

# M I N D S & H E A R T S

Suite 6  
Level 1 88 Boundary Street  
West End

PO Box 5675  
West End Q 4101

p.: 07 3844 9466  
f.: 07 3844 9533  
e.: info@mindandhearts.net

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## **Strategies to reduce the bullying of young children with Asperger Syndrome**

**By Professor Tony Attwood**

*Bullying can start in a child's early school years, and this paper initially explains the distinct profile of behaviour and abilities of young children with Asperger Syndrome and why they can be more vulnerable than their peers to being the target of bullying. The paper subsequently describes a range of strategies designed to reduce the frequency and consequences of bullying on young children with Asperger Syndrome.*

Sixty years ago Hans Asperger described a distinct profile of abilities and behaviour in young children that he called autistic personality (Asperger, 1944), but it was in 1981, a year after his death, that Lorna Wing first used the eponymous term Asperger Syndrome to describe children with an intellectual capacity within the normal range, but whose abilities and behaviour are consistent with our understanding of Autistic Spectrum Disorders (Wing, 1981). The current prevailing view is that Asperger Syndrome is not an essentially different disorder from autism, but a variant of autism, and located at the milder end of the spectrum of autistic disorders (Frith, 2004). The diagnostic criteria for Asperger Syndrome are still being developed and evaluated, but the following characteristics are based on the diagnostic criteria in DSM IV-TR (American Psychiatric Association, 2000), two recent reviews of the research literature (Frith, 2004; Volkmar et al., 2004) and clinical experience (Attwood, 1998).

The child has a qualitative impairment in social interaction with the following characteristics: a failure to develop friendships appropriate to the child's developmental level; impaired use of non-verbal behaviour such as eye gaze, facial expression and body language to regulate social interaction; a lack of social and emotional reciprocity and empathy; and an impaired ability to identify social cues and social conventions.

There are also subtle impairments in communication skills, in that these children may have fluent speech but difficulties with conversation skills and a

tendency to be pedantic, sometimes having an unusual prosody in their speech and a propensity to make a literal interpretation of the comments of peers and adults. Young children with Asperger Syndrome typically have a dominant interest in their play that is unusual in intensity or focus, and they experience considerable anxiety if there are changes to expected routines in their daily life. Although not included in the formal diagnostic criteria, there may be signs of motor clumsiness (Green et al., 2002) and being hypersensitive to auditory and tactile experiences (Smith-Myles et al., 2000). There can also be problems with executive function, or the ability to plan, organise and monitor one's own performance (Eisenmajer et al., 1996; Nyden et al., 1999; Ozonoff, South & Miller, 2000; Pennington & Ozonoff, 1996).

Government policy is to promote the integration of children with Asperger Syndrome with their age peers at school, but there is a distinct risk associated with integration, that is, the propensity of children with Asperger Syndrome to be bullied. The unusual profile of abilities, especially in the social domain, is not only recognised by parents and professionals, it is also very apparent to their peers. Some peers of a young child with Asperger Syndrome will interact in a 'maternal' way, being protective and kind, while others will respond as 'predators', with malicious intentions of teasing and bullying someone they regard as an obvious and easy target.

Studies and reviews of the literature on bullying in childhood have indicated that the frequency and intensity of bullying is most prominent between the ages of eight and 14 years (Nansel et al., 1998; Olweus, 1993; Pepler & Craig, 1999; Rigby, 1996). However, bully-victim relationships begin to emerge in the preschool years (Vermande et al., 2000). This paper will focus on the reasons for the bullying of children with Asperger Syndrome that begins in the preschool years, and on strategies that can be used from early childhood onwards to try to prevent some of the long-term consequences of bullying that can have a significant psychological impact on typical children (Hay, Payne & Chadwick, 2004) and will undoubtedly also affect young children with Asperger Syndrome.

