

Mental Health and Behavior Indicators of Bullying Victimization in School-Aged Children with ASD

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Abstract

Comorbid internalizing and externalizing behavior problems are highly prevalent in children with autism spectrum disorder (ASD). Recent studies have linked behavior challenges to an increased risk for bullying victimization in this population. While some studies have examined the role of individual risk factors associated with bullying victimization, few studies have focused on the unique contribution of co-occurring behaviors and mental health indicators that may increase vulnerability in children with ASD. The overall aim of the present study was to examine the bullying experiences of youth with ASD, while also teasing apart child characteristics associated with risk for bullying victimization. Additionally, we wanted to explore specific mental health problems and their link to bullying risk in youth with ASD.

Methods

Research Questions:

- 1) What is the prevalence of bullying experiences in school-aged children with ASD (ages 5-12)?
- 2) What child characteristics are associated with increased risk for victimization?
- 3) To what extent do mental health risk indicators predict risk above and beyond child characteristics?

Measures:

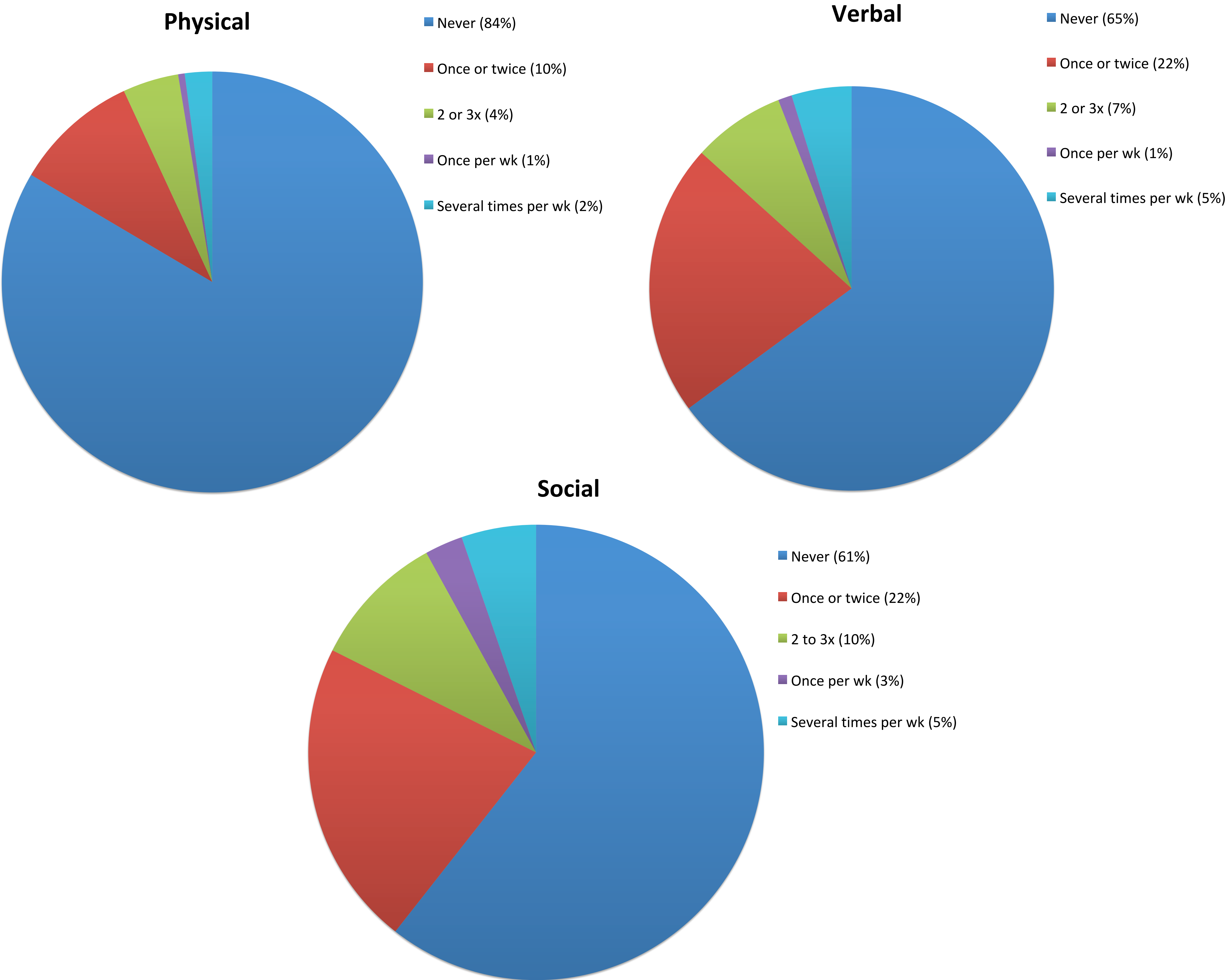
- Achenbach Child Behavior Checklist (ages 1.5-5, 6-18; Achenbach & Rescorla, 2001)
- Social Responsiveness Scale-Second Edition (SRS-2, Constantino & Gruber, 2012)
- Bullying (Parent Self-Report): **“How often has your child been bullied (verbal, physical, social, cyber) in the past 4 weeks?”**

Participant Demographics

Variable	ASD (N=188) (M [SD])
Age (5-12 years)	7.9 (2.3)
Intellectual Disability (%)	34.6
Gender (%Male)	86
Race (% White)	88.8
Income (M [SD])	US \$80,000-89,0000 (US \$30,000)
Mother Education (% College)	44.4

Results

Prevalence of Bullying Experiences in Youth with ASD



Logistic Regression Presenting Risk for Victimization

Risk Factors	B	SE	Wald	Exp (B)
Child Variables				
Gender	.11	.48	.05	1.11
ID Status	.08	.40	.04	1.08
Age	.08	.08	1.08	1.08
ASD Symptoms	.03	.02	2.33	1.03
CBCL (DSM Oriented Scales)				
Anxious/Depressed	1.71	.46	14.06	5.53***
Withdrawn/Depressed	-.46	.40	1.36	.63
Somatic	-.41	.43	.93	.66
Aggression	-.33	.41	.63	.72
Attention	-.04	.01	.01	.96

Note. ID status= parent self-report of child intellectual disability; ASD symptoms= parent self-report on the Social Responsiveness Scale (SRS-2); CBCL= Child Behavior Checklist.
* $p < .05$; ** $p < .01$; *** $p < .001$

Discussion

- According to parent reports, about 38% of children in the sample were bullied. While bullying experiences varied, children were more likely to experience verbal and social forms of bullying compared to physical or cyber bullying. Cyber bullying was only experienced by two children in this study.
- The overall model was significant, $\chi^2 = 30.24$, $df = 9$, $p < .001$, and correctly predicted 69% of participants. Children with anxious/depressed mental health profile were 6 times more likely to be bullied compared to children who did not fit this profile.
- The severity of ASD symptoms was also a significant predictor of victimization, however, was no longer significant after accounting for other mental health problems.

Implications

- Findings from this study provide evidence of an association between negative affectivity (anxious/depressed mood) and increased risk of victimization in school-aged children with ASD.
- From a prevention and intervention standpoint, it is important to understand the patterns of behavior that may predict and increase risk of bullying victimization over time.

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