Bullying in Children and Adolescents with Cerebral Palsy and Other Physical Disabilities

Brendan Frainey, BS1, Beverly Tann, RN2, Susan Berger, PhD1, Melanie Bak, MD1, and Deborah Gaehler-Spiva, MD2

1Northwestern University Feinberg School of Medicine, Chicago, IL
2Rehabilitation Institute of Chicago, Chicago, IL  3Ann & Robert H Lurie Children's Hospital of Chicago, Chicago, IL

Background

- Bullying is defined as a subset of peer victimization that must contain three essential components: 
  1. Repetition
  2. Intended harm
  3. Imbalance of power between victim and aggressor

- 20-28% of typically developing school-aged children ages 12-18 reported being “bullied” during the 2008-09 school year

- Differences in both definitions of bullying and measurement tools utilized has made comparison between studies incredibly difficult

- Recently, there has been an increase in studies examining bullying in children with chronic conditions or special healthcare needs

- However, there is limited literature exploring bullying in school-aged children with cerebral palsy (CP) and other physical disabilities (PD)

Hypotheses & Objectives

Objective: To provide a better understanding of the prevalence of bullying towards children with CP and other physical disabilities through the use of a reliable and validated self-report survey, the California Bullying Victimization Scale (CBVS)²

Hypotheses:

1. Children with CP or other PD are victimized by peers at a significantly higher rate than children without physical disabilities

2. Higher levels of motor disability, as classified by the Gross Motor Function Classification Scale (GMFCS), correlate with higher rates of bullying

Methods

- Cross-sectional, survey-based study

- Inclusion Criteria:
  1. Ages of 10-18
  2. Diagnosis of cerebral palsy or other physical disability
  3. Cognitively near age and English-speaking

- Caregivers of participants also enrolled as study participants

- Survey data collected via direct enrollment at the Rehabilitation Institute of Chicago (RIC) outpatient clinic as well as a community-based program for children with physical disabilities

- Two questionnaires:
  - 1. Child questionnaire: California Bullying Victimization Scale (CBVS)
  - 2. Parent questionnaire: Demographic information in addition to basic questions regarding their child’s motor ability (GMFCS), cognitive function, and other comorbidities.

Results

- N = 51 (51 child participants and 49 caregivers)

- Primary diagnosis:
  - Cerebral Palsy (CP) = 86% (44/51) or Other (stroke, musculoskeletal, etc.) = 14% (7/51)
  - M/F = 1:1

- Average Age: 14.1 years (Range 10.0-18.3)

- 55% of children reported some type of victimization, either bully or peer

- Being “left out of a group” (37%) and being “involved or called names” (31%) were the most cited forms of victimization

- 68% of victims cited multiple forms of victimization utilized by bullies against them

- Victimization based on GMFCS level:
  1. Level III: 65% (33/51) reported some form of victimization
  2. Level IV- V: 27% (14/51) reported some form of victimization

Discussion & Conclusions

1. The CBVS is a validated, self-report survey that addresses many of the limitations of prior self-report surveys on bullying and indicates the crucial distinction between “bully” and “peer-victimization”.

2. 55% of participants reported some form of victimization. Therefore, we believe children with CP or PD are at equal or greater risk for bullying than their typically developing peers

3. Contrary to our initial hypotheses, we found that children with mild to moderate gross motor impairment seem to be at greater risk for peer and bullying victimization than more severely impaired children.

4. A need exists for more extensive use of validated, widely applicable measures like the CBVS to assess bullying.

5. Further work needs to be done to promote understanding of CP as well as greater opportunities for inclusion, especially within schools.

Table 1. Types of Victimization

<table>
<thead>
<tr>
<th>Type of Interaction</th>
<th>Total (%)</th>
<th>M/F</th>
<th>Average Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bully-victim</td>
<td>8 (16%)</td>
<td>3/5</td>
<td>7.1</td>
</tr>
<tr>
<td>Peer-victim</td>
<td>20 (39%)</td>
<td>8/12</td>
<td>8.7</td>
</tr>
<tr>
<td>Non-victim</td>
<td>23 (45%)</td>
<td>13/10</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>51</strong></td>
<td><strong>24/27</strong></td>
<td><strong>8.4</strong></td>
</tr>
</tbody>
</table>

Table 2. Victimization Type by GMFCS Level

<table>
<thead>
<tr>
<th>GMFCS</th>
<th>Bully-Victim</th>
<th>Peer-Victim</th>
<th>Non-victim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
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</tr>
<tr>
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<td>0</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8 (16%)</td>
<td>20 (39%)</td>
<td>23 (45%)</td>
<td>51</td>
</tr>
</tbody>
</table>

References

4. Infante MJ, Atresiadis K, Ackerman G, Strickland JS. Vic...  [rest of the reference list is truncated for brevity]