BULLYING AND DISABILITY:

An Overview of the Research Literature

Fred Pampel, PhD

Director, University of Colorado Population Center

University of Colorado at Boulder

1440 15th Street

Boulder, CO 80309-0483

OMNI

Contents

INTRODUCTION

Academic journals contain a surprisingly large number of studies regarding disability and bullying. The general literature on bullying is extensive, as is the general literature on disability. The intersection of the two topics remains much smaller, but still offers dozens of studies. We review the main findings of these intersecting studies as well as those studies from disability and bullying research more generally to help identify the extent of the bullying problem, the sources of risk and protection, and steps that can prevent and reduce bullying among individuals with developmental disabilities. Before that, however, a few qualifications are in order.

First, many of the studies included in our review have methodological weaknesses, sometimes glaring ones. Although the review relies on studies with strong designs, we also reviewed and included weaker studies and opinions (e.g., based largely on personal experience) when they offered helpful insights. Furthermore, we use information from sources outside the research literature – opinion articles, web pages, and our own interviews with experts and individuals with disabilities. To that extent, the findings we report remain provisional.

Second, most studies focus on bullying in schools. Bullying tends to peak during the middle-school years (Oretega & Lera, 2000), but persists at lower levels through much of the life course, even into adulthood (Christensen et al., 2012; Sheard, Clegg, Standen, & Cromby, 2001). Other terms, however, may be used to describe similar behaviors among adult-aged populations – for example, adults tend to be described as harassed rather than bullied. Thus, the review draws primarily from literature on school-based bullying, but also covers issues relevant to the workplace and cyber world. The literature on community and residential bullying is even sparser and, despite our efforts to extend the scope of our search and integrate material when available, the review can offer limited guidance on bullying specific to these settings. A number of salient themes, however, were common across different studies, suggesting that they may be relevant to these settings as well.

Third, we say little about the consequences of bullying. There is consensus both within research and public policy arenas regarding the negative harmful effects of bullying, effects that may persist well beyond the age period in which it was experienced. Fully accepting this point, the literature review focuses on causes and prevention of bullying, with the ultimate goal of offering recommendations that decrease its occurrence and mitigate its effects.

IDENTIFYING THE EXTENT OF BULLYING VICTIMIZATION

The federal government defines developmental disability as a mental or physical impairment that is likely to continue indefinitely and results in substantial functional limitations in several areas of life (e.g., self-care, language use, learning, capacity for independent living, economic self-sufficiency). Effective August 1, the State of Colorado broadened its rules for defining developmental disability. The state law defines a developmental disability as substantial impairment of general intellectual functioning or substantial adaptive behavior limitations. State rules now allow persons with adaptive behavior limitations without impairment of general intellectual functioning to be eligible for services (ARC of Colorado, 2013). For the purposes of this review, we have suggested a less homogenous category. By including diverse types and degrees of disability, this review

aims to cover a wide range of individuals within the population. Although the review often refers to the general category of individuals with developmental disabilities, this is simply a form of shorthand for those groups and individuals who face similar challenges with bullying. The term should not mask the heterogeneity that is contained within the general category of developmental disabilities.

Definitions of bullying, of any group, commonly posit three characteristics: 1) intent to harm, 2) repeated occurrence of aggression (or potential to repeat), and 3) imbalance of power. However, definitions of what behaviors meet these criteria may differ across groups and contexts. While some may view a behavior as intended to be playful, others may view the same behavior as intended to harm. Indeed, the boundary between play and bullying can shift quickly, making it hard for outsiders to discern intent to harm. A multicultural approach, in contrast, suggests that it is important to recognize differences in definitions across groups and contexts and to rely on views of the victim to determine what constitutes bullying (Shapka & Law, 2013).

Bullying can take direct forms such as physical, verbal, and cyber-based aggressive actions (Didden et al., 2009) or indirect forms such as gossip and exclusion. A typology developed from reports of young people with disabilities (Holzbauer & Conrad, 2010) provides a longer list of forms of bullying:

- Marginalization such as patronizing, speaking slowly, treating as dumb, ignoring, shunning.
- Denigration such as goading to do something wrong, mocking mannerisms, name-calling.
- Intimidation such as taunting, threatening, teasing, tripping, hitting.

Although physical threats are most serious, verbal abuse and exclusion can do serious harm (Martin & Stubbs, 2012).

Moreover, bullying need not relate directly to a disability. It may result from perceptions of weakness or isolation that relate indirectly to disability. Regardless of the motive of the bully, however, bullying directed at an individual with a disability can become serious enough to create a hostile environment. This occurs when conditions interfere with the opportunity to learn at school or participate fully at work, and it constitutes disability harassment and violates civil rights (U.S. Department of Education, 2010). Disability harassment overlaps with bullying because repeated aggression makes for a hostile environment. However, disability harassment need not include the intent to harm, nor does it need to have a specific target (Tehrani, 2012). A hostile workplace, for example, might lead to mistreatment without aiming to hurt specific victims.

The Prevalence of Bullying among Individuals with Developmental Disabilities

Most studies confirm that bullying of individuals with developmental disabilities exceeds bullying of others. In a review of 32 studies, Rose, Monda-Amaya, & Espelage (2011) reported that the involvement in bullying of individuals with developmental disabilities exceeds 50%, compared with about 30% for studies of the general student population (Nansel et al., 2001). Farmer (2013) suggested much the same, concluding that 30–60% students with disabilities were involved in bullying compared with 20–35% in student populations overall. These figures rely primarily on self-report measures from surveys of school children, but were also informed by study findings regarding the reports of peers,

parents, and teachers and from methods based on in-depth interviews, focus groups, and clinical evaluations (Rose, Monda-Amaya, & Espelage, 2011). The following highlighted studies illustrate the diversity of reports on prevalence:

- A study of 93 children with special needs and 93 children in mainstream education settings (Whitney et al., 1994) found that 66% of the special needs children reported being bullied compared with 25% of the mainstream children.
- A study of children with special needs in mainstream settings found that 67% were bullied compared with 25% of typically developing peers (Beaty & Alexeyev, 2008).
- A study of 137 13-year-olds (Christensen, Fraynt, Neece, & Baker, 2012) found that bullying victimization was more highly reported among those with developmental disabilities (62%) than among those with typical cognitive development (42%).
- A study of children found that those with special health needs – including the need for physical, occupational, or speech therapy, or with emotional, developmental, or behavioral problems – were victims twice as much as others (van Cleave & Davis, 2006).
- A national study based on parent reports (Blake, Lund, Zhou, Kwok, & Benz, 2012) found victimization prevalence rates of 24.5% in elementary school and 34.1% in middle school, about 50% higher than the national average for students without disabilities.

However, the evidence is not universal. A national study of various forms of victimization (Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011) found that developmental or learning disabilities were not associated with reported peer assault, bullying, sexual abuse, or maltreatment by caregivers. In addition, Rose (2010) found no difference in bullying and victimization between middle school students with and without learning disabilities. Further, a study of 5th-grade students similarly found no difference (Kaukiainen et al., 2002).

Despite some inconsistent results, the predominant evidence demonstrates the vulnerability to bullying of individuals with developmental disabilities. Moreover, research evidence also suggests that individuals with developmental disabilities are at increased risk of victimization for other forms of mistreatment such as physical abuse, sexual abuse, and criminal acts (McGrath, Jones, and Hastings, 2010; Osborne, 2011), making it probable that they are also at increased risk of bullying. Regardless, the vulnerability of this special population and the indisputable harm of bullying make it a serious problem, even if the incidence were similar to bullying among the general population (Davis & Nixon, 2010).

Beyond School: Other Contexts of Bullying

Cyberbullying

Cyberbullying can be defined as the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group that is intended to harm others (Besley, 2009). For youth in general, a review of the literature (Tokunaga, 2010) reported that 20–40% experienced cyberbullying at least once. Further, about 40–50% of cyberbullying involves a known bully (Tokunaga, 2010), often relating to relationship problems such as romantic and social break ups, envy, and "ganging up" (Hoff & Mitchell, 2009).

Although similar to face-to-face bullying, cyberbullying differs in several ways that make it a serious problem. First, it can be anonymous and need not involve the power imbalance of other forms of bullying. Second, cyberbullying potentially has many more observers. Hostile or insulting comments and embarrassing photos posted on a social networking site or sent in messages can spread quickly and widely. Third, cyberbullying is harder to regulate and supervise because it occurs outside the presence of adults at schools. Cyberbullies have access to electronic media at almost any time and any place. Since it often occurs outside of schools (Smith et al., 2008), victims can get little help from teachers. At home, victims often do not tell anyone of the cyberbullying because they worry about losing access to phones and the Internet (Mishna, Cook, Gadalla, Daciuk, & Solomon, 2010).

Thus, while cyberbullying and general bullying differ in several distinct ways, they also share a key similarity: victims of cyberbullying and general bullying tend to be the same group. That is, victims of face-to-face bullying, gossip, and exclusion also tend to be victims of cyberbullying. Further, one may view each as an extension of the other. Ybarra, Diener-West, & Leaf (2007) reported from a national survey that 36% of children concurrently experience both traditional bullying and cyberbullying. Juvonen and Gross (2008) found from an anonymous survey of 12–17 year olds that 85% of teens victimized by cyberbullying are also bullied at school. Even when anonymous, cyberbullying does not greatly change the nature of bullying, since there is much continuity between the social worlds at school and on the Internet (Juvonen & Gross, 2008).

Cyberbullying affects individuals with developmental disabilities as well. A survey of 114 youth ages 12–19 with developmental disabilities found that 4–9% reported bullying or being victimized by bullying on the phone or Internet at least once a week (Didden et al., 2009). Another study (Kowalski & Fedina, 2011) found that youth ages 10–20 with ADHD or autism spectrum disorder reported being victims of cyberbullying less often than traditional bullying, but still higher than youth without special needs. Cyberbullying may be less common than traditional bullying, because it is limited to those who have fluency in, as well as the motor ability and attention skills required by computer usage (Juvonen & Gross, 2008).

