The Challenge of Bullying Victimization for Adolescents With Autism Spectrum Disorder

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Bullying victimization is defined as a repetitive and aggressive behavior that can be physically, socially, and emotionally harmful towards the victim.[1] Prior research has identified that youth who lack positive peer interactions and have poor social skills are at greater risk of being bullied.[2] However, there has been limited study regarding the nature of bullying specifically among children with autism spectrum disorder (ASD). ASD is a psychiatric diagnosis characterized by impairments in communication and in social interaction and reciprocity, and youth with ASD have been found to have significant challenges in building and maintaining friendships.[3] Perhaps unsurprisingly given these challenges, children with ASD are about four times more likely to experience bullying in their lifetimes when compared to their typically developing peers.[2,4] It is therefore vital that clinicians have an understanding of how to assess and address the problem of bullying in this vulnerable population of youth.

Beyond the clinical importance, the topic of bullying in adolescents with ASD is one that needs to be studied in greater depth, such that we might understand not only that being bullied is more common, but also what the specific risk factors might be and how these youth can best be supported. Existing research is mainly cross-sectional in nature and reliant on parent report. Little is known about the types of interventions that may support these individuals.[5]

In this article, we will begin by discussing in further detail the epidemiology of bullying among youth with ASD. We then will outline challenges associated with assessing whether individuals in this subgroup are being bullied. Finally, we will describe some current approaches taken to reduce bullying risk in those with ASD, as well as the limitations of such approaches and suggestions for future research.

Scope of the Problem

Roughly one out of every 68 children born in the United States will be diagnosed with a form of ASD.[6] According to Sterzing, Shattuck, and Narendorf, adolescents diagnosed with ASD experience a victimization rate of 46.3%, while the typically developing adolescent population has an estimated victimization rate of 10.6%.[1] In this research, the term "victimization" included name-calling, teasing, other verbal forms of harassment, and being forced to do things like give lunch money. In a parent-report study composed of 192 parents of youth with ASD between the ages of 5-21 years old, 77% identified their children as victims of bullying specifically occurring within the prior month.[2] Out of the 77% of parents who identified their children as victims, 20% reported that these children experienced some form of bullying exceeding a month, and 54% reported bullying exceeding a year. Similarly, in a self-report study consisting of 30 adolescents diagnosed with ASD, 73% of these adolescents reported victimization or bullying by their peers in their lifetime.[5] Regardless of the sample size, both the parent-reported and self-reported victimization percentages are between 70-80% and about 4-7 times higher than typically developing individuals. As previously mentioned, this victimization ratio between typically developing adolescents and those diagnosed with ASD likely is attributable to their different social abilities in a general class setting, which may lead to isolation of students with ASD from their typically developing peers. Taken together, bullying victimization is both a prevalent phenomenon and one with unique determinants in youth with ASD, and thus warrants specific attention and research.

Recognizing What We Don't Know and Why We Don't Know More

Key deficiencies in our understanding of bullying in youth with ASD can be attributed to the methods of measurement and assessment most often utilized in extant studies. In the existing literature, the most commonly used method of measurement is a second-person reporting system or survey completed by a parent, guardian, teacher, or some person other than the direct victim.[5] However, utilization of second-person report as a form of measurement has many limitations. For instance, parents' abilities to report their children's experiences with bullying may be impacted by developmental level. Parents tend to be more informed and involved in their children's lives during earlier periods.[2] As youth begin to reach their teenage years, they less commonly disclose their social experiences and interactions to their parents. Because the peak bullying period for adolescents extends from middle school through the transition to high school, parents of children within this age group likely provide less accurate data compared to parents of elementary school-aged children.[2] Parents' reports of their children's experiences with bullying may be further influenced by parents' own biases. Parents have been shown to be less likely to report bullying that may be occurring at home by a sibling or other family members.[6] More broadly, it has been shown that parents of victims of bullying are more likely to participate in studies of bullying, as compared to those parents who have no prior knowledge of their children being bullied.[6,7]

While second-person report methodology presents particular challenges to our understanding of the problem of bullying among youth with ASD, characteristics specific to youth with ASD also directly limit a greater understanding of this problem. The experience of being bullied or victimized by a peer is highly personal. Thus, to achieve the highest validity, such experiences are best explained by the victims, themselves.[2] However, difficulties in communication and in social interaction and reciprocity—universal among those with an ASD diagnosis—may impede a child's ability both to detect bullying (particularly if subtle) and report the bullying to someone else, challenges that would affect both self-report and second-person report methodologies. In a study completed by Fisher and Taylor (N = 30), adolescents with ASD tended to reduce the seriousness of their peer victimization experience as evidenced by the tone and phrases they used to explain a specific bullying experience.[5] Furthermore, in the same study, some participants with ASD provided idiosyncratic examples of physical forms of bullying, including poking, staring, and tying shoelaces together, suggesting that youth with ASD may experience different forms of bullying than typically developing peers.

