

Peer Victimization Among Learning-Disabled Students: Influence Of Family Support

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ABSTRACT: *Peer victimization is defined as intentional act of harming, hurting and humiliating other children for fulfilling personal satisfaction. This practice is mostly common in schools and at work place, making it necessary to investigate the factors that may enhance the consequences of peer victimization. Children's with learning disabilities are at a greater risk of being victimized by their peers at school. The prominent purpose of this study is to examine the prevalence of their peer victimization experience and the role of family support in combating the victimization by peer. The sample of current study is composed of 40 learning disabled children of 19 males and 21 females from five English medium school of North Lucknow district. The findings show that children with learning disability are more prone to victimization by their peers. Furthermore, moderate degree of negative correlation was found between peer victimization with family support, which reflects that if the victimized students received support from the family, then the student is able to combat with the peer victimization. In addition, the study also found out that gender do not difference on peer victimization. This means that both males and females face equal level of peer victimization.*

Key Words: *Peer victimization, Learning disability, Family support.*

INTRODUCTION

All children are unique. They have their own pattern of learning and knowledge processing skills. The basic skills like reading, writing, listening and speaking are essential to gain at the primary stage of development. But some children face hardship in acquiring these skills. These children are basically recognized as Learning disabled children. Learning disability as defined by The National Joint Committee for Learning Disabilities is a “group of disorders evidenced by noticeable difficulties in the attainment of listening, speaking, reading, writing, reasoning or mathematical skills”. Due to slow knowledge processing they mainly lag behind in the pace of studying than/with their classmate and as repercussion they become a main character of teasing and bullying by their peers in school. In such situation learning disabled children suffers from low academic performance(Zhao et al.2019), low self-esteem(Nambiar et al. 2019), lacks self- assurance, and more isolation (Card & Hodges 2008). Peer victimization is repeated and intentional act of harming the victim. Around 3.6 million of population of Uttar Pradesh state reported the maximum number of disabled across the country. Moreover, as per the report of Centres for Disease Control and Prevention (CDC), one out of every five youth reported the experience of one or the other types of peer victimization in schools. Also, a study conducted by Carey et al., (2009) reported 20% - 30% youngsters were chronically victimized in school by their peers. Due to very few researches conducted in our country regarding this issue this paper try to contribute in finding out the problems and providing the suggestions which helps in reducing the problem of victimization. In order to overcome with the problem of peer victimization, learning disabled children primarily seeks the support from their family members. Family support found a

protective factor in dealing with peer victimization. Previous researches reveal that a supportive family environment enhances the resilience of adolescence who faces peer victimization (Cohen and Wills 1985) also higher level of parental support were significantly associated with lowering down the negative impact of bullying victimization (Biswas et al. 2020). Considering the important role of family support in lowering down negative impact of victimization of learning disabled children and increases the resilience of children to tackle the adverse situation in school it is essential to conduct more studies in this area.

Peer victimization was first coined by Dan Olweus in 1993. Olweus define peer victimization as, “an act of bullying or harassment as a verbal, psychological or physical abuse of the victim child by bully with the intention to cause harm to the victim”. More recently Salmon, James, Cassidy and Javoloyes (2000) explains “bullying is not only physically hurting to the victims but also it consists of spreading rumours or stories about the victim or his family, commenting on someone’s handicap, taunting, humiliating, gossiping and excluding from groups”. Victimization has two forms: direct and indirect victimization. These forms were further divided into sub groups by researchers as, Campbell, Sapochnik and Muncer (1997) bifurcated direct victimization into: physical and verbal victimization. Whereas, Crick and Grotpeter (1995) categorised indirect victimization into: social victimization and relational victimization as: (i) Physical Victimization: practicing aggressive physical action as kicking, hitting, pushing, touching, or sexual assaults. (ii) Verbal Victimization: threatening verbally as calling names, abusing symbolically, taunting etc. (iii) Relational Victimization: exclusion from group, spreading rumours, bribing etc. (iv) Social Victimization: includes leaking personal information, prompting conflicts, manipulating social environment and status etc. Other forms are (v) Attack on property: damaging, stealing, betraying etc. property of victim.

