

ДИТЯЧА ПСИХІАТРІЯ

УДК 159.973:616.89-008.484:316.482-057.874::441.44-07

I.A. Martsenkovskiy¹, D.I. Martsenkovskiy²AGRESSION, BULLYING AND SUICIDAL BEHAVIOUR IN UKRAINIAN SCHOOLS:
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The growing number of children ill-treatment cases in Ukraine and its related consequences attract the attention of teachers, law enforcement, and child psychiatrists. Many children and adolescents are exposed to harassment or participate in bullying of other students. Baiting in school is one of the reasons for suicidal behavior in adolescents. Baiting in school is one of the forms of youth aggressive behavior, which manifests itself sometimes as a relatively harmless “nickname calling”, or in other cases, as systematic beatings and humiliation with the video for further psychological violence. As admitted more than 80% of children in Ukrainian schools, they participated in the ill-treatment of other students or have been victims of bullying. Among the victims of bullying, about 15% of students indicated the teachers as individuals who were involved in the persecution. It is assumed that children with autism spectrum disorders (ASD) are particularly vulnerable to abuse. The aim of the study was to establish whether the ASD factor increases the risk of becoming a victim of bullying and suicide risk. The study involved 58 children (58.6% boys, 41.4% girls) aged between 12 and 15 years, whose parents sought medical care relative to the abuse of their children in schools. It is established that violation of social reciprocity, which is typical of children with autism and ASD, increases the risk of becoming a victim of violence at school. Children with autism have a greater risk of being subjected to harassment of other students; children with ASD are often abused by teachers who do not understand and properly respond to the special needs of these children. Suicidal behavior has a direct correlation with school violence and the inverse correlation with impaired social reciprocity. The risk of suicidal behavior is higher in children with ASD associated with emotional disorders, impulsivity and hyperactivity, but not with severe social reciprocity.

Key words: children, adolescents, autism, bullying, suicidal behavior

Introduction: Last few years with the development of modern information technologies public attention was focused on bullying among children and adolescents. A lot of children and adolescents in the world are exposed or take part in bullying. According to the Center for Disease Control and Prevention bullying is a form of youth violent behavior that can lead to physical injuries, social and emotional distress or even death. According to this definition bullying can be considered from the relatively harmless «call names» to systematical beating and humiliation with videotaping for further psychological abuse. Moreover an urgent problem of school violence is important for Ukrainian society; more than 80 % of children are bullied or take part in bullying in different ways.

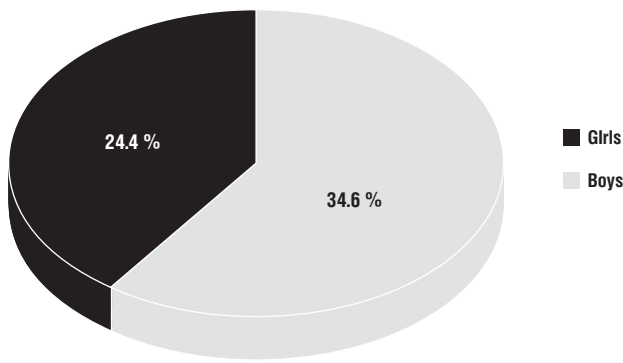
A lot of factors can increase a risk for youth to become a victim of bullying or to scoff others: poor relationship with peers, perception by peers as different or «special», attitude accepting of violence. It is supposed that children with autism spectrum disorders (ASD) are especially vulnerable to bullying.

In clinical practice we frequently have children with highly functional autism who met ICD-10 and DSM-IV criteria both for Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD). These children usually have delay of language

development, problems with social interaction, poor eye contact, repetitive behaviour and narrow interests, hyperactivity, attention deficit, stereotype play, echolalia etc. In some clinical cases, the symptoms of ASD are prevalent, while in others – the ADHD symptoms are more expressive.

Attention function in autism may be either too wide, that is more common for children with ADHD, or too narrow – rare for ADHD. Furthermore, attention deficits in ASD may contribute to understanding of the core symptom domains. For example, the overly selective focus on parts of objects may lead to repetitive or idiosyncratic use of these objects. Likewise, affected children may rely on focal features for face recognition, and this selective attention may contribute to deficits in understanding social and emotional cues. The inability to orient attention rapidly will likely lead to a fragmented perception of the environment and subsequent withdrawal, which is a characteristic feature of ASD.