### **What is bullying?**

If one asks a random selection of friends, colleagues and children to define bullying, the definitions show considerable variation. One person's example of bullying can be another person's idea of entertainment. It is important to have a consistent definition, not only for research but also to ensure consistency in school policies and strategies. Clearly, bullying includes a power imbalance, intent to harm (physically or emotionally) and a distressed target. Gray (2004) reviewed the literature on bullying in childhood, and used her extensive knowledge of children with autism and Asperger Syndrome to define bullying as repeated negative actions (possibly coupled with negative intent) towards (a) targeted individual(s) over time that may occur as a singular event with an imbalance in the power (physically, verbally, socially and/or emotionally) within the interaction. There can also be the possibility of contrasting differences in the immediate or delayed affect of the individual(s) involved.

There is a change in the nature of bullying during childhood, with physical aggression towards same-sex peers being the dominant form of bullying in children from four to nine years, and an increase in verbal and emotional bullying, especially between girls, during the child's high school years (Hay, Payne & Chadwick, 2004). There are some school settings where bullying is more common, particularly within hallways, when on school transport or travelling to and from home, during sports and at locations when the incident is less likely to be detected by an adult. Bullying can also occur close to the child's home by children of neighbours, family friends and relatives. Bullying usually occurs with a peer audience or bystanders and can take a wide variety of forms. The most common are verbal or physical confrontation and intimidation, injury and destruction of personal property, and derogatory gestures or comments. If adults committed such actions, they would be liable to receive criminal convictions for assault, be reprimanded by their employers for harassment, or dismissed.

There are other types of bullying that are perhaps subtler but equally devastating in their effects. Someone might obviously steal a possession and torment the child as he or she tries to retrieve it, or engage in malicious gossip, use comments that result in humiliation, or use obscene gestures. Another form of bullying is peer shunning or social exclusion, such as not being included in a group at meal times, not having questions answered, deliberately being chosen last in a game or team, or not being invited to a social event. There are also forms of bullying experienced by children but committed by adults. This can be where a relative or family friend enjoys teasing or playing practical jokes, but it can also include examples of educational bullying by a teacher. The definition of a bullying act is confirmed when a teacher uses his or her position of authority to ridicule and humiliate a child, respond with sarcasm or be overly critical or punitive, or use facial expressions that discredit or reflect non-acceptance (such as a glance that 'says' to the class 'I think he's silly, too'). Such actions can create a model of behaviour and demonstrate approval for similar acts between class peers and the child who is the target of the adult's acts of bullying.

Some forms of bullying are relatively rare in the general school population but clinical experience suggests they can be more common when the target of a bullying action is a young child with Asperger Syndrome. Such children are often socially naive, trusting, and eager to be part of a group. Another child may make a socially inappropriate or bizarre suggestion and, because of the nature of Asperger Syndrome, the target does not recognise the social meaning, context, cues and consequences. For example, a girl with Asperger Syndrome attended an austere Catholic school. Another child suggested that she raise her hand in class and ask the teacher (a devout nun) an extremely inappropriate and obscene question. Oblivious to its meaning, or of being 'set up', she asked the question. Her punishment was to be expelled from the school.

Another act of bullying is to torment the child with Asperger Syndrome (ensuring that a teacher does not detect the provocation) and enjoy the benefits of the target's response. Children with Asperger Syndrome can be impulsive in their response to an act of bullying, and react without thinking of

the consequences to themselves. Other young children in the same situation would consider delaying their response so as not to be 'caught', or would recognise how to respond within the context. The child with Asperger Syndrome, however, can be the target for covert bullying acts, and when he or she retaliates with anger, perhaps causing damage or injury, the covert 'operative' appears to be the innocent victim and receives compensation from the supervising adult. Such provocation can also be used to distract the teacher to avoid a class activity or examination. When the author was examining the circumstances regarding several disruptive classroom incidents instigated by a young child with Asperger Syndrome, a classmate said that they encouraged his emotional outbursts because then they wouldn't have to do a class test, as the teacher was preoccupied with taking the child to the school principal for punishment.

The social naivety of children with Asperger Syndrome can lead to an unusual form of bullying, described by Gray (2004) as backhanded bullying. The child intent on committing a bullying act may appear friendly but subsequent actions are certainly not friendly. An example is provided by Luke Jackson, a child who has Asperger Syndrome (Jackson, 2002). He described how another child approached him with apparently friendly gestures and conversation while his accomplice crouched down on his hands and knees directly behind Luke. The 'friend' in front of him then pushed Luke so he fell backwards over the accomplice, was unable to prevent his fall and hit his head on concrete, resulting in his being concussed.

