

Original Article

Bullying Against People with Communication Disorders who are Integrated into Schools: Role of Speech-Language Pathology and its Impact on Communicative Health

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ABSTRACT

Bullying is a phenomenon defined as a form of intentional aggression that includes verbal, physical, or psychological actions. These actions occur in interaction with other people in a repeated and systematic manner, and they are sustained over time. Most studies focus on bullying and its consequences in populations of students with typical development, however, there is little exploration of bullying due to communication disorders. This is why there is a lack of clarity in the work of speech-language pathologists who are inserted in educational establishments regarding guidelines for therapeutic actions that prevent this phenomenon. The purpose of this research is to explore the perception that speech-language pathologists have regarding bullying against school-aged children with communication disorders. With this objective in mind, a study was carried out using quantitative and qualitative methods, through surveys and in-depth interviews, respectively. It was found that more than 65% of the bullying within educational establishments is committed against children between 9 and 12 years of age with communication disorders. Regarding self-perception of the role of Speech-Language Pathology in the prevention and/or intervention of bullying, topics such as improving language and/or speech difficulties in children, raising awareness among the actors involved, self-esteem reinforcement, and interdisciplinary teamwork emerged. Following the analysis of the interviews, it is concluded that Speech-Language Pathology plays a fundamental role in addressing bullying in populations with communication disorders since speech-language pathologists are the professionals who directly influence communicative health.

Keywords:

Bullying; Communication Disorders; Education; Language Development Disorders; School Inclusion; Speech Disorder

Bullying a personas con trastornos de la comunicación integradas en establecimientos escolares: Rol de la Fonoaudiología y sus implicancias en la salud comunicativa

RESUMEN

El *bullying* es un fenómeno definido como una forma de agresión intencional que incluye actos verbales, físicos o psicológicos que ocurren en una relación con otras personas de manera reiterada, sistemática y sostenida en el tiempo. La mayor parte de los estudios se concentran en el *bullying* y las consecuencias en población escolar normotípica, sin embargo, existe poca exploración en el *bullying* que es resultado de un trastorno comunicativo. Es por ello que la labor de los fonoaudiólogos insertos en ámbitos educativos no es clara en explicitar los lineamientos de acciones terapéuticas que favorezcan la prevención de este fenómeno. El propósito de esta investigación es conocer las principales concepciones que los fonoaudiólogos tienen sobre el *bullying* en personas con trastornos de la comunicación en edad escolar. Con este objetivo, se realizó una investigación con métodos cuantitativos y cualitativos, mediados por encuestas y entrevistas en profundidad respectivamente. Se encontró que más del 65% del *bullying* entre personas dentro de los establecimientos educacionales se relaciona con niños de entre 9 y 12 años de edad con trastornos de la comunicación. En cuanto a la autopercepción del rol fonoaudiológico en el tema de la prevención e/o intervención en temas de *bullying*, emergen los conceptos de favorecer los aspectos del lenguaje y/o del habla en los niños que tienen dificultad, la sensibilización de los actores involucrados, el refuerzo del autoestima y el trabajo en equipo interdisciplinario. Finalizando el tratamiento analítico de las entrevistas, se establece que la Fonoaudiología cumpliría un papel fundamental en el abordaje del *bullying* en poblaciones con trastornos de la comunicación, siendo el profesional que actúa directamente sobre la salud comunicativa.

Palabras clave:

Bullying; Educación; Inclusión Escolar; Trastornos de Habla; Trastornos de La Comunicación; Trastornos del Desarrollo del Lenguaje

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INTRODUCTION

Bullying is defined as a form of intentional aggression, which can be perpetrated directly or indirectly and includes verbal, physical, and/or psychological actions. These actions occur in interaction with others, in a manner that is repeated, systematic, and sustained over time, with the intention of inflicting harm; it is considered one of the practices that are most harmful to children in school contexts (Olweus, 1998). Currently, bullying can also be committed online, through social media or text messages (Alfonso Loret de Mola et al., 2019; Fisher et al., 2017; Mishna, 2012; Oviedo et al., 2019; Rettew & Pawlowski, 2016).

Several studies carried out on bullying tend to identify a triad of actors that are part of the cycle: Bullies, Victims, and Bystanders (Olweus, 1998, 2001; Salmivalli et al., 1996; Swearer et al., 2001). Of these, the victims of bullying are characterized by: introversion, poorly developed social skills, depression, anxiety, weak body structure, and difficulty interacting and making friends with or without social phobia (Arroyave Sierra, 2012; Jansen et al., 2012; Skapinakis et al., 2011; Trautmann, 2008).