Workplace Bullying

Few studies examine workplace bullying of individuals with disabilities. Much research on work and disability focuses on making appropriate accommodations for physical needs rather than bullying and harassment. However, studies of general workplace bullying offer insights for disability-related workplace bullying.

In many ways, workplace bullying of individuals with developmental disabilities has similarities to school bullying. Issues of differences, limited networks, lack of perceived power, and social skill challenges create risks of bullying for workers as well as students. However, some special sources of bullying can emerge at the workplace. Coworkers of individuals with developmental disabilities may view differences in the ways in which accommodations are implemented for these employees as favoritism and respond in ways that block the success of workers with disabilities. In addition, managers may view differences as obstacles to standardized procedures, ultimately leading to unreasonable demands and excessive monitoring. Resulting bullying in the form of exclusion, disrespect,

rudeness, belittlement, gossip, and patronization, in turn, can undermine job performance (Salin, 2003).

Bullying in the workplace appears less prevalent than bullying among youth at school, but the consequences can be equally or more serious. One general workplace survey found that 5.4% of respondents reported bullying others, 8.3% reported being victims, and 2.1% reported being bullies and victims (Matthiesen & Einarsen, 2007). Another study found 3.3% of public employees reported bullying (Agervold, 2007). While the numbers are low relative to results from school surveys, the perpetrators in workplaces show high levels of aggression, while victims show a low sense of self-esteem and social competency (Matthiesen & Einarsen, 2007).

Certain workplace conditions worsen the potential for bullying, especially for workers with disabilities. Organizations with high internal competition may create situations in which workers benefit from bullying by getting ahead (Salin, 2003). Workers with lower pay and job insecurity are most often victims (Roscigno, Lopez, & Hodson, 2009). Further, those facing role stress – unclear or conflicting demands and expectations around work – are more likely to be involved as either bullies or victims (Matthiesen & Einarsen, 2007). Workplace bullying may be seen as conflict between workers, but it is often linked to underlying organization-wide problems (Salin, 2003). This supposition suggests that bullying in workplace or school settings is unlikely to be unique to these settings and could occur in any organizational context.

Institutional Settings

Although the literature is relatively sparse, there is research evidence to suggest that the power imbalance between staff and patients can lead to instances of abuse. Like workplaces more generally, cultures of abuse can emerge in service agencies that lead to bullying of individuals with developmental disabilities. For example, abuse by service providers is more common when staff members are isolated, receive poor supervision, and lack opportunities to report problems (Cambridge, 1999). Because of problems in agency cultures, Fyson & Kitson (2010) argue that the shift from institutionalization to community-based services and residential care services has not led to the expected reduction in abuse.

VICTIMIZATION FROM BULLYING: RISK AND PROTECTIVE FACTORS

The social model of disability (Roulstone, Gradwell, Child & Price, 2003) emphasizes that the treatment of people with disabilities depends more on the social environment and attitudes of others rather than on individual physical, mental, or emotional characteristics. The model posits that physical, mental, and emotional differences become important not on their own, but when people assign social meaning to them. Studies point to several socially based sources of bullying of individuals with developmental disabilities.

Differences. Observable physical, social, and emotional differences can breed unfamiliarity and lack of empathy. Thus, to the extent that individuals with developmental disabilities are observed to be different, they are vulnerable to mistreatment by peers (Hoover & Stenhjem, 2003). Issues such as poor motor coordination, need for physical supports, and extra help required in learning highlights differences and leads to victimization (Olweus, 1994). Worse, the differences can lead to isolation from other

children, which exaggerates superficial differences and hides underlying commonalities (Estell et al., 2009). Bullying victims with developmental disabilities may stand out in other ways from bullying victims in general. Those with developmental disabilities may face more emotional and interpersonal problems than others (Reiter, & Lapidot-Lefler, 2007), characteristics that make youth vulnerable to bullying (Beaty & Alexeyev, 2008). Again, however, differences in vulnerability by themselves do not cause bullying inasmuch as they serve as social markers interpreted by others as justification for bullying.

Networks. Friends provide protection from bullies (Kilpatrick & Malecki, 2003; Rigby, 2000; Whitney, Nabuzoka, & Smith, 1992). Individuals with developmental disabilities may have fewer opportunities for friendships (Bourke & Burgman, 2010; Martlew & Hodson, 1991), be less popular (Estell et al., 2009; Sabonie, 2004), and have less contact with a wide network of peers (Didden et al., 2009). According to one study of 40 children with autism spectrum disorder, 40 children with dyslexia, and 40 children without special needs in UK schools, receiving support from classmates was the most important means of reducing the frequency of bullying (Humphrey & Symes, 2010). These findings highlight the relational nature of bullying. Along with individual characteristics, social networks define vulnerability to bullying (Rodkin, 2013).

Having few friends worsens the risks of bullying in several ways. It leaves youth alone at playtime (Dawkins, 1996), an unstructured period when bullying commonly occurs. Without friends or helpful bystanders nearby, individuals can become easy targets. In addition, having few friends can mark youth as less well-accepted by peers, lacking in power, and different from others (Bacchini, Affuso, & Trotta, 2008). Bullies tend to have more positively viewed interpersonal characteristics such as popularity, friendliness, and good looks than victims and bully-victims (Farmer et al., 2012). In contrast, having few friends can reflect challenges with social adjustment and highlight differences between individuals with developmental disabilities and others (Scholte et al., 2009).

Being isolated in special classrooms also makes it hard to form protective friendships (Rose, Monda-Amaya, & Espelage, 2011). Exposure of others to individuals with disabilities tends to moderate this isolation. The exposure can come through reading, television, adult contacts, or most importantly, knowing a student with disabilities in school. It leads to more positive views of the capabilities of the students with disabilities and support for inclusion (Siperstein, Parker, Bardon, & Widaman, 2007). In a qualitative comparison of 12 special education students in separate schools with nine similar students in general education integrated schools, Bunch & Valeo (2004) found that subjects in the inclusive schools reported more friendship and less abuse.

Although rarely studied, networks among adults with disabilities likely bring the same benefits. Isolation in workplaces, residential settings, and communities can increase vulnerability to bullying. Conversely, studies described below highlight the benefits of having mentors, confidants, and advocates in the workplace. Even in the absence of bullying, strong network ties of adults with developmental disabilities to other adults can mitigate impacts of bullying.

Imbalance of Power. By definition, bullying involves an imbalance of power in which the victim lacks the resources to respond in a way that stops the hurtful behavior. Bullying involves an assertion of power by those who are physically, socially, and verbally dominant and serves as a source of social status for perpetrators. As Davis argues (2005: p. 2), "Bullies are comfortable with their behavior and are willing to put up with punishment in

exchange for feelings of power they get from intimidating others." This insight attributes problems to the imbalance of power in relationships rather than to the psychological traits of individuals. It also suggests that it is the lower status and power differential that may be associated with individuals with developmental disabilities that makes them more likely others to experience bullying (Byers, McLaughlin, & Peppin-Vaughan, 2012; Heinrichs, 2003).

The nature of power relationships can vary across classrooms (Rodkin, 2013). Some classrooms have hierarchical peer networks that concentrate social and reputational power among a few students. Bullies tend to be more popular in hierarchical networks where relationships of dominance are more common. In contrast, classrooms with egalitarian peer networks disperse social and reputation power and reduce bullying.

However, power differences extend beyond informal peer relationships. Both young people and adults with developmental disabilities face victimization related to formal power differences. Teachers can bully students with developmental disabilities, workplace supervisors can bully employees, and staff in community care facilities can bully residents. These power imbalances are particularly threatening, as victims have little recourse in appealing to authorities.

Social Fluencies. Individuals with developmental disabilities tend to lack social and conversational skills that smooth out interaction problems, diffuse potential for mistreatment, and get help from others (Christensen et al., 2012; Flynt & Morton, 2004; Sterzing, Shattuck, Narendorf, Wagner, & Cooper, 2012; Unnever & Cornell, 2003). They may not easily grasp the intent of the actions of others (van Roekel, Scholte, & Didden, 2010), or make the subtle distinctions between harmless and hostile intentions. Too often there is conflicting information, such as when bullying is accompanied by insincere social cues of benign motives (Leffert, Siperstein, & Widaman, 2010). More generally, bullying victims may lack the social confidence to overcome threatening situations or to explain incidents in ways that maintain self-esteem. They may not be skilled at use of language (Luciano & Savage, 2007) or the conversational give-and-take that diminishes tension (AbilityPath.org, 2011). Thus, what may appear as normal horseplay for many kids may, because of the imbalance of power, reflect bullying when involving individuals who for a variety of reasons may be less socially fluent in the rules of play.

A study of 141 5th-grade students with and without learning disabilities (Kaukiainen et al., 2002) illustrates how these dynamics can play out for individuals with developmental disabilities. The study found that lower rates of victimization were correlated with higher social intelligence, defined as the ability to adjust to new situations and people (e.g., able to guess the feelings of others, knows how to persuade others, can talk others into taking his or her side). Further, the results showed that the learning-disabled students were more likely to score lower on the social intelligence scale. In addition, another study by Kloosterman et al. (2013) similarly found higher victimization among adolescences with autism spectrum disorder than without.

Type of Disability. The literature makes a distinction between high incidence disabilities – more common but less encompassing limitations such as speech disorders, learning disabilities, ADHD, and emotional disorders – and low incidence disabilities – less common and typically more encompassing limitations such as severe developmental delay, physical impairment, chronic health problems, multiple disability, and autism. Compared with high incidence disabilities, low incidence disabilities tend to be more observable – at

least in part because they are occur with less frequency in the population and individuals may have less experience encountering other individuals with these specific disabilities. Research has found that individuals with low incidence disabilities, and those disabilities that involve more encompassing limitations, may encounter bullying simply because they are less common and more likely to be perceived as different. Rose and Monda-Amaya (2012) found more victimization among those with more severe, low incidence disabilities.

