

Bullying Experience of Adolescents with Disabilities from the Parents' Perspective: A Qualitative Study



By
Tanzina Akter

February 2022, held in March 2023

*This thesis is submitted in total fulfilment of the requirement for the subject
RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of*

Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka

Thesis completed by:

Tanzina Akter

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343

.....

Signature

Supervisor’s Name, Designation, and Signature:

Sk. Moniruzzaman

Associate Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343

.....

Signature

Co-Supervisor’s Name, Designation, and Signature:

Khadija Akter Lily

Lecturer of Occupational Therapy

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343

.....

Signature

Head Of the Department’s Name, Designation, and Signature:

Sk. Moniruzzaman

Associate Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343

.....

Signature

BOARD OF EXAMINERS**Sk. Moniruzzaman**

Associate Professor and Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

.....

Signature**Dr. Md. Shakhaoat Hossain**

Associate Professor

Department of Public Health and Informatics

Jahangirnagar University

Savar, Dhaka -1342


.....**Signature**

STATEMENT OF AUTHORSHIP

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

Tanzina Akter

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

.....

Centre for the Rehabilitation of the Paralysed (CRP)

Signature

Chapain, Savar, Dhaka: 1343

ACKNOWLEDGEMENT

I am overjoyed for being able to complete my thesis. All praise is due to the Almighty Allah who bestowed me with the capability to conduct this research. First and foremost, I want to express my sincere gratitude to my honourable supervisor Sk. Moniruzzaman and my co-supervisor Khadija Akter Lily for granting me the opportunity to work on this topic. Without their guidance, support and encouragement this study would not be possible. I would also like to express my gratitude to my mentor and research educator Shamima Akter and Arifa Jahan Ema, who provided their valuable input, insights, and assistance at every stage of this entire study process. Their mentorship and expertise were invaluable in helping me to shape the direction of this research and to bring the ideas to fruition. Additionally, I am thankful to my parents and other family members for their generous contributions and unconditional sacrifice during this journey. I am thankful to all the teachers of the department of Occupational Therapy for their support and encouragement. A word of appreciation to my friends Monisha Chakraborty, Tanzina Akter Tonima and Amena Rahman Rupa for their excellent help and assistance. Finally, I would like to extend my heartfelt thanks to all of the participants of the study, who generously shared their time, experiences, and insights. Their willingness to engage was essential to the success of this study, and I am deeply grateful for their participation.

DEDICATION

I wholeheartedly dedicate this thesis to my inspiration, my elder brother Mohammad Ibrahim Khalil for his unconditional love, support, sacrifice and guidance throughout my entire educational life.

TABLE OF CONTENTS

LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS.....	xi
ABSTRACT.....	xii
CHAPTER I: INTRODUCTION.....	1
1.1 Background	1
1.2 Justification of the Study.....	2
1.3 Operational Definition.....	3
1.3.1 Bullying	3
1.3.2 Adolescent	3
1.3.3 Disability	4
1.4 Study Question, Aim, Objective	4
1.4.1 Study Question	4
1.4.2 Aim	4
1.4.3 Objectives	4
CHAPTER II: LITERATURE REVIEW	5
2.1 Bullying Status of Adolescent with Disabilities Worldwide	5
2.2 Disability and Bullying Status of Bangladesh.....	6
2.3 Bullying Incidence Among Adolescents with ASD.....	7
2.4 Bullying Incidence Among Adolescents with Cerebral Palsy	8
2.5 Bullying Incidence Among Adolescents with Intellectual Disability	9
2.6 Social Exclusion and Association with Bullying	10
2.7 Role of Occupational Therapy in Bullying	10
2.8 Key Gap of the Evidence	12
CHAPTER III: METHODS	13
3.1 Study Design	13
3.1.1 Method.....	13
3.1.2 Approach	13

3.2 Study Setting and Period	14
3.2.1 Study Setting.....	14
3.2.2 Study Period	14
3.3 Study Participant	14
3.3.1 Study Population.....	14
3.3.2 Sampling Techniques	15
3.3.3 Inclusion Criteria	15
3.3.4 Exclusion Criteria.....	15
3.3.5 Sample Size	16
3.3.6 Participants Overview.....	16
3.4 Ethical Consideration	18
3.4.1 Informed Consent	18
3.4.2 Unequal Relationship	18
3.4.3 Risk and Beneficence	18
3.4.4 Confidentiality	19
3.5 Data Collection Process	19
3.5.1 Participant Recruitment Process.....	19
3.5.2 Data Collection Method.....	21
3.5.3 Data Collection Instrument.....	22
3.5.4 Field Test	22
3.6 Data Management and Analysis.....	22
3.7 Trustworthiness and Rigor	24
3.7.1 Methodological Rigour.....	24
3.7.2 Interpretive Rigour	24
CHAPTER IV: RESULT	26
4.1 Theme One: Parental Opinion Regarding Bullying	27
4.1.1 Sub-theme One: Factors Behind the Incidence	27
4.1.2 Sub-theme Two: Insecurities	28
4.1.3 Sub-theme Three: Reality Acceptance	28
4.2 Theme Two: Different Form of Bullying.....	29
4.2.1 Sub-theme One: Physical Bullying.....	29
4.2.2 Sub-theme Two: Verbal Bullying.....	30

4.2.3 Sub-theme Three: Rational Bullying	30
4.3 Theme Three: Ways of Sharing Incidence with Parents	31
4.4 Theme Four: Social Aspects	32
4.4.1 Sub-theme One: Superstitions of Community People	32
4.4.2 Sub-theme Two: Social Participation of the AWD	32
4.4.3 Sub-theme Three: Social Relationship and Influential Status of Parent	33
4.5 Theme Five: Psychosocial Aspects	34
4.5.1 Sub-theme One: Emotional Status of AWD and Parents	34
4.5.2 Sub-theme Two: Behavioural Changes of AWD	35
4.5.3 Sub-theme Three: Disruption on Daily Life of AWD	35
4.6 Theme Six: Coping Strategies Taken by Parents	35
4.6.1 Sub-theme One: Action Against the Incidence	35
4.6.2 Sub-theme Two: Handling AWD After the Incidence	36
4.6.3 Sub-theme Three: Self-management to Overcome the Incidence	36
CHAPTER V: DISCUSSION	38
CHAPTER VI: CONCLUSION	42
6.1 Strength	42
6.1.2 Limitation	42
6.2 Practice Implication	43
6.2.1 Recommendation	44
6.3 Conclusion	45
REFERENCE LIST	46
APPENDICES	53
Appendix A: Approval Letter / Permission Letter	53
Appendix B: Information Sheet and Consent Form	59
Appendix C: Interview Guide	70
Appendix D: Supervision Record Sheet	74

LIST OF TABLES

Serial number of the Table	Name of the Table	Page Number
Table 3.1	Overview of adolescents with disabilities	17
Table 3.2	Overview of parents of adolescents with disabilities	17
Table 3.3	Steps of Data Analysis	23
Table 4.1	Themes and sub-themes	26

LIST OF FIGURES

Serial number of the Figure	Name of the figure	Page no
Figure 3.1	Steps involved in participant recruitment	20

LIST OF ABBREVIATIONS

ASD	Autism Spectrum Disorder
AWD	Adolescents with Disabilities
CP	Cerebral Palsy
CRP	Centre for the Rehabilitation of the Paralysed
ID	Intellectual Disability
UNICEF	United Nations International Children's' Emergency Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation

ABSTRACT

Background: Bullying is a significant and widespread problem all around the world. Adolescents with disabilities (AWD) experience bullying at statistically higher rates and are more likely to be targeted than their peers without disabilities. Despite the seriousness of the problem, there are not enough efficient interventions or population empowerment initiatives. However, barely any study has been done regarding this issue in Bangladesh.

