of evidence building for the strength and efficacy of peer education but it is in the early stages as a research field and there is a need to evaluate programmes rigorously.

*Out of school*

Bullying out of school, and in particular cyber bullying, are also forms of bullying that need to be paid attention to in considering peer approaches. Didden et al (2009) have shown that cyber bullying is common amongst young people with SEN and/or disabilities and that it is very prominent for young people who may withdraw due to their disability and depend more on the Internet for social engagement. These young people are more vulnerable to bullying since they spend more time using the Internet. Mishna (2003) has also argued that education must include developing community awareness about bullying and the vulnerability of pupils with SEN and/or disabilities.

*Interventions in the classroom*

A number of authors emphasise that direct teaching to support language and communication skills among pupils with SEN and/or disabilities can be effective in reducing levels of isolation, victimisation and bullying. Hemphill and Siperstein (1990), for example, speculate that focused work on language skills for pupils with moderate learning difficulties might enhance their social acceptance and inclusion. Goldman (1987) proposes that support for children with language needs should focus on social aspects and Vetter (1982) argues that teachers should be better equipped to differentiate by precise area of language need. The work carried out by Botting and Conti-Ramsden (2000) indicates that support should focus on receptive language skills and social understanding.

Other interventions that have been found useful in the classroom relate directly to interactions around teaching and learning and involve teaching young people how to interact in groups and within learning activities. They also involve teachers in structuring the learning tasks so that they necessarily involve genuine collaboration and interaction. Rose and Howley (2003), for example, used jigsawing and structured teaching.

**Responding to bullying**

*Focusing on the wider peer group*

Some action that is recommended in relation to moderating bullying and victimisation focuses on the wider peer group. Woods and White (2005), for example, identify two kinds of bullying behaviour: 'direct bullying' (such as hitting, kicking or taking belongings) and 'relational bullying' (which is more common and causes harm through the manipulation of social relations by name calling, spreading rumours and social exclusion). Woods and White (2005) then identify four kinds of children: 'pure bullies'; 'pure victims'; 'bully-victims'; and 'neutral' (bystanders or defenders of the victim). These authors propose that children with a bully/victim profile who are involved in direct and relational bullying experience the highest levels of arousal (for example, feeling both anxious and provocative); they note that victim status (involving shy, anxious and avoidant mental states) and behaviour problems are also associated with high levels of arousal. The children with the lowest levels of arousal (those who are 'cool' – but seeking stimulation) tend to be direct 'pure' bullies. Woods and White (2005) propose that schools need to understand and manage the links between arousal levels and pupil behaviour. They argue that school strategies designed to reduce arousal levels (including calm environments; the presence of authority figures; the use of relaxation techniques; the use of self talk techniques; the direct teaching of problem solving; and teaching children to cope with failure) can reduce bullying. These authors also suggest that schools can work to raise arousal levels and reduce aggression (for example, for potential direct bullies) by offering alternative forms of excitement and challenge (for example, in sports activity).

*Targeting interventions*

Other studies have focused upon the particular needs of pupils, for example, those with Tourette syndrome (Murphy and Heyman, 2007), those who are deaf (Dixon, 2006), those who have Asperger syndrome (Attwood, 2004) and children who stammer (Turnbull, 2006). The authors argue that there are particular facets of the bullying in its interaction with a particular disability that may need focusing upon. Attwood (2004) for example shows that the lack of a theory of mind and the social difficulties of young people with Asperger syndrome should inform the nature of the response. In Attwood's work (2004) a range of strategies were used with students with Asperger syndrome. These included using a team approach with many professionals; establishing a code of conduct; making a map of child's world; using buddy stems and giving bystanders strategies. Other general approaches to bullying such as the support group or 'No Blame' approach have also been used with pupils with SEN and/or disabilities (Young, 1998).

