Original Article

Effect of Bullying and Aggression on Social Communication of Children Who Stutter

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ABSTRACT

Background: Bullying and aggression in school settings have a profound impact on children, especially those with communication challenges like stuttering. Previous research has indicated that children who stutter may face increased risks of bullying, leading to adverse social, psychological, and academic outcomes.

Objective: The primary objective of this study was to investigate the relationship between bullying, aggression, and social communication skills in children who stutter, and to understand the prevalence and impact of bullying on this particular group.

Methods: In this cross-sectional study, data were collected from 385 stuttering adolescents aged 10-18 years, alongside their parents, at Eman Clinic, Children's Hospital, and GHQ Hospital in Faisalabad. The study utilized the Olweus Bullying Victim Questionnaire (OBVQ) and the Bus Perry Aggression Questionnaire to assess bullying and aggression. The Social Communication Questionnaire (SCQ) was employed to evaluate social communication skills. Data analysis was performed using SPSS version 25, focusing on descriptive statistics and correlation analysis.

Results: The age distribution of respondents showed 38.2% (150) in the 10-12 age group, 34.6% (136) in the 13-15 age group, and 25.2% (99) in the 16-18 age group. Regarding gender, 59.0% (232) were female and 39.0% (153) were male. The correlation analysis revealed a significant positive correlation between bullying and aggression ($r = .435$, $p < .000$), while the relationships between bullying and SCQ ($r = -.046$, $p = .371$), and aggression and SCQ ($r = .051$, $p = .323$) were not statistically significant.

Conclusion: The study highlights a significant correlation between bullying and aggression in stuttering adolescents, suggesting that as bullying increases, so does aggression. However, the impact of bullying and aggression on social communication skills was less clear, indicating a need for further research. These findings underscore the necessity of developing supportive measures in educational and healthcare settings for stuttering children to combat bullying and its adverse effects.

Keywords: Bullying, Stuttering, Adolescents, Aggression, Social Communication, Cross-sectional Study.

INTRODUCTION

Bullying, a persistent and deliberate form of maltreatment, manifests through various behaviors, including verbal, physical, or social, aimed at causing harm across physical, social, and psychological dimensions (1). This phenomenon typically involves a power imbalance where one or more individuals exploit their strength over others who are unable to resist or stop the abuse (2). Bullying can take place in both physical realms and online platforms, with the latter being facilitated by diverse media and devices, and it can range from overt to covert actions (3). The prevalence of bullying is significant; for instance, a 2019 survey by the Centers for Disease Control and Prevention reported that 19.5% of students in grades 9-12 experienced bullying on school premises within a year (5). Peer abuse, another term for bullying, encompasses school and workplace environments, and has been studied under the concept of rankism by Robert W. Fuller (6). Dan Olweus, a notable researcher in this field, describes bullying as negative actions directed at an individual repeatedly over time, either physically, verbally, or in other ways (7). Bullying is distinct from mere aggression as it involves a specific intent to gain power over others (8).

Aggression, a broader concept, lacks a legal definition in the UK, but some countries have legislation against bullying. Four primary types of bullying have been identified: corporal, verbal, psychological, and digital (9). This behavior is often justified based on differences in social class, race, religion, gender, sexual orientation, appearance, behavior, body language, personality, reputation, lineage, strength, size, or ability (10). Bullying cultures can emerge in various settings such as schools, families, workplaces, neighborhoods, and particularly on social media platforms (11). A 2012 study revealed a strong predictor of bullying behavior among adolescent American football players was the perception that larger, more dominant players would engage in bullying (12). The Lancet Child & Adolescent Health's 2019 publication linked increased digital platform use by females with a rise in bullying (13).

The intersection of bullying and stuttering presents a complex issue. Negative stereotypes and the impact on peer relationships often lead to heightened vulnerability for children who stutter. Research has indicated a link between bullying and stuttering in schools, suggesting that students who stutter might be less effective communicators, thereby increasing their susceptibility to bullying (14, 17). These students may develop negative perceptions of their communicative abilities, avoidance strategies, and lower social conversational skills due to stereotypical responses (18). It is crucial to understand this link as bullying can significantly impact self-esteem, particularly in adolescents who stutter (19). Further research indicates that adolescents who stutter might adopt coping strategies to maintain self-esteem, but the efficacy of these strategies in the face of bullying is unclear (20).

