Rowan University

Rowan Digital Works

Theses and Dissertations

7-18-2012

The prevalence and perceptions of bullying in the autistic population: the functionality of social skills training

Jessica Krambeck

Follow this and additional works at: https://rdw.rowan.edu/etd

Part of the Child Psychology Commons, and the Student Counseling and Personnel Services Commons

Let us know how access to this document benefits you - share your thoughts on our feedback form.

Recommended Citation

Krambeck, Jessica, "The prevalence and perceptions of bullying in the autistic population: the functionality of social skills training" (2012). *Theses and Dissertations*. 158.
https://rdw.rowan.edu/etd/158

THE PREVALENCE AND PERCEPTIONS OF BULLYING IN THE AUTISTIC

POPULATION: THE FUNCTIONALITY OF SOCIAL SKILLS TRAINING

By
Jessica Renee Krambeck

A Thesis

Submitted to the
Department of Special Education Services/Instruction
College of Education
In partial fulfillment of the requirement
For the degree of
Master of Arts
At
Rowan University
May 1, 2012

Thesis Chair: Dr. Terri Allen, Ph.D.

Acknowledgment

I would first like to express my sincerest gratitude to Dr. Terri Allen who helped provide the vision and resources for this research project. Without she and Dr. Roberta Dihoff's invaluable support and guidance this project would not have been necessary. I would also like to acknowledge Dr. Susan Swearer for graciously allowing me to replicate her survey for use in my study. I am thankful to have shared this journey with my fellow graduates Alison Hunt, Emily Kurlansik, Meredith Greenfield, and Emily Benckert. Your understanding, enthusiasm, and humor helped propel me through this school year. I would also like to thank my husband, my family, and my friends for their endless patience, encouragement, and love.

Abstract

Jessica Renee Krambeck
THE PREVALENCE AND PERCEPTIONS OF BULLYING IN THE AUTISTIC
POPULATION: THE FUNCTIONALITY OF SOCIAL SKILLS TRAINING
2011/12
Dr. Roberta Dihoff, Ph.D.
Master of Arts in School Psychology

The current study examined the self-report of bullying experiences and

perceptions of high functioning autistic students, as well as the relationship between

social functioning and these variables. A sample of 44 children between the ages of 9 and

14 were asked to report their experiences with bullying across educational settings using

a revised version of Susan Swearer's The Bully Survey-Student Edition (2001). The

students also completed part "D" of the survey in order to examine their acceptance of

bullying behaviors. The social functioning of the children; in particular, their behavioral

level and acquisition of particular social skills (conflict resolution, emotional

vocabulary), was examined via a teacher completed student-specific survey, as well as

daily progress monitoring data. A review of the descriptive data showed a relationship

between the students' self-reported prevalences of bullying and their educational setting;

in which, students reported less bullying incidences within their current setting as

compared to their previous, general educational setting. Using a Pearson-R Correlation, a

relationship was not found between the students' mastery of social skills and their

perceptions and experiences of bullying. The implications of these results will be

discussed for conceptualizing bullying intervention within the autistic population.

Table of Contents

Table of Contents (Continued)

List of Figures

Chapter 1
Introduction

Introduction

According to bullying statistics recorded in 2010, there are about 2.7 million students being bullied each year (Bullying Statistics, 2010). In the general education setting, children with special education needs have become the targets of victimization because they are often less socially competent and tend to have fewer friendships (Van Roekel, Scholte, & Didden, 2010). When this statement is considered, one population of special education children, in particular, emerges as an interesting subject of comparison; the Autistic population. It is estimated that 1 in every 88 children is diagnosed with Autism; a developmental disorder affecting the neural development primarily in male children prior to the age of three (Autism Speaks, 2012). Children diagnosed with Autism are characterized by impaired social interactions, which include a failure to form peer relations and lack of social or emotional reciprocity, and impairments in both verbal and nonverbal communication such as an abnormal pitch or tone, an inability to make eye contact, and the use of poor grammatical structures. In addition, these children often have restricted and repetitive patterns of behaviors, interests, and activities (American Psychiatric Association, 2000). Because there are both higher and lower functioning Autistics, the disorder is often considered along a continuum and children are typically undifferentiated as having an Autism Spectrum Disorder (ASD). In a recent study, researchers found that students with ASD were four times more likely to be victimized when compared to the school's nondisabled population (Montes & Halterman, 2007).

Need for Study

There has been very little research that has looked at the prevalence of bullying among students with ASD in an educational setting that serves only children with special needs. This study found the prevalence of bullying and victimization rates to be anywhere between 7 and 30 percent (Van Roekel, Scholte, & Didden, 2009). The teachers reported significantly more incidences of bullying and victimization than the students themselves suggesting that, perhaps, these students do not have the capacity to accurately identify all acts of bullying. Additional research has demonstrated that as the number of social cues increases, the difficulty of interpreting a social situation also increases for children with Autism (Pierce, Glad, & Schreibman, 1997). When these findings are considered, the need for a more comprehensive understanding of ASD students' perceptions of bullying arises. Furthermore, no studies, to the researcher's knowledge, have isolated particular social skills to determine their impact on this understanding as well as the student's involvement with bullying. The current study wishes to further examine the special needs setting with a particular focus on the acquisition of social skills that may act as a buffer for victimization and promote a better understanding within the children.

Purpose of Study

The purpose of the current study was to assess the relationship between high functioning autistic children's social skills scores and the frequency in which they were involved in bullying, as well as, their general attitudes and perceptions towards bullying. A second function of this study was to observe any differences in the prevalence of

bullying in this population between a general education setting and a private program setting.

Hypotheses

Hypothesis 1- Students will report more incidences of bullying in the general education setting than their current environment within the private program setting.

Hypothesis 2- The higher the student's social skills levels, the least accepting they will be of bullying behaviors and the fewer incidences of bullying they will report. Therefore, the lower the student's social skills level, the more accepting they will be of bullying behaviors and the greater incidences of bullying they will report.

Assumptions

This study assumes that the sample of children have a general consensus of what constitutes bullying behavior when reporting their involvements between school environments. Furthermore, the children are being asked to reflect on their experiences in public school environments that they may not have been exposed to, when considering the most seasoned students, for nearly six years. It is assumed that the information they report is accurate and has not been distorted with time. In addition, the current study assumes that the students' teachers and paraprofessionals will respond as accurately as possible and to the best of their knowledge. It is essential to the purpose of this study that the support professionals have a comprehensive knowledge about the students within their classroom; including their clinical diagnosis and functioning capabilities. Because the ratings of social skills and behavioral levels are specific to this private school, it is

4

assumed that all teachers and paraprofessionals have received appropriate training with the rating scales and would display inter-rater agreement among student ratings. A final assumption is that the students and the teachers will reference the correct identification number so that relationships can be examined. Any student or teacher survey missing an identification number will be considered invalid data.

Limitations

The current student does have some limitations. First, only forty four (N=44) students from one particular private program were included in the sample, and therefore, results may not generalize to all autistic students in a private education setting. Furthermore, the variables that were considered, the social skills and behavioral levels, were progress monitoring that was specific to this school. Other schools may not monitor these same skills or may score them on a different scale. A final limitation was that the school only had an enrollment of male students for the current school year, and therefore, the female population of ASD students could not be considered.

Chapter 2
Introduction

The literature review will address three areas of research related to bullying and

social skills training in the autistic population. In the first section, research studies related

to bullying prevalence, perceptions, and behaviors in the general population will be

addressed, as well as new changes to the New Jersey Anti-Bullying law. In the second

section, there will be a discussion specific to bullying within the population of children

with disabilities; largely that of Autism Spectrum Disorders. Finally, the last section will

focus on social skills deficits and research-based strategies to protect the Autistic

population from bullying. For the purpose of this review, the primarily endorsed strategy

will be social skills training.

Bullying in the General Population

Bullying is considered a repeated aggression in which one or more persons intend

to harm or disturb another person who is usually weaker in size or in their ability to

defend themselves (Elledge, L. C., Cavell, T. A., Ogle, N. T., Malcolm, K. T., Newgent,

R. A., & Faith, M. A., 2010). The most common distinction observed in incidences of

bullying involves the nature of the acts; namely, researchers identify if the bully inflicts

harm through direct acts of physical punishment or if the child indirectly manipulates a

social relationship. For example, physical bullying involves hitting, kicking, spitting,

pushing, or the taking of personal belongings. The latter, relational bullying, includes

gossiping, ostracism, using the friendship as a bargaining chip, or giving somebody the

"silent treatment" (Elledge, et. al., 2010). Research has found that physical bullying is

more frequent among boys; whereas, relational victimization is more common among

6

girls. One explanation for this finding is that girls often possess superior verbal abilities that tend to precede the development of boys' verbal skills (Elledge, et. al., 2010). It is estimated that 15-25% of school-aged children in the United States are involved in incidences of bullying either as the victim or the perpetrator (Veenstra, De Winter, Verhulst, & Ormel, 2005). Although involvement has been reported by children from each academic grade level, bullying appears to be at its peak during the middle school years (Bradshaw, Sawyer, & O'Brennan, 2007). Research has produced several explanations for why bullying may occur; however, the most accepted reason appears to be its efficiency in establishing and protecting the child's position in the social structure (Estell, Farmer, Irvin, Crowther, Akos, & Boudah, 2009).

Children identified as victims of bullying tend to be more withdrawn, depressed, anxious, cautious, quiet, and insecure than other students. Victims often report being less happy at school and having fewer good friends and often portray avoidance behaviors such as not attending school regularly (Veenstra, et. al., 2005). Bullies, on the other hand, have been found to be more aggressive, impulsive, hostile, antisocial, uncooperative towards peers, and exhibit little anxiety or insecurity (Veenstra, et al., 2005). Although perpetrators of bullying are pleased with their seemingly effortless and immediate ability to achieve their goal, they are, in fact, setting themselves up to become victims themselves; victims to the fallacy that these tactics will be socially acceptable once they are functioning members of society. For this reason, children who are identified as bullies are at an increased risk for future maladaptive behaviors such as crime, delinquency, and alcohol abuse. The victims of bullies are at an increased risk, as well,

7

for difficulties in the future; particularly depression and lower self esteem in adulthood (Veenstra, et al., 2005).

Understanding the characteristics of bullies and their victims has been an important, and highly studied, aspect of the literature. A recent study by Veenstra, Lindenberg, De Winter, Oldehinkel, Verhulst, & Ormel (2005) compared the characteristics of bullies, victims, bully/victims, and uninvolved preadolescents. Specifically, the researchers wanted to observe parenting characteristics and familial vulnerability for externalizing and internalizing disorders as these factors have not been considered in previous bullying and victimization research. Elementary school students (N= 1,065) were asked to nominate their peers on certain dimensions with particular attention to bullying and victimization. It is important to note that no definition of bullying was provided to them. Students were then asked to complete the Egna Minnen Betraffande Uppfostran for Children (EMBU-C, 2003) which assessed their perceptions of parental rearing practices. Data was also collected from the students' teachers using a revised version of the Class Play (1985) as well as a family history recorded during an interview with the children's parents. Students identified 6% of the relations with their classmates as bullying and 4% as victimization. Results indicated that the uninvolved children had a significantly higher socioeconomic status than the rest of the children (p < .01), a significantly higher level of academic performance (p < .01), perceived the least rejection at home, presented the lowest risk of familial vulnerability to externalizing disorders, and were the least disliked. On the other hand, bully/victims perceived the most rejection at home and had the highest familial vulnerability to externalizing

disorders. Both the bully/victims and the bullies had significantly higher levels of aggression and lower levels of pro social behaviors than the victims and the uninvolved groups ($p < .01$). The bullies and the victims did not differ from each other in ratings of dislikability; however, the bully/victims were disliked the least. Another important finding involved gender. Boys were more likely to be a bully/victim than girls and girls were overrepresented among victims as the probability of victimization was 1.74 times higher than boys. When girls were the victim, they also tended to be more passive. A similar study found that bullied girls were less likely to endorse any strategy (coercive or noncoercive) to abate victimization and, instead, fell in to a pattern of helplessness (Elledge, et. al., 2010). On the other hand, bullied boys generally endorse adult recommended strategies (walk away/ignore the bully, try to make a joke); however, these strategies were related to greater levels of peer victimization; specifically, verbal and relational, in the following grade (Elledge, et. al., 2010).