These studies suggest that simple interventions can have quite a considerable impact (Frederickson, 2010) and that when intervening it is necessary to think about the social experience within school and the social meaning of the behaviours. This will help to shape interventions, which if they are not targeted will not make a difference. Peer

education approaches and intervening in the peer dynamic of the classroom seem to be powerful avenues to pursue in developing interventions

# Conclusions and main messages

### The research questions

The main purpose of this review of the knowledge base on bullying and children and young people with SEN and/or disabilities is to establish what evidence there is to inform approaches that schools might take to a) preventing and b) responding to this issue. This purpose is the focus of research question 1, which is the prime question.

> Research question 1. What does the evidence say are the most effective approaches that schools can take to a) preventing and b) responding to the bullying of children with SEN and/or disabilities?

The other three context questions are:

> 2. What evidence is there that children and young people with SEN and/or disabilities are disproportionately vulnerable to experiencing bullying and/or peer victimisation within the school context?
> 3. What is particular about this group of children in respect of their vulnerability to bullying in the context of their interactions with their peers?
> 4. What does the evidence tell us about the challenges that schools face in effectively preventing and responding to the bullying of children with SEN and/or disabilities?

### Conclusions

In relation to these four questions, we offer the following conclusions:

There is a great weight of evidence that confirms that children with SEN and/or disabilities are significantly more likely to be bullied or victimised than their non-disabled peers. Further, the rates of vulnerability to bullying for children with SEN and/or disabilities are very significant. Reports suggest that teachers tend to underestimate, undervalue or discount reports of bullying from pupils with SEN and/or disabilities.

Pupils with SEN and/or disabilities tend to be less accepted and more rejected by their peers than other children, even when they have studied within a stable peer group for a number of years. Poor peer acceptance is known to lead to greater risk of victimisation and bullying. Some reports indicate that these problems get worse as young people grow older and move into secondary schools. Further, children with co-morbid conditions or combinations of difficulties report higher levels of peer victimisation. Teasing and bullying are reported to be additive, meaning that the chances of being bullied are compounded for children with combinations of difficulties or characteristics of 'difference'.

The research implies that young people with SEN and/or disabilities have many characteristics that make them vulnerable to bullying, including lower academic attainment, physical differences, shyness and passivity, low self-esteem and anxiety, and behaviour that challenges other people. Some children with SEN and/or disabilities (often children with learning disabilities or ADHD) can be seen as 'provocative victims', becoming involved in teasing and bullying as well as being bullied, arguably because they have difficulty monitoring and controlling their behaviour in social situations. There is also some evidence that children who are rejected may be more likely to respond by adopting bullying behaviours. However, the research strongly suggests that the key determinants of vulnerability to bullying are associated with language and communication and social skills and status.

Social behaviours are crucially important with regard to peer victimisation. Young people with SEN and/or disabilities are often described in the research as being at risk of being bullied because of their 'low social ability', 'deficits in decoding social situations', 'reduced social competence', or 'impaired social tendencies'. There is wide agreement that social issues, related to peer rejection, are key factors in the bullying of children with SEN and/or disabilities. Some authors, however, relate this also to language and communication issues and to the difficulty that some children may have in interpreting nonverbal cues, communication messages and the feelings associated with those messages.

The research suggests that language and communication have central places in the bullying and victimisation of children with SEN and/or disabilities – because dialogue is generally the medium through which children initiate contact, exchange information, and negotiate shared roles and children with SEN and/or disabilities frequently experience delays in language development. Mainstream children have good 'discourse awareness' and are good at detecting strengths and weaknesses in conversation. They may define social competence according to linguistic competence and respond accordingly so that poor language skills (and particularly receptive language skills) become a predictor of peer rejection.

Communication problems and the misinterpretation of social situations may be key elements leading to increased risk of bullying for young people with SEN and/or disabilities. Social isolation and victimisation can lead to further exacerbated victimisation in an ongoing cycle of bullying and rejection.

Aspects of service design and provision and the strategies adopted by professionals can also render young people more liable to be bullied. The research indicates that isolation and victimisation these issues are at least partially the responsibility of schools for failing to promote friendship opportunities; failing to teach social skills; and failing to take responsibility for the 'non-teaching' parts of the school day. The difficulties that children with SEN and/or disabilities experience are particularly significant in unstructured situations such as free-play and in the school corridors.