Aims: The study aimed to explore bullying experience of adolescents with disabilities from their parents' perspective.

Methodology: This study was conducted by the phenomenological approach of qualitative research design. Nine parents of adolescents were included through purposive sampling. Parents of AWD with cerebral palsy, down syndrome and autism spectrum disorder aged 13 to 15 years were selected for the study. The data were collected from three special schools and one inclusive school in Dhaka, Bangladesh. In-depth semi-structured interviews were used to take participants' interviews through a self-developed interview guide. The data were analysed using Braun and Clarke's (2013) six-step thematic analysis process.

Results: Six themes were uncovered about the adolescents' bullying experiences regarding 1) Parental opinion regarding bullying, 2) Different form of bullying, 3) Ways of sharing incidence with parents, 4) Social aspects, 5) Psychosocial aspects, and finally, 6) Coping strategies taken by the parents. The study highlights parental ignorance, safety concern, and psychosocial well-being about bullying events. Parents also revealed how AWD were bullied by peer groups, close relatives, and neighbours based on physical appearances,

unique intelligence, superstition of community people, and the influential social status of parents.

Conclusions: Bullying has a significant effect on the well-being of AWD and their parents, which emphasises the need for parental education and experts to combat this adverse issue. To ensure equal opportunity for AWD, occupational therapists should facilitate preventive strategies and anti-bullying programs by maximising advocacy at several levels among AWD, parents, special educators, the community, and policymakers.

Keywords: Bullying, experience, victimization, adolescents with disabilities, autism, cerebral palsy, down syndrome, parents, perception.

CHAPTER I: INTRODUCTION

1.1 Background

Bullying among adolescents with disabilities is still a significant issue, despite decades of research on the subject. Bullying is when someone or a group of people is frequently and purposefully targeted with words or acts in an effort to upset someone or put one's wellbeing at risk, by negatively impact upon social, emotional, physical, and academic development. (Mishna et al., 2020). The traditional forms of bullying include teasing, name-calling, taunting, stealing, and causing damage to the victim's personal property. More recent forms of bullying include pushing, shoving, intimidation, threatening with or without a weapon, physical aggression, shaming the victims, and cyberbullying. Increased stress, crises, loss and grief, body image, self-concept, stigma, ambiguity, unpredictability, and overall life quality are just a few areas that bullying may have an impact on (Hong et al., 2014). Bullying is categorised into few types, that include an aggression that is physical (hitting, tripping), verbal (name calling, teasing), and finally rational or social (spreading rumours, exclusion from groups) which can happen in face-to-face interactions at any place of school playground, classroom, inside and outside the home, in streets and so on. (Sampasa-Kanyinga et al., 2020). Yet again, over time, students with specific developmental disabilities, autism spectrum disorder, mental health issues, behavioural issues, other health issues, and speech or language impairments have higher rates of bullying victimization than their classmates without disabilities (Rose & Gage, 2016). Even, various typologies of bullying victimization, which can be perpetrated by close relatives or outsiders, had been researched and compiled (Iyanda, 2021). When bullying occurs, parents are crucial in how it is handled, and supportive parents lessen the

probability that their children would bully both others and them (Stives et al., 2021). Thus, despite the thousands of academic articles on bullying worldwide, little research has looked at parents' perceptions on bullying events of adolescents, particularly teens with disabilities. Additionally, the geography of bullying victimization and adolescents with disabilities has been less researched in Bangladesh, and not enough study has been found to report the rate of bullying of AWD. In order to raise awareness, this study seeks to partially fill that gap by using qualitative interviews with parents of AWD to examine their perceptions regarding bullying, and revealed how these occurrences affect them.

1.2 Justification of the Study

The study has conducted to uphold bullying victimization of adolescent with disability in society as it is a burning issue that needs to talk about and need to address effectively. Most importantly, there are many misconceptions among parents about bullying, as they tend to normalize the bullying issues by considering it as any other ordinary incident of life of AWD. Many research study shows the adverse effect (anxiety, depression, isolation, suicidal attempts) of bullying on adolescents' health and sadly parents are not conscious of these. Here, this study can be the medium to increase parents' awareness so that they can take bullying issues seriously and act against these incidents appropriately. Bullying has been proven by numerous studies to be a serious problem nationwide. Unfortunately, there is not enough evidence-based study about bullying victimization of children and adolescents with disabilities, especially in Bangladesh. So, this research can be used as an evidence-based study, which will stand for bullying victimized AWD in society and can be a helpful resource to conduct further research study on the topic. This can be an essential research study, especially in the field of occupational therapy and mental health. The

findings of the study may help the occupational therapist to understand this issue in depth as a member of interprofessional team. However, occupational therapy could bring a unique contribution by highlighting bullying as an area of practice where evidence-based interventions are urgently needed. Here this study is also beneficial for mental health professionals as they can play an active role in supporting AWD who may experience bullying in the school environment. If any AWD have the possibility to be bullied or if any of them are facing any mental distress or psychological issue due to bullying, then the therapist can help them by raising awareness, providing adequate client and parental education, counselling about bullying prevention, situation handling, anti-bullying strategies, self-advocacy, self-esteem, defence mechanisms, empathy, coping strategies, social participation and can even do advocacy for the victim in the community level directly if needed.

1.3 Operational Definition

1.3.1 Bullying

Bullying is any unwanted behaviour or act of aggression by another individual or group that involves an observed or perceived power imbalance and is repeated several times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted adolescents including physical, psychological, social, or educational harm (Leeb et al., 2008).

1.3.2 Adolescent

The World Health Organisation (WHO) and the United Nations defines adolescence as the time between the ages of 10 and 19 years, which generally correlates to this developmental stage and adolescents as individuals in the 10-19 years age group. Puberty, which is

biologically normal, signifies the beginning of adolescence, which is over when an accepted adult identity and behaviour are adopted (WHO, 2022).

1.3.3 Disability

The international classification of functioning, disability, and health (ICF) of the World Health Organisation (WHO) describes disability as a bodily impairment or functional limitation, including difficulties an individual may have in executing activities or problems with involvement in daily life situations (WHO and United Nations definition of adolescent,2021)

1.4 Study Question, Aim, Objective

1.4.1 Study Question

How adolescents with disabilities are experiencing bullying from their parents' perspective?