At the same time, there is also evidence that it is those with moderate (versus mild or severe) disabilities that may have the greatest risk of bullying. Studies have found that bullying is lower among very high incident (and low encompassing) disabilities as well as among very low incident (and more encompassing) disabilities, than among those with moderate disabilities (Beaty & Alexeyev, 2008; Whitney, Smith, & Thompson, 1994). Research suggests that bullying tends to involve competition for power in the middle of the hierarchy, which may exclude those who fall outside this typical social hierarchy (Faris & Femlee, 2011). Significant differences that place individuals with developmental disabilities outside the average experiences of school and work might also place them outside the usual realm of bullying. While explanations vary in terms of how they account for differential bullying among individuals with disabilities, those with moderate rather than mild or severe disabilities appear to face the most bullying.

The visibility of disability also has a relationship to bullying, but the literature has produced mixed findings. On the one hand, disabilities that are harder to see can make children seem unusual without an easy explanation for the differences (Swanson, 2013). Other students may thus bully those with cognitive, learning or other less visible disabilities than those with visible physical disabilities (Brown, Ouellette-Kuntz, Lysaght, & Burge, 2011). A systematic review of 59 studies on peer victimization of children with chronic conditions found that children with psychiatric diagnoses and learning disabilities face the highest victimization (Sentenac et al., 2012). On the other hand, one study of 686 students in nine elementary and middle schools found that those with behavioral disorders (ADHD, emotional disturbance) and observable disabilities (including mild intellectual disabilities) are victimized more than those with non-observable disability such as specific learning disabilities (Swearer, Wang, Maag, Siebecker, & Frerichs, 2012). Even if the literature is mixed on the issue, the fact remains that students with both visible (i.e., physical limitations) and non-visible disabilities (i.e., behavioral problems, learning disabilities) are bullied more than their general education peers (Carter & Spencer, 2006).

Bully-Victims: An Adaptive Response to Bullying
Individuals with developmental disabilities also can be perpetrators of bullying (Carter & Spencer, 2006; Kaukiainen et al., 2002), although less often than others (Farmer, 2013). For example, based on a sample of 60 adults with disabilities in work centers in England, McGrath, Jones, and Hastings (2010) found that "43% of participants reported that they had been bullied within the preceding three months and 28% identified themselves as having bullied others." Rose, Espelage, & Monda-Amaya (2009) found higher self-reported bullying by middle school students with disabilities who were enrolled in self-contained special education classes (21%) than students with disabilities who were enrolled in inclusive settings or part-time special education classes (16%). Unlike other studies,

however, this one reported that special education students bullied others more than general education students (10%).

Bullying perpetration often co-exists with bullying victimization (Nabuzoka, Whitney, Smith, & Thompson, 1993). Rose, Monda-Amaya, & Espelage (2011) reported that 15–42% of victims with a disability exhibit bullying characteristics. Van Cleave and Davis (2006) used national data to find that children with emotional, developmental or behavioral problems were more likely to be both victims and bullies than other kids. Individuals with developmental disabilities relating to impulse control, for example, may bully more vulnerable individuals with developmental disabilities (Reiter & Lapidot-Lefler, 2007) or elicit bullying from others (Weiner & Mak, 2009). Much like victims, however, bully-victims need intervention.

Provocative bullies are bully-victims (Olweus, 1993) who respond in kind to mistreatment by mistreating others: either other bullies or third-party victims. These aggressive or provocative victims make up about 10–20% of all bullying victims but differ from other bullying victims who do not retaliate or victimize others (Olweus, 2001). Individuals with developmental disabilities sometimes fit this category of provocative bully-victims. They face special stress in daily life, particularly in an unsupportive environment, and may respond in kind to poor treatment (AbilityPath.org, 2011). Those who are physically strong may, in particular, fall into a bullying role in dealing with provocation (Unnever & Cornell, 2003). Thus, a study of 1,389 5th-graders, including 145 with special education needs (Farmer et al., 2012, p. 19), found that "students who received special education services had elevated rates of involvement as victims and bully-victims, but not as bullies."

MONITORING BULLYING

Research studies say little about the specifics of monitoring bullying of individuals with developmental disabilities; they do however indicate that teachers and adults lack awareness of the problem and suggest that better monitoring is needed. Teachers underestimate the extent of bullying experience by children with developmental disabilities, when compared to self-reported incidents of bullying by these same children (Whitney et al., 1994). Teachers may view as normative play what in fact may be bullying (van Roekel et al., 2010). They may also attribute bullying problems to the student rather than the classroom or school environment of peer interaction (Byers, McLaughlin, & Peppin-Vaughan, 2012). Parents as well often remain unaware of what happens to their children in school. Indeed, children with developmental disabilities report teachers as being not helpful and hesitant to involve parents (Bourke & Burgman, 2010).

Given the need to better monitor and increase awareness of the problem, the research literature can help by providing models of data gathering. Schools, and potentially other settings, can learn from research studies about the specifics of implementing a survey of bullying to the general population or to individuals with developmental disabilities. Further, questions used in scholarly studies that reliably and validly measure bullying and victimization can be adapted by schools and other settings to monitor the problem. Importantly, other areas of the larger project of which this research review is a component also offer a number of insights regarding the monitoring of bullying in schools and other contexts.

ADDRESSING BULLYING: BEST PRACTICES

Experts advocate the use of multilevel strategies to address bullying of individuals with developmental disabilities. Change requires action at the level of organizations, groups, and individuals (Rose, Allison & Simpson, 2012; Hong & Espelage, 2012). Furthermore, some argue that the same recommendations to prevent bullying of youth in general apply to those with exceptional needs (Heinrichs, 2003; Turner et al., 2011). While there are apparent similarities in the prevention approaches required to reduce the bullying of individuals with or without developmental disabilities, this review focuses specifically on the studies that examine intervention effects for individuals with developmental disabilities.

Organizational Level Best Practices: Schools

School leaders need to make protection of individuals with developmental disabilities a high priority and to take the problem as seriously as discrimination against minorities, women, and other protected groups (Mencap, 2006). Federal legislation prohibits discrimination based on disability. Organizations, including schools, are subject to suit if they permit a hostile environment toward individuals with developmental disabilities and deprive these individuals of opportunities for learning (Maag & Katsiyannis, 2012). Moreover, creating a supportive and inclusive learning environment for students with disabilities remains a requirement of a good school – and indeed a federal mandate given requirements that treatment not disrupt the opportunity for learning. The literature suggests several actions that schools can take:

Policies. Schools should develop clear anti-bullying policies (Byers, McLaughlin, & Peppin-Vaughan, 2012), taking ownership of the problem rather than attributing it to individuals. Rules can best be developed as part of a school-wide cooperative effort that solicits staff and student input. With clear guidelines and standards announced, publicized, and posted, all those involved can respond consistently to bullying. Having rules in place does not guarantee better treatment of individuals with developmental disabilities, of course, but it offers a start in emphasizing the importance of the problem and the need to involve all parties in its solution (Schoen & Schoen, 2010).

Structures. Policies must be accompanied by structures to carry out those policies. Normally, coordinating committees are appointed to oversee implementation of anti-bullying policies and programs. In Great Britain, guidance from the Department of Children, Schools, and Families calls for schools to appoint a staff member to look out for children with learning disabilities who may be victims of bullying (Allen, 2008). Training programs for school staff on bullying, disability harassment, and the special circumstances of students with disabilities should be in place to help implement policies effectively (Raskauskas & Modell, 2011). Students with developmental disabilities may also want to be involved in making changes (Martin & Stubbs, 2012). Parents of children with developmental disabilities should be encouraged to participate as well, as they consistently report that schools fail to help their children when informed of problems of bullying (Primm, 2012).

Awareness. Schools that have awareness programs do more to decrease bullying, but they should also involve and support individuals with developmental disabilities in the awareness activities (DCSF, 2008). Studies report that staff members remain unaware of

the extent of the problem (Heinrichs, 2003), a point echoed by the students themselves, who say that teachers do little to help (Mencap, 2006). For example, a comparison of teacher and peer nominations of bullies and victims found agreement for general education students but not for students with learning disabilities (Nabuzoka, 2003). Discussion of the problem with parents, students, and the community can effectively increase awareness of the problem (Hoover & Stenhjem, 2003). Surveys of the attitudes and experiences of bullying among students and workers can also help raise awareness (Olweus & Limber, 2010).

   Normative Environment. To change a hostile environment and moderate the occurrence of bullying, school-wide norms or ethos need to improve (Duffy & Nesdale, 2009). Expectations need to be clearly defined so that norms foster empathy for fellow students with disabilities rather than hostility (McLaughlin, Byers, & Oliver, 2012). Toward that end, leaders need to emphasize the importance of changing attitudes, while students need to take the lead in helping to establish understanding and positive relationships with individuals with developmental disabilities. Bystanders play a critical role in bullying, often goading bullies on, and they need instead to become active in preventing and stopping bullying incidents.

   In the Olweus bullying prevention program (Olweus & Limber, 2010), students are expected to follow four rules, which are posted throughout the school:

1. We will not bully others.
2. We will try to help students who are bullied.
3. We will try to include students who are left out.
4. If we know that somebody is being bullied, we will tell an adult at school and an adult at home.

The same rules apply to treatment of individuals with developmental disabilities as the general population. However, in whole-school programs, the emphasis is less about rule enforcement and more about achieving more general normative change or widespread acceptance of the rules as guides to interacting with vulnerable students.

   While programs like the Olweus bullying prevention have demonstrated positive outcomes for school climate and the incidence of bullying, debate exists concerning the effectiveness of whole-school programs. On one hand, two review articles (Ferguson, San Miguel, Kilburn, & Sanchez, 2007; Merrell, Gueldner, Ross, & Isava, 2008) concluded that anti-bullying programs have weak effects. They may bring improvements in knowledge, intentions, and norms but generally do little to change behavior. Since bullying continues as an effective strategy in climbing the social hierarchy in schools, incentives for bullying remain. On the other hand, two reviews (Ttofi & Farrington, 2011; Vreeman & Carroll, 2007) concluded that whole-school anti-bullying programs have small but real benefits. When applied to a large population of students, even small benefits translate into many fewer incidents. The best programs are deeply committed to preventing bullying, and reach their goals by meeting with parents as well as students, using firm disciplinary methods, and improving playground supervision.

