A GAME OF CAT AND MOUSE:
THE BULLYING AND TEASING EXPERIENCES OF CHILDREN WITH
CEREBRAL PALSY

by

Nikie Tentoglou

A thesis submitted in conformity with the requirements
for the degree of Master of Social Work
Graduate Department of Faculty of Social Work
University of Toronto

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A Game of Cat and Mouse: The Bullying and Teasing Experiences of Children with Cerebral Palsy
Nikie Tentoglou, Master of Social Work (2001)
Faculty of Social Work, University of Toronto

ABSTRACT

An exploratory qualitative study was undertaken to determine how ten children, aged 8 to 13, with a diagnosis of Cerebral Palsy describe and experience peer teasing and bullying at school. Seven themes emerged in girls' and boys' descriptions of their experiences of victimization: a two-tiered definition of bullying, the type of abuse endured, negative reactions and emotions, pointing the blame, their failing support systems, friends, and a disabled child as a bully. These themes support the idea that children with physical disabilities experience and interpret bullying similarly to children without disabilities, however both their learning disabilities and the adults' reactions clearly made it difficult for them to deal with their struggles at school. The situations improved for children who were seen by adults to whom they turned, as requiring help, whereas those who were not believed or were ignored continued to experience victimization.

This study illuminates the need for professionals and parents to acknowledge the bullying and teasing claims children with physical disabilities make. Without their assistance children will continue to be victimized. Increased education and awareness of peer victimization is essential for anyone dealing with children with disabilities. The study's limitations, the implications for social work practice and future research are discussed.
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CHAPTER 1
INTRODUCTION

Bullying and Teasing – The Problem

In the past three decades there has been a growing concern among educators, clinicians and researchers regarding the prevalence of childhood bullying and the effect it has on those who are involved. It is documented that teasing/bullying is a major problem in the classroom and the schoolyard in Canada (Charach, Pepler & Ziegler, 1995; Craig, Peters & Konarski, 1998; Harachi, Catalano & Hawkins, 1999). Limited research has shown that 21 to 28 percent of Canadian elementary and middle school students have been bullied (Harachi et al., 1999). Only two major Canadian studies have examined the incidence of bullying in schools. Toronto survey researchers found that 20 percent of 211 fourth to eighth graders (aged 9 to 15), or almost one in five students, have experienced bullying at least once or twice in a school term, and eight percent have been victims of bullies on a frequent basis, daily in most cases (Ziegler & Rosenstein-Manner, 1991). Of the cases reported, 70 to 80 percent are believed to be minor and transitory, 10 to 15 percent more concerning and enduring, and five to ten percent serious and requiring prolonged and comprehensive intervention (Pepler & Craig, 1999). Calgary survey researchers found that 21.3 percent of 379 fourth to sixth graders (ages 8 to 12) reported that they had been victims of bullying at school and 11.6 percent reported that they had bullied others (Bentley & Li, 1995). Although Canadian data are sparse they are consistent with other findings (Smith, Morita, Junger-Tas, Olweus, Catalano & Slee.
that conclude that bullying among elementary school children is a widespread and enduring problem.

Defining Bullying

Bullying has been conceptualized in a number of different ways. The most commonly accepted definition of bullying in Canada is the one developed by Scandinavian researcher Dan Olweus (1991, 1993, 1994), that “a person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons” (1991, p.413). A negative action refers to a situation in which “someone intentionally inflicts, or attempts to inflict, injury or discomfort upon another. Negative actions can be carried out by physical contact, by words, or in other ways, such as by making faces or dirty gestures or by refusing to comply with another person’s wishes” (p.413). Bullying is also seen as consisting of direct, physical aggression, as well as indirect behaviour such as teasing (Harachi et al., 1999). It is believed that in order for the action to be qualified as victimization, there needs to be a certain imbalance in the strength or power relations between the victim and bully, in which the bully is perceived as always being more powerful (Olweus, 1991; Pepler & Craig, 1999).

Characteristics of Victims

When considering bullies and victims as part of a system of interaction, an important question concerns whether there is a group of children that is consistently victimized by their peers. Some researchers agree that victims have certain individual characteristics that make them easy targets for being bullied (Beane, 1998; Bentley & Li, 1995; Boulton & Smith. 1994. Byrne. 1994: Craig & Pepler. 1997: Craig et al., 1998;

Victimized children tend to fall into two main categories: passive or low-aggressive and provocative or high-aggressive. Olweus (1991, 1994) paints a picture of the typical passive or low-aggressive victim. He has found that these victims of regular bullying are more anxious, insecure and suffer from low self-esteem in comparison to their peers. They are often cautious, sensitive, quiet, and commonly react by crying and withdrawing when attacked by others. They often see themselves as failures and are described as feeling stupid, ashamed and unattractive. Victims are lonely and often do not have even one friend in their class. Craig and colleagues (1998) agree with Olweus that the majority of children who are identified as victims are passive, anxious, weak, lack self-confidence, are unpopular with other children, and have low self-esteem. The other group of victims has been labeled as provocative or high-aggressive (Olweus. 1993; Perry, Kusel & Perry 1988). These children are highly aggressive, tend to provoke the attacks of others and are found to be among the most rejected of children (Perry et al., 1988).

Characteristics of Bullies

It is equally important to look at the individual qualities that bullies have been found to possess. There are two categories that these children can fall under: passive or anxious bullies and aggressive or active bullies (Olweus, 1993). The former group
comprises only a small percentage of bullies; therefore not much research has been conducted on them.

Bullies tend to be older, less-intelligent males (Olweus, 1993), use direct forms of victimization and have little empathy for their peers. Olweus (1978) found that, contrary to popular belief, bullies do not suffer from low self-esteem, and that if they do experience low self-esteem, it is of a different character and level from that of their victims. Bullies value violence and are usually aggressive toward others. They also tend to be impulsive and exhibit a strong need to dominate others (Olweus, 1993).

The Psychological Effects of Being Bullied

Many children involved in bullying have been found to suffer from many psychological and psychosomatic symptoms. The findings are consistent that being victimized may have serious and long-term effects on children at crucial points in their development. Eder (1990) argues that the absence of social interactions in a child’s life is a major psychosocial risk. His study found that socially well-integrated children feel better about school and about life as a whole, and are healthier than socially less integrated children.

In the short-term, victims may suffer from health problems including bed-wetting, sleeping problems, headaches, abdominal pain (Williams, Chambers, Logan & Robinson, 1996), concentration difficulties, mood swings, and anxiety (Miller, Beane & Kraus, 1998). Many children who are victimized by their peers have few or no friends/social life, experience difficulty concentrating, and skip school without their parents’ permission (Forero, McLellan, Rissel & Bauman, 1999). Some of the long-term effects of the victimization of a child at school may include social, emotional, and/or
psychological distress (Craig et al., 1998). Children who are teased or bullied have been found to be at risk for poor mental health, internalization of their problems, anxiety, fear, depression, somatization or emotional problems, withdrawn behaviours, social isolation, aggressiveness, academic and/or employment problems, and may even experience severe suicidal ideation (Bijttebier & Vertommen, 1998; Chesson, 1999; Craig, 1998; Craig et al., 1998; Glew et al., 2000; Kaltiana-Heino, Rimpela, Marttunen, Rimpela & Rantanen, 1999; Kumpulainen, Räsänen, Henttonen, 1999; Kumpulainen, Räsänen, Henttonen, Almquist, Kresanov, Linna, Moilanen, Pina, Puura & Tamminen, 1998; Pepler & Craig; Rigby, 2000; Salmon, James & Smith, 1998; Slee, 1994). The most publicized and extreme consequence of victimization is suicide and/or murder (Glew et al., 2000).

It is very important to note however, that the causality of the relation between individual traits and psychological behaviours has not yet been determined and whether these characteristics precede or follow the actual victimization is not clear (Bernstein & Watson, 1997). In a longitudinal study, Olweus (1993) found that boys who had been victims in the period between 6th and 9th grade had much higher levels of depression and a more negative view of themselves at age 23. Moreover, the degree of childhood victimization was highly correlated with the level of adult depressive tendencies. These findings suggest that former victims may have internalized the negative evaluations of their peers from childhood into adulthood (Olweus, 1993). It is clear that being bullied on a constant basis takes a toll on its victims.

**Developmental Analysis**

Developmental theory has been used, in various degrees, to explain the phenomenon of peer victimization (Finkelhor, 1995; Smith, Madsen & Moody, 1999).
Large-scale research has shown that there is a fairly steady downward trend of reports of bullying through ages 8-16 years (Olweus, 1993, 1994; O’Moore, Kirkham & Smith, 1997; Rigby, 1997; Whitney & Smith, 1993). Smaller samples have also found an age decline between primary school and secondary schools in bullying reports (Bentley & Li, 1995; Boulton & Underwood, 1992; O’Moore & Hillery, 1989; Pepler et al., 1993).

Researchers have provided insight into bullying processes and have proposed a number of theoretical explanations of these experiences through a developmental analysis (Finkelhor, 1995; Smith et al., 1999). Finkelhor (1995) argues that in order to understand the nature and impact of victimization on children, a developmental perspective must be used. “Developmental Victimology” is the term he employs to describe “the study of victimization across the changing phases of childhood and adolescence” (p. 178). This theory is broken down into two distinct domains: risk and impact. He suggests that there is much evidence that supports the developmental aspect of risk such as a child’s age, gender, personality, environment, and dependency needs that may cause a child to be victimized.

Smith and colleagues (1999) have also proposed a number of hypotheses that may explain why bullying occurs by utilizing a developmental perspective. These include the social context in which bullying is occurring, the level of social and cognitive skills of the individuals involved, and the issue of how the term bullying is understood at different ages (Smith et al., 1999). Their research strongly supports the idea that younger children are bullied more than older children because structurally, there are more children older than they are in school who are in the position to bully them. They also found that younger children have not yet acquired the social skills and assertiveness skills to
effectively deal with bullying incidents and discourage further bullying. In addition, children are less equipped if the bullies are older.