1.4.2 Aim

The study aimed to explore bullying experience of adolescents with disabilities from their parents' perspective.

1.4.3 Objectives

- To find out parents' view on bullying
- To investigate the variety of bullying experiences among adolescents with disabilities
- To explore the effects of bullying incidence on adolescents' health and occupational performance

CHAPTER II: LITERATURE REVIEW

The most recent UNESCO research found that students with disabilities were, in some circumstances significantly more, likely than their peers without disabilities to experience bullying and violence at school. This is observed at all educational levels but is especially prevalent between the ages of 13 and 15 during the stage from late childhood into early adolescent. In comparison to their peers without disabilities, students with developmental disabilities, autism spectrum disorder, mental health issues, behavioural issues, other health impairments, and speech or language impairments encounter increased rates of victimization throughout time (Rose & Gage, 2016). Youth with learning and developmental disabilities are more likely to be bullied by their peers (Rudolph et al., 2019). According to a report of United Nations (UN,2015) children with disabilities are two to three times more likely to be bullied.

2.1 Bullying Status of Adolescent with Disabilities Worldwide

Approximately 60% of students with impairments, compared to 25% of all students, report experiencing regular harassment (PACER'S National Bullying Prevention Center, 2012). The prevalence of victimization and bullying among students with disabilities, both visible and invisible has been found to be higher than that of students without disabilities. Adolescents aged 12 to 13 who took part in a longitudinal study in Australia revealed that social bullying victimization was more common in disabled adolescents than in non-disabled adolescents. Moreover, the study's findings showed that among adolescents with ID, having a handicap and growing up in a home with poor parental education were both linked to an increased chance of becoming the target of social bullying (Kavanagh et al.,

2018). In Canada, a qualitative study examined the perspectives of bullying from students of grade 4,7 and 10 along with their parents and teachers through semi-structured interviews and qualitative thematic analysis. This study results that bullying differentially targets certain students based on gender, sexuality, class and ethnicity, and the widespread belief that bullying is frequently normalized, diminished, and seen as necessary. A stress on individual accountability rather than social or systemic responsibility is closely related (Children and Youth Services Review,2020).

2.2 Disability and Bullying Status of Bangladesh

Under-five children with developmental disability was 1.3 million in Bangladesh in 2016 (Olusanya et al., 2018). According to a new study, 35% of Bangladeshi youngsters between the ages of 13 and 15 reported being bullied at least once every 30 days or getting into a violent altercation at least once every 12 months in 2014. A recent survey by UNSECO published in October 2019 says that 23 per cent of students of Bangladesh are victims of bullying. The current study set out to look into the frequency and type of bullying that Bangladeshi adolescents suffer. Using the Multidimensional Bullying Victimization Scale's translated Bangla version, a sample of 556 pupils were surveyed. In the previous year, bullying had affected nearly half of the participants. The most common types of bullying, according to the findings, were pushing and shoving, making fun of someone, and spreading rumours. Boys attending public schools and living in cities had a disproportionately high rate of bullying victimization (Ahmed et al., 2021).

2.3 Bullying Incidence Among Adolescents with ASD

International Society for Autism Research conducted a retrospective cohort study to investigate the longitudinal association between experiencing bullying and suicidality in a clinical population of 680 adolescents with ASD. Electronic health records of adolescents (13-17 years), using mental health services in South London, with a diagnosis of ASD were analysed. A higher risk of suicidality across the follow-up period was associated with reported bullying in the first month of clinical interaction. Additionally, higher intellectual capacity, psychosis, affective disorder diagnoses, and female gender were all linked to suicidality at a further stage in the process (Holden et al., 2020). Another study conducted in Taiwan looked at 219 adolescents with high-functioning autism spectrum disorder (ASD) who had experienced bullying and compared the severity of psychopathologies and level of self-esteem among them. The findings showed that, in comparison to the self-reported neutrals, the self-reported perpetrator-victims and pure victims had more severe depression and anxiety. No difference in depression, suicidality, anxiety, and self-esteem was found among the four groups of various parent-reported bullying involvement experiences (Front Psychiatry. 2020). According to the findings of a different study, students with ASD most frequently reported verbal and exclusionary bullying, with 66% of them reporting verbal bullying and 72.4% reporting exclusionary bullying. Delay in going to bed, medication use, and arguments with parents all significantly enhanced post distress in the sufferers (Disabil Rehabil. 2018). Understanding the factors that lead to bullying in children with ASD may assist to lessen victimization, boost social skills, and improve overall wellbeing in this group of children. Despite the fact that a lot of study has been done on the general population's risk factors for bullying victimization, very little

research has been done on the factors that predict bullying victimization among children with ASD (Hwang et al. 2017). A study used the 2011 Survey of Pathways to Diagnosis and Services to examine associations among 1057 children with ASD, there was a correlation between six Children's Social Behaviour Questionnaire subscales and bullying victimization. Significant relationships between each subscale and more frequent bullying victimization were found in bivariate analyses (J Autism Dev Disord. 2020). Cappadocia, Weiss, and Pepler (2012) found that 77% of 192 parents reported that their child with ASD, aged 5–21 years, had been bullied at school within the last month, with 46% reporting even more frequent victimization at least once per week. To determine if young people with ASD suffer bullying more frequently than other disability groups, studies using comparison groups are important.

2.4 Bullying Incidence Among Adolescents with Cerebral Palsy

This cross-sectional study included 6- to 17-year-olds 111 participants with CP and 29 participants without CP from the 2016 National Survey of Children's Health. Mental health disorders included depression, anxiety, behaviour, conduct problems, and attention deficit or hyperactivity disorder. Social factors include participation in extracurricular activities, being a victim of bullying, and having problems establishing friends. This suggests that children with CP have an increased probability of anxiety after controlling for sociodemographic variables and the existence of chronic pain (Hong et al., 2022). A focus group and qualitative in-depth interviews with children and youth with disabilities were used in another study to investigate the experiences of exclusion and bullying they had. The findings indicated that limitations in the socio-contextual environment had an impact on the social exclusion that children had. Both teachers and peers socially excluded young

people. According to youngsters, teachers' perspectives on children with disabilities frequently have an impact on the social isolation that peers go through. Bullies excluded children with disabilities from society in both implicit and overt ways, which frequently resulted in verbal and physical bullying. Forty-three children aged 10–18 with CP were given the California Bullying Victimization Scale. Fourteen of the children shared a bullying experience orally or written after the survey (Stang et al., 2020).