   Despite mixed effects overall, whole-school anti-bullying programs may benefit students with developmental disabilities. The programs appear to help high-risk victims more than others (Ferguson et al., 2007). Since individuals with developmental disabilities are at high risk of being bullied, they may benefit from the programs more than most. However, the programs may need modification to best help bullying victims with

disabilities (Raskauskas & Modell, 2011). For example, they should add content to increase awareness and sensitivity to disability concerns and make special efforts to involve students with disabilities in developing and implementing anti-bullying programs.

Tracking and Reporting. Reducing bullying also requires tracking and reporting of incidents (Schoen, 2010). In schools, staff members need to monitor areas such as hallways and playgrounds where bullying often occurs (Heinrichs, 2003). Movement between settings for individuals with developmental disabilities (e.g. between special education and mainstream classrooms) creates vulnerability. All incidents should be reported to measure the extent of the problem, note progress in reducing bullying, and identify areas to improve. Further, the National Council on Disability (Young, Ne'eman, & Gelser, 2012) recommends that parents be notified whenever a child is involved in an incident as a bully or victim. Clear and accurate communication with parents allows them to work with school personnel to prevent the reoccurrence of the bullying, but reporting also must adhere to privacy requirements (U.S. Department of Education, 2013).

Obtaining accurate figures on bullying requires that individuals with developmental disabilities not be afraid to report incidents. They sometimes have trouble talking about bullying problems with others (Blood & Blood, 2004) and may not communicate well about the nature and seriousness of the problem (Bramston & Fogarty, 2000). Thus, they may need help in articulating the problem (Crow & McLaughlin, 2012). Some suggest that individuals with developmental disabilities be taught signals that they can use to indicate that they are being bullied but without drawing attention to themselves (Allen, 2008). Another form of monitoring involves needs assessment obtained from surveys, focus groups, and personal interviews. However, these assessments should be adapted to individuals with developmental disabilities by making definitions and wording clear, in order to make self-reports reliable and valid measures (Raskauskas & Modell, 2011).

Punishment. Punishment of bullying should result from violation of rules but should avoid extreme forms – such as suspension – that create resentment (Heinrichs, 2003) in favor of withdrawal of privileges (Ttofi & Farrington, 2011). Inconsistent punishment may be worse than no punishment (Davis, 2005); therefore, making punishment part of a school-wide program can help address perceptions that bullies are being treated unequally. Ideally, punishment should occur in conjunction with activities designed to promote positive change and be delivered with a positive emotional tone (Davis, 2005). In contrast, no-tolerance policies make clear the seriousness of the problem, but can fail to consider special circumstances (DCSF, 2008). Further, since individuals with developmental disabilities perpetrate as well as suffer from bullying, they may be vulnerable to excessive punishment. Moreover, interviews of students with developmental disabilities indicate that victims want to look beyond punishment for specific incidents to encourage a better environment overall (Martin and Stubbs, 2012). The students suggest an emphasis on disability awareness, understanding, and tolerance – all ways to help support victims and integrate rather than punish bullies.

Inclusion. Schools that isolate individuals with developmental disabilities in special classrooms may exacerbate bullying (Young et al., 2012; Rose et al., 2009). Although isolation can limit contact with potential bullies (Martlew & Hodson, 1991), most studies find that mainstreaming individuals with developmental disabilities serves to moderate perceived differences and increase positive peer relationships that protect individuals from bullying. Studies also have found that children with learning difficulties say they prefer

being part of mainstream classrooms, but need some accommodations to receive help in more isolated settings (Norwich & Kelly, 2004).

However, studies of attitudes toward students with developmental disabilities suggest some caution. Wong (2008) concluded that the presence of students with disabilities does not bring about positive attitudes on its own. Moreover, a national sample of middle school students found little interest in interaction with peers who have developmental disabilities (Siperstein et al., 2007). Although recognizing the benefits from inclusion for promoting acceptance, students express concerns about disruption of learning, as do parents with children in special education classes (Sterzing et al., 2012).

To be effective, inclusive classrooms need to make special efforts to integrate individuals with developmental disabilities and to facilitate positive interaction (Rose et al., 2011; Sterzing et al., 2012). Programs to educate students about disabilities have mixed effects on attitudes (Godeau et al., 2010; Holtz & Tessman, 2007; Vignes et al., 2009). Likely more valuable than information are teaching practices that include activities in which students with and without disabilities can cooperate to mutual benefits (Hong & Espelage, 2012). However, individual teachers often lack time and other resources to provide students the help they need to avoid bullying. Recognizing the limitations of individual efforts, in one school, an inclusion team consisting of experts and school staff helped smooth the transition of students with disabilities from special services to mainstream classrooms (Gibb, Tunbridge, Chua, & Frederickson, 2007).

Summary. Despite the many recommendations contained in the literature on school-based change, questions remain about when these programs work and how much they help individuals with developmental disabilities. It may be that the quality of the implementation is more important than the program activity itself. Whatever recommendations are adopted, they require the full commitment of administrators and teachers. Programs need to be intensive, long lasting, and comprehensive, demonstrating commitment to the adoption of multiple program components (Smith, 1997; Ttofi & Farrington, 2011).

Organizational Level Best Practices: Workplace and Community

In a number of ways, effective anti-bullying strategies used by schools are applicable to workplaces. Like schools, businesses, government offices, and non-profit organizations need policies, structures to implement policies, awareness of the problem, normative changes, tracking and reporting, punishment, and inclusion. Indeed, because the literature on bullying at work has devoted so little attention to individuals with developmental disabilities, ideas from the school-based literature must be adapted to the workplace. However, differences between schools and workplaces in the ages of those involved in bullying, the nature of authority and power, and the special rights of workers raise a few special issues in workplaces.

First, workplace bullying of individuals with developmental disabilities may be seen as an issue of workplace safety. Like the whole-school approach, the workplace-safety approach focuses on creating a safe work environment that lowers risk more than blaming individuals for the problem (Carponecchia & Wyatt, 2011). Workplace-safety approaches resonate with risk management practices, which are already part of large organizations. However, awareness needs to be raised, and norms about the treatment of individuals with

developmental disabilities need to be changed, in order to *prevent*, rather than merely respond to the problem (Vartia & Tehrani, 2012). Without specific efforts to raise awareness and change norms regarding the treatment of individuals with developmental disabilities, organizations may face suits for disability harassment.

Second, human resource departments can take the lead in tracking, monitoring, educating, training, coaching, and investigating bullying. They require the support of management to be effective in these actions, but often have the capacity to lead the organization in making changes. Since the departments already are involved in applying federal laws that protect women and minorities from discrimination, they can extend their mandate to include bullying and mistreatment of individuals with developmental disabilities. Human resource specialists can add bullying and disability protection to their training, investigate problems and coach victims, and monitor improvements, perhaps even using bullying surveys, as suggested by Vartia and Tehrani (2012).

Third, progress likely comes most clearly when goals and strategies unite workers in a common effort to improve the work environment. This eases the burden on the victims with disabilities, who do not have to confront, accuse, or report bullies. Workers with disabilities can easily become segregated and isolated unless their protection and participation is seen as a means to improve the effectiveness and morale of the organization overall. Given the importance of power to bullying, workplaces that emphasize equality, have high morale, and foster respect have less bullying of individuals with developmental disabilities occur (White, Holland, Marsland, & Oakes, 2003).

Moreover, community-serving organizations likely need additional workplace interventions, including special training and resources, or strategies to raise awareness among their employees. Police officers, transit workers, social service providers, adult care team members, and community leaders need to know about bullying in general and bullying of individuals with developmental disabilities in particular (Mencap, 2000). Individuals with developmental disabilities often depend on the help and protection of these workers.

Much as in schools, then, organizational strategies to reduce bullying overall and protect workers with disabilities require commitment of resources and support from the leadership. Unfortunately, there is a dearth of research and, thus, little direct evidence that the workplace strategies are effective. Yet, inferences from related studies on schools and worker morale suggest that actions to protect disabled workers from bullying and mistreatment will bring benefits.

Group and Classroom Level Best Practices

Broad policies and goals of schools and organizations must be accompanied by changes in the day-to-day interactions that occur among groups of students and workers. To improve interactions, some suggest making the topic of bullying in general, and bullying of individuals with developmental disabilities in particular, a part of school curricula (Hoover & Stenhjem, 2003) or worker training (Vartia & Tehrani, 2012). However, there is evidence that other, less formal activities may do more to improve relationships among students and workers (Vreeman & Carroll, 2007).

Teachers. In schools, teachers play a critical role in fostering positive interactions in classrooms (Farmer, Lines, & Hamm, 2011). Poor teacher understanding of the problems

faced by students with disabilities in dealing with peers tends to worsen classroom relationships, according to interviews of children with cerebral palsy (Lindsay & McPherson, 2012). Conversely, overprotective or special treatment of students with disabilities may create divides from other students (Byers, McLaughlin, & Peppin-Vaughan, 2012). Setting clear rules and limits helps, but more positive actions can be taken.

Teachers can foster positive peer relationships by shaping classroom interactions (Rodkin, 2013). As victims of bullying tend to be socially marginalized, teachers can discreetly take steps to involve marginalized students in classroom activities and encourage friendships (Farmer, 2013). For example, they can assign seating and organize activities in ways that integrate students who normally fall outside peer networks, countering tendencies for the emergence of strong hierarchies of dominance (Kindermann, 2011). By understanding the dynamics of popularity and power in their classrooms (Kindermann, 2011), teachers can foster equality among students in their informal interactions and reduce bullying (Farmer et al., 2011).

Inclusive Activities. Encouraging cooperative activities reduces mistreatment (Rose and Monda-Amaya, 2012). When taking part in group activities, sharing common goals, and developing a sense of belonging to a group, individuals with developmental disabilities are treated better by their peers. Similarly, pairing individuals with developmental disabilities with a typically-developing partner encourages positive interaction (Mishna, 2003). A strong peer relationship can encourage social opportunities and learning for individuals with developmental disabilities. Teachers and supervisors can similarly serve as role models for appropriate non-bullying behavior.

