

REVIEW

Exploring peer victimization and/or bullying in the lives of adolescents and children with deafness and hearing impairment: An integrative review

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Received: September 1, 2022

Accepted: December 6, 2022

Online Published: December 29, 2022

DOI: 10.5430/ijh.v9n1p1

URL: <https://doi.org/10.5430/ijh.v9n1p1>

ABSTRACT

Background: Peer victimization and/or bullying among deaf and hard of hearing adolescents and children is a public health concern. To resolve this concern without causing harm, parents, educators, and administrative staff from schools must be provided with the necessary assistance.

Aim: To understand the negative effect of peer victimization and/or bullying on deaf and hard of hearing adolescents and children.

Method: Whittemore and Knafl's (2005) framework was adapted for this integrative review. The following databases were searched: Academic Search Complete, Cumulative Index to Nursing and Allied Health Literature, Pub Med, and APA PsycInfo. A total of seven articles published between 2005 and 2021 met the inclusion criteria.

Results: Peer victimization and/or bullying were found to result in physical health and physical harm, emotional harm, and psychological harm. These harms can severely affect physical health, especially among girls. Furthermore, these harms can negatively impact school outcomes and cause long-term psychological health problems, such as mental health problems, especially among girls.

Conclusions: Educational sessions for teachers, parents, adolescents, and children, beginning with teachers, should be provided to prevent peer victimization and/or bullying within the educational system in Qatar in order to have a safe learning environment that is free of harm.

Key Words: Peer victimization, Bullying, Deaf and hard of hearing

1. INTRODUCTION

A person with hearing loss or hearing disability refers to a "person who is not able to hear as well as someone with normal hearing – hearing thresholds of 20 dB or better in both ears."^[1] Deafness refers to hearing loss of more than 90 dB (profound impairment), which can be found either in one or both ears.^[2] The WHO (2018)^[3] estimated the number of

people who suffered from hearing loss worldwide at around 466 million in 2018. According to Lee and Bance,^[4] hearing impairment poses a challenge for people as it affects the various stages of their social, educational, and practical life.

For people with hearing loss, wearing hearing devices should enhance their capabilities. However, the WHO (2021)^[1] stated that only 17% of the population needing hearing de-

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vices wear them, meaning 83% of those that need them do not use them. This deficit is due to the current perception that the need for hearing devices is associated with old age.^[5] This perception discourages young people from wearing various types of hearing devices. Accordingly, young people do not seek treatment and readily accept the idea of hearing loss in silence.^[6] However, regularly using and wearing hearing devices is essential for the development of spoken language in and academic accomplishment of adolescents and children who are deaf or have a hearing impairment.^[7] Despite the importance of hearing devices, Gustafson et al.^[8] stated that the number of students who reject their use increases among those entering middle school. These authors found that this could be due to prevailing social difficulty in “fitting in” with normal-hearing peers.

Deaf and hard of hearing (DHH) adolescents and children wearing visible hearing devices face more peer victimization and/or bullying in schools because of being considered different from their normal-hearing peers.^[9,10] Swearer et al.^[11] reported that adolescents or children who have an observable disability such as wearing hearing devices are more likely to be involved in peer victimization and/or bullying (89.9%) than their normal-hearing peers (72.2%).^[12] Furthermore, Armitage^[13] reported nearly one-third (32%) of all children worldwide have experienced victimization and/or bullying once or more within the past month, and almost one in thirteen (7.3%) have been bullied six or more times. Hence, these abuses are considered a global health issue that affects a large percentage of school-aged children.^[14]

This integrative review focuses on two terms: peer victimization and bullying. Peer victimization is defined as “a repeatedly experienced form of aggressive behavior, perpetrated within the peer group.”^[15] Alavi et al.^[14] defined bullying as a “repeated aggressive behavior with the intention to harm the victim, and an imbalance in power between the bullies and their victims, making it difficult for the victims to defend themselves.” (p. 428) Both terms have been found in much of the literature. Researchers have used similar terms to describe aggressive peer relationships, such as harassment, bullying, and victimization. All of these terms refer to behavior that is performed repeatedly with the intent to cause harm resulting from the presence of a forced inequality.^[14]

The purpose of this integrative review is to explore the literature related to peer victimization and/or bullying and their effects on adolescents and children with deafness and hearing loss wearing hearing devices in order to highlight their negative implications.

