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Let's Talk About It: Peer Victimization Experiences As Reported by Adolescents with Autism Spectrum Disorder

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Abstract

Individuals with autism spectrum disorder (ASD) experience high rates of peer victimization; yet, their personal experiences and perceptions of such victimization are not well understood. In this qualitative investigation, responses to questions about bullying and teasing were examined to gain insight into the perception of peer victimization as reported by adolescents with ASD. While the majority of participants provided examples of peer victimization, their situations differed from items typically assessed on bullying questionnaires. Participants were also able to provide explanations for why they believe they are targets, and descriptions of their reactions to bullying. Findings from the interviews are used to provide suggestions for the development of more informative bullying assessments and prevention programs for students with ASD.

Keywords

Peer victimization; bullying; autism spectrum disorder; adolescents

Children and adolescents with autism spectrum disorder (ASD) are common targets of bullying during their school-aged years (Cappadocia, Weiss, & Pepler, 2012; Schroeder, Cappadocia, Bebko, Pepler, & Weiss, 2014; Sterzing, Shattuck, Narendorf, Wagner, & Cooper, 2013; van Roekel, Scholte, & Didden, 2010). Compared to students without disabilities, students with ASD are reported to be at least 4 times more likely to experience bullying (Sterzing et al., 2013). Students with ASD are more vulnerable than students without disabilities because they often possess several risk factors known to increase victimization in the general population. Such risk factors include: limited social skills (Kloosterman, Kelley, Craig, Parker, & Javier, 2013; Schroeder et al., 2014); fewer or lower quality peer relationships (Rowley, Chandler, Baird, Simonoff, Pickles et al., 2012; Wainscot, Naylor, Sutcliffe, Tantam, & Williams, 2008); communication difficulties (Nabuzoka, 2003); and difficulty regulating emotions (Schroeder et al., 2014).

Although the prevalence and risk factors of bullying of students with ASD have been widely investigated and identified in recent years (see Schroeder et al., 2014 and Sreckovic, Brunsting, & Able, 2014 for reviews), the methodologies employed by the majority of these studies (e.g., informant report, close-ended questionnaires) have left important gaps in our knowledge about the victimization experiences of these youth. That is, they do not provide explicit details as to what situations students with ASD perceived to be bullying or how these experiences affected students with ASD. In contrast, this investigation used qualitative methodology to explore what students with ASD identify and describe when directly asked about bullying and teasing. We then examined their perceptions of why they are targets of bullying and how they reacted to the bullying.

Most of the extant research on victimization in youth with ASD relies solely on teacher or parent report. Informant reports are useful, as they allow for the gathering of data about youth across the full spectrum of functioning (e.g., information on non-verbal youth can be included). However, recent research suggests that informant reports may not capture the totality of bullying experiences. Studies that have gathered data on bullying from multiple reporters have found that parents and teachers tend to report higher rates of bullying than the students with ASD themselves (although students reports remain elevated compared to typically-developing peers; Adams et al. 2014; Chen & Schwartz, 2012; Rowley et al., 2012; van Roekel et al., 2010; Zeedyk, Rodriguez, Tipton, Baker, & Blacher, 2014). Even when using a bullying measure specifically designed for and validated in an ASD sample, students' and parents' responses did not correlate for all forms of bullying (Adams et al., 2014).

One can speculate about the reasons for differences in reporting between youth and parents; it may be that youth do not fully inform parents about their victimization experiences. Alternatively, ASD-related social deficits may make it difficult for youth with ASD to determine whether the behavior of others is ill intentioned, leading to under-reporting. Although it is unclear whether parent- or self-report more closely reflects reality, a study by Adams and colleagues (2014) suggest that youth self-report might be the more relevant piece of information to gather; they found that whereas parents' reports of bullying were not related to reports of internalizing symptoms, students' self-reports of victimization were significantly related to increased internalizing symptoms. It is critically important, then, to account for the perspective of the youth with ASD and to understand what youth with ASD perceive as bullying (Adams et al., 2014).