### **Why are children with Asperger Syndrome more likely to be a target?**

A study of typical children suggests that there are passive and proactive bullying targets (Voors, 2000). Passive targets are usually physically weaker children, with signs of anxiety, low self-esteem and evident insecurity. They are shy, tend to engage in solitary pursuits and, while having academic abilities, may not be successful in sports nor have an extensive network of friends. They also tend to be passive in terms of their response to a bullying act; more likely to relinquish money, food or possessions; and less likely to retaliate with anger or be supported by peers. This could be a description of the characteristics of the 'passive' personality and abilities of some young children with Asperger Syndrome.

Proactive bullying targets also have difficulties with friendship skills and, in contrast to passive targets, some aspects of their social skills and maturity are perceived as irritating and provocative by both their peers and adults. They may be socially clumsy, not knowing how to read a social situation or engage in reciprocal participation. They may not know how to join a group of children, relying on inappropriate behaviour such as wrestling, being 'attention-seeking' or dominating, and not recognising when to stop. The response of other children can be that 'he deserved it' and 'it was the only way to stop him'. The profile of a typical child who is a proactive target is also applicable to some young children with Asperger Syndrome.

Thus, because of the profile of behaviours and abilities of children with Asperger Syndrome, they may be expected to be a target of bullying more

frequently than their peers. A recent study of the prevalence and frequency of bullying in a sample of more than 400 children with Asperger Syndrome, whose ages were between four and 17 years, found the reported rate of bullying to be at least four times higher than for their peers (Little, 2002). More than 90 percent of mothers of children with Asperger Syndrome who completed the survey reported that their child had been the target of some form of bullying within the previous year. The pattern of bullying was different from that in the general population, with a higher-than-expected level of shunning and, in the teenage years, one in 10 adolescents with Asperger Syndrome was a victim of peer gang attack. Another form of bullying reported in the survey that occurred at a greater level than experienced by peers was non-sexual genital assaults on boys. However, this prevalence study by Little may be a conservative estimate of bullying experiences, as targets can be reluctant to report acts of bullying to their parents (Hay, Payne & Chadwick, 2004).

Another reason that children with Asperger Syndrome are more likely to be the target of bullying acts is that they often actively seek quiet solitude in the playground: being alone should not be perceived as being lonely. They may be able to cope reasonably well with the social demands of the classroom but their social abilities may be achieved by intellectual effort rather than intuition. When class is over they are mentally exhausted. There is further exhaustion from trying to maintain emotional control and cope with changes in school routines and aspects of the sensory world, such as the noises of the classroom and playground. Their restorative for mental energy and emotional stability is quiet solitude, in contrast to other typical young children whose emotional restoratives in the playground are being noisy, active and sociable. Unfortunately, one of the prime characteristics of a target for bullying is being alone. When children with Asperger Syndrome re-energise by isolating themselves from their playmates, they are placing themselves in circumstances that are more likely to make them potential targets.

Children with Asperger Syndrome are also more likely to be targets as they are perceived by other children as naive, gullible, eccentric, low status and 'poor' in the currency of social status and friendship. They are not 'cool', macho or popular and are perceived as 'soft', having few friends prepared to come to their defence. The author was discussing bullying and friendship with a child with Asperger Syndrome who said he had a friend at school but his friend couldn't express his friendship and support him because, if he did, he would become a target too.

Clinical experience suggests that children with Asperger Syndrome can have difficulties with aspects of characterisation; that is, the capacity to identify the personality descriptions and abilities of their peers. Very young children with Asperger Syndrome have problems identifying the 'good guys' from the 'bad guys'. Other children will instinctively know which children to avoid and whether or not someone is to be trusted. Without this 'radar' and identification system, children with Asperger Syndrome may not avoid those children who are notorious for teasing and bullying.

