

Bullying and Autism

Alisa G Woods^{1,2*}

¹Biochemistry & Proteomics Group, Department of Chemistry & Biomolecular Science, Clarkson University, 8 Clarkson Avenue, Potsdam, NY, 13699-5810, USA

²SUNY Plattsburgh Neuropsychology Clinic and Psychoeducation Services 101 Broad Street, Plattsburgh, NY, 12901, USA

Keywords: Bullying; Neurodevelopmental; Autism; ADHD; Victimization

Awareness of bullying and the noted high prevalence in individuals with ASD is of particular concern, since more people are being diagnosed with ASD than ever before. As many as 1 in 88 US children have an ASD, which occur more frequently in boys than girls; one in 54 boys and one in 252 girls are affected [1]. A recent United States government survey (Centers for Disease Control and Prevention; CDC) of parents indicates that ASD prevalence may even be as high as 1 in 50 [2]. Detection and treatment of ASD is often a focus of parents, educators, healthcare providers, and researchers [3-6], however greater dialogue on often-overlooked issues, such as bullying and mental health, is greatly needed.

Bullying is increasingly being viewed as more than a mere childhood rite-of-passage, but as a form of abuse that results in many health problems [7,8]. Childhood bullying has been a focus of many studies and interventions; however, bullying can also occur in adulthood, with equally devastating consequences on mental and general health [9-11]. Bullying has been defined as “a specific form of intentional, repeated aggression that involves a disparity of power between the victim and perpetrator” [12]. Though generally thought of as a repeated event, bullying may even consist of a single instance, and can include both physical and non-physical forms (social exclusion, rumor-spreading, etc.) [13].

The estimated incidence of bullying is not consistent across studies. Prevalence of bullying and victimization in 28 different countries has been estimated to range from 5 to 38% for girls and from 6 to 41% for boys [14]. One study conducted in the Netherlands indicated that 1/3 of school children were involved in bullying, 17% involved as bullies 13% both bullies and victims, but only 4% as pure victims [15]. A Brazilian survey study reported that 2/3 of students were involved in bullying, with reports of 59.9% observed bullying and 48.9% reporting being bullied [16]. Prevalence in other studies has been reported at 5.5 in secondary school girls in the Slovak Republic [14], 57% secondary-school students in Australia [17], 10% of primary to secondary school students in England [18]. The prevalence of bullying may therefore vary, depending on geographical region. Low socioeconomic status greatly increases bullying prevalence [15], as does non-conformity [19,20].

Because people who are different or who are perceived to have deficits seem to be more susceptible bullying, it is not surprising that bully victimization in individuals with ASD is particularly high, estimated at 46.3% according to one study [21]. A separate study of 242 adolescents in special secondary education schools found a similar prevalence, with 46% of school children with ASD involved in either bullying or victimization more than once a month, according to teacher report. Thirty percent were estimated to be bully-victims more than once a month [22]. A US survey of 8-17 year olds conducted in primary care or sub-specialty clinic found that children with learning disabilities, ASDs, and attention deficit or hyperactivity disorder groups exhibited significantly elevated victimization scores on a Bully-Victimization Scale [23]. Although the exact prevalence of bullying experiences in people with ASDs may be difficult to pin down, higher prevalence of bullying in people with ASD is clear.

Many factors have been found to confer the apparent risk of being involved in bullying experiences in people with ASDs. These include behavioral problems [13], increased age [13], use of public transportation [13], social vulnerability/lack of social skills [24], and having Asperger's syndrome in particular [25,26], attendance in public schools or attendance in mainstream versus special educational schools or classes [27]. With increases in ASD detection and treatment, mainstreaming may also increase, and along with a need for greater strategies to counteract bullying and increase acceptance of children with disabilities in the conventional classroom.

Understanding of factors that predict bullying and finding ways to counteract bullying is therefore becoming increasingly important for consideration in people with ASDs. Treatments that focus on social interactions could be particularly helpful for people with ASDs [28], but educational programs to increase awareness and acceptance of ASD by neurotypical children may also counteract bullying. Further work in this area is greatly needed.

Acknowledgements

This work was supported in part by Bob and Karen Brown and by the SciFund challenge contributors.