Learning can also be done cooperatively (Byers, McLaughlin, & Peppin-Vaughan, 2012, C2). Programs pairing more advanced learners with students needing help have shown effectiveness in terms of academic outcomes (Fuchs, Fuchs, Kazdan, & Allen, 1999), and may bring benefits in terms of social interaction and acceptance of students with developmental disabilities. Cooperative learning in inclusive classrooms may require labeling of special needs children, but the overall consequences are generally positive; being open about special needs outweighs potential costs of labeling (Frederickson, 2010).

Inclusive activities outside of school can likewise strengthen the networks of individuals with developmental disabilities and reduce bullying. Teachers recommend that students with developmental disabilities become involved in extra-curricular programs for science, computing, foreign language; community activities involving 4-H, churches, summer camps, and volunteering; and recreation such as shopping and going to the movies (Kleinert, Miracle, & Sheppard-Jones, 2007). Parents of children with developmental disabilities may worry about the risks of bullying from participation in these kinds of activities, but the potential to make friends may be worth the risk. For example, Saylor & Leach (2009) reported on an intervention that brings students with disabilities together with peers for shared arts activities, sports, camps, service, and leisure activities as a way to build support networks. Although the program did not eliminate bullying, students with developmental disabilities reported significant declines in victimization and anxiety over a 24-week period.

Support. Setting up opportunities for bullying victims to talk about their problems with others can help. According to youth reports, trying to change the behavior of bullies by responding in kind, expressing feelings, and telling adults often makes things worse (Davis & Nixon, 2010). Adults prove most helpful when they listen unconditionally, respond with

warmth and caring, and offer social support (Bourke & Burgman, 2010; Humphrey & Symes, 2010). According to surveys returned from 5,000 persons with disabilities living in group homes, working in a disability employment service, and involved in self-advocacy groups, 75% responded to bullying by telling someone, but 53% said that the bullying still continued (Mencap, 2006). That leaves 25% who told no one. Many welcome the opportunity to talk to someone, including a close personal friend (Blood & Blood, 2004) who will listen and support them (American Academy, 2011).

Further, programs that encourage peer friendships and support may work better than programs that focus on peer advocacy on behalf of victims. One piloted program had peer students advocate on behalf of students with disabilities who were victimized by bullying (PACER, 2011, 2012). The results of a survey of the peer advocates showed that they believed the program worked and helped them better understand disabilities, but there was no independent evaluation of the impact. In a more rigorous evaluation, however, Ttofi and Farrington (2011) reported that peer mediation, peer mentoring, and bystander intervention programs were associated with greater victimization. The authors noted that the association does not show causality, but it is possible that without careful monitoring and implementation, peer advocacy programs can have unintended effects and contribute to the behavior they are trying to stop.

Workplace. Interactions in the workplace present a special problem for adults with developmental disabilities: Differentials in power and authority make them vulnerable to mistreatment and bullying by supervisors and coworkers. Although power imbalances often involve informal rankings among coworkers, unequal power in workplace bullying relationships is often formalized and particularly difficult for victims. To address the negative consequences of formal power imbalance for bullying, Saam (2010) suggests use of consultants who provide coaching to executives on working effectively with subordinates and fostering group cohesion.

Group activities for victims also can be helpful. McGrath, Jones, & Hastings (2010) offer one of the few evaluations of a workplace-based anti-bullying program. With a sample of 60 adults with developmental disabilities, they compared three conditions: 1) a group-based psycho-educational intervention with a cognitive-behavioral orientation, 2) the same intervention but with additional involvement of community stakeholders such as parents, the police, and local schools, or 3) a work center serving as a wait-list control comparison. The 10-week intervention covered topics such as stress management and appropriate ways of dealing with bullying. The severity of victimization decreased significantly in the two intervention groups but not in the control group. However, the intervention did not reduce bullying perpetration.

Individual Level Best Practices

Strategies of change at the individual level can help address bullying, but must work in combination with strategies to change the larger organizational environment. Otherwise, the problem is placed on individuals with developmental disabilities rather than on the social sources of the problems (National Children's Bureau, 2007).

Schools. In schools, addressing bullying should become part of Individualized Educational Programs or 504 plans. Teams involved in setting up a plan should know of bullying problems, perhaps involve the parents, and ensure the school has taken steps to

help the student (Biggs, Simpson, & Gaus, 2010; Stopbullying.gov, 2012). Since bullying disrupts learning, plans to support the child's unique educational needs should specify goals for better social relationships along with academic progress.

Those with developmental disabilities may benefit from learning social skills that counter the sense of helplessness and self-blame common among victims of bullying (Rose & Monda-Amaya, 2012). Along with giving support by listening to victims, teachers and counselors can help victims define the situation in a way that maintains self-esteem and positive interactions (Blood, Boyle, Blood, & Nalesnik, 2010). Ideally, such help includes practice in real-world situations (AbilityPath.org, 2011). For example, role-playing exercises can teach youth how to respond to bullies, ask for help from others, distinguish between playful and hurtful teasing, advocate for one's self, develop new verbal and non-verbal techniques, and diffuse confrontations (American Academy of Child and Adolescent Psychiatry, 2011). Helping victims with bullying might also improve social and emotional competence more generally (Collaborative for Academic, Social, and Emotional Learning, 2011).

Home. Parents of children with developmental disabilities can help their children deal with bullying by listening, supporting, and discussing constructive ways to respond to and avoid situations where it occurs. Parents can receive help from service providers with developmental expertise (e.g., psychiatrists, psychologists) and other parents, and they should notify schools of bullying. PACER (2010) offers several letter templates for parents to use when informing the school that their child has been the victim of bullying. However, one survey of 80 parents and caregivers of individuals with developmental disabilities found limited benefit from this strategy (Anti-Bullying Alliance, 2011). Most parents reported that the school did not believe the problem was serious, did nothing, or punished the victims. The letter should be factual and objective but also serve as a record of the problem in case the school does not respond adequately.

Cyberbullying. Since cyberbullying often remains hidden from adults and is harder to detect than traditional bullying (Juvonen & Gross, 2008), teachers need to communicate with students about the problem. They can teach tolerance in communication and define acceptable behavior with electronic devices (Hinduja & Patchin, 2010). Parents have a greater responsibility for helping their disabled children deal with cyberbullying. Experts recommend checking text messages, webpages, and Facebook for derogatory messages, and teaching children about what information is properly shared and what language is appropriate for digital communication (DCSF, 2007). Parents can then suggest prevention tactics, such as adjusting privacy settings or changing addresses.

Counseling. Individual strategies to help victims of bullying, including those with developmental disabilities, can include counseling. Victims often want to talk about their problems and experiences, and those who appear withdrawn and depressed may need the more intense help that individual counseling can provide (American Academy of Child and Adolescent Psychiatry, 2011). Trained therapists help correct cognitive distortions that exacerbate the harm of bullying (Jahoda, Dagnan, Jarvie, & Kerr, 2006), and do so without minimizing the seriousness of bullying for children. Young and Holdorf (2003) recommend that therapists focus on skill-based solutions to problems of bullying by talking about past successes, personal skills, and the desired future.

Workplace. At work, individuals with developmental disabilities may need mentors and advocates who can provide informal support in dealing with misunderstandings and

mistreatment by managers and coworkers. Ideally, supervisors can become mentors. In the Netherlands, most middle-sized organizations and all large organizations appoint a confidential supporter for bullying targets (Hubert, 2012). Confidential supporters do not try to solve the problem or negotiate with perpetrators. Rather, they listen to the victim, identify options for action, and help prepare victims who choose to take additional action. A confidential supporter can be particularly valuable to individuals with developmental disabilities, who may need help to not respond in kind, to maintain friendships with coworkers, and to record and report mistreatment.

In addition, organizations can design and implement formal complaint procedures to help individual victims of bullying (Carponecchia & Wyatt, 2011). This allows victims to avoid costly legal actions, but it places the burden on the victim rather than on the organization and is less ideal than changing the environment to prevent the problems (Saam, 2010). Moreover, it tends to create conflict by identifying and investigating the perpetrator and setting up an adversarial approach (Hubert, 2003). However, the existence of programs makes it easier for a victim to report problems, and may lead to changes or mediation without conflict (Vartia & Tehrani, 2012).

Institutional Settings. As previously describe, individuals with developmental disabilities are vulnerable to abuse by staff in group homes and other institutional settings. Problems of abuse have not disappeared with deinstitutionalization of adults with developmental disabilities (Cambridge, 1999; Fyson & Kitson, 2010). One promising strategy is the appointment of an advocate to look out for individuals' interests. An advocate can help victims to assert their rights and, in extreme cases, get legal assistance (Roulstone, Gladwell, & Child, 2003). Perhaps more importantly, however, organizations supervising group homes must take action to minimize the kind of power imbalances in the hierarchy that encourage mistreatment.

Legal Remedies

Individuals with developmental disabilities have the right to be safe (Mepham, 2010; National Children's Bureau, 2007). Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 prohibit disability harassment (Stopbullying.gov, 2012). The U.S. Department of Education defines disability harassment as "intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student's participation in or receipt of benefits, services, or opportunities in the institution's program" (U.S. Department of Education, 2010). When bullying is sufficient to interfere with learning at school or job performance at the workplace, it may involve disability harassment and violate civil rights (U.S. Department of Education, 2010).

School administrators and employers have legal obligations to rectify disability harassment, so that individuals with disabilities have access to a free appropriate public education and work environment. In cases of disability harassment in schools, the Individualized Education Program for a student with a disability must be revised to ensure meaningful education (U.S. Department of Education, 2013a). In response to problems of bullying, parents have the right to meet with their child's Individualized Education Program team. Further, the Americans with Disabilities Act of 1990 prohibits disability harassment in the workplace. According to the Equal Employment Opportunity

Commission (2013), "Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive." Petty slights, annoyances, and isolated instances do not meet this standard, but bullying in the form of "offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures" likely meets the standard. Employers are legally obligated to prevent and correct unlawful harassment. They need to provide training to prevent problems and grievance procedures to rectify them.

However, some argue that legal remedies for disability harassment under existing law are limited (Weber, 2002). The law has been interpreted primarily in terms of access for people with physical disabilities. According to Weber (2002), extending the law to include coercion and intimidation of individuals with developmental disabilities has not had much success in the courts. In this sense, mistreatment of the disabled has not been taken as seriously as the mistreatment of women and other minorities. Even when taken seriously, disability laws prohibit certain actions, but they do little to change social conditions. Legal action needs to be accompanied by special education and vocation services, efforts to integrate and bring individuals with developmental disabilities into the mainstream, and normative changes to minimize differences that lead to stereotypes and stigma.