### **Who is likely to engage in a bullying act?**

We know that around five percent of children engage in bullying acts with around 10 percent of children being targets (Nansel et al., 1998). Those who bully others can be remarkably astute in determining the potential weakness or sensitive topic of the target, but why would they choose such behaviour? We have identified several reasons why a child may commit a bullying act. When a group of children is asked why, their reasons include: to feel better, scare others, have more power and control, be cool, and get what they want (Gray, 2004). The research suggests that such individuals need to be in control, lack empathy for the target and tend to defy authority. Sometimes the motivation is to create self-esteem through the exercise of malicious power and authority over peers. If these children are less able to achieve natural friendships, they can create an entourage of fearful associates as a substitute for real friends. Another motivation is to be a popular comedian; the intention is to make the 'audience' laugh, much as some people laugh at the discomfort and embarrassment of someone on a video clip on such television programs as *Funniest Home Videos*.

### **The signs of being bullied**

Children with Asperger Syndrome have several problems with regard to reporting being a target. They have impaired Theory of Mind abilities; that is, difficulty determining the thoughts and intentions of others in comparison to their peers (Attwood, 2004; Baron-Cohen, 1995). They may not intuitively know that the acts of other children are examples of bullying. They can sometimes consider that such behaviour is typical play and something that they have come to accept as yet another confusing behaviour of their peers.

Other children can be more familiar with the advantages of telling someone their practical, social and emotional problems. Children with Asperger Syndrome tend to solve academic and social problems on their own, and asking for guidance and help from another person may not be automatically considered as a solution to the problem of being a target of bullying. Their thinking can be described as 'one track', with a relative lack of cognitive flexibility to consider alternative responses. Disclosure and seeking advice or help from friends or adults is much less likely with this population.

Adults may become aware of the child being a target by using other forms of evidence than disclosure. There may be physical evidence in terms of lost or damaged possessions, or torn clothing; and medical evidence in terms of bruising or injuries. There can be some psychological signs in terms of an increase in anxiety—affecting the gastro-intestinal system with stomach aches and other stress-related conditions—as well as problems with sleep, reluctance to go to school and avoidance of certain areas. The author has also noted that children with Asperger Syndrome, sometimes as young as six years, have been referred for the treatment of clinical depression, and that such children have often experienced frequent bullying, which has been one of the major contributory factors for the child's depression. Also, young children with Asperger Syndrome may respond violently to being the target of bullying, contributing to problems with anger management in general. The author has identified other signs of a child being a target of bullying. There can be a change in their special interests: from relatively benign topics, such

as vehicles and insects, to an interest in weapons, the martial arts and violent films. The child's drawings may also express violence, retaliation and retribution. Young children with Asperger Syndrome may also mimic the acts of the children who are bullying them when they are playing with their younger siblings at home. However, they may not be aware that such behaviour is unacceptable; they are simply imitating the behaviour experienced when interacting with peers.

### **The effects of bullying on children with Asperger Syndrome**

Children who are the target of bullying are at greater risk for low self-esteem, increased levels of anxiety and depression, lower academic achievement, and increased social isolation (Hodges, Malone & Perry, 1997; Ladd & Ladd, 1998; Olweus, 1992; Slee, 1995). The psychological consequences of bullying in the typical population can last for more than 10 years (Olweus, 1992). Children with Asperger Syndrome are more prone to these consequences because of their limited coping mechanisms, such that the psychological consequences are likely to last longer. However, there are other effects that can be experienced by this specific population.

Sometimes the play of other children includes teasing and physical discomfort but the intention is friendly. Young children will engage in 'puppy fighting' and tease with the intention of sharing the humour. When both parties enjoy the experience it is not bullying, but the child with Asperger Syndrome will have difficulty distinguishing between such friendly acts and being bullied. Other children may soon become reluctant to interact with a child who is too quick to assume malicious intent. Accidental acts, such as knocking into the child with Asperger Syndrome due to tripping over a broken paving stone, could be perceived as intentional harm by the young child with Asperger Syndrome. Other children would have recognised that the action was unavoidable, the character of the accident-prone child not being noted for malicious acts, and his or her clear remorse and apology being viewed as signs that they did not have malicious intent. These signs may not be automatically apparent to the child with Asperger Syndrome, whose response may be to retaliate physically or to report an act of bullying—'it hurt, therefore it was deliberate'.