References

1. Autism and Developmental Disabilities Monitoring Network Surveillance Year Principal, et al. (2012) Prevalence of autism spectrum disorders--Autism and Developmental Disabilities Monitoring Network, 14 sites, United States, 2008. *MMWR Surveill Summ* 61: 1-19.
2. Blumberg SJ, MD Bramlett, et al. (2013) Changes in prevalence of parent-reported autism spectrum disorder in school-aged U.S. children: 2007 to 2011-2012. *U. D. o. H. a. H. Services, Centers for Disease Control and Prevention* 65: 1-11.
3. Woods AG, I Sokolowska, et al. (2012) Potential biomarkers in psychiatry: focus on the cholesterol system. *J Cell Mol Med* 16: 1184-1195.
4. Ngounou Wetie, AG, I Sokolowska, et al. (2013) Mass spectrometry for the detection of potential psychiatric biomarkers. *J Mol Psychiatry* 1.
5. Woods AG, AG Ngounou Wetie, et al. (2013) Mass spectrometry as a tool for studying autism spectrum disorder. *J Mol Psychiatry* 1: 6.
6. Wormwood K, I Sokolowska, et al. (2013) The potential for proteomics in understanding neurodevelopmental disorders. *J Proteomics Bioinform* S5.
7. Copeland WE, D Wolke, et al. (2013) Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA Psychiatry* 70: 419-426.

*Corresponding author: Alisa G Woods, Biochemistry & Proteomics Group, Department of Chemistry & Biomolecular Science, Clarkson University, 8 Clarkson Avenue, Potsdam, NY, 13699-5810, USA, Tel: (315) 268-7763; Fax: (315) 268-6610; E-mail: awoods@clarkson.edu

Received November 20, 2013; Accepted November 21, 2013; Published November 26, 2013

Citation: Woods AG (2013) Bullying and Autism. *Autism* 3: e118. doi:10.4172/2165-7890.1000e118

Copyright: © 2013 Woods AG. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

8. Wolke D, WE Copeland, et al. (2013) Impact of Bullying in Childhood on Adult Health, Wealth, Crime, and Social Outcomes. *Psychol Sci*.
9. Chu LC (2013) Mediating toxic emotions in the workplace-the impact of abusive supervision. *J Nurs Manag*.
10. Roberts AL, M Rosario, et al. (2013) Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: an 11-year longitudinal study. *J Am Acad Child Adolesc Psychiatry* 52:143-152.
11. Spence Laschinger, HKA Nosko (2013) Exposure to workplace bullying and post-traumatic stress disorder symptomology: the role of protective psychological resources. *J Nurs Manag*.
12. Dobry Y, MD Braquehais, et al. (2013) Bullying, psychiatric pathology and suicidal behavior. *Int J Adolesc Med Health* 25: 295-299.
13. Hebron J, N Humphrey (2013) Exposure to bullying among students with autism spectrum conditions: A multi-informant analysis of risk and protective factors. *Autism*.
14. Due P, BE Holstein, et al. (2005) Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *Eur J Public Health* 15: 128-132.
15. Jansen PW, MVerlinden, et al. (2012) Prevalence of bullying and victimization among children in early elementary school: do family and school neighbourhood socioeconomic status matter? *BMC Public Health* 12: 494.
16. Brito CC, M T Oliveira (2013) Bullying and self-esteem in adolescents from public schools. *J Pediatr (Rio J)*.
17. Bond L, S Wolfe, et al. (2007) A comparison of the Gatehouse Bullying Scale and the peer relations questionnaire for students in secondary school. *J Sch Health* 77: 75-79.
18. Chamberlain T, N George, et al. (2010) *Tellus4 National Report*. London, UK, National Foundation for Educational Research.
19. Jones S E, A S Manstead, et al. (2009) Birds of a feather bully together: group processes and children's responses to bullying. *Br J Dev Psychol* 27: 853-873.
20. Collier KL, HM Bos, et al. (2013) Homophobic name-calling among secondary school students and its implications for mental health. *J Youth Adolesc* 42: 363-375.
21. Sterzing P R, PT Shattuck, et al. (2012) Bullying involvement and autism spectrum disorders: prevalence and correlates of bullying involvement among adolescents with an autism spectrum disorder. *Arch Pediatr Adolesc Med* 166: 1058-1064.
22. van Roekel E, RH Scholte, et al. (2010) Bullying among adolescents with autism spectrum disorders: prevalence and perception. *J Autism Dev Disord* 40: 63-73.
23. Twyman KA, CF Saylor, et al. (2010) Bullying and ostracism experiences in children with special health care needs. *J Dev Behav Pediatr* 31: 1-8.
24. Sofronoff K, E Dark, et al. (2011) Social vulnerability and bullying in children with Asperger syndrome. *Autism* 15: 355-372.
25. Little L (2001) Peer victimization of children with Asperger spectrum disorders. *J Am Acad Child Adolesc Psychiatry* 40: 995-996.
26. Little L (2002) Middle-class mother's perceptions of peer and sibling victimization among children with Asperger's syndrome and nonverbal learning disorders. *Issues Comprehen Pediatr Nurs* 25: 43-57.
27. Zablotsky B, CP Bradshaw, et al. (2013) Risk factors for bullying among children with autism spectrum disorders. *Autism*.
28. Woods AG, E Mahdavi, et al. (2013) Treating clients with Asperger's syndrome and autism. *Child Adolesc Psychiatry Ment Health* 7: 32.