Even when collecting self-report data, the use of close-ended questionnaires with predetermined categories and examples may be limiting our knowledge of bullying experiences among youth with ASD. Difficulties with generalization are common among individuals with ASD (Ghezzi & Bishop, 2008). Students with ASD might not be able to generalize their personal experience to the general definitions of bullying usually described on these questionnaires. Thus, while questionnaire studies have queried more typical bullying behaviors, it might be important to incorporate a wider array of behaviors that do not necessarily fit within the current definition of bullying. Note that to account for these additional experiences, in the present study we choose to use the broader term "peer victimization" in place of bullying. While many studies use these terms interchangeably, our

intention is that, in this article, peer victimization is used to include traditional bullying behavior, such as verbal, emotional, and physical bullying, as well as other experiences that are interpreted and perceived as bullying by the victim but not necessarily defined as such (e.g., poking; negative glances from peers).

Given the possible limitations of self-report questionnaire data collected from youth with ASD, qualitative data analysis through semi-structured interviews is an effective alternative method to gather detailed information about their bullying experiences (Billington, 2006; Humphrey & Lewis, 2008; Schroeder et al., 2014). This allows the youth to determine what experiences they interpret as victimization, which likely results in a broader range of experiences than traditional questionnaires. Unfortunately, few investigations have reported such qualitative findings (Schroeder et al., 2014). Although they were not directly asked to discuss situations of bullying, when asked about their experiences in school and their relationships with peers, Humphrey and Lewis (2008) found that students with ASD in England reported several experiences of peer victimization. Specifically, students offered examples related to social exploitation, name-calling, and physical violence (Humphrey & Lewis, 2008). In an additional study about responses to bullying, students with ASD reported that when faced with bullying, they sought protection from teachers and peers (Humphrey & Symes, 2010).

Beyond the descriptions of bullying and responding provided by Humphrey and colleagues (Humphrey & Lewis, 2008; Humphrey & Symes, 2010), little is known about what students with ASD would report as bullying when directly asked about their experiences. While students offered examples of bullying when relating their experiences in school and with peers, it is not known if they would have provided additional examples if they were directly asked to discuss their experiences with bullies. Additionally, while questionnaire studies have examined the relation between bullying and internalizing problems (Adams et al., 2014; Cappadocia et al., 2012; Shtayermman, 2007; Zablotsky, Bradshaw, Anderson, & Law, 2013), research has yet to examine whether students with ASD understand why they are targets of bullying, and how they react to bullies. In response to the need to better understand the bullying experience from the perspective of youth with ASD, we reviewed responses to direct questions about bullying and teasing, as administered through the Autism Diagnostic Observation Schedule, Module 4 (ADOS; Lord, et al., 2000). Our research questions were: (1) When asked about being teased or bullied, what types of experiences do adolescents with ASD describe? (2) Are adolescents with ASD able to provide reasons as to why they are targeted? (3) How did students with ASD react to instances of bullying?

Method

Participants

As part of a larger study examining the transition from high school in the US, 30 adolescents with ASD were included in this analysis. The inclusion criteria for the larger study were the following: (1) the individual with ASD was within 12 months of high school exit; (2) he/she had received an ASD diagnosis (autistic disorder, Asperger disorder, or pervasive developmental disorder- not otherwise specified) from an educational or health professional; (3) both the youth with ASD and a responding parent were willing to participate in the

study; (4) the family was able to travel to the project site (large academic medical centers in the mid-South or mid-West). Participants were recruited through a number of venues, including local clinics and other autism-related research studies, as well as local support groups, service providers, and autism organizations. Families received information about the study through these venues; those who were interested contacted a study coordinator and were subsequently screened and enrolled. ASD diagnoses were confirmed by clinicians with expertise in ASD diagnosis using DSM-V criteria (2013) and gold-standard procedures; namely, scores from the Autism Diagnostic Observation Schedule (ADOS; Lord et al., 2000) administered to the youth and the Autism Diagnostic Interview-Revised (ADI-R; Rutter, LeCouteur, & Lord, 2003) administered to the responding parent, along with clinician judgment. All clinicians had achieved external research reliability in both the ADOS and the ADI-R. Data were collected through parental interviews and self-administered questionnaires, and a psychological assessment of the youth with ASD.