There is also evidence that the ways in which schooling for pupils with SEN and/or disabilities operates can exacerbate the problems young people face by requiring them to be passive and compliant; over-protecting them; providing them with

inappropriate staff support; teaching them outside their peer group; failing to ensure equality of physical access to environments and activities; and requiring them to seek help because the work has not been adjusted in order to be accessible to them. Contextual features, including staff support, poorly differentiated teaching and separate teaching, may mean that children with SEN and/or disabilities do not have the right opportunities to forge protective links with their peers. Children who are not effectively integrated and who rely on staff support may become victims of bullying and teasing

Building on these findings, studies suggest a number of challenges that face both mainstream and special schools in preventing and responding to bullying. One primary challenge for schools is knowing the extent of bullying. Relying solely on teacher or pupil reports can be problematic since studies have shown that teachers often underestimate or have unrealistic picture of levels of bullying and students with SEN and/or disabilities may not recognise bullying situations, either as perpetrators or victims. Linked to this is the issue of defining bullying: it is important for schools to have a commonly agreed definition shared by both teachers and pupils.

It is crucial for schools to know the extent of bullying in order to address the situation; for example, to know whether preventative programmes are enough or whether targeted interventions are required (and if so, towards which children in particular). A particular challenge for schools is finding a way to work with teachers on this issue in a way that is sensitive to the pressures which their responsibilities entail; to find an appropriate and effective way of developing awareness and reporting of incidents of bullying in their classes. This is crucial as teachers are the adults most directly in contact with the students.

Other challenges, such as finding the time, space and resources for teacher training and preventative or anti-bullying curricula, are institutional. Research suggests that particular strategies may be most effective for children with different types of SEN and/or disabilities who are vulnerable to bullying, but identifying such strategies, adapting them if necessary and incorporating them into mainstream curricula may be time-consuming and require additional expertise and resources. It is here that external support may be particularly effective in helping schools to address this kind of bullying. At the same time, while such targeted interventions are effective, whole-school strategies also form an important foundation for these practices and schools may find it problematic to introduce such changes comprehensively.


**Main messages**

Arising from these conclusions, we offer the following main messages:

If the key factors in reducing vulnerability to victimisation and bullying are social, then social opportunity is an important issue. The implication is that schools should take responsibility for promoting access for young people to social situations outside the classroom as well as to educational opportunities. However, the social fabric of the classroom is also important since, where there are limited opportunities for

cooperative learning and friendship, there are reduced opportunities to learn social skills – and the risk of bullying is therefore increased.

There is some evidence that attending inclusive schools can help by providing opportunities for peer group association. The best factor protecting against bullying is acknowledged to be social support, provided through friendship or even acquaintance with peers. Peer acceptance (particularly in non-classroom and playground settings) by large numbers of peers (numerous 'bystanders' rather than a few good friends) tends to protect young people with SEN and/or disabilities from bullying and victimisation. However, inclusive settings (and even schools with thoughtful anti-bullying policies) do not, in themselves, confer protection. Children with SEN and/or disabilities may still have low social status, have few friends and be socially rejected within them. There is also some evidence that children with less severe special needs in mainstream (for example, children with mild or 'hidden' difficulties) experience greater levels of rejection than those who have more visible forms of SEN and/or disabilities.

It is clear, then, that schools have a responsibility to focus on social issues and to teach social and communication skills. Preventative interventions are important and can make a difference, especially in mainstream settings. Studies suggest that effective inclusion practices, and inclusive pedagogies in particular, can lead to lower levels of bullying, particularly through enabling students to model behaviour, and providing a means for acceptance and the development of social skills. However, interventions need to be targeted and respond to the different challenges presented by particular disabilities. The focus should not only be on the development of language, communication and social skills but also on social structures, including peer affiliations and social roles. Adult roles are crucial in this and support in the classroom needs to be carefully planned so that it does not increase isolation from peers for pupils with SEN and/or disabilities. There is also some evidence that actively teaching disability awareness and helping children to understand and empathise with their peers with SEN and/or disabilities can be productive.

