5-2012

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Pestel, Meagan D., "Pushing to the Breaking Point: Do Children with Speech and Language Problems Experience Bullying?" (2012). Rehabilitation, Human Resources and Communication Disorders Undergraduate Honors Theses. 32.

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Pushing to the Breaking Point: Do Children with Speech and Language Problems Experience Bullying?

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Program in Communication Disorders

Honors Thesis

2012
Abstract

The purpose of this study was to examine if students with speech and/or language disorders were more likely to experience bullying than children with normal developmental milestones and speech. There were fifty parents sought to respond to a survey (by using Survey Monkey) about their child’s specific disorder, school size, age, bullying experiences, etc. Twenty-two responses were obtained for research. Results of the research showed that about 50% of parents felt their child had been bullied because of their speech and/or language problem while 50% of parents felt that their child was not bullied or the bullying they experienced was age related and normal.
Bullying in Children with Disorders

Bullying is a social problem children with communication disorders deal with on a daily basis. This research should find statistics and facts about the problems that these children may face. In an article written by Kuster (2002) a little girl wrote to Santa and said, “Dear Santa, my name is Amy. I am nine years old. I have a problem at school. Can you help me Santa? Kids laugh at me because of the way I walk and run and talk. I have cerebral palsy. I just want one day where no one laughs at me or makes fun of me.” This article talks about the importance of showing kids how to deal with the taunting and ridicule that goes along with communication disorders. It also shows techniques on how to teach middle school children to be more accepting of different children.

In another article about bullies in middle school (McKinley, 2004) it is stated that children with speech and language problems are two to three times more likely to be bullied during school hours. This article mentions books that children and parents can read to help them deal with these issues. As well as the first article, this one talks about ways to make the bully not feel as in charge by doings things like walking away. Also included in the articles are ways to help children defend themselves and to avoid their bully altogether. Children with normal hearing miss 25% of what the teacher says (McKinley, 2004). When considering this statistic, it is easy to understand why a child that is not developing normally would have more trouble in school and potentially need further assistance.

An article written by Knox and Conti-Ransden (2003) compared the level of risks for bullying that children were at depending on their academic situation. The children used in the
study were either involved in mainstream education with no additional learning support, mainstream education with additional supported learning, a language unit attached to a mainstream school, language school, or a special school with provision for various special educational needs. The study did indeed show that children with speech problems in mainstream education centers were bullied more frequently than children in special learning centers. The purpose of this study is to examine if students with speech-language disorders are more likely to experience bullying than children with normal developmental milestones and speech.

Review of the Literature

Think back to fifth grade. Odds are most children were bogged down with homework, but were playing sports and living a happy life in their most uncomfortable years. Middle school is the beginning of when children begin to discover who they are. Many children struggle with not only body changes, but are constantly trying to fit in and find a solid group of friends. Now think about dealing with middle school with a speech disorder. Now, not only does a child have to deal with all of the normal awkward things that play into middle school, but they also have a speech impediment that can affect how often they are teased or their ability to make friends. Children at this age are just seeking social acceptance.

Many children struggle with speech and language problems in their early years. A speech and language disorder is defined as an “impairment of speech or receptive language. Speech disorders usually involved difficulties with articulation which can generally improve or resolve with speech therapy, usually requiring treatment...” (“Speech and Language Disorders” n.d., para 1). A major problem that comes along with any type of speech disorder is self esteem
issues and bullying. Bullying is defined as “a blustering, quarrelsome, overbearing person who habitually badgers and intimidates smaller or weaker people,” (“Bullying” n.d., para. 1).

There is a significant amount of literature that addresses bullying and young children who have communication difficulties. For example, Luciano (2005) completed a study on children with speech issues. When given a questionnaire, the children of the study who have language difficulties rated themselves three times more likely to be bullied than children that did not have such problems. First he found that one of the main issues faced in this matter is that teachers in a school vary in what they consider to be “bullying.” Many teachers don’t see psychological harassment to be harmful and only consider physical abuse to be a part of bullying. Also, Luciano’s research found evidence that confirmed that when a child that is taken out of class and spends time away from the “mainstream” learning, they are more apt to be bullied. Teachers that made their class a more caring or structured environment proved to have less bullying as well. When considering this, teachers that are more involved in their classroom activities and that are constantly seeking to have a safe and fun environment would have a better control on the teasing and harassment that happened.