If being bullied is perceived as an aversive experience, one would assume that the child would subsequently avoid such situations. This is not always the case with children with Asperger Syndrome. In her autobiography, Gunilla Gerland, from Sweden, explained an unusual phenomenon that is typical for some children with Asperger Syndrome:

*In the playground there were lots of boys who were bigger than me. During one break, some of them came over to me and said they were going to hit me. 'We're going to hit you once a day', they said.*

*I thought that a strange rule, but I fell in with it. School was full of things I didn't grasp, and I simply had to comply with them. The boys told me to go with them to the lavatories, which were down in the basement, entered directly from the playground. In there, I was given a punch in the stomach, every day, though usually only one. Perhaps I wasn't much fun to hit because I had a very high pain threshold, and even when it hurt I never showed what I*

*felt. I didn't know that was what you should do. They hit me every day until someone suddenly told our teacher. I didn't like that. She had nothing to do with me and I thought it insulting. It was now quite clear that I had been deceived in some way, so I felt stupid. Hadn't I gone and found these boys myself, in case on some days they had forgotten to hit me? I had thought that was as it should be (Gerland 1996, p. 92).*

From the author's clinical experience, the comments most frequently used as an act of verbal bullying or abuse when the target is a child with Asperger Syndrome are 'stupid', 'psycho' and 'gay'. These derogatory comments can be observed in the interactions of children under the age of eight years. Children with Asperger Syndrome value intellectual ability as one of their strengths, which can be a constructive form of compensation for low social self-esteem if they are not successful in social situations. To be called 'stupid' is a significant insult and likely to create considerable distress. The taunt of 'psycho' can also be perceived as a meaningful insult. Eventually, this particular comment can lead older children to actually question their sanity, especially if they have to see psychologists and psychiatrists and take medication. The long-term effects on self-esteem can be quite profound. Unfortunately, in modern schools the description 'gay' is perceived as an insult. Some children with Asperger Syndrome can assume that the description could be genuine, especially if several children often repeat the comment, and that they may indeed be homosexual. Thus a few malevolent comments can have life-long implications for the child with Asperger Syndrome.

Sometimes the frequency and intensity of being the target of bullying is so severe that children with Asperger Syndrome feel that when they go to school they are entering a war zone. They are likely to be 'ambushed' at any time of the day, but without any training in 'combat' or back-up from fellow 'soldiers'. Indeed, the author knows of one adult with Asperger Syndrome who was a conscript at age 19 and experienced active combat in Vietnam; he said the school playground was worse than his experience of jungle warfare, as at least in the Australian Army he had mates, training in self-defence, and tactical support. Being the target of extreme acts of bullying in childhood can lead to the clinical signs of Post Traumatic Stress Disorder.

The author has discussed incidents of bullying during childhood with adults with Asperger Syndrome, and they have considerable difficulty understanding why they were the target so often, or the motivation of the children who tormented them. Their main way of trying to understand 'why?' is to repeatedly replay the events in their thoughts. This can be a daily experience, even though the incidents occurred decades earlier. As the event is repeated in their thoughts, so are the emotions experienced again. Adults with Asperger Syndrome may require considerable psychotherapy to overcome the deep and entrenched traumas caused by being the target of persistent bullying which often began in early childhood. They cannot easily forgive and forget until they understand why.

### **Strategies to reduce the frequency of bullying**

To reduce the frequency of bullying, it is essential to have a team approach that includes the target of bullying, school administration, teachers, early childhood professionals, parents, psychologists, other children, and the child who engages in acts of bullying (Gray, 2004; Heinrichs, 2003; Olweus, 1993). Perhaps the starting point is to examine and change, if necessary, the working policies, and the knowledge and attitudes of adults who supervise young children in the early childhood setting or the classroom or when playing with their peers.