2.5 Bullying Incidence Among Adolescents with Intellectual Disability

According to the study of Taiwan, 2016, 706 adolescents from the 2011 Special Needs Education Longitudinal Study were analysed, where data on Multivariate regression analysis was applied to variables comprising 7 items of psychological distress, 4 types of bullying victimization, and family-, school-, and peer-related factors. The study findings suggest that approximately 70% of the survey respondents had experienced at least one type of 2 victimization, and 44% of them had experienced at least two types of victimization. Exclusion (50%) and verbal bullying (70%) were the most reported types. Furthermore, adolescents with ID have been reported to be prone to link mental health disorders because of biological and social components and cultural contexts (Chiu et al., 2017). Journal of Adolescence, USA, 2016, conducted a study on the prevalence of prejudice-based harassment among a large, state-wide, school-based Midwestern United State sample of 162,034 adolescents. There, greater rates of all sorts of harassment were reported by teenagers with one or more disabilities, as compared to those without a disability (Bucchianeri et al., 2016).

2.6 Social Exclusion and Association with Bullying

Often, the greatest difference between bullying experienced by children with physical disabilities and healthy children arise from social exclusion (Stang et al., 2020). Peers may not know how to include the child or may purposefully or unintentionally exclude the child; nevertheless, social exclusion most frequently characterizes bullying experienced by children with disabilities (Bourke & Burgman, 2010). If children with impairments cannot be included in peer activities, their bullying probability increases. It is recognized that bullying is one of perhaps the most typical forms of violence throughout school years. Aggressive behaviour can be known as bullying if it is repetitive, purposeful, and in the context of a power imbalance. Social loneliness and social exclusion are also types of bullying (Lindsay, 2012). Bullies tend to choose victims who are submissive, insecure, physically weak, or rejected by the peer group to signal power (Menesini & Salmivalli, 2017). Also, children with disabilities can demonstrate a lack of social skills and awareness, increasing vulnerability to bullying (Bourke & Burgman, 2010). It is important to address bullying because it can result in low self-esteem, poor psychological well-being, poor social adjustment, and physical unwellness (Rigby, 2003). Bullied children can also be at higher risk for psychosomatic problems compared with uninvolved peers (Gini & Pozzoli, 2013).

2.7 Role of Occupational Therapy in Bullying

As reported in the study of Occupational Therapy Journal of Research, Occupation, Participation and Health, 2021, an electronic survey was given out in the United States to school-based occupational therapists to obtain data regarding roles, practices, and limitations in addressing bullying among students with disability. Data were studied using

inferential statistics, frequencies, percentages, and content analysis. A total of 151 occupational therapists participated. The study implies that many occupational therapists see or hear about bullying but do not address it due to a lack of evidence, interventions and caseload barriers. According to the study result, 54.97% of participants reported seeing or hearing of bullying against students with disabilities they worked with and 64.9% of participants reported that addressing bullying against students with disabilities is a valuable and important role for Occupational Therapy. As a member of the interprofessional team, occupational therapist has vital role to identify bullying risk, provide intervention and consult and collaborate with other staff, families, and students to create safer environments to promote school inclusion and participation (Bazyk et al., 2018). The American Occupational Therapy Association (AOTA) through its members' advocates for occupational therapists' participation in addressing bullying as front-line providers (AOTA, 2013). Despite occupational therapists' professional and ethical responsibility and mental health expertise (Leigers et al., 2016), there is a dearth of published literature on the roles on the team and anti-bullying practices of occupational therapists in addressing school bullying (Njelesani et al., 2020). Therefore, for the advancement of the profession and themselves, therapists need to become aware of existing resources and seek training opportunities, particularly those that offer an active learning approach within interprofessional collaboration (Ramani et al., 2019).

2.8 Key Gap of the Evidence

- There is not enough data to focus on the bullying prevalence of adolescent with disability in Bangladesh.
- No report has been conducted regarding the bullying experience of adolescent with disability in Bangladesh.
- Not enough resource was found for the bullying experience of adolescent with down syndrome around the world.
- There is very few research study which focuses on the perception of parents to uphold the burning issue bullying.
- There is an empirical knowledge gap concerning bullied adolescents with disabilities and the associations with psychosomatic complaints.

CHAPTER III: METHODS

3.1 Study Design

3.1.1 Method

A qualitative research method is a form of social inquiry that focuses on the way people interpret and make sense of their experience, focusing upon the social reality of individuals, groups, and cultures. Besides, in qualitative research, non-numerical data (such as text, video, or audio) are gathered and analysed to better comprehend concepts, beliefs, or experiences. It can be applied to get comprehensive understanding of a situation or to come up with innovative research concepts (Bhandari, 2022). Qualitative research emphasizes people's words or stories, rather of the "science of numbers", as in quantitative studies (Hanson et al., 2019). As this study investigates the perspectives of parents, where they represented their opinion, share incidence, expressed thoughts and opinions based on bullying experience of their children. Therefore, the student researcher used the qualitative research design.

3.1.2 Approach

Student researcher used the phenomenological study design of qualitative research to conduct this research study. Because phenomenological approach refers to the study of a phenomenon and human experience. It is a qualitative research approach that helps in describing the lived experiences of an individual and focuses on studying the phenomena that have impacted an individual. This approach highlights the specifics and identifies a phenomenon as perceived by an individual in a situation that is related to conducting this study (Nair, 2021). Moreover, the goal of this research is to comprehend the significance of actual life experiences. A phenomenology study investigates the experiences people

have and focuses on how they perceive the occurrence. Thereby, phenomenological study is used to explore the bullying events of AWD, through their parents' expression to present parents' understanding and seriousness about the issue.

3.2 Study Setting and Period

3.2.1 Study Setting

This study conducted by collecting data from three special schools and one inclusive school of Dhaka, Bangladesh. Such as:

- a) Dream Angels Centre for Autistic Children (DACAC)
- b) Society for the Welfare of Autistic Children (SWAC)
- c) Prottasha Centre for Autism Care (PCAC)
- d) William and Marie Taylor School (WMTS)

All above mentioned institutions are renowned special schools of Dhaka. Most of the interviews were taken in a calm, comfortable place of school campus, common room, playground, following the prescheduled date and time of participants. Exceptionally, one interview was conducted at participant's home environment, as her preference.

3.2.2 Study Period

The study period started from April 2022 to March 2023. Data collection period was from 29 October 2022 to 19 November 2022.

3.3 Study Participant

3.3.1 Study Population

Parents of adolescents with disabilities (cerebral palsy or, down syndrome or, autism spectrum disorder) whose (AWD) has experienced bullying.

3.3.2 Sampling Techniques

Purposive sampling was used by the student researcher to gather data from nine participants based on some inclusion and exclusion criteria. The student researcher purposefully set criteria to select the participants, in order to explore verity of information about parental opinion and bullying events of adolescents' life. As this sampling process is used to study the perspectives of individuals who could serve as "information-rich cases" that "yield data on major study questions" (Patton, 1999, p. 1197). Thereby, this is the most suitable technique for this study. Again, the term "purposeful sampling" describes a class of non-probability sampling methods in which units are chosen because they have the qualities the researcher is looking for in his sample. In other words, purposive sampling selects units purposively. Also termed judgmental sampling. As samples were selected based on the student researcher's judgment when identifying the participants, to get the greatest information and to accomplish the study's objectives. It is particularly useful to uncover information-rich cases and to make the most out of limited resources (Nikolopoulou, 2022).

