

## Knowledge about Bullying as Perceived by Healthy Children and Children with Special Needs

Sahar Mahmoud Elkhedr<sup>1</sup>, Gehad Fawzy Mohamed<sup>2,3</sup>, Sabah Mohamed Sharshour<sup>4</sup>, Maha Elsayed Elaraby<sup>5</sup>

<sup>1</sup>Professor of Pediatric Nursing– Faculty of Nursing, Tanta University

<sup>2</sup>PhD Student of Pediatric Nursing, Faculty of Nursing, Tanta University, Egypt.

<sup>3</sup>Nurse Educator at Secondary Technical Nursing School, Elbehera Governrate, Itay Elbaroud, Egypt.

<sup>4</sup>Professor of Pediatric Nursing– Faculty of Nursing, Tanta University

<sup>5</sup>Lecturer of Pediatric Nursing- Faculty of Nursing, Tanta University

Corresponding author: Gehad Fawzy Mohamed Ibrahim Elkholy

Email: PG\_177650@nursing.tanta.edu.eg

### Abstract

**Background:** Bullying is a widespread issue affecting healthy and special needs children globally. It involves repeated aggressive behavior intended to harm others. Understanding how children perceive bullying is essential for developing effective prevention and intervention strategies. **Aim:** the present study aimed to assess knowledge about bullying as perceived by healthy children and children with special needs. **Research design:** A descriptive research design was utilized. **Setting:** The study was conducted at three inclusive primary schools at Tanta city, Gharbiya, Egypt. **Subject:** A purposive sampling of 120 children (60 children with special needs and 60 healthy children) were involved. **Tools:** Two tools were used, tool (1): children's bullying knowledge questionnaire, and tool (11): Bullying perception questionnaire. **Results:** majority of healthy children had low knowledge about bullying and vast majority of special needs children had low knowledge about bullying. Also, more than a third of the special needs children were highly exposed to bullying and more than a quarter of the healthy children had high level of bullying behavior. **Conclusion:** Both healthy children and children with special needs had low level of knowledge regarding bullying. **Recommendations:** Developing bullying awareness programs for healthy children and children with special needs to prevent bullying behavior.

**Key words:** Bullying, Healthy Children, Knowledge, Special needs

## Introduction

Bullying is a serious and widespread global problem with detrimental consequences for the physical and mental well-being of children. It is a repeated and deliberate pattern of aggressive or hurtful behavior targeting individuals perceived as less powerful. Bullying manifests in various forms, such as physical, verbal, social/relational, and cyberbullying with unique characteristics (**Waseem & Nickerson, 2023**)

Understanding children's knowledge about bullying is critical for developing effective prevention and intervention strategies. Children's awareness of what constitutes bullying, its forms, and its consequences can influence their responses and their ability to seek help or support peers. However, perceptions of bullying may vary significantly between different groups of children, particularly between healthy children and those with special needs (**Waseem & Nickerson, 2023**).

Typically developing children have a more comprehensive understanding of social dynamics and peer interactions. They often learn about bullying through direct experiences, media portrayals, and educational programs. Healthy children recognize bullying behaviors and articulate the emotional

consequences for both the victim and the perpetrator. Their perceptions are influenced by their social networks, parental guidance, and school policies regarding bullying (**Armitage, 2021**). While, children with special needs experience bullying differently. Their perceptions are influenced by their unique developmental trajectories, communication abilities and social interactions (**Iqbal et al., 2021**).

Nurses play a significant and positive role in fostering a safer and more supportive environment for all children, particularly those with special needs by working with parents and educators to develop strategies for recognizing and responding to bullying and educating children about bullying and its impact with age-appropriate manner and focus on developing empathy and understanding of different perspectives (**Yosep et al., 2023**).

