Vulnerable but Neglected:
Examining Pathways to Peer Victimization among Children with Disabilities

Esther Son, Ph.D., MA, Social Welfare
Lurie Institute for Disability Policy, the Heller School for Social Policy and Management, Brandeis University

Introduction

• Peer victimization is a serious social problem that can negatively affect children's psychosocial development and adjustment in schools.
• Children with disabilities are more frequent targets of peer victimization, and more vulnerable to victimization by peers who have higher status and more social power (Baumeister et al. 2008; Weiner & Mak, 2009).
• School social workers are in a key position to initiate peer victimization prevention and intervention programs.
• Despite a sizeable body of research on peer victimization, the subject has received little attention in the social work literature (Mishna, 2003; Svininsson & Morris, 2006).

Methods

Data
• Pre-Elementary Education Longitudinal Study (PEELS)
  - >3,000 children with disabilities, nationally representative study conducted by the U.S. Department of Education.
  - A longitudinal parent/assessment/teacher sample (N = 1,268) for wave 1-3 (school years beginning 2003-06).
  - Sample: three age cohorts (ages 3, 4, and 5, respectively, at the start of the study 2003-04).

Measures

Dependent variable
• Peer victimization: measured by three sub-questions of assessing children's behavior.
  - a. Has (he/she) been bullied or picked on by other children? (Relational);
  - b. Has (he/she) been physically attacked or involved in fights? (Physical);
  - c. Has (he/she) been teased or called names? (Verbal)

Predictors (Child-Level)

Results

• The model fit was assessed by a joint consideration of the chi-square test (q2), the Goodness of Fit Index (GFI), the Comparative Fit Index (CFI), the Incremental Fit Index (IFI), and the Root Mean Square Error of Approximation (RMSEA) approaches.
• The hypothesized model was found to fit well for the sample, \( \chi^2(30) = 107.9, GFI = .98; CFI = .96; IFI = .96; RMSEA = .048 \), and accounted for 21% of the variance in peer-relational difficulties and 6% of the variance in peer victimization.
• Children who had more peer-relational difficulties tended to have more peer victimization experiences.
• The total effect of family income on peer victimization was \( r = -.12, p < .01 \), which is the combination of the direct effect (-.134) and the indirect effect (.014). The indirect effect of family income on peer victimization was significantly mediated by the theoretical pathways (p < .01).
• The indirect effect of the special education setting on peer victimization was \( r = -.018 \) and was significantly mediated by the theoretical pathways (p < .05).

Figure 2. Standardized Parameter Estimates for the Final Model

Conclusions

• Children with low family incomes tended to have more externalizing problem behaviors and less receptive language ability, which were associated with less social skills and more peer-relational difficulties, which was directly related to peer victimization. However, this effect was only partially mediated because the direct effect of family income on peer victimization remained statistically significant (p < .01).
• Children who had spent more time in special education settings tended to have more externalizing and internalizing problem behaviors and less receptive language ability, which were associated with less social skills and more peer-relational difficulties, which was directly related to peer victimization.
• The indirect effect of developmental delay on peer victimization was \( r = .006 \) and was not statistically significant (p = .537).
• Practical Implications include developing programs tailored for children with disabilities from low-income families and special-education classroom settings, providing mental health services for pre-elementary children with disabilities, linking parents to available educational services for children with disabilities and social skills, and promoting policies to enhance social conditions for children with disabilities.

References


Acknowledgement

I would like to thank Dr. Peterson, Dr. Pettick, Dr. Zippay, Dr. Parish, and Dr. Lohrmann for their support, advice, and guidance.

Correspondence should be addressed to: Esther Son, Postdoctoral Research Fellow, Lurie Institute for Disability Policy, The Heller School for Social Policy and Management, Brandeis University, 415 South Street, Waltham, MA, 02454. Email: esthers@brandeis.edu