2. METHOD

The integrative literature review method was selected to understand peer victimization and/or bullying toward adolescents and children with hearing loss who wear hearing devices.

2.1 Stage one: Problem identification

A clear description needs to be obtained in this initial stage, addressing the review’s focus.^[16] The increasing rate of peer victimization and/or bullying for those who have hearing loss needs attention.^[17] This review aims to understand the global notion of these abuses which is linked with deafness, hearing loss, and wearing hearing devices in adolescents and children. Moreover, this understanding will aid in the development of an educational session for parents, teachers, adolescents, and children within Qatar’s schools.

2.2 Stage two: Literature search

The second stage involves identifying the databases for the review, search terms used, search strategy, and inclusion and exclusion criteria.^[16] The articles used for this review were retrieved with the assistance of a librarian from the following databases: Academic Search Complete (EBSCO), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Pub Med, and APA PsycInfo. The keywords used in the databases included *MH hearing loss, hearing impair*, loss, aid, hard of hearing, stigma* discrimin* stereotyp*, MH adolesce*, teen*, child*, “high school,” “middle school,” school, student*, pupil*, juvenile*, peer*, bully*, victimi*, victimization, aggression, violen*, crime, abus*, harass*, adolesce, hearing loss, adolesce**, and *social accept**. The Boolean operators AND and OR were used to combine or to broaden the search. The search was limited to (a) peer-reviewed articles, (b) articles published from 2005 to 2021, and (c) articles published in English. The total number of articles after searching the four databases was 629 articles.

2.3 Stage three: Data evaluation and appraisal

The 629 articles from the literature search were evaluated for inclusion in this review using the Covidence software that allows the researcher “to import and screen citations and full-text articles, resolve conflicts, extract data using customizable forms, and export results in various formats.”^[18] Initially, 171 duplicate articles were removed. The titles and abstracts of the remaining 458 articles were intensively reviewed following the inclusion and exclusion criteria (see Table 1). After applying the criteria, 416 articles were considered irrelevant. The full-texts of the remaining 42 articles were screened for eligibility, resulting in another 35 articles being excluded. The excluded articles focused on the elderly or did not discuss the effects of peer victimization and/or

bullying. Finally, seven articles were found to meet the inclusion criteria in this review. Five articles included quantitative study designs, while the other two articles included qualitative study designs. The Mixed-Methods Appraisal Tool (MMAT) version 2018 was used to assess the quality of the articles. All seven articles were found to meet the MMAT criteria.

2.4 Stage four: Data analysis

According to Whittemore and Knafl,^[16] the second phase in data analysis is to display data from an extraction table in different forms, such as a matrix, graph, chart, or network. These visualized patterns act as an initial point for understanding relations inside and across the main sources. Figure 1 shows the different types of peer victimization and/or bullying toward DHH adolescents and children revealed from the seven articles.

The third phase in data analysis is data comparison. Whittemore and Knafl^[16] reported this phase involves reviewing the data from the primary sources and identifying the themes or relationships to present a model or framework that can be presented visually to demonstrate a new viewpoint on the subject and relationships among the themes. Figure 2 shows the effects of peer victimization and/or bullying on DHH adolescents and children.

According to Whittemore and Knafl,^[16] the final data analysis stage is drawing conclusions and validation. This stage incorporates details into broader generalizations, which simplifies interpretation. Major themes related to the effect of peer victimization and/or bullying on DHH adolescents and children were categorized into physical health and physical harm, emotional harm, and psychological harm (see Figure 3).