## Significance of the study

The World Health Organization (WHO) stated that “the frequency of bullying was estimated to be 8- 30 % and reach 50% in many studies”. There was a great variation in the prevalence rates of bullying among different countries, but the rate among the Arab world was the highest (**Khalil et al., 2021**). The increasing needs for bullying management for children with disabilities constantly a

challenge. Also, bullying has profound psychological effects on children, significantly impacting their emotional well-being and academic performance. Victims of bullying experience heightened levels of anxiety, depression and low self-esteem which lead to a pervasive sense of fear and isolation these psychological struggles manifest in school-related issues as difficulty concentrating, decreased motivation, and reluctance to participate in classroom activities. As a result, bullied children see a decline in their academic performance leading to lower grades and disengagement from school (**Hendricks and Tanga, 2019**).

Therefore, this study was conducted to assess knowledge about bullying as perceived by healthy children and children with special needs

### **Aim of the study**

The present study aimed to assess knowledge about bullying as perceived by healthy children and children with special needs.

### **Research questions**

1. What is the level of children's knowledge about bullying?
2. What extent healthy and specially needs children perceive bullying?

## **Subjects and Method**

### **Research design**

A descriptive research design was utilized in the current study.

### **Setting**

The present study was conducted at three inclusive primary schools that involved both healthy and specially needs children; the selected primary schools were affiliated to Ministry of Education and Technical Education at Tanta city, Gharbiya Governorate.

### **Subject**

A purposive sampling of 120 children distributed as 60 children with special need and 60 healthy children was included

### **Inclusion criteria:**

- Both sexes.
- Age from 6-12 years.
- Able to communicate.

### **Exclusion criteria**

Children with mental or psychological problems.

### **Tools of the study**

Two tools were utilized as follows:

### **Tool (I): Bullying Knowledge Questionnaire:**

A structured interview Questionnaire was developed by the researcher after reviewing of recent and related literatures (**Dietrich & Cohen, 2021; Lalit, 2021; Yosep et al., 2022**). It was divided into 2 parts:

Part (1): Children's socio-demographic characteristics: such as

age, sex, birth order, residence, number of family members, type of family, and data related disability for children with special needs as type of disability, causes, and duration of disability.

Part (2): Children' knowledge about bullying: It was used by the researcher to assess knowledge of both study groups. It included data related to definition of bullying, types, causes and effect of bullying, previous bullying exposure, type of bullying, actions and reaction taken after exposure to bullying.

**Scoring system:** Children's knowledge was scored as follow:

- Correct and complete answer was scored (2)
- Correct and incomplete answer was scored (1)
- Wrong answer or don't know was scored (0)

The total score of Children's knowledge was calculated as follows: -

- Less than 60% was considered low level of knowledge.
- From 60 < 75% was considered moderate level of knowledge.
- From 75-100 % was considered high level of knowledge.

**Tool (II): Bullying perception - questionnaire.**

That was developed by researcher - after reviewing the literature **Solberg and Olweus (2003)**. It was used to

assess children perception of bullying. It was developed in Arabic to assess bullying experience of children with special needs and bully behaviors among healthy children at the selected schools. This tool was consisted of the following parts:

Part (1): Victim Questionnaire:

The researcher utilized victim scale to assess bullying experience among children with special needs. The victim scale included 23 items such as, somebody punched, kicked, or pushed me, some body pulled my hair or scratched me.

Part 2: bully Questionnaire:

The researcher utilized bully scale to assess bullying behavior among healthy children. It included 23 items such as, I hit, kicked, or pushed someone, I pulled someone's hair or scratched them

**Scoring system:** The answers were scored as follow

Never = (1).

Once or twice a month = (2).

Around once a week = (3).

Several times a week= (4).

Low bullying experience was considered for the score is between (23-45)

Medium bullying experience was between (46-68)

High bullying experience was considered for the score is between 69-92.

**Method:**

The study was accomplished through the following steps

**1- Administrative****Process:**

To carry out this study, an official permission obtained from the Dean of the Faculty of Nursing, and the responsible authorities of the selected schools.

**2- Ethical considerations:**

- Prior study conduction, approval was obtained from scientific research and ethics committee of the Faculty of Nursing, Tanta University code No. 233/4/2023.
- Nature of the study didn't cause any harm to the entire subjects.
- Confidentiality and privacy was taken into consideration.
- Informed consent was obtained from each child prior to participate in the study.