REFERENCES

AbilityPath.org. (2011). *Walk a mile in their shoes: Bullying and the child with special needs*: A report and guide from AbilityPath.org. Retrieved December 17, 2012, from http://www.abilitypath.org/areas-of-development/learning--schools/bullying/articles/walk-a-mile-in-their-shoes.pdf.

Agervold, A. (2007). Bullying at work: a discussion of definitions and prevalence, based on an empirical study. *Scandinavian Journal of Psychology, 48*(2), 161-72.

Allen, D. (2008). New guidelines issued to tackle bullying in schools. *Learning Disability Practice, 11*(5), 5.

American Academy of Child and Adolescent Psychiatry. (2011, March). Bullying. Facts for Families 80. Retrieved December 17, 2012, from http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Bullying_80.aspx.

Anti-Bullying Alliance. (2011, March). Bullying of children with disabilities and Special Educational Needs in schools: briefing paper for parents on the views and experiences of other parents, carers and families. Retrieved December 18, 2012, from http://www.anti-bullyingalliance.org.uk/media/2257/SEND_bullying_briefing_Contact-a-Family-and-ABA_schools.pdf.

ARC of Colorado. (2013). Changes to Colorado rules regarding definition of developmental disabilities and —Effective August 1, 2013. http://arc-ad.org/news/archive/uploads/DD-FAQ-PDF.pdf

Bacchini, D., Affuso, G., & Trotta, T. (2008). Temperament, ADHD, and peer relations among

schoolchildren: The mediating role of school bullying. *Aggressive Behavior, 34*, 447–459.

Beaty, L. A., & Alexeyev, E. B. (2008). The problem of school bullies: What the research tells us. *Adolescence, 43*(169). 1-11.

Besley, B. (2009). Cyberbullying. http://www.cyberbullying.org.

Biggs, M. J. G., Simpson, C., & Gaus. M. D. (2010). Using a team approach to address bullying of students with Asperger's Syndrome in activity-based settings. *Children Schools, 32* (3), 135-142.

Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly, 27*(4), 210-222. doi:10.1037/spq0000008

Blood, G. W., & Blood, I. M. (2004). Bullying in adolescents who stutter: Communicative competence and self-esteem. *Contemporary Issues in Communication Science and Disorders, 31*(Spring), 69–79.

Blood, G. W., Boyle, M. P., Blood, I. M., & Nalesnik, G. R. (2010). Bullying in children who stutter: Speech-language pathologists' perceptions and intervention strategies. *Journal of Fluency Disorders, 35*(2), 92-109.

Bourke, S., & Burgman, I. (2010). Coping with bullying in Australian schools: How children with disabilities experience support from friends, parents and teachers. *Disability & Society, 25*(3), 359-371. doi:10.1080/09687591003701264

Bramston, P. & Fogarty, G. (2000). The assessment of emotional distress experienced by people with mild intellectual disabilities: A study of different methodologies. *Research in Developmental Disabilities, 21,* 487-500.

Brown, H. K., Ouellette-Kuntz, H., Lysaght, R., & Burge, P. (2011). Students' behavioural intentions towards peers with disability. *Journal of Applied Research in Intellectual Disabilities, 24,* 322-332. doi:10.1111/j.1468-3148.2010.00616.x

Bunch, G., & Valeo, A. (2004). Student attitudes toward peers with disabilities in inclusive and special education schools. *Disability & Society, 19*(1), 61-76. doi:10.1080/0968759032000155640

Byers, R., McLaughlin, C., & Peppin-Vaughan, R. (2012). The research perspective: Intervention and challenges. In C. McLaughlin, R. Byers, & C. Oliver (Eds.). *Perspectives on bullying and difference: supporting young people with special educational needs and/or disabilities in school* (pp. 21-28)*.* London, England: National Children's Bureau.

Cambridge, P. (1999). The First Hit: A case study of the physical abuse of people with learning disabilities and challenging behaviours in a residential service. *Disability & Society*, 14(3), 285-308.

Carter, B. B., & Spencer, V. G. (2006). The fear factor: Bullying and students with disabilities. *International Journal of Special Education, 21*(1), 11-23.

Carponecchia, C., & Wyatt, A. (2011). Preventing workplace bullying: An evidence-based guide for managers and employees. London: Routledge.

Christensen, L. L., Fraynt, R. J., Neece, C. L., & Baker, B. L. (2012). Bullying adolescents with intellectual disability. *Journal of Mental Health Research in Intellectual Disabilities, 5*(1), 49-65. doi:10.1080/19315864.2011.637660

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2011). Social and Emotional Learning and Bullying Prevention. http://casel.org/wp-content/uploads/SEL-and-Bullying-Prevention-2009.pdf.

Crow, F., & McLaughlin, C. (2012). Introduction. In C. McLaughlin, R. Byers, & C. Oliver (Eds.). *Perspectives on bullying and difference: supporting young people with special educational needs and/or disabilities in school* (pp. 1-13)*.* London, England: National Children's Bureau.

Davis, S. (2005) Schools where everyone belongs: Practical strategies for reducing bullying. Champaign, Ill.: Research Press.

Davis, S., & Nixon, C. (2010). *Preliminary results from the Youth Voice Research Project: Victimization & strategies*: Youth Voice Research Project, Penn State. Retrieved September 27, 2012, from http://www.youthvoiceproject.com/YVPMarch2010.pdf.

Dawkins, J. L. (1996). Bullying, physical disability and the paediatric patient. *Developmental Medicine & Child Neurology* 38(7), 603-12.

DCSF. (2008). *Bullying Involving Children with Special Educational Needs and Disabilities. Safe to Learn: Embedding Anti-bullying Work in Schools.* London: Department for Children, Schools and Families.

DCSF. (2007). Cyberbullying. *Safe to Learn: Embedding Anti-bullying Work in Schools.* London: Department for Children, Schools and Families.

Didden, R., Scholte, R. H. J., Korzilius, H., de Moor, J. M. H., Vermeulen, A., O'Reilly, M., et al. (2009). Cyberbullying among students with intellectual and developmental disability in special education settings. *Developmental Neurorehabilitation, 12*(3), 146-151.

Duffy, A. L., & Nesdale, D. (2009). Peer groups, social identity, and children's bullying behavior. *Social Development 18*(1), 121-139.

Equal Employment Opportunity Commission. (2013). *Harassment.* Retrieved August 22, 2013, from http://www.eeoc.gov/laws/practices/harassment.cfm

Estell, D. B., Farmer, T. W., Irvin, M. J., Crowther, A., Akos, P., & Boudah, D. J. (2009). Students with exceptionalities and the peer group context of bullying and victimization in late elementary school. *Journal of Child and Family Studies, 18*(2), 136-150. doi:10.1007/s10826-008-9214-1

Faris, R., & Femlee, D. (2011.) Status struggles: Network centrality and gender segregation in same- and cross-gender aggression. *American Sociological Review, 76*(1), 25-47.

Farmer, T.W. (2013). Bullying involvement of students with disabilities. Webcast, American Association on Intellectual and Developmental Disabilities. http://aaidd.org,

Farmer, T. W., Lines, M. M., & Hamm, J. V. (2011). Revealing the invisible hand: The role of teachers in children's peer experiences. *Journal of Applied Developmental Psychology, 32,* 247-256. doi:10.1016/j.appdev.2011.04.006

Farmer, T. W., Petrin, R., Brooks, D. S., Hamm, J. V., Lambert, K., & Gravelle, M. (2012). Bullying

involvement and the school adjustment of rural students with and without disabilities. *Journal of Emotional and Behavioral Disorders, 20,* 19-37. doi:10.1177/1063426610392039

Ferguson, C. J., San Miguel, C., Kilburn, J. C. Jr., & Sanchez, P. (2007). The effectiveness of school-based anti-bullying programs. *Criminal Justice Review, 32*(4), 401-414.

Flynt, S. W., & Morton, R. C. (2004). Bullying and children with disabilities. *Journal of Instructional Psychology, 31*(4), 330-333.

Frederickson, N. (2010). Bullying or befriending? Children's responses to classmates with special needs. *British Journal of Special Education, 37*(1), 4–12. doi:10.1111/j.1467-8578.2009.00452.x

Fuchs, L.S., Fuchs, D., Kazdan, S., & Allen, S. (1999). Effects of peer-assisted learning strategies in reading with and without training in elaborated help giving. The Elementary School Journal, 99(3), 201-219.

Fyson, R., & Kitson, D. (2010). Human rights and social wrongs: Issues in safeguarding adults with learning disabilities. *Practice: Social Work In Action*, 22(5), 309-320.

Gibb, K., Tunbridge, D., Chua, A., & Frederickson, N. (2007). Pathways to inclusion: Moving from special school to mainstream. *Educational Psychology in Practice: theory, research and practice in educational psychology, 23*(2), 109-127.

Godeau, E., Vignes, C., Sentenac, M., Ehlinger, V., Navarro, F., Grandjean, H., & Arnaud, C. (2010). Improving attitudes towards children with disabilities in a school context: A cluster randomized intervention study. *Developmental Medicine & Child Neurology, 52,* e236-e242.

Heinrichs, R. R. (2003). A whole-school approach to bullying: Special considerations for children with exceptionalities. *Intervention in School and Clinic, 38*(4), 195-204. doi:10.1177/105345120303800401

Hinduja, S., & Patchin, J. W. (2010). Cyberbullying: Identification, prevention, and response. Cyberbullying Research Center. Retrieved May 11, 2013, from http://www.cyberbullying.us/Cyberbullying_Identification_Prevention_Response_Fact_She et.pdf.