**Social Context of Bullying and Teasing**

The problem of victimization cannot solely be explained by individual traits. To better understand bullying and victimization the social context of those involved needs to be addressed. Few studies have focused on this issue (McCarthy, 1998; O’Connell, Pepler & Craig, 1999; Sutton & Smith, 1999). Bullying has been described as a group process in which students reinforce each other’s behaviours in their interactions. It is collective in nature and is based on social relationships in the group (O’Connell et al., 1999; Sutton & Smith, 1999).

In an observational study of 53 bullying episodes on the school playground, it was found that peers spent 54 percent of their time reinforcing bullies by passively watching, 21 percent of their time actively modeling bullies, and 25 percent of their time intervening on behalf of victims (O’Connell et al., 1999). The results were interpreted as confirming peers’ central roles in the social processes that unfold during playground bullying episodes (O’Connell et al., 1999).

In a qualitative study of the experiences of former victims of bullying it was found that bullying could be perceived as a form of ritual discourse (McCarthy, 1998). The bullying episodes were staged in specific areas throughout the school where a participating audience was likely to be present and direct adult supervision absent. A variety of roles as well as a hierarchy between the students also emerged (McCarthy, 1998).
Sutton & Smith (1999) have identified four main factors of the roles children might play in a bullying situation. These are Pro-Bullying, Defender, Outsider, and Victim. The roles are further split into seven more specific roles: bully, reinforcer, assistant, defender, outsider, victim, and no role (Sutton & Smith, 1999). It is clear that the social context of the victimization of children is a complex and intricate problem that concerns many issues including those of relationships, perceptions of self and others, and feelings.

Victims have generally been found to have lower levels of peer acceptance in comparison to bullies and children who are uninvolved (Boulton, 1999; Boulton & Smith, 1994; Olweus, 1978; Perry et al., 1988; Ray, Cohen, Secrist, & Duncan, 1997; Slee & Rigby, 1993). Both male and female rejected children were victimized more often than popular, average, and other status children (Boulton & Smith, 1994). The tendency to be victimized has been found to be negatively correlated with self-appraisals of the number of friends, popularity, happiness and feelings of safety at school (Slee & Rigby, 1993). Research has shown that friendships can provide protection against victimization (Boulton, Trueman, Chau, Whitehand & Amatya, 1999). Students who had a reciprocated best friend received significantly less peer nominations of victimization than did classmates without a reciprocated best friend, whereas students without a best friend received the highest increase in victimization (Boulton et al., 1999).

Disabilities and Attitudes

The proper socialization of children into society is important and leads to positive outcomes. Some of these may include proper development, identity, and peer relations. The socialization of children with disabilities is an issue that needs to be addressed due to
the increased and mandatory mainstreaming and integration of the children in schools and
other social environments. By examining the attitudes of children toward their peers who
are physically disabled we can come to understand how peers' attitudes may affect the
development of their relationships and friendships. in order to help them successfully
form and maintain friendships. Research into the determinants of children's attitudes is
critical if we are to improve the chances of social success for the child who is disabled
(Rosenbaum, Armstrong & King, 1986). Numerous studies demonstrate that individuals
have more negative attitudes toward persons with disabilities than toward those without
Hubert, 1987: Weisel, 1988: Weisel & Florian, 1990: Woodard, 1995). This is also the
case with children who have facial disfigurements or unattractiveness (Langlois, 1986:
Ritter, Casey & Langlois, 1991). This negative evaluation by others may have severe
consequences. Several studies have provided evidence that negative attitudes of peers
without disabilities have profound impact on many aspects of the life of a child with a
disability (Brown, Ford, Nisbet, Sweet, Donnellan & Greunwald, 1983: Langlois, 1986:
Rose & Smith, 1993: Waddell, 1984). It is therefore crucial to have a better
understanding of the factors that influence the development of attitudes, both positive and
negative, in young children toward their peers who are disabled.

Roberts and Lindsell (1997) and Roberts and Smith (1999) found that children's
attitudes toward peers with disabilities and the amount of control they believed they had
over their behaviour toward such peers, significantly predicted children's intentions to
interact with and befriend a classmate with physical disabilities. Children who reported positive attitudes toward peers with physical disabilities in general were more likely to indicate that they engage in a higher level of friendship behaviour with a classmate with a physical disability. Conversely, children who reported negative attitudes were more likely to indicate a lower level of social interaction and friendship towards a classmate with a physical disability. Siperstein, Bak and O'Keefe (1988) also found similar results in relation to peers with intellectual disabilities.

Researchers agree that children without disabilities in western and nonwestern cultures have particular social preferences for children with physical disabilities depending on the degree of their apparent stigma (Crystal et al., 1999; Harper 1991, 1995 & 1997; Richardson 1970, 1971, 1976 & 1983; Richardson & Friedman, 1973; Richardson, Goodman, Hastorf & Dornbusch, 1961). The idea of being disabled produces a majority of negative emotions in children in both cultures, including feeling embarrassed and worried (Crystal et al., 1999). The most common hierarchy or ranking of visible physical disabilities has been repeatedly documented as follows (most to least preferred): non-disabled, crutches/brace, wheelchair, hand missing, facial disfigurement, and obesity (Richardson, 1983). It has therefore been suggested that physical or observable differences are significant factors in social acceptance across a variety of cultures (Harper, 1999). Children without physical handicaps and/or children who are physically attractive have been found to be more accepted, liked and popular than their disabled and/or perceived unattractive peers (Kleck & DeJong, 1983).
Special Needs Children and Bullying

It is equally important to focus on children with special needs and their social experiences due to the rise of integrated classrooms in schools. Successful integration is the goal for the child in today’s classroom. However, studies have shown that children with special needs, specifically learning disabilities, are at greater risk of being victimized than their non-special needs classmates (Demelweek, Humphris & Hare, 1997; Hodson, 1989; Llewellyn, 1995; Martlew & Hodson, 1991; Morrison, Furlong & Smith, 1994; Nabuzoka & Smith, 1993; O’Moore & Hillery, 1989; Thompson, Whitney & Smith, 1994; Whitney, Nabuzoka & Smith, 1992; Whitney & Smith, 1993; Yude, Goodman & McConachie, 1998). Mainstream children have been found to play significantly less frequently with children with mild learning disabilities (Martlew & Hodson, 1991). Children with special needs are also found to be more involved in bullying both as bullies and as victims (Thompson et al., 1994).

It is well documented that children with chronic medical conditions are teased more frequently and have poorer body images than their non-affected peers (Barrett & Jones, 1996; Charlton, Pearson & Morris-Jones, 1986; Demelweek et al., 1997; Gerrard, 1991; Hobby, Tiernan & Mayou, 1995; Hugh-Jones & Smith, 1999; Leff, 1999; Lowenstein, 1978; McHenry, 1999; Roth & Beal, 1998; Vessey, Swanson & Hagedorn, 1995; Voss & Mulligan, 2000; Wilde & Haslam, 1996). These targeted children were often perceived to be unattractive, smaller/shorter than their peers, had obvious different physical characteristics or abilities (such as cleft palate, epilepsy, facial port-wine stains, a hearing aid, hemiplegia, learning disabilities, nasal deformities, psoriasis, spinal deformity, and stuttering), or were experiencing a crisis, distress or neglect. For some
children. low self-esteem and negative self-attributions may intensify their social inadequacy since they may feel that they are to blame for what happens to them (Barrett & Jones. 1996). Researchers have found that the perception of children with special needs, in particular mild learning disabilities, of their own acceptance does not always tally with peer appraisals (Vaughn. Hogan. Kouzakanani & Shapiro. 1990). It is suggested that deficient social perception in children with learning disabilities may render them at greater risk than other children, to experience peer rejection or victimization (Vaughn et al.. 1990). A negative body image and an inability to cognitively understand may contribute to a child's poor self-concept, which can then be reinforced by being victimized by his or her peers.

Physical Disabilities and Bullying

Beginning from birth, children with physical disabilities are more prone to being victimized due to their vulnerability (Jones. 1992; Kerr. 1986; Smith. 1996; Wright. 1983). Bullying is just another difficulty they may face. The research that explores the victimization of children with physical disabilities is sparse. However, a few studies have found that children who are physically different were easy targets for victimization (Dawkins. 1996; Rubin. LeMare & Lollis. 1990; Llewellyn. 1995; Rickert. Hassed. Hendon & Cunniff. 1996; Yude et al.. 1998). Studies show that the incidence of teasing is substantially higher among children with a speech impediment than it is among the general school population (Hugh-Jones & Smith. 1999; Langevin. 1998; Langevin. Bortnick. Hammer & Wiebe. 1998; Mooney & Smith. 1995). As well, adolescents with Turner Syndrome, a sex-chromosome disorder that causes physical anomalies, have also
been found to also suffer from peer ridicule and teasing about their physical appearance (Rickert et al., 1996).

In a study of 55 mainstreamed 9-10 year olds with hemiplegia, a mild form of cerebral palsy (CP), the children with hemiplegia were found to be statistically significantly more rejected and less popular, to have fewer friends, and to experience more victimization in comparison to their controls (Yude et al., 1998). The researcher attributed this increased victimization to peers' negative biases towards children with disabilities and towards the lack of social awareness in social skills displayed by children with disabilities (Yude et al., 1998).

Llewellyn (1994 & 1995) found dramatic results in her study that compared the educational experiences of young people with physical disabilities in special segregated schools with those in mainstream integrated schools. Eighty-four percent of the young people interviewed experienced some form of bullying in their mainstream schooling. By contrast, the sample obtained from special schools reported no bullying. One mother interviewed for the study stated that “my son was tipped out of his wheelchair and left on the floor unable to pick himself up, and although other children witnessed it not one of them went to help him” (Llewellyn, 1995, p. 741). The results of this study were supported by the author’s suggestion that in mainstream schooling there is considerable covert bullying that takes the form of social isolation and exclusion. The subjects saw this as “essential preparation for the real world” (p. 741). Clearly the discussion about the amount of bullying that children with physical disabilities endure is taboo.