Davis (2002) focused on one specific speech disorder; stuttering, and farmed the same results. Specifically he found that children who had a stammering problem were considered to be of a “lower social position” and were more likely to be bullied in a school setting. Davis talks about the long lasting effects and setbacks that singling out a child with a stammer can cause. In this study, they found that early drop out, sleepiness, trouble concentrating in school and depression were all correlated with children that were harassed and had a stutter. The reason for their lack of acceptance is likely to be their inability or unwillingness to engage in verbal
interactions therefore, leading them to not form the social relationships that a child with normal speaking would. After performing their procedure, they did indeed find that children who did not have a stammer were in the “positive social group status.” In other words, children without a stammer were classified in the popular group while children with a stutter were placed into the rejected group. An issue this article addressed was that sometimes, children who stutter are placed in the special education needs program when this is not necessary. Children with this issue need to be placed in mainstream educational classes because the forced social interaction will only help them in using speech in a daily lifestyle. Only between 18 and 20% of children with special needs were placed in the mainstream classrooms. The study concluded that a child with a stutter was chosen to be a leader in an activity less than half of the time as another child. Also, children who stutter were more likely to be seen as someone who individually seeks help or is a victim of bullying.

_Bullying risks of 11-year-old children with specific language impairment (SLI): does school placement matter?_ the idea of school placement playing a huge role in the bullying itself was further examined. The study began when children when in their second year of school (about seven years old) and the researchers sought to see the children’s specific language impairment and the level of current severity. Later, the researchers contacted the children when they were approximately eleven years of age, and had gone their separate ways in regards to schooling, to see if their individual academic placement affected their current educational needs. The study compared the children that were still attending mainstream school and children that were now attending a school more specific to their language impairment needs and compared the amount of bullying each child mentioned. The study concluded that children that were attending
a school that other children, like themselves, had problems with speech involved significantly less bullying than a mainstream school.

All of these articles are examples of ways that children with a speech or language disorder can struggle in everyday school. Children not only can be pulled out of their mainstream classes, but they also can isolate themselves, be teased and harassed, or feel different from the other children in their classroom (Luciano 2005). All in all, the studies concluded that children with any type of speech disorder have trouble with things that children with normal speech take for granted.

Clearly, there is a significant amount of literature that has identified that children with speech and/or language disorders are at a much higher risk for being bullied. The purpose of this study was to determine if children with a speech and/or language disorder more likely to be bullied than children that are developing normally and if so, are children who receive speech language therapy in the school setting more at risk for being bullied than children who receive treatment outside of the school setting?

The specific questions of this study are as follow:

1) Are children with speech and/or language disorders targeted at all?
2) Do they receive in school or after school therapy?
3) Do males or females tend to be bullied more?
4) Does the bullying tend to be more physical or emotional?
Methodology

Participants

Fifty parents of school-aged children with speech and/or language disorders were sought for this study. There was no control for ethnicity, living location (e.g., size of town or region of the state), or type of school.

Materials

An electronic survey was developed from the literature on bullying and the literature on social issues that arise for children with speech and/or language disorders. This included brief demographic information such as age of the child, kind of school attended, size of city, and size of school. A second portion of the survey allowed participants to describe the speech and/or language issues of the child being described in the survey respond. The last section of the survey provided information about bullying.

Procedures

The survey was distributed to parents using Survey Monkey. Parent support groups and local agencies were contacted about the study and asked to distribute the link. The survey was available to participants for 30 days. A reminder was sent at the two week point.

Analysis

Descriptive analysis was used to report the data.

Results

The survey was distributed through school list serves via email addresses that were obtained through Fayetteville, Arkansas and Claremore, Oklahoma. Twenty-two surveys of the fifty surveys delivered to parents were returned to the investigator. Most of the responses came from parents that their child was male (68.2%) and younger than 6 years of age (45.5%). 50.0%
of the children spoken about in the survey were either in kindergarten, first, second, or third grade and exactly half of the children attended public school while the other half attended private school. While this research provides an overall perspective on who the respondent to the study were, the actual data collected was not specifically linked to these demographics. Therefore the results that follow will be based on the entire data set.

*Question One*

The first question of this study asked if children with speech and/or language disorders were targeted for bullying. Item 8 from the questionnaire was used to answer this question. Of the twenty-two parents that responded to the survey half said that their child had been bullied in some way. 45.5% said their child had been pushed, kicked, hit or other physical bullying, 45.5% said their child had been laughed at, called names and teased, while 73.7% said their child had been left out or neglected by peers or educators.
**Question Two**

The second question of the study sought to determine where children received speech language pathology services. Item 6 from the questionnaire was used to answer this question. 35% of children received therapy by being pulled out of a classroom, 5% received therapy while remaining in the class, 40% received therapy at a private practice, 0% of children received therapy at a hospital, 30% attended therapy at a university clinic, and 20% were received no therapy at this time.