It is essential that early childhood settings and schools develop and implement a code of conduct that specifically defines bullying and how to stop it. The definition should be broad and not restricted to acts of intimidation and injury. There will need to be staff education—consensus and consistency between staff is essential in determining what are bullying actions and what are appropriate consequences. The first stage in a program to reduce bullying is a staff in-service training program. Personnel will need to be trained in how to supervise situations where bullying is more likely to occur, and how to respond to acts of bullying and provide appropriate consequences and encouragement.

The concept of justice is extremely important. Before considering the degree of 'guilt' or responsibility, it will be necessary to conduct a calm and objective assessment of all the facts—to be an impartial detective. The degree of injury or damage should not be viewed as the only measure of the degree of responsibility and consequences. The child with Asperger Syndrome may have been the target of many acts of bullying during the day and has eventually responded with an act of physical aggression, which may be dramatic but is sometimes the only means the child knows of stopping such acts. If the educational setting has consequences for acts of physical aggression, then the child with Asperger Syndrome must experience those consequences. However, it is the author's opinion that those who tormented the child and precipitated the act of aggression should receive the same punishment. This would be consistent with the concept of equitable justice, the notion of having a moral responsibility for the acts of others, and the criminal justice system for adults. If children with Asperger Syndrome do not perceive justice to have been done, they may take the law into their own hands to seek retribution, using the conflict resolution strategy of 'an eye for an eye', with the intent of inflicting equal discomfort.

Gray (2004) recommends creating a map of the child's world and identifying places where the child is vulnerable to, or safe from, acts of bullying. Some areas can then receive more supervision from staff knowledgeable in how to monitor and prevent bullying, and more safe-havens can be created. One of the problems with a prevention program that primarily relies on staff surveillance is that acts of bullying are usually covert, with only around 15 percent of such actions observed by a teacher in the classroom and only five percent in the playground (Pepler & Craig, 1999). However, other children often witness acts of bullying and they will need to be incorporated within the solution to bullying.

The code of conduct on bullying in schools and early childhood settings should include age-appropriate consultation with, and input from, children who attend those settings. There should be regular conversations and meetings to review the code, specific incidents and strategies. The children themselves may need their own program or curriculum on acts of bullying. The program can include information on the long-term consequences for children who commit acts of bullying and for their targets. Those children known to bully others need to be reminded of the short-term consequences in terms of the agreed code of conduct and punishments; as well as of the long-term consequences on their ability to form friendships and achieve successful employment; and alerted to their risk of developing mood disorders and the greater possibility of committing criminal offences. The 'silent' majority of children, who are not involved in bullying as either perpetrator or target, need to be encouraged to rescue both the child who is the target of, and the child who engages in, bullying.

The bystanders, who generally find it disturbing to watch acts of bullying (Pepler & Craig, 1999), will need their own strategies and encouragement to reduce the number of incidents of bullying. Their previous responses may have included relief that they are not the target; being immobilised by fear of being a target themselves if they intervene; having a diffused sense of responsibility by being in the majority group; not being sure what to do; being advised not to get involved; and a code of silence and peer pressure not to report what is happening. Unfortunately, some bystanders can perceive the event as being humorous or deserved by the target, which provides overt encouragement for the child committing the bullying act.

The silent majority need to be encouraged and empowered to intervene. They can be taught to state clearly that what is happening is wrong, that it must stop, and if it does not stop it will be reported. This may mean stepping between the child who is bullying and the target. There are some children within the silent majority who have a high social status, a strong sense of social justice and natural assertiveness. These children can be personally encouraged, and can be highly successful in intervening, to stop bullying. Their high social status may also encourage other children to express their disapproval.

The author suggests that part of the children's code on bullying include commendations for a positive intervention by a bystander, but that other children who were present but did not try to intervene should experience some consequences for their inaction, which has indirectly enabled the bullying to occur. There needs to be group responsibility for acts of omission rather than commission: in other words, consequences for what they did *not* do.

