Over time, a growing body of literature has amassed pertaining to bullying and students with disabilities. The consensus is that this segment of the school population is particularly vulnerable to bullying (Hergert, 2004; Hoover & Stenhjem, 2003; PACER Center, 2007). Various publications identify specific disability groups that are susceptible to bullying including children with learning disabilities (Carlson, Flannery, & Kral, 2005; Lipsett, 2007; Misha, 2003), gifted students (Peterson & Ray, 2006), and children with Attention Deficit Hyperactivity Disorder, physical impairments, health impairments, and speech impairments (Health Resources and Services Administration, 2004). Child Health Alert (2006) states that students experiencing emotional and behavioral problems are more likely to be victimized by bullying. Given that bullies tend to target smaller, weaker peers, students with disabilities who physically and socially differ from the norm are often at greater risk of being bullied.
Purpose of the Article

The purpose of the article is to suggest that accommodations or modifications to the current bullying prevention programs are required for a student with disabilities to benefit from any bullying prevention program or intervention. The authors suggest the efforts of school administrators, staff, and parents may be unsuccessful in attempting to reduce or eliminate the instances of bullying in today’s schools for students with disabilities.

Bullying Prevention Programs

There are numerous bullying prevention programs and interventions cited in the literature (Beale & Scott, 2001; Canter, 2005; Druck & Kaplowitz, 2005; Migliore, 2003; Miller, 2006; Olweus, Limber, & Mihalic, 1999; Scarpaci, 2006). However, none of the most widely referenced programs allude to specific concerns relating to students with disabilities in the bully/victim dyad. It may prove beneficial to analyze some of the key components of bullying prevention programs and bear in mind the characteristics and special needs of students with disabilities.

Experts in the field of bullying prevention espouse the utilization of multilevel approaches to bullying prevention (Beale & Scott, 2001; Olweus, et al., 1999; Whitted & Dupper, 2005). These approaches include interventions on the individual level, classroom level, and school-wide level. One of the most widely used multilevel programs is the Olweus Bullying Prevention Program. This program, described in detail at www.colorado.edu/cspv, is based on the seminal work of Dr. Dan Olweus, one of the pioneers in the area of bullying research (Olweus et al., 1999). The Bullying Prevention Program includes school-wide components such as assessment and coordination, classroom components relating to class rules and student meetings, and individual components pertaining to interventions specific to bullies, victims, and parents of both.

Another program entitled Bully-Proofing Your School provides information to school administrators, teachers, staff, and parents on how to establish and maintain a comprehensive, school-wide bullying prevention program. This approach includes interventions across the various settings in the school environment (Garrity, Jens, Porter, Sager, & Short-Camilli, 1997).

Still another anti-bullying program, Bullybusters, developed by a school’s counseling and drama departments provides students effective ways of dealing with bullying. Bullybusters involves using psychoeducational drama to illuminate the ills of bullying and provides students with coping mechanisms to endure bullying (Beale & Scott, 2001). Bullybusters involves all levels of intervention to some degree, i.e., the individual level, the classroom level, and the school-wide level.

Rigby (1997) discusses commonalities that bullying prevention programs often include. Among the shared traits are: enhancing the school staff awareness and knowledge about bullying; including students and parents in the school’s approach; infusing bullying prevention and intervention into the curriculum; overseeing students at all times; advocating that victims of
bullying secure assistance; and having a planned response in place when bullying incidents occur.