Most studies focus on bullying and its consequences on the typically developing school population, however, there is little exploration of bullying against people with communication disorders. The relationship between communication disorders and bullying has become relevant given the significant amount of epidemiological data available within the school and preschool population. Specifically in school-aged children without signs of neurological disorders or genetic alterations, the prevalence of language impairment is around 2-3%, with speech disorders affecting around 3-6% of the school population. On the other hand, it is estimated that for preschoolers the prevalence is higher than 15% (González Lajas & García Cruz, 2019). This has provoked an increase in research on the relationship between bullying and communication disorders. However, there is still little exploration in this area, which poses a challenge for this field of research.

In line with the above, Knox & Conti-Ramsden (2003) affirm that 4 out of 10 pre-pubertal children with communication disorders perceive themselves to be at risk of suffering bullying in their school context. According to Urrea (2017) school is, in general, the place where most episodes of bullying occur. Moreover, it has been reported that bullying can start at an early age for children with communication disorders since their peers are able to recognize their difficulties and respond to them negatively starting at the preschool stage (Ezrati-Vinacour et al., 2001; Hernández et al., 2014).

In this regard, the communication disorders that create a greater risk of bullying for the children that have them are; Developmental Language Disorders (DLD), Autism Spectrum Disorder (ASD) (Little, 2001; van Roekel et al., 2010), and Fluency Disorders (Blood et al., 2011; Blood & Blood, 2004). Of these three, children with DLD are three times more likely than their typically developing peers to report being at risk for bullying (Lindsay et al., 2008; Savage, 2005).

A review by Durkin & Conti-Ramsden (2010) confirms that adolescents with specific language difficulties are at a greater risk of suffering bullying and enduring emotional problems than their typically developing peers. Other studies show that low self-esteem, academic stress, feelings of loneliness, and social isolation are significantly higher among victims of bullying (Cava et al., 2015 in Enríquez Villota & Garzón Velásquez, 2015). Furthermore, it has been observed that being bullied negatively impacts the school performance of Latin American students (Román & Murillo, 2011).

In recent years, concern has arisen regarding the magnitude of bullying in educational contexts. This phenomenon not only involves victims and bullies, but also other actors who interact with them such as parents, teachers, therapists, and speech-language pathologists (SLP). Thus, there is a need to study the perception these professionals have regarding the conceptualization of bullying and how to approach it.

The role of the SLP in schools should aim at health promotion, anticipating episodes of bullying, and advocating for physical, mental, and social well-being, all of this by creating awareness within the school community (Padilha et al., 2019). Therefore, SLPs working in schools should emphasize actions that work towards preventing this phenomenon, acting as active agents by informing parents and the entire school community about any situation of bullying they witness, whether current or potential. Moreover, their work involves providing communication tools to students prone to being bullied, thus promoting an improvement in their interpersonal relationships. This is because people with communication disorders often experience difficulties with social skills as a consequence (Hodges et al., 1999; Laursen et al., 2007).

Following the theoretical analysis exposed above, a need emerges to understand the perception that SLPs who work in educational settings have about bullying, in order to broaden the perspective of this phenomenon to first-person descriptions. For this purpose, two main objectives are proposed: (1) To describe the perceptions of speech-language pathologists regarding bullying against children with communication disorders in school settings, and (2)

To elucidate the meaning that SLPs attribute to their role when working with children who are bullied.

METHOD

Design

This research was carried out using quantitative and qualitative approaches. The quantitative aspect of the study included a non-inferential descriptive analysis which allowed describing the perceptions of the participants, using percentage and frequency descriptive statistics. The qualitative aspect was based on a humanistic-phenomenological model, with an exploratory and descriptive approach. Specifically for this study, empirical phenomenology was used (Sánchez Flores, 2019), with a strategy based on biographical cases (Valles, 1997), which allowed describing the meaning that SLPs attribute to their role in working with children who are bullied. Given the nature of the study, the sample was gathered using non-probabilistic convenience sampling (Hernández et al., 2014).

Participants

The participants were recruited through an open invitation on Instagram and Facebook, created specifically for this research. Additionally, the poster was shared on the social media of each member of the research team, following the nature of the sampling method.

The total number of SLPs who replied to the invitation was 71, of whom 30 could not participate. Therefore, the final sample was made up of 41 professionals, with 31 participating in the quantitative stage of the research and 10 in the qualitative stage. The sample presented a heterogeneous distribution regarding the country of work, with professionals from Chile, Argentina, Colombia, Uruguay, and Ecuador. The age range was 25-63 years old, with a homogeneous distribution and a mean of 43 years old. Finally, the majority of the participants identified as female.

The inclusion criteria were: (1) Having signed the informed consent, (2) being a speech-language pathologist who graduated from a Latin American university, with a minimum training period of 10 semesters, (3) working in public and/or private school establishments in Chile, Argentina, Colombia, and Uruguay, (4) having at least a half-time employment in the establishment, (5) working with children between the ages of 4 and 12 years, and (6) having worked in the field of education for at least five uninterrupted years.