The aim of the study: To establish whether autism spectrum disorder is a risk factor of becoming a victim of bullying in school and to indentify whether suicidal risk is higher in children with autism spectrum disorders who were victims of bullying.

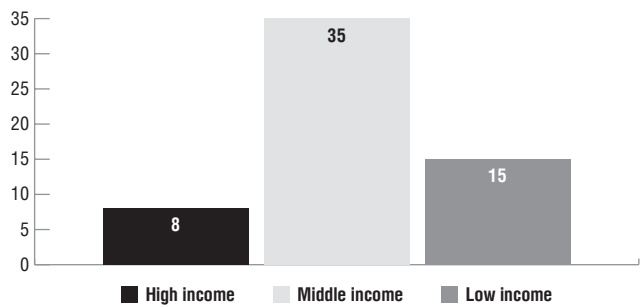


Pic.1 Gender of examined children

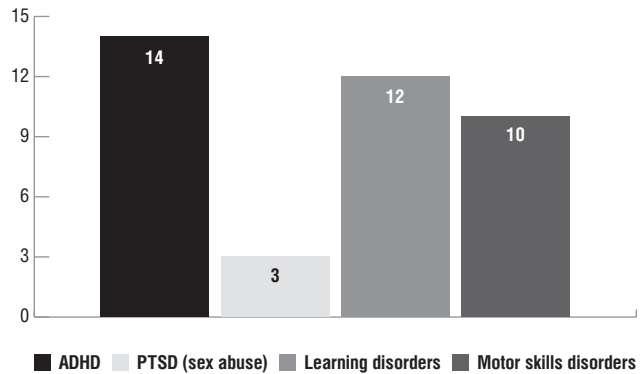
Objects: We examined 58 adolescents (58.6 % boys; 41.4 % girls) (Table1) at the age of 12 to 15 years (M=14.21;

Table 1. Semi-Structured Clinical Examination Form (SCEF) item distributions of patients in each diagnosis group

Semi-Structured Clinical Examination Form (SCEF) Items	Presence of the symptoms (percentages)			
	ASDs	Autism	ADHD with symptoms of violations in social reciprocity	Overall significance (p value, source of significance)
Poor social interaction	53.2	87.8	12.4	<.001 (p1/2; p1/3; p2/3)
Hyperactivity	28.7	31.4	55.8	<.001 (p1/3; p2/3)
Aggressiveness	33.2	42.5	31.8	N.S.
Stubbornness	35.3	41.5	29.9	N.S.
Inattentiveness	66.1	75.3	30.9	<.001 (p1/3; p2/3)
Obsessions	22.2	22.5	20.9	N.S.
Not responsive to social stimuli	67.4	95.7	25.5	<.001 (p1/3; p2/3)
Stereotypes	24.5	59.6	6.4	<.001 (p1/3; p2/3)
Impulsiveness	41.3	47.8	77.6	<.001 (p1/3; p2/3)
Highly interested in television	19.8	22.3	45.9	<.001 (p1/3; p2/3)
Conduct problems	17.9	15.7	40.9	<.001 (p1/3; p2/3)
Weakness of eye contact	24.9	59.6	5.2	<.001 (p1/2; p1/3; p2/3)
Multiple fears	13.9	7.4	15.9	N.S.
Sleep problems	14.6	9.9	18.6	N.S.
Shyness	10.6	5.8	12.9	N.S.
Emotional lability	10.3	13.9	28.4	<.001 (p1/3; p2/3)
Poor appetite	22.6	26.3	17.4	N.S.
Persistence with sameness	12.1	22.5	6.4	<.001 (p1/2; p1/3; p2/3)
Frequent startles	11.1	10.6	8.5	N.S.
Bullying by peers	59.6	27.9	85.6	<.001 (p1/2; p1/3; p2/3)
Bullying by teachers	10.5	14.9	32.4	<.001 (p1/3; p2/3)
Suicidal behavior	21.3	18.7	15.4	N.S.



Pic.2 Comparison of families income



Pic.3 The presence of disorders associated with autism

SD=0.94) whose parents requested for medical assistance due to the bullying of their children in school.

58 children's families income (Table2) was the following: 8 families had high income, 35 families had middle income and 15 – had low or didn't have a regular income (temporary work, part-time employment, living on relatives funds).