Now that the literature has provided a better understanding of the characteristics that define the roles of a victim and a bully, the research has begun to question the perpetual claim: once a bully always a bully. Strohmeier, Wagner, Spiel, & Von Eye (2010) focused on the short term stability and short term constancy of bully-victim behaviors in an adolescent population. The first study looked at the stability of bully and victim behavior after students had returned from summer break. Data was collected from 100 high school students one month before summer break and two months after summer break. Study two looked at the constancy of bully and victim behavior across two independent settings: school and a summer camp. Data was collected from 116 middle

and high school students at the beginning of the camp and at the conclusion of camp four

weeks later. The data for both studies was collected with an adapted version of the

Olweus bully/victim questionnaire (1996). Study one showed moderate stability for

victimization (r = .56, p < .01) and relatively high stability for bullying (r = .70, p < .01)

with no gender differences for either. Study two showed low constancy across settings in

victimization (r = .25, P < .01) and moderate constancy across settings in bullying (r =

.64, p < .01) with no gender differences for either. The low constancy of victimization,

as observed in this study, will be important to the current research study as the students

have left one environment; that is the general education school, to begin a new program

at a private, special needs school.

A final aspect of the literature involves developing an understanding of how

children perceive bullying behaviors. Bradshaw, Sawyer, & O'Brennan (2007) examined

the discrepancy between staff and student perceptions of bullying behaviors and their

attitudes toward intervention. Data was collected from 15,185 students in the fourth

through twelfth grades and from 1,547 school staff members including teachers, school

psychologists, and guidance counselors. The students and support staff were from

seventy five elementary, twenty middle, and fourteen high schools in a large public

school district. Questions about the prevalence of bullying were derived from the World

Health Organization's International Study of Bullying (2001) and a threshold of two or

more incidents of bullying in the past month was established to determine frequent

involvement in bullying. Questions pertaining to the attitudes and perceptions about

bullying, characteristics of bullying, and prevention efforts were all created by the researchers.

Results found that over 49% of the children reported being bullied at least once during the past month and 30.8% reported bullying others during that time. Furthermore, 40.6% of students reported some type of frequent involvement in bullying (two or more incidences in one month), with 23.2% as a frequent victim, 8.0% as a frequent bully, and 9.4% as a frequent bully or victim. All staff members underreported bullying prevalence rates; however, the biggest discrepancy existed in the elementary schools where less than 1% of the staff reported bullying rates similar to those indicated by students (33.7%). The four most frequently reported forms of bullying were name calling, teasing, spreading rumors or lies, and intentionally leaving out. The high school students were significantly less likely than the middle or elementary school students to be bullied in these ways. Furthermore, students from the middle schools were more likely than high school or elementary school students to be bullied in the more physical ways. Students most often reported having been bullied about the way they "look, talk, or dress" with middle school students citing this reason more frequently than elementary or high school students. The support staffs' responses for this question were consistent with the students. Middle school and high school students seemed to perceive bullies to be more popular (60%) and feared (48%) than elementary students (40% and 30% respectively). Furthermore, students who had been bullied previously were more likely to view bullies as being more popular. This finding is interesting as most researchers believe bullies are unpopular with

11

their peers. The students in this particular study may have viewed bullying as a way to gain social status (Bradshaw, Sawyer, & O'Brennan, 2007).

Middle and High school students were asked what they did when they witnessed bullying and the most frequently reported response was to "ignore it or do nothing" (35.42% MS and 40.32% HS). However, 11.90% of middle school students and 13.40% of high school students reported joining in when witnessing bullying. Furthermore, high school students (5.58%) were more likely than middle school students (3.66%) to report having bullied someone else after witnessing bullying (p < .05). Both middle school students and high school students (72.9% and 75.6%) were significantly more likely (p <.001) than elementary students (35.45%) to agree with the statement that it was okay to hit someone who hit them first. Few staff members agreed with this statement of physical retaliation; however, a significant number of staff members who did were from the high schools (19.4%, p < .001) (Bradshaw, Sawyer, & O'Brennan, 2007).

More middle school students thought bullying was a "moderate" or "serious" problem at their school (55.0%, p <.001) than high school or elementary school students. This concern was also shared with the staff at the middle schools (59.9%, p<.001 compared to ES and p <.05 compared to HS). This finding is consistent with previous research that has found that bullying is typically at its peak in middle school. A majority of the students also reported that they felt their school was not doing enough to prevent bullying (67.3% MS and 60.0% HS) whereas the staff members believed their prevention efforts were adequate; a difference in perceptions that was statistically significant (p<.001). Fifty-one percent of middle and high school students reported having "seen

adults in the school watching bullying and doing nothing" and when they did intervene, most students believed that the school staff made the situation worse (61.5% MS and 57.0% HS). Staff members with greater efficacy for handling bullying were more likely to intervene if they saw bullying (p <.001) and less likely to report that bullying was a moderate or severe problem at their school (p < .001). Collectively, these findings necessitate the recent regulatory changes observed in many school districts (Bradshaw, Sawyer, & O'Brennan, 2007).

New Jersey has been a leader in the establishment of policies to support the prevention, remediation, and reporting of harassment, intimidation, and bullying in schools. Yet, a study in 2009 by the United States Centers for Disease Control and Prevention reported that the percentage of students bullied in New Jersey is 1 percentage point higher than the national median. In response to this finding and other current literature, New Jersey has recently made several amendments to the Anti-Bullying policy (NJ Department of Education, 2010).

As defined by the Anti-Bullying Bill of Rights Act (2010), harassment, intimidation or bullying (HIB) means

Any gesture, any written, verbal or physical act, or any electronic communication, whether it be a single incident or a series of incidents, that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression. It also may be motivated by a mental, physical or sensory disability, or by

any other distinguishing characteristic that takes place on school property, at any school-sponsored function, on a school bus, or off school grounds that substantially disrupts or interferes with the orderly operation of the school or the rights of other students and that:

1. A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property

2. Has the effect of insulting or demeaning any student or group of students; or

3. Creates a hostile educational environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student (NJ Department of Education, 2010).

The new anti-bullying law requires that all schools in the state of New Jersey comply with the following requests beginning on September 1, 2011: have an anti-bullying specialist, create a school safety team, observe a "week of respect" during the first week of October, provide two hours of training on harassment, intimidation, and bullying and two hours of training on suicide prevention to all staff members each professional development period, have a clearly defined policy that outlines consequences for all perpetrators, have a clearly defined policy on all false reports of harassment, intimidation, or bullying, and report the number and nature of all HIB incidences for the State School Report Card data (Drew, N., 2010).

Furthermore, the new law mandates how acts of harassment, intimidation, or bullying should specifically be handled. According to the new law, all acts of HIB must be reported verbally within 24 hours and in writing within 48 hours. All parents must be contacted by the school and the incident must be investigated by the principal or "designee" within one school day of the verbal report. Previously established interventions and consequences are to follow, which according to the new law could include suspension or expulsion, pending the results of the investigation (Drew, N., 2010).

Bullying Within the Population of Children with Disabilities

In the general education setting, children with special education needs have become the targets of victimization because they are often less socially competent and tend to have fewer friendships (Van Roekel, Scholte, & Didden, 2010). Estell, Farmer, Irvin, Crowther, Akos, & Boudah (2008) recently studied the relationship between bullying and victimization rates and a child's educational status and peer group membership. Participants were 484 fifth graders including 74 academically gifted students and 41 students with high incidence disabilities. The high incidence disabilities described in this study included learning disabilities, mild mental retardation, and mild emotional and behavioral disorders. Both the students with mild disabilities and the academically gifted students in this study spent a majority of their day in the general education setting. The students participated in several peer nomination measures. First, the students had to create a list from free recall of as many groups as they could think of in their classroom. Then, they were asked to circle the individual who was perceived to

15

be the leader of the group. In addition, participants nominated three classmates they liked

the most and three classmates that they liked the least. Finally, peers had to nominate

three students who best fit prompted descriptors such as "popular," "gets in trouble," and

"acts shy." Teachers rated the participants on the Interpersonal Competence Scale-

Teacher (1995) which assesses a variety of characteristics including: aggressiveness,

popularity, and academic competence. Results indicated that teacher and peer ratings of

bullies were positively related to the peer nomination of aggression and social

prominence and negatively related to social preference. Students nominations of picked

on, on the other hand, were positively related to peer nominations of aggression and

internalizing behaviors. Teacher ratings of victimization and bullying were highest

among students with mild disabilities and lowest among gifted students. Having

aggressive associates was related to higher nominations for bullying in all groups;

however, the effect was especially evident among students with mild disabilities. In

contrast, having popular associates was related to fewer nominations for bullying in all

groups except for the students with mild disabilities. Interestingly, having popular

associates was related to higher nominations for bullying in these students. Findings also

showed that academically gifted students had more positive behavior nominations than

general education students or students with mild disabilities and had significantly higher

social preference scores than students with mild disabilities. The findings of this study

indicate that students with mild disabilities are vulnerable to being bullied and may

compensate by bullying others and affiliating with peers who support this behavior

(Estell, et. al., 2008).

Humphrey & Symes (2010) also examined bullying in similar populations of children with disabilities and reported somewhat different results about their victimization rates. Humphrey & Symes (2010) reported the frequency of bullying and perceived levels of social support in students with Autistic Spectrum Disorders, students with dyslexia, and a control group of students without any special education needs. A secondary aim of this study was to examine the contribution of social support from parents, classmates, teachers, and friends to the frequency of bullying experiences. 120 students participated in the study (40 each in the ASD, dyslexia, and control groups). Students completed the My Life in School Checklist (Arora and Thompson 1987) which is a 40 item questionnaire that asks them to report the frequency of different types of bullying behavior within the past week. Students also completed the Social Support Scale for Children (Harter 1985) which is a 20 item questionnaire that provides data about perceived levels of social support from parents, classmates, teachers, and friends. Results showed that students in the ASD group reported much higher levels of bullying (M=2.80) than either the dyslexia group (M=0.97) or the control group (M=1.28) with a statistically significant difference of $p < 0.01$ for the ASD and dyslexia groups and $p < 0.05$ for the ASD and control groups. The most frequently reported bullying among all groups was physical assault and the least reported was intimidation. The ASD group also reported lower levels of social support from parents, classmates, and friends than did those in the other two groups (M= 3.21, 2.66, and 3.13 respectively) with the largest mean difference relating to classmates. This finding was also statistically significant when compared to the dyslexia and control groups ($p < 0.05$). There appeared to be no difference between the

three groups in perceived levels of support from the teachers (M= 3.23, 3.19, and 3.20) A multiple regression revealed that levels of social support could predict bullying behavior; in particular, increased support from classmates successfully predicted reductions in bullying frequency. The findings of this study indicate that perhaps not all students with a disability are susceptible to victimization, but rather the characteristics of the special education need moderates the child's level of victimization. In this particular study, characteristics, such as repetitive behaviors, that are typical of Autism exasperated the victimization rates (Humphrey & Symes, 2010).

Autism is a developmental disorder that is characterized by difficulties in social interactions, verbal and nonverbal communication, and repetitive behaviors prior to the age of three years (American Psychiatric Association, 2000). A clinical diagnosis of Autism warrants at least two of the following impairments in social interactions: marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, and body postures, failure to develop peer relationships appropriate to developmental level, a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, or a lack of social or emotional reciprocity; at least one of the following impairments in communication: delay in, or total lack of, the development of spoken language, marked impairment in the ability to initiate or sustain a conversation with others, stereotyped and repetitive use of language or idiosyncratic language, or lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level; and at least one of the following manifestations of restricted, repetitive, and stereotyped patterns of behavior, interests and activities: encompassing

preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, inflexible adherence to specific, nonfunctional routines or rituals, stereotyped and repetitive motor mannerisms, or persistent preoccupation with parts of objects (American Psychiatric Association, 2000).