Instruments

Two instruments were used to obtain the data, which are described below.

Survey on the perception of speech-language pathologists regarding bullying against children with communication disorders

The survey consisted of 10 multiple-choice questions grouped into 3 thematic axes, namely: (1) Main areas of speech-language pathology where bullying happens, (2) main communication disorders where bullying occurs, and (3) strategies used by speech-language pathologists regarding bullying.

The 10 questions of the survey were developed and analyzed from the beginning by a team of seven SLPs, and it was consecutively validated by expert judgment. The group of experts included four professionals with an average of 20 years of experience in the field of communication disorders, who assessed the survey according to four criteria: sufficiency, clarity, coherence, and relevance. The final version maintained the 10 original questions, as there were no observations. Finally, the survey was published in a multiple-choice format using Google Forms.

In-depth interview focused on the meaning that speech-language pathologists assign to their role in working with children who are bullied

This procedure initially consisted in creating thematic axes and referential questions for the focused in-depth interview, following the guidelines proposed by Kvale (2014). Four thematic axes were established that included semi-structured questions, (structured stimulus, free response), as detailed in Table 1.

Table 1. Thematic organization of the in-depth interview.

Thematic Axes	Questions
General Information	Working hours Years of experience in education Place of work Type of educational establishment in which the professional works
Bullying. General Aspects	What do you understand by <i>bullying</i> ? How did you come to that definition? Do you know of any close cases? In what context? How did it start? For how long have you heard about bullying? To what cause do you attribute it?

Bullying. Specific Aspects	Do you think children who go to therapy with you are victims of bullying? Can you think of any particular case? What role would you attribute to your interventions in children who are bullied? Do you feel you are an active or a passive actor when it comes to the issue of bullying in your workplace? Why? Have you perceived the repercussions of bullying in your therapy interventions? Do you include the issue of bullying in your interventions? If so, how do you approach it? What is your rationale?
Closing	Would you offer any advice/recommendation to speech-language pathologists who are starting their work in the field of education? What advice would that be? Would you like to add anything else before ending this conversation?

Procedures

Two different calls were made for the methodological stages, both by convenience, directed at SLPs working in educational establishments who were acquaintances of the researchers. The purpose of the research and the nature of their participation were explained in detail to the 41 SLPs who agreed to participate, after which they were asked to sign an informed consent. The survey was sent via Google Forms to 61 SLPs, obtaining 31 responses.

In the second stage, the 10 participants who agreed to participate in the in-depth interviews were contacted through virtual platforms by five SLPs in charge of carrying out this procedure. Seven of the participants were contacted through Zoom and three via Microsoft Teams. The interviewers were selected considering their relationship with the participants, which facilitated natural and fluid communication. The interviews were performed uninterruptedly, with a length between 31 and 76 minutes and a mean of 44.5 minutes, and they were recorded using the onboard recording tools of each virtual platform. The recordings were then saved on the personal computers of each interviewer and subsequently transcribed verbatim, using the Microsoft Word speech-to-text processor.

Finally, all the transcripts were sent to an SLP in charge of analyzing, selecting, and presenting the segments that provided the most significant answers to the questions.

Plan of Analysis

The descriptive quantitative analysis considered the data delivered by the survey, grouping the answers in tables to show frequency and percentage, according to the distribution of the three thematic axes initially proposed: (1) Main areas of speech-language pathology where bullying happens, (2) main communication disorders where bullying occurs, and (3) strategies used by speech-language pathologists regarding bullying. This distribution allowed determining whether the perceptions of SLPs about bullying against children with communication disorders were homogeneous or dispersed.

The qualitative analysis was carried out through the thematic distribution of the verbatim transcriptions of the interviews. For this purpose, the segments of the interviews that directly related to each of the 4 thematic axes created for the in-depth interviews were selected. The axes were: (1) General information, (2) Bullying. General aspects, (3) Bullying. Specific aspects, and (4) Closing. All of the answers were compared in order to determine the points of convergence and divergence between the participants. Additionally, it was observed whether the answers aligned with the existing theory on the generalities of the phenomenon.

Ethical Guidelines

Throughout the entire research process, the bioethical principles proposed by Emanuel et al. (2000) were followed, meaning that participation was voluntary and informed consent was signed by each participant before the application of the survey and the in-depth interview. This study was approved by the Ethics Committee of the University of Argentine Social Museum (*Universidad del Museo Social Argentino*), record No. 012.

RESULTS

The main findings of both methodological stages are presented following the axes of analysis that will be discussed later on.