(vi) Cyber bullying: sending undesirable mails, post, misusing personal information, hacking etc. through electronic devices.

Dr. Samuel Kirk was the first who coined the term “learning disabilities” on 6th April, 1963 in Chicago. Kirk (1963) defines “Learning disabilities is a group of children who have disorders in development in language, speech, reading, and associated communication skills needed for social interaction. In this group children who have sensory handicaps such as blindness or deafness and children with mental retardation are excluded”. According to Groves Academy (2012), “Many are confused about what disorders are included in the category of learning disabilities. There are a number of conditions which are not learning disabilities but often mistaken for them, there are intellectual disabilities such as, autism spectrum disorders, attention deficit disorder, blindness and deafness”. Learning disability as per Kemp, Smith, and Segal (2015) are of different types such as: (i) Dyslexia: a reading and learning difficulty in writing, spelling, reading and speaking. (ii) Dyscalculia: arithmetic calculation difficulty (iii) Dysgraphia: inability to write comprehensibly (iv) Dyspraxia: difficulty in motor coordination like balancing, eye- hand coordination etc. (v) Dysphasia/Aphasia: difficulty in spoken language (vi) Auditory Processing Disorder: difficulty in identifying various sounds (vii) Visual Processing Disorder: difficulty in processing visual information.

Empirical evidence found a positive association between peer victimization and learning disability. According to recent studies conducted by (Olivier et al. 2020; Bills, 2020) indicated that children with intellectual disabilities are found at alarming risk of peer victimization and higher depressive symptoms. This result is consistent with previous studies (Rose et. al. 2009; Wiener & Mak, 2009; Baumeister et al. 2008; Conti-Ramsden & Botting, 2004). These studies indicate that children with learning disabilities are more vulnerable to victimization by their peers than compared with non- disability children. These disabilities

deal with children suffering from, dyslexia (Ates et al., 2012), attention-deficit/hyperactivity disorder (Monopoli et al., 2020; Fogleman et al., 2019; Fonseca et al., 2019; Bastien, 2013; Turner et al., 2011; Wiener and Mak, 2008), Hispanic disabilities (Sveinsson 2005, Storch et al., 2003), comorbid psychiatric condition (Baumeister et al. 2008), cerebral palsy (Lindsay and McPerson, 2012) are more vulnerable to victimization. Moreover, previous research studies indicate a serious mental health risk in children suffering from peer victimization (Stadler et al. 2010) displaying certain negative health symptoms of heightened anxiety (Bettencourt, 2008), depression (Olivier et al. 2020; Lepore et al. 2019), emotion regulation deficits (Fogleman et al., 2019), low self-esteem (Nambiar et al. 2019), frequent visit to hospital, high absenteeism (Nishina et al., 2005), Psychosocial disorders (Gordon, 2017) and higher risk of suicide (Cao et al. 2020). Furthermore, many researchers found females to be more victimized than males. Females with ADHD and dyslexia reported high risk of victimization than males (Musu-Gillette et al., 2016; Ates et al. 2012; Wiener and Mak, 2008). On the contrary, some studies found males to be more victimized than females (Sullivan et al., 2006; Berntson 2003).

Tardy (1985) proposed a “social support model” that explain various elements of social support as “social support comes from people in one's social network and for students, may include parents, other family members, teachers, classmates, close friends, neighbours, and the school”. House et al., (1988) define social support as a type of relational content, “the emotionally or instrumentally sustaining quality of social relationships”. Berkman (1984) explain social support as “the emotional, instrumental, and financial aid that is obtained from one's social network”. More recently, Turner (1999) defines social support as “social bonds, social integration, and primary group relations”. Cohen et al., (2000) explain social support as “any process through which social relationships might promote health and well-being”. There are different forms of social support such as: (1) Emotional support: showing empathy, listening problems that helps managing anger and depression (Cobb, 1976; Wills, 1985); (2) Informational support: providing advice to overcome stressful events and, (iii) Tangible support: providing financial assistance, or material resources support (Cohen & McKay, 1984); and (iv) Social needs: expressing love, connectedness, belongingness, and feeling secure (Cohen & Wills, 1985). Thus, social support means an emotional or social support by various stakeholders of society like family, siblings, classmates, teachers or significant others to a victim.

