

Introduction

- Children with physical disabilities (PD) reportedly are more bullied than their typically developing peers
- Cerebral Palsy is most common cause of PD in childhood
- Detrimental effects on psychological well-being, physical health and social adaptation can be seen in all children being bullied
- Most research focuses on the *risk* versus the actual experience of being bullied
- Qualitative research provides expanded understanding of the actual experience

Materials & Methods

Setting

Academic Children’s Hospital and Rehabilitation Hospital

Design

- A modified version of the California Bullying Victimization Scale (CBVS) was given to children with Cerebral Palsy who came into the outpatient clinic
- Verbal or written qualitative responses from the child or caregiver were collected at the end of the CBVS.
- Fourteen of forty-eight participants gave responses to a bullying situation they had experienced.
- The responses were recorded and coded for common experiences. These codes were then grouped into broader categories.

Results

Table 1: Code Words Derived From Responses

Code	Words
Name Calling	Grade In School
Cyberbullying	Social Isolation
Teasing	Lack of Knowledge
Emotional Difficulty	Retaliation
Sought/Offered Help	Improvement Over Time



Picture Courtesy of the Cerebral Palsy Foundation

Categories Derived From Code Words

Grade In School: Most bullying occurred in middle school

Type of Bullying: Name calling or teasing was the most common type of bullying. One person reported cyberbullying
Psychological Effects: Emotional Difficulty and Social Isolation were most reported. Lack of Knowledge on how to include the child was also reported

Intervention: Seeking or being offered help was more commonly reported than retaliation

Outcome: Three of the responses reported improvement over time or with an intervention

Table 2: Selected Quotations From Bullying Responses

Quotes
Grade In School “Everything happened in 7 th and 8 th grade.”
Type Of Bullying “In 8 th grade I was called names during changing for PE.” “Children wouldn't exclude him to be openly cruel, but don't always know how to include him.”
Psychological Effects “Someone in school started calling me mean names. It made me feel awful. She wouldn't stop.” “At the lunch table [they would] leave him out of conversation-cold towards him.” “In 9 th grade I found a lunch table to sit at with kids that weren't good friends, but I was ok with. The next day when I came to lunch they all left the table.”
Intervention “Told school psychologist sort [of] help.” “Once in 9 th grade I used my wheelchair to corner bully-bully ran away.”
Outcome “First I told my dad and my teacher...but it wouldn't stop so I took it in my own hands and my brother and sister told her to stop messing with me. She got scared and ever since that she hasn't bullied me.”

Conclusion

- Children with CP demonstrate individualized strategies for resilience with reliance on adults for resources. The first step is to stop, ask and listen to the child. Next, is to assist with appropriate coping strategies and support their abilities.
- With more insight into the types of bullying, psychological effects, interventions and outcomes that children with disabilities experience, strategies to promote resilience and to minimize the effects of bullying can then be developed.