It is therefore important that an assessment of bullying in youth with ASD take into account these limitations and challenges. Efforts are also needed to design and validate surveys for use in children with ASD that take into account the potential for concrete interpretation of bullying experience.

What We Can Do Now

Supporting the social experience of youth with ASD and reducing their risk of bullying relies on the key interventions of a modified educational environment, peer supports and education, adult supervision, and, where appropriate, clinical treatment. Schools typically support youth with ASD by providing education in specialized classroom settings. This practice is supported by the finding that there are higher rates of bullying in general education classes compared to special education.[1] On the other hand, in the United States, federal law promotes educational inclusion and requires school districts to educate students with disabilities alongside their typically developing peers to the maximum extent deemed appropriate. Relatedly, although rates of bullying tend to be lower in specialized classrooms, inclusive classrooms promote the development of social skills and communication with typically developing peers, which is especially important for students with ASD and other communicative or developmental disabilities.[1] It is also expected that integrated general education classrooms increase acceptance of students with disabilities by providing non-disabled students exposure to peers with a disability, and the opportunity for mutually beneficial friendships.

Peer support may increase the likelihood that an instance of bullying will come to an end. Schools may consider implementing peer support groups in which typically developing students along with disabled students learn to support and advocate for students diagnosed with a disability and then take that same knowledge and utilize it throughout the school day, especially in the classroom.[5] In a study composed of students with a diverse set of moderate to severe disabilities (n = 152) and typically developing peers (n = 53) across 6 different schools within an urban school district, a similar peer support intervention called the Peer Buddy Program was implemented, and typically developing students reported feeling more comfortable and confident to intervene and advocate for their peers with disabilities directly following their participation in the Peer Buddy Program.[8]

Beyond peer support, directive support from adults is of importance when tackling bullying generally, but it is crucial when considering bullying amongst children with ASD. Parents and teachers have a major responsibility in the intervention of bullying in autism. First and foremost, parents are responsible for establishing an optimal home environment that promotes their child's overall social and communicational development.[2] Teachers play an equally important role by promoting peer support in both social functioning and education. Typically developing students' interpretation of their disabled peers is based on their knowledge about a disability or lack thereof.[4] Teachers may act to create an inclusive environment and provide students with the knowledge and confidence to avoid becoming a perpetrator of peer victimization, and to act as an ally and intervene.[5] It is also the teacher's duty to report any bullying incident that he or she has seen or that has been reported, as well as provide direct support to the victim. According to Fisher and Taylor, youth do not feel supported by teachers after a bullying incident, which prompts victims to have increased internalized emotions or the desire for retaliation.[5] Students with autism need both immediate and long-term support when dealing with bullying, and it is important that teachers actively listen to reports of bullying.

It is also important to consider that youth with ASD who have been victimized by bullying may benefit from clinical support. In particular, children who experience chronic peer victimization and their families should be referred to a mental health clinician who specializes in the treatment of youth with ASD.[2] One goal of the referral would be for the mental health professional to fully explore in a developmentally appropriate manner the extent and nature of the youth's experience with bullying. Furthermore, a mental health professional may help the youth develop a framework for relationship building and healthy social interactions. For example, Fisher and Taylor suggest the use of videos to help children with autism identify different forms of bullying, a technique that could also be very useful in facilitating self-reporting.[5] Combining both visual and verbal or written explanations is an additional approach by which to ensure that children with ASD have a full understanding. Ultimately, an important goal for clinicians is to help adolescents better understand what bullying looks and feels like, such that they may be better able to identify and report when they are being victimized.

In Conclusion

Bullying of adolescents with ASD is a prominent clinical challenge. Seemingly as a result of their difficulties with communication and social interaction, youth with ASD are at greater risk of being bullied. Furthermore, the communication and interpersonal deficits associated with ASD limit our current understanding of the problem. Adolescents with ASD may not recognize when they are being bullied and also may struggle to report it when it does happen. As a result of these and other factors described in this article, the current self-report and second-person report methodologies frequently used to study bullying in this population are inadequate.

Although further research is required, common-sense interventions include careful consideration of the educational setting, a home environment that fosters development of social skills, and clinical intervention when indicated. Further, peer support programs show early promise in empirical studies and should be implemented whenever possible.

Take Home Summary

- Adolescents with ASD are at greater risk for bullying victimization.
- Adult support is vital for reducing the risk of bullying and promoting positive social development and interaction in adolescents with ASD.
- Lack of knowledge and research on the topic of bullying in adolescents with ASD makes it challenging to collect accurate data and implement the most effective and appropriate intervention methods.

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