**3- Tools development**

Two tools were developed by the researcher to collect the needed data

**4- Content validity**

A jury committee of five experts specialized in pediatric nursing checked the content. The content validity index was 98.0%.

**5- Pilot study**

A pilot study was conducted on 10% of healthy children (6 healthy children) and (6 specially needs children). The pilot was excluded

from the study sample because significant modifications were done.

**6- Reliability test:**

Testing reliability of proposed tools was done by Cronbach's alpha test through SPSS computer package. It was 0.762 for Children's Bullying Knowledge Questionnaire, and 0.758 for Children Perception Questionnaire. Which indicate that the two tools were reliable to detect the objectives of the study.

**Statistical analysis:**

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Quantitative data were described using mean and standard deviation. Qualitative data were described using number and percent. Comparison between two groups was done using chi-square test ( $\chi^2$ ). For comparison between more than two means of parametric data, F value of ANOVA test was calculated. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Level of significance was set as p value  $< 0.05$  and highly significance was adopted at P value  $< 0.001$  for all significant tests.

**Results**

**Table (1):** demonstrates socio-demographic characteristics of healthy children. It shows that half of the children (50%) were in the age

group ranged between 10-12 years, and the second child in their families. Nearly two thirds of children (65%) are male, and near half of the children (48.3%) had 3-4 family members. More than half of the children (58.3%) lived in rural areas and 51.7% live within extended families

**Table (2):** presents socio-demographic characteristics of children with special needs. It was revealed that nearly half of the studied children (45%) were in the age group 10-12 years and more than two thirds of them (70%) are males. Also, more than half of children (55%) have a family consisted of 5-6 members. More than one third of children (38.4%) are the second child in their families. Furthermore, the majority of them (93.3%) lived in rural areas and nearly two thirds of children (63.3%) lived within nuclear families.

**Table (3)** Reveals healthy children's knowledge about bullying, It was evident that 80% of children had incomplete answer about meaning of bullying, nearly one quarter of the children (21.7%) had correct complete answer about types of bullying and (36.7% and 46.7%) of them had wrong answers about causes and effect of bullying respectively. As regards, previous exposure to bullying, it was found that three quarters of the healthy children (75%)

were exposed to bullying and more than two thirds of the healthy children who exposed to bullying (68.9%) were exposed to verbal bullying followed by physical bullying (31.1%) and social bullying (4.4%). Nearly two thirds of children (66.7%) use revenge of others after exposure to bullying.

**Table (4)** reveals special needs children's knowledge about bullying. It was evident that 68.3% of children with special needs had wrong answer about meaning of bullying, less than half of them (45%) had wrong answers about types of bullying and (75%) of the children had wrong answer about causes of bullying. As regard, previous exposure to bullying, it was found that, all of children with special needs (100%) were exposed to bullying and majority of children (85%) who exposed to bullying experienced to verbal bullying followed by physical and social bullying 63.3% & 33.3%, respectively. Moreover, more than three quarters of children (78.3%) used revenge to others as response after exposure to bullying.

**Table (5)** shows the children with special needs perception of victims' response/behavior. It was revealed that the mean and SD of all forms of exposure to bullying were high which

mean that they were highly exposed to bullying.

**Table (6)** shows the healthy children perception of bullying behavior. It was evident that the mean and SD of all forms of bullying were high which mean that they had high level of bullying behavior.

**Table (1): Distribution of the studied healthy children according to their socio-demographic characteristics (n= 60)**

Socio-demographic characteristics	No.	%
<b>Age (years)</b>		
6 -< 8	7	11.7
8 -< 10	23	38.3
10 – 12	30	50.0
<b>Sex</b>		
Male	39	65.0
Female	21	35.0
<b>Number of family members</b>		
3-4	29	48.3
5-6	28	46.7
7-8	3	5.0
<b>Mean ± SD</b>	<b>4.72 ± 0.92</b>	
<b>Birth order</b>		
First	10	16.7
Second	30	50.0
Third	11	18.3
Fourth or more	9	15.0
<b>Residence</b>		
Urban	25	41.7
Rural	35	58.3
<b>Type of family</b>		
Nuclear family	29	48.3
Extended family	31	51.7