In addition to planning and implementing interventions, it is important to encourage all involved (teachers, school staff, pupils, and parents) to think through how bullying is understood and defined, particularly in terms of the bully/victim roles and the social context in which bullying occurs; especially how communication difficulties and (initially unintended) social exclusion can be underlying factors contributing to the emergence of bullying and victim behaviours. This kind of awareness raising is less straightforward than more typical punishment or anti-bullying reporting strategies, and therefore may be more challenging for schools to engender, but ultimately will be more effective for bringing about a school atmosphere in which victimisation is less likely to occur.

Interventions which are targeted on the particular needs of children with different disabilities can have a considerable impact but there is a need for more research studies that conduct systematic evaluations and follow-ups of such interventions to determine better the challenges facing schools. Given the current absence of such studies, in-depth work with teachers is recommended as they are uniquely placed to understand the challenges addressing bullying and the research suggests that they

currently underestimate the extent and severity of bullying as it involves children with SEN and/or disabilities. Any further consultation or research with teachers should take account of the evidence discussed earlier in this section that this may well be a sensitive topic for them to work on.

An important aspect of schools' approaches to bullying revolves around where the problem is located. If bullying is seen as a problem emanating from the student and their behaviour, then interventions will be deployed in the individual domain. However, the literature suggests the importance of social context in the incidence of bullying and it therefore follows that prevention and responses need to focus on peer relations as opposed to changing individual behaviours.

Interventions can work in two main ways: through engaging the empathy of peers, and through engaging direct peer support. In peer groups, it is particularly effective to have open communication about special needs and appropriate responses, providing explanatory and not just descriptive information; this has been shown to increase positive interactions between children with SEN and/or disabilities and their peers. Buddy systems and peer mediation have also been shown to be effective and further research is needed to secure the role that participative pedagogies and peer support can play.

Research on bullying has begun to focus more specifically on children with SEN and/or disabilities in the last fifteen years. Most of the studies relating to interventions suggest that, as bullying tends to occur because of peer rejection and social skills deficits, the most effective interventions focus on the psychosocial aspects of SEN and/or disabilities (as opposed to cognitive), and on how peer relations can be developed, for example, though enhancing language and communication skills among young people with SEN and/or disabilities or by actively promoting collaborative and participatory pedagogies. Accessing student views is an important first step in taking action and further research that directly involves young people with SEN and/or disabilities would be effective.

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# Appendix: Searching strategy and results

The study has been framed around the key questions from the DCSF/DFE. The first task of the review was to elicit the nature and scope of the evidence base available for answering these questions, based on the results of the earlier scoping study. The review used a broad range of methods to identify relevant material:

- searches of bibliographic databases;
- searches of project and organisation websites;
- contacting individuals working in relevant organisations;
- recommendations from the National Children's Bureau;
- References gathered from the full text of relevant articles.

Three screening stages were undertaken to filter out the materials most relevant to the research questions.

*Screening 1*: using record titles and abstracts (where available) to ensure the search results conformed to the search parameters and were relevant for answering the research questions.

Materials were excluded if:

- they did not address the issue of bullying;
- they were published before 1990;
- they did not relate to a study in an English-speaking country, or were not published in English;
- they did not relate to the research questions;
- they reported on the causal effect of bullying on mental health problems and disorders;
- a fuller report was published elsewhere;
- they were duplicate records.

Records from the first stage of screening were then gathered and disseminated for the second screening, following further discussions about inclusion and exclusion criteria. Further materials were excluded if:

- they focused on ADHD-related 'behavioural' problems / disorders;
- the bullying explored was between adults, or pre-school children;
- they were investigating the effectiveness of medical treatments for aggressive behaviour or ADHD;
- the aggression and bullying investigated was occurring in non-school contexts (home, parents, siblings).