Adolescents from the larger study were eligible for the present analysis if they had: 1) completed Module 4 of the ADOS, as bullying questions were only asked in modules 3 and 4¹; and 2) consented to being video- or audio-taped so that their responses to the ADOS bullying questions could be transcribed (see measures section below). Adolescents ranged in age from 17 to 19 years ($M = 18.19$, $SD = 0.49$). The median household income was \$80,000, although one-quarter of the sample (26.7%) had annual household incomes below \$40,000. Table 1 provides additional information concerning participant's gender, race, IQ, ADOS scores, and school placement.

Measures

Autism Diagnostic Observation Schedule, Module 4—(ADOS; Lord, et al., 2000). The ADOS is a widely used, standardized diagnostic assessment tool for ASD. Semi-structured activities, questioning, and conversation are used to assess the individual's communication, reciprocal social interaction, and play or imagination, stereotyped behaviors and restricted interests. Module 4 is administered to adolescents and adults who are verbally fluent. Within Module 4, participants are asked about their friendship and bullying experiences. For the purposes of this report, answers to specific questions within "Section 6: Social Difficulties and Annoyance" of the ADOS were transcribed verbatim. These questions included: "Have you ever had problems getting along with people at school or at work?"; "Do you do things that annoy others?"; "Have you ever been teased or bullied? Why do you think?"; "Have you ever tried to change these things? Have you ever done anything so that others wouldn't tease you? How has it worked?" Importantly, responses to these questions have been successfully coded to determine the rate of victimization among youth with ASD in previous research (Rowley et al., 2012).

Data Analysis

Because we did not want to approach the interviews with preconceived ideas of the types of experiences the adolescents with ASD would report, we used a conventional qualitative

¹Note that although bullying questions are also asked in Module 3 of the ADOS, all participants were in their late teens and thus, if verbally fluent, were administered Module 4 (as Module 3 is typically for younger, verbally fluent children).

content analysis approach to derive codes and to sort them into themes based on relationships (Hsieh & Shannon, 2005). To begin, the first author repeatedly read all of the transcripts to become familiar with the data. Then, the first author derived codes by carefully reading each transcript and highlighting exact words that appeared to describe an instance of peer victimization, a reason why the individual was bullied, or a reaction to bullying. After identifying preliminary codes from five transcripts, the first author then coded the remaining transcripts (and recoded the first five) using the identified codes and adding new codes when data did not fit into an existing code. Codes were then sorted into themes based on how the different codes were related and linked. The themes were used to organize and group codes into meaningful categories (Hsieh & Shannon, 2005). The first and second author then discussed the general category definitions, and categories and resulting codes were refined by the first author. After all of the data had been coded, the first author gave the category definitions to the second author who then coded the responses into categories and achieved over 80% agreement (number of agreements divided by total codes). Discrepancies were discussed and resolved. Landis and Koch (1977), indicate that agreement above .80 is considered “almost perfect”, thus we felt that reliability had been established for the coding categories.

Findings

Qualitative content analysis was used to establish themes that emerged from responses to the Social Difficulties and Annoyance Section of the ADOS Module 4.

Types of Victimization

First, 22 of 30 individuals with ASD reported that they had experienced teasing or bullying. In response to both questions “have you ever had problems getting along with people at school?” and “have you even been teased or bullied?” adolescents with ASD offered examples of various forms of peer victimization they had encountered. Some adolescents provided details of specific instances of bullying, such as:

The only instance I had problems with a person was freshman year, and I was still kind of in the awkward phase of early teens and we were in gym. I was just sitting down. We were all waiting for stuff to do, and this one kid sitting next to me, I realize now that he was just trying to mess with me, but back then I kind of broke down to crying. Like he tied my shoes together.

Other adolescents provided more general descriptions of the bullying and teasing they experienced throughout their school years. Overall, the experiences of peer victimization described by adolescents with ASD fell into four themes that included the most common forms of bullying: verbal, physical, relational, and unspecified, with some experiencing several forms.

