**Title:** Bullying Experiences of Adolescents with Down Syndrome: A Case Study

**Authors:** Cynde Katherine Josol¹, Katie Cwiakala¹, Rachel Wellings¹, Jessica M. Douglas¹, & Marisa H. Fisher¹, PhD
²Michigan State University

**Introduction:** Adolescents with disabilities report higher levels of bullying victimization than adolescents without disabilities (Rose et al., 2011), and those with intellectual disability (ID) are at greatest risk of experiencing bullying victimization (56.7% compared to 10.6% of those without disabilities; Sterzing et al., 2012). Despite knowledge that individuals with ID experience higher rates of bullying, little research has examined the experience of bullying for individuals with specific forms of ID conditions (Fisher, Moskowitz, & Hodapp, 2013). For example, there is some evidence that the unique social behavioral profile of individuals with Down syndrome (DS) may actually protect them from bullying victimization (Fisher et al., 2013), but we were unable to find any research that specifically examines the bullying experience of individuals with DS. The current study was conducted to explore the lived bullying experiences of two adolescents with DS to better understand bullying victimization in this specific population.

**Method:** A qualitative research approach, specifically a case study design, was used to gain insight into the bullying victimization experiences of two adolescents with DS. The first participant, Tony, was a 13-year-old, 6th grade male who spent the majority of his school day in a special education classroom. The second participant, Maria, was a 15-year-old, 7th grade female who spent about half of her school day in the special education classroom and half of her school day in the general education classroom. A case study design involves the use of a social constructivist paradigm to focus on an individual’s “lived experiences” from his or her perspective; thus, data collection consisted of semi-structured interviews coded for themes and patterns related to the participants’ victimization experiences. Because the individuals were not able to provide much information about their experiences, we then compared their reports to reported bullying instances from each adolescent’s parent.

**Result:** Themes and patterns coded from the interviews demonstrated that the bullying experiences varied for both adolescents with DS. While both participants reported experiencing verbal or physical bullying, they were not able to provide much detail beyond their endorsement of the experience. Tony indicated that he was called names but did not provide details. His mother confirmed this report, as she indicated that he is often teased and made fun of by peers. Tony’s mother also indicated that he is often left out of social events. Maria was able to provide more information about bullying experiences and the ways people stood up for her. She indicated that people called her names and that her boyfriend stood up for her. Maria’s mother, on the other hand, reported that peers often made fun of her and left her out on purpose. Interestingly, both participants were able to demonstrate an understanding of bullying by providing examples but they were unable to apply their examples to their own lived experiences. Further, both adolescents seemed to conflate some situations as bullying when they were not (e.g., the female described peers using bad language as bullying).

**Discussion:** Two adolescents with DS reported bullying victimization but their experiences were somewhat different and they were not able to provide specific details about their experiences. For both, bullying took the form of emotional bullying (e.g., teasing, making fun of) and social exclusion. Given these reports of social bullying, it is crucial to continue exploring the lived victimization experiences of adolescents with DS, whose unique social behavioral profile may positively or negatively affect bullying outcomes. Further, middle schools should focus on programs to help support the social inclusion of students with ID, including those with DS.

**References/Citations:**