3.3.3 Inclusion Criteria

- Parents of AWD (cerebral palsy, ASD, down syndrome)
- Parents of AWD whose (adolescent) age range are 13 to 15 years old
- Parents of AWD who are the main caregiver

3.3.4 Exclusion Criteria

- Parents of AWD who are mentally unstable
- Parents of AWD who have speech and hearing impairment

3.3.5 Sample Size

Nine parents of AWD. Among nine AWD, three are diagnosed with CP, three are diagnosed with down syndrome and rest of the three are diagnosed with ASD.

3.3.6 Participants Overview

The student researcher interviewed twelve participants. Among all, three were excluded from the study due to their irrelevant statements. Although, three of them fulfil the exclusion and inclusion criteria, two of them seemed confused and one shows unwillingness to interpret few answers. However, this study was conducted with nine participants whose were the parents of AWD, and each of them were mothers. As all the available mothers were the primary caregivers of AWD, the student researcher was unable to reach any fathers as participants. According to ethical considerations, participants were coded as mother with a pseudo name of their adolescents with special need to maintain confidentiality. All of the participants stated that adolescent has experienced bullying directly and indirectly in their community.

Table 3.1*Overview of adolescents with disabilities*

Pseudo Name	Gender	Age	Condition
Shan	Male	14	ASD
Milly	Female	13	Cerebral Palsy
Jim	Male	14	ASD
Ali	Male	14	ASD
Tina	Female	13	Cerebral Palsy
Almas	Male	13	Down syndrome
Nobi	Male	13	Down syndrome
Prince	Male	14	Cerebral Palsy
Liam	Male	15	Down syndrome

Table 3.2*Overview of parents of adolescents with disabilities*

Pseudo Name of AWD	Relation with AWD	Age	Educational Background	Occupation
Shan	Mother	46	H.S.C.	Housewife
Milly	Mother	28	High School	Housewife
Jim	Mother	40	M.Sc.	Housewife
Ali	Mother	44	B.Sc.	Service holder
Tina	Mother	40	H.S.C.	Housewife
Almas	Mother	51	H.S.C.	Housewife
Nobi	Mother	39	B.S.S.	Housewife
Prince	Mother	42	H.S.C.	Businesswoman
Liam	Mother	40	High School	Housewife

3.4 Ethical Consideration

The Department of Occupational Therapy has initially requested approval from the Institutional Review Board (IRB) of BHPI on behalf of the student researcher.

3.4.1 Informed Consent

The student researcher had explained the information, including the purpose, methods, demands, risks and potential benefits, if they consented to participate in the study. The student researcher translated the form into Bengali so that it was easily understandable to the participants. In addition, information on the withdrawal procedure was provided to participants, that any interviewees could withdraw their participation before starting the data analysis. All participants were given an information sheet regarding the study prior to the interview process, and the student researcher obtained their signatures on the consent form before recording the interview session with their permission.

3.4.2 Unequal Relationship

The student researcher had no power relationship with the participants and the student researcher herself was responsible for the overall recruitment process. Besides, the student researcher had no bias in selecting participants. As the study participants was selected based on inclusion and exclusion criteria. Therefore, no unequal or power-based relationships was created during this study.

3.4.3 Risk and Beneficence

There was no risk and beneficence of the participants for providing the information. While conducting the interview, the student researcher was careful to avoid any potentially damaging situations and inquiries that might be upsetting for the participants. Although, few participants become emotional during describing the bullying events of their children.

The student researcher then condoles the participant and gave time until they were ready to continue the rest of the interview. Another participant was answering and responding well during the session but refused to share any of the bullying incidence particularly due to uncontrolled emotions, which lead the student researcher to change the topic.

3.4.4 Confidentiality

The participant's confidentiality was guaranteed and preserved by the student researcher. The information sheet made it clear that only the student researcher and the supervisor had access to the interviews. Student researcher ensured and maintained confidentiality of the participants. Only the student researcher and the supervisor had access to the interviews, and this was clearly stated in the information sheet.