Verbal Victimization—Nine adolescents with ASD reported instances of verbal bullying, indicating that they were picked on or teased by peers. Some provided details as to how they were picked on. For example, one adolescent said, “Well some kids would just pick on me

like try to steal my books or call me names. Which I didn't like." Another adolescent reported that students made fun of him for personal attributes. He reported:

Oh yes I used to have long long hair. I used to have long long hair and there was a girl when I was in school, she didn't like that. In fact there were two girls and they did not like that. They teased me all the time. Yep. Didn't like that. I ended up cutting it. *[Did you cut it because of that?]* Yes, it was long, well it was because of that.

Physical Victimization—Fewer adolescents (6) reported instances of what might be considered physical bullying. Such reports varied from minor experiences to severe instances of physical bullying. Two individuals reported that peers “poked me over and over.” Whereas, another adolescent described a more serious physical altercation:

I got bit by some jerks. (*Yeah? What happened with those jerks?*) Well, I had some guys, decided to hiss like in my very previous years and still like in sophomore year. (*Oh, no, they hissed at you?*) Like [adolescent hisses]. And it was unexpected, like it was like [adolescent gasps] (*Oh, so it scared you a little bit?*) And it was like ‘why those annoying jerks’.

This same student reported “another huge jerk, not my size, I mean, but he was, when I was packing my things, he just decided to look at me and then turn around and fart in my face.” Finally, another adolescent reported that a peer “tied my shoes together.”

Relational Victimization—Fewer adolescents with ASD (4) provided examples of relational bullying. Adolescents described instances of peers ignoring them or not being nice. One adolescent indicated that peers would “stare at me in a weird manner,” while another explained, “he annoys me on purpose.” One indicated that peers would “mostly talk behind my back”.

Unspecified Victimization—Finally, seven adolescents said they did get bullied, but did not provide specific details about the form of bullying. For example, one adolescent responded, “I did get bullied quite severely by most of the school actually, well by most of my grade in school,” but chose not to provide further details. Another responded with “all the time” but did not elaborate, while one adolescent indicated a desire to not talk about it: “um, I don't want to go into detail with it.”

Reasons for Bullying

Some adolescents provided reasons as to why they thought others might target them. Specific themes were related to personal attributes and other's opinions of them.

Personal Attributes—A common theme throughout the responses from adolescents was to place blame on themselves for reasons as to why there were targets of bullying (e.g., “maybe that was kind of my fault”). Adolescents reflected on personal attributes and behaviors through comments such as, “I'm not exactly approachable,” “I haven't exactly made an attempt,” and “[it was an] awkward phase of early teens.” Many adolescents felt that bullies viewed them as easy targets, as one commented, “I'm easy to aggravate, pretty

much. At times, at least. Um, yeah. I was way too easy to target, I was easy pickings is the word". Others felt bullies noticed their disability (e.g., "I was obviously different") and used it as a reason to target them. For example, one adolescent stated he was targeted because of the way he acts:

To get a reaction out of me, that's what they were after...thought it was funny seeing my re- seeing me react....Cause I was different like my disability. They took advantage of it.

While another participant indicated that he was targeted because of the way he talks or because he has different interests than other students:

I guess I just don't do what they do. It's so hard to tell you how it works. I don't know. Maybe I talk different than them maybe. I'm not interested in the same stuff all the time, or, I don't know, I just don't do well with kids in high school. It's just hard to explain.

Finally, one adolescent suggested how his lack of interaction with others might have made him a target. For example, he expressed,

...I had spent time at the school and with people in my grade since 7th grade. I know less than a quarter of their names, which is really sad but yeah. Lack of interaction for the most part, lack of need for repetition. If I have no need to interact with them on a constant basis, what's the point of anything? Not to be harsh or anything, like but from an objective standpoint- pretty much, yeah. Um, people didn't really care that um, yeah

Other's Opinions of Them—In addition to expressing an inward focus about personal attributes, some adolescents provided an external explanation as to why they are targets of bullying. Specifically, adolescents felt that other students in the school did not like them or want to be around them. Several adolescents provided comments such as, "because um the other kids just seem not to want to be around me", "they all hate me, too", and "it's hard to keep friends".

