

How do we ensure that children with disabilities are not bullied in school?

The question and the problem

Students with disabilities are bullied more often than their typically developing peers. Students in schools for children with disabilities may be victimized more often than students with disabilities in inclusive settings. Being bullied, which can take forms which are physical, verbal, indirect (relational, emotional, or social), and/or sexual, is associated with negative academic, social, and psychological outcomes for the victim. This evidence brief summarises what we know about how to prevent bullying of children with disabilities.

Recommendations

- **Recommendation #1:** Inclusive education settings need universal interventions.
- **Recommendation #2:** Schools for children with disabilities can include targeted prevention interventions to reduce perpetration and victimisation.
- **Recommendation #3:** Educators need capacity development in order to help prevent and respond to bullying.
- **Recommendation #4:** Enhanced access to training (possibly from community health workers, in LMIC) represents a potentially effective method of increasing carers' confidence in their ability to undertake practical aspects of home-based care.
- **Recommendation #5:** Interventions need to be multicomponent and address the systemic roots of victimisation.

“Regardless of reasons for differences, the majority of studies on victimization of students with disabilities documented increased verbal abuse, social exclusion, and physical aggression when compared to nondisabled peers.”

[Marini, 2001]

Challenges

Challenge #1: In inclusive schools, children with disabilities are at risk of being victimised by typically developing peers.

- There is a need to promote respect for diversity and difference, and anti-bullying interventions in these settings need to address stigma and the systemic roots of exclusion.
- Children with disabilities can be involved in social skills interventions to reduce risk of victimisation, and reduce under-reporting of bullying and a zero-tolerance policy in relation to bullying can reduce perpetration by typically developing peers.

Challenge #2: In schools for children with disabilities, children with disabilities are at risk of being both victims and perpetrators of bullying.

- Social skills training, mental health counselling, and behavioural modelling could be incorporated into regular curricular activities, but these may be hard to resource in LMIC.

Challenge #3: School culture may promote victimization of children with disabilities.

- School-wide anti-stigma and attitude change interventions are needed.
- Effective stigma-based bullying interventions involve education or skill building, and – often – contact between typically-developing peers and youth with disabilities.

Challenge #4: Educators may not have the skills necessary to prevent bullying in their classrooms.

- Teachers must take a proactive role within their classrooms in decreasing perpetration and supporting victims, but educators may require anti-stigma and attitude change interventions before they can play this role, particularly where they lack training or knowledge about disability.

Challenge #5: Interventions to prevent bullying have tended to focus on a single party.

- As bullying has complex, multi-faceted roots, interventions should be complex and multifaceted, addressing peer attitudes, school climate, victim support, and teacher and parent training.
- Parents should also be involved, and school personnel should collaborate with families on home-based interventions to decrease victimization and perpetration.

How did we find answers

We conducted a review of reviews, examining systematic, narrative, and other types of review evidence on bullying of students with disabilities, with a focus on the intervention literature. This brief draws on evidence from high-income countries, only, because there have not been any reviews of the literature concerning bullying prevention for children with disabilities in low- and middle-income countries.

Although some recommendations from high-income settings may be possible to implement in low- and middle-income countries, there is an urgent need for more evidence specific to low- and middle-income countries. Further, although the reviews included in this evidence brief are useful in pointing to general directions for intervention, there are few specific, evidence-based recommendations or best practice intervention components highlighted.

Evidence-informed Recommendations and Actions

Key Recommendations	Actions
<p>Inclusive education settings need universal interventions.</p>	<p><i>There is a need to promote respect for diversity and difference and a zero-tolerance policy in relation to bullying can reduce perpetration. Effective stigma-based bullying interventions involve education or skill building, and – often – contact between typically-developing peers and youth with disabilities.</i></p>
<p>Schools for children with disabilities can include targeted prevention interventions to reduce perpetration and victimisation.</p>	<p><i>Social skills training, mental health counselling, and behavioural modelling could be incorporated into regular curricular activities, but these may be hard to resource in LMIC.</i></p>
<p>Educators need capacity development in order to help prevent and respond to bullying.</p>	<p><i>Teachers must take a proactive role within their classrooms in decreasing perpetration and supporting victims. However, educators may require anti-stigma and attitude change interventions before they can play this role, particularly where they lack training or knowledge about disability. Pre-service training for teachers must include instruction in behaviour and classroom management, social competency, and diversity awareness, while in-service training must include opportunities for education in relation to perpetration and victimization, and to develop a repertoire of intervention strategies.</i></p>
<p>Interventions need to be multicomponent and address the systemic roots of victimisation.</p>	<p><i>As bullying has complex, multi-faceted roots, interventions should address peer attitudes, school climate, victim support, and teacher and parent training. Parents should also be involved, and school personnel should collaborate with families on home-based interventions to decrease victimization and perpetration. Anti-bullying interventions in these settings need to address stigma and the systemic roots of exclusion, but the evidence base in relation to what works in LMIC, is limited.</i></p>

Policy priorities

Although specific recommendations are lacking or limited in their applicability to LMIC, the reviewed literature suggests that four avenues for action are required in order to addressing bullying; those aimed at a. students with disabilities, b. their peers, c. their teachers and caregivers and d. school cultures and climates. Specific policy priorities in respect off each of these areas of action need to be developed, but will require a better-developed evidence base.

Conclusion

In LMIC, there is a dearth of literature which explicitly examines educational outcomes such as attainment, qualifications gained, and academic achievement, for people with disabilities. Instead, the majority of the literature included here examined implementation of inclusive education. While the latter is important, the field needs to engage in rigorous evaluation of different models of inclusion and educational interventions, with a focus on their impacts on students with disabilities' educational success and satisfaction. Particular focal areas for action include the need to integrate best practices from rehabilitation and special education into inclusive education settings in low-resource settings, as well as exploring avenues to involve parents in educational interventions for youth with disabilities.

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GAPS & RESEARCH NEEDS

There is an urgent need for more research to be done on bullying in relation to children with disabilities, in LMIC.

There is a need to know which, if any, interventions work to reach students with disabilities, their peers, their teachers and caregivers and to change school cultures and climates.