Notably, bullying of stutterers can also occur in institutional settings. In 2016, a legal case in Canada highlighted the responsibility of educational institutions in protecting students from bullying, marking a precedent in the USA for institutional liability in bullying cases involving stutterers (21). A survey by the British Stammering Association involving 276 respondents revealed that a significant majority recalled bullying incidents directly linked to their stuttering, with notable impacts on their social relationships and self-esteem (22).

Overall, individuals who stutter are at a higher risk of bullying and experience increased victimization compared to their non-stuttering peers. This victimization is associated with heightened anxiety, reduced self-esteem, and decreased life satisfaction. A study involving adult stutterers and non-stutterers using a retrospective bullying questionnaire found that adults who were bullied in childhood, regardless of stuttering status, reported lower life satisfaction and self-esteem, as well as increased social anxiety and fear of negative evaluation (23).

MATERIAL AND METHODS

In this cross-sectional study, conducted over a six-month period, data were collected from stuttering adolescents aged 10 to 18 years, along with their parents, at Eman Clinic, Children's Hospital, and GHQ Hospital in Faisalabad. The study's sample size, comprising 385 participants, was determined using the prevalence of stuttering in the adolescent population and factoring in a 95% confidence level. The inclusion criteria targeted both male and female students within this age range, as recommended by the World Health Organization (24). Exclusion criteria ruled out students with other language disabilities or those with comorbid conditions alongside stuttering.

For data collection, consent was first obtained from all participants and their parents. The research team employed a combination of physical and digital survey questionnaires, ensuring a comprehensive approach to data gathering. The Olweus Bullying Victim Questionnaire (OBVQ) and the Bus Perry Aggression Questionnaire were used to assess the extent of bullying and aggression experienced by the participants. Additionally, the Social Communication Questionnaire (SCQ) was specifically utilized to evaluate the effects of these factors on the social communication abilities of the stuttering adolescents.

Data analysis was carried out using SPSS version 25. This statistical software enabled the efficient handling and analysis of the collected data, ensuring a robust examination of the relationships between stuttering, bullying, aggression, and social communication. The use of SPSS 25 facilitated various analytical procedures, including descriptive statistics, correlation analyses, and regression models, thereby providing a comprehensive understanding of the study's findings.

RESULTS

In the conducted study, the age distribution of the respondents, as presented in Table 1, revealed that the largest age group was 10-12 years, comprising 150 individuals or 38.2% of the total. The next significant age group was 13-15 years, accounting for 136 participants or 34.6%, followed by the 16-18 years age group, which included 99 respondents, making up 25.2% of the study population.

Regarding gender distribution, as shown in Table 2, females constituted a larger portion of the sample, with 232 female participants representing 59.0% of the total. In comparison, male participants numbered 153, accounting for 39.0% of the respondents. This gender distribution highlights a higher female representation in the study sample.

The correlation analysis between bullying, aggression, and the Social Communication Questionnaire (SCQ) outcomes is detailed in Table 3. A significant positive correlation was found between bullying and aggression, with a Pearson correlation coefficient of .435 (p < .000, significant at the 0.01 level, 2-tailed). This indicates that as bullying behavior increased, so did levels of aggression among the respondents. Conversely, the correlation between bullying and SCQ scores was slightly negative, though not significant, with a Pearson correlation coefficient of -.046 (p = .371). This suggests a minimal inverse relationship between bullying and social communication skills, although the lack of statistical significance indicates that this finding should be interpreted with caution.