Little (2002) used six items from the Juvenile Victimization Questionnaire (JVQ, 1999) to measure the frequency of peer and sibling victimization among children with Asperger's Syndrome or Nonverbal Learning Disorders. Items were quantitative in that parents had to report the frequency within the past year that their children experienced these situations Responses of 411 mothers with children between the ages of 4 and 17 were collected. Peer victimization was reported by 95% of the mothers; the most frequent method being identified was bullying (75%). When compared to the national sample, peer and sibling assault was eight times higher for the AS and NLD sample and reported bullying rates were four times higher. The frequency of bullying in this particular sample showed peaks at the ages of 6, 8, and 10. Children of these ages were being bullied 3 to 4 times a year. Emotional bullying increased with age and peaked at approximately 13 years of age. Little devised three additional questions to measure peer shunning (How many times was the child invited to a birthday party in the last year by a friend?, how often was the child picked last or almost last in school for team activities?, how often did the child sit alone at lunchtime during school?). Results indicated that children with AS were statistically more likely to be shunned by peers the older they get (.16, .19, and .27 respectively).

Little's (2002) study was duplicated again by Carter (2009) using 34 parents of children between the ages of 5 to 21. Results found that 65% of the parents reported that their child had been victimized by peers in some way within the past year. Forty-seven percent reported that their children had been hit by peers or siblings, 50% had been scared by their peers, and 9% were attacked by gangs. In terms of social exclusion, 12% of children had never been invited to a birthday party, 6% were almost always picked last for a team, and 3% ate alone at lunch every day. The parents were also allotted space to leave additional comments in which several parents indicated that their children had severe migraines, school phobia, and suicidal ideation among other problems.

A final study of prevalence found that bullying behaviors among children with autism was 44.2% and children who had a co morbid diagnosis of ADD/ADHD was 59.8% in a sample of 322 children. Children with Autism were found to be as likely to bully as children in the general population (1.4); meanwhile, children who also had a comorbid diagnosis of ADD/ADHD were five times more likely to bully than the general population (5.25) (Montes & Halterman, 2007).

Several studies have established that children with Autistic Spectrum Disorders (ASD) are targets of victimization and, at times, perpetrators of bullying especially in the general education setting. However, little research has looked at students with ASD in a private, special education setting where the characteristic differences of Autism are no longer exceptional (Van Roekel, Scholte, & Didden, 2009). A study conducted by Van Roekel, Scholte, & Didden (2009) adds to the literature by observing the ASD population in this exclusive setting. The primary goal of this particular study was to examine the

20

prevalence of bullying and victimization among students with Autism Spectrum

Disorders. Two hundred and thirty adolescents between the ages of 12 and 19 and their

teachers participated in the study. All participants were given a definition of bullying and

asked to report levels of bullying and victimization for each student in the classroom

using a five point likert scale. The students were asked to answer the questions about

themselves as well. Results showed that the prevalence of bullying and victimization

rates were anywhere between 6 and 46% with the teachers reporting significantly more

incidences of bullying and victimization than the peers and the adolescents themselves (p

< .05). Overall, these prevalence rates are promising as they are some of the lowest rates

found in the research. Perhaps, making the transition from a general to a special

education setting truly does decrease the prevalence rates of victimization for this

population. The authors suggested that this may be due, in part, to the highly structured

environment that is typically observed in special education schools. The routine may help

to reduce the disruptive behaviors of students with ASD that typically draws attention to

them (Van Roekel, et. al., 2009).

A secondary goal of Van Roekel, Scholte, & Didden's (2009) study was to

examine whether these students are able to accurately perceive acts of bullying and

victimization that occur both to themselves and others. Previous research has found that

individuals with ASD have deficits in theory of mind; the ability to attribute mental states

to oneself and to others in order to explain and predict behavior. Specifically, this finding

has been observed in a laboratory with static stimuli and forced choice responses

containing only one opposite-descriptors set. Therefore, it can be assumed that, when

generalized to the demands of real social situations, this deficit produces a daunting task for this population. (Baron-Cohen, Jolliffe, Mortimore, & Robertson, 1997). Participants were shown video fragments (14) depicting bullying situations (8) and positive social interaction situations (6). In a yes or no format, participants had to determine whether or not each fragment contained any bullying behaviors. The bullying behaviors included verbal, physical, and relational acts of aggression. In addition, participants' theory of mind skills were assessed using the Sally and Ann task (1985) for first-order false belief, the Ice-Cream Story (1985) for second-order false belief, and the Strange Stories test (Happe 1994) as an advanced test of theory of mind. These tasks involve an increasing level of mental capabilities to promote understanding. For instance, second-order false beliefs can typically be understood at a six year old mental age level; whereas, the more advanced tests require an eight year old mental age level or above (Baron-Cohen, et. al., 1997). The prevalence results, as reported earlier, showed that the peers reported fewer incidences of bullying and victimization than the self report. As expected, these students had a hard time taking the perspective of their peers to recognize that they had, in fact, been bullied (Van Roekel, et. al., 2009). Additional findings showed that adolescents with ASD were as able as adolescents without ASD to perceive and report on bullying on the video fragment task. However, the more adolescents were bullied, the more they misinterpreted non-bullying situations as bullying; perhaps, indicating a negative bias. Likewise, the more often adolescents bullied others, the more likely they were to misinterpret bullying situations as non-bullying. This suggests that, perhaps, they do not consider their own bullying behavior as prohibited (Van Roekel, et. al., 2009). The level

22

of theory of mind played a role in moderating this effect. Specifically, the higher the level

of theory of mind, the less false negative mistakes the adolescents made (Van Roekel, et.

al., 2009). Previous research has suggested that one of the greatest predictive factors in

variances of theory of mind is the number of older children interacted with daily

(Villanueva Badenes, Clemente Estevan, & Garcia Bacete, 2000). During the time in

which peer rejection rates see their biggest jump (around six years of age; 20% of

children), some specific limitations in theory of mind tasks have already been observed in

preliminary studies of the typically developing population (Villanueva Badenes, et. al.,

2000). Therefore, it appears important for the autistic population, in particular, to be

immersed in positive social interactions beginning as early in age as possible.

Social Skills Deficits and Research-Based Strategies

The idea that increased support from classmates can successfully predict

reductions in bullying frequency (Humphrey & Symes, 2009) makes it important to

understand the friendships and social networks of children with Autism Spectrum

Disorders. Bauminger & Kasari (2000) explored the concepts of loneliness and friendship

within the autistic population. Participants included 22 high functioning adolescent

children with Autism between the ages of 7 and 12. Participants completed the loneliness

rating scale (Asher, 1984) which contains 24 items rated on a 5 point likert scale. The

survey produces a score between 16 and 80. The higher the score generated, the lonelier

the respondent is assumed to be. Children were also asked to define loneliness and

provide an example of a time that they felt lonely. Children's definitions were coded on 2

dimensions: affective (sad, depressed) and social cognitive (exclusion, unfulfilled

relationships). If the child included both dimensions in their response, they scored a 2. Children's examples of loneliness were coded by the following dimensions: locus of control (internal or external), presence of an audience, and general versus specific. Children received a score of 1 for internal locus of control, presence of an audience, and a specific example and a 0 for external locus of control, absence of an audience, and a general example. The children were also asked to complete the Friendship Qualities Scale (1994). For this particular scale, children are asked to nominate their best friend and answer 23 items about their relationship. Finally, children were asked to define friendship. The responses were coded on three dimensions: companionship, intimacy, and affection. The child received a score for the number of dimensions included in their response. Results indicated that autistic children reported greater feelings of loneliness than did typical children ($p < .001$. However, the autistic children were also significantly less likely to provide a complete definition of loneliness ($p < .01$). Only 30% of the autistic children included both the affective and social cognitive dimensions in their definition. Therefore, the children recognized that they were alone (no one around to play with), but did not attribute an emotional feeling to their loneliness. Results also showed that 47% of the typical children gave a complete definition of friendship compared to only 9.5% of the Autistic children ($p < .001$). The autistic children obtained lower scores on the subscales of companionship, security, and help ($p < .01$). One limitation of this study was that reciprocal friendships were not included, so researchers were unable to establish if these children had mutual friendships. However, the following study to be addressed corrects this limitation.

24

Chamberlain, Kasari, & Rotheram-Fuller (2007) investigated how children with autism in the second through fifth grades participated in the social environment of their classrooms. 398 children were included in this study; 17 of which were clinically diagnosed as high functioning Autism or Asperger's. The study took place during the spring, so that students had ample time to establish friendships during the earlier part of the school year. The participants were given surveys that consisted of questions aimed at feelings of acceptance and loneliness, qualities that the child considers important in a friendship, and the social networks that existed in their classroom. In particular, students were given the Asher Loneliness scale (1984) and the Bukowski's Friendship Qualities Scale (1994). The main task for participants involved listing all the children in the class with whom they liked to hang out with or considered a buddy. Then, the participants had to circle their top three closest friends and put a star next to the name of their one best friend. Participants would receive a reciprocal score for "top 3" and "best friend." This represents the percentage of individuals nominated to the subject's list who also nominated the subject on their own list. In addition, participants also identified social networks that exist in the class by listing all of the names of children who hung out together. Results determined that grade level was negatively associated with top 3 reciprocal friendship scores ($r16 = -.53$, $P < .05$) and best friend reciprocal friendship scores ($r12 = -.59$, $P < .05$) for children with Autism. As the children in the Autistic sample got older, their top 3 and best friend scores declined. Another notable finding involved gender. Children with Autism were more likely to have network connections with girls ($p < .05$) than their counterparts. During this developmental level, boys tend to

25

associate with boys and girls with girls, but for Autistic boys in this population, this was

not the case. The Autistic sample was also found to be significantly less central in the

social networks of the classroom (P < .05). Despite this finding, the sample did not

perceive the quality of their friendships in the classroom to be any different than the other

children except in the quality of companionship. Children with ASD reported doing

fewer things with and spending less time with their best friends. Results also showed that

children with autism nominated significantly more peers as buddies they like to hang out

with (outdegrees; mean = 5.44, SD = 3.18) than nominated them (indegrees; mean =

2.88, SD = 2.55). In addition, children with autism received significantly fewer reciprocal

top 3 nominations (.34). Only one third of their nominations were reciprocated. Their best

friend reciprocal score was also significant (P < .05) as only 2 out of the 15 nominations

were reciprocated. Despite the ASD group receiving significant lower peer acceptance (P

< .01), their loneliness scores were not significantly lower than their counterparts.

The finding that children with autism have significantly lower reciprocal top 3

and best friend nominations, as well as poorer quality of friendships, may in part be due

to their lack of social skills. Pierce, Glad, & Schreibman (1997) compared the social

perception skills of autistic and mentally handicapped children with that of normal

children. 42 participants (14 children with Autism, 14 mentally handicapped children,

and 14 normal children) were included in this study. All children were matched on verbal

mental age as assessed by the Peabody Picture Vocabulary Test (1981). The children

participated in a social perception task which required them to view a series of 16

videotaped interactions between children. Five interactions contained single cues, five

contained two cues, four contained three cues, and two contained four cues. The social

cues included verbal content, tone, nonverbal without object, and nonverbal with object.

Additionally, each video scene represented either a positive or negative social interaction.

After each scene, participants were asked questions about the acceptability of the

behavior (was that a good way to make friends? was that child mean or nice?) and to

identify how the behavior may have made the child feel and why. When asked to attend

to nonsocial stimuli, such as the number of children in the video or their gender, the

children with Autism were comparable to the mentally handicapped and normal children.