After the second screening, full text versions of the articles were collected where possible and read for analysis, to assess the evidence base for each of the research questions. As there were some considerable discussions within the research team about specifically which literature was to be included at this stage, it was decided that the literature review phase will also include a revisiting of the literature excluded in the second screening, in order to confirm the criteria applied to this study.

Table 1 shows the number of items found in the initial search, and selected at each screening stage, by each database searched.

*Table 1: Initial search results*

| Database | Items found | Items selected for consideration (screening 1)[5] |
|---|---|---|
| Applied Social Sciences Index and Abstracts (ASSIA) | **16** | 6 |
| Australian Education Index | **355** | 25 |
| British Education Index | **190** | 36 |
| ChildData | **530** | 12[6] |
| International Bibliography of the Social Sciences | **96** | 14 |
| PsycArticles / PsycInfo | **208** | 32 |
| Social Care Online | **64** | 23 |
| Social Sciences Citation Index | **397** | 88 |
| Social Services Abstracts | **183** | 15 |
| ZeToC | **14** | 8 |
| JSTOR | **13** | 1 |

*Screening 2*: was conducted after consultation over the results of the first screening among the research team, and further discussions about the remit of the study. Further materials were excluded if:

- they focused solely on ADHD-related 'behavioural' problems or disorders;
- the bullying explored was between adults, or pre-school children;
- they were investigating the effectiveness of medical treatments for aggressive behaviour or ADHD;
- the aggression and bullying investigated was occurring in non-school contexts (for example, at home, between parents, children and siblings).

After the second screening, full text versions of the articles were collected where possible and read for analysis, to assess the evidence base for each of the research questions.

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[5] This was reduced again slightly for removal of duplicates and pre-1990 articles.
[6] As the ChildData results were received later on in the scoping process, there was a high level of duplication with items already found.

*Screening 3*: as there was some considerable discussions within the research team about specifically which literature was to be included at this stage (see 'Cause and effect', above), the literature review phase included a revisiting of the literature excluded in the second screening, in order to confirm the criteria applied to this study. After the decision to adopt a refined definition of SEN and disabilities, which did not include mental health disorders, other physical differences or medical conditions, and 'gifted' children, the previously excluded literature was reviewed again alongside included articles and additional literature which had been sourced from full text articles and from further consultations with individuals.

In this third screening, sources were sorted according to primary or secondary importance, or excluded entirely from the study. The quality and nature of the material was recorded on 'report cards', with summaries of the findings in relation to each research question.

Table 2 shows the final inclusion / exclusion criteria:

*Table 2: Inclusion and exclusion criteria*

| Inclusion / exclusion criteria | | Guidance |
|---|---|---|
| 1 | EXCLUDE Date of publication | Published before 1990 |
| 2 | EXCLUDE Publication type | General advocacy literature |
| 3 | EXCLUDE Originality | Duplicated elsewhere |
| 4 | EXCLUDE availability | Not available |
| 5 | EXCLUDE Location | Other than UK, Ireland, USA, Canada, Australia, New Zealand |
| 6 | EXCLUDE Language | Other than English-language publications |
| 7 | EXCLUDE Scope | Other than publications relevant to research questions |
| 8 | EXCLUDE Relationship | Any hostile or violent behaviour other than peer-peer bullying (e.g. adult – child); any sexual aggression and harassment |
| 9 | EXCLUDE Age / location | Any behaviour not within school environment (e.g. pre-school; against adults with SEN/D) |
| | EXCLUDE Definition of SEN/D | - Mental health issues: depression, anxiety, OCD, anorexia<br>- other physical differences / medical conditions: obesity, eczema, asthma, diabetes |

| | | - gifted and talented<br>- race, sexuality |
|---|---|---|
| 10 | INCLUDE | Not excluded by above |

**Search strategy**

The following section contains information on the keyword and search strategies for each database searched as part of the scoping study.  The general approach was:

- Use the database subject listing or thesaurus where available, to identify the relevant keywords or subject terms, as these varied considerably by database. These were then used to construct compound searches using Boolean operators where possible.  Where no subject listing or thesaurus was available, free text searches were used to search titles and abstracts.

