# Bullying and Violence Experience of Youngsters with Cognitive and/or Mental Health Disabilities – A Training to Increase their Self-Esteem

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## Abstract

*Although numerous studies show that violence and bullying at school is a very recent phenomenon, less attention is paid to this topic in an international context. This article is based on an international study and addresses the bullying-, and violence experience of youngsters with cognitive and/or psychiatric disabilities. Participating countries were Austria, Bulgaria, Germany, Hungary, Italy, and Spain. Data was collected from questionnaires and face to face interviews. A total of 204 boys and girls between the ages of 10 - 22 years were asked about their experiences in the school context and family environment. The qualitative analysis of the interviews show, that the central (subjective or psychological) issue in youngsters with disabilities, who have been experiencing violence, is low self-esteem. The most important aim of this intervention is to increase self-esteem and develop appropriate coping strategies, which will enable empowerment for youngsters with special needs. The quantitative results show that the target group has experienced violence, and those of girls do not seriously differ from those of boys. It is noticeable, that girls find themselves more often in the role of victims. Accordingly to these results, interventions were developed and will be tested, as a pilot workshop module, in an EU Daphne Project*.

## 1. Introduction

Aggression among children and adolescents in school and family contexts is a striking global problem which is deeply embedded in legislative efforts, preventive activities and interventions [1]. According to a cross-national study the prevalence of bullying among adolescents was around 26% [2]. Although prevalence rates of domestic violence among children and adolescents are likely to be contingent on several factors (e.g., gender, age, socio-economic status, intimate partner violence), US statistics from the National Survey on Child and Adolescent Well-being show prevalence rates from 15% (for emotional abuse) to approximately 25% (for physical abuse or neglect) [3]. With respect to prevalence rates of aggression, it may be crucial to continuously asses the frequency of aggressive or violent acts among boys and girls, different age groups and different national contexts.

The topic of aggression in school and family contexts is also notably related to the topic of physical/mental health. However, the relation between aggression acts and physical/mental health seems rather complex. On the one hand, children and adolescents who face psychological disorders or psychiatric symptoms may have a higher risk of being victims of aggressive acts [4, 5]. On the other hand, being bullied may be an important risk factor for future physical/mental health problems [4, 6]. In order to obtain a better understanding on this topic, future research should continue to focus on aggression among children and adolescents with psychological problems or other special needs. Quantitative and qualitative methods should be applied to gain in-depth knowledge on the complex nature of aggressive acts. Such an endeavor seems also crucial when planning prevention measures or interventions which should also target special high risk groups.

The present research, which is part of the TranSpace project (Transitional spaces for empowering disable children and youth to protect themselves from community-based violence) is based on a broad definition of aggression which is a phenomenon where a person is "exposed, repeatedly and over time, to negative actions on the part of one or more other persons" and "when a person intentionally inflicts injury or discomfort upon another person, through physical contact, through words or in other ways [7]. Furthermore, it strives to answer the following research questions: 1) What is the prevalence of aggressive acts in school and family context among children and adolescents with special needs in different European countries? 2) How is the victimization experience perceived and what additional physical/mental health problems could be related to aggressive acts?
A mixed method approach has been applied to answer these questions. First, a quantitative study was conducted in order to examine the prevalence of different forms of aggression. Second, face-to-face interviews were carried out in order to obtain knowledge on emerging themes related to aggression victimization. Based on the results of the study, a follow-up intervention program focused on empowerment was conducted as well.

## 2. Method

### 2.1 Participants and procedure

The sample consisted of a 204 children and adolescents with cognitive and/or psychiatric disabilities (Bulgaria - 17.1%, Germany - 9.8%, Italy - 20.6%, Austria - 15.7%, Spain - 14.7%, Hungary - 22.1%). The four most common disabilities within the sample were: ADHD (24.7%), mood disorders (e.g., depression, 16.5%), learning disabilities (12.9%) and conduct disorders (e.g., antisocial and aggressive behavior; 11.8%). The participants were classified in three age categories: early adolescence (10 to 14 years; 33.1%), middle adolescence (15 to 18 years; 48.4%) and late adolescence (19 to 22 years; 18.5%). Only 123 respondents indicated their gender (girls; N = 44; boys, N = 79).
The quantitative part of the study took part among all participating countries from March to May 2013. The study participants were selected by contact persons in each country based on the following criteria: children and adolescents who "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" [8]. In other terms, our selection criteria included a wide range of mental disabilities. The qualitative part was carried out only with participants who saw themselves as victims of aggressive acts. The study carefully followed all local as well as international ethical guideline.