Reactions to Victimization

Throughout their descriptions of victimization, adolescents with ASD offered various ways in which they reacted to the bullies. Reactions varied widely, from descriptions of their own actions in the present moment, their own actions after the incident, attempts at retaliation and intimidation, and emotional responses, such as minimizing the seriousness of bullying or the situation and changes in relationships.

Own Actions in the Moment—Many adolescents with ASD indicated that they tried to ignore the bully, but they also indicated that sometimes they were unable to ignore the situation. For example one adolescent stated, "I first ignore them, they're persistent. Very persistent. And you can't ignore it when it's physical." Another stated that he tries to control his emotions (e.g., "I don't get angry") and one said he is assertive (e.g., "I say stop right now").

Own Actions after the Fact—In addition to trying to control the situation in the moment, adolescents with ASD indicated they took action after the bullying incident. They were likely to report the incident to either the office, to a teacher, or to a parent. Others took action by changing their own behavior, such as, “I’ve learned to be more nonconfrontational and just mellow out I guess” and “paid more attention to what came out of my mouth”. Adolescents also responded by documenting the incident for the future. For example, one adolescent said, “I responded by documenting them fervently and thoroughly” and “just write down what happened”. One adolescent indicated that he would wait until he graduates to report the bullying, as he feels the school is not open to such reports:

As soon as I graduate I am ratting out everyone who wronged me...(the school) introduced a way of making it hard to snitch on people...it is a network they have, they adopted, maybe the entire school system.

Retaliation and Intimidation—A number of adolescents with ASD indicated a desire to retaliate either at the time of the bullying incident or in the future. For example, in relation to a bullying incident one adolescent said, “I’m lucky I didn’t get angry enough to beat them up”. Some provided small glimpses into their desire to fight back in the future, with statements such as, “And you don’t want to see what happens”, and “if I’m ever in this situation, I’ll, I’ll have, I’m going to be ready.”

Finally, some adolescents attempted to decrease victimization by making themselves seem more intimidating. One student made comments such as, “make myself an established threat”, “a few of them can’t look me in the eye” and “I broke them”. Similarly, one adolescent reported:

Um, my responses were at times not the best. [*Ok, why do you say that?*] Well, threatening to cut someone up and describing in detail of what you would do, not the smartest thing to do. I have a very active imagination, not the best at times, especially when you’re really angry and you want to scare someone.

While another adolescent explained:

Break fights. [*Break up fights?*] Yeah. [*Yeah? Tell me, when has that happened?*]

Well it was one time in the last year which is when a kid was about to fight with another and I was getting in the way... [*Oh, so you got in the way accidentally?*] No.

[*Oh on purpose?*] Yeah. [*Ok, ok. So were you able to stop the fight then?*] Yeah...

[*And...why is that something you felt that other kids weren’t going to tease you when you did that.*] Cause it tells them not to mess with you cause you do the right thing and not be a bystander and watch people duke it out.

Minimizing—While providing descriptions of bullying experiences, some adolescents added qualifiers to minimize the seriousness of the situation. For example, when one adolescent was describing how a peer tied his shoes together, he stated dismissively, “I know, poor me”. Another student, after describing how he was “easy pickings”, ended the description with “sad for me, oh well”. These verbalizations seemed to indicate the

adolescents were trying to minimize the situation and not make a big deal about it. Other adolescents actually stated that the bullying was “not too serious” or “nothing that was too mean.” Some seemed to feel that it was something most students deal with (e.g., “anywhere you go, you’ll have that”). One explained that we have become oversensitive to bullying:

Ah, I wouldn’t say so. I mean, I think nowadays, we’ve just gone a little overprotective, I mean the things considered bullying nowadays are just kids being kids and kids teasing each other. And it’s always been that way....It’s not really as a big a deal they make it out to be.