However, results showed that the autistic children performed significantly worse than the

two comparison groups when attending to social stimuli and this effect was much more

apparent when the number of cues increased. For instance, when compared to the

mentally handicapped group, autistic children scored significantly worse in the two cue (t

$(1, 40) = 6.5$, $p < .006$), three cue (t $(1, 40) = 6.32$, $p < .006$), and four cue (t $(1, 40) =$

4.57, $p < .006$) scenarios, yet performed equally well as the mentally handicapped and

normal comparison groups when only one social cue was present. The mentally

handicapped children, on the other hand, did not differ from the normal comparison

children in any of the two cue, three cue, or four cue interactions. In addition, the Autistic

children also scored significantly worse than both comparison groups on question 6; the

free recall question that asked children to identify why the child in the video may have

felt a particular way (compared to MH children t $(1, 40) = 6.87$, $p < .017$ and compared to

normal children t $(1, 40) = 7.44$, $p < .017$.) The Autistic children often reported nonsocial

cues as relevant during social interactions. For instance, when asked to identify why the

27

child in the video felt a particular way, one autistic children answered "because his leg was moving." The Autistic children were the only group to report insignificant cues as relevant to social behavior and the researchers contributed this to some sort of over arousal.

Another study of social understanding from Loveland, Pearson, Tunali-Kotoski, Ortegon, & Gibbs (2001) investigated whether participants with autism would have more difficulty than the non autistic comparison group in accurately judging the appropriateness of adults' behavior in a simple social situation. 38 participants (19 children with a clinical diagnosis of Autism and 19 children without the disorder) ranging from 6 to 14 years old were shown 24 scenes depicting either an appropriate (8 scenes) or inappropriate (16 scenes) interaction between two adults. Participants were asked at the end of each scene to judge whether or not the social behavior displayed was appropriate. When interactions were identified as being inappropriate, the participants had to identify what specifically about the interaction was wrong and justify from their personal interpretation of the situation why it was, in fact, wrong. The researchers hypothesized that participants with a clinical diagnosis of Autism would be more likely than their counterparts without a diagnosis of Autism to misidentify the appropriateness of interactions. Furthermore, half of the appropriate and half of the inappropriate scenes contained verbal information, while the other scenes contained only nonverbal information. Previous research had demonstrated that as the number of social cues increases, the difficulty of interpreting a social situation also increases for children with Autism. Therefore, it was assumed that the children with Autism would judge social

situations containing only nonverbal information more easily than the scenes that contained verbal information as well. Both groups had significantly more trouble correctly identifying inappropriate than appropriate items (p = .007) and this difference was significantly greater in the Autism group (p = .039). In addition, there was a significant main effect of verbal or nonverbal modality (p < .001); with nonverbal items more frequently identified correctly in both groups (p = .694). However, this finding was most evident in the autism group (p = .047).

In an effort to enhance social skills competency and, consequentially, protect this population from bullying, Laugeson, Frankel, Mogil, & Dillon (2008) attempted to teach social skills to adolescents with autism over a 12 week period. Thirty three teenagers between the ages of 13 and 17 participated in this study with their parents. The participants were randomly assigned to the treatment group (n=17) or the delayed treatment group (n=17). Outcome measures were completed prior to receiving intervention (week 1) and the last night of intervention (week 12) for the treatment group and weeks 1, 12, and 24 for the delayed treatment group in which week 12 was their first session and week 24 marked their final night of intervention. The outcome measures included the Social Skills Rating Scale (Gresham and Elliott 1990), The Quality of Play Questionnaire (Frankel and Mintz 2008), the Test of Adolescent Social Skills Knowledge (Laugeson and Frankel 2006), and the Friendship Qualities Scale (Bukowski et al 1994). The peers intervention consisted of twelve 90 minute sessions delivered once a week over the course of twelve weeks. Parents and teens attended separate sessions and topics such as reciprocity in conversations, rules of peer etiquette, rules of electronic communication,

how to select appropriate potential friends, how to promote successful get-togethers with peers, and improving the teen's competence at handling teasing, bullying, and other conflict with peers were addressed. Improvement was demonstrated on four out of twelve outcome measures. The teens demonstrated improved knowledge of rules of social etiquette relevant to keeping and making friends. They also reported a significant increase in the frequency of hosted get togethers and significantly better quality of friendships at the end of treatment in comparison to the delayed treatment group.

Outside remediation and the support of parents are vital to a child's success, but because children and adolescents spend a majority of their day at school, it is important that appropriate steps are being taken to enhance their social skills in this environment as well. Sansosti (2010) provided a multi-tiered model for teaching social skills within the general education school system based upon the response to intervention (RTI) approach. The foundation of the model utilizes school-wide approaches in which 80% of students will meet expectations. The 20% of students who remain developmentally behind their peers, despite the school-wide instruction, will begin to receive supplemental research-based small group interventions at tier 2. Finally, at tier 3, approximately 5% of students will receive intensive individualized research based interventions.

Sansosti (2010) states that a popular school-wide approach is large group social skills instruction. This technique combines daily academic instruction with skill-based lessons on specific social skills without having to remove any students from the classroom. This approach is not only time and cost efficient, but provides all students with an equal opportunity to learn academic and nonacademic skills. The Strong Kids

Program is one example of large group/school-wide social skills instruction. Each class activity takes 30-45 minutes and develops students' skills in understanding emotions, managing anger, relieving stress, and solving interpersonal problems (Sansosti, 2010). Current research suggests that students who participate in large group/school wide social skills instruction demonstrate significant gains in social-emotional understanding and coping skills and decreased symptoms of behavioral problems. If the effects of large group instruction or other school wide approaches do not appear to be working, more focused, small group approaches are necessary (Sansosti, 2010).

At tier 2, Sansosti (2010) explains that a small group social skills training occurs. Considerations for effective small groups should include these four basic steps: identify and target specific social skills, distinguish between a skill deficit and a performance deficit, provide direct, systematized instruction, and monitor student progress. Identifying the need for this type of program is typically the job of student support providers such as a school psychologist. The identification process involves interviews with teachers and parents and observations of the student's behavior in their naturally occurring environments. The support staff also utilizes rating scales to quantify the severity of the deficit. The skill deficit should also be identified as either a skill deficit or a performance deficit. A skill deficit means the child does not have a particular skill or the necessary foundations of behavior to function in or adapt to his/her environment. On the other hand, a performance deficit means the child knows the skill(s) necessary to perform the behavioral task, but does not use them consistently. Next, appropriate materials for instruction should be selected. Teachers and support staff should not just adopt the most

31

recent social skills curriculum, but rather match instructional strategies to the specific skill deficit. The child should be told what specific skills will be taught, the rationale for teaching them these skills, and what activities will be used to teach the skills. Finally, progress monitoring is important not only for accountability purposes, but to allow for the child to demonstrate their success (Sansosti, 2010).

Peer mediated approaches are another form of training that could be utilized in tier 2 (Sansosti, 2010). Peer mediated approaches increase the network of friends that students with ASD have, as well as assist in providing them with opportunities to learn and practice a variety of social skills within naturally occurring environments. Examples of peer mediated approaches include circle of friends, peer buddies, and integrated play groups; however, the latter intervention has produced the most positive findings across studies. Integrated play groups consist of 3 to 5 children that meet two times per week for 30-60 minutes in an environment that has been arranged to enhance social interactions. An adult facilitates the meeting by encouraging the target child to interact with the other, typical peers. The peers in return use their skills to engage the target child. It has been suggested that this approach increases the motivation of the child with ASD, increases the likelihood that peers will be more accepting of students with disabilities, reduces the frequency of stereotyped and isolated play, and increases the amount of pretend play. This approach was also successful in improving turn taking behaviors and the sharing of emotional expression in one particular case study. It is important to note that with any peer mediated approach, the peers should be selected carefully as to do no further harm to the targeted ASD child (Sansosti, 2010).

The third and final tier consists of direct, one-on-one methods of teaching the

ASD child with activities such as Social Stories, video modeling, and power cards

(Sansosti, 2010). Social Stories have been described as "how-to" books for understanding

and responding to difficult social scenarios. Information such as what people in a

situation are doing, thinking, or feeling as well as the sequence of events and expected

responses are incorporated in to the story. Social Stories are typically read to or by the

student; however, the stories can be recorded or paired with pictures using a

computerized device. Previous research has found that Social Stories reduce repetitive

and tantrum behaviors and disruptive classroom behavior, as well as, increase the

frequency of social interactions and appropriate play. However, researchers argue that the

methodology of these studies was flawed and confounding treatment variables may have

made the results more desirable than if Social Stories had been used alone (Sansosti,

2010). The approach of video modeling incorporates a video-recorded demonstration of a

model engaging in a specific series of actions. The child will watch the video and then

imitate the model. Through exposure and repetition, the child learns to memorize and

imitate these behaviors in similar settings. Video modeling has been found to increase

social initiations and play skills and is favored by teachers because it is more cost and

time efficient (Sansosti, 2010). The final direct approach discussed was power cards.

Power cards incorporate the special interest of the ASD child by utilizing a picture or

other visual cue on the front of the card, while the other side of the card contains three to

five steps in solving a problem. A character most closely related to the individual's

special interest depicts how to solve a problem similar to one experienced by the student.

Power cards can easily be carried or attached to the child or their belongings for easy access. Recent studies have shown that power cards can improve a child's behavior, but further research is necessary (Sansosti, 2010).

The literature review makes several things clear. First, bullying is a common occurrence for both regular education and special education students. Secondly, special education students appear to be victimized more frequently and the characteristics of their specific disability seem to moderate this relationship. Children with Autism Spectrum Disorders, in particular, seem to suffer from this relationship. Children with Autism characteristically have difficulties with communication and social interactions. As evident in several studies, this population has difficulties interpreting social situations when more than one social cue is present, less reciprocated friendships, and a poorer quality of friendships as compared to typically developing children. These deficits seem to improve, to an extent, with social skills training. However, the relationship between a child's developmental level of social skills and their involvement with bullying has not been observed in the literature. Will the acquisition of social skills through structured training ultimately act as a buffer for victimization and bullying? The current study wishes to examine this relationship.

Chapter 3
Methods

The current study surveyed high functioning autistic students and their teachers in a private educational program to assess 1.) the prevalence of bullying within this population between educational settings and 2.) the impact particular social skills can have on this prevalence and the child's general attitudes towards bullying.

Participants

The participants of the current study were 44 male students (M age = 11.82; 79.54% Caucasian) from a small private school serving elementary and middle school students with disabilities. All of the participants included in this study had a clinical diagnosis of an Autism Spectrum Disorder as outlined in the DSM-IV-TR. In addition, this particular school program only accepts students who meet all of the following criteria: attention deficits, problems with anxiety, and deficits with social interactions. The participants' academic grade levels ranged from third through eighth grades (4-3rd graders, 3-4th graders, 8-5th graders, 8-6th graders, 7-7th graders, & 14-8th graders) and all students were considered to be functioning at or above grade level**.** Furthermore, seven lead teachers and sixteen paraprofessionals were asked to answer questions specific to each student's progress during the program; including behavioral level and social skills scores. The lead teachers responsible for the students all had degrees in special education and the paraprofessionals had received degrees in education, English, or psychology. All of the support staff receives a full week of training prior to the start of each school year concerning the curriculum that will be used and specific rating scales for progress

monitoring. In addition, the school psychologist meets with each teacher weekly to discuss student progress.

Materials

The current study utilized a revised version of The Bully Survey-Student Edition (Swearer, 2001; Appendix A). For the purpose of this study, sections B and C were omitted, and participants were only asked to complete sections A and D. The students answered section A, when you were bullied by others, as it related to both their previous school environment and their current school environment within the private program setting. Question 1a and 1b were modified to better suit the collection of previous prevalence data by asking students "were you ever bullied at the school you attended prior to being accepted to this program?" Students were able to respond with "yes," "no," and "I do not remember." If a student answered "yes" to this question or the original version of the question, as used to assess their current school environment, then they were classified as a victim and directed to answer additional questions. Section A contained 13 multiple choice questions as well as the Verbal and Physical Bullying Scale (VPBS) which is an 11 item scale assessing both verbal (7 items) and physical bullying (4 items). The students respond to the questions on the VPBS using a five point Likert scale where 1 = never happened and 5 = always happens. In previous studies, this particular scale has generated an internal consistency of .87 (Swearer, Turner, Givens, & Pollack, 2008). The students also answered section D of the survey, your thoughts about bullying, which utilizes the Bully Attitudinal Scale (BAS). This portion of the survey contains a 15 item scale that measures students' perceptions and attitudes towards bullying also on a 5 point

Likert scale. Three items from the scale are dropped to compose a score between 12 and 60; the higher the score the child receives, the more pro-bullying attitudes the child holds. In previous studies, this particular scale has reported an internal consistency of .71 (Swearer, Turner, Givens, & Pollack, 2008). All of the students' responses were obtained using a web-collection site known as Survey Monkey.