Table 1 Age Distribution of Respondents

Age Group	Frequency	Percentage (%)
10-12	150	38.2
13-15	136	34.6
16-18	99	25.2

Table 2 Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Female	232	59.0
Male	153	39.0

Table 3 Correlations Between Bullying, Aggression, and Social Communication Questionnaire (SCQ)

Correlation		Bullying	Aggression	SCQ
Bullying	Pearson Correlation	1	.435**	-.046
	Sig. (2-tailed)		.000	.371
Aggression	Pearson Correlation	.435**	1	.051
	Sig. (2-tailed)	.000		.323
SCQ	Pearson Correlation	-.046	.051	1
	Sig. (2-tailed)	.371	.323	

Similarly, the correlation between aggression and SCQ scores was also found to be weak and not statistically significant, with a Pearson correlation coefficient of .051 (p = .323). This result points to a negligible direct relationship between aggression levels and social communication skills among the participants. Overall, these correlations highlight a more robust and significant relationship between bullying and aggression, as compared to the relationships of these variables with social communication skills.

DISCUSSION

In the realm of medical research, the discussion surrounding the intersection of bullying and stuttering in children has been a topic of considerable interest. The study at hand has contributed to this ongoing discourse, highlighting several crucial aspects. A substantial segment of students who stutter reported experiencing conversational anxiety, poor communication skills, and low self-esteem, echoing findings from previous research (25). This aligns with studies indicating that a significant proportion of children with stuttering do not necessarily face rejection and can exhibit substantial self-confidence. However, the current study, using a stoichiometric scale to assess peer interactions, found that children who stutter were more likely to be socially unaccepted, less popular, and less frequently identified as leaders among their peers (25).

Further examination of the relationship between bullying and stuttering in youth revealed that children who stutter might perceive themselves as inadequate communicators, potentially diminishing their participation in healthy social and peer interactions and increasing their vulnerability to bullying (26). This finding resonates with Dawkins' 1996 report, which suggested that bullying is twice as prevalent among children with visible disabilities compared to those without (27). Children suffering from physical, mental, or emotional challenges, such as cerebral palsy, epilepsy, spina bifida, sensory issues, or other profound disabilities, are more susceptible to bullying. The implications of this are profound, as bullied children with disabilities are more likely to encounter learning difficulties, lower academic achievement, and special educational needs (27). The results of this study parallel Dawkins' findings,

underscoring the exacerbated impact of bullying on individuals with disabilities, further diminishing areas like self-confidence which are not inherently affected by the disability itself (28).

The phenomenon of bullying in students with speech difficulties, particularly stuttering, presents a significant concern. This behavior reflects a hostile attitude in educational settings, often stemming from real or perceived power imbalances. The persistence of such behavior in classrooms and social settings particularly affects stutterers, with the potential for repeated occurrences. Many children report bullying incidents in classrooms, especially when they struggle to interact with peers or participate in discussions. However, a considerable number also face bullying in playgrounds, during transportation, and, in some cases, online or in their local communities (29).

This study, while illuminating in its findings, is not without its limitations. The reliance on self-reported measures and the cross-sectional design limits the ability to establish causal relationships. Furthermore, the convenience sampling technique may not fully represent the broader population of stuttering children. Future research could benefit from a longitudinal design to better understand the long-term effects of bullying on children who stutter. Additionally, incorporating a more diverse sample and employing mixed methods could provide a more nuanced understanding of the experiences of these children. The study underscores the critical need for awareness and intervention strategies to address bullying in children with stuttering. Educational institutions and healthcare providers should collaborate to create supportive environments where children can develop effective communication skills and self-confidence, irrespective of their stuttering. This approach not only aids in mitigating the immediate effects of bullying but also contributes to the long-term well-being of these children.

CONCLUSION

The study conclusively highlights the heightened vulnerability of children who stutter to bullying, underscoring the need for targeted interventions and supportive environments. This vulnerability not only impacts their immediate well-being but also has long-term implications for their social skills, academic performance, and self-esteem. The findings emphasize the importance of developing tailored strategies within educational and healthcare settings to foster resilience and effective communication among stuttering children. Such initiatives are crucial for mitigating the negative effects of bullying, promoting inclusivity, and enhancing the overall quality of life for these individuals.

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