In another study of 100 children aged 8-11 and 13-16 years with a diagnosis of CP, muscular dystrophy, marked co-ordination disorders, poliomyelitis, spina bifida or
Erb's palsy, it was found that 30 percent of the children were being bullied at school (Dawkins, 1996). The factors that were predictive of the child's increased risk of being bullied included being alone at playtime, being male, having less than two good friends in their class and receiving extra help in school (Dawkins, 1996). It was hypothesized that children with a disability have an increased chance of being bullied, not because they have a visible physical difference, but because they have an increased chance of requiring extra help in school and of attending special classes (Dawkins, 1996). This may be due to the stigma or the negative manner in which their peers perceive children who receive extra help. Nevertheless, children with physical disabilities are more vulnerable to being victimized by their peers and therefore necessitate special support and protection at school. They also require education and coaching on how to deal with being teased that can help put an end to this helplessness.

Conclusion

In terms of victimization, children with physical disabilities are caught from both ends of the spectrum. They are born with a vulnerability that renders them to psychological and physical distress, as well as not having a figurative voice that can be heard. There is a need for more research on the factors associated with teasing/bullying of individuals who are physically challenged. Most of the research on this topic has focused on the epidemiology of teasing/bullying, predictors of victimization, and the effectiveness of intervention programs in schools. However, little research has been conducted on the experiences of children with physical disabilities who have been victimized. Little is known about the bullying experiences of children with physical disabilities, and the ways in which children perceive and attribute meaning to their
experiences of being teased/bullied. While teasing/bullying is a perpetual problem for children with disabilities there is little recognition and understanding of the dynamics of this complex phenomenon.

More research needs to be conducted in order to create increased awareness of the subjective information that can be missed when conducting quantitative research. Although some of the questionnaires that are used for research purposes include information about feelings and causal explanations on the experiences and situations of victimization. the emotional. and mainly the cognitive aspects of bullying have been less documented (del Barrio. 1999). In particular. the dynamics of the process. the causal explanation of the situation. the feelings of people involved in the maltreatment relationship. etc. can be studied as they are represented in the minds of children who have experienced peer victimization directly (del Barrio. 1999). These representations can shed light on the different ways in which bullying or social exclusion is interpreted by the victims. and consequently can be relevant to design intervention and prevention strategies (Shantz. 1987).

Very little research has examined the qualitative experiences and perspectives of children without disabilities who have been teased (Ambert. 1994; Arnold. 1994; Branvold. 1996; Cullingford & Morrison. 1995; Owens. Shute & Slee. 2000; Torrance. 1997). Branvold (1996) examined the experiences of three elementary school children who were identified as victims of teasing. Her qualitative findings were similar to others' quantitative research in that the children's self-concepts and reputations were strongly influenced by their peers. they internalized their anxiety. experienced embarrassment. were overly concerned with others' impressions and evaluations of themselves. and were
deliberately and consistently being rejected by their peers (Branvold, 1996). No research studies have focused on the experiences of children with physical disabilities who have either bullied others or have been victims. In conclusion I present a study that will look at the subjective experiences of children with physical disabilities who have been subjected to peer victimization.

**Cultural Review**

In order to most effectively design and develop a qualitative study on children with physical disabilities' experiences of victimization McCracken (1988) emphasizes the importance of reflexivity. He terms this as “cultural review” where the researcher examines their own values, biases and assumptions about this topic.

In my own clinical experience of working with children with a primary diagnosis of Cerebral Palsy I have been exposed to many children who either have been victimized by their classmates or were bullies themselves. I took note that during the peer support group I was co-leading, it took a while to get the children to talk about their experiences, and some remained hesitant even after eight sessions, to reveal any information. Some examples of overt bullying were name-calling, tripping and pushing the victim, and chasing the victim with unpleasant objects. Examples of covert bullying were excluding the victim in classroom activities, no one wanting to be their partner and/or sit beside them at lunchtime. In one extreme case the child was actually transferred out of his school by his parent due to the severe abuse and bullying to which he was subjected. This not only affected the children’s scholastic achievements, but also their socialization skills, cognitive skills and psychological well-being. It is also important to note that, in my experience, other clinicians and parents have reported concerns regarding similar
experiences. After word went around that our group program was dealing with teasing and bullying issues more clients were referred to the program and the social workers.

The issue of diversity also has come up with one of my clients who was being victimized by her peers. She spoke about race and how that was the reason for her being bullied, and not her disability. Her mother also agreed that the reason her daughter was teased and subjected to peer ridicule was because of her skin colour. This is an important aspect upon which to focus because I feel that the issue of disability was not a concern for this family. The fact that she was of a different colour was their understanding of why she was being bullied.

I imagined that I would hear about a kind of “secretive” bullying that is occurring amongst children with physical disabilities. I thought that children who are physically different from other children may be used to being pointed at or ridiculed, and thus they might not mention anything to others. This may not be talked about by these children and therefore not addressed by their parents, teachers or health care providers. Because making fun of someone who is in a wheelchair is not “appropriate” or deemed right in today’s society, children without disabilities may be teasing or bullying their classmates in a covert manner. Examples such as the ones mentioned in the previous paragraph may have been more prominent in this population of children who are bullied.

The assumption that children with physical disabilities are the ones who get victimized by their peers instead of being the ones who bully is another issue that I would have liked to examine. It is assumed that children with disabilities are the victims and those who have no disabilities are the bullies. In one of the cases I worked with, the child who was physically disabled (and in a wheelchair) was a bully to another child in his
class. He made fun of the other student, got other children to "spy" on him and report back their findings, "tattle-tailed" on him, and made me believe that he was the one who was getting victimized. Of course, this was an isolated case but is important to mention. I feel that this is important to talk about because it might be telling us that children with physical disabilities have the ability to bully others and that there may be something going on that we are not aware of. There may be a history with the disabled child that we are not aware of that could be affecting his/her way of dealing with others.
CHAPTER 2

RESEARCH DESIGN AND METHODS

Research Question

There is no question that children who are victimized by their peers experience negative effects which distress them physically, socially, and psychologically. Research has shown that children with physical differences are much more vulnerable to being maltreated by their peers than children who have no physical differences. The information available regarding victimized children with physical disabilities is scarce and insufficient. There are no published research studies to date that have addressed the experiences of victimization of children with disabilities from their point of view. The purpose of my research study was to explore and better understand the dynamics of peer victimization in children with physical disabilities. The central questions to which the exploratory study was addressed are: How do children with disabilities describe, explain, feel, react, understand, and deal with teasing and bullying? How do they make meaning of their teasing experiences? What are the coping strategies they use to deal with these experiences? What have children found helpful in these situations? Therefore, the research question I wanted answered is: What are the teasing and bullying experiences of children who are physically disabled?

The object of this research was to learn about children with physical disabilities' experiences of teasing and bullying so that we can more effectively develop programs and services for the Bloorview MacMillan Children's Centre's clients and their families. It was intended that experiences or meanings of the children would be illuminated and
categories, concepts, themes, and patterns would be identified to better understand the bullying experience. I have included a thorough explanation of each relevant category. Topics include: methodology, sampling, establishing research credibility, data collection, data analysis and ethical issues.

**Methodology**

Qualitative research is distinguished from quantitative research in that it is a process (Gubrium & Holstein, 1997; McCracken, 1988). The goal of qualitative research is to isolate and define categories during this process. Unlike quantitative research that focuses precisely on a limited number of categories, the qualitative researcher takes the many categories that the participant has talked about and looks for patterns of interrelationship (McCracken, 1988).

I used the open-ended long interview method developed by McCracken (1988) to explore the bullying experiences of children with physical disabilities. This was a highly intensive study of children's bullying experiences. It was cross-sectional in design and exploratory in nature. The data were collected using audio-tape recordings and, after all interviews were completed they were transcribed and analyzed according to McCracken's model (1988).

The long interview method (Crabtree & Miller, 1991; McCracken, 1988) is a depth interviewing technique designed to generate narratives that focus on fairly specific research questions. The emphasis is on gathering detailed data from a relatively small number of respondents. As McCracken (1988) notes, "it is more important to work longer, and with greater care, with a few people than more superficially with many of them" (p. 17). This means that the findings are not generalizable, but they can be
transferable to other contexts. Even though a small sample was used and the participants' stories are their own, suggestions and recommendations can still be made for the areas of research, education and practice. It should be clear that the sample is not representative of the general population.

There are four structure steps to the method of inquiry of the long interview process (McCracken, 1988). These are: 1. **Literature Review**: a review of analytic categories and interview design (see Chapter 1); 2. **Cultural Review**: a review of cultural categories and interview design (see Chapter 1); 3. **Data Collection**: the interview procedure and the discovery of cultural categories. and 4. **Data Analysis**: the discovery of analytical categories (McCacken. 1988).

**Sampling**

The sample was a non-probability, purposive, homogeneous group of children. I included participants with the following demographic criteria: Ten 8- to 13-year old male and female outpatients of the Neurodevelopmental Program at the Bloorview MacMillan Children's Centre, MacMillan Site. Their primary diagnosis was Cerebral Palsy (mild to moderate hemiplegia to quadriplegia), and they either had no learning disability or a diagnosis of mild learning disability. All of the children were integrated into regular classrooms, from grades three to five and they all were verbal. The sample was also ethnically diverse. The sample was determined from examination of the medical charts at the Bloorview MacMillan Children's Centre. I interviewed 10 children to achieve category saturation (McCacken. 1988). This was to be able to exhaust the information that I obtained from the children. Categories or topics that arise in qualitative long-interviews tend to repeat themselves after a number of participants. Ten is the number of
participants that has been found to saturate categories. I interviewed four females and six males (see Appendix A). All but two of the children were identified by the referring professionals as having experienced peer victimization at school.

The way I obtained the sample was by approaching the professional staff of the Neurodevelopmental Program (NDP), MacMillan Site and informing them that I was in the process of looking for participants for a peer victimization research study. I let them know that I was looking for children (male and female) to verbally interview with a primary diagnosis of Cerebral Palsy, aged 8 to 13 years old. This age span was selected because most of the bullying and teasing takes place during the elementary school years (Harachi et al., 1999). The children also had to be in an integrated classroom because these kids have been found to be more vulnerable to bullying experiences. I obtained separate lists of names from the social worker, psychologist, nurse, medical director, occupational therapist and physiotherapist. I reviewed each child’s chart and obtained the necessary information that I required in order to determine if I could include him/her in the study. Once I had a master list of 27, I sent out invitation letters to all of the families.