The teachers were asked to complete a student-specific survey (Appendix B) in which they answered questions about each individual's grade level, length of time at the school, behavioral level, and scores on two specific social skills. Each student's behavioral level and social skills scores are reported daily as part of the school's monitoring system. The teachers were asked to report these scores according to the behaviors that the child demonstrated on the same day that the student completed the on-line survey. The teacher surveys were created and formatted by the researcher and incorporated the school's specific rating scales. The teacher responses were also obtained using Survey Monkey.

The social skills measured in the current study were conflict resolution and emotional vocabulary. Each skill was measured on a four point scale where 1 = not introduced/not demonstrated or a score of 60 or below, 2 = introduced/emerging or a score of 70-79, 3 = instructional level (demonstrated but contingent on cueing or instructional support) or a score of 80-89, and 4 = mastered/independent or a score of 90 or above. The student's behavioral level is a result of two factors: negative or "target" behaviors and social challenges. The target behaviors are often instructional or academically related; for instance, a student may be responsible for the organization of

their homework folder or monitored for the number of fidgety movements they make during class. An example of the second factor, social challenges, may be to hold a 15 minute conversation with more than one student during lunch time. Both the target behaviors and social challenges are individually tailored to suit the needs of the specific child. When these two factors are considered together, they generate a behavioral level that is measured on a four point scale where 1 = two target behaviors and social challenges, 2 = one target behavior and social challenges, 3 = no target behaviors and an increasing number of social challenges, and 4 = independent/no need for behavioral support.

Design

The current study consisted of two tests. Test one was purely descriptive and examined the self- reported prevalence of bullying within this population in their previous educational setting as compared to their current educational setting at the private school using question 1a and 1b of The Bully Survey-Student Edition (Swearer, 2001; Appendix A). These questions were modified to better suit the collection of previous prevalence data by asking students "were you ever bullied at the school you attended prior to being accepted to this program?" Students were able to respond with "yes," "no," and "I do not remember." If a student answered "yes" to this question or the original version of the question as used to assess their current school environment, then they were classified as a victim. Furthermore, the Bully Survey-Student Edition (Swearer, 2001; Appendix A) allowed for the frequency of the behavior to be quantified as one or more

times a day, one or more times a week, or one or more times a month for each educational setting.

Test two utilized the Pearson-R correlation to examine the relationships between the child's self-reports of involvement in bullying as well as their attitudes towards bullying and the child's behavioral level, emotional vocabulary score, and conflict resolution score as reported by their teacher. The child's involvement in bullying was quantified as described in test one and their attitudes towards bullying was conveyed in a single score as obtained from their answers to the questions in part "D," the Bully Attitudinal Scale (BAS). Each of the variables that the teachers reported (behavioral level, emotional vocabulary score, and conflict resolution score) had 4 levels (1, 2, 3, and 4) as determined by the school's progress monitoring.

Procedure

One week prior to the start of the study, students were sent home with a letter detailing the purpose and procedures of the study. The parents were asked to sign the permission slip and return it to the school if they wished for their child to participate. The researcher was then given a roster of all of the students who would be participating in the study. The researcher randomly assigned each student a numerical code between the numbers 1-100, so that their responses could remain confidential. The roster was returned to the school and the teachers and paraprofessionals were asked to share this code with the students at the time they were scheduled to complete the survey. The survey was incorporated in to the social skills lesson; a daily period of twenty minutes that teachers

and students work on social skills training. Over the course of a week, the students completed the survey in pairs using the computers readily available in the classroom.

The links to the surveys were distributed to the teachers by the school psychologist, and then the teachers shared the appropriate link with the students. The student survey was reformatted to include a prompt for the child and/or support staff to record the numerical code prior to answering any further survey questions. The teachers and paraprofessionals also recorded this code when they completed the child-specific surveys, so that the relationship between variables could be examined. The teachers and paraprofessionals were asked to complete each child's survey the same day that the child had completed the online survey, because teacher's answers were specific to behavior levels the child demonstrated on that particular day. The researcher and the school psychologist had decided the web-collection site would be the best method to obtain the results because of the nature of this disorder. The children within this population may have been upset by the presence of a stranger during their typical classroom routine which could have complicated results. These children, however, often excel in computer abilities and enjoy activities that incorporate this strength.

Chapter 4
Results

Hypothesis 1

The first hypothesis stated that the participants would report more incidences of bullying in the general education setting than their current environment within the private school via self-report. When asked if they ever experienced bullying at their previous school environment, 28 students (63.64%) answered yes, 9 students (20.45%) answered no, and 7 students (15.91%) stated that they could not remember (see Figure 1). Of the participants who answered yes, 11 students (39.29%) reported a frequency of 1 or more times a month, 13 students (46.45%) reported 1 or more times a week, and 4 students (14.29%) reported 1 or more times a day (see Figure 2). All 44 participants (100%) responded that they have not experienced bullying during their time at the private school.

Figure 1

Frequency of Previous Bullying

- 39% — 1 or more times a month
- 47% — 1 or more times a week
- 14% — 1 or more times a day
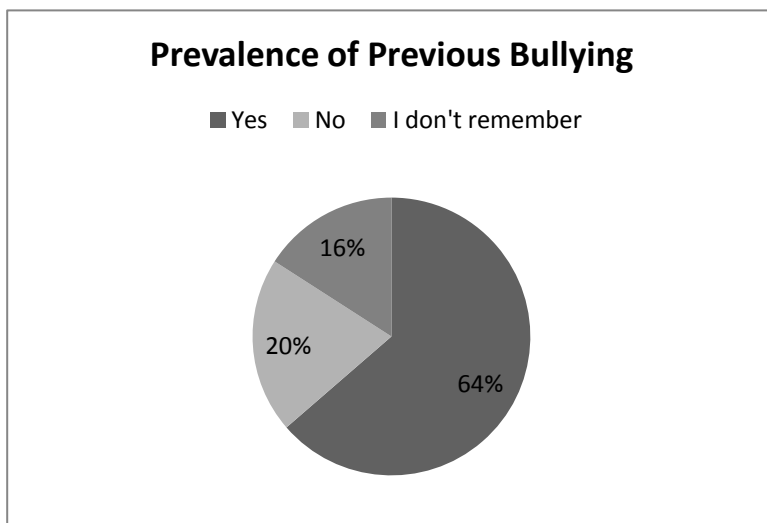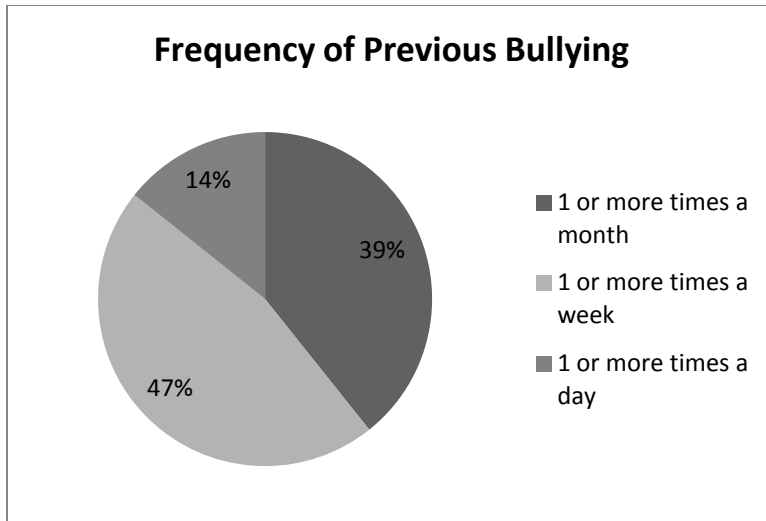
Figure 2

In their previous school environment, students reported anywhere from 1 to 9 separate locations in which they experienced bullying (M= 4.89). The most popular locations, with the exception of the academic classroom, appeared to be less structured environments and included: the gym (85.71%), the cafeteria (82.14%), the classroom (67.86%), the hallway (64.29), and the bus (53.57%) (see Figure 3). There was a trend in which students experienced more verbal bullying more than any other type of bullying. Students agreed most with the following statements: made fun of me (M=3.64), won't let me be a part of their group (M=3.64), and called me names (M=3.5) (see Figure 4). Students were asked to identify other ways in which they were bullied that were not included in the survey question. The most common answers were: mimicked me, purposefully triggered emotions/meltdowns, bossed me around, and tricked me/put me in an embarrassing situation. Students reported anywhere from 1 to 8 groups of persons who bullied them (M=4). The most common groups were boys in the same grade (100%),

older boys (60.71%), older girls (46.43%), someone who has many friends (42.86%), and someone who is popular (39.29%) (see Figure 5). Again, the data showed a trend in which males were more likely to be the perpetrators of bullying for this particular population.
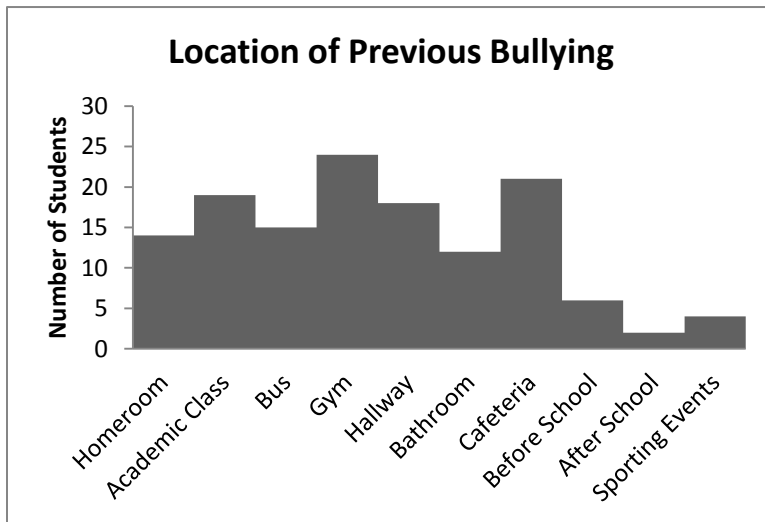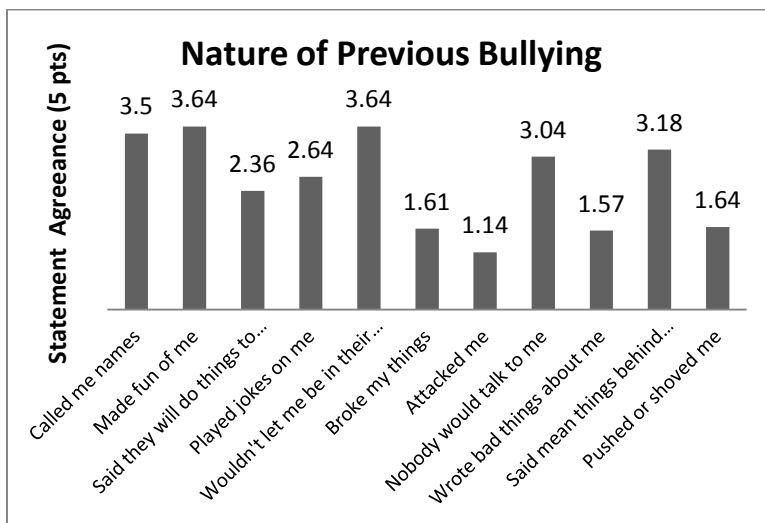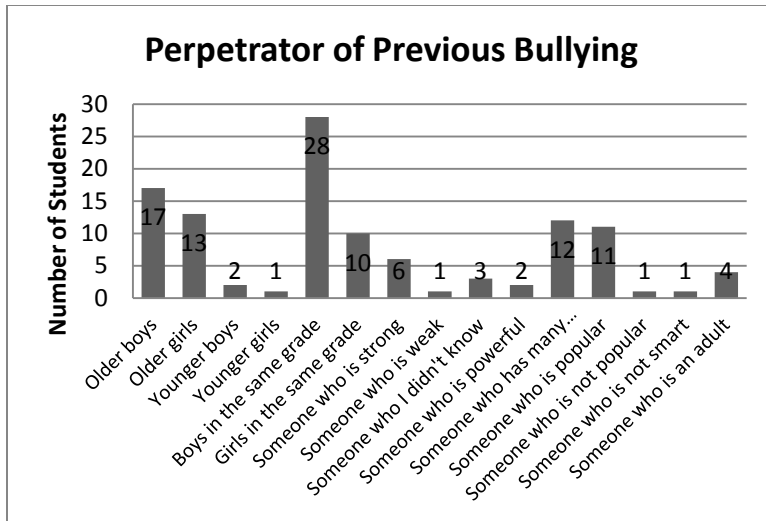
Location of Previous Bullying