Results of the Quantitative Methodological Stage

Frequency distributions and tables were used for the quantitative analysis of the results, which show that children between the ages of 9 and 12 years are the ones more susceptible to bullying in school environments, representing 75.9% of the cases. The results of the survey are shown below (Table 2).

Table 2. Descriptive analysis of the results of the survey.

Questions	Indicator	Frequency	Percentage
How would you define bullying or school harassment?	Form of intentional aggression, which can be performed directly, includes physical actions against others and is sustained in time.	0	0
	Form of intentional aggression that can be performed directly or indirectly and that includes verbal, physical, or psychological actions against others, sustained in time.	29	93.5
	Form of intentional aggression that can be performed indirectly and that includes verbal or psychological actions against others sustained in time.	2	6.5
Have you been in contact with children between the ages of 4 and 12 years that have been victims of bullying due to their communication disorders or difficulties?	YES	25	83.3
	NO	5	16.7
If your answer was 'yes', what area of speech-language pathology did the disorders belong to?	Language and Communication	24	64.9
	Hearing and Balance	0	0
	Oral Motor Disorders	3	8.1
	Voice Disorders	6	16.2
	Early Intervention	4	10.8
What type of bullying have you witnessed against children with communication disorders?	Relational	19	36.5
	Verbal	20	38.5
	Cyberbullying	8	15.4
	Physical	4	7.7
	Other	1	1.9
According to your perception, in what age range is there a greater presence of bullying due to communication disorders?	Between 4 and 5 years old	0	0
	Between 5 and 8 years old	7	24.1
	Between 9 and 12 years old	22	75.9
Concerning speech disorders, and from a functional point of view, check the diagnoses where you have witnessed a greater presence of bullying or harassment	Fluency Disorder	19	65.5
	Speech Sound Disorder	7	24.1
	Apraxia of Speech	2	6.9
	Dysarthria	0	0
In relation to neurodevelopmental disorders, from a functional point of view, check the diagnoses where you have witnessed a greater presence of bullying or harassment	Intellectual Disability	11	39.3
	Developmental Language Disorder	9	32.1
	Autistic Spectrum Disorder	8	28.6
When witnessing a situation in your workplace in which bullying occurred, what was your attitude?	Mediation	19	67.9
	Intervention on the bully	4	14.3
	Direct support to the victim	5	17.9
	Did not intervene	0	0
How have you intervened when faced with recurring episodes of bullying or harassment?	Intervention in different scenarios	23	52.3
	Directly with the victim	13	29.5
	Directly with the bully	8	18.2
	Did not intervene	0	0
Finally, do you believe that it is possible to effectively intervene as a speech-language pathologist to support children with communication disorders who have been bullied?	YES	60	100
	NO	0	0

In relation to the first dimension (main areas of speech-language pathology where bullying occurs), it is established that the area in which bullying is most prevalent is language and communication disorders, with 64.9% of the cases, followed far behind by the area of voice disorders with 16.2%, early intervention with 10.8%, and oral motor disorders with 8.1%. No professional reported the presence of bullying in the area of hearing and balance. It is important to mention that all the participants who answered the survey worked in the area of language and communication, therefore the association of bullying with this type of disorder could be overestimated, compared with the other areas.

The second dimension (main communication disorders where bullying occurs) allows us to identify two different groups that are victims of bullying. The first one includes fluency and motor execution, where fluency disorders have a prevalence of 65.5%, speech sound disorders 24.1%, and apraxia of speech 6.9%. The second group includes language comprehension and expression and cognitive disorders, in which children with neurodevelopmental disorders, DLD, and ASD are the main victims of bullying, presenting a prevalence of 39.3%, 32.1%, and 28.6%, respectively. Finally, in the last dimension (strategies used by speech-language pathologists regarding bullying), all the respondents agree that SLPs have a responsibility to get involved, with 52.3% of the participants expressing they have acted as mediators.

Results of the Qualitative Methodological Stage

Below we present the results grouped into four thematic axes, which emerge from the analysis and distribution of the questions included in the in-depth interviews. These results are captured through excerpts from the interviews and their relationship with the existing theoretical framework.

Axis: Conceptualization of Bullying

To determine the general knowledge that professionals have on the subject, the interviews began with the question: What do you understand by “bullying”?

“...it is a series of abuses that can be physical, verbal, psychological, that is done to a student, by one or more students, but for it to be called ‘bullying’ it has to occur over a period of time, not just a single day in which someone insults another...” (Interview excerpt #1).

“What I understand by ‘bullying’ is when a person affects another emotionally, due to an environmental, physical, social, or economic factor.” (Interview excerpt #5).

“...it is when someone needs to be a little more dominant and aggressive in a relationship because of their own insecurity.” (Interview excerpt #6).