The invitation letter (see Appendix B) that was sent on Bloorview MacMillan Children’s Centre letterhead was signed by the professional who referred the child, inviting parents to discuss this study with their children and ask them if they would like to volunteer to be interviewed. They had a choice to call me to let me know whether they were interested in participating or not. If they had not called in two weeks I followed-up with a telephone call to answer any questions they might have and see if they were interested. When I spoke to the parents I completed a screening interview over the
telephone (see Appendix C). If both parent and child were interested in participating, I would then book the 1-2 hour interview at the Bloorview MacMillan Children's Centre depending on their schedule. Parents were reminded that they would not be able to participate in their child's interview(s). If a child was not suitable for the study or was not willing to participate I crossed their name off the master list and proceeded to contact another family. It was also mentioned to the parents that due to the nature of interviewing children, especially children with learning disabilities, I may be required to meet with them more than once and that the interviews may range from ½ an hour up to two hours depending on the child's interest, engagement with the interview and stamina. Second interviews were not in fact required during the study.

This description of the sample, how participants were obtained, and the context within which they came to participate in the research study enhances research transferability. This information can be used by readers to help them decide whether they can use the findings to fit their situation or clinical population.

Establishing Research Credibility

**Dependability** - Throughout the entire research process detailed notes of the process, memos and details of the data analysis were kept. Notes were reviewed with the supervisor regularly. This shows evidence of the data collection and analysis process. (For more information please see Data Collection and Data Analysis sections).

**Referential Adequacy** - In addition to the detailed notes, a reflexive journal was kept. This was used to write down feelings, thoughts, ideas, comments and questions that arose while conducting the interviews. This was also reviewed and addressed on a
regular basis between my supervisor and myself. Audio-tapes, transcriptions, and the reflexive journal provide evidence to establish referential adequacy.

**Peer Debriefing** – During the research process I regularly consulted with my supervisor, professors at the faculty, and colleagues at the Bloorview MacMillan Children’s Centre to discuss any matters related to the research process and data analysis. Concerns, issues, questions and processes were addressed via telephone, electronic mail or in person. This process of peer debriefing served to enhance research credibility.

**Confirmability** – Throughout the findings section, I included many quotes in the description of the emergent themes so the reader can confirm the themes.

**Audit Trail** – The process of inquiry is clear. The notes and detailed memos of the research process and decisions made are available for others to review. This includes any detailed memos, comments or questions answered by my supervisors or colleagues.

**Prolonged Engagement** – Due to my involvement with children with physical disabilities and peer victimization and extensive knowledge of the literature I feel that I was credible to carry out this research. I worked as a first year social work student completing my five-month practicum at the Bloorview MacMillan Children’s Centre last year. I had the opportunity to work with Barbara Germon, MSW and staff from a variety of other professional disciplines in the Neurodevelopmental Program. My assignments as a student included working as a counselor with children and their families in a variety of ways. I co-lead a peer support group of six children in the Neurodevelopmental Program, met with two children on a weekly basis who had teasing/bullying issues, and also helped in the preparation of a bullying presentation for Social Work Week. Staying in the field long enough to build a relationship of trust, and to be sure one understands the context
from which the interviewee’s story comes establishes prolonged engagement (Lincoln & Guba, 1985).

**Persistent Observation** – The research interviews lasted from 1/2 to one hour in length. None of the children were asked to participate in second interviews. A limitation of this study is that the interviews may have been too short. Perhaps if the interviewer were to return to the children and spend more time with them such as conduct another interview or attend a few sessions of their kid support group, persistent observation could have been insured. Although the children did tend to answer questions with one-word or one-sentence, if they were to interview longer, it is quite possible that the information collected would be enhanced. This is something to consider for future studies.

**Authenticity** - After the research is complete I plan to educate families and health care providers at the Bloorview MacMillan Children’s Centre on this topic. I wish to enhance the participants’ understanding of the issue and will also be open to recommendations or alternative feedback from others. This will help me achieve authenticity (Altheide & Johnson, 1998: Erlandson, Harris, Skipper, & Allen, 1993).

**Data Collection**

**Development of the Interview Guide** – Data collection included the development of an interview guide (see Appendix D). The construction of the interview guide included information from the literature review and from personal experiences in working with children with physical and learning disabilities (see author's cultural review). Analytic and cultural topics and issues were organized into broad categories. A list of major, largely independent topics was generated, along with several subheadings relevant to each. Five dominant domains of interest were identified:
1. Personal experiences of teasing and bullying
2. Reactions to being bullied or teased
3. Explanations and interpretations of why they are bullied or teased
4. Others' reactions to their victimization
5. Their advice to other children in similar situations

These topics became themes around which the five open-ended "grand tour" questions were constructed. After a couple of interviews with children and consultation with my supervisor, the interview guide was modified to better aid the interviewer in obtaining more significant information.

**Interview Process** – Children were interviewed at the Bloorview MacMillan Children's Centre. MacMillan Site in vacant office rooms. Most of the interviews were held after school or on the weekend. All interviews were audio-taped and required from one-half hour to one hour to complete. Prior to each interview, informed consents were signed (see Appendices E and F). The interviews were completed within a three-month time span. Three interviews were conducted on one day, two on another, and the other five were each conducted on separate days.

Field notes were kept of each encounter. These included impression management, descriptions of the setting, deliberate distortions, minor misunderstandings, topic avoidance, and feelings of the interviewer. These notes were used later in the analysis to provide a conversational context for interpreting the narrative and audit trail material for peer debriefing.

**Transcription** – Accurate transcripts were made of each interview. Because the details of the discourse/conversation were not considered significant in answering the research question, linguistic notations were not included in the transcriptions. Pauses, crying, and other obvious displays of emotion were noted. Each transcript was printed on
paper wide enough to provide a generous margin for recording later observations or commenting about the associated text. One hour of taped conversation took approximately four or five hours to be transcribed.

Data Analysis

McCracken (1988) states, "the object of analysis is to determine the categories, relationships, and assumptions that informs the respondent's view of the world in general and the topic in particular" (p. 42). He goes on to describe the five-stages to the analysis process, moving from the particular to the general (McCracken, 1988). These are the stages that I followed in order to analyze the data. The five stages are: 1. Utterances: Treating each utterance in the interview transcript in its own terms by ignoring its relationship to other aspects of the text and creating an observation. 2. Observation: Developing codes or descriptors of the data called 'observations' first by themselves, second, according to the evidence in the transcript, and third, according to the previous literature and cultural review. 3. Expanded Observation: Examining the interconnection of the second-level observations, resorting once again to the literature and cultural review. The focus of attention now shifts away from the transcript and toward the observations themselves. Reference to the transcript is now made only to check ideas as they emerge from the process of observation comparison. 4. Theme: Taking the observations generated at previous levels and subjecting them, in this collective form, to collective scrutiny. The object of analysis is the determination of patterns of intertheme consistency and contradiction. 5. Interview Theses: Taking these patterns and themes, as they appear in the several interviews that made up the project, and subjecting them to a final process of analysis, comparing across transcripts (McCracken, 1988).
**Ethical Issues**

Due to the nature of the research ethical issues needed to be addressed. I first obtained informed consent from the parents and assent from the children prior to the interviews (see Appendices E and F). A release form was attained from the Bloorview MacMillan Children’s Centre’s Family and Community Relations Office regarding the audiotape recordings of the participants (see Appendix G). This was also attended to prior to any interviewing. A complete explanation of what would be involved was provided in the forms. Also included in the forms was the issue of confidentiality. I did not promise strict confidentiality because there is no such thing with the nature of this research. It stated that there would be sharing of information prior to the development of the manuscript with my supervisors. The participants’ names would be anonymous to anyone involved and papers or publications that may arise from this research.

The issue of harm was also addressed in the information forms. The population that I was dealing with is already vulnerable. I was interested in talking to them about problems they might be experiencing that are not pleasant to discuss. The potential difficulty that needed to be addressed was that the material that we were dealing with might bring up negative emotions in the participants. I recognized that I have a responsibility as a social worker to help the individual deal with these feelings. Two social workers from the Bloorview MacMillan Children’s Centre were readily on hand to act as support for any child that was distressed due to the interviews. Gert Montgomery. MSW and Barbara Germon. MSW were available to the participants if they needed to speak with a registered social worker regarding issues that might have come up. The social workers were not contacted for any issues pertaining to the children’s reactions to
the study or for any abuse disclosure. No information was withheld from the participants regarding the research protocol. The disclosure, honesty, and fairness of the study were evident.
CHAPTER 3
FINDINGS

Introduction

All but one of the participants experienced bullying. One child who was identified by the professional health care staff for the sample indicated in his interview that he was a bully and not a victim. Seven themes emerged from the coding of the data. First, it was found that children who have been victimized define bullying in two different ways. Second, there were many variations to the type of abuse they endured. Third, they experienced many negative emotions. Fourth, they either blamed themselves or the bully for what they experienced. Fifth, the children talked about their failing support systems, such as their friends, parents and teachers. Sixth, in comparison to children without learning disabilities, they interpreted the relationships with their friends in a different way. Finally, the seventh category referred to children with disabilities as bullies and how they experienced this relationship.

1. Two-tiered Definition of Bullying and Teasing

All of the victims defined bullying as a negative act. The children described bullying and teasing as "bad" (P7), "wrong" (P6), "not right" (P6), "cruel" (P6), "annoying" (P8), "upsetting" (P8), "hurtful" (P5) and a form of "harassment" (P9 and P10). This coincides with how research has defined bullying. Dan Olweus (1991) describes bullying as "a negative action (where) someone intentionally inflicts...injury or discomfort upon another" (p. 413). An 11-year old boy described it as being "very cruel
and wrong that bullies are doing this... It's really not good... for people to feel sad and afraid... it's not right."

The second part of the children's definition was descriptive. Bullying was defined in terms of an activity as "when someone teases" (P8), "name-calls" (P8), "makes fun of somebody" (P9), "harasses" (P10), "physically hurts someone" (P5), "fights" (P4), "annoys" (P8), or "plays a game of cat and mouse" (P10). Harachi et al. (1999) describe the negative actions that a bully inflicts upon his/her victims as direct, physical aggression as well as indirect behaviour such as teasing. A 12-year old girl described bullying "when people make fun of someone who's different... or teases somebody... physically hurts them. like touches them or punches them or something like that." An 8-year old girl described it as "making fun of people and treating them not very nicely... like calling names and all that stuff."