Figure 3

Nature of Previous Bullying

Figure 4

Perpetrator of Previous Bullying

Figure 5

When asked how much of a problem the bullying was for them, students identified most with the following statements: made me feel bad or sad (M=3.75) and made it difficult to learn (M=3.39). Students were asked to identify other ways in which the bullying interfered with their lives. The most common answers can be summarized as: got me in trouble, I had suicidal thoughts, and I secluded myself/didn't want to deal with people. When asked if they were able to protect themselves from the bullying, 66.67% said they were not able to. The remaining participants who said that they could protect themselves did so by telling on the bully either to a parent or a teacher (44.44%), "getting even" (33.33%), or a mixture of the two (22.22%).

Students were also asked to consider why they may have been bullied. The following statements were most agreed upon: I am different (66.67%), I am in special education (44.44%), I get angry a lot (33.33%), I cry a lot (38.89%), and they think I am a wimp (27.78%) (see Figure 6). Students were, again, given a free response option to

44

identify other reasons for their victimization. The most common answers were: the kids did not understand me and my specific behaviors and/or thought I was weird, kids are mean and/or ignorant, and my inability at sports was seen as weakness.
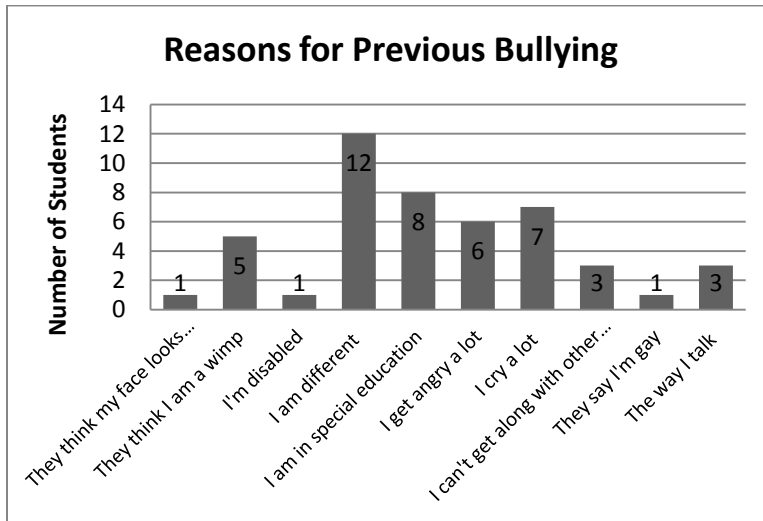

Figure 6

Hypothesis 2

The second hypothesis stated that the higher the student's behavioral level and social skills levels (i.e. the more mastery they had of these skills) the least accepting they would be of bullying behaviors and the fewer incidences of bullying they would report. Therefore, the lower the student's social skills level (i.e. the less mastery they had of these skills), the more accepting they would be of bullying behaviors and the greater incidences of bullying they would report. For this study, a smaller sample of 37 students was pulled from the original 44 students due to a small portion of teacher surveys not being completed on time. The teachers' survey responses revealed that ten students qualified as a behavioral level "1," twenty students as a "2," seven students as a "3," and

no students as a "4" (M=1.92). One student received a score of "1" for their mastery of emotional vocabulary, thirteen students received a "2," thirteen students received a "3," and ten students received a score of "4" (M=2.86). Finally, two students received a score of "2" for their mastery of conflict resolution skills, seventeen students received a "2," seventeen students received a "3," and one student received a score of "4" (M=2.46). The students' Bully Attitudinal Scale (BAS) scores ranged from 14-38 (M= 22.84). Using a Pearson-R correlation, no relationship was found between the students' BAS scores and each of the teacher-rated variables (behavioral level R=.059, emotional vocabulary R=.265, and conflict resolution R=.273). Furthermore, no relationship could be studied between the students' behavioral levels and acquisition of social skills and their involvement in bullying because 100% of the students (N=44) reported no incidences of bullying for the current academic school year.

Chapter 5
Discussion

Hypothesis 1

A relationship was found between the students' self-reported prevalences of bullying and their educational setting. Though the researcher believed the students would report less incidences of bullying in their current academic environment, it was somewhat surprising that 100% of the students reported no incidences of bullying whatsoever. Though the students spend a majority of their day in the private program, both of the campuses surveyed are nestled in a larger public school allowing for the students to interact with typical students while in the hallways, eating lunch in the cafeteria, or even riding public transportation. The question used to assess their current bullying experiences was "have you been bullied this school year" which does not exclusively speak to the private program alone; however, it appears that is, perhaps, how students perceived it. For instance, one teacher suggested that a student may have been bullied on the school bus, yet this student still answered "no" to having been bullied this school year.

The students' reported experiences of bullying in their previous school environments warrant several discussions. First, with the exception of the academic class, it appeared that when students were bullied in their previous school environments, it occurred at locations that are less structured and, more than likely, not monitored as closely by adults. The fact that students have reported no incidences of bullying for the current academic school year at their private school, may be due, in part, to the fact that it is the program's mission to provide a structured and safe environment.

47

Another interesting finding was the nature of the bullying that these children were victims of. In the typical school-aged population, girls tend to report more incidences of verbal bullying whereas males tend to report more physical acts of aggression (Elledge, et. al., 2010). However, this particular population claimed that more acts of verbal bullying occurred than physical. The physical statement that had the most agreeance among students was "they said they would do bad things to me," but even that is still a verbal threat and not a true physical action. An inherent characteristic of Autism is the display of repetitive and stereotyped behaviors. The other, typical, students see these behaviors as unusual and these students become easy targets for mimicking and ridicule. Another gender related trend involved the perpetrators of the bullying. In this particular population, males were more likely to be the perpetrators of bullying than females. Previous studies, such as Chamberlain and Rotheram-Fuller (2007), showed that Autistic children were more likely than their male peers to find friendships and support from female peers. The parents in this study described boys as competitive, whereas girls were helpful and more socially mature. The students in the current study also frequently identified the perpetrators of bullying as being someone who is popular. This is consistent with previous findings (Bradshaw, Sawyer, & O'Brennan, 2007) in which middle school and high school students identified bullying as a way to gain social status. This finding is interesting for the current population as it would be assumed that they would not be concerned with such social constructs.

A worrisome detail that emerged from this study was in response to the question "who bullied you?" Four of the students selected an adult as a perpetrator of bullying.

Although there was no way for these particular students to elaborate on this, the researcher believes this could be attributed to several things. First, several students did emphasis the need for school-related personnel such as bus drivers and coaches to be more involved in the anti-bullying initiative. In addition, many students felt that their teachers handled the incidences of bullying poorly. These particular students claimed that the teachers would ignore the situation or wrongly accuse them of being the problem. One student wrote, "It always seemed like it was only about it being "my problem." I don't remember anything being done about the other kids. It's like when you are diagnosed with something then obviously everything must be your fault." Perhaps these students saw these adults' lack of action as a form of bullying. This particular population is not the only one to speak towards its faculties' inaction during bullying incidences. Bradshaw, Sawyer, & O'Brennan (2007) found that 51% of middle and high school students reported having seen an adult in the school witness bullying occur and do nothing to stop it. Furthermore, these students felt that when the staff did intervene, they actually made the situation worse suggesting that, perhaps, teachers and other school-related personnel need more efficient training to handle these situations.

Another question asked students if someone bullied them at home; in which one student selected their father. However, this same student was not one to have selected an adult as a perpetrator of bullying during the earlier question. This student elaborated by saying "it was really more like he couldn't understand what I was going through so he would think he could yell some sense into me." When you take this student into consideration, 17.86% of this population considers an adult in their life a bully; the very

people you would expect to protect them and advocate for them. In a different study, Humphrey and Symes (2010) found that students with Autism Spectrum Disorders reported lower levels of social support from parents than students with other educational needs; however, there was no perceived differences in relation to support received from teachers.

Hypothesis 2

A relationship was not found between the student's social skills levels (i.e. the less mastery they had of these skills) and their perceptions and experiences of bullying. The social skills, conflict resolution and emotional vocabulary, were selected for this study because of their inherent ability to buffer acts of bullying. Because of the social deficits displayed in Autism Spectrum Disorders, it was assumed that many of these students would not have mastered these skills. When coupled with the diminished theory of mind as observed in previous research (Baron-Cohen, et. al., 1997; Van Roekel, et. al., 2009), it was assumed that this population would have difficulty attributing mental states and beliefs to the intimate act of bullying.

To assess the students' attitudes towards bullying behaviors, scores on the Bully Attitudinal Scale (BAS) from the Bully Survey-Student Edition (Swearer, 2001; Appendix A) were considered. To test the construct validity of the Bully Attitudinal Scale (BAS) Swearer and Cary (2003) cross referenced office referral data. Bullies and bully-victims had the highest number of office referrals as well as higher BAS scores whereas uninvolved students and victims had the least number of office referrals and lower, more

pro-social BAS scores. The students in the current study received scores similar to other victims of bullying. The average BAS score for the current population was 22.84, which is relatively low. Perhaps the hypothesized effect would have been observed in a lower functioning Autistic group or in students who are not already receiving daily social skills and problem solving interventions.

Although it was not a focus of this particular study, the researcher did ask teachers to report incidences in which the student may have been a perpetrator of bullying for the current school year. Teachers answered "No" for all students with the exception of one; however the teacher did elaborate that they are not "typical" incidences as they are related to his obsession with race and religion, and therefore, are "not intended as bullying but other kids might perceive it as such." Interestingly, this student received the highest BAS score of 38 which, according to previous research, would entail that he has more pro-bullying attitudes than the other students.

One of the final questions of Part "D" of the Bully Survey-Student Edition (Swearer, 2001; Appendix A) was an open forum in which participants could reflect on any additional thoughts they had about bullying that may not have been covered by the questions asked. The answers ranged from insightful to comical to, at times, unnerving. Consider the wisdom of this 14 year old student, "We are creating a world where being powerful is so important that it does not matter what your character is. If we keep holding power and popularity in such high esteem, we will not stop kids from being bullies." His 11 year old peer suggested "maybe kids like me should learn karate." Unfortunately, many of the responses were similar to this 11 year old student's, "Kids like me

sometimes feel they are worthless or that there is no place for us. Schools should help us feel like we belong and are OK" or this 13 year old student's; "It isn't fair that I can't go to my regular school just because kids are so ridiculous. I have to come to a special school to feel safe and be able to have friends! That's just not right" or even this 13 year old student's "The effects of bullying can really mess a kid up. Good students may give up on school and kids may even just give up on themselves."