**Table (2): Distribution of studied children with special need according to socio-demographic characteristics (n = 60).**

Socio-demographic characteristics	No.	%
<b>Age (years)</b>		
6 -< 8	9	15.0
8 -< 10	24	40.0
10 – 12	27	45.0
<b>Sex</b>		
Male	42	70.0
Female	18	30.0
<b>Number of family members</b>		
3-4	21	35.0
5-6	33	55.0
7-8	6	10.0
<b>Birth order</b>		
The First	17	28.3
The Second	23	38.4
The Third	11	18.3
Fourth or more	9	15.0
<b>Residence</b>		
Urban	4	6.7
Rural	56	93.3
<b>Type of family</b>		
Nuclear family	38	63.3
Extended family	22	36.7



**Table (3):** Percentage distribution of the studied healthy children according to knowledge about bullying (n = 60).

Healthy children' knowledge about bullying	No.	%
<b>Meaning of bullying.</b>		
Wrong answer	12	20.0
Correct and incomplete	48	80.0
<b>Types of bullying.</b>		
Wrong answer	15	25.0
Correct and incomplete	32	53.3
Correct and complete	13	21.7
<b>Causes of bullying.</b>		
Wrong answer	22	36.7
Correct and incomplete	38	63.3
<b>Effect of bullying on a child.</b>		
Wrong answer	28	46.7
Correct and incomplete	32	53.3
<b>Previous exposure to bullying.</b>		
No	15	25.0
Yes	45	75.0
<b>#If yes, type of bullying behavior (n = 45)</b>		
Physical bullying	14	31.1
Verbal bullying	31	68.9
Social bullying	2	4.4
<b>Child's response after being bullied?</b>		
Anxiety	5	11.1
Revenge of others	30	66.7
Withdrawal	10	22.2
#: More than one answer		

**Table (4): Percentage distribution of the Studied Children with Special Needs according to Knowledge about Bullying (n= 60).**

<b>Children' knowledge about bullying</b>	<b>No.</b>	<b>%</b>
<b>Meaning of bullying.</b>		
Wrong answer	41	68.3
Correct and incomplete	19	31.7
<b>Types of bullying.</b>		
Wrong answer	27	45.0
Correct and incomplete	27	45.0
Correct and complete	6	10.0
<b>Causes of bullying.</b>		
Wrong answer	45	75.0
Correct and incomplete	15	25.0
<b>Effect of bullying on a child.</b>		
Wrong answer	33	55.0
Correct and incomplete	27	45.0
<b>Have you ever been bullied?</b>		
No	0	0.0
Yes	60	100.0
<b>#If yes, type of bullying child exposed to (n = 60)</b>		
Physical bullying	38	63.3
Verbal bullying	51	85.0
Social bullying	20	33.3
Psychological bullying	15	25.0
Electronic bullying	3	5.0
<b>Child's response after being bullied.</b>		
Anxiety	4	6.7
Revenge to others	47	78.3
Withdrawal	9	15.0

#: More than one answer

**Table (5): Mean perception of children with special needs according to victim response (n = 60)**

The children with special needs' perception of bullying behavior	Pre							
	Never		Once or twice a month		Around once a week		Several times a week	
	No.	%	No.	%	No.	%	No.	%
-Some body punched, kicked, or pushed me.	4	6.7	6	10.0	23	38.3	27	45.0
-Some body pulled my hair or scratched me	5	8.3	7	11.7	23	38.3	25	41.7
- Was threatened	6	10.0	10	16.7	20	33.3	24	40.0
-Was forced to hand over my money or belongings	3	5.0	11	18.3	21	35.0	25	41.7
-Some body snatched my money or belongings without my consent	0	0.0	10	16.7	16	26.7	34	56.7
-Somebody broke my things	6	10.0	8	13.3	22	36.7	24	40.0
-Some body yelled at me	0	0.0	5	8.3	14	23.3	41	68.3
-Was insulted because of my color or race	6	10.0	9	15.0	21	35.0	24	40.0
-Was insulted because of my special ability or a physical characteristics	1	1.7	4	6.7	16	26.7	39	65.0
-Was bulled because of my sexual preference or mannerism	40	<b>66.7</b>	6	10.0	9	15.0	5	8.3
-Some body made fun of my accent	0	0.0	10	16.7	21	35.0	29	48.3
-Some body laughed and pointed at me	2	3.3	5	8.3	24	40.0	29	48.3
-Some body gave me nicknames i didn't like	3	5.0	8	13.3	26	43.3	23	38.3
-Was cornered or pushed against wall	6	10.0	4	6.7	16	26.7	34	56.7
-Was followed inside or outside school	2	3.3	4	6.7	21	35.0	33	55.0
-Was sexually harassed	50	<b>83.3</b>	4	6.7	4	6.7	2	3.3
-Was not allowed to join a group of classmates	1	1.7	12	20.0	13	21.7	34	56.7
-Was completely ignored by others	2	3.3	5	8.3	18	30.0	35	58.3
-Some body falsely accused me of taking things from my classmates	29	48.3	8	13.3	16	26.7	7	11.7
-Somebody said bad things about me or my family	15	25.0	18	30.0	17	28.3	10	16.7
-Some body tried to make others dislike me	6	10.0	12	20.0	25	41.7	17	28.3
-Was forced to physically harm a classmate	27	45.0	12	20.0	9	15.0	12	20.0
-Some body used the internet or a cell phone to harm me	30	50.0	12	20.0	11	18.3	7	11.7
<b>Average score</b>	<b>2.90 ±0.26</b>							

**Table (6): Distribution of the healthy children according to perception of bullying behavior (n= 60).**

The healthy children perception of bullying behavior	Pre							
	Never		Once or twice a month		Around once a week		Several times a week	
	No.	%	No.	%	No.	%	No.	%
-Hit, kicked, or pushed somebody.	3	5.0	3	5.0	19	31.7	35	58.3
-Pulled somebody hair or scratched them	1	1.7	7	11.7	19	31.7	33	55.0
-Threatened some one	4	6.7	8	13.3	24	40.0	24	40.0
-Forced somebody to give me their money or belongings	6	10.0	13	21.7	23	38.3	18	30.0
-Snatched money or things from others	23	38.3	11	18.3	14	23.3	12	20.0
-Damage other peoples belongings	14	23.3	11	18.3	20	33.3	15	25.0
-Yelled at some body	0	0.0	6	10.0	21	35.0	33	55.0
-Insulted somebody because of their color Or race	3	5.0	4	6.7	19	31.7	34	56.7
-Insulted some body because of special ability or a physical characteristics	3	5.0	6	10.0	18	30.0	33	55.0
-Bulled some body because of their sexual preference or mannerism	42	70.0	15	25.0	1	1.7	2	3.3
-Made fun of some body because of their accent	1	1.7	12	20.0	27	45.0	20	33.3
-Laughed and pointed at some body	0	0.0	3	5.0	32	53.3	25	41.7
-Make nicknames for others that they didn't like	6	10.0	12	20.0	15	25.0	27	45.0
-Cornered or pushed some body against wall	9	15.0	15	25.0	19	31.7	17	28.3
-Followed some body inside or outside school.	4	6.7	15	25.0	20	33.3	21	35.0
-Sexually harassed some body.	48	80.0	10	16.7	0	0.0	2	3.3
-Didn't let somebody join a group of classmates.	2	3.3	3	5.0	18	30.0	37	61.7
-Completely ignored some body.	1	1.7	3	5.0	21	35.0	35	58.3
-Falsely accused some body of taking belongings of classmates.	9	15.0	18	30.0	21	35.0	12	20.0
-Said bad things about somebody or their family.	12	20.0	19	31.7	19	31.7	10	16.7
-Tried to make others dislike some body.	10	16.7	24	40.0	18	30.0	8	13.3
-Forced somebody to physically harm (hit) a classmate.	43	71.7	13	21.7	4	6.7	0	0.0
-Used the internet or a cell phone to harm a classmate.	52	86.7	8	13.3	0	0.0	0	0.0
<b>Average score</b>	<b>2.73 ±0.28</b>							

## Discussion

Concerning healthy children's knowledge about bullying, the results of the present study showed that the majority of children had incomplete answer about meaning of bullying, nearly one quarter of the children had corrected complete answer about types of bullying and less than half of children had wrong answers about causes and effect of bullying this is may be due to lack of understanding about bullying among children.