Changes in Relationships—Finally, some adolescents expressed annoyance with bullies. One adolescent repeatedly called the bullies “jerks” and stated that his response to bullying was to think “why those annoying jerks”. Another adolescent said he thought, “get off of my nerves”. Other adolescents let the behaviors of bullies affect their future relationships as well. For example, some adolescents indicated that they no longer trust people like they used to. One explained,

I don’t remember most of it but... I am not very trusting of people most of the time. (*Why’s that?*) You know because of what happened back then. I am not exactly one who’s easily tricked as someone who might be.

Discussion

This was a qualitative investigation of the experience of peer victimization as perceived and reported by individuals with ASD, yielding several key findings that extend our knowledge of bullying of these youth. First, the majority of individuals with ASD in this sample (73%) indicated they had experienced peer victimization at some point. This is staggering, when compared to the estimated national prevalence rate of 10.6% of students in the general population (Sterzing et al., 2013)². They provided reports of each type of bullying; but, as we will discuss further below, the specific examples differed from those often-queried in research-based questionnaires. Second, their perceptions as to why they are victimized varied, with some youth placing the blame on their own personal attributes and others blaming the perpetrators. Third, youth varied in their reactions to bullying, with some indicating their attempts to ignore the bullies and others describing their attempts at or desire to retaliate against the bully. In sum, this investigation moved beyond assessing bullying through questionnaires to determine how youth with ASD actually describe and perceive their experiences and the impact of bullying. In the following paragraphs we discuss ways to tie these results to the development of more informative bullying assessments and bullying prevention programs for students with ASD.

Bullying experiences as reported by youth with ASD may differ from those typically measured on self-report questionnaires. For example, while several youth (20%) described instances coded as physical bullying, the specific examples they provided differed from those examples that are typically provided on bullying questionnaires. Whereas youth in this

²Importantly, the recent national prevalence rate (10.6%) and rate of bullying of youth with ASD (46.3%) reported in Sterzing et al (2013) was determined through parent-report using a stricter timeline and definition for bullying. Thus, it is possible that we are reporting a higher rate due to the open-ended nature of our data collection and broader definition of peer victimization.

study described instances of being “poked”, “bit”, and having their shoes tied together, the most common bullying assessment, The Olweus Bullying Questionnaire, assesses physical bullying through questions such as “I was hit, kicked, pushed, shoved around, or locked indoors” (Olweus, 2007). Thus, if self-report questionnaires list items such as “pushing”, “hitting”, or “kicking” for indicators of physical bullying, these participants were unlikely to endorse such episodes as having occurred and might have been rated as not having experienced physical bullying. While poking is not the type of behavior one might expect to hear when we discuss physical bullying this was a real experience for youth with ASD and one they voluntarily provided when asked about bullying experiences. This highlights the need for more research exploring whether the experiences of youth with ASD remain unreported because they are more subtle or different than the examples provided on self-report questionnaires.

It is also vitally important to develop bullying questionnaires that specifically address the unique experiences of youth with ASD. Whereas youth without disabilities may be able to abstractly relate their unique bullying experiences to examples provided on questionnaires, abstract thought and generalization is often difficult for students with ASD. Therefore, if their specific bullying experience is not queried on a self-report questionnaire, it may not get reported. Thus, while Adams and colleagues (2014) have made great strides in adapting bullying measures for individuals with ASD, their measure may have missed instances of victimization that were not directly queried. More work, through both qualitative and quantitative investigations, is needed to develop an assessment tool that more accurately captures the full range of peer victimization experiences of youth with ASD. Beyond developing self-report questionnaires specific for individuals with ASD, we must be more creative in our assessment techniques. For example, youth with ASD might be better able to relate their experiences to examples provided through video models or virtual reality (Parsons & Cobb, 2011). New assessments should be developed and their validity should be confirmed by comparing responses to self-report questionnaires and examples provided during open-ended interviews such as those conducted in this study.

In responding to open-ended questions, the youth in this sample were generally able to offer suggestions as to why they are targeted by bullies. This self-awareness is similar to the finding that young adults with ASD do possess insight into their own behaviors and personalities (Schriber, Robins, & Solomon, 2014). These youth not only reflected on how their personal attributes and behaviors could increase their risk of being bullied, but they were also able to reflect on how others view and perceive them and why those perceptions might instigate bullying behaviors. Researchers should capitalize on this insight when developing bullying prevention programs for students with ASD. For example, if students with ASD are aware that they are targeted because of their behaviors (e.g. “thought it was funny seeing my re- seeing me react”), a behavior management program addressing such behavioral responses should be the first line of defense against future bullying.