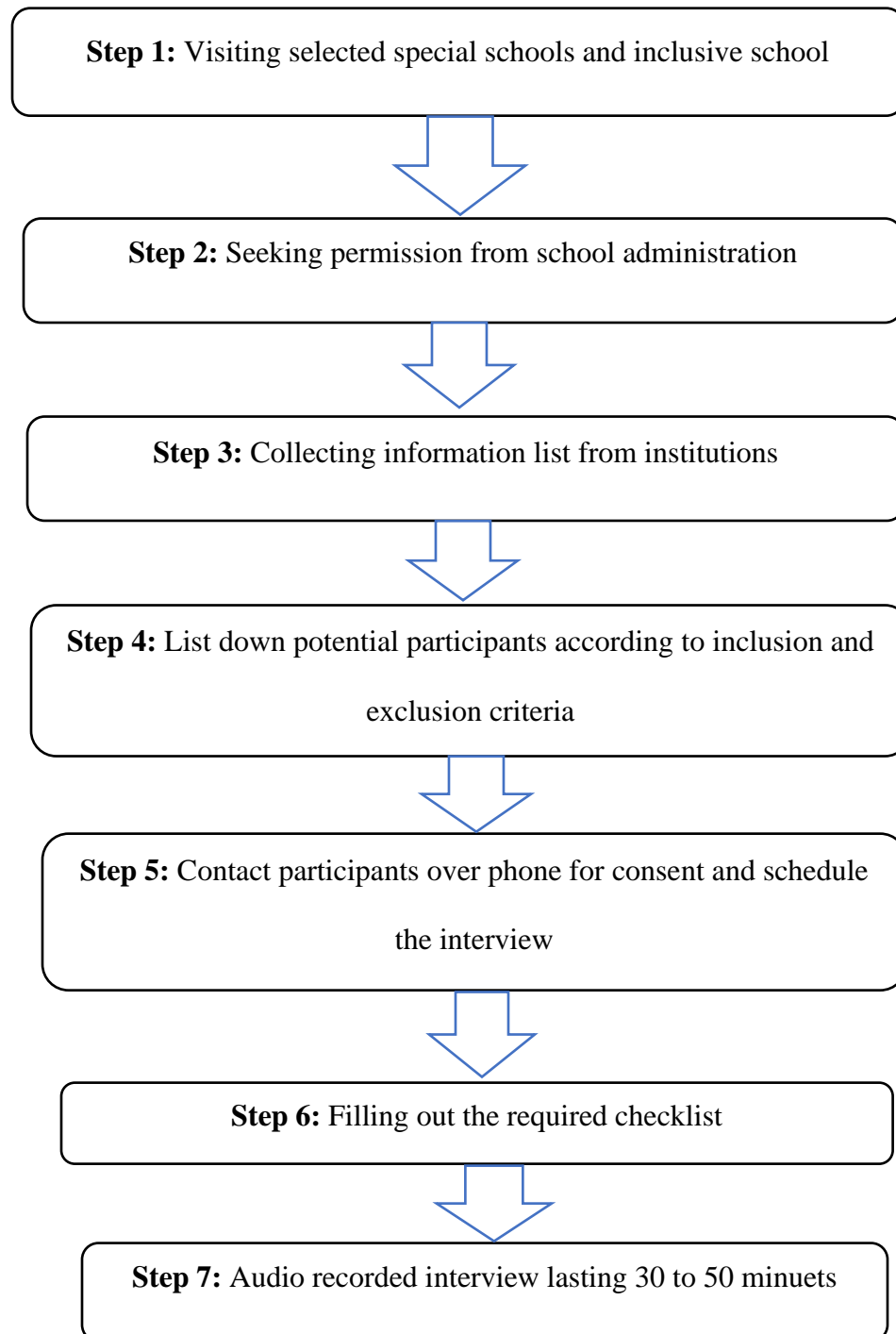
3.5 Data Collection Process

3.5.1 Participant Recruitment Process

The student researcher initially visited the three special schools and one inclusive school. She then submitted a letter of consent to those schools' administrators to seek permission. Student researchers gathered parents' information from the student list of instructions after obtaining authorization from those institutions' authorities. Later, she made participant selections based on the research study's inclusion and exclusion criteria. After that the student researcher contact the participants over phone for interview for scheduled time and date according to their preference. After that the participant filled the criteria of checklist to be selected for interview. Finally obtained signature in consent form and interviewed the participants lasting 30 to 50 minutes with audio recorded.

Figure 3.1

Steps involved in participant recruitment



3.5.2 Data Collection Method

In this study, the student researcher has used a face-to-face, in-depth semi-structured, interview protocol based on a self-developed interview guide including open-ended questions. In-depth semi-structured interviews are used in qualitative research to collect qualitative data that provide the researcher the opportunity to focus on the topic of interest and explore any relevant ideas that may come to mind during the interview. In qualitative research, in-depth semi-structured interviews combine structured and unstructured interviewing techniques in which some questions are predefined while others are not (Stolle, 2022). The student researcher took each interview session in person through the help of four previously mentioned institution. The student researcher has gone to each institution separately and contact the participants during their convenient time schedule and has gone to the residence of one participant among nine due to the participants' requirement. It was quite challenging for the student researcher to visit different institutions of Dhaka city as many places were unknown to her. Before starting the interview student researcher informed the participant about information sheet and consent form, took permission for recording, and took sign from the participants. After that investigator collected the demographic information from the participant and overviewed the check list. Once it had been completed, the student researcher started asking question according to the interview guide through the face-to-face, semi-structured interview. The entire interview was conducted in Bengali. The investigator explained all the question in Bengali which was helpful to understand for the participant. The student researcher was attentive about active listening, avoiding jargon and linguistic choices. The interview took time with an average of 30 to 50 minutes.

3.5.3 Data Collection Instrument

A self-developed interview guide was developed by the student researcher to collect data which covers parents' views on bullying, types of bullying that adolescent with disability faces and the output of those experience on their life. A checklist was included along with self-developed interview, that must be fulfilled assertively to complete further investigation.

3.5.4 Field Test

Before conducting interview for the study, student researcher has done the field test by using the self-developed interview guide, so that student researcher can examine the accuracy of each question practically. However, student researcher had selected the participant according to inclusion and exclusion criteria. Student researcher had checked the self-developed interview guide, by asking questions to the participant. After the field test, no modification required for the interview guide as researcher face no difficulties during field test investigation from a random place.

3.6 Data Management and Analysis

The student research used thematic analysis, as its focus on examining themes within a topic by identifying, analysing, and reporting patterns (themes) within the research topic. A key strength of thematic analysis is its theoretical flexibility, allowing for various theoretical approaches if the framework and methods match the objective of the analysis and are made explicit (Braun & Clarke, 2006).

The student researcher analysed the data according to Braun and Clarke's six steps of thematic analysis (Clarke & Braun, 2016).

Table 3.3*Steps of Data Analysis*

Six steps of Clark & Braun	Steps used by student researcher
1. Familiarizing and identifying data	The student researcher initially became familiar with the data by recording interviews, transcribing the audio verbatim, and translating the data into English. She then reviewed the entire document from beginning to end to fully comprehend the data's meaning and pattern.
2. Generating initial codes	The second step involves the student researcher creating initial codes by emphasizing the participant's interesting issue.
3. Searching for Generating (initial) themes	Student researchers hunt for a theme in the third phase after the original coding. A common code among all participants served as the foundation for this concept.
4. Reviewing potential themes	The theme was reviewed by the student researcher in stage four. This step involved the investigator reviewing and refining the theme by providing sufficient evidence by justifying enough data. The student researcher then developed a subtheme beneath the primary theme.
5. Defining and naming your themes	The theme was identified and specified in the fifth step by the student researcher. The reader can infer what the theme is about from the name of the theme.
6. Producing the report	The student researcher generated the outcome in accordance with the theme at the sixth and final step.

Finding out participants' perspectives, opinions, knowledge, and experiences regarding anything is the goal of theme analysis (Clarke & Braun, 2016). Thematic analysis was the appropriate method of data analysis since the student researcher investigated the bullying experience of adolescents with disabilities from their parents' perspectives.

3.7 Trustworthiness and Rigor

Trustworthiness was maintained by following methodological rigor and interpretive rigor (Fossey et. al. 2002). The steps are mentioned in the bullet points:

3.7.1 Methodological Rigour

Congruence: The study was conducted following a qualitative design, consistent with the aim and objectives of the study. Phenomenological approach was chosen, as parents shared a phenomenon, including bullying AWD.

Responsiveness to social context: This study was connected with social context as the student researcher took interview mostly on outdoor environment and home environment

Appropriateness and adequacy: Purposive sampling was used to get the information according to researchers' requirement, through face-to-face interview.

Transparency: The student researcher was largely responsible for data collection and analysis with no bias in sampling and no history of power relation. The supervisor and co-supervisor were actively involved in different levels of data analysis.

3.7.2 Interpretive Rigour

Authenticity: The authenticity in presentation of findings or interpretations was maintained by providing verbatim quotes of participants. In every theme and sub-theme, data were presented from participants with different demographic histories, to present a range of views. The demographic data collected from inclusive school and special schools

of Dhaka. Reflective diary and member checking could not be done, as the data collection occurred over a restricted time frame.

Coherence: The supervisors gave guideline on coding and explained the details of analysis. Selections from every transcript were discussed with supervisors. This offered an opportunity to discuss new patterns and sub-topics.

Reciprocity: The student researcher transcribed each interview, then translated by keeping the original meaning same.

Typicality: One of the limitations of this qualitative study is that the findings cannot be generalised to other contexts due to the small group of sample and limited settings.