The early childhood professional can encourage a 'buddy' system, with the buddies recruited from the group of high social status children with a social conscience. Their role is to monitor the circumstances of the child with Asperger Syndrome, to privately report any incident, to encourage the target to report the event, and to indicate that the situation is not funny and the bullying not deserved. Such children are more easily able to distinguish

between friendly and non-friendly acts and to be in situations that adults find difficult to monitor. Holliday Willey (1999) describes in her autobiography an example of a buddy that occurred naturally; this was her friend Craig, whom she first met when she was only six years old:

*I am amazed my peers put up with me and my peculiarities. Truth be known, they may not have, had it not been for a very good friend of mine named Craig. This friend was very bright and very funny and very well-liked. With him by my side, I was given an instant elevated status among our group and beyond. He had been my friend almost forever and over the years he had become almost like a guardian to me.*

*In subtle and overt ways, he would show his support for me by saving me a seat at lunch, walking me to class, or picking me up to take me to a party.*

*Craig jumped in to my rescue even before I knew I needed to be rescued (Holliday Willey, 1999, p. 34).*

Every setting will have a potential Craig, a role that is sometimes taken in the playground by the sibling of a child with Asperger Syndrome. If genuine friends or relatives provide such support, their guardianship should be recognised and encouraged.

There are strategies that can be used by the child who is the target of a bullying act. They can try to avoid potentially vulnerable situations. Unfortunately, a child with Asperger Syndrome may try to find a socially isolated sanctuary but this can be one of the most perilous and vulnerable situations. Luke Jackson, a teenager who has Asperger Syndrome, offers some advice (Jackson, 2002):

*One day things just got too much to bear. I had tried to hide in the changing rooms away from my tormentors—I wish I had written my book then as I would have realized that hiding away is the worst thing to do. These two lads (low-lifes) found me and began toying with me in much the same way as a cat plays with a mouse (p. 137).*

*Don't go to a quiet corner somewhere at school breaks. Try to be somewhere safe such as the library. I know it sounds strange but when you think you are hiding you are most likely to be found and bullied. AS kids are not good at working out how other people think. The best thing to do is stay with your friend if you have one, or at least a place where there are lots of people around (p. 151).*

Security is in numbers: protection comes from being one fish in a shoal that is being circled by sharks. The best place to 'hide' is in a group of children, or at least near them. Therefore it is important that children with Asperger Syndrome are welcomed into, or nearby, a group of children when predators are approaching a potential target. That welcome will need to be part of the class code on bullying. Other options can be the provision of activities in a supervised classroom during break times, such as a chess club, or an opportunity for like-minded individuals to meet in the playground, with a

teacher creating a little scientists' group whose project is to record weather data or conduct a survey of plants and insects during break times.

There are recommendations regarding what to do when being the target. The advice to ignore the words and actions of the bully does not work. Ignoring acts of bullying as a means of preventing such behaviour is a myth that adults must not perpetuate. The child must have a response, but what should he or she say or do? The general advice is for such children to try to stay calm, maintain their self-esteem, and respond in an assertive and constructive way. Staying calm and maintaining self-esteem is difficult for children with Asperger Syndrome, but self-talk strategies can be used to maintain self-control. Children who are a target need to know that they are not at fault, they do not deserve the comments or actions, and the people who need to change their behaviour are those who are committing the bullying acts.

Gray (2004) recommends the creation of one simple spoken response that is true and used consistently. Examples are: 'I don't deserve this, stop it'; and 'I don't like that, stop it'.

It is advisable to avoid telling a lie (for example to say, 'I don't care'). This would be difficult for children with Asperger Syndrome, who are known for their reluctance to lie or argue, to say. Another response to avoid is replying with a sense of humour. Children with Asperger Syndrome would have considerable difficulty creating humour in such a situation. If the target child is unsure whether the actions of the other person are friendly or not, he or she will need to explain their confusion and feelings. A reply could be, 'Are you teasing me as a friend or not as a friend?' and 'What you are doing/saying is making me feel (confused, angry, etc)'. It is important that they state that the bullying will be reported. The child can be encouraged to try to walk away from the situation, towards an adult or a safe group of children.