At the same time, students with ASD believed they were targets because other students saw them as “easy pickings” or because they did not like them. These reports are similar to findings from past research. Although students with disabilities are often included and educated alongside their typically developing peers, such academic inclusion does not

necessarily promote social inclusion as well (Harrower & Dunlap, 2001; Hughes, Carter, Hughes, Bradford, & Copeland, 2002). Instead, typically developing peers are often resistant to interacting with students with disabilities because they feel uncomfortable with or frightened by them (Copeland et al., 2004). Such fear and negative attitudes have not only been reported as barriers to inclusion and the development of social networks for students with disabilities, but have also been reported as the impetus for typically developing students to tease and reject students with disabilities (Fisher, 1999). In response, students without disabilities should be taught acceptance and understanding of students with ASD and other disabilities (Gus, 2000; Humphrey, 2008; Schroeder et al., 2014), while helping to promote the development of positive social relationships.

One such method to change attitudes and promote pro-social behavior toward students with ASD would be to implement a peer support program in which students without disabilities serve as social supports in the classroom for students with ASD (Kennedy, 2001). Through participation as a peer support, students without disabilities report feeling more comfortable advocating for students with disabilities, intervening to stop other students from teasing students with disabilities, and modeling acceptance of students with disabilities for other peers to see (Copeland et al., 2001). Perhaps most importantly, attitudes toward students with disabilities not only change for those who serve as peers, but also for other students who do not actively participate as peer supports (Copeland et al., 2001; Owen-DeSchryver et al., 2008). Given such positive results, future research should examine a link between peer support programs and the reduction of bullying of students with ASD.

Finally, a bullying prevention program should also be individualized for students with ASD, while addressing the methods these students have already developed for responding to bullying. Specifically, a bullying prevention program should help students with ASD to discern effective responses from non-effective responses. The youth in this sample provided examples of several types of responding, with some more effective than others. Youth with ASD often tried to ignore the bullies; yet, they indicated that this was difficult when the bullying was physical. A prevention program, then, should help students to develop strategies for appropriately responding to different types of bullying.

Similar to previous research findings (Humphrey & Symes, 2010), students also indicated they would report the bullying to a teacher, parent, or the school office. Such reports were only somewhat successful at preventing future bullying, however, as one student stated, "... felt like the teachers wouldn't listen". Thus, prevention programs should also include a component for teachers on ways to effectively respond to reports of bullying (Cappadocia et al., 2012; Schroeder et al., 2014). Specifically, teachers should assume a proactive role within their classrooms and school buildings to recognize, report, and stop bullying and to support victims (Rose et al., 2011). Teachers should also serve as positive role models for students without disabilities, encouraging positive social interactions with students with disabilities.

Finally, moving beyond reports of mental health problems related to bullying (Cappadocia et al., 2012; Schroeder et al., 2014; Zablotzky et al., 2013), we found that youth with ASD tended to minimize the seriousness of bullying but also reported impacted relationships

because of bullying. Specifically, youth with ASD indicated that experiences with bullying led them to withdraw from future friendships. Future research should examine the link between the immediate and future impact of bullying, so that prevention programs can address these concerns and help students build and maintain positive social support networks.