The previous results were consistent with **El Swerky et al. (2022)**. Who conducted the study about "Effect of coping strategies education regarding bullying on knowledge and behavioral change among secondary school students" and noticed that there knowledge were poor pre-intervention. Also, confirmed by study of **Abayomi and Daniels (2021)** who conducted a study entitled "Creating awareness of bullying, its impact on children, and strategies towards behavioral change" and revealed that children knowledge was low before intervention in the areas of their understanding of bullying, the reason behind children being bullied, the impact on the victim and strategies in addressing and preventing bullying.

As regards, the previous exposure to bullying, it was found that three quarters of the healthy children were exposed to bullying. According to the researcher point of view, that bullying behavior may be experienced by all children even those without disabilities. The finding was in the same line with **Galal et al. (2019)** in a study of "Prevalence and correlates of bullying and victimization among school students in rural Egypt" and stated that more than three quarters of the children had exposed to bullying.

Furthermore, it was noticed that more than two thirds of the healthy children who exposed to bullying were exposed to verbal bullying followed by less than one thirds who exposed to physical bullying and low percent exposed to social bullying. This may be due to ease of using verbal bullying, difficulty in using physical bullying at school setting as it isn't allowed and easily detected by supervisors.

The previous results was not in the same line with **Elsisi et al. (2020)** who conducted a study of "Bullying behavior and its effect on preparatory school student" and found that more than two fifth of the children were exposed to verbal and social bullying. While less than two fifth was exposed to physical

bullying. On other study by **Ibrahim et al. (2023)** entitled "Bullying among school students; prevalence, cofactors, and its relation to student's mental status" was quite contradicted with the current results as they stated that most of the students exposed to physical bullying and about two thirds of them exposed to social bullying, and more than half exposed to verbal bullying, then less than half exposed to physical bullying and other types.

Children response after being bullied revealed that nearly two thirds of children use revenge of others after exposure to bullying, from researcher point of view this may be due to increasing the aggressive behavior between children and lack of knowledge about bullying behavior. The finding was similar to the review results conducted by **Hikmat et al. (2024)** entitled "A scoping review of anti-bullying interventions: reducing traumatic effect of bullying among adolescents" they stated that activities such as education, counseling, and training programs are used to prevent bullying behavior in schools that reduce the impact of trauma, revenge desire on bullying victims.

In relation to specially needs children's knowledge about bullying

this study presented that none of children had correct and complete answer about meaning of bullying, three quarters of the children had wrong answer about causes of bullying and near half of them had wrong answer about type of bullying. This mean that children with special needs didn't have knowledge about bullying and didn't perceive it's meaning.

This result was in harmony with **Sabry et al. (2021)** who conducted a study entitled "Effect of nursing intervention for hearing impairment adolescent students regarding bullying" and illustrated that one quarter of the children with special need had correct complete answer about bullying pre intervention. The previous results were congruent with **Patterson (2018)** who conducted a study entitled "The inclusion classroom: implementing the Olweus bullying prevention program to improve the classroom environment" and showed that the students had poor understanding about bullying at pretest.

As regard, previous exposure to bullying, it was found that, all of children with special needs were exposed to bullying. From the researcher perspective children with special need are at increased risk of bullying due to misunderstandings from their peers, communication

barriers and physical differences. They may have social cues, making them more susceptible to manipulation or aggression.

