Title: Mental Health and Behavior Indicators of Bullying in Youth with ASD

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Introduction: Co-occurring behavior problems such as impulsivity, hyperactivity, social anxiety, and mood dysregulation are highly prevalent in children with autism spectrum disorder (ASD) (Mannion, Leader, & Healy, 2013). Internalizing and externalizing behaviors have been shown to increase children’s risk of bullying, with bullying occurring more often in youth with ASD compared to youth with other types of disabilities (Cappadocia, Weiss, & Pepler, 2012; Zeedyk et al., 2014). While a majority of studies have examined the role of individual and contextual factors associated with bullying risk in youth with ASD, few studies have focused on the unique contribution of specific behavior profiles that place children at increased risk. Only a few studies (Cappadocia et al., 2012; Zablotsky et al., 2014) have attempted to tease apart the unique contribution of co-occurring mental health conditions and their relation to bullying outcomes in children with ASD. Moreover, little is known about what specific features of internalizing and externalizing symptom clusters that account for the most risk. The overall aim of the present study was to examine the bullying experiences of children with ASD in relation to co-occurring behavior problems. The secondary aim of this study was to tease apart the unique contribution of specific internalizing and externalizing behaviors in predicting risk for bullying.

Methods: Children with ASD (aged 5 to 12) and their parents (N = 188 families) were part of a larger longitudinal study examining family outcomes in ASD. At Time 1, parents had an average age of 40.02 years (SD = 6.70). The target child with ASD had an average age of 7.23 years (SD = 2.4). The majority of target children were male (87%), about half had intellectual disability (46%), and 22% were of ethnic/racial minority status. Mothers completed the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2002). Bullying experiences were assessed by parent report through a series of questions aimed at capturing the type of bullying experienced by children and how often it occurred in the past month.

Results: For the present study, SPSS software was used to calculate percentages and frequency distributions for children’s bullying experiences. Binomial logistic regression analyses were conducted to examine the prediction of victimization (i.e., no victimization vs. victimization) by specific profiles of behavior: Anxious/Depressed, Withdrawn/Depressed, Somatization, Aggression, and Attention difficulties. The overall model was significant, χ² = 30.24, df = 9, p < .001, and correctly predicted 69% of participants. Children with an anxious/depressed profile were 6 times more likely to be bullied compared to children who did not fit this profile (clinical cut-off criteria ≤ 70). While ASD symptom severity was also found to predict victimization, ASD symptomatology was no longer a significant predictor of risk for bullying after accounting for specific behavior problems. The final model explained 20% of variance in child victimization.

Discussion: According to parent reports, about 38% of children in the sample were bullied in the past month. The bullying experiences of children with ASD suggest that children were more likely to experience verbal and social bullying compared to physical or cyber bullying. Overall, our findings also provided evidence of an association between negative affectivity (i.e., anxious/depressed) and risk for bullying in school-aged children with ASD. From a prevention and intervention standpoint, it is important to understand the patterns of behavior problems that may increase the risk for bullying in children with ASD and may require ongoing monitoring over time to prevent reoccurrence of victimization.

References/Citations: