

# Building Resilience: A Qualitative Analysis of Bullying Among Children with Disabilities on Parental and Teacher's Perspective

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**Background:** Bullying can happen to every human in the community, including children with disability and their families. Children with disabilities, as a vulnerable group in a community, may experience different types of bullying and have different responses to it.

**Purpose:** This study aimed to identify bullying experiences in children with disabilities based on teachers' and parents' perspectives.

**Methods:** This study used a qualitative descriptive research design. Participants in this study consisted of two groups, namely parents and teachers in Special Schools, with 18 people (eight parents and ten teachers) in the Pangandaran Regency area, Indonesia, from May to June 2023. The sampling technique chosen was purposive sampling. The data collection process used Focused Group Discussion (FGD) throughout the semi-structured interview. The data was analyzed by thematic analysis. This study applied NVIVO 12 software to assist with data categorization and framework based on participant statements and observations (QSR International).

**Results:** The data from the discussion were analyzed using thematic analysis methods to find relevant themes were found in the statements expressed by the participants. The results of the data analysis obtained three main themes related to bullying in children with disabilities, namely the type of bullying, the impact of bullying, and the responses to bullying.

**Conclusion:** A support group is necessary to establish a source of parental coping and increase resilience in caring for children with special needs.

**Keywords:** bullying, children with special needs, coping mechanism, parents, teachers

## Introduction

Bullying is repeated and deliberate, aggressive behavior in situations of power differences between the perpetrator and the victim.<sup>1,2</sup> Bullying is done to cause another person harm or discomfort through physical, verbal, or other actions.<sup>3</sup> Bullying in childhood can cause complex and widespread health problems that can affect life, including poor health, social, educational,<sup>4</sup> Psychological and physical well-being in children.<sup>5</sup>

Worldwide, around 1 in 5 schoolchildren report being bullied in the school environment.<sup>3</sup> Two out of three children in Indonesia have experienced at least one type of violence. According to the PISA study (Program for International Student 1 Assessment) in 2018 in Indonesia, 41% of children experienced bullying at least several times a month. Up to 40% of cases of suicide in children were due to bullying.<sup>6</sup> Globally, 1 in 4 children with special educational needs experience violence, especially children with special educational needs or disabilities (SEND) (29%).<sup>7</sup> BPS data in the 2020 Profile of Indonesian Children reveals that 84.4 million children in Indonesia have around 0.79% or 650,000 children with disabilities.<sup>8</sup> In Indonesia, in 2021, it shows that 24.4% of school children have the potential to experience bullying, including those with disabilities. Apart from that, KPAI (Indonesian Child Protection Commission) found 87 cases of

bullying throughout January-August 2023.<sup>9</sup> The Indonesian Ministry of PPPA (Women's Empowerment and Child Protection) said that of the 1355 children who were victims of violence, 110 were children with disabilities.<sup>8</sup>

Children with disabilities are very vulnerable to bullying.<sup>10</sup> The incidence of bullying is higher among people with disabilities compared to non-disabled people.<sup>11,12</sup> This risk is due to an imbalance in power, and the vulnerability to bullying that occurs in children with disabilities is exacerbated by various factors such as age, socioeconomic status, and the type of disability they have.<sup>13–15</sup> Children with disabilities who are victims of bullying have a higher risk of experiencing mental and emotional health and behavioral problems, lower performance, and increased risk of health issues.<sup>16–18</sup> Overall, the impact of bullying will reduce the quality of life for children with disabilities.<sup>4</sup>

Preventing bullying is crucial in achieving the Sustainable Development Goals with school intervention approaches. However, transparent management and referral pathways for health workers in dealing with bullying in children are still lacking.<sup>4</sup> Previous studies stated that the majority of parents reported that schools neglected and did not provide support to help them deal with situations of child bullying.<sup>19</sup> Among parents, lower perceptions of bullying were associated with negative views of school collaboration and competence.<sup>20</sup> This is in line with other studies that reveal that only a tiny percentage of parents say the school provides adequate support in handling bullying.<sup>21</sup> In addition, although there is a lot of research and programs focused on strengthening teachers' abilities to identify and deal with bullying, it is still unclear what bullying situations are challenging to deal with and what support is needed.<sup>22</sup>

Childhood is a critical developmental phase. Supportive family, teachers, and peers play an important role in supporting children's cognitive, emotional, sexual, and psychological development.<sup>23</sup> This highlights why parents and teachers must work together for children's safety at school by reporting and controlling bullying.<sup>10</sup> Schools need proactive policies involving families together to reduce bullying.<sup>19</sup> Collaboration between teachers and parents, including analyzing children's needs, educating children regarding bullying, teaching them how to deal with and report incidents, and developing a monitoring system are vital components.<sup>21</sup>

A large amount of research regarding bullying has been conducted on general education students, but the focus specifically on students with disabilities is still limited.<sup>5</sup> Bullying research and interventions still focus on students without disabilities.<sup>21</sup>

It is essential to raise awareness regarding bullying as a public health problem and the increasing evidence of short- and long-term physical, mental, emotional, and behavioral health problems and the consequences of bullying behavior in children with disabilities.<sup>17</sup> The first strategy in preventing bullying is effective screening in response to signs of bullying in children with disabilities.<sup>2</sup> However, programs and research related to bullying in children with special needs based on the perspectives of parents and teachers in Indonesia are still limited. This research aims to identify the bullying experiences in children with disabilities based on teachers' and parents' perspectives.

## Material and Methods

### Study Design

This research applied the qualitative descriptive method. This approach investigates difficulties such as recognizing and sharing different and engaging experiences intrinsically related to human interaction.<sup>24</sup> The authors constructed in-depth interview criteria based on research goals and expert knowledge of issues not widely recognized in healthcare. The Indonesian language was implemented throughout the interview with the participants.

### Research Characteristics and Reflexivity

This study's researchers are both men and women with backgrounds as nurse specialists. They performed focus group discussion interviews and have prior experience and training in qualitative research and international publication.

### Participant and Setting

In this research, the participants were eight parents who have children with special needs and ten special school teachers from 5 schools in the Pangandaran Regency area, Indonesia, consisting of 2 state schools and four private schools; participants' ages ranged from 26 to 46, similar levels of education for parents with senior high school degrees and

teacher participants graduated with undergraduate degrees. The sampling technique chosen was purposive sampling. According to Miles and Huberman in Creswell (2014), purposive sampling is the most recommended method for qualitative research because it requires closeness or familiarity as part of the criteria and requires reasoning in every decision-making process.<sup>25,26</sup> The requirements for participants selected in this study were adjusted to the research objectives. Specific inclusion criteria, namely parents, having children with special needs who attend the special school chosen as the location for the research, caring for children with special needs, and at least junior high school education, while the criteria for special school teachers who are used as participants are active teachers who teach at the special school where they are located. The research was conducted with a minimum education of a Bachelor's Degree and a minimum of one year of teaching experience. The exclusion criteria were parents who did not have children with special needs, while teachers were not structural officials, such as school principals who did not teach directly (Tables 1 and 2). In the recruitment process, researchers were assisted by key informants from the school where the research was carried out.

**Table 1** Characteristics of Participant (Parents)

Number	Age (years)	Biological Gender	Education	Types of Disabilities
P1	40	Female	High School Degree	Mentally Disabled
P2	26	Female	High School Degree	Low Vision
P3	44	Female	High School Degree	Mentally Disabled
P4	42	Female	High School Degree	Mentally Disabled
P5	35	Female	High School Degree	Deaf
P6	38	Female	High School Degree	Deaf & Low Vision
P7	38	Female	High School Degree	Deaf
P8	46	Female	High School Degree	Mentally Disabled

**Table 2** Characteristics of Participants (Teachers)

Number	Age (years)	Biological Gender	Education	Working Experience
T1	26	Female	Undergraduate	6 years
T2	40	Female	Undergraduate	8 years
T3	44	Male	Undergraduate	5 years
T4	42	Male	Undergraduate	5 years
T5	35	Female	Undergraduate	4 years
T6	38	Female	Undergraduate	4 years
T7	38	Female	Undergraduate	3 years
T8	46	Female	Undergraduate	26 years
T9	26	Female	Undergraduate	5 years
T10	32	Male	Undergraduate	8 years

## Ethical Considerations

All methods were performed in accordance with the relevant guidelines and regulations by in the declaration of Helsinki (ethics approval and consent to participate). The research proposal received ethical test results and was declared ethically appropriate with letter 0701/M/KEPK-PTKMS/VIII/2023 from the Makassar Ministry of Health Polytechnic Health Ethics Committee. Participants could withdraw from the research at any time, and the researchers kept their names confidential throughout the interview. All recorded data is anonymous using P1-P8 coding for parents and T1-T10 coding for teachers and publishing. The participants in this study are volunteers who deal with no risk of physical or mental damage.

## Data Collection

The researchers conducted a focus group discussion (FGD) with two groups of parents and teachers from May until June 2023. While accomplishing the interview, informed consent was requested, and an agreement to record the interviews was obtained. Before the interview, all participants completed an authorization form allowing the publication of their anonymized statements. The FGD lasted from 30 to 77 minutes. In this study, the researcher was the main instrument, using a tape recorder, smartphone, semi-structured interview guide, and field notes as supporting elements. The participant and the interviewer built rapport from the beginning of the interview. The following is the list of questions asked by the interviewer to the participant: 1). "Could you share your insights on bullying incidents that have affected your children/students, especially those with special needs?"; 2). "How do your children/students respond when they are bullied?"; 3). "What happens when your child/student experiences bullying? How does it affect them emotionally?"; 4). "How do you respond as a teacher/parent when your child/student experiences bullying?".

## Data Analysis

This study applied NVIVO 12 software to assist with data categorization and framework based on participant statements and observations (QSR International). Thematic analysis was conducted to analyze the interview findings, which involved the following steps: (1) familiarizing oneself with the data; (2) creating initial codes; (3) trying to identify themes; (4) appraisal themes; (5) defining and stating themes; and (6) drafting the report.

## Triangulation and Trustworthiness

Triangulation in this study includes source, method, and time components. The interview outcomes were confirmed, and the interviews stopped after saturation was achieved. We gained information credibility through member checks and self-reflection, and we completed transferability by adjusting study findings to the thesis statement. Dependability or reliability tests were conducted in quantitative research by repeating and auditing the study process. Furthermore, an inquiry audit was carried out, and the dependability component was fulfilled because the researcher was the primary interviewer in this study.

## Results

### Study Findings

#### Themes

The study identified three primary themes: (1) Types of bullying that happened to the children with special needs. (2) Impact of Bullying. (3) Response to bullying behaviors. Detailed information on major and minor topics is described below and shown in [Table 3](#).

#### Theme 1: Types of Bullying That Happened to Children with Special Needs

The first theme describes the various types of bullying that children with special needs have experienced while at school and in their social environment. Groups of children with special needs are vulnerable to bullying. In this theme, we succeeded in identifying three types of bullying that occur in children with special needs, including (1) Verbal, (2) Physical, and (3) Social bullying.

##### Verbal Bullying

**Table 3** Superordinate, Subordinate Themes, and Participants' Quotations

Superordinate Themes	Subordinate Themes	Quotations
Types of bullying that happened to children with special needs	Verbal	Q1: "For almost a year, my children did not attend school and were always bullied by their friends". (P4)
		Q2: "You are a stupid kid, what is the point of school here?" (looking down, crying)". (P8)
		Q3: "It is true that when I was little, when I played, I liked being teased, sometimes I liked being slandered (crying). I could not talk. Then we were confused about how and the child could not speak (crying)". (P7)
	Physical	Q4: "At home, he has been bullied by his friends. He said he was stupid, he was crazy, that's how it was, he was thrown into a wood". (P3) "His sandals had been hidden. he is never naughty if he is not disturbed" (P3)
		Q5: "he likes to be scolded at school. If he couldn't, he was often hit (while practicing with his hands pounding on the table), so I was shocked" (P6)
		Q6: "Every time he comes home from school I like to ask 'darling why, he ran out of money, the money was stolen by seniors". (P8)
		Q7: "What often happens is that they fall because they are pushed, children are like that" (T2)
	Social	Q8: "When he first came here, he was tricked by his friends. People are smart, but he's not yet. He likes to hide under the table until he pees. He was teased by his friends, he was embarrassed. He does not want to go to school the next day". (P3)
		Q9: "He can't hang out with his friends for long, why would you join us when you can do nothing?... (crying)" (P8)
Impact of bullying	Low self-esteem	Q10: "there is no one to teach at home. So, he is inferior to the people at home" (P1)
		Q11: "in front of people, he doesn't want to show it. He knows that he might not be smart. So, I understand that my child feels shy when in front of people. So, mom will tell you at home, okay?" (P3)
	Social isolation	Q12: "Even though someone wanted to "let's play", he did not want to since he was appointed to use wood. I do not accept it because my child is not wrong. Until now my son has never gone out (cried a little), he only goes out with me". (P3)
	Stigma	Q13: "people who think that special needs children are not a disorder, but a disease, "be careful not to play with special needs children, it will spread". (T10)
Response to bullying behaviors	Children feel angry	Q14: "suddenly his sandals were thrown up, he was angry because he was inside, his sandals were outside, suddenly he put them on the roof, he was angry, right?" (P3)
	Parents try to confront	Q15: "Mom, why do I go to school here?" Yes, because Juan is not good at reading, then you go to school here, so you will not be insulted" (P3) "Yes, I also told the mother that she can't do that, right? She doesn't know, ma'am, maybe physically it's normal, yes, but if the child knows that, that's not allowed, that's not good". (P3)
	Regardless	Q16: "I'm just motivating my children, you don't have to listen to it, just leave it alone. But It's normal for parents whose children are teased, so there must be feelings, it's human. I just don't care, just leave it alone". (P6)
	Clarification from teachers	Q17: "So, during the session the children are calm and chatting in a relaxed manner; we convey that this child actually wants to talk but he can't, he wants to play like you, but he can't yet". (T3)