There is a belief in the research literature that in order for the bullying act to be qualified as victimization there needs to be a certain imbalance in the strength or power relations between the victim and bully (Olweus. 1991: Pepler & Craig. 1999). A 13-year old girl who defined bullying as a game of cat and mouse explained it clearly:

It's basically people pinpointing a weak person or a person that they think is weak and then sort of attacking it like an animal with, like a cat with a mouse. They find it and if they think they can catch it they just go for the goal and they jump at the chance to use it for their own game.

I believe that the analogy of a cat and mouse is the pinnacle of the research findings. The description that teasing and bullying amongst school-age children is like a game of cat and mouse is the central theme that was heard throughout all of the interviews. One child was the target while the other was the "game-player." By reaching that target they
reached a level where they exerted control and have power over the other child. This is precisely how the research on bullying and teasing describes the victimization relationship (Olweus, 1991; Pepler & Craig, 1999).

2. Type of Abuse

It is interesting to compare the children’s definitions of bullying to their actual bullying experiences. Clearly, their experiences reflected their descriptions. Three separate categories emerged: physical, verbal, and psychological. Researchers have identified all three categories as a type of bullying to which one can be subjected (Harachi et al., 1999; Olweus, 1991).

Physical abuse for the children in this study included pushing, kicking, punching, beating up, stealing from them, stomping on their feet, ganging up on them, driving/playing with their wheelchair, throwing erasers down their pants, and burping in their face. A prime example of this is what a 12-year old girl endured at her previous school by three boys. “I was in grade three and these grade sixes, they all ganged up on me. They all put me in a corner and, um, they started beating up on me and stuff like that … and I was bleeding too.” A 13-year old boy also described it. “They want to drive my wheelchair … they don’t leave me alone.”

Verbal abuse included insults, name-calling, teasing, swearing, saying mean things, and making fun of them. An 11-year boy stated, “They called me stupid, baby, slow runner, those kind of words.” and a 13-year old girl remembered when a boy in her class said, “You’re such a cripple.” A 9-year old girl also described one of the many incidents that she endured. “I remember when I went to recess and one of the boys told me that I was one of the dumbest kids in class and they were the smartest kid in class.”
Psychological abuse included ignoring, spreading rumours, not playing with them, getting friends against them, and not coming over to their house to play anymore. There were many incidents to illustrate this type of abuse. A few of them that stood out include the following quotes. An 11-year-old boy stated that "the bully told things that weren't true and so they didn't want to be my friend because they thought these things." A 13-year-old girl remembered that "(the bullies) acted like I was diseased. They didn't touch me. they didn't go near me. they didn't do anything." An 8-year-old girl describes the emotional turmoil she is currently enduring:

The one person's doing mean things to me right now. She sent another best friend of mine a note saying, "I hate you, from (me)" and (my best friend) actually picked that up when I was there and she said, "I don't believe that you sent me that." I'm like, "I didn't." I know that either this one girl that was teasing me at the party or the one girl that was just doing it right now sent the note.

The frequency of the bullying acts ranged from only once to everyday. The average length of time the bullying was endured was approximately 2 school years. There was no gender difference in terms of who bullied whom. Both boys and girls bullied and teased either gender. The ages of the kids who bullied the victims ranged from either being the same or older.

3. Their Reactions and Negative Emotions

All of the victims of bullying described how they felt about the abuse they endured with negative feelings. These included feeling "mad" (P1, P5, P6 and P7), "sad" (P3, P5, P6, P7 and P9), "bad" (P1 and P7), "afraid" (P3 and P6), "awful" (P6), "upset" (P5), "embarrassed" (P10), "confused" (P10) and "depressed" (P10). I have included a few examples of these emotions. A 9-year-old girl stated that "him and his friends all go
together to make me feel bad.” a 12-year old boy summarized his feelings as “it hurt physically and mentally.” a 13-year old girl said that “it would just make me cry.” and “it was embarrassing because I would call the teachers and the teachers would ignore me.”

Other reactions were feeling "different" (P6), "alone" (P6) and "lonely" (P9). An 11-year old boy stated, “I felt different ... I thought that I was the only kid in the school who was getting teased.” Although this will be addressed in the following theme, feeling different was a common explanation as to why the children believed they were being isolated.

However, one of the children who admitted to being teased at school reacted in a different way than the rest of the children. He stated, “I actually don’t care” when asked how he felt about being teased. The 9-year old boy told the interviewer that he had no feelings towards the teasing he was experiencing. This type of response was a theme throughout the interview.

4. Pointing the Blame – Their Thoughts

When asked what they thought about the bullying they underwent and why it happens, most of the children responded by either blaming the bully or blaming themselves.

When they blamed the bully they said that the bullies were "idiots" (P7), "not nice" (P5 and P7), "not right" (P6 and P9), "wrong" (P6), "terrible" (P6), "mean" (P9), "nasty" (P7), "selfish" (P6), "stupid" (P7) and "did bad stuff" (P2). The children also talked about why the bullies were like that. They tended to blame others for the bullies' actions and said that "they were bullied themselves in the past" (P7), that "it was their parents' fault" (P5 and P6), that "there were problems at home" (P3). "to feel powerful"
(P6). "to fit in with their friends at school" (P3 and P5), and that "they are ignorant" (P6).

An 11-year old boy believed that it was all about power.

They did that to me because they wanted to be powerful. They wanted to feel powerful and they knew if they picked on someone who was weak...I would get a reaction from them, get upset and they would be powerful. But maybe a strong kid...kind of tough, when they want to tease him, it's just no fun. You know, he would, they would not get a reaction to it.

By blaming themselves the victims internalized the abuse and took a personal responsibility for it. Many of them blamed their "disabilities and their differences" (P3, P6, P10 and P13), "a misunderstanding between the themselves and the bully" (P5), that they "annoy the bully" (P4), they are "stupid and dumb" (P6, P7 and P9). they are "easy to pick on" (P10), the "bullies think that they are liars" (P5) and they "pee in their pants" (P7). A 9-year old girl talked about why she is being picked on at school:

Well, they haven't liked me since grade one...I think I know why they do it to me. 'Cause they think I'm stupid. That's why. 'Cause I remember when I went to recess and one of the boys told me that I was one of the dumbest kids in class and they were the smartest kid in class.

A 12-year old girl talked about the reasons she was victimized at school:

I got bullied a lot because I couldn't walk properly...I don't know. Just 'cause they're mean and stuff. They wanted. I guess 'cause they wanted to see people hurt...They made fun of me too. Like they made fun of a lot of people and stuff. Because there were only two people who had disabilities. Me and a person in a wheelchair... 'Cause I was different. And maybe because I had. well I have a disability.

A 13-year old girl talked about the reasons she thought she was teased:

I would say to you right now with great confidence that if I wasn't in a wheelchair, if I didn't have Cerebral Palsy, I probably wouldn't have gone through half the bullying that I
went through because most of the comments were in direct reference to the chair and to the disability. So that has a great deal to do with it. I don’t know what would happen if I were able-bodied and I don’t know if history would be the same. All I do know is that most of the comments, 98% of the comments were directed towards the chair because they thought that was made me weak. And that’s what made me easy. So. I don’t know.

Clearly, these children have ideas and points of view regarding who is to blame for the bullying act. They are either aware of the power imbalance between bullies and victims and know that it’s not their fault for that phenomenon, or they internalize the teasing and blame themselves, using their disability as an excuse.

5. Their Failing Support Systems

Many of the children's responses to the bullying they endured were to go to someone for support or help. Whether it was a parent, friend or professional (i.e. teacher, principal, social worker, etc.) most of them told someone about the bullying. However it rarely helped and according to the victims, most peers and professionals simply ignored their pleas for help. did not believe them and/or did not aid them. A 9-year old boy advises other children what do if they are being bullied:

Well. I just think that whenever you’re being teased or bullied. don’t like go tell the teacher or something 'cause when you go and tell the teacher she’s gonna say. “Who did it?” and (the bully’s) gonna say. “I never did it” and then you’ll both get in trouble. So just ignore it.

One 11-year boy explained the lack of help:

Well. my old school was really no help anyway. And the principal wouldn’t give me help...I just think they just didn’t know how, and when someone tried to help them they just wouldn’t take the suggestions...They just didn’t know how and when people came to help them they just wouldn’t take the help.
Another 13-year old girl stated,

My teacher was, I can’t even describe my teacher, because she was just not willing to listen or even care about my problems that made the situation worse. Because she wasn’t willing to care and she wasn’t willing to listen and she wasn’t willing to understand. And that made the situation worse.

According to the children in this study most teachers and principals were not in the position to deal with these serious issues in the classroom. Although, one of the most positive experiences that a child had with professionals is described in a school speech he wrote on teasing (see Appendix H). He also spoke about the benefits of a support group:

I talked to my mom about this situation and she took me to a support group and then I met other kids that were going through the same thing. It made me feel surprised and better that I met other kids that were like me. We helped each other plan what to do about our problems.

The children’s parents’ reactions were more positive than the professionals. Most of the children’s parents who were told about the bullying tried to help in some way. A 13-year old girl exemplifies this:

My parents realized that I was upset and they said, “What’s wrong?” So I sort of. I told them ‘cause they knew some of the stuff that had been going on but I hadn’t come home telling them every single day. “This is what happened today.” So they thought, like they knew I was depressed so I went to see a doctor at Sick Kids’ (Hospital).

She continues to tell her story of how, with her parents’ help and support, she transferred into another school.

So when I went home that day I said. “Mom, this is too much. I’m 12 years old and look at my life. Look at what my life is. I can’t deal with this anymore. It’s too much. I need to transfer.” I said that I’m unwilling to go back to that school another year and half. We had already been thinking about switching me for eighth grade and to just finish the year. but I said, “I’m not willing to go back to school unless it’s somewhere else because
I can’t deal with this anymore”. So she said. “Fine.” In that space and time of two weeks we did school meetings, we did conferences, we did this, we did that and I was at a new school within ten days of returning to school. And that was the best thing I had ever done in my entire life.