The previous result was in the same line with **Lebrun-Harris et al. (2019)** who conducted a study about "Bullying victimization and perpetration among United states children and adolescents" and found that children with disabilities were significantly more likely to experience bullying victimization and engage in bullying perpetration than those without disabilities

It was noticed in the present study that the majority of children who exposed to bullying were experienced verbal bullying followed by nearly two thirds who exposed to physical bullying and one third of them was exposed to social bullying. This may be due to ease of using verbal bullying and difficult to be detected than physical bullying that need strength. Also, children with special needs were in close observation during school day so, verbal bullying outweigh other types of bullying. Since, the verbal bullying was more common among vulnerable groups because of its delicacy, which made it harder to identify and handle.

The previous results were in the same line with a systematic review conducted by **Pinquart (2017)** who reported that bullying

disproportionately affects children with disabilities, and the verbal aggressiveness was the prevalent form of maltreatment that these students faced. However, the current results were contradicted with **Sabry et al. (2021)** who mentioned that the most type of children's' bullying was social bullying, followed by physical bullying then verbal bullying.

Moreover, this study showed that more than three quarters of children used revenge to others as a response to bullying exposure. This result was in the same line with **Trapani (2021)** who studied "Using a peer-mediated bullying safety skills intervention for children with disabilities" and demonstrated that there bullying incidents was high before intervention.

Concerning the studied children with special need perception of bullying behavior, the study results revealed that the mean and SD of all forms of exposure to bullying were high which mean that they were highly exposed to bullying. The previous result was contradicted with **Khasawneh (2020)** in a study entitled "The Extent of bullying against students with learning disabilities according to the age variable" that reported low levels of verbal and physical bullying among students with disability pre intervention.

In relation to the healthy children perception of bully behavior, it was evident that the mean and SD of all forms of bullying were high which mean that they had high level of bullying behavior. The finding was in the same line with **Limber et al. (2018)** who conducted study entitled "Evaluation of the Olweus bullying prevention programs: a large-scale study of U.S. students in grades 3–11" and mentioned that All grades showed high level of bullying before program implementation.

### Conclusion

The current study concluded that both healthy children and children with special needs had low level of knowledge regarding bullying.

### Recommendations

In the light of the study findings, the following recommendations are suggested:

1. Developing bullying awareness programs for healthy children and children with special needs to prevent bullying behavior.
2. Illustrated materials such as brochures, videos, posters about bullying must be available at all schools.
3. Mass media must be directed to enhance children perception of bullying.
4. Further researches are needed to establish protocols for dealing with

children's bullying behavior at different setting.

### References

- Abayomi, W., & Daniels, A. (2021).** Creating awareness of bullying, its impact on children, and strategies towards behavioural change. *Open Journal of Social Sciences*, 9(11), 363-394. <https://doi.org/10.4236/jss.2021.911026>.
- Armitage R.(2021).** Bullying in children: impact on child health. *BMJ Paediatr Open*. 5(1): e000939. Doi: 10.1136/bmjpo-2020-000939.
- Dietrich, L., & Cohen, J. (2021).** Understanding classroom bullying climates: The role of student body composition, relationships, and teaching quality. *International Journal of Bullying Prevention*, 3(1), 34-47. <https://doi.org/10.1007/s42380-019-00059-x>.
- Elsisi, H., El-Ganzory, G., & Mohamed, H. (2020).** Bullying behavior and its effect on preparatory school students. *Egyptian Journal of Health Care*, 11(3), 1202-1218. <https://doi.org/10.21608/ejhc.2020.295318>.
- El Swerky, F., Khalil, H., Sayed, H., Elkady, W., Elshafie, W., & Nashaat, N. (2022).** Effect of coping Strategies Education