“...it is insulting, denigrating, mistreating emotionally, physically, psychologically one of your classmates, from the same school, course, level...” (Interview excerpt #10).

All SLPs highlight aggression between peers as a characteristic of bullying, with different nuances, and they include characteristics that extend beyond physical abuse. Among the rationales that support their answers a wide range of experiences can be found, as described below:

“...I am a specialist in pedagogical assessment, and one of the aspects that of course has an impact is the social aspect, and within that, they spoke to us, they spoke to us of course about bullying and the consequences on education and social performance, then these concepts that I mention or what I manage to offer you is related to the academic training that I have had, and therefore the experience that I have managed to accumulate over time” (Interview excerpt #3).

“...I don't really have a theoretical reference, but from the experience I have in this context I can say that that's how it happens, the interpersonal difficulties that lead to bullying...” (Interview excerpt #2).

“...it is from experience, from some courses taken with the Ministry [Chilean Ministry of Education], some training courses that they have offered in the educational establishment where I work, because we participated in an activity to develop tools for all members of the educational community regarding bullying or mistreatment...” (Interview excerpt #10).

The accounts of the professionals show an adequate definition and an internalization of the concepts used over the decades, always positioning violence as the core feature of this type of interaction. However, it is noteworthy that some of the interviewees – excerpts #5 and #6 – do not include the educational context as part of their conceptualization, an aspect that is fundamental for understanding the phenomenon of bullying.

As for the sources of knowledge on the matter, the answers show variability. Despite this, there is a general concurrence regarding the analysis of experiences of each SLP when working in an educational environment, either due to direct observation of the phenomenon – excerpts #2, #3, and #10 –, to training – excerpt #10 –, or to a higher probability of witnessing an episode of bullying.

Axis: Personal Experience

In the dimension of personal experience, the participants were asked to recall a first general approach, in order to determine the professional perspective that SLPs have on this phenomenon. For this purpose the question “Do you know of any close cases?” was included. Some of the answers are displayed below:

“...In particular, I have a patient who is 4 years and 3 months old, who was referred to my practice 3 months ago from a public educational establishment and has expressive difficulties [...] as a result of his difficulties in expressive language, this child was teased and verbally abused by his classmates causing him to not to want to go to school”. (Interview excerpt #9).

“Within my field of work I have seen children who have manifested this, usually classmates who make fun of the way they speak, how they express themselves when articulating or pronouncing some words because they can't pronounce certain phonemes, so there is constant and repetitive mocking...” (Interview excerpt #8).

“...the situations that I know are of friends, situations that their children have experienced, they have said that in these situations classmates from school have harassed their daughter or said things related to her appearance and that her son has felt bad, and has suffered, and they have labeled this as bullying...” (Interview excerpt #5).

The answers are variable regarding close experiences, some based completely on clinical experiences and others on indirect cases. However, all of them share the presence of core indicators of bullying, which are that it happens in an educational environment and that it includes manifestations of verbal violence from peers.

One noteworthy piece of information is the form of violence employed by the abusers. As stated by the participants – excerpts #5, #8, and #9 –, all of them correspond to verbal violence. This situation could be explained by the degrees of violence associated with the age ranges of the students.

Axis: Professional Experience

This section comprehends the conceptualizations and experiences regarding the therapeutic process and culminates with the self-perception that SLPs have about their role in situations of bullying. The question posed for this axis is “Do you think children who go to therapy with you are victims of bullying?”. Some of the answers are:

“Yes, yes, several have been in situations of bullying, also because they are singled out for going to, or for receiving therapeutic support, although the institutions seek that this does not [happen]...” (Interview excerpt #2).

“It all depends on what age we are talking about [...] it seems to me that there are kids who don't care at all about how they express themselves, they just get on with their lives, and there are others who are very aware of their speech difficulties [...] It also depends on the age [of which] we are talking about, that is, in kindergarten where there are a lot of problems with pronunciation and expression, children are not bullied because of their speech, this seems to be more likely to happen in primary school, where the development of who is who and their roles are stronger...” (Interview excerpt #6).

“Yes, I worked with a very functional child, he had cerebral palsy [...] at school they did bully him because he attended therapy because his language was obviously not as fluent [...] as for bullying, I have noticed it happens because of therapy mostly when the users are [...] adolescents, [because] they are more aware of some difficulties they present...” (Interview excerpt #4).

“Not all of them, as a professional I assess the problems to find out what kind of children we are dealing with. When a child has suffered psychological abuse, our work is more difficult, since it is necessary to investigate both the child and their parents to find out what problems are caused by bullying. On the other hand, I have had cases where I have asked the child with a language disorder whether or not he is teased at school, and their answer is no” (Interview excerpt #8).

