Title: In Their Own Words: Bullying Experiences of People with Developmental Disabilities

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Introduction: Individuals with intellectual and developmental disability (IDD) are more likely than typically developing peers to experience bullying (Rose et al., 2011; Sterzing et al., 2013). Despite the increased risk and experiences of bullying for individuals with IDD, little research has examined the impact of bullying on individuals with IDD. Further, few studies have been conducted with people with IDD as participants reporting their own perspectives about experiences of bullying (Fisher & Taylor, 2016). Understanding bullying experiences from the perspective of the individual can better inform the development of intervention and prevention programs to support individuals with IDD.

Methods: We recruited 18 participants (9 male, 9 female) with IDD (e.g., autism spectrum disorder, Down syndrome). Ages ranged from 18-63. Participants were individually interviewed, using a semi-structured protocol. Recorded interviews were transcribed, uploaded to a qualitative analysis program, and coded using inductive content analysis. The first author then analyzed the coded transcripts, developed preliminary themes, and obtained feedback from the other authors.

Results: Initial themes include the following:

• **How participants think about bullying** – conceptualizations of bullying included examples that fall into the traditional definition of bullying; as well as notable exceptions, including examples of physical and sexual abuse, interpersonal conflict (e.g., grievances with roommates), and lack of support from staff (e.g., being dismissed by a staff member)

• **Context of bullying** – 13 reported bullying at school, 10 reported bullying in their group home or day habilitation facility.; half (9) reported that others witnessed the bullying, and half reported they were alone. No participants reported bullying in their workplace.

• **Emotional response to bullying** – participants reported feeling sad and mad. Coping strategies varied, including talking with a friend; eating; “hiding” in room; and relaxation strategies (e.g., music, blowing bubbles, making jewelry).

• **Behavioral response to bullying** – participants reported engaging in behaviors that are considered to be component skills under the umbrella term of self-determination: self-advocacy (e.g., telling others about what happened; talking directly with the bully); problem-solving (e.g., trying different approaches in order to get along with a challenging roommate); making choices/decisions (e.g., choosing to stay away from the bully); self-regulation/self-instruction (e.g., feeling like hitting someone or acting out anger, but deciding not to because of the negative consequences)

• **Support or lack of support from others** – of the 9 participants who reported that others intervened on their behalf, 7 reported they were effective in providing support. Supporters included relatives and staff members. Actions taken by others varied (e.g., intervening with the bully, reporting the incident to an authority, providing emotional support)

Discussion: Our findings point to the need not only for tailored interventions and supports related to bullying prevention among people with IDD, but also the need for training that can empower individuals with IDD to identify and address a wide range of challenging situations, from experiencing abuse to addressing interpersonal conflicts with roommates. Overall, this study provides insight into the experiences and perspectives of individuals of IDD about what it means to be bullied, about the supports they have and need, and about the ways in which they respond with self-determination to adverse events.

References:


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