### 2.2 Measures and materials

The quantitative part of the study was based on well-established questionnaires addressing several forms of aggression. Items were based on the ISPCAN Child Abuse Screening Tool – Children's Version (ICAST-CH) [9] and the Olweus Bullying Questionnaire [10]. Several forms of aggressive acts in the school (physical aggression, verbal aggression, relational aggression, cyber-bullying) and family contexts (neglect, psychological victimization) were assessed. In terms of clarity, the 5-point Likert response format was used throughout the scale (1 – never, 5 – every day). A time frame of six months was used. Cronbach's alphas of the 6 different aggression forms range from 0.55 to 0.83.
The qualitative part of the study included a face-to-face interview with 13 open-ended questions. The questions addressed situations in which the aggressive acts occurred, the victims' perceptions of such situations, and on victims' self-esteem as well as general well-being.

## 3. Results and discussion

The results from the quantitative part are mostly descriptive and are presented separately for each aggression form (e.g. physical aggression). Gender differences are also outlined. It should be noted, that general prevalence rates are not high and in most cases do not exceed the value 2 in the

response format (i.e., a few times in the past six months). Adolescents with special need reported the following levels of aggressive acts: 1) physical aggression (girls: $M$=1.59; $SD$=0.56; boys: $M$=1.60; $SD$=0.66; 2) verbal aggression (girls: $M$=1.96; $SD$=0.87; boys: $M$=1.79; $SD$=0.80); 3) relational aggression (girls: $M$=2.11; $SD$=1.02; boys: $M$=1.77; $SD$=0.68); 4) cyber-bullying (girls: $M$=1.32; $SD$=0.60; boys: $M$=1.16; $SD$=0.30). Results of the MANOVA analyses did not indicate significant different between boys and girls in the specific forms of aggressive acts ($F(4, 115) = 0.93$, $p$= .ns; Wilks' Lambda = .93; η2 = .07). We also did not find any differences on the overall aggression levels (girls: $M$=1.78; $SD$=0.58; boys: $M$=1.64; $SD$=0.57; $t(121) = -1.28$, $p$= .ns). Similar results were obtained for aggressive acts in the family context. There were no significant gender differences with respect to neglect (girls: $M$=1.63; $SD$=0.59; boys: $M$=1.40; $SD$=0.59), psychological victimization (girls: $M$=1.61; $SD$=0.68; boys: $M$=1.54; $SD$=0.46; MANOVA results: $F(2, 113)=1.56$, $p$= .ns; Wilks' Lambda= .97; η2= .03) as well as the total score (girls: $M$=1.61; $SD$=0.58; boys: $M$=1.47; $SD$=0.58; $t(121) = -1.55$, $p$= .ns). Some differences were found when the perspective of the bully was taken into account. In other terms, participants were also asked to respond how many times they performed aggressive acts against their school mates. At the overall level, girls less frequently bullied others than boys (girls: $M$=1.29; $SD$=0.27; boys: $M$=1.48; $SD$=0.46; $t(121)=2.87$, $p < .05$). Another interesting results was found, when the sample was split into four bully-victim groups where those with an average score higher than 2 where labeled as bully or victim (others obtained a label "not bully" or "not victim"). When counting the cases, a notable difference was found in the "both victim and bully" group where boys were overrepresented. In the "victim only" groups, girls were more frequently.
The results of the qualitative part of the study show us that low self-esteem seems to stand behind the inability to build up an adequate defense mechanism against violence in many cases. The victims of violent attacks will normally respond to these attacks with silence, a bowed-down head and escapism, whereas in certain cases, the anxiety induced by violence is so strong that it evokes self-aggressive behavior. The key challenge in tackling the problem of low self-esteem and the subsequent "victim behavior" is to bring forth a tool for these children to think themselves, articulate themselves, reflect and assert themselves. A genuine increase in self-esteem and a decrease in victim behavior can come as a result of gradually gaining a mental disposition of an active agent and with acknowledgement that being different from dominant identity structures deserves a place and its own right as an enriching element.