Concerning the beliefs of professionals about bullying, it is clear that they stem exclusively from their interactions with students. In none of the answers is it explicit that there is a unit in the schools or an institution that corroborates this issue and is in charge of disseminating the records of school harassment.

Regarding the perception of the causes of bullying against students, the participants offer divergent responses, with the most common reasons being communication difficulties – excerpt #4–, or the simple fact of attending speech and language therapy – excerpt #2–. In contrast, there are cases in which communication difficulties do not seem to be the trigger for bullying – excerpts #6 and #8 –.

Finally, it is important to highlight that, similarly to the “personal experience” axis, in this section there is a differentiation in the

form of bullying, depending on the age range of the children – excerpt #6 –.

Axis: Self-Perception of the Role of Speech-Language Pathologists in the Intervention with Children who are Bullied

This axis considers the report of the self-perception of SLPs regarding their ongoing work with children who are victims of bullying. The trigger question in this section was “What role would you attribute to your interventions in the case of children who are bullied?”, with some of the answers being:

“...my role is to favor all those aspects in which he experiences difficulties and to help him move forward, and of course that he doesn’t see them as inadequate. The fact, for example, that he receives speech therapy does not mean that there is something bad with him, [...] the role as a speech-language pathologist [...] I am not telling you that reducing the level of bullying is part of my management plan, but I do include [...] promoting awareness and thereby reducing the aspects that favor bullying” (Interview excerpt #3).

“I think that the SLP [...] when you see or feel that someone is going to be a victim of bullying, [...] not only do you have to intervene with the child, not only at an individual level, the intervention must be done at a school level, in the classroom, with the family, and I believe that one should make life easier for children who attend therapy [...], I believe that language and communication can be facilitators to include them in those activities, there lies our role, but [one] cannot do it alone, we have to work with the teacher, with the family” (Interview excerpt #5).

“...thinking about those children who struggle with tense agreement and syntax, who cannot express an idea correctly, children who speak very little, they can also be victims of bullying, and I think that the role of the SLP would be extremely important in working on all these things [...], many of these [children] have difficulties in expressing ideas, and here it seems to me that the role of speech-language pathologists is very clear, we have many tools to work on this, perhaps one does not work on the emotional aspects like psychologists, we do not crossover to their field, but we can do complementary work from speech therapy, enhancing the linguistic aspects, to give the children more tools while other areas contribute with different types of tools” (Interview excerpt #6).

“My role focuses on immediate action in these cases, more on raising awareness of the negative side effects that bullying can cause in communication” (Interview excerpt #8).

“...I feel that one has to help them redefine themselves, not from a psychological point of view, but from the point of view of communication, or speech, or language, which is what is affected and what mainly triggers bullying, so what I say is, [...] as in all things, if we practice and practice it's going to work out eventually, so I feel that on the one hand it's reinforcing self-esteem, on the other hand, without a doubt, it's offering them unconditional support, also informing them that there are protocols in the school and that if at any time they need support or help, we will be there for them at any time...” (Interview excerpt # 10).

The professionals’ testimonies reveal a common inclination towards work that allows enhancing communication skills, which from their perspectives will allow the children to overcome the social barriers they face daily. Moreover, most of the participants believe that the approach should not exclusively consider traditional interventions, but that it should also be extended to creating awareness – excerpt #3 –, to emotional support which complements psychological interventions – excerpts #6 and #10 –, and to the inclusion of the family and therapeutic integration – excerpt #5 –. Therefore, it can be understood that, notwithstanding the heterogeneity of the responses, the role of SLPs is not only focused on traditional therapeutic interventions but should also consider comprehensive teamwork, where health professionals are prepared to put social and educational issues over communication.

In the same line of the previous section, the question “Do you feel you are an active or a passive actor when it comes to the issue of bullying in your workplace? Why?” was posed. Some of the responses are included in the following excerpts:

“...seems to me it’s active with respect to that too, but working as an interdisciplinary team above all, not alone, not just the role of the speech-language pathologist, but together with the psychotherapist, with the educational psychologist” (Interview excerpt #7).

“Of course I play an active role, because I am a speech therapist and my core work is on communication, and for me it is evident that if there are difficulties with communication, with the use of communication, and that this is causing issues or has inappropriate repercussions for my patients, of course I am going to investigate and do what is in my power to avoid this type of situation [of bullying]” (Interview excerpt #3).

“Passive, because we do not provide direct support to the child to try [...] to help them be less affected by bullying, we cannot eliminate it, or be in charge of all the process and the modifications at school, sometimes when we see that it is serious, we refer them to psychology or we ask for support, or we report it to the school authorities, nevertheless, we are always passive actors in this issue, because we cannot intervene further” (Interview excerpt #4).