In 35 families one or both parents had higher education, in 23 families parents had secondary education. In 40 families children lived in two-parent families and in 18 – live with one of the parents. 32 families had one child and 26 – many children. 5 children studied in private schools, while 43 – in governmental. 23 children had comorbid disorders, 7 among them had multiple comorbidity (Pic. 3). 14 of them had comorbid ADHD, 3 – PTSD (including sex abuse), 12 – had learning disorders and 10 – motor skills disorders.

Table 2. Semi-Structured Clinical Examination Form (SCEF) items and factor loading for the rotated factors, which are associated with (1) violation of reciprocity, (2) bullying and (3) suicidal behavior.

Item	Factor Loading			Communality
	1	2	3	
Lack of eye contact	.56	.61	.32	.43
Stereotypes	.66	.64	-.39	.37
Poor social interaction	.51	.66	-.62	.48
Not responsive to social stimuli	.51		-.70	.33
Highly interested in television	.59	.48		.29
Confusing pronouns	.32		.49	.27
Emotional lability			.35	.23
Impulsiveness			.42	.39
Hyperactivity			.29	.28
Conduct problems			.42	.32
Inattentiveness	.29		.34	.34
Persistence with sameness	.48	.64		.28
Eigenvalues	3.28	2.88	1.94	
% of variance	12.15	10.67	7.18	

Method: All children were examined with the use of Autism Diagnostic Interview, Revised (ADI-R) and Autism Diagnostic Observation Schedule (ADOS), Columbia–Suicide Severity Rating Scale for children (C-SSRS). For diagnostic we also applied ADHD-RS (Attention Deficit Hyperactivity Disorder – Rating Scales) and Bullying Victimization Scale. We considered ADHD as diagnostic if at ADHD Rating Scales the score was over 28 points. The adaptive behaviour level of scholars was assessed by Rita-Freeman and Vineland Adaptive Behavior Scales, Second Edition (Vineland II). We also used PEP-R (Psycho-educational Profile Revised). To collect the sociodemographic, medical and developmental history, that are required for psychiatric assessment in childhood we used Family Questionnaire (FQ) and Semi-Structured Clinical Examination Form (SCEF) that were developed in our clinic. The Family Questionnaire is completed by the parents and Semi-Structured Clinical Examination Form – by the child psychiatry. Diagnosis was made on DSM-4-TR criteria.

Results: All adolescents had qualitative impairments in reciprocity, communication, had perceptual disturbances, stereotyped movements and behavior, which refers to the manifestation of autism spectrum disorders. All parents requested assistance at the child psychiatric consulting center or were referred to pediatrician, general practice doctor or school psychologist.

Among children who were victims of bullying: autism was diagnosed in 6 adolescents; ASD – in 16; 14 – had violations in social reciprocity (domain A in ADI-R), these adolescents fulfilled the criteria for ADHD; 5 children (3 girls and 2 boys) were the victims of sex abuse. Adolescents that were bullied had a high level of suicidal ideations (it was higher among girls in all age groups). Adolescents with ASD had higher suicidal ideation rating than adolescents with ADHD ($p < 0.001$).

Clinical polymorphism of children is presented in Table 1.

Using factor analysis there were identified three peculiarities: (1) violation of reciprocity, (2) vulnerability to the bullying, (3) disruptive suicidal behavior which defining the variety of clinical manifestations in randomized children. From the presented data can be seen that the symptoms attributed to various factors are overlapping. The results of the factor analysis are presented in Table 2.

Conclusion: Violations of social reciprocity, which are characteristic to children with autism and autism spectrum disorders, increase the risk of becoming a victim of violence at school. Children with autism are more likely to be abused by other students. Children with autism spectrum disorders often are abused by teachers who do not understand and properly respond to the special needs of these children. Suicidal behavior has a direct relationship with the school violence and feedback with impaired social reciprocity. Our study demonstrates that the risk of suicide is higher in children with autism spectrum disorders with emotional disorders, impulsivity and hyperactivity, but not with severely impaired social reciprocity.