While this report provides important insight into the experiences of bullying for students with ASD, certain limitations must be addressed. First, this was a qualitative investigation. Because we did not ask each respondent about each type of bullying they could have experienced, we are not able to report prevalence rates for bullying. Additionally, we cannot infer that just because a participant did not mention a type of bullying that the student did not experience that form of bullying. Instead, we were able to capture detailed information about the most salient bullying experience these youth wanted to describe. Second, the ADOS questions used in this study asked about both teasing and bullying. Thus, it is possible that participants could report instances of playful versus harmful teasing. While the question related to teasing is potentially ambiguous, it is clear from the examples provided by our respondents that they were reporting about harmful forms of teasing. Third, we did not confirm the reports of bullying with parents or teachers. As such, we are assuming that the youth provided true and accurate accounts of their experiences. At the same time, parents and teachers may not have been aware of the incidents of bullying that these youth described, so such confirmation might have been unrealistic. Fourth, this sample included high functioning individuals with ASD who were able to complete module 4 of the ADOS. The responses and experiences of lower functioning youth with ASD or those in a special education setting may be different. Finally, this was a relatively small sample of individuals with ASD living in specific geographic regions. As such, these findings may not be generalizable to all youth with ASD. At the same time, because these youth were recruited as part of a larger study not related to friendships or bullying, the potential for selection bias of individuals who were victimized was minimized.

Overall, then, students with ASD were able to provide examples of times they experienced peer victimization, insight into reasons why they were targeted, and examples of how they reacted. Such responses can be used to inform both research and practice. First, the reports from the youth with ASD highlight the importance of creating a self-report measure specifically for individuals with ASD, as youth with ASD might not be able to accurately relate their experiences of bullying to the examples provided on currently existing questionnaires. Researchers should develop a dynamic assessment of bullying, asking about specific situations rather than broad types of bullying. Such an assessment should then be compared to responses and examples provided in a semi-structured interview and triangulated with reports from parents, teachers, and peers as well as direct observations (Schroeder et al., 2014).

Second, the information provided in this report could be used to inform a bullying prevention program specifically for students with ASD. Currently, most bullying prevention programs emphasize the use of universal programs (e.g., zero-tolerance policies, Positive Behavioral Interventions and Supports; Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012). Unfortunately, such universal programs have been met with limited success at

decreasing actual bullying behaviors in schools (American Psychological Association Zero Tolerance Task Force, 2008; Merrell, Gueldner, Ross, & Isava, 2008; Ttofi & Farrington, 2010). Additionally, universal programs have not been adapted to address bullying of students with ASD. Responses from these student interviews indicate that students with ASD need individualized training on ways to respond to various forms of bullying. Behavior change programs, such as social skills training, mental health counseling, and behavior skills training, could address strategies to change behaviors that instigate bullying as well as reactions once a bullying event has occurred (Rose et al., 2011). Such programs should also focus on educating peers about ASD and developing peer support groups to promote understanding and acceptance of individuals with disabilities.

In addition, students with ASD are in great need of support after a bullying event has occurred. These youth indicated that they do not always feel support from teachers and that they often want to retaliate against the bully. Students' future relationships are also affected by bullying. As such, it is important that teachers and schools recognize when a student with ASD has been bullied to provide both immediate and long-term support for the youth. We must now move beyond responding to what we *think* students are experiencing to actually asking them what is happening and how it impacts them. We should then take action to help these students so that they may feel safe and welcome at school.

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Table 1

Demographic Information and ADOS Scores for Participants

	Mean (SD) or %	N or range
Age	18.19 (0.49)	17.18 to 19.28
Gender (% male)	86.7%	N = 26
Race		
White, Non-Hispanic	90.0%	N = 27
African American	10.0%	N = 3
IQ	93.45 (19.07)	50.00 to 137.00
ADOS Total Scores		
ADOS-4 Communication Total	4.03 (1.30)	1 to 7
ADOS-4 Social Interaction Total	8.33 (2.82)	3 to 14
ADOS-4 Communication and Social Interaction Total	12.40 (3.91)	4 to 20
ADOS- 4 Stereotyped Behaviors and Restricted Interests Total	1.37 (1.30)	0 to 5
Type of School		
Regular Public School	60.0%	N = 18
Regular Private School	6.7%	N = 2
Services only students with disabilities/Alternative School	13.3%	N= 4
Magnet School	6.7%	N = 2
Homeschool	13.3%	N = 4
Hours/week spent in school	32.07 (9.17)	6 to 42
Inclusion		
Full inclusion	60.0%	N = 18
Partial Inclusion	16.7%	N = 5
No inclusion in school	10.0%	N = 3
N/A (Homeschool)	13.3	N = 4