However, one of the children’s parents did not agree with their child that he should transfer schools. The 12-year old states, “when I finish this year I wanna go to another school … but my mom and dad think that (the present school) is a good school.” This sounds like his parents think that changing schools will not make a difference.

The children’s friends’ reactions varied as well. Most of the children did not have friends who protected them and supported them when other children at school teased them. The other children would join in and tease the victim and not help them. An 11-year old boy thought “they were just doing it since their friends were doing it. Like the most strongest bully said “Come on everyone. I’m picking someone to bully…I had people joining in with the leader.” An 8-year girl also talked about a similar situation with her peers. “There was one girl that was really. really teasing me so like everybody else that liked me at the time … were actually going along with that one girl to make me feel bad … And then everybody started to ignore me. gang up on me and all that stuff.”

There was only one child who had a friend who stuck up for her. “Sometimes my friend …she gets mad when someone makes fun of me. My best friend. when she’s around. she always yells at (the bullies).”

Clearly, most of the children do not have strong supports in the school system that they can rely on and go to when they are in a bad situation. They are receiving messages from their school that they are not important and that they do not need to be helped.
They have parents and friends who struggle to fend for them and to get them help but they are not fully supported by the system, which can have lasting effects.

6. Interpretation of Peer Relationships

Probably the most interesting finding of all was the relationship between the victims and their friends. For almost all of the children interviewed, there was some mention of friends at school and how they were treated by them. Many of the children described confusing relationships with their friends in which the friend bullies them as well as is their friend. A 9-year old boy stated, “Well. I got one friend who sometimes calls me four-eyes, but it’s not that much that he does it.” An 8-year old boy talked about his relationship with his friend. “My friend who bullies me like to play Pokemon with my other friend.” Another 12-year old girl talked about her relationship with two different groups of friends:

... a girl in my class, (Betty). she’s really, really mean to one of my friends (April). She took one of (April’s) friends, like against her. Like the mean girl (Betty) took one of (April)’s friends away from her to make her not a friend anymore.

Interestingly, this girl talked about how she found Betty’s teasing of April funny. Yet she continued to describe her own relationship with Betty.

And sometimes they do it to me...I hang out with Betty, and I hang out with April. ’Cause well whenever Betty isn’t there then I hang out with April.

This child would choose to be friends with the bully over the friend because she was in the “cool group.”

Another example of the relationship of where teasing and bullying coincides with positive experiences of friendship was mentioned by an 8-year old girl:

It was my best friend’s birthday party and at that time we
weren't really, really good friends but when we were friends she told me about the party so I went anyways, and it turns out that when it was sleepover time, everybody started to tease me and do all this stuff... they weren't treating me very nicely... Well they made up to me, so we're friends again. So and now that girl that was teasing me at the party is actually my friend now.

I have one really, really, really, really good friend that's right now being really, really, really nice to me for once. She's the one that was teasing me. So now she's in my group and she's being nice to me. But I have a feeling that as soon as we move out of groups she's going to be mean to me again, for some reason. She's been mean to me like off and on, off and on, off and on.

This child also exemplifies the confusing nature of the relationship with her friends.

A 13-year old girl described her experience of accepting both the positives and negatives in a relationship with her friend.

I had one reliable friend from the time I was in grade two to the time I was in grade six. But at school, she was with the in-crowd. She was with the girls flaunting their hair and batting their eyes. You know, and she was nice to me at school but it just wasn't the sort of same type of relationship out of school. Out of school we had our arms linked. We did everything together but inside of school I just let her do her own thing.

Even though they hated it when it was awful they really wanted to be part of the in-group and they would forgive. They didn't have the strength to say "I'm outta here."

It is interesting to compare how other researchers have addressed this particular research finding with children with learning disabilities. The findings in my study are consistent with previous research (Flicek. 1992: Kistner & Gatlin. 1989: Stone & LaGreca, 1990; Vaughn & Haager. 1994: Wiener. Harris & Shirer. 1990). In a study that compared thirty-eight 9 to 12-year old children with learning disabilities to a sample of children without learning disabilities, it was found that students with learning disabilities had lower social preference scores and were more likely to be socially rejected (Kuhne
and Wiener, 2000). Branvold (1996) examined the experiences of three non-disabled children who were identified as victims of teasing and she found that their peers were deliberately and consistently rejecting them. This research study coincides with the children's peer experiences. It is interesting to note that even though children with learning disabilities may understand what a friendship entails, they might lower their standards in reality, in order to have a friend of some kind.

7. Disabled Child as a Bully

One of the children who was interviewed did not fit in with the rest of the sample. He turned out to be a bully and although this was not the sample that I was looking for to interview, it offered some interesting insights of its own. This is called a negative case and it shows evidence of opposite data that are important to discuss and compare with the rest of the sample and findings.

First of all, this child demonstrates that children with disabilities have the ability to victimize other children. Research tells us that children who have disabilities or special needs are more vulnerable to being victimized at school than their non-disabled and non-special needs classmates (Demelweek, Humphris & Hare, 1997; Hodson, 1989; Llewellyn, 1995; Martlew & Hodson, 1991; Morrison, Furlong & Smith, 1994; Nabuzoka & Smith, 1993; O'Moore & Hillery, 1989; Thompson, Whitney & Smith, 1994; Whitney, Nabuzoka & Smith, 1992; Whitney & Smith, 1993; Yude, Goodman & McConachie, 1998). This child does not support this claim.

Interestingly, although his behaviour fits the definition of bullying, this child did not label or see himself as a bully. He justified all of his actions and denied doing anything wrong or bad. The reasons he gave for bullying his classmate was because the
victim annoyed him and because the teacher and his friends did not like her either. He labelled his friends as the bullies and blamed them for doing something wrong. He strongly emphasized his popularity at school and bragged about his actions. When asked to define bullying he focused and talked about actions and consequences.

**Summary**

In addition to the seven themes that emerged from the data analysis, it is interesting to note a common reaction that a few of the children had to the questions that were asked. At first, even though they had admitted to it with other professionals, a few of the children did not want to talk about their experiences and denied ever having been teased. As the interviews progressed and the interviewer persisted, most of the children who reacted to the questions became more comfortable and ended up revealing what had actually occurred at school with their peers.

The story that emerged from the children is that of someone trying to understand and explain what they have endured. These are the children's understanding of why something bad happens and how they are helped in their time of need. Not all of their experiences were identical, but their stories were united in similarities and differences.

At first, the children talked about what they thought bullying and teasing is. This accurately reflected their actual bullying and teasing experiences. The type of peer victimization that they endured was similar to how the literature describes it. They suffered the same type of teasing and bullying that children without physical disabilities endure. As well, their reactions and whom they blamed for the teasing and bullying was similar to what the research describes. They either internalized their feelings or externalized their emotions. They then went on to describe how people reacted to the
bullying and teasing and who actually helped them overcome this negativity. One of the most interesting findings was some of the children's relationship with their friends. Their interpretation of their relationships was justified in their own minds as being "normal" and satisfactory. This may be attributed to some of them having learning disabilities and how they interpret social contexts. Finally a negative case example of a child with a diagnosis of Cerebral Palsy who bullies was appreciated. This child provided evidence that even children with physical disabilities have the ability to become bullies. An interesting finding that provides knowledge and implications for future research and practice.
CHAPTER 4
DISCUSSION AND CONCLUSION

Summary of the Study

The present study explores the peer victimization experiences of ten children with a diagnosis of Cerebral Palsy, some of whom also have learning disabilities. It attempts to illuminate when, how and why the bullying and teasing took place according to the participants. It tells a story of how these ten individual school-aged children make meaning of their victimization experiences and how they deal with them. Even though their coping strategies may differ from one another, their thought, feelings and ideas about these incidents are similar. The game of cat and mouse is a concept that many children could identify with. The majority of the children also spoke about their friendships at school and how they interpret these relationships. One of the unexpected findings was a child who was identified as a bully and how he understood and interpreted the bullying process.

The findings of this study coincide with the previous research on bullying and teasing amongst children. In particular, the children's definitions of bullying and teasing, the type of victimization they endured, their reactions, who they blame and who they turn to for help and support is consistent with the research. They experienced bullying and teasing in similar ways to what researchers describe "normal" children to go through. Even though there are no qualitative research studies conducted with children with physical disabilities with which to compare this, this present study can be weighed against some of the quantitative studies that speak to the type and severity of the abuse children endure. Being exposed to physical, verbal and psychological abuse was
common with every child with the exception of one. As well, where the bullying incidents took place, how often and by whom, also coincided with the previous research.

**Implications for Social Work Practice**

Although this research study is limited in sample and cannot be generalized to all children with Cerebral Palsy who have been bullied, it has potential to shed some light to professionals who work with this population. In particular, social workers that are working with children with physical disabilities who, in addition, have been identified as victims of bullying, can use this information to help better understand and deal with the child's situation. Initially, knowing that bullying can and does occur amongst children with physical disabilities, is the initial step that one can take to help. Being aware and non-judgmental of their susceptible condition as well as their disability is crucial. These two factors are central to aiding a vulnerable child who has come to a professional for help.

Bullying/teasing is not an occurrence that transpires within a vacuum. It is all-encompassing and besides affecting the child's internal life, also affects the child's environment and people in his or her life. Whether a teacher, parent, friend or health care professional, everyone needs to be aware and educated about peer victimization and the grave effects it can have on its victims. I believe that it is the social worker's role to educate the people who are involved with the child and to advocate for supports and change. Prevention is the key in aiding the most vulnerable populations against peer victimization, and education is the start. Research has shown that children with special needs are more vulnerable to victimization at school (Demelweek, Humphris & Hare, 1997; Hodson, 1989; Llewellyn, 1995; Martlew & Hodson, 1991; Morrison, Furlong &
Smith, 1994; Nabuzoka & Smith, 1993; O’Moore & Hillery, 1989; Thompson. Whitney & Smith, 1994; Whitney, Nabuzoka & Smith, 1992; Whitney & Smith, 1993; Yude. Goodman & McConachie, 1998). By knowing this, social workers can be more sensitive to the child and recognize that what the child sees may not be exactly what is in reality.