There were some themes in the students' responses. A lot of students believed the schools needed to teach students appropriate ways to stick up for themselves and each other as well as problem solve. For instance, one student wrote "you [the victim of bullying] feel like you are a wimp/rat if you tell on the bullies, so you have to hope someone sees it or hears about it. And for the other kids [the observers], they often are too in to keeping themselves out of the problem, so they don't feel like interfering or helping out. Maybe that would be a good idea; for schools to teach kids to stick up for each other and not walk away if someone is being bullied." Bradshaw, Sawyer, and O'Brennan (2007) reported this problem as well. Thirty five percent of middle school students and 40.32% of high school students in this study said that they would "ignore it or do nothing" when they witnessed bullying. The school systems need to find a way to make students feel safe when reporting incidences of bullying.

A lot of the literature surrounding Autism speaks to theory of mind; the ability to attribute mental states, such as beliefs and intents, to oneself and others and to understand that these mental states may be different from one's own. Studies have shown that children, as well as adults, with Autism perform poorly on tasks of theory of mind

(Baron-Cohen, et. al., 1997; Van Roekel, et. al., 2009). However, perspective taking did not appear to be a hard task for these high-functioning students. Not only did they consider themselves [the victims], they considered the perpetrators of bullying as well as needing help to alter their beliefs. Consider the following quotes, "I just think that some kids are just afraid of something they don't understand, so if you believe in something different, look different or sound different, they lash out at you. Sure, schools need to protect kids from bullies, but they also have to figure out how to get the bullies to be more accepting. I think it has to go both ways" or "I think kids are bullies because they do not understand about differences. They should have consequences but also get help." This genuine concern for the perpetrators of bullying turned in to a lot of forward thinking of possible consequences. For instance, one student wrote "If someone is a bully in school, what's to stop them from being unkind and intolerant later in life? Schools are meant to help us become good citizens." Another younger student wrote "bullies can turn in to bad adults so schools have to deal with it while they are still kids."

Limitations

Several limitations should be considered within the context of the current study. First, as mentioned previously, the students and measures used in this study were specific to one private program, and therefore, results may not generalize to all autistic students. Because the social skills variables observed were part of the school's progress monitoring, the data was collected from the students' teachers. It is unknown if the teachers would have demonstrated inter-rater agreement among students or how a professional outside of the program would have rated the children. It is also important to

note that it us unknown how typical students would have compared on these particular skills using the program's progress monitoring scale. Another limitation was the relatively small sample size. Only forty-four students participated in the study and only thirty seven of the students could be considered for study 2 due to incomplete teacher data. If a larger number of students participated, perhaps a greater range of BAS scores would have been observed to better analyze the relationship between perceptions and social skills levels. An additional limitation is the fact that the students' memories, and consequently their responses, could have been distorted or even lost with time; thus altering their reliability. The students in the current study were being asked to reflect on their experiences in public school environments that they may not have been exposed to, when considering the most seasoned students, for nearly six years. An indication of this limitation was evident in the responses of seven students (15.91%) who reported that they could not remember if they had been bullied at their previous school. It is unknown how many students over or under estimated frequencies of bullying or confused other details of their bullying experiences.

Implications

It is estimated that peers are involved as bystanders in 85% of bullying episodes (Craig & Pepler, 1997). A bystander can play many roles in a bullying exchange. O'Connell, Pepler, & Craig (1999) studied elementary students between the ages of 5 and 12 and found that peers actively reinforced a bully by physically or verbally joining in 20.7% of the time, passively reinforced a bully by watching without joining 53.9% of the time, and actively supported the victim by intervening only 25.4% of the time. Further

analyses revealed that older boys were significantly more likely to join the bully than younger boys or older girls and girls of any age were significantly more likely to support the victim than older boys. When bystanders do intervene in a bullying exchange, they can successfully abate victimization more than 50% of the time (Polanin, Espelage, & Pigott, 2012). Additionally, Kochenderfer and Ladd (1997) found that kindergarten boys who were bullied in the fall, but no longer in the spring, were more likely to use the strategy of getting a friend to help when compared to boys who were stable victims. Specific to the special education setting, Humphrey & Symes (2009) found that increased support from classmates successfully predicted reductions in bullying frequency in a study of dyslexia, ASD, and typical students. Peers are obviously a strong predictor of victim constancy, and yet, prevention programs seem to miss this important population that makes up anywhere from 60-70% of the student body (Polanin, Espelage, & Pigott, 2012).

A recent meta-analysis of eleven studies revealed that treatments increased bystander intervention behavior 20% of one standard deviation more than individuals in the control groups (Polanin, Espelage, & Pigott, 2012). The length of time for which the programs occurred (1-2 months or 6-12 months) and parental involvement did not influence the treatment effect. A greater treatment effect was found for facilitators other than a primary teacher (i.e. social worker, school psychologist, etc); however, this finding should be considered with caution because the studies that used facilitators other than teachers had smaller sample sizes. In addition, a greater treatment effect size was found for high school students (Polanin, Espelage, & Pigott, 2012). This finding, in particular,

was interesting because many researchers tend to cite the opposite. Polanin, Espelage, & Pigott (2012) explained that the bystander intervention behavior may be a developmental process and such programs may not be influencing younger students as originally intended.

When considering the inclusion experiences the students from the current study reported in their general education settings, a bystander intervention program does seem necessary to help abate victimization in the special needs population; which, in an inclusion-rich school, makes up anywhere from 10-20% of the school's population (Estell, et al., 2009). The autistic population, in particular, faces extreme difficulty when interpreting social cues, and therefore, an individual with autism may not identify a peer's behavior as being mean-spirited whereas a typical peer would. The student's seemingly nonchalant attitude may be interpreted by a teacher as an indication that an already ambiguous situation does not warrant intervention. To exasperate an already complicated situation, once the student actually realizes they are getting bullied or becomes bothered by the situation, they may be on the verge of a meltdown; making it appear that they instigated the problem or responded inappropriately. Because much of the bullying is occurring in areas of the school that are often highly populated and unstructured, it is important to encourage typical students, who can correctly identify acts of bullying, to be supportive, responsible bystanders who can intervene and prevent the bullying from persisting or reaching the point of frustration for the autistic student. It is also important that teachers are more cognizant of the antecedents that may have led to an

autistic child's particular meltdown, so that they do not continue making the bullying

situation worse by apprehending the wrong perpetrator.

References

American Psychiatric Association. (2000). Diagnostic and Statistical manual of mental disorders (4th ed., text rev.). Arlington: Author.

Autism Speaks. (2012). Facts about Autism. Retrieved from http://www.autismspeaks.org/what-autism/facts-about-autism

Baron-Cohen, S., Jolliffe, T., Mortimore, C., & Robertson, M. (1997). Another Advanced Test of Theory of Mind: Evidence from Very High Functioning Adults with Autism or Asperger Syndrome. *Journal of Child Psychology & Psychiatry*, 38 (7), 813-822.

Bauminger, N. & Kasari, C. (2000). Loneliness and Friendship in High-functioning Children with Autism. *Child Development*, 71 (2), 447-456.

Bradshaw, C. P., Sawyer, A. L., & O'Brennan, L. M. (2007). Bullying and Peer Victimization at School: Perceptual Differences Between Students and School Staff. *School Psychology Review*, 36 (3), 361-382.

Bullying Statistics. (2009). Bullying Statistics 2010. Retrieved from http://www.bullyingstatistics.org/content/bullying-statistics-2010.html

Carter, S. (2009). Bullying of Students with Asperger Syndrome. *Issues in Comprehensive Pediatric Nursing*, 32, 145-154.

Chamberlain, B., Kasari, C., & Rotheram-Fuller, E. (2007). Involvement or Isolation? The Social Networks of Children with Autism in Regular Classrooms. *Journal of Autism & Developmental Disorders*, 37, 230-242.

Craig, W. & Pepler, D. (1997). Observations of bullying and victimization in the schoolyard. *Canadian Journal of School Psychology*, 2, 41-60.

58

Drew, N. (2010). Everything you need to know about implementing the new anti-
bullying law. Retrieved from http://www.burltwpsch.org/index.php?id=361.

Elledge, L. C., Cavell, T. A., Ogle, N. T., Malcolm, K. T., Newgent, R. A., & Faith, M.
A. (2010). History of Peer Victimization and Children's Response to School
Bullying. *School Psychology Quarterly*, 25 (2), 129-141.

Estell, D. B., Farmer, T. W., Irvin, M. J., Crowther, A., Akos, P., & Boudah, D. J. (2009).
Students with Exceptionalities and the Peer Group Context of Bullying and
Victimization in Late Elementary School. *Journal of Child & Family Studies*, 18,
136-150.

Humphrey, N. & Symes, W. (2010). Perceptions of social support and experience of
bullying in pupils among autistic spectrum disorders in mainstream secondary
schools. *European Journal of Special Needs Education*, 25 (1), 77-91.

Kochenderfer, B. J. & Ladd, G. W. (1997). Victimized children's responses to peers'
aggression: Behaviors associated with reduced versus continued victimization.
Development and Psychopathology, 9, 59-73.

Laugeson, E. A., Frankel, F., Mogil, C., & Dillon, A. R. (2009). Parent-Assisted Social
Skills Training to Improve Friendships in Teens with Autism Spectrum Disorders.
Journal of Autism & Developmental Disorders, 39, 596-606.

Little, L. (2002). Middle-Class Mother's Perceptions of Peer and Sibling Victimization
Among Children with Asperger's Syndrome and Nonverbal Learning Disorders.
Issues in Comprehensive Pediatric Nursing, 25, 43-57.

Loveland, K. A., Pearson, D. A., Tunali-Kotoski, B., Ortegon, J., & Cullen Gibbs, M.
(2001). Judgments of Social Appropriateness by Children and Adolescents with
Autism. *Journal of Autism and Developmental Disorders,* 31 (4), 367-376.

Montes, G. & Halterman, J. S. (2007). Bullying among Children with Autism and the Influence of Comorbidity with ADHD: A Population-Based Study. *Ambulatory Pediatrics*, 7, 253-257.

NJ Department of Education. (2010). Anti-Bullying Bill of Rights Act. Retrieved from http://www.state.nj.us/education/students/safety/behavior/hib/#regulations

O'Connell, P., Pepler, D., & Craig, W. (1999). Peer involvement in bullying: insights and challenges for intervention. *Journal of Adolescence*, 22, 437-452.

Pierce, K., Glad, K. S., & Schreibman, L. (1997). Social Perception in Children with Autism: An Attentional Deficit? *Journal of Autism and Developmental Disorders*, 27 (3), 265-282.

Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2012). A Meta-Analysis of School-Based Bullying Prevention Programs' Effects on Bystander Intervention Behavior. *School Psychology Review*, 41 (1), 47-65.

Sansosti, F. J. (2010). Teaching Social Skills to Children with Autism Spectrum Disorders Using Tiers of Support: A Guide for School-Based Professionals. *Psychology in the Schools*, 47 (3), 257-281.

Strohmeier, D., Wagner, P., Spiel, C., & Von Eye, A. (2010). Stability and Constancy of Bully-Victim Behavior Looking at Variables and Individuals. *Journal of Psychology*, 218 (3), 185-193.

Swearer, S. M. (2001). The Bully Survey-Student Version (BYS-S).

Swearer, S. M. & Cary, P. T. (2003). Perceptions and attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. Journal of Applied School Psychology, 19, 63-79.

Swearer, S.M., Turner, R.K., Givens, J.E., & Pollack, W.S. (2008). "You're so gay!": Do different forms of bullying matter for adolescent males? School Psychology Review, 37, 160-173.

Van Roekel, E., Scholte, R. H. J., & Didden, R. (2010). Bullying Among Adolescents with Autism Spectrum Disorders: Prevalence and Perception. *Journal of Autism & Developmental Disorders*, 40, 63-73.

Veenstra, R., Lindenberg, S., Oldehinkel, A. J., De Winter, A. F., Verhulst, F. C., & Ormel, J. (2005). Bullying and Victimization in Elementary Schools: A Comparison of Bullies, Victims, Bully/Victims, and Uninvolved Preadolescents. *Developmental Psychology*, 41 (4), 672-682.