A supportive family environment enhances the resilience of adolescence who faces peer victimization (Cohen and Wills 1985). Children are close to their mothers. Children receiving maternal warmth are having less emotional problem and are less prone to peer victimization in their primary school (Bowes et al. 2010). Perceived family support significantly predicts lower bullying victimization. The more family support a child receives the lower risk of peer victimization occurs (Shaheen et al. 2019) also higher level of parental support were significantly associated with lowering down the negative impact of bullying victimization (Biswas et al. 2020). Also, researches indicated that families of bully children lack family bond, discipline environment and supervision, lacks attachment between child and parent, use psychical punishment by suppressing the child to express their feelings. Such families practice the child maltreatment and rejection, which in turn make a child to outburst their frustration in the form of bullying other children “(Akgun, 2005; Coie, & Lynam, 2006; Curtner-Smith, 2000; Dekovic, Janssens, & Van, 2003; Dodge, Coie, & Lynam, 2006; Idsoe, Solli, & Cosmovici, 2008; Kim, Hetherington, & Reiss, 1999; Reid, Patterson, & Snyder, 2002; Stevens, De Bourdeaudhuij, & Van Oost, 2002; Saribeyoglu, 2007; Turgut, 2005). Thus, family dysfunction and low level of family support results in occurrence of more vulnerable victimization behavior. More the children perceive family support, more they

prevent bullying victimization (Atik, 2006; Beran, 2008; Brendgen, 2012; Eskisu, 2014; Holt, & Espelage, 2007; Idsoe et al., 2008; Marini et al., 2006; Morris 2007; Ok and Aslan, 2010; Saribeyoglu, 2007; Spriggs, Iannotti, Nansel and Haynie, 2007; Turgut, 2005; Yaban, 2010)".

Furthermore, higher level of family support provides protection against maladjustment and buffer the negative effect of victimization. The victim prone girls found to be at greater menace than boys suffering with mental health related problems, like depression, anxiety, fear, insomnia etc. if not receiving family support (Stadler et al., 2010).

PURPOSE OF THE STUDY

The prime purpose for the current study is to investigate the influence of family support in combating the peer victimization among learning disabled students of 8 to 11 age group.

METHODOLOGY

For the current study, descriptive survey method was used. In the present study, purposive sampling technique was used. The sample is purposive in nature as only English medium schools in Lucknow were taken into consideration.

SAMPLE

For the present study out of 550 school students 40 learning disabled students (19 males and 21 females) were selected as a final sample. For the identification of learning disabled students firstly teacher referral form was used. The students who score 60% and above in the teacher referral form were given diagnostic test of learning disability by Swarup and Mehta (1993). Students who score 30 or below in the diagnostic test was considered as learning disabled and chosen as the sample for the study.

TOOLS USED

For the identification of learning disabled student firstly teacher referral form by Bist, (2015) was employed. Then diagnostic test of learning disability by Mehta and Swarup (1993) was employed. For measuring the peer victimization of learning disabled students the peer-victimization scale developed by Bist (2015) was used. "Furthermore, for measuring family support the multidimensional scale of perceived social support by Zimet, Dahlem, Zimet and Farley (1988) was used".

