The Relationship Between Bullying and Internalizing Behavior Problems in Children with Autism Spectrum Disorder

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Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition involving impairments in social communication, restricted and repetitive behaviors/interests, and sensory sensitivities. ASD is estimated to currently affect 1 in 68 children in the United States. Previous research suggests that children with ASD are at an increased risk of bullying compared to their typically-developing peers. In the general population, bullying has been found to have negative impacts on children including an increased likelihood for internalizing and externalizing behavior problems. However, positive contextual factors (e.g., supportive parent) may mitigate or lessen the negative impact of bullying on child outcomes. The purpose of the current study was to better understand the prevalence of bullying and its association with the internalizing and externalizing behavior problems of children with ASD.

Study Questions

1. Are children with ASD at risk for being bullied?
2. What child factors are associated with being bullied?
3. Is mothers mental health a moderator for bullying in internalizing behavior problems in children with ASD?

Methods

Sample

-184 mothers of a child with an autism spectrum disorder (ASD)
-Mothers: Age (M=38.89, SD=5.68); 90.6% White, non-Hispanic
-Child with ASD: Age (M=7.92, SD=2.25); 85.30% male; 34.80% intellectual disability (ID)

Measures

-Mothers independently reported on:
-How frequently their child has experienced bullying in the past 4 weeks
-Depressive Symptoms: Center for Epidemiological Studies Depression (CES-D; Radloff, 1977)
-Social Responsiveness Scale-Second Edition (SRS) (Constantino & Gruber, 2012)

Results

Correlations between Bullying and Maternal and Child Factors

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<th>Factors</th>
<th>Child Age</th>
<th>Child Gender</th>
<th>Parent Age</th>
<th>Ethnicity</th>
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<th>Bullying</th>
<th>Internalizing Behavior Problems (IBP)</th>
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Key Findings

Study Question 1:
Based on reports given by mothers, 38.9% of children with ASD have experienced bullying in the past 4 weeks.

Study Question 2:
Levels of internalizing behavior problems in children with ASD were significantly positively associated with rates of bullying ($r = .241, p = .001$)

The age of the child was significantly positively associated with rates of bullying ($r = .190, p = .010$)

Total behavior problems in children with ASD were significantly positively associated with rates of bullying ($r = .252, p = .001$)

ASD symptoms were significantly positively associated with rates of bullying ($r = .223, p = .003$)

Study Question 3:
Internalizing behavior problems were significantly related to bullying in children with ASD and mothers’ mental health significantly moderated this relationship. At low levels of bullying, children with ASD who had a mother with higher levels of depressive symptoms were reported to have more internalizing behavior problems than those with a mother with lower levels of depressive symptoms. However, at high levels of bullying there are no differences in the internalizing behavior problems of children with ASD based on maternal depression.

Discussion

We found that more than one-third of children with ASD had been bullied in the past month. The experience of being bullied was associated with a higher level of internalizing behavior problems in children with ASD. Maternal Depression moderated the association between bullying and child internalizing behaviors, but not in the expected ways. If no bullying was occurring, then maternal depression was associated with a higher level of child internalizing behavior problems. However, at high levels of bullying, children had a high risk for internalizing behavior problems regardless of whether their mother was depressed or not.

Findings from this study can help inform the development of services for families with a child with ASD. Unfortunately, having a mother with high psychological well-being does not appear to reduce the negative impacts of bullying. However, bullying appears to be a preventable experience and thus peer programs and educational or policy practices that lessen cultures that promote bullying may be key. In addition, interventions should address the psychological well-being of the entire family, as parent well-being has important associations with the behavior problems of children with ASD. Interventions should specifically target older children, children with behavior problems, children with more severe ASD symptoms, and children with symptoms of anxiety or depression.

References


Acknowledgements

NIMH (to S. L. Hartley, R01MH099190)
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