Another important point to mention is that knowing the child and having established a relationship with him or her is crucial in better understanding and helping them with their bullying problems. The children in this study who knew the interviewer from previous meetings were far more open and felt more comfortable in talking about their experiences than were the children who were meeting the interviewer for the very first time.

**Limitations**

There were a few significant limitations to the study that may have affected the results of the study. These include the research design, member checking and triangulation.

As mentioned throughout the thesis, this type of research design does not allow for the findings to be generalized to the entire population of children with Cerebral Palsy. The qualitative design used was intended to obtain introductory information on how ten children with Cerebral Palsy make meaning of their bullying and teasing experiences.

Member checking is a part of establishing research credibility in that the investigator checks back with the study respondents to see if their interpretations fit the participants’ experiences. The researcher talks to the participants and checks to see if the information she obtained resonates with the participants. Member checking did not occur
for this research study due to time constraints. The researcher was behind in deadlines and did not have the opportunity to meet with the children for a second interview.

Triangulation is another part of establishing research credibility in that more than one and different sources, methods, investigators or types of data inquiring about the same topic were used. The only method of data gathering was the long interview. No other method or source was used and there was only one investigator. For similar future studies, it would be important to utilize other methods for gathering data including focus groups, case notes, and/or parent interviews in order to ensure triangulation.

Future Research

I began this study with the intent to determine basic information on children with physical disabilities who are being bullied and teased. The quality and quantity of information that was discovered was immense. By applying the findings to practical use one can begin to work with children who have experienced similar abusive situations at school. The simple task of talking with the children can be very rewarding, both to the child and the adult involved.

More research is needed to better understand the ways in which children with physical disabilities understand and explain peer victimization. By looking at not only children who have identified themselves as being bullied, but to all children with physical disabilities, it may be possible to determine what the differences are between the children and what makes them susceptible to this victimization.

More research is needed to understand the ways in which children with physical disabilities cultivate friendships. This research shows that friends play a major role in the children's lives and are very important to them. In what ways can parents, children with
disabilities and other children in the community learn to develop meaningful and healthy relationships between children with and without disabilities?

There are many unanswered questions that stream from this research study. Why do certain children with physical disabilities get victimized and some do not? Why are the children's reactions to the victimization different in comparison to their peers? How can we, as parents, teachers, social workers, professionals and friends help them? What can be done to educate the general public about this phenomenon and will it ever come to an end?

Conclusion

This is one of the first qualitative research studies that has attempted to look at the bullying and teasing experiences of children with Cerebral Palsy. Its primary contribution is that it has brought awareness and concern to the peer victimization of children. Optimistically, we anticipate that it helps at least one child to understand, cope or deal with their victimization problems.

Children with Cerebral Palsy are more vulnerable than other children without special needs to be teased or bullied at school. Due to their inability to protect themselves and to be socially able to deal with and comprehend peer victimization on their own, these children are at greater risk for abuse, both emotionally and physically.

This study revealed that children who are being teased or bullied at school require another person to either explain to them what is going on or to actually do something about it and get help. For those children who were ignored, not believed or ridiculed, the bullying continued. Until the seriousness of peer victimization is brought forth to the public's attention and is completely understood by those involved with children, whether
directly or indirectly, children of all abilities will continue to suffer and undergo severe and mental anguish.
REFERENCES


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# APPENDIX A – DESCRIPTION OF PARTICIPANTS

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>GENDER</th>
<th>AGE</th>
<th>GRADE</th>
<th>PRIMARY DISABILITY</th>
<th>SECONDARY DISABILITY</th>
<th>TERTIARY DISABILITY</th>
<th>VISIBLE DEVICES USED</th>
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<td>P1.</td>
<td>Male</td>
<td>13</td>
<td>8</td>
<td>Cerebral Palsy (Athetoid)</td>
<td>ADHD</td>
<td>Non-verbal LD</td>
<td>Wheelchair</td>
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<tr>
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<td>8</td>
<td>3</td>
<td>Cerebral Palsy (monoplegia)</td>
<td>Schizencephaly</td>
<td>Shunted Hydrocephalus</td>
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<td>6</td>
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<td>n/a</td>
<td>n/a</td>
<td>Hand splint</td>
</tr>
<tr>
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<td>4</td>
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<td>Seizure Disorder</td>
<td>Language Delay</td>
<td>Hand splint</td>
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<td>4</td>
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<td>n/a</td>
<td>Wheelchair</td>
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<td>6</td>
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<td>Learning Disability</td>
<td>Stuttering Problem</td>
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<td>Strabismus</td>
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<td>Learning Disability</td>
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Re: Research Project on the Bullying Experiences of Children with Physical Disabilities

<<Date>>

Dear <<Name of Parent(s)>>:

This is to inform you of a project that is occurring at the Bloorview MacMillan Centre. We are looking at the experiences of children with physical disabilities and bullying at school. The research will try to answer the following question: How do children with disabilities describe, explain, feel, react, understand, and deal with bullying?

Little is known about bullying and children with special needs. To the researcher’s knowledge, there are no research studies that have looked at children with physical disabilities who have been bullied. With your child’s help we can better understand these experiences. We can also try to find the answers to develop programs and awareness for health care providers, children and their families.

This letter has been written to invite you to consider involving your child in this project. The research project would involve <<Name of Child>> in an interview at the Bloorview MacMillan Centre. The interviews will be conducted by Nikie Tentoglou who is completing her Master of Social Work degree at the University of Toronto. She was a practicum student at the Centre last year and is very familiar with this topic and population.

If you and your child are interested to participate in this project, please call Nikie Tentoglou at (416) 425-6220 ext. 3087. If you wish, you can also contact Barbara Germon, Social Worker at (416) 425-6220 ext. 3584 for further information. If you are not interested please call Nikie to let her know. If she does not hear from you in a couple of weeks she will give you a call to answer any questions you may have.

Thank-you for your consideration of this very valuable project.

Barbara Germon, MSW, RSW
Social Worker
Neurodevelopmental Program
APPENDIX C – TELEPHONE SCREENING

Introduction

Thank-you for calling back with an interest in the bullying research project at the Bloorview MacMillan Centre. Any information you provide me with today will be kept confidential and shared only with my supervisors if required. You can stop me at any time during this telephone call if you decide not to have your child involved in this study. If you have any questions regarding this study please feel free to ask.

As mentioned in the invitation letter that was sent to you the object of this research is to learn about children with physical disabilities’ experiences with teasing and bullying. This is so that we can more effectively develop future programs and services for children and families at the Bloorview MacMillan Centre regarding teasing and bullying. If you agree to invite your son/daughter to participate in this study I will need to meet with (name of child) at least two times. It would be preferable if we could meet at the Bloorview MacMillan Centre. During these audio taped meetings we will talk about any experiences (name of child) has had with teasing or bullying. Because this may cause (name of child) distress, two registered social workers and I will be available for follow-up if he/she needs to talk to someone about what he/she is feeling.

(Please be aware that I may need to meet with (name of child) for a third or fourth time. Children are different than adults in that they require a lot more time to answer questions and because of the nature of the topic may be more hesitant in talking with me. If future meetings are required you and child will need to give me permission to meet with (name of child) again.)

Now, if you don’t mind, in order to help me determine if (name of child) qualifies for the study, I would like to ask you some questions about him/her.

Date of Telephone Interview: __________________________________________

Name of Parent: _____________________________________________________

Address: ___________________________________________________________

Phone Number where you can be contacted: ___________________________

Name of Child: _____________________________________________________

Female or Male (circle)  
Child’s D.O.B.: ____________________________________________________

Child’s Age: _______________________________________________________
Primary Diagnosis:  

Secondary Diagnosis:  

Name of School:  

Grade Level:  

Does (name of child) attend an integrated school?  No ____ Yes ____ If yes, is he/she in an integrated classroom?  

Does (name of child) take any classes outside of his/her regular classroom?  Yes ____ No ____ If yes, how many classes are taken outside of his/her regular classroom?  

Could you tell me how many children, approximately are in (name of child’s) classroom?  

Are there any other children in the classroom that are physically different than the other children?  Yes ____ No ____ If yes, could you tell me about that?  

Are there any visible devices that your child uses in order to walk? (ie. wheelchair, brace, crutches)  

Does your child have a Learning Disorder?  Yes ____ No ____ If yes, what is the severity?  

To your awareness, has (name of child) ever experienced teasing or bullying at school?  Yes ____ No ____  

Can you tell me a little bit more about that?  

Thank-you very much for your answers!  

Do you have any questions for me?  

Do you still wish to allow your child to participate in this study?  Yes ____ No ____  

Date & Place of Scheduled Appointment:  
APPENDIX D – INTERVIEW GUIDE

Introduction

This is a study about kids bullying other kids. I am going to ask you about bullying. I'm going to ask you whether other kids have ever bullied, teased or treated you badly. Your answers will help me understand bullying. I will use your answers to help other kids who are bullied.

Before we begin, I want to talk about confidentiality. Do you know what confidentiality is? It means that everything you tell me today will stay in this room. I am going to be tape-recording you too. The only person who will be listening to these tapes is my teacher. I won't tell anyone about the stuff we talk about, but if you tell me that you have been physically or sexually hurt by someone, I will have to tell.

Another thing for you to know is that if you get upset about something, there are people you can talk to. You can talk to me, Barbara or Gert.

There are no right or wrong answers: I just want to know what you think. If you do not understand any question that I ask, then let me know so I can explain it to you. We can take a break at any time. You can also stop the interview whenever you want.

Now I'm going to talk about bullying.

1. Can you tell me what you think it is? (Wait for answer then give them the definition below)

It’s when someone makes you feel bad or when someone makes fun of you just to hurt your feelings. Sometimes bullies do it so you can get mad, sad or scared. It’s also when a person wants to embarrass or hurt you. It’s when they call you names, make fun of you, want to fight or beat you up, when they don’t talk to you on purpose, when they get other people against you, and when they wreck your things.

We know that it happens to a lot of kids. We also know that it’s hard to talk about too.

Now that I've given you this definition, can you tell me what you think about this?

2. Have you ever been bullied or treated badly like in the definition I gave you? (If yes, tell me about it. If no, have you seen someone else being bullied? Have you ever bullied another kid?)