RESULTS

Descriptive Statistics

The mean, S.D., Sk and Ku of the variables under the study i.e., peer victimization and the family support has been given in Table 1

Table 1: A summary of descriptive statistics of different variables

Variables	Mean	S.D.	Sk	Ku	Remarks
Peer victimization	83.47	19.39	-.24	-.660	High
Family Support	21.85	2.22	.06	.420	Moderate

"Table 1 reflects that the value of mean and S.D. of peer victimization for the sample were 83.47 and 19.39 respectively. Mean is found to be high as per the norms. It means that learning disabled students of age group (8- 11 years) are facing high level of peer victimization. That victimization can be in any form i.e., verbal victimization, physical victimization, social manipulation, and attack on property. Skewness of peer victimization is found to -.24 which is negative and reveals that the data is negatively skewed. Ku of peer victimization is -.660 which is greater than 0.263 Ku for normal curve and shows that the curve is leptokurtic.

Table 1 depicts that the value of mean and S.D. of family support for the sample were 21.85 and 2.22 respectively. Mean is found to be moderate as per the norms. It means that the learning disabled student of age group (8- 11 years) receive moderate family support. Skewness of family support is found to .06 which is positive and reveals that the data is positively skewed. Ku of social support is .420 which is greater than 0.263 Ku for normal curve and shows that the curve is leptokurtic”.

DIFFERENTIAL ANALYSIS

Table 2 Significance of difference between means of dimensions of peer victimization with respect to males and females

	GENDER	N	Mean	Std. Deviation	t- value
PV	Male	19	85.42	21.19	.599
	Female	21	81.71	17.94	

Where stands for PV- Peer victimization

Table 2 indicates that insignificant difference was observed between males and females learning disabled students on their peer victimization (t= .599). It means that male and female learning disabled students are facing similar level of victimization. Furthermore, the mean value for male learning disabled students was 85.42 and mean value for females learning disabled students was 81.71.

This result is well supported by studies conducted by (Didden et al., 2009, Kouwenberg et al. 2012, Frerichs et al., 2012) found no influence of gender on victimization.

Table 3 Significance of difference between means of dimensions of social support with respect to males and females

	GENDER	N	Mean	Std. Deviation	t- value
FAS	Male	19	21.47	2.52	- 1.018
	Female	21	22.19	1.91	

Where stands for FAS- Family Support

Table 3 indicates that insignificant difference was observed between males and females learning disabled students on their family support (t= - 1.018). It means that male and female learning disabled students are having similar level of family support. Furthermore, the mean value for male learning disabled students was 21.47 and mean value for females learning disabled students was 22.19.

CORRELATION ANALYSIS

Table 4: Correlation Matrix of peer victimization with family support

Variables	PV	FAS
PV	1	
FAS	-.430**	1

** . Correlation is significant at the 0.01 level (2-tailed).

Where stands for PV- Peer victimization, FAS -Family Support.

Table 4 shows that the correlation of peer victimization with family support is -.430. This value was found to be significant at 0.01 level of significance. A moderate degree of negative correlation was found between peer victimization with family support.

Meaning thereby, that when children with learning disability of 8-11 years of age group receives family support either from mother, father, brother, sister etc. then the rate of peer victimization will decline and the aftermaths of peer victimization were also less parlous. Learning disable students getting family support are facing peer victimization with more courage and combating the problem and vice versa. It is suggested that family support for learning disabled students are essential to combat peer victimization and also decline its negative impacts such as social exclusion, depression, anxiety and low self- esteem.

This result is well supported by the studies conducted by (Biswas et al. 2020) found that higher level of parental support (i.e., understanding the problem of their children and knowing the importance of spending the leisure time with their children) were significantly associated with lowering down the negative impact of bullying victimization.

CONCLUSIONS

The study documents the following conclusions:

1. Children with Learning disable of age group (8- 11 years) reported higher level of peer victimization that can be in the form of verbal, physical, social manipulation, or attack on property victimization.
2. Learning disable student of age group (8- 11 years) receive moderate family support.
3. The study found no significant difference between mean score of males and females learning disabled students in peer victimization. Both gender face similar level of victimization.
4. The study found no significant difference between mean score of males and females learning disabled students in family support. Both gender receives similar level of family support.
5. A moderate degree of negative correlation is found between peer victimization with family support. Meaning thereby, with increase support of family there is decrease in the victimization of learning disabled children.

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