“Regarding the children I work with, I consider that I am an active actor when it comes to the rehabilitation of their difficulties, whether it is language, speech, or other aspects of their communication. Because children, by receiving therapeutic interventions, are going to improve and learn how to deal with the effects that bullying has on their communication” (Interview excerpt #9).

The SLPs mostly state that they are active actors in the issue of bullying, given that the tools provided in their intervention sessions contribute directly to overcoming the difficulties that cause being singled out and abused by their peers. In contrast, some of the participants state that they consider the role of speech-language pathology to be passive, indicating that they are not the professionals working directly to address bullying – excerpt #4–.

Table 3 presents the thematic axes that emerged from the interviews, and a synthesis of the opinions that defined said axes.

Table 3. Synthesis of the thematic axes of the interview.

Thematic Axes	Opinions of the SLPs	
	Points in Common	Other Answers
Conceptualization of Bullying <i>What do you understand by bullying?</i>	Aggression between peers in a school context (abuse that can be physical, verbal, psychological, etc.) Lack of specific theoretical references.	Two SLPs received training on issues of bullying from the Chilean Ministry of Education.
Personal Experience <i>Are you aware of any close cases?</i>	Patients with speech disorders that are victims of bullying.	Friends with children who are victims of bullying.
Professional Experience <i>Do you think that the children who attend</i>	Affirmative answer. Higher levels of bullying in private	Some SLPs believe that it depends on the age (for example: “there is

<i>your therapy sessions are bullied?</i>	than in public establishments.	no bullying in kindergarten”)
Self-Perception of the Role of SLPs in the Intervention for Children who are Bullied	Improving aspects of language and/or speech with which the children struggle.	Working in the classroom with peers and teachers.
<i>What role do you attribute to your interventions when it comes to children who are bullied?</i>	Raising Awareness Reinforcing self-esteem. Interdisciplinary teamwork.	

DISCUSSION

The purpose of this research was to understand the main perceptions that SLPs have regarding bullying in people with communication disorders at school age. To achieve this objective, a discussion was developed around two distinct dimensions in order to facilitate their understanding. These dimensions were Dimension 1: Bullying and speech-language pathology: experiences, areas, and related disorders, and Dimension 2: Intervention of speech-language pathologists in cases of bullying: self-perception of the role and main actions.

Dimension 1: Bullying and Speech-Language Pathology: Experiences, Areas, and Related Disorders

Regarding the knowledge that SLPs have about bullying, it is observed that they concur on theoretical notions, consistent with what is proposed by the referents on this subject, Olweus (1998) and Mishna (2012), which reveals there is some level of connection between the groups of specialists who work as SLPs. This common point is a necessary minimum from which professional actions develop.

Two situations are recognized: on the one hand, a need for State agencies to provide systematic and high-quality training to professionals on this subject; and on the other, the need for a theoretical update on the concept of bullying. The first is because all respondents expressed needing additional training on the issue. The latter emerges because, although all the participants are familiar with the term, a need to expand the definition and information available about bullying is detected. This would cover the new forms of bullying, mainly electronic or cyber-bullying. Although the epistemic framework is positive, an updated and expanded perspective would allow bringing forward

new tools and possibilities of action against bullying in the 21st century. Thus, the need to create research teams in this field is highlighted, which would provide a comprehensive understanding of the phenomenon of bullying with specific theoretical references that broaden the concept. Consequently, this would have a positive impact on the actions that SLPs can take against bullying from their intervention.

The experiences that the professionals have at their place of work are also relevant since they encourage improvement and transformational actions. These accumulated experiences offer two interesting criteria to discuss: similarity and contextual action. Concerning similarity, it is observed from the analysis of the in-depth interviews and the survey that 83.3% of the participants have witnessed cases of bullying in their work environments. Regarding contextual action, the main tactic followed by the SLPs is mediation and empowering the victim. However, the strategies implemented are diverse and they depend on the age of the child, with adolescents being more complex than children. A lack of interdisciplinarity is also detected in the procedures that are employed. This opens up a critical issue: bullying is transversal and it cannot be approached from a single perspective, or isolated from other fields of work, such as health and pedagogy, and even from the curriculum and the State.

In line with previous evidence (see Mishna, 2012), 83.3% of the participants report that they have witnessed situations that can be characterized as bullying against children with communication disorders. This supports the belief that children with communication disorders are at a high risk of being victims of bullying. In addition to this, it is proven that children with communication disorders associated with ASD and fluency are most frequently bullied.

All professionals agree that there is a need for further training in the subject that enables them to take on a more active role with an interdisciplinary approach since the problem has many variables that should be addressed comprehensively. They recognize, therefore, that SLPs play a fundamental role in addressing bullying in populations with communication disorders. These results are in line with what is stated by Ofe et al., (2016), who affirm that professionals have little knowledge about bullying, considering that more information is needed to be able to deal with it effectively. This lack of a theoretical background could be explained by a time lag in the inclusion of SLPs in the educational field, and the limited amount of research carried out in this field, which has hindered the implementation of effective strategies to address the phenomenon.