There are also strategies that can be implemented by a psychologist, school counsellor or learning support teacher. The first stage is to explore with the child why someone would engage in a bullying act. The thoughts and motivations of others are not obvious for children with Asperger Syndrome, owing to their inherent difficulties with Theory of Mind abilities. The child can be very confused as to why someone would be so unkind, why he or she became the target, and what they are supposed to think and do. The author recommends two strategies developed by Gray (1998): Comic Strip Conversations, which can be used to discover and explain the thoughts and feelings of each participant in the incident; and Social Stories, to determine what to do if similar circumstances occur again. Comic Strip Conversations involve drawing an event or sequence of events in storyboard form, with stick figures to represent each person involved and speech and thought bubbles to represent each participant's words and thoughts. The child and teacher use an assortment of fibre-tipped coloured pens, with each colour representing an emotion. As they fill in the speech or thought bubbles, the child's choice of colour indicates his or her perception of the emotion conveyed or intended. This can clarify the child's interpretation of events and the rationale for his or her response. This activity can also help the child to identify and rectify any misperception, and to determine how alternative responses will affect each

participant's thoughts and feelings. When new responses have been identified, the child will benefit by being able to rehearse those responses using role-playing activities, and by being encouraged to report back when a particular strategy has proved effective. Young children with Asperger Syndrome can enjoy creating a 'boasting book' of the new successful responses, especially if the successful management of the event achieves a commendation and a suitable reward.

It is important to examine the range of current responses used by the child, to reinforce the appropriate strategies and to jointly discover some new responses. The author has noted that children with Asperger Syndrome who are the target of bullying may initially try to ignore the bullying act (which rarely prevents another such act) and may then make several requests for the person to stop but without giving any indication of their increasing agitation. Sometimes the bullied child's only alternative response is an act of violence, having recognised that a violent act is effective in ending someone's behaviour. However, the child committing repeated acts of bullying might not perceive the typical warning signals of having gone too far, so when they perform the act that becomes 'the last straw', they may not be prepared for the ferocity of response. Occasionally, such a response is exactly what the bully actually wanted, in order to appear the virtuous victim or to manipulate a situation to their advantage, such as avoiding a class test.

Psychologists have also invented the term 'bibliotherapy' to describe the strategy of the bullied child reading age-appropriate fiction in which the central character experiences bullying and responds in ways intended to serve as a model for the young reader. The author and other specialists in Asperger Syndrome would recommend careful selection of any reading material relevant to bullying, as some of the strategies in the text may not be consistent with conventional wisdom on preventing bullying. There are many published programs on the prevention of bullying in schools, and the activities in these programs can be used with young children with Asperger Syndrome; but there are two new school-based programs on bullying that are specifically written to help young children with Asperger Syndrome (Gray, 2004; Heinrichs, 2003). In the near future, the parents or advocates of children with Asperger Syndrome will be requesting that schools implement these new programs.

Parents are essential members of the team approach to reducing bullying, and they will need to be aware of the policies and relevant programs in the early childhood setting and be active participants in encouraging specific response strategies. Parents also have a role in encouraging the child to have the confidence and ability to disclose their experiences as a target and to talk to a friend, teacher, parent or counsellor. Some education authorities have also created a bullying 'help line' for school-aged children to seek advice and support. A parent may consider enrolling the child in a martial arts course to provide self-protection and be a deterrent to acts of bullying. However, the author would recommend the martial arts course focus on how to remain calm and escape particular holds and actions, rather than to injure or disable the other child. Parents may also need to know that research has indicated that

simply changing school has little effect on reducing the likelihood that a child will be a target of bullying (Olweus, 1993).

### **Do the strategies work?**

We know that there can be a 50 percent reduction in bullying incidents when an effective team approach is used with typical children (Olweus, 1993). However, we do not yet have any data to establish whether such programs as are described above can achieve a similar result with children who have Asperger Syndrome. However, we cannot afford to wait until the research is conducted. As a matter of expediency and compassion, early childhood professionals, teachers and psychologists must implement at least some of the strategies known to be successful with typical children for those with Asperger Syndrome.

The author is often amazed at how stoic and optimistic are some young children with Asperger Syndrome when the child is the target for chronic bullying. Perhaps the final words of this paper should be from a child with Asperger Syndrome. The child said to his mother, 'Mum, I can't tell when people are teasing me or being nice, but someday someone will really want to be my friend, and I want to be available'.

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