Hoff, D. L., & Mitchell, S. N. (2009). Cyberbullying: Causes, effects, and remedies. *Journal of Educational Administration, 47*(5), 652-665. doi:10.1108/09578230910981107

Holtz, K. D., & Tessman, G. K. (2007). Evaluation of peer-focused intervention to increase knowledge and foster positive attitudes toward children with Tourette syndrome. *Journal of Developmental and Physical Disabilities, 19,* 531-542. doi:10.1007/s10882-007-9042-z

Holzbauer, J. J. (2008). Disability harassment observed by teachers in special education. *Journal of Disability Policy Studies, 19,* 162-171. doi:10.1177/1044207308314948

Holzbauer, J. J., & Conrad, C. F. (2010). A typology of disability harassment in secondary schools. *Career Development for Exceptional Individuals, 33*(3), 143–154. doi:10.1177/0885728810378681

Hong, J. S., & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggression and Violent Behavior (17),* 311-322.

doi:10.1016/j.avb.2012.03.003

Hoover, J., & Stenhjem, P. (2003). Bullying and teasing of youth with disabilities: Creating positive school environments for effective inclusion. *Examining Current Challenges in Secondary Education and Transition*, *2*(3): 1-6. Retrieved August 6, 2012, from http://www.ncset.org/publications/issue/ncsetissuebrief_2.3.pdf

Hubert, A. B. (2003). To prevent and overcome undesirable interaction: A systematic approach model. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper (Eds.), *Bullying and emotional abuse in the workplace: International perspectives in research and practice* (pp. 299–311). New York: Taylor & Francis.

Hubert, A. (2012). Support, information, and aftercare by co-workers in the Netherlands: The role of the Confidential Supporter. In N. Tehrani (Ed.). *Workplace bullying: Symptoms and Solutions* (pp. 181-195). London: Routledge.

Humphrey, N., & Symes, W. (2010). Responses to bullying and use of social support among pupils with autism spectrum disorders (ASDs) in mainstream schools: a qualitative study. *Journal of Research in Special Educational Needs 10*(2), 82-90.

Jahoda, A., Dagnan, D., Jarvie, P., & Kerr, W. (2006). Depression, social context and cognitive behavioural therapy for people who have intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 19*(1), 81-89. doi:10.1111/j.1468-3148.2005.00286.x

Juvonen, J., & Gross, E. F. (2008). Extending the school grounds? Bullying experiences in cyberspace. *Journal of School Health, 78*(9), 496-505.

Kaukiainen, A., Salmivalli, C., Lagerspetz, K., Tamminen, M., Vauras, M., Mäki, H., et al. (2002). Learning difficulties, social intelligence, and self-concept: Connections to bully-victim problems. *Scandinavian Journal of Psychology, 43*(3), 269-278.

Kilpatrick, D., & Malecki, C. (2003). Perceptions of the frequency and importance of social support by students classified as victims, bullies, and bully/victims in an urban middle school. *School Psychology Review, 32*(3), 471-489.

Kindermann, T. A. (2011). Commentary: The invisible hand of the teacher. *Journal of Applied Developmental Psychology, 32,* 304-308. doi:10.1016/j.appdev.2011.04.005

Kleinert, H. L., Miracle, S. A., & Sheppard-Jones, K. (2007). Including students with moderate and severe disabilities in extracurricular and community recreation activities: Steps to success. *Teaching Exceptional Children, 39*(6), 33-38.

Kloosterman, P. H., Kelley, E. A., Craig, W. M., Parker, J. D. A., & Javier, C. (2013). Types and experiences of bullying adolescents with an autism spectrum disorder. *Research in Autism Spectrum Disorders, 7,* 824-832. doi:10.1016/j.rasd.2013.02.013

Kowalski, R. M., & Fedina, C. (2011). Cyber bullying in ADHD and Asperger syndrome populations. *Research in Autism Spectrum Disorders, 5,* 1201-1208. doi:10.1016/j.rasd.2011.01.007

Leffert, J. S., Siperstein, G. N., & Widaman, K. F. (2010). Social perception in children with intellectual disabilities: The interpretation of benign and hostile intentions. *Journal of Intellectual Disability Research, 54,* 168-180. doi:10.1111/j.1365- 2788.2009.01240.x

Lindsay, S., & McPherson, A. C. (2012). Experiences of social exclusion and bullying at school among children and youth with cerebral palsy. *Disability & Rehabilitation, 34*(2), 101-109.

doi:10.3109/09638288.2011.587086.

Maag, J. W., & Katsiyannis, A. (2012). Bullying and students with disabilities: Legal and practice considerations. *Behavioral Disorders, 37*(2), 78-86.

Martin, K., & Stubbs, P. (2012). The perspectives of disabled young people and those with special educational needs. In C. McLaughlin, R. Byers, & C. Oliver (Eds.). *Perspectives on bullying and difference: supporting young people with special educational needs and/or disabilities in school* (pp. 39-53)*. London, England: National Children's Bureau.

Martlew, M., & Hodson, J. (1991). Children with mild learning difficulties in an integrated and in a special school: Comparison of behavior, teasing, and teachers' attitudes. *British Journal of Educational Psychology 61*, 355–372.

Matthiesen, S. B., & Einarsen, S. (2007). Perpetrators and targets of bullying at work: Role stress and individual differences. *Violence and Victims, 22*(6), 735-753.

McGrath, L., Jones, R. S. P., & Hastings, R. P. (2010). Outcomes of anti-bullying intervention for adults with intellectual disabilities. *Research in Developmental Disabilities, 31*(2), 376-380. doi:10.1016/j.ridd.2009.10.006

McLaughlin, C., Byers, R., & Oliver, C. (Eds.). (2012). *Perspectives on bullying and difference: supporting young people with special educational needs and/or disabilities in school.* London, England: National Children's Bureau.

Mencap. (2000). *Living in fear*. Retrieved August 14, 2012, from http://www.mencap.org.uk/sites/default/files/documents/2009-10/Livinginfear.pdf

Mencap. (2006). *Bullying wrecks lives: The experiences of children and young people with a learning disability*. Retrieved August 14, 2012, from http://www.equalpeopleinstoke.org/Libraries/Local/698/Docs/Documents/News/Mencap%20Anti%20Bulllying%20Booklet.pdf.

Mepham, S. (2010). Disabled children: The right to feel safe. *Child Care in Practice, 16*(1), 19-34. doi:10.1080/13575270903368667

Merrell, K. W., Gueldner, B. A., Ross, S. W., & Isava, D. M. (2008). How effective are school bullying intervention programs? A meta-analysis of intervention research. *School Psychology Quarterly, 23*(1), 26-42. doi:10.1037/1045-3830.23.1.26

Mishna, F. (2003). Learning disabilities and bullying: Double jeopardy. *Journal of Learning Disabilities, 36*(4), 336-347. doi:10.1177/00222194030360040501

Mishna, F., Cook, C., Gadalla, T., Daciuk, J., & Solomon, S. (2010). Cyber bullying behaviors among middle and high school students. *American Journal of Orthopsychiatry, 80*(3). 362-374.

Montes, G., & Halterman, J. S., (2007). Bullying among children with autism and the influence of comorbidity with ADHD: A population-based study. *Ambulatory Pediatrics, 7*(3). 253-257.

Nabuzoka, D. (2003). Teacher ratings and peer nominations of bullying and other behavior of children with and without learning difficulties. *Educational Psychology, 23,* 307–321.

Nabuzoka, D., Whitney, I., Smith, P. K., & Thompson, D. (1993). Bullying and children with special educational needs. In D. P. Tattum (Ed.), *Understanding and managing bullying* (pp. 189-200; plus Bibliography). Oxford: Heinemann.

Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *JAMA 285*(16), 2094-2100.

National Children's Bureau. (2007). Spotlight briefing: Bullying and disability. Retrieved December 18, 2012, from http://www.ncb.org.uk/media/77322/bullying_and_disability.pdf

Norwich, B., & Kelly, N. (2004). Pupils' views on inclusion: Moderate learning difficulties and bullying in mainstream and special schools. *British Educational Research Journal, 30*(1), 43-65. doi:10.1080/01411920310001629965

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Cambridge, MA: Blackwell.

Olweus, D. (1994). Annotation: Bullying at school: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry, 35,* 1171-1190.

Olweus, D. (2001). Peer harassment: A critical analysis and some important issues. In J. Juvonen & Sandra Graham (Eds.), *Peer harassment in school: The plight of the vulnerable and victimized* (pp. 3-20). New York: The Guilford Press.

Olweus, D., & Limber, S. P. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two Decades. In Shane R. Jimerson, Susan M. Swearer, & Dorothy L. Espelage (Eds.), *Handbook of bullying in schools: An international perspective.* New York: Routledge   New York.

Ortega, R. & Lera, M. J. (2000). The Seville anti-bullying in school project. *Aggressive Behavior, 26,* 113-123.

Osborne, C. (2011). Safeguarding disabled children. *Community Care, 1884*, 34-35.

PACER Center (2010). Tips for teens: Use your IEP meetings to learn how to advocate for yourself. Action Sheet: PHP-c149. Retrieved December 18, 2012, from www.pacer.org/parent/php/php-c149.pdf

PACER Center (2011). Peer advocacy: The pilot. Retrieved December 18, 2012, from www.pacer.org/bullying/pdf/PeerAdvocacyPilotandResults.pdf

PACER Center (2012). The peer advocacy guide: How to address bullying of students with disabilities by engaging, educating, and empowering their peers with advocacy skills. Retrieved December 18, 2012, from www.pacer.org/bullying/resources/toolkits/pdf/PeerAdvocacyGuide.pdf.

Primm, C. (2012). The perspective of parents, carers, and families. In C. McLaughlin, R. Byers, & C. Oliver (Eds.). *Perspectives on bullying and difference: supporting young people with special educational needs and/or disabilities in school* (pp. 54-65). London, England: National Children's Bureau.

Raskauskas, J. & Modell, S. (2011). Modifying anti-bullying programs to include students with disabilities. *Teaching Exceptional Children, 44*(1), 60-67.

Reiter, S., & Lapidot-Lefler, N. (2007). Bullying among special education students with intellectual disabilities: Differences in social adjustment and social skills. *Intellectual and Developmental Disabilities, 45*(3), 174-181.

Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent well-being. Journal of Adolescence, 23(1), 57–68.