It is noteworthy that the vast majority of the professionals surveyed agree that it is more difficult to address bullying in adolescents than in younger children. Furthermore, they highlight the role that the SLP has in the matter, with many of the surveyed stating that these professionals are essential for generating change. The proposal is clear: to move towards a more inclusive paradigm, integrating professional and investigative work, and providing clear guidelines on the timely approach to bullying in school environments from a perspective of promotion, prevention, and habilitation of different actors.

Dimension 2: Intervention of Speech-Language Pathologists in Cases of Bullying: Self-Perception of their Role and Main Actions

Studies such as the one by Knox & Conti-Ramsden (2003) reveal that approximately 40% of children with communication disorders perceive themselves as at risk of being bullied at school. This situation is a matter of concern and it should put the entire educational community on alert. Additionally, professional inaction can negatively impact the different spheres of development, combined with the beginning of schooling, where the increase in social interactions could facilitate bullying episodes (Hughes, 2014). Despite this fact, there are currently few studies that expose the perception of SLPs regarding bullying.

In this regard, the research carried out by Blood et al. (2011) on students with stuttering shows that the professionals were able to identify the presence of psychological harassment against this population, but they did not consider or prioritize the implementation of specific actions. In contrast, in the present study, SLPs are considered part of the group of professionals who are responsible for providing tools not only to the children but also to teachers and to the entire team working in education, who should facilitate respectful communication between peers and prevent children from being exposed to stressful situations that may affect their therapeutic processes. Furthermore, the SLPs highlight the benefits of implementing strategies that promote awareness of bullying and that decrease the number of trigger factors. One of these strategies is the development of protocols for the management of school harassment. These results are in line with the proposal by Padilha et al. (2019), who state that the role of SLPs is essential in educational contexts and propose three main levels of action: promotion, prevention, and raising awareness within the school community. Similarly, Urra (2017) states that the close relationship between the different educational references and the school population can reduce the amount of bullying.

When inquiring about the type of action taken to address the issue, protecting and empowering the victim was regarded as a positive approach, as well as raising awareness, sensitizing, and educating victimizers to transform them into positive actors in their environment. This shows that the actions taken by SLPs aim at conflict resolution, with little preventive intervention.

Regarding the type of bullying against children with communication disorders, the participants report a greater prevalence of verbal and relational abuse, which is consistent with the literature, where verbal abuse is emphasized. This could be because it is easier for the victimizers to commit verbal bullying in the school environment without it being detected. On the other hand, the fact that the professionals highlighted relational bullying was not surprising, since children with communication disorders usually experience difficulties in social interaction, which affects their participation in different contexts and could be a risk factor for the emergence of this phenomenon.

Additionally, the interviewees expressed that it is more difficult to address bullying with adolescents than with children and that this is more complex in private than in public schools. This is largely attributed to the fact that private school students have more access to smartphones and mobile internet, hence can access social media more easily. Social media platforms have become a space not only for entertainment, but also for harassment, mistreatment, and mockery, which is considered cyber-bullying.

In short, our results show that there is a need for further training in the subject so that SLPs can adopt a more active role within an interdisciplinary context. The foregoing is consistent with the literature, where there is no evidence of a specific framework used by SLPs in their work against bullying. However, the participants recognize that speech-language pathology plays a fundamental role in addressing bullying in populations with communication disorders. In the future, different professionals should share and publish their experiences, which could serve as a tool to improve the quality of life of children who are victims of bullying.

One of the major limitations of this study is that the in-depth interviews were carried out remotely. Although technology allowed a smooth interaction with the interviewees, working face-to-face would have enhanced the communication process, allowing the interviewers to perceive non-verbal information that is often masked by technological devices. Another noteworthy point is the limited number of participants since a larger sample could have further enriched the first-person descriptions, broadening the phenomenological perspective on bullying.

Finally, we believe the results of this research can open the conversation about bullying and its relationship with speech-language pathology, providing a theoretical and experiential background that allows deepening the understanding of the phenomenon, and analyzing the clinical practice in educational contexts. These first reports reveal that the highest risk of bullying is found in the area of language and communication, in children between 9 and 12 years of age. Therefore, the actions carried out by SLPs in this area will establish the guidelines for less visible speech therapy scenarios. Thus, a future detailed exploration of the aspects involved in the issue of bullying is projected, which will provide substance and perspective to the investigation of a phenomenon that the authors believe should be analyzed from the first-person point of view, taking into consideration the biopsychosocial factors involved.

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