![Bar chart showing therapy locations](chart.png)

**Question Three**

The third question of this study requested information about if males or females tended to be bullied more. Item 10 on the questionnaire was used to answer this question. 15 parents responded to the open response section where they were asked to elaborate on
their child’s bullying experience. Ten of the responses stated that they didn’t believe the bullying was a result of their speech and/or language delay. For example, one parent stated that they believed it was a result of his shyness while another believed it was due to his developmental delays caused by Down syndrome. Of the responses that did in fact believe the bullying was a result of their speech and/or language delay, one did not state the gender of their child, three responses were speaking about a male, and one was speaking about a female.

Question four

The fourth question of the study sought to see if the bullying tended to be more physical or more emotional. Item 8 of the questionnaire was used to answer this question. When answering this question, parents had the ability to select all that applied to their child, but from looking at the chart below it is apparent that children were more exposed to emotional bullying like being laughed at, called names, teased, being left out, or neglected when compared to physical bullying like being pushed, kicked, or hit.
Discussion

The purpose of this study, which focused on bullying, was to investigate the emotional and physical distress that can come with having a speech and or language disorder. From the literature it was predicted that children who have speech and/or language disorders would be at high risk for bullying. More specifically, McKinley, 2004 stated that a child with a communication disorder was 2/3 more likely to experience bullying. When looking at the results of this study, only 50% of the parents reported bullying of their child. Of the parents that participated in this study and said their child had experienced bullying some believed it was “age related” and didn’t relate to their child’s speech and/or language problems. Also, of the parents that did say their child had mentioned bullying to them, only one said their child spoke of it “frequently” while twelve said it happened “almost never.” Surprisingly, more than one parent spoke about the support that their child had experienced from not only school faculty but her peers as well.
The literature had little mention about whether males or females with communication disorders were targeted more. From observing behaviors of children in the past and with what little information the literature did provide, it was shocking to find that most of the children that were bullied were males and even more shocking to see that the males that were bullied were more emotionally harassed and neglected than physically harmed. Surprisingly, children with speech and/or language delays experienced essentially the same treatment as the children that were developing normally.

Limitations of the Study

Not being able to access parents from a wider variety of lifestyles and locations definitely limits this study. Most of the people surveyed were from Fayetteville, Arkansas or Claremore, Oklahoma, which overall have the same size schools, cost of living, etc. Also, it is hard to answer the question regarding gender and bullying because there was no control for how many of the responses were parents with male children or parents with female children.

Future directions

Certainly a larger number of participants from more varied geographic areas would enhance future studies. Future studies could be strengthened by directing surveys at specific clinical populations. For example, this study was designed to address children experiencing speech and language issues yet respondents included parents of children with syndromes such as Down and Autism Spectrum. Data will be clearer if the groups are studied separately. Lastly, in response to the results of this study, controlling for age and gender may provide a clearer picture of the inter-relationship between communication disorders and bullying.

References


Appendix A
Bullying Questionnaire

1. Check all that apply to your child.
   [ ] Male
   [ ] Female
   [ ] younger than 6 years of age
   [ ] 7-10 years of age
   [ ] 11-15 years of age
   [ ] older than 16 years of age

2. Check all that apply to your child.
   [ ] Preschool
   [ ] K-3
   [ ] 4-6
   [ ] 7-8
   [ ] 9-12
   [ ] private school
   [ ] public school

3. How large is the school your child is attending?
   [ ] fewer than 100 students
   [ ] 100-500 students
   [ ] 500-1000 students
   [ ] more than 1000 students

4. How large is the city that you live in?
   [ ] fewer than 1,000 people
   [ ] 1,000-10,000 people
   [ ] 10,000 – 50,000 people
   [ ] 50,000 or more people

5. Check all that apply to your child’s speech and/or language
   [ ] articulation – mispronounces sounds
   [ ] apraxia – has difficulty organizing oral motor skills
   [ ] stuttering
   [ ] language delay
   [ ] word finding problems
   [ ] auditory comprehension
   [ ] difficulty with reading
   [ ] difficulty with writing
   [ ] difficulty with social skills
6. Where does your child receive therapy? Check all that apply.
   [ ] pull out regular classroom
   [ ] in the classroom
   [ ] private practice
   [ ] hospital
   [ ] university clinic

7. How many friends does your child have (think in terms of number of birthday parties, play dates, and sleep-overs attended in the last two months) as an indication of friendship?
   [ ] 1
   [ ] 2
   [ ] 3
   [ ] 4
   [ ] 5 or more

8. Has your child experienced any of the following? Check all that apply.
   [ ] being pushed, kicked, hit or other physical actions
   [ ] being laughed at, called names, teased
   [ ] being left out or neglected by peers or educator

9. How frequently has your child spoken about question #8?
   [ ] almost never
   [ ] only a few times
   [ ] frequently

10. If your child has experienced bullying, do you believe that it is due to a speech and/or language disorder? Why or why not?