- Collate all abstracts from the database search results and conduct the first screening.

- Combine these with recommendations of references from individuals and organisations.

- Remove duplicates and conduct second screening.

All searches were limited to publications after 1990, in English language only.  The keywords used in the searches are outlined below.

A number of terms are used across databases: 'DE' denotes descriptor; 'SU' denotes subject; 'KW' denotes keyword; 'TI' denotes title.

**Applied Social Sciences Index and Abstracts (ASSIA)**

ASSIA is an index of articles from over 500 international English language social science journals.

(DE="bullying" OR DE="emotional abuse" OR DE="psychological abuse" OR DE="verbal abuse" OR "aggression" or "fighting" or "social aggression" or "verbal aggression" or "violence" or "childhood psychological abuse" or "victimization" or "chronic victimization" or "revictimization" or "harassment" or "disability harassment") AND (DE="disability" or "apraxia" or "developmental apraxia" or "blindness" or "night blindness" or "retinopathy of prematurity" or "functional impairment" or "learning disabilities" or "aicardi syndrome" or "aspartylglucosaminuria" or "cri du chat syndrome" or "de lange syndrome" or "down s syndrome" or "fragile x syndrome" or "nonverbal learning disabilities" or "prader willi syndrome" or "perceptual impairment" or "sensory impairment" or "verbal disability" OR DE="autism" OR

DE="asperger's syndrome" OR DE="visual impairment" OR DE="reading disabilities" OR DE="deaf" OR DE="behaviour disorders" OR DE="psychiatric disorders" OR DE="special education" OR DE="mental health")


## Australian Education Index

This database has over 200 Australian journals comprehensively indexed and more than 500 Australian and international journals are scanned for relevant articles. Books, conference proceedings and papers, research and technical reports, theses and legislation are also indexed.

(Antisocial-Behaviour.DE. OR Aggression.W..DE. OR Bullying.W..DE. OR Emotional-Abuse.DE. OR Verbal-Abuse.DE. OR Violence.W..DE.) AND (Disabilities#.W..MJ. OR SPECIAL-NEEDS-STUDENTS.MJ. OR SPECIAL-EDUCATION.MJ. OR GIFTED-DISABLED.MJ. OR MENTAL HEALTH.MJ. OR DEPRESSION-PSYCHOLOGY.MJ. OR ANXIETY.MJ. OR EMOTIONAL-PROBLEMS.MJ. OR LEARNING-PROBLEMS.MJ. OR BEHAVIOUR-PROBLEMS.MJ.)


## British Education Index

The British Education Index provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

(Bullying.DE. OR aggression.DE. OR antisocial-behaviour.DE. OR violence.DE.) AND (special-educational-needs.DE. OR learning-disabilities.DE. OR autism.DE. OR behaviour-problems.DE. OR emotional-problems.DE. OR asperger-syndrome.DE. OR mental-disorders.DE.)


## ChildData

ChildData is the National Children's Bureau database, containing details of over 35,000 books, reports and journal articles about children and young people.

keyword = (bullying or violence or emotional abuse or victims or physical abuse)

AND

keyword = (disability or downs syndrome or visual impairment or hearing impairment or autism or aspergers syndrome or gifted or dyslexia or mental disability or mental disorders or special education* or learning difficulties)

**International Bibliography of the Social Sciences (IBSS)**

IBSS includes over 2.5 million bibliographic records relating to the four core social science subjects of anthropology, economics, politics and sociology.

SU=BULLY* OR AGGRESS* OR VIOLEN* OR EMOTIONAL ABUSE OR VERBAL ABUSE OR ANTI-SOCIAL BEHAVIOUR OR VICTIMISATION OR ISOLAT* OR TEAS* OR THREAT* OR PHYSICAL ABUSE OR HARRASS*

AND

SU=DISABILIT* OR LEARNING DISABILIT* OR GIFTED OR DYSLE* OR VISUAL IMPAIRMENTS OR HEARING IMPAIRMENTS OR ATTENTION DEFICIT* OR MENTAL DISORDERS OR DEVELOPMENTAL DISABILITIES OR ASPERGER* OR AUTIS* OR DOWNS SYNDROME OR SPECIAL NEEDS* OR SPECIAL EDUCATION* OR LEARNING PROBLEMS OR BEHAVIOUR PROBLEMS


**PsycInfo**

PsycInfo contains more than 2.5 million records on psychological and behavioural science.