## 4. Implementation of the follow-up intervention program

Based on the results we can also conclude that programs, such as social and interpersonal skills trainings should focus on the victims' self-esteem. More precisely, to increase a level of self-esteem, any intervention should focus on elaboration of a person's social relations and at the same time on elaboration of appropriate coping strategies. A similar argument is pointed out also by other scholars from the field [11]. Authors assume that especially young people with mental and cognitive health difficulties and bullying experience need trainings where they can increase their social skills.
Exactly these themes are tackled within the intervention program, which was developed during the project. The groups, included in the workshops are heterogeneous in gender and should be empowered to protect themselves against violence and bullying, build up a strong self –esteem and foster self – prevention of violence. Program includes nine workshops, each lasting 1.5 hours.
Within the implementation of the workshops it is especially evident that dealing with boundaries in a context of space is highly relevant for youngsters. This topic is very thoroughly discussed and the youngsters are keen to develop preventive coping strategies as quite a few of them were bully victims –sometimes also the bully person - themselves.
Based on the experience, playful but also highly instructive exercises are recommended, as they help the youngsters to show and share their thoughts and feelings. Especially during one workshop, the "Day out in the nature", where the young people went snow shoe hiking, they were pushed to the limits and going the extra mile. That gave them the feeling that they can excel themselves. At the same time

it meets the core objectives of the workshops by promoting empathy and trust. Additionally a safe space to try out new and unusual behaviors is created. The young people rated this activity as an enrichment of their self-perception, and strengthen the development of self-esteem.
In fact, the transmission of knowledge structures, attitudes and self-perception, plays an essential role in the bullying prevention [12]. These elements are also addressed in the workshop series where youngsters discuss bullying theories, situations and reasons.

## References

[1] United Nations Secretary-General's Study on Violence against Children (2005). World Report on Violence against Children. Retrieved from: http://www.unviolencestudy.org/.

[2] Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., Due, P. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. International Journal of Public Health, 54 (Suppl.2), 216-224.

[3] National Survey on Child and Adolescent Well-being. (2011). Overview of NSCAW and NSCAW II, and Main Findings of NSCAW. Retrieved from: http://www.ndacan.cornell.edu/presentations/Overview_of_NSCAW_I_and_II.pdf.

[4] Cluvera, L., Bowesc, L., & Gardnera, F. (2010). Risk and protective factors for bullying victimization among AIDS-affected and vulnerable children in South Africa. Child Abuse & Neglect, 34, 793-803.

[5] Fekkes, M., Pijpers, F.I., Fredriks, A. M, Vogels, T., Verloove-Vanhorick, S. P. (2006). Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. Pediatrics, 117, 1568–1574.

[6] Arseneault, L., Walsh, E., Trzesniewski, K., Newcombe, R., Caspi, A., & Moffitt, T. E. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A nationally representative cohort study. Pediatrics, 118, 130–138.

[7] Olweus, D. (1993). Bullying at school: What we know and what we can do. Oxford: Blackwell.

[8] McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., Perrin, J. M., Shonkoff, J. P., & Strickland, B. (1998). A new definition of children with special health care needs. Pediatrics, 102, 137-140.

[9] Zolotor, A. J., Runyan, D. K., Dunne, M. P., Jain, D., Péturs, H. R., Ramirez, C., Volkova, E., Deb, S., Lidchi, V., Muhammadi, T., & Isaeva, O. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. Child Abuse & Neglect, 33, 833-841.

[10] Olweus, D. (1996). The Revised Olweus Bully/Victim Questionnaire. Mimeo. Bergen, Norway: Research Centre for Health Promotion, University of Bergen.

[11] Kumpulainen, K. (2008): Psychiatric conditions associated with bullying. International Journal of Adolescent Medicine and Health, 20, 121-132.

[12] Merell, K., Isava, D., Gueldner, B., & Ross, S. (2008): How effective are school bullying intervention programs? A meta-analysis of interventions research. School Psychology Quarterly, 23, 26-32.

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