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> Articles published in English Articles that contained hearing loss in adolescents, children, and peer victimization and/or bullying Primary studies Qualitative, quantitative, or mixed-method studies. 	<ul style="list-style-type: none"> Articles published in a language other than English Articles about hearing loss in the elderly Non-primary studies Methodologies other than qualitative, quantitative, or mixed studies

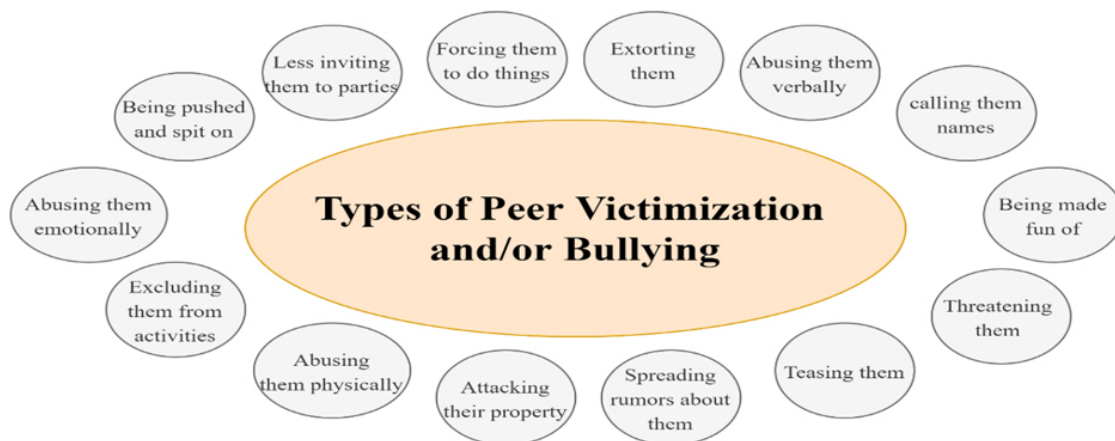


Figure 1. Types of peer victimization and/or bullying toward DHH adolescents and children

2.5 Stage five: Presentation of the results

According to Whittemore and Knafl,^[16] the final stage in the methodology section is the presentation of results, where a table or diagram can describe the conclusions of the integrative review. Once addressed, the results of the integrative review capture the strength and breadth of the issue of concern. In addition, research and policy implications as well as practical considerations are discussed.

3. RESULTS

The seven studies that were included in this integrative review were conducted in different countries: USA (n = 2), Netherlands (n = 2), Pakistan (n = 1), Australia (n = 1), and Taiwan (n = 1). The age groups focused on were adolescents and children. Five studies were quantitative cross-sectional (descriptive) or non-randomized designs. The other studies were qualitative designs. The data collection tools in the

seven studies included the multidimensional peer victimization scale (MPVS), health questionnaires, self-administered electronic questionnaires, and bully/victim questionnaires.

The aims of the quantitative studies included in this integrative review varied. The objective of Akram and Munawar's^[19] study was to find bullying and victimization among school-attending children with hearing impairment as a predictor of physical and psychological health problems. Broekhof et al.^[20] aimed to explore the longitudinal relationships of emotional experiences with bullying and victimization in DHH adolescents contrasted to their hearing peers. Cheng et al.^[21] examined the occurrence of different types of bullying and victimization among a selected sample of DHH adolescents. These researchers also investigated the relationship between the different types of bullying and victimization and the psychological health of DHH students. Similarly,

Warner-Czyz et al.^[22] examined the type and prevalence of bullying faced by adolescents and children with hearing impairment who use auditory technologies contrasted to their peers in the general population. Warner-Czyz's^[23] study aimed to find out (a) if hearing status affected the type of victimization and (b) if demographic factors (e.g., audiology characteristics, communication skills, social skills, and personality) varied for bullied versus non-bullied adolescents with hearing loss. The qualitative studies included in this integrative review had two main aims. Bourke and Burgman^[24] investigated how children with different disabilities face physical and emotional support when being bullied in primary schools. Kouwenberg et al.^[25] compared DHH adolescents and children with hearing children on (a) the self-reported experience of victimization and (b) the relationships between victimization, parent, and child variables.