Participants stated that this type of bullying is one of the most common types of bullying experienced by children with special needs. This is related to the disabilities experienced by crew members, both physically and intellectually. (See quote 1–3)

#### Physical Bullying

The group of children with special needs is vulnerable to becoming victims of physical violence because their condition is considered weak. So, they often become the object of aggressive behavior from people who feel they are more dominant in their surrounding environment. The wrong treatment they received included being pushed, hit and even slapped. (See quote 4–7)

#### Social Bullying

Children with special needs also often experience intimidation and social isolation as a form of bullying carried out by their friends both inside and outside the school environment. (See quote 8–9)

## Theme 2: Impact of Bullying

The second theme describes the impact that occurs on children with special needs when they experience bullying, as conveyed by several participants, both teachers and parents. In this theme, we succeeded in identifying three critical subthemes, namely (1) low self-esteem, (2) social isolation, and (3) stigma.

### Low Self Esteem

The main impact that appears on children with special needs who experience bullying is shown by the emergence of feelings of inferiority. Children with special needs feel that they are different from other children. (See quote 10–11)

### Social Isolation

Based on statements made by participants, after experiencing bullying behavior, children with special needs sometimes self-isolate as a coping mechanism for bullying. (See quote 12)

### Stigma.

Apart from experiencing bullying behavior from peers, children with special needs sometimes receive negative stigma from people in their social environment (See quote 13)

## Theme 3: Response to Bullying Behaviors

The third theme expresses the response of children, parents, and teachers when they find out that children with special needs experience bullying behavior. The reactions displayed were categorized into several themes, including (1) Children feeling angry, (2) Parents trying to confront, (3) Regardless, and (4) Clarification from teachers.

### Children feel angry

Angry expressions are natural expressions shown by children with special needs when they experience bullying (See quote 14)

### Parent Try to Comfort

The natural response made by parents when their child experiences bullying is to try to calm their child. This is done to strengthen the child (See quote 15)

### Regardless

Another response shown by parents of children with special needs when their children experience bullying is that they try to convince their children to ignore bullying behavior. (See quote 16)

### Clarification from teachers

Teachers as facilitators and mediators try to mediate to deal with bullying problems (See quote 17)

## Discussion

The research results show that children with special needs often experience bullying, which usually occurs in the home or school environment by peers. Cases of bullying experienced by children with special needs must be a concern for all parties so that the problem can be resolved quickly and does not cause worse impacts. The results of this research can be an illustration for parents and educational staff to prevent bullying directed at children with special needs.

## Types of Bullying That Happened to Children with Special Needs

Bullying usually occurs because there is a difference between one individual and another; in this case, children with special needs, including marginalized groups at school and vulnerable groups, are easy targets for bullies.<sup>27</sup> These differences are the different behavioral characteristics between children with special needs and others, which make them targets for Bullying. Children with special needs experience bullying more often at school than other children; therefore, the incidence of bullying among children with special needs continues to increase.<sup>28</sup> Bullying experienced by children with special needs at school is caused by risk factors such as ages that differ significantly from school years, gender, and cognitive abilities.<sup>29</sup>

Bullying experienced by children with special needs is divided into several types, such as physical, verbal and relational or social bullying. Physical bullying such as being hit, pushed, kicked, allowed to trip on purpose, and even children with special needs are often spat at.<sup>28</sup>

Verbally, children with special needs have been scolded, threatened and ridiculed with harsh words such as bitch, ugly, and even harsh words related to the appearance of children with special needs. Children with special needs also



experience behavior such as being intentionally ostracized, being excluded from social groups, bullies often spreading negative rumors, and even children with special needs are often humiliated, such as the perpetrator pulling down his pants as a laughing stock, which is a type of relational or social bullying.<sup>28,30,31</sup> Apart from these three types of bullying, children with special needs also often experience behavior that is detrimental to them, such as emotional, physical and sexual abuse which is usually received from those closest to them.<sup>28</sup> Children with special needs also have the risk of becoming victims of online bullying or cyberbullying.<sup>32,33</sup>

## Impact of Bullying

Children with special needs have risks and negative impacts from the bullying behavior they experience.<sup>29</sup> Bullying can have a negative impact on the victim both physically, psychologically, well-being,<sup>34</sup> and even affect the socio-economic aspects of children with special needs.<sup>29</sup>

One of the impacts often felt by children with special needs from a psychological aspect is low self-esteem as a mental health problem.<sup>33</sup> Victims of bullying will feel unloved and incompetent, resulting in lower self-esteem.<sup>35</sup> Apart from that, based on research results, bullying can cause post-traumatic growth in children with visual impairments.<sup>36</sup> Depression and incidents of self-harm are also impacts of bullying experiences. Individuals who experience bullying as a child and have low self-esteem will affect socio-economic aspects in the future. Both men and women who are victims of bullying in childhood will have fewer chances of finding work in the future.<sup>37</sup> The difference in appearance and behavior between children with special needs and other children is one of the causes of stigma in the surrounding environment. This stigma is related to children with special needs who are victims of bullying. The existence of this stigma causes bullying behavior to be justified by people outside the perpetrator of the bullying and they are unable to help and stop the bullying that occurs. Additionally, there is a perception that victims deserve bullying because they are oppressed people.<sup>38</sup> Apart from the emergence of stigma from the surrounding environment, self-stigma will emerge along with the impact of the emergence of a negative self-concept which causes low self-esteem. Self-stigma is a form of self-internalization of negative attitudes and stereotypes from society. This self-stigma will give rise to feelings of worthlessness, shame and often self-blame which affect the self-esteem of victims of bullying.<sup>39</sup> The emergence of these stigmas makes it difficult for people around them to help resolve acts of bullying.<sup>38</sup> Bullying will also have a long-term negative impact on the victim, such as social isolation which causes depression in the victim. Social isolation arises as a result of the victim's fear of having social contact with people around them.<sup>40</sup>

## Response to Bullying Behaviors

Due to the impact that can be detrimental to victims of bullying, people around the victim provide attitudes and responses to the victim with the aim of protecting the victim. Parents as the people closest to the victim respond in the form of self-defense and they will talk to the perpetrator of the bullying. Parents of victims tend not to provide support for their children to talk to the perpetrators of bullying but instead provide suggestions in the form of maladaptive responses such as telling their children to ignore the bullying and encouraging them to defend themselves. Parents will also try to contact teachers at school regarding incidents of bullying that befell their children.<sup>41</sup> However, based on research results, parents find it difficult to communicate with the school regarding bullying and this makes parents feel frustrated and distrustful of teachers.<sup>42</sup> Other research results state that the teacher's response to incidents of bullying is to provide sanctions to the perpetrator of the bullying and not provide any intervention, while to the victim it is in the form of support.<sup>43</sup> In addition, teachers will discipline bullies including their parents and provide comfort and advice to victims.<sup>44</sup> Meanwhile, from the victim's perspective, they usually stay away from the perpetrator, tell their parents or teachers about the bullying that happened to them, and even counterattack the perpetrator of the bullying.<sup>45</sup> Groups outside the perpetrator of the bullying often join in and help the perpetrator carry out the bullying and even approve of the action by laughing or cheering. However, for some people who understand, they will provide support to victims and intervention to perpetrators of bullying.<sup>46</sup>

## Study Limitation

Researchers faced obstacles during the research process, namely during the participant recruitment process. The parent group participants who were willing to take part in the focused group discussion process only came from one special

school, while the teacher group participants were representatives from every special school in Pangandaran. This may be biased due to a lack of variation in the characteristics of the parent group participants.

## Conclusion

This study found three main themes teachers and parents' perspective about bullying on children with disabilities including types of bullying that happened to the children with special needs, impact of bullying and response to bullying behaviors. The types of bullying that happened to children with disabilities were verbal, physical, and social bullying. Meanwhile, the bully brought up the impact to children and family, such as low self-esteem, social isolation, and stigma. Different responses were experienced by parents and teachers, also by the children themselves, like Children feel angry, Parents try to confront, Regardless, and Clarification from teachers. These results of study can be used as a basis to develop a comprehensive support group between parents and teachers who care for children with disabilities. It may improve the quality of care for children with disabilities in the community setting.

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## Disclosure

The authors report no conflicts of interest in this work.

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