Permeability of the researcher: The student researcher was successfully able to engage with the participants and gathered information according to the study context. Braun and Clarke's six-step analysis of data is used. The supervisor was involved at every stage of the data analysis process, which gave the data numerous viewpoints and eliminated any possibility of bias.

CHAPTER IV: RESULT

Six main themes are emerged from the thematic data analysis. Such as parental opinion regarding bullying, different form of bullying, ways of sharing incidence with parents, social aspects, psychosocial aspects, and finally coping strategies taken by parents. Each theme is consisting of few sub-themes except ways of sharing incidence with parents.

Table 4.1

Themes and sub-themes

Theme	Sub-theme
Parental opinion regarding bullying	Factors behind the incidence
	Insecurities
	Reality acceptance
Different form of bullying	Physical bullying
	Verbal bullying
	Rational bullying
Ways of sharing incidence with parents	
Social aspects	Superstitions of community people
	Social participation of the AWD
	Social relationship and influential status of parent
Psychosocial aspects	Emotional status of AWD and parents
	Behavioural changes of AWD
	Disruption on daily life of AWD
Coping strategies taken by parents	Action against the incidence
	Handling AWD after the incidence
	Self-management to overcome the incidence

4.1 Theme One: Parental Opinion Regarding Bullying

In this study, parents of AWD did not have exact knowledge and understanding about the word bullying except Alis' mother and Jims' mother. Before starting the interview, the student researcher presented a general interpretation of the term bullying among all the parents, so that parents can express their opinion regarding the topic and the experience of their child. Accordingly, the related subthemes are presented below:

4.1.1 Sub-theme One: Factors Behind the Incidence

All the participants had reported their own views and reasonings behind bullying occurrence of adolescents with special need. Very few have stated disability as the main reason behind such incidents, others suggested that adolescents' inability to social participation, unique intelligence, inability to protest against bullies caused bullying occurrence. Parents also reported that children with special need are unable to interpret hatred, fear, they behave against the social norms and become victim of bullying. Millys' (age 13, CP) mother and Alis' (age 14, ASD) mother put the blame to themselves as they think because of them their child has become disable and as a result they are facing bullying incidence. Here, Tinas' (age 13, cerebral palsy) mother put a wise statement, she made peoples' view about special child responsible for bulling events. Again, Jims' (age 14, ASD) mother put the blame on society and recounted,

“Society... Our society has not changed... Now if I go out with my baby, they'll stare at my baby. They will have fun watching him, rather than being sympathetic... again, if you look at educated people, you will notice, most of them get scared and run away, as if autistic children are crazy!”

4.1.2 Sub-theme Two: Insecurities

Four participants reported their insecurity for their children as they are afraid that their children might face bullying incidence more with age. Besides some parents shows safety concerns for their children as they are unable to differ among good and bad. Tinas' (age 13, cerebral palsy) mother expressed her concern by stating,

“My daughter is now in class five. She's 13 years old... so I have not yet faced these incidents (physical bullying). But if she goes to high school, then there will be combine classes. By any chance, if such things happen! I am worried about her safety... I never leave my daughter alone... So, I don't trust anyone... Sometimes lot can happen from a close relative. That is something I always keep in mind.”

Jim (age 14, ASD) and Liam (age 15, Down syndrome) faced abusive behaviour from home tutor and on the way to private tuitions, according to their parents' statement. Mothers cannot even relay in school as they suspect of the occurrence of bullying in their absence. Most of the parent are very watchful and never leave their children alone due to safety concern.

4.1.3 Sub-theme Three: Reality Acceptance

Four parents among nine reported the fact that their child faced bullying incidence for being different than any other ordinary child and they had accepted that they have nothing to do to stop it. Such as, Millys' (age 13, cerebral palsy) mother stated “as God has given this to me, so I had to accept it. That's how I accept it. And sometimes it feels very bad”. Again, Shans' (age 14, ASD) mother recounted that she tries to make people understand about her children' condition, but people do not understand the fact that he is autistic and now she

had accepted this fact. Jims' (age 14, ASD) mother said, "So, these things will go on and he will grow up, if he has problems due to his disorder, these matters will go on".

4.2 Theme Two: Different Form of Bullying

In response to questions about bullying experience of AWD to their parents, they provided examples of variety of bullying incidence. By far most common bullying experience of AWD according to their parents' statement was verbal bullying and rational bullying. There are few sub-themes describing below:

4.2.1 Sub-theme One: Physical Bullying

Prince (age 14, CP); Liam (age 15, Down Syndrome) and Milly's (age 13, CP) parents claimed that their children had faced physical bullying from their fellow groups at the inclusive school and inside the colony. They reported that classmates intentionally push their children and make them fall but denied when they (classmates) were asked about the incidence. Milly's (age 13, cerebral palsy) mother said,

"As one day at school, her friends say to move, as the side of the room was narrow, so they were not able to move quickly because of Miley, so what they did is to push her away and make her fall and they just go away...intentionally".

Two mothers have reported that their child had been physically harassed in their absence. Jims' (age 14, ASD) mother recounted,

"... sometimes he (home tutor) would beat Jim up or used to threatened him... Then one day... he pulled Jims' ear... one day he (home tutor) was playing ball with Jim on the ground floor, suddenly I came there and saw that he was about to beat him".

Liams' (age 15, down syndrome) mother claimed that younger children slap her child out of fun by founding him weak and recounted that the neighbour of Liams' private tutor slaps him tightly in her absence and put false accusation against Liam.

4.2.2 Sub-theme Two: Verbal Bullying

Six of nine participants reported that their children have been victimized of verbal bullying from peer group, neighbours and relatives with taunting, hurtful comments, name calling, body shaming and humiliations directly. Nobis' (age 13, down syndrome) mother recounted about her neighbour and relative,

“One of them (neighbour) was feeding rice to her child, when Nobi was coming from that direction, that women pointed on Nobi and said, If you do not eat your meal, then that crazy man will come and catch you. People feed rice to their normal child through calling my son crazy! (With shaky voice) ... Who will marry your son? Her son is crazy! she said (relative)".

Again, Shans' (age 14, ASD) mother reported about the villager, who have taunted her by calling her son crazy and told to tie him up. Princes' (age 14, cerebral palsy) mother also stated that how his friend make fun of him because of his drooling problem.

4.2.3 Sub-theme Three: Rational Bullying

All the participants have reported that their child has been victim of rational bullying in many ways. According to their statements, most cases lead in exclusion from play among peers, spreading lying, continuously staring in street, mean behaviours and neglects, showing fake pity, making false accusations from relatives, neighbours, peer group and even from strangers.

Jims' (age 14, ASD) mother said, "Now if I go to the street with him, everyone keeps staring at him... they will look at him as if he is an animal of zoo! (With furious tone)".

Princes' (age 14, CP) mother shared about some incidence of his friend and the neighbour that,

"Most of them tells him that he is drooling with his mouth, umm I am not going to play with him, I am not going to mix with him! you stay on that side as your own! We will play in this direction, do not you dare to come this side! the room where he goes for a walk or goes to another room, they (neighbours) shut the door in front of his face."