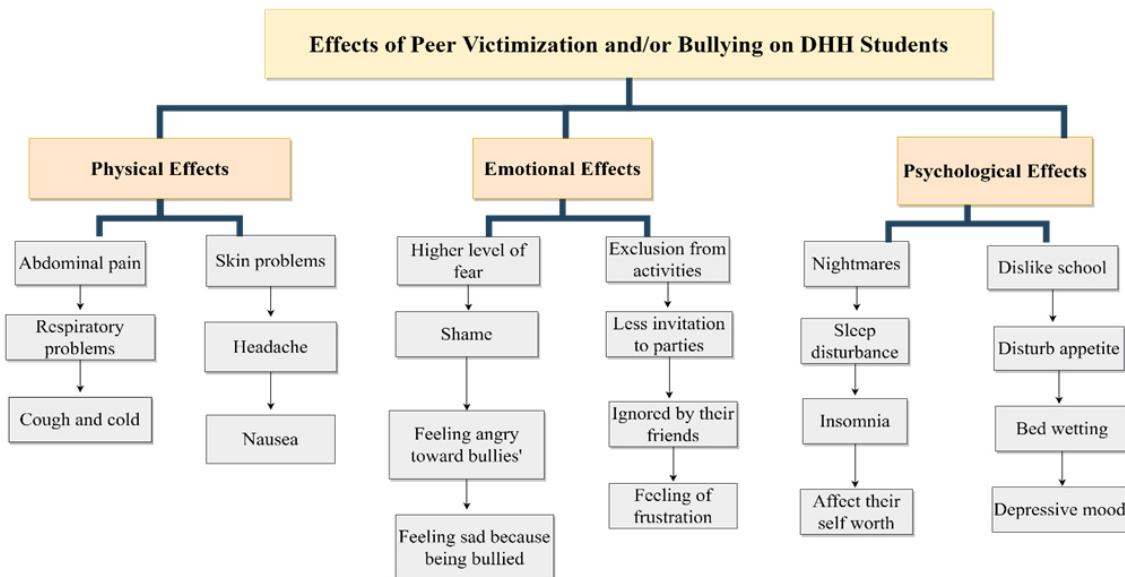


Figure 2. The Effects of peer victimization and/or bullying on DHH adolescents and children

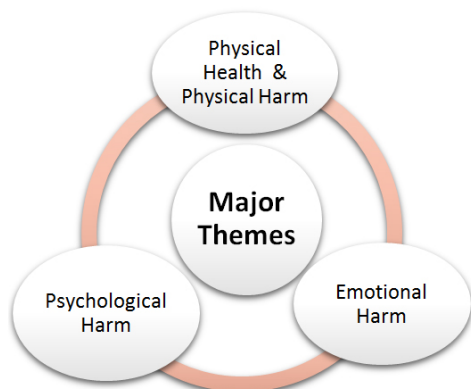


Figure 3. Major themes

The target of this integrative review is to aid in the development of educational sessions for parents, teachers, adolescents, and children within Qatar's schools, working towards the elimination of peer victimization and/or bullying for DHH students. This can be successfully achieved by understanding the global notion of peer victimization and/or bullying and addressing their effects linked with hearing loss. Three main themes emerged from the studies explaining the impact of these abuses on adolescents and children. To overcome these impacts without causing harm, they need to be managed through awareness and proper guidance provided by parents, educational staff, and administrative staff with the help of specialists. The main themes were categorized as physical health and physical harm, emotional harm, and

psychological harm.

3.1 Theme one: Physical health and physical harm

Physical health problems and physical harm are some of the main effects of peer victimization and/or bullying among adolescents and children in school settings. According to Akram and Munawar,^[19] physical health problems caused by victimization can be found in several forms, such as headache, abdominal pain, cold, cough, nausea, and respiratory or skin problems. The same authors added that girls report this types of physical health problems caused by victimization more than boys. However, physical victimization is more common in boys with hearing loss than in girls.^[19,22] On the other hand, Warner-Czyz et al.^[22] stated that gender does not impact rates of being bullied as approximately one-third of boys and girls in their study faced at least one type of victimization. In addition to physical health problems, Warner-Czyz^[23] stated that physical harm is another effect of victimization and/or bullying. This type of harm was reported by 20% of adolescents with hearing loss compared to 9% of their normal-hearing peers. Warner-Czyz et al.^[22] also reported that adolescents with hearing loss had a higher rate of physical harm (15.8%) versus their normal-hearing peers (3.2%). Furthermore, all participants in Bourke and Burgman's^[24] study reported the experience of being physically harmed in the school setting. These participants added that being attacked because of their disability affected their sense of self-value.