**Bullying Intervention Strategies**

A perusal of various strategies found in comprehensive bullying prevention programs raises questions about how applicable many of them are for populations that include students with disabilities. In many instances there will be a need for accommodations or modifications, much like what is sometimes necessary for academic content and classroom instruction. Almost every aspect of tiered programs designed to prevent or respond to school bullying should be analyzed with students with disabilities in mind. The following are some of the components of tiered bullying prevention programs that need careful consideration when students with disabilities are to be served:

**School-Level Components**

1. Questionnaires are utilized to assess the nature and extent of bullying and raise awareness.
   - Does the questionnaire used with students match the reading comprehension level of students with disabilities participating in the survey?
   - Does the student with disabilities understand the definitions of terms such as bully, victim, bystander, and the meaning of various forms of bullying?
   - Does the lowering functioning student with disabilities understand that he/she is actually being bullied?
2. The principal provides a leadership role in implementing the program.
   - Is the principal a strong advocate for students with disabilities or does he/she treat them as a “surplus population”?
3. Anonymous reporting procedures are established in schools.
   - Do lower functioning students with disabilities understand the concept or the mechanism for telling faculty or staff about bullying incidents?
4. All areas of the school are well supervised.
   - This implies that some areas of the school are better supervised than others. Students with disabilities may lack awareness of problem areas or “hot spots” that should be avoided.

**Classroom-Level Components**

1. Regular classroom meetings are held to discuss bullying.
   - Students with disabilities may not be capable of full participation in this type of meeting. Some form of prompting may be required to enhance student participation and enable them to benefit from the classroom meetings.
2. Students are involved in developing rules about bullying.
   • Students with disabilities may not be capable of full or meaningful participation in this type of activity. Some form of prompting may be required to enhance their partial participation.
3. The concept of bullying is integrated into the curriculum.
   • Accommodations may be needed in order for higher functioning students with disabilities to master content related to bullying.
   • Modifications may be needed in order for lower functioning students with disabilities to grasp developmentally appropriate curriculum content.
4. All school staff model positive interpersonal skills and cooperative learning and do not set a bad example by exhibiting dominating or authoritarian behavior with students.
   • Students with disabilities may be particularly sensitive to negative interpersonal interactions with adult school personnel.
5. Adults respond swiftly and consistently and are sympathetic to students who need support.
   • Some students with disabilities infrequently display teacher pleasing behavior and find that they are not well received by teachers and other adult school personnel. This may lead some adults to be less sympathetic to the student that is a victim of bullying.
6. Adults encourage students to include all students in play and activities.
   • Students with disabilities may be excluded from play and activities because of characteristics or behaviors related to their disability and the fact that they are primary targets of bullies.
7. Adults send clear messages that bullying is not tolerated.
   • Does the student with disabilities get the message? Is it clear to students with limited comprehension and reasoning skills?
8. Parents are encouraged to contact the school if they suspect their child is involved in bullying.
   • Do parents of students with disabilities see school administrators as allies?
   • Is there a history of positive interaction or hostility between the parents and school officials?
   • Is the child capable of, or likely to, communicate bullying concerns to his/her parents?

Student-Level Components

1. Victims are taught social skills (i.e., assertiveness skills) and problem-solving skills.
   • Is the curriculum appropriate for the functioning level of students with disabilities?
   • Will accommodations or modifications be made?
2. A support system is established for students who are the targets of bullies.
   - Is the student with disabilities capable of receiving the full benefit of the support system?
   - Will school staff recognize unique needs that may influence the dynamics of staff/student interactions?

The practices listed above are representative of school-based bully prevention programs that have been addressed in the literature (Beale & Scott, 2001; Garrity, et al., 1997; Olweus, et al., 1999). The concerns related to each one raise serious questions about the credibility of utilizing these practices in school settings that include students with a wide range of disabilities. As stated previously, there may need to be accommodations or modifications to bullying prevention programs much like what is seen for the individualized education programs required for students receiving special education services.

**Concluding Remarks**

In conclusion, students with disabilities have unique needs in the bully/victim dyad that must be considered when developing and implementing school-wide bully prevention programs. Accommodations or modifications to existing bullying prevention programs are likely to be necessary for a student with disabilities to benefit from any program. Otherwise, the efforts of school administrators, staff, and parents may be unsuccessful in attempting to reduce or eliminate the instances of bullying in today’s schools for students with disabilities.

**References**