Rodkin, P. C. (2013). The bully-victim relationships: Historical foundations and peer supports. Webcast, American Association on Intellectual and Developmental Disabilities. http://aaidd.org.

Roscigno, V. J., Lopez, S. H., & Hodson, R. H. (2009). Supervisory bullying, status inequalities and organizational context. *Social Forces, 87*(3), 1561-1589.

Rose, C. A. (2010). *Social-ecological factors related to the involvement of students with learning disabilities in the bullying dynamic* (Doctoral dissertation)*. University of Illinois at Urbana-Champaign. https://www.ideals.illinois.edu/bitstream/handle/2142/16754/Rose_Chad.pdf?sequence =2, Champaign, Illinois.

Rose, C. A., Allison, S., & Simpson, C. G. (2012). Addressing bullying among students with disabilities within a multi-tier educational environment. In D. Hollar (Ed.), *Handbook of children with special health care needs* (pp. 383-397). New York: Springer Science+Business Media.

Rose, C. A., Espelage, D. L., & Monda-Amaya, L. E. (2009). Bullying and victimisation rates among students in general and special education: A comparative analysis. *Educational Psychology, 29*(7), 761-776. doi:10.1080/01443410903254864

Rose, C. A., & Monda-Amaya, L. E. (2012). Bullying and victimization among students with disabilities: Effective strategies for classroom teachers. *Intervention in School and Clinic, 48*(2), 99-107. doi:10.1177/1053451211430119

Rose, C. A., Monda-Amaya, L. E., & Espelage, D. L. (2011). Bullying perpetration and victimization in special education: A review of the literature. *Remedial and Special Education, 32*(2), 114-130. doi:10.1177/0741932510361247

Reiter, S., & Lapidot-Lefler, N. (2007). Bullying among special education students with intellectual disabilities: Differences in social adjustment and social skills. *Intellectual and Developmental Disabilities, 45*(3), 174-181.

Roulstone, A., Gradwell, L., Child, L., & Price, J. (2003). Thriving and surviving at work: Disabled people's employment strategies. Bristol, England: Policy Press.

Saam, N. J. (2010). Interventions in workplace bullying: A multilevel approach. *European Journal of Work and Organizational Psychology, 19*(1), 51-75. doi:10.1080/13594320802651403

Salin, D. (2003). Ways of explaining workplace bullying: A review of enabling, motivating and precipitating structures and processes in the work environment. *Human Relations, 56*(10), 1213-1232.

Sanchez, E., Robertson, T. R., Lewis, C. M., Rosenbluth, B., Bohman, T., & Casey, D. M. (2001). Preventing bullying and sexual harassment in elementary schools. *Journal of Emotional Abuse, 2*(2-3), 157-180. doi: 10.1300/J135v02n02_10

Sabornie, E. J. (1994). Social-affective characteristics in early adolescents identified as learning disabled and non-disabled. Learning Disability Quarterly, 17, 268-279.

Saylor, C. F., & Leach, J. B. (2009). Perceived bullying and social support in students accessing special inclusion programming. *Journal of Developmental and Physical Disabilities, 21,* 69-80. doi: 10.1007/s10882-008-9126-4

Schoen, S., & Schoen, A. (2010). Bullying and harassment in the United States. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas, 83*(2), 68-72. doi:10.1080/00098650903386444

Scholte, R. H. J., Overbeek, G., ten Brink, G., Rommes, E., de Kemp, R. A. T., Goossens, L., & Engels, R. C. M. E. (2009). The significance of reciprocal and unilateral friendships for peer victimization in adolescence. *Journal of Youth and Adolescence, 38,* 89-100. doi:10.1007/s10964-008-9287-6

Sentenac, M., Arnaud, C., Gavin, A., Molcho, M., Gabhainn, N. S., & Godeau, E. (2012). Peer victimization among school-aged children with chronic conditions. *Epidemiologic Reviews, 34,* 120-128.

Shapka, J. D., & Law, D. M. (2013). Does one size fit all? Ethnic differences in parenting behaviors and motivations for adolescent engagement in cyberbullying. *Journal of Youth and Adolescence, 42,* 723-738. doi:10.1007/s10964-013-9928-2

Sheard, C., Clegg, J., Standen, R., & Cromby, J. (2001). Bullying and people with severe intellectual disability. *Journal of Intellectual Disability Research, 45*(5), 407-415.

Siperstein, G. N., Parker, R. C., Bardon, J. N., & Widaman, K. F. (2007). A national study of youth attitudes toward the inclusion of students with intellectual disabilities. *Exceptional Children, 73*(4), 435-455.

Smith, P.K. (1997). Bullying in schools: The UK experience and the Sheffield Anti-bullying Project. Irish Journal of School Psychology, 18, 191–201.

Smith, P. K., Mahdavi, J., Carvalho, M., Fisher, S., Russell, S., & Tippett, N. (2008). Cyberbullying: Its nature and impact in secondary school pupils. *Journal of Child Psychology and Psychiatry, 49*(4), 376-385. doi:10.1111/j.1469-7610.2007.01846.x

Sterzing, P. R., Shattuck, P.T., Narendorf, S. C., Wagner, M., & Cooper, B. P. (2012). Bullying involvement and autism spectrum disorders. *Archives of Pediatrics and Adolescent Medicine, 166*(11), 1058-1064. doi:10.1001/archpediatrics.2012.790

Stopbullying.gov. (2012) *Bullying and Children and Youth with Disabilities and Special Health Needs.* Retrieved August 22, 2013, from http://www.stopbullying.gov/at-risk/groups/special-needs/BullyingTipSheet.pdf

Swanson, J. (2013) Text synopsis of presentation on *Bullying & Kids with Autism Spectrum Disorder and Other Developmental Disabilities. Retrieved August 22, 2013, from* http://www.yourspecialchild.com/bullyinginschool/bullyingdisabilities.html).

Swearer, S. M., Wang, C., Maag, J. W., Siebecker, A. B., & Frerichs, L. J. (2012). Understanding the bullying dynamic among students in special and general education. *Journal of School Psychology, 50,* 503-520. doi:10.1016/j.jsp.2012.04.001

Tehrani, N. (Ed.). Workplace bullying: Symptoms and Solutions. London: Routledge.

Tokunaga, R. S. (2010). Following you home from school: A critical review and synthesis of research on cyberbullying victimization. *Computers in Human Behavior, 26,* 277-287.

doi:10.1016/j.chb.2009.11.014

Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology, 7,* 27-56. doi:10.1007/s11292-010-9109-1

Turner, H. A., Vanderminden, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment, 16*(4), 275-286.

Unnever, J. D., & Cornell, D. G. (2003). Bullying, self-control, and ADHD. *Journal of Interpersonal Violence, 18*(2), 129-147. doi:10.1177/0886260502238731

U.S. Department of Education (2010). *Dear colleague letter: Harassment and bullying.* Office for Civil Rights. Retrieved August 21, 2013, from http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf

U.S. Department of Education (2013a), *Dear colleague letter: Bullying.* Office of Special Education and Rehabilitative Services (OSERS). Retrieved August 22, 2013, from http://www.ed.gov/policy/speced/guid/idea/memosdcltrs/bullyingdcl-8-20-13.pdf

U.S. Department of Education (2013b), *Dear colleague letter: Bullying (Enclosure).* Office of Special Education and Rehabilitative Services (OSERS). Retrieved August 22, 2013, from http://www.ed.gov/policy/speced/guid/idea/memosdcltrs/bullyingdcl-enclosure-8-20-13.pdf

van Cleave, J., & Davis, M. M. (2006). Bullying and peer victimization among children with special health care. *Pediatrics, 118,* e1212-e1219. doi: 10.1542/peds.2005-3034.

van Roekel, E., Scholte, R. H. J., & Didden, R. (2010). Bullying among adolescents with autism spectrum disorders: Prevalence and perception. *Journal of Autism and Developmental Disorders, 40*(1), 63-73. doi:10.1007/s10803-009-0832-2

Vartia, M., & Tehrani, N. (2012). Addressing bullying in the workplace. Pp. 213-229 in Tehrani.

Vignes, C., Godeau, E., Mariane, S., Coley, N., Navarro, F., Grandjean, H., & Arnaud, C. (2009). Determinants of students' attitudes towards peers with disabilities. *Developmental Medicine & Child Neurology, 51,* 473-479.

Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatrics and Adolescent Medicine, 161,* 78-88.

Weber, M. C. (2002). Disability harassment in the public schools. *William and Mary Law Review, 43*(3), 1079-1158.

Wiener, J., & Mak, M. (2009). Peer victimization in children with attention-deficit/hyperactivity disorder. Psychology in the Schools, 46, 116–131.

White, C., Holland, E., Marsland, D., & Oakes, P. (2003). The identification of environments and cultures that promote the abuse of people with intellectual disabilities: A review of the literature. *Journal of Applied Research in Intellectual Disabilities, 16*(1), 1-9.

Whitney, I., Smith, P. K., & Thompson, D. (1994). Bullying and children with special education

needs. In Peter K. Smith & Sonia Sharp (Eds.), *School bullying: Insights and Perspectives* (pp. 213-240). London: Routledge.

Whitney, I., Nabuzoka, D., & Smith, P.K. (1992). Bullying in schools: Mainstream and special needs. *Support for Learning, 7*(1):3-7.

Wong, D. K. P. (2008). Do contacts make a difference? The effects of mainstreaming on student attitudes toward people with disabilities. *Research in Developmental Disabilities, 29,* 70-82. doi:10.1016/j.ridd.2006.11.002

Ybarra, M. L., Diener-West, M., & Leaf, P. J. (2007). Examining the overlap in Internet harassment and school bullying: Implications for school intervention. *Journal of Adolescent Health, 41*, S42–S50.

Young, J., Ne'eman, A., & Gelser, S. (2012). *Bullying and students with disabilities: A briefing paper from the National Council on Disability.* http://www.ncd.gov/rawmedia_repository/3d42cb45_b1a4_43ea_829b_306f9e21a393?document.pdf.

Young, S., & Holdorf, G. (2003). Using solution focused brief therapy in individual referrals for bullying. *Educational Psychology in Practice, 19*(4), 271-282.