Villanueva Badenes, L., Clemente Estevan, R. A., & Garcia Bacete, F. J. (2000). Theory of Mind and Peer Rejection at School. *Social Development*, 9 (3), 271-283.

∗1. Please enter the identification code that was assigned to you. If you do not know your ID code, please ask your teacher at this time.

Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over.

• Punching, shoving, and other acts that hurt people physically
• Spreading bad rumors about people
• Keeping certain people out of a group
• Teasing people in a mean way
• Getting certain people to "gang up" on others

∗2. Were you ever bullied at the school you attended prior to being accepted in to the ████ program?

  ☐ Yes   ☐ No   ☐ I do not remember

∗3. If yes, how often were you bullied? (Check one)

☐ One or more times a day

☐ One or more times a week

☐ One or more times a month

Please answer the following questions as they apply to your previous school and the bullying experiences You encountered there.

4. Where were you bullied? (Check all that apply)

☐ homeroom	☐ cafeteria
☐ academic class	☐ before school
☐ bus	☐ after school
☐ gym	☐ dances
☐ hallway	☐ sporting events
☐ bathroom	☐ telephone
☐ online/texting during school	☐ online/texting after school

Which is the ONE place you were bullied the most?

5. If you checked online/texting, please explain. (Check all that apply)

☞ Facebook   ☞ IMing

☞ Myspace   ☞ Email

☞ Twitter   ☞ Texting

☞ Online Gaming

Other:

6. How did you get bullied? (Check how often these things happened)

	Never happened	Rarely happened	Sometimes happened	Often happened	Always happened
a. Called me names					
b. Made fun of me					
c. Said they will do bad					
d. Played jokes on me					
e. Wouldn't let me be a part of their group					
f. Broke my things					
g. Attacked me					
h. Nobody would talk to me					
i. Wrote bad things about me					
j. Said mean things behind my back					
k. Pushed or shoved me					
Other ways you were bullied:					

7. Who bullied you? (Check all that apply)

- older boys
- older girls
- younger boys
- younger girls
- boys in the same grade
- girls in the same grade
- someone who is strong
- someone who is weak
- someone who I didn't know
- my girlfriend/boyfriend

- someone who is powerful
- someone who is not powerful
- someone who has many friends
- someone who doesn't have many friends
- someone who is popular
- someone who is not popular
- someone who is smart
- someone who is not smart
- someone who is an adult
- someone I was interested in but never went out with

Other:

8. How much of a problem was the bullying for you?

	Never a problem	Rarely a problem	Sometimes a problem	Often a problem	Always a problem
a. Made me feel sick					
b. I couldn't make friends					
c. Made me feel bad or sad					
d. Made it difficult to learn at school					
e. I didn't come to school					
f. I had problems with my family					
Other ways this was a problem:					

9. Why do you think you were bullied? (Check all that apply)
Because:

- they think my face looks funny
- they think I'm fat
- they think I'm skinny
- they think I look too old
- they think I look too young
- they think I am wimp
- they think my friends are weird
- I'm sick a lot
- I'm disabled
- I get good grades
- I get bad grades
- where I live
- the clothes I wear
- the color of my skin
- they country I'm from
- I am different

- the church I go to
- my parents
- my brother
- my sister
- my family is poor
- my family has a lot of money
- someone in my family has a disability
- I am too tall
- I am too short
- I am in special education
- I get angry a lot
- I cry a lot
- I can't get along with other people
- they say I'm gay
- the way I talk

Which is the MAIN reason why you were bullied?

10. Were you able to protect yourself from the bullying?

- Yes
- No

11. If yes, what did you do?

12. Did your teachers and staff know about the bullying that happened to you?

- Yes
- No
- I don't know

13. How did you think the teachers and school staff took care of the bullying?

- Very well
- Okay
- Bad
- I don't know

65

14. Tell us what the teachers and school staff did to take care of the bullying.

15. Did your parents know about the bullying that happened to you?

⬜ Yes ⬜ No ⬜ I don't know

*16. Did anyone bully you at home? (Check everyone who had bullied you)

Please remember to answer this question as it applies to your previous school experience.

☞ no one ☞ Sister ☞ friend

☞ father ☞ stepfather ☞ other relative

☞ mother ☞ stepmother ☞ neighbor

☞ brother ☞ grandparent

17. Was the bullying at home different from the bullying at school? How?

18. In general, was bullying a problem at your previous school?

⬜ Yes ⬜ No

Bullying happens when someone hurts or scares another person on purpose and the person being bullied
has a hard time defending himself or herself. Usually, bullying happens over and over.

• Punching, shoving, and other acts that hurt people physically
• Spreading bad rumors about people
• Keeping certain people out of a group
• Teasing people in a mean way
• Getting certain people to "gang up" on others

*19. Have you been bullied this school year?

☐ Yes   ☐ No

Please answer the following questions as they apply to your current school

environment in the ▮▮▮▮▮ program and the bullying experiences you encounter here.

*20. If yes, how often have you been bullied? (Check one)

☐ one or more times a day

☐ one or more times a week

☐ one or more times a month

21. Where have you been bullied? (Check all that apply)

☐ homeroom   ☐ cafeteria

☐ academic class   ☐ before school

☐ bus   ☐ after school

☐ gym   ☐ dances

☐ hallway   ☐ sporting events

☐ bathroom   ☐ telephone

☐ online/texting during school ☐ online/texting after school

Which is the ONE place you have been bullied the most?

22. If you checked online/texting, please explain. (Check all that apply)

☞ Facebook   ☞ IMing

☞ Myspace   ☞ Email

☞ Twitter   ☞ Texting

☞ Online Gaming

Other (please specify)

23. How did you get bullied?

	Never Happened	Rarely Happened	Sometimes Happened	Often Happened	Always Happened
a. Called me names					
b. Made fun of me					
c. Said they will do bad things to me					
d. Played jokes on me					
e. Wouldn't let me be a part of their group					
f. Broke my things					
g. Attacked me					
h. Nobody would talk to me					
i. Wrote bad things about me					
j. Said mean things behind my back					
k. Pushed or shoved me					
l. Other ways you were bullied: _____					

24. Who bullied you? (Check all that apply)

- older boys
- older girls
- younger boys
- younger girls
- boys in the same grade
- girls in the same grade
- someone who is strong
- someone who is weak
- someone who I didn't know
- my girlfriend/boyfriend

Other

- someone who is powerful
- someone who is not powerful
- someone who has many friends
- someone who doesn't have many friends
- someone who is popular
- someone who is not popular
- someone who is smart
- someone who is not smart
- someone who is an adult
- someone I was interested in but never went out with

25. How much of a problem was the bullying for you?

	Never a problem	Rarely a problem	Sometimes a problem	Often a problem	Always a problem
a. Made me feel sick					
b. I couldn't make friends					
c. Made me feel bad or sad					
d. Made it difficult to learn at school					
e. I didn't come to school					
f. I had problems with my family					
Other ways this was a problem:					

26. Why do you think you were bullied? (Check all that apply)
Because:

- they think my face looks funny
- they think I'm fat
- they think I'm skinny
- they think I look too old
- they think I look too young
- they think I am a wimp
- they think my friends are weird
- I'm sick a lot
- I'm disabled
- I get good grades
- I get bad grades
- where I live
- the clothes I wear
- the color of my skin
- the country I'm from
- I am different

- the church I go to
- my parents
- my brother
- my sister
- my family is poor
- my family has a lot of money
- someone in my family has a disability
- I am too tall
- I am too short
- I am in special education
- I get angry a lot
- I cry a lot
- I can't get along with other people
- they say I'm gay
- the way I talk
- other

Which is the MAIN reason why you were bullied?

27. Were you able to protect yourself from the bullying?

- Yes
- No

28. If yes, what did you do?

29. Did your teachers and school staff know about the bullying that happened to you?

- Yes
- No
- I don't know

70

30. How do you think the teachers and school staff take care of the bullying?

⬚ Very well　　　　⬚ Okay　　　　⬚ Bad　　　　⬚ I don't know

31. Tell us what the teachers and school staff did to take care of the bullying.

32. Did your parents know about the bullying that happened to you?

⬚ Yes　　　　⬚ No　　　　⬚ I don't know

*33. Does anyone bully you at home? (Check everyone who has bullied you)

☞ no one　　　☞ sister　　　☞ friend

☞ father　　　☞ stepfather　　　☞ other relative

☞ mother　　　☞ stepmother　　　☞ neighbor

☞ brother　　　☞ grandparent

Other:

34. Is the bullying at home different from the bullying at school? How?

In this part, you will be asked about your thoughts about bullying.

*35. How much do you agree with each sentence?

	Totally False	Sort of False	Neither	Sort of True	Totally True
a. Most people who get bullied ask for it					
b. Bullying is a problem for kids					
c. Bullies are popular					
d. I don't like bullies					
e. I am afraid of the bullies at my					
f. Bullying is good for					
g. bullies hurt kids					
h. I would be friends with a					
i. I can understand why kids					
j. I think bullies should be punished					
k. Bullies don't mean to hurt					
l. Bullies make kids feel bad					
m. I feel sorry for kids who are					
n. Being bullied is no big deal					
o. It's easier to bully someone if who you are					

*36. Is bullying a problem in your school?

☐ Yes   ☐ No

*37. Do you think that schools should worry about bullying?

☐ Yes   ☐ No

38. Please write any other ideas you have about bullying and being bullied.

Please answer the following questions about yourself. This information will be used for data reporting purposes only and will not be used in any way to identify you.

39. What is your current age?

40. What grade are you currently in?

☐ 3rd   ☐ 4th   ☐ 5th   ☐ 6th   ☐ 7th   ☐ 8th

41. What is your race/ethnicity?

☐ White/Caucasian   ☐ Latino/Hispanic

☐ Native American   ☐ Eastern European

☐ African American   ☐ Middle Eastern

☐ Asian

Other:

42. How well do you do in your school work? On your last report card, if you think of all of your subjects, what did you get? (check one please)

☐ Mostly A's   ☐ A's and B's

☐ Mostly B's   ☐ B's and C's

☐ Mostly C's   ☐ C's and D's

☐ Mostly D's   ☐ D's and lower

∗1. Please enter the identification code that was assigned to this specific student. If you do not know the ID code, please consult Dr. █████████

∗2. How long has this student been enrolled with the █████ School?

    🗌   1 year   🗌   2 years   🗌   3 years   🗌   4 years   🗌   5 or more years

∗3. What is the student's current academic grade level?

    🗌   3rd   🗌   4th   🗌   5th   🗌   6th   🗌   7th   🗌   8th

∗4. What is the student's reported behavioral level on the day their survey was completed?
(1= 2 target behaviors & social challenges, 2 = 1 target behavior & social challenges, 3 = no target behaviors & increasing levels of social challenges, 4 = independent/no need for behavioral support)

    🗌   1   🗌   2   🗌   3   🗌   4

    Additional comments:

∗5. What was the child's emotional vocabulary score at the time of their last progress report?
(1 = not introduced/not demonstrated, a score of 60 or below; 2 = introduced/emerging, a score of 70-79; 3 = demonstrated but contingent on instructional support, a score of 80-89; and 4 – mastered/independent, a score of 90 or above).

    🗌   1   🗌   2   🗌   3   🗌   4

    Additional comments:

*6. What was the child's conflict resolution score at the time of their last progress report? (1 = not introduced/not demonstrated, a score of 60 or below; 2 = introduced/emerging, a score of 70-79; 3 = demonstrated but contingent on instructional support, a score of 80-89; and 4 – mastered/independent, a score of 90 or above).

☐ 1   ☐ 2   ☐ 3   ☐ 4

Additional comments:

*7. Have you observed this child being bullied this school year?

☐   Yes   ☐   No

8. If yes, how many reported incidences?

*9. Have you observed this child bully anyone this school year?

☐   Yes   ☐   No

10. If yes, how many reported incidences?

Thank you for completing this survey. Your assistance is greatly appreciated and I look forward to sharing the results with the ████████ program!