3.2 Theme two: Emotional harm

Emotional problems in students with hearing loss can appear as a reaction to at least one type of peer victimization during the school year.^[22] Broekhof et al.^[20] reported that peer victimization and/or bullying strongly affect DHH adolescents' and children's emotions, resulting in additional anger and less guilt when they respond to their bullies. These researchers also found a proportional relationship in the bullied adolescents' emotions; negative emotions, such as shame, anger, and fear, were more prevalent and led to an increase in the possibility of victimization. More victimization heightens guilt, shame, anger, fear, and anxiety. Bourke and Burgman^[24] stated the negative emotions caused by being bullied were directed by those who experienced the bullying toward the people who hurt them, bullied them, and made them feel sad about themselves, especially when facing victimization. However, Broekhof et al.^[20] mentioned that normal-hearing adolescents are more likely to bully than DHH peers.

DHH adolescents face more victimization affecting their emotions compared to their normal-hearing peers. Kouwen-

berg et al.^[25] reported that the victimization of DHH adolescents and children made them feel ignored by their normal-hearing peers. Those who were victimized were less likely to be invited to parties and more likely to hear mean comments. Similarly, Cheng et al.^[21] and Warner-Czyz^[23] reported that DHH adolescents are more likely to report social exclusion than their normal-hearing peers. In their study, Cheng et al.^[21] revealed that 51% of DHH adolescents reported at least one type of victimization and/or bullying experience in one school semester. As well, Warner-Czyz et al.^[22] stated that DHH adolescents and children were more likely to report facing on-purpose exclusion from activities than their normal-hearing peers (26.3% vs. 16.1%). Likewise, Warner-Czyz^[23] stated that 26.3% of DHH adolescents reported exclusion from different school activities, which was the most widely reported type of victimization.

Furthermore, Kouwenberg et al.^[25] stated that parental expectation and parental sensitivity would reflect in the lives of DHH adolescents and children. High expectations resulted in adolescents and children being more independent than adolescents and children who have parents with lower expectations. Higher expectations meant that adolescents and children had more support and encouragement from their parents, leading to less victimization and/or bullying. Moreover, Kouwenberg et al.'s study showed that parental sensitivity would negatively correlate with victimization and/or bullying when it is higher. Kouwenberg et al. found that parents of DHH adolescents and children who are sensitive toward their children and encourage them to develop their intellectual, emotional, and social skills decreased their children's possibility of experiencing different abuses. Kouwenberg et al.'s study showed that DHH adolescents and children whose parents monitor, encourage, and assist them were more independent and less victimized, leading to less sadness and anger.

3.3 Theme three: Psychological harm

Peer victimization and/or bullying can cause lifelong psychological harm. Akram and Munawar^[19] reported that their participants who had experienced these abuses expressed feelings of worry about attending school. Moreover, these participants reported nightmares as an adverse psychological effect resulting from their abuse. Furthermore, Cheng et al.^[21] stated that DHH school-going children who faced two types of victimization and/or bullying, mainly exclusion from activities and being verbally bullied, were more likely to experience psychological distress in their lives. The same researchers stated that this psychological distress may include symptoms such as delayed sleep timing (after midnight) due to insomnia or sleep disturbance.

The literature has shown a significant relationship between victimization and/or bullying, health issues, and psychological problems among DHH adolescents and children.^[19,21] According to Akram and Munwar,^[19] several psychological health issues were found due to peer victimization and/or bullying, such as adisturbed appetite, wetting the bed, and sleep disturbance. Furthermore, Akram and Munwar^[19] and Cheng et al.^[21] have found that adolescents and children may develop adverse effects caused by their abuse, such as refusal to go to school, insomnia, and sleep disturbance. These effects can affect the psychological health of DHH adolescents and children, causing poor mental health.

4. DISCUSSION

This integrative review aimed to explore the global literature on peer victimization and/or bullying and their consequences for DHH adolescents and children who wear different types of hearing devices, such as hearing aids and cochlear implants. This understanding will be used to develop educational sessions to inform parents, teachers, adolescents, and children within Qatar's educational system. The data synthesis revealed three main themes involving the effects of peer victimization and/or bullying in the lives of DHH adolescents and children compared to their normal-hearing peers: physical health and physical harm, emotional harm, and psychological harm.