Prompts: Can you tell me about that?
What was that like for you?
How did that make you feel?
How recently?
Pushed you/them?
Has called you/them a name?
Ignored you/them on purpose?
Not played with you/them on purpose?
Made fun of you/them?
Was nasty to you/them?
Tried to kick you/them?
Said they'd beat you/them up?
Tried to make you/them give them money?
Made you/them do something you didn't want to do?

(You want this to flow like a conversation – so if the child says “sometimes the other kids make fun of me because I can’t run that fast” you then probe this – “What was that like for you?” naturally follows and isn’t something you come back to later.)

3. Earlier you said that you felt .... “badly” (use their words) when the other kids made fun of you, can you tell me about what you did when you felt like that?

(If they say they didn’t talk to anyone, you can ask, “tell me about that. how come you didn’t tell your teacher?” and you’ll get at their perceptions of others’ attitudes. expectations. biases. values. etc.)

**Probes:**
Did you talk to anyone about it? (teacher. friend. parent)
Who did you go to?
What did you say?
Can you talk about what it was like to talk about this with (name the person)?
If it were to happen again. what would you do?
If this were to happen to one of your friends. what would you tell them to do? -- (This might be a way to get them to think about what they would do differently – sometimes thinking about others helps.)

4. We’re interested in knowing what you think is going on here... Why do you think they do that?

**Prompts:**
Why were they doing that?
Can you tell me a bit about the bully?
Can you tell me about the child that got [teased]?
How old was the bully? Victim?
Are there some kids who aren't bullies — what makes them different than the other kids who are?

Probes: What is it about the bully that makes them do that?

(Characteristics)

5. When those things happen that you talked about, did anyone do anything?

Prompts: Tell me about what people around you were doing when this happened. Did anyone try to help you? Did anyone join in?

6. Earlier you talked about “getting teased at recess” (fill in with their experience/s), how long did this happen for?

(For kids you need to focus them so because you’ve talked to them for awhile now, you may need to really have them think about one or two incidents or types of bullying for this question to make sense to them and for you to get meaningful data.)

Prompts: Did it just happen once or many times?

7. What would your advice be to other kids who are being bullied?

Prompts: What would you tell them to do or say if they were being bullied?
APPENDIX E - PARENT CONSENT FORM

TITLE OF STUDY:
The bullying experiences of children who are physically disabled

INVESTIGATOR:
Nikie Tentoglou, BA
2nd Year Master of Social Work Student
University of Toronto
(416) 425-6220 ext. 3087

CONTACT NAMES:
Dr. Darcy Fehlings, MD. FRCP (C)
Physician Director. Neurodevelopmental Program.
Bloorview MacMillan Children’s Centre
(416) 425-6220 ext. 3586

Barbara Germon, MSW
Social Worker. Neurodevelopmental Program.
Bloorview MacMillan Children’s Centre
(416) 425-6220 ext. 3584

Gert Montgomery. MSW
Social Worker. Musculoskeletal Program
Bloorview MacMillan Children’s Centre
(416) 425-6220 ext. 3580

Purpose of the study:
Research shows that children with physical differences are more likely to be bullied
than children who have no physical differences. Little information is available about children
with physical disabilities who are bullied. The purpose of this research is to understand this
better.

Description of the study:
This study requires 2 meetings with your child. The meetings will take place
between your child and myself. The first meeting will take 1 to 2 hours. I will let you know
if I need to meet with your child again. All interviews will be tape-recorded.
Potential benefits:

There are no major benefits in taking part in this study. It is possible that your child may feel good about talking about him/herself. Further, your child may talk about bullying they have felt, seen or heard. Your child may also get ideas about how to deal with bullying. Your child may also be able to help other children who are being bullied.

Potential harms:

If your child is upset by some of the things we talk about, two social workers, Gert Montgomery and Barbara Germon are available.

Confidentiality:

Your child must be willing to participate in this study. The information that I collect from your child will be protected in the same way as their medical chart. No information about your child will be given to anyone without your written permission.

The only instance that I will not be able to keep confidentiality is if someone tells me that a child under 16 years is being hurt or is not being properly cared for. As well, if someone tells me that they are going to harm him or herself or someone else. In that case we must follow the law and contact professionals who can help.

No information will be published that has you or your child's name in it.

Research information, including audiotapes, are destroyed after the research is completed. Written notes from the interviews will be kept for three years following the study. No information identifying you or your child will be on the notes.

This consent form will be filed in your child's medical chart. One copy of the consent form will be filed in the researcher's research file. You will be given a copy of the consent and assent forms for your own records.

Participation:

Your child has the right to choose to be a part of this study. You also have the right to not allow your child to be a part of this study. You have the right to withdraw your child from this study at any time. Your decision will not affect the care you receive at the Bloorview MacMillan Children's Centre.

For questions and further information:

Please contact Nikie Tentoglou, Barbara Germon, or Dr. Darcy Fehlings with any questions or concerns you may have in regard to this study. If you reach voicemail please leave your name and phone number. We will call you back as soon as possible.
Please complete the consent portion of this form below.

I have taken part in research at this Centre in the past.  
Yes  
No

I am currently participating in another research study at this Centre.  
Yes  
No

The name of the study is “The bullying experiences of children with physical disabilities”

I have received an explanation of the study by the investigator named below. I understand that I may refuse to have my child participate. I may withdraw my child from the study at any time without any penalties of any kind.

I hereby consent to participate in this study.

_________________________  ____________________________  ____________
Print Name  Signature  Date

________________________________
Investigator's Signature
Title of Study:

To find out more information about what you feel and what you think when you are teased or bullied at school.

Investigator:

Nikie Tentoglou, BA
2nd Year Master of Social Work Student
University of Toronto

Contact Names:

Darcy Fehlings, MD, FRCP (C)
Physician Director, Neurodevelopmental Program,
Bloorview MacMillan Children’s Centre

Barbara Germon, MSW
Social Worker, Neurodevelopmental Program,
Bloorview MacMillan Children’s Centre

Gert Montgomery, MSW
Social Worker, Neurodevelopmental Program,
Bloorview MacMillan Children’s Centre
Why are we doing this study?

Sometimes kids are mean to other kids and they bug or tease them at school. Getting teased is not good for anyone. I would like to help others from being teased and bullied. In order to stop this I want to find out more information about why kids do it. I also want to find out what happens to kids who get teased and how they feel about it.

What will happen to me during the study?

You will meet alone with me for a couple of interviews. You will meet me at the Bloorview MacMillan Children’s Centre. The first meeting will last from 1 to 2 hours. During that time we will talk about teasing at school. I will have some questions that I will ask you. Your answers will be written down and will also be tape-recorded. I will need you and your parents’ permission to do this. I may call you again after the interview to ask you about your answers from the first interview.

Are there good things and bad things about the study?

The good thing is that you will be helping other kids who get teased at school. The answers you give me will help me to come up with ideas to help stop this from happening to other kids.

The bad thing is that during or after the study you may feel badly about what you talked about. Even after the study is over and you still feel like you need to talk to someone you can call me. We can meet again and talk about it some more. If you do not want to meet with me, there are 2 other people you may want to meet with.
What if I feel funny during the study?

If, at any time, you feel that you do not want to continue talking anymore we will stop. It is O.K. No one will be angry or upset with you. We can also stop in between to take a break if you need one.

Who will know about what I said in the study?

The answers you give me will not be shared with anyone except for my teachers at school. Even when I talk or write about the answers you give me, I will never say your name. I will not even tell your parents or doctor what you tell, unless you ask me to. The only time when I will have to tell someone is if you say something that will hurt you or someone else. I will let you know if I am going to tell anyone.
I/You give us your permission, please sign here.

I want to be in this study.

____________________________
Name of participant and age

____________________________
Signature

____________________________
Name of person who obtained assent

____________________________
Signature

____________________________
Date

I was present when ____________________________ read this form and gave her/his verbal assent.
Client Name:  
Chart Number:  
Date of Birth:  

RELEASE FORM FOR CLIENT AUDIO VOICE RECORDING  
I, ____________________________________________ (name of client or person legally authorized to consent on behalf of the client), give my consent to have audio recordings made of ____________________________________________ (name of child being audiotaped). 

I understand that the purpose of the audiotapes is for research purposes only and I consent to this. I understand that I can withdraw this consent to have the audiotaped recordings made or used by writing on this form.

I understand that the audiotaped recordings are the property of BLOORVIEW MACMILLAN CENTRE, but that I may request access to view them or obtain copies, subject to the Centre’s policies on Release of Information. I undertake not to reproduce copies of audiotaped recordings without written approval of BLOORVIEW MACMILLAN CENTRE.

I understand that these audiotaped recordings will be stored in a secure location that will protect the privacy of the person recorded and they will be kept for the time period required by law or outlined in the policies of BLOORVIEW MACMILLAN CENTRE.

I give my consent to have audiotaped recordings used by BLOORVIEW MACMILLAN CENTRE for activities outside BLOORVIEW MACMILLAN CENTRE providing such use is consistent with the purpose set out above.

Date: ______________________________

Signature of Client or Person Legally Authorized to Consent on Behalf of the Client: ______________________________________

This was explained to me by: ______________________________________.
APPENDIX H - SCHOOL SPEECH ON TEASING

I want to talk to you about teasing because I was teased and I want to help other kids who are going through the same thing. I was teased because I have Cerebral Palsy.

A boy in my class said that I talk and look weird and run slow. I got mad. Then the other kids started teasing me because they wanted to be his friend. It made me feel like I was all alone and different.

I talked to my mom about this situation and she took me to a support group and then I met other kids that were going through the same thing. It made me feel surprised and better that I met other kids that were like me. We helped each other plan what to do about our problems.

So I learned that kids bully other kids to feel powerful and that if you ignore them they don't feel so powerful. If you tell other kids your special unique ways they might understand. I told my class about my cerebral palsy and it worked for me.

I realized that we are all good at some things and not so good at some things. I think that (Name of School Program) at (Name of School) is a wonderful thing to help kids that are going through this situation.

I think that we should turn this school into something called a bully-free zone and put up posters saying things like “no bullying allowed.” I think that bullies should not do this because it makes other kids feel like I felt.

I hope that you found my speech helpful and that if you are going through the same thing that you will talk to somebody because it helps a lot.

Thank-you.