- regarding bullying on knowledge and behavioral change among secondary School students. *Egyptian Journal of Health Care*, 13(2), 655-669. <https://doi.org/10.21608/ejhc.2022.233177>.
- Galal, Y., Emadeldin, M., & Mwafy, M. (2019).** Prevalence and correlates of bullying and victimization among school students in rural Egypt. *Journal of the Egyptian Public Health Association*, 94, 18.
- Hendricks E., and Tanga P. (2019).** Effects of bullying on the psychological functioning of victims. *Southern Africa Journal of Social Work and Social Development*. 31(1): 17. Doi: 10.25159/2415-5829/3939
- Hikmat, R., Yosep, I., Hernawaty, T., & Mardhiyah, A. (2024).** A scoping review of anti-bullying interventions: reducing traumatic effect of bullying among adolescents. *Journal of Multidisciplinary Healthcare*, 17, 289-304. <https://doi.org/10.2147/JMDH.S443841>.
- Ibrahim, R., Badr, S., El-Shazly, H., El-Ma'doul, A., & Abdelwanees, S. (2023).** Bullying among school students; prevalence, cofactors and its relation to student's mental status. *The Egyptian Journal of Community Medicine*, 41(4), 243-252. <https://doi.org/10.21608/ejcm.2023.202282.1254>.
- Iqbal F., Nordin M., Hasyim M., & Iqbal F. (2021).** A qualitative study: impact of bullying on children with special needs. *Linguistica Antverpiensia*. 2: 1639-1643
- Khalil N., Elsaadany A., & Mohasseb M. (2021).** Bullying Among Early Adolescent Egyptian School Students. *Journal of High Institute of Public Health*. 51(2):90-97.
- Khasawneh, M. (2020).** The extent of bullying against students with learning disabilities according to the age variable. *International Journal of Learning, Teaching and Educational Research*, 19(6), 267-281.
- Lalit, S. (2021).** Children with Special Needs (CWSN): Definition and Categories. From: <https://wecapable.com/cwsn-categories-of-children-with-special-needs/>.
- Lebrun-Harris, L., Sherman, L., Limber, S., Miller, B., & Edgerton, E. (2019).** Bullying victimization and perpetration among US children and adolescents: 2016 National Survey of Children's Health. *Journal of Child and Family*

- Studies*, 28, 2543-2557.  
<https://doi.org/10.1007/s10826-018-1170-9>.
- Limber, S., Olweus, D., Wang, W., Masiello, M., & Breivik, K. (2018).** Evaluation of the Olweus Bullying Prevention Program: A large scale study of US students in grades 3–11. *Journal of school psychology*, 69, 56-72.  
<https://doi.org/10.1016/j.jsp.2018.04.004>.
- Patterson, E. (2018).** The Inclusion Classroom: Implementing the Olweus Bullying Prevention Program [Doctoral Thesis]. Available from <https://scholarcommons.sc.edu/etd/4466/>
- Pinquart, M. (2017).** Systematic review: bullying involvement of children with and without chronic physical illness and/or physical/sensory disability—a meta-analytic comparison with healthy/nondisabled peers. *Journal of pediatric psychology*, 42(3), 245-259.  
<https://doi.org/10.1093/jpepsy/jsw081>.
- Sabry, S., Ibraheim, S., & Afify, H. (2021).** Effect of nursing intervention for hearing impairment adolescent students regarding bullying. *Egyptian Journal of Health Care*, 12(4), 1871-1896.  
<https://doi.org/10.21608/ejhc.2021.176799>.
- Trapani, J. (2021).** Using a Peer-Mediated Bullying Safety Skills Intervention for Children with Disabilities [Master Thesis]. University of South Florida. Available from <https://www.proquest.com/openview/b69820b44f0a3f1ec6e8da0e5b03fc7e/1?pqorigsite=gscholar&cbl=18750&diss=y>
- Waseem M., Nickerson A. (2023).** Identifying and Addressing Bullying. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK441930/>
- Yosep, I., Hikmat, R., & Mardhiyah, A. (2023).** School-based nursing interventions for preventing bullying and reducing its incidence on students: a scoping review. *International journal of environmental research and public health*, 20(2), 1577.  
<https://doi.org/10.3390/ijerph20021577>.
- Yosep, I., Hikmat, R., Mardhiyah, A., Hazmi, H., & Hernawaty, T. (2022).** Method of nursing interventions to reduce the incidence of bullying and its impact on students in school: a scoping review. *Healthcare*, 10(10), 1835.  
<https://doi.org/10.3390/healthcare10101835>.