4.1 Physical health and physical harm

This integrative review highlighted that recurrent peer victimization and/or bullying could have significant lifelong effects on the victimized and/or bullied individual's health status. A growing amount of published research worldwide has identified important health issues in individuals who have constantly experienced these abuses.^[9,26] According to Bouldin et al.,^[9] these adverse effects on health are acknowledged as significant public health matters. Adverse physical health effects can be instant, including bodily injury, or they might be long-term, including headaches and sleep disorders.^[26] According to Mohseny et al.,^[28] there is a link between these abuses and physical health problems in school-aged children, such as sickness, vomiting, headache, abdominal pain, wetting the bed, and fluctuating changes in appetite. Furthermore, Hong et al.^[26] found that the health consequences of being victimized and/or bullied in childhood can extend into adulthood. It can be concluded that DHH adolescents and children face more physical harm caused by peer victimization and/or bullying than their normal-hearing peers, which negatively affects their physical health.

4.2 Emotional harm

Peer victimization and/or bullying were found to have lifelong adverse effects on individuals' emotional well-being. This finding is similar to Chester et al.'s^[29] finding that these abuses have a negative effect on the well-being of adolescents and children, causing long-lasting emotional problems. According to Alavi et al.,^[14] considerable evidence highlights the harmful emotional effects of victimization and/or bullying that cause long-term mental health consequences, including anger, self-harm, sadness, and fear. Likewise, Armitage^[13] stated that adverse consequences of this abuse include social exclusion and poor perceived quality of life. Moreover, Thompson-Ochoa and Hodgdon^[30] reported that victimization and/or bullying strongly correlate with distress among DHH adolescents and children. Furthermore, Hong et al.^[26] indicated that abused DHH children and adolescents may also experience feelings of loneliness and isolation.^[30] This combination of being alone and social isolation could severely affect individuals' well-being, which may lead to emotional harm and significant symptoms of sadness and constant anger among victimized and/or bullied DHH adolescents and children. In addition, Hong et al.^[26] stated that these abuses are considered significant risk factors for suicide attempts among adolescents.

4.3 Psychological harm

The psychological harm caused by peer victimization and/or bullying was found to significantly affect DHH adolescents' and children's psychological well-being. This type of harm includes distress caused by actions or threats by their normal-hearing peers who deliberately embarrass, limit, and isolate them.^[31] According to Plexousakis et al.,^[32] peer victimization and/or bullying interrelate with symptoms of psychological trauma, disrupting the psychosocial and academic pathways of adolescents and children. Moreover, the same authors reported that continuous exposure to this abuse contributes to the development of psychological problems and disease, regardless of previously diagnosed mental health problems and genetic problems. Furthermore, Armitage^[13] and Karmaliani et al.^[33] reported that children who had been frequently victimized and/or bullied in school settings were more likely to feel like outsiders at school. This affects these children's academic achievement during the school year and is associated with psychological problems that may later extend into mental health problems. Therefore, school administration needs to fight these abuses in the settings where they occur.

The impact of victimization and/or bullying on girls' psychological well-being should be highlighted. Kowalski and Limber stated that victimized and/or bullied girls reported

more anxiety, psychological problems, and general health complications than boys who were abused.^[27] In general, negative feelings, symptoms of poor mental health, and psychological problems have impacted girls' health more than boys. This impact represents girls' constant anxiety and tension. Thus, girls can be seen as more sensitive to peer victimization and/or bullying, making them more likely to undergo psychological harm.

5. CONCLUSION

This integrative review aimed to explore different types of literature related to peer victimization and/or bullying and

their effects on DHH adolescents and children wearing hearing devices with a focus on their negative consequences. The main findings revealed that such abuse significantly affects DHH adolescents and children physically, emotionally, and psychologically. Peer victimization and/or bullying need to be managed by proper educational guidelines as overcoming this negative phenomenon in school settings will result in a safe environment that is free of harmful effects.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare no conflicts of interest.

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