BULLY* OR AGGRESS* OR VIOLEN* OR EMOTIONAL ABUSE OR VERBAL ABUSE OR ANTI-SOCIAL BEHAVIOUR OR VICTIMISATION OR ISOLAT* OR TEAS* OR THREAT* OR PHYSICAL ABUSE OR HARRASS*

AND

DISABILIT* OR LEARNING DISABILIT* OR GIFTED OR DYSLE* OR VISUAL IMPAIRMENTS OR HEARING IMPAIRMENTS OR ATTENTION DEFICIT* OR MENTAL DISORDERS OR DEVELOPMENTAL DISABILITIES OR ASPERGER* OR AUTIS* OR DOWNS SYNDROME OR SPECIAL NEEDS* OR SPECIAL EDUCATION* OR LEARNING PROBLEMS OR BEHAVIOUR PROBLEMS


**Social Care Online**

Social Care Online is an internet database offering a range of information and research on all aspects of social care and social work.

Topic=( "harassment" or "bullying" or "racial harassment" or "sexual harassment") and topic=("communication disorders" or "speech impairment" or "learning disabilities" or "autistic spectrum disorders" or "Aspergers syndrome" or "autism" or "Downs syndrome" or "Prader-Willi syndrome" or "severe learning disabilities" or  "Williams syndrome" or "learning disorders" or "dyslexia" or "mobility" or "mobility impairment" or "multiple disabilities" or "physical disabilities" or "cerebral palsy" or "cystic fibrosis" or "epilepsy" or "hereditary chorea" or "multiple sclerosis" or "muscular dystrophy" or "spina bifida" or "sensory impairments" or "deaf blindness"

or "hearing impairment" or "deafness" or "visual impairment" or "severe disabilities" or "social role valorisation")

**Social Sciences Citation Index**

Social Sciences Citation Index provides data from 2,474 of the world's leading social sciences journals across 50 disciplines, as well as 3,500 of the world's leading scientific and technical journals.

 TI=(Bully* or Aggress* or Violen* or Emotional abuse or Victimisation or Threat* or Harass*) and TI=(Disabilit* or Learning disability* or Gifted or Hearing impairment or visual impairment or deaf or blind or Attention deficit* or Developmental disabilit* or Autis* or dysle* or Downs syndrome or Special education* or special needs or behavior problems or Behavior disorders)


**Social Services Abstracts**

Social Services Abstracts is an international database covering social work, social welfare and social policy.

DE=(Bullying or Aggression or Violence or Emotional abuse or Victimisation or Threat or Harassment) and DE=(Disability or Learning disabilities or Gifted or Gifted children or Hearing impairment or Attention deficit disorder or Developmental disabilities or Autism or Autistic or Downs syndrome or Special education or Behavior problems or Behavior disorders)

**ZeTOC**

ZeTOC provides access to the British Library's electronic table of contents of journals and conference proceedings. The search interface has quite limited functionality, with only search on author or title possible.

Title= Bully* and Disabilit*

**JSTOR**

JSTOR contains archives of over one thousand leading academic journals across the humanities, social sciences, and sciences, as well as select monographs and other materials valuable for academic work.

Title= Bully* or Aggressive or aggression or Violent or violence or Emotional abuse or Victimization or victimisation or Threat or Harassment

AND

Title= Disabilit* or Learning disabilit* or Gifted or Hearing impairment or Visual impairment or Deaf or blind or Attention deficit or Developmental disability or Autism or autistic or dyslexia or dyslexic or Downs syndrome or Special education or special needs or Behaviour problems or Behaviour disorders.