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АГРЕССИЯ, ТРАВЛЯ И СУИЦИДАЛЬНОЕ ПОВЕДЕНИЕ В УКРАИНСКИХ ШКОЛАХ: ФОКУС НА ДЕТЯХ С ВЫСОКО ФУНКЦИОНАЛЬНЫМ АУТИЗМОМ

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Растущее число случаев жестокого обращения с детьми в Украине и связанных с ним последствий привлекают внимание педагогов, правоохранительных органов, детских психиатров. Многие дети и подростки подвергаются травле или приняты участие в запугивании других учащихся. Травля в школе является одной из причин суицидального поведения подростков. Травля в школе является одной из форм молодежного агрессивного поведения, которое проявляется, как относительно безобидным «обзыванием», так и систематическими избиениями и унижением с видеозаписью для дальнейшего психологического насилия. Более 80 % детей в украинских школах признались, что принимали участие в жестоком обращении с другими учащимися или были жертвами буллинга. Среди жертв травли около 15 % учащихся указали на учителей, как лиц, участвующих в травле. Предполагается, что дети с расстройствами аутистического спектра (РАС) являются особенно уязвимыми для издевательств. Целью исследования было установить, является ли РСА фактором, повышающим риск стать жертвой издевательств в школе и суицидальный риск. Обследовано 58 подростков (58,6% мальчиков, 41,4% девочек) в возрасте от 12 до 15 лет, чьи родители обратились за медицинской помощью в связи с издевательствами над их детьми в школах. Установлено, что нарушения социальной взаимности, характерные детей с аутизмом и детей с РСА повышают риск стать жертвой насилия в школе. Дети с аутизмом имеют больший риск подвергнуться травле среди других учащихся; дети с РСА часто подвергаются насилию со стороны учителей, которые не понимают и неправильно реагируют на особые потребности этих детей. Суицидальное поведение имеет прямую корреляционную связь с школьным насилием и обратную корреляционную связь с нарушениями социальной взаимности. Риск суицидального поведения выше у детей с РСА эмоциональными расстройствами, импульсивностью и гиперактивностью, но не с тяжелыми нарушениями социальной реципрокности.

Ключевые слова: дети, подростки, аутизм, буллинг, суицидальное поведение

АГРЕСІЯ, ЦЬКУВАННЯ ТА СУИЦИДАЛЬНА ПОВЕДІНКА В УКРАЇНСЬКИХ ШКОЛАХ: ФОКУС НА ДІТЯХ З ВИСОКО ФУНКЦІОНАЛЬНИМ АУТИЗМОМ

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Зростаюче число випадків жорстокого поводження з дітьми в Україні та пов'язаних з ним наслідків привертають увагу педагогів, правоохоронних органів, дитячих психіатрів. Багато дітей і підлітки піддаються цькуванню або беруть участь у залякуванні інших учнів. Травля в школі є однією з причин суїцидальної поведінки підлітків. Буллінг у школі є однією з форм молодіжної агресивної поведінки, яка проявляється, як відносно нешкідливим «обзиванням», так і систематичним побиттям і приниженням з відеозаписом для подальшого психологічного насильства. Більше 80% дітей в українських школах зізналися, що брали участь у жорстокому поводженні з іншими учнями або були жертвами булінгу. Серед жертв цькування близько 15% учнів вказали на вчителів, як осіб, що беруть участь у травлі. Припускається, що діти з розладами аутистичного спектру (РАС) особливо вразливі для знущань. Метою дослідження було встановити, чи є РСА чинником, що підвищує ризик стати жертвою знущань в школі і суїцидальний ризик. Обстежено 58 підлітків (58,6% хлопчиків, 41,4% дівчаток) віком від 12 до 15 років, чий батьки звернулися за медичною допомогою у зв'язку із знущаннями над їхніми дітьми в школах. Встановлено, що порушення соціальної взаємності, характерні дітей з аутизмом та дітей з РСА підвищують ризик стати жертвою насильства в школі. Діти з аутизмом мають більший ризик стати об'єктом травлі, діти з РСА частіше піддаються цькуванню з боку вчителів, які не розуміють і неправильно реагують на особливі потреби цих дітей. Суїцидальна поведінка має прямий кореляційний зв'язок з шкільним насильством і зворотний кореляційний зв'язок з порушеннями соціальної взаємності. Ризик суїцидальної поведінки вищий у дітей з РСА емоційними розладами, імпульсивністю та гіперактивністю, але не з важкими порушеннями соціальної взаємності.

Ключові слова: діти, підлітки, аутизм, булінг, суїцидальна поведінка