4.3 Theme Three: Ways of Sharing Incidence with Parents

Most of the participants had reported that their children report them about bullying directly by talking or by showing facial gestures. According to the parents, their child comes directly to them and share their feelings of school bullying or harsh comments from the fellow group, and relatives. Jims' (age 14, ASD) mother says, "the day someone treated him badly, after coming from school, he would try to say, he would try to move his lips or would try to mumble indistinctly." Alis' (age 14, ASD) mother reported, "He weeps and look at my face, means he shows the one who does that." Reportedly parent of Nobi (age 13, Down syndrome); Almas (age 13, Down syndrome) and Shan (age 14, ASD), their child does not have the intelligence to interpret the depth of the incidence. So, those parents learn about such occurrence from neighbour or relatives.

4.4 Theme Four: Social Aspects

Mothers have reported the ill treatment they get through superstitions of community people, effect of bullying on adolescents' social participation, parents' relationship with neighbours after their mean comments on their child and how parents' social status effect bullies. There are three subthemes under this theme such as:

4.4.1 Sub-theme One: Superstitions of Community People

Six participants among nine reported that their child and they have been victimized of bullying through superstitions of neighbours and relatives for their disability.

Almas' (age 13, down syndrome) mother shared that people would say that how come their son have become disable as both parents were well educated. Tinas' mother recounted about her neighbour that they told behind that she (Mother) did not follow the rules and regulations during her pregnancy which is why the child become disable. She also added that her mother-in-law claimed that disability is the result of curse. Miley's mother (age 13, cerebral palsy) recounted,

“People say a lot of things like my daughter's disability is the punishment of our sin. Parents are sinning, because of their sin, the child has become disabled, they deserve it! they say such things. At that time, it actually felt terrible! (Crying profusely)”.

4.4.2 Sub-theme Two: Social Participation of the AWD

Three mothers claimed that their children' social participation have been affected by bullying. Children of their age left them alone due to their disability such as inability to mix with others, drooling problems, and low intelligence, and for their physical uniqueness. Liams' (age 15, down syndrome) mother reported about her relative-

“Again, when he was overweighted, people used to make comments on him, then his aunt used to say, sister-in-law do not bring him out! as I have mentioned that he was bit overweighted, then if I would take him to any place, the people around him used to talk a lot. his aunt used to say... do not take him out.”

4.4.3 Sub-theme Three: Social Relationship and Influential Status of Parent

Bullying put effect on social interconnection of victim’s parent with the neighbours and relatives according to their statement. Parents tend to end up their relation with neighbours and relatives for their cruel attitude towards their children. Nobis’ (age 13, down syndrome) mother said about her neighbour, “I’ve stopped talking to that girl ever since she made such a nasty comment about my son, I did not speak to her again for the second time”. Jims’ (age 14, ASD) mother also shared her opinion about one of her relative-

“But if it happens or if someone neglect my son, I don't keep in touch with those people. And let them understand that you have behaved such way with my son, so, I will not keep contact with you... and I did not keep any contact with her for 6 months.”

According to the four parents they recounted that most of the time neighbours or close relatives of them do not get the courage to speak mean words directly because of their well-established social status and economic background. Here, Tinas’ mother recounted, “Tina’s father is working in a good company, maybe that's why no one dares to say these things in front of us. But directly my mother-in-law says that Tina's condition is due to the curse.”

4.5 Theme Five: Psychosocial Aspects

According to the participants statements, bullying has a great effect on the psychosocial aspect of the AWD as well as their parents. There are three sub themes under this theme which are describing below:

4.5.1 Sub-theme One: Emotional Status of AWD and Parents

According to the parents' opinion most of their children had suffered mentally due to bullying. Parents recounted incidents in which their children express their feelings by crying, shouting, being hyperactive for rude behaviours of classmates, neighbour, and relatives. Surprisingly Tina (age 13, cerebral palsy) shows emotional resilience during bullying incidence. Her mother reported that if any of their relative or neighbour give any harsh statement in front of her daughter, then she would beautifully interpret the reasons behind her condition without getting upset which was a unique finding. On the other hand, Millys' (age 13, cerebral palsy) mother expressed "Yes, then she was crying, I was also crying... Says that look grandpa is saying that dad is sinning, that's why I got sick, that's how she says". All participants expressed that the bullying incidence of their children also effect on their psychosocial state. Such incidence made the very upset and mostly they suffer silently. Liams' (male, age 15, down syndrome) mother reported-

"And then I feel very sad, (tear in her eyes) ... if he were an ordinary child today, would the man have been able to slap him? ... all the children go to play, he sits inside the house (because of social exclusion by peers), yes, so this made me sad".

Among parents, two mothers seemed mentally strong to overcome these mental sufferings. But Alis' (age 14, ASD) mother seemed mentally traumatized as she was denying to share any of the incidence specifically.

4.5.2 Sub-theme Two: Behavioural Changes of AWD

Four parents reported that they see some behavioural changes in their children such as being silent for some moment, get irritated, being hyperactive after bullying incidence, among them two stated that with time their child behave normally. Princes' (age 14, cerebral palsy) mother claimed that "He gets a little worry and sits with bad mood... After a little crying and shout, he slowly calms down." Again, Alis' (age 14, ASD) mother expressed "He will cry, repeatedly sprinkle water in his face and will go to the toilet".

4.5.3 Sub-theme Three: Disruption on Daily Life of AWD

Three parents of AWD claimed that they have observed some temporary disruption on children' daily activity due to bullying. Alis' (age 14, ASD) mother recounted, "Many times, this affects his eating and drinking. If he became hyper, he doesn't want to eat". Jims' mother described how bullying incidence effect on adolescents' school attendance, "...he would try to say something again, that mother I did not feel good, I would not go... He did not want to go to school". Rest of the participants reported that bullying incidence does not put major changes in adolescents' life.

4.6 Theme Six: Coping Strategies Taken by Parents

Most of the parent took steps to handle bullying incidence through investigation, taking appropriate action through others or raising voice against bullies as well as handle their child with compassion and care. There are three subthemes under this theme such as:

4.6.1 Sub-theme One: Action Against the Incidence

Six participants claimed that they acted against the bullying incidence and investigate the matter. Some of them also reported that their relatives also protest bullies on behalf of them. Jims' (age 14, ASD) mother recounted,

“Then I saw that his ear was very red. Then I asked that teacher, why there is red stain on Gian's ear? The teacher says, Mis, how would I say... Then I planned to inform the principle... Then they kick him straight out of school and insulted him.”

Three among nine mothers took avoidance tendency and try to manage their children without getting involved with the bullies directly.

4.6.2 Sub-theme Two: Handling AWD After the Incidence

Each parents handle bullying incidence in front of their children differently. Some took the child away from the spot, other advised the child to not to get offensive, and few do not care about mean comments. Here, Millys’ (age 13, cerebral palsy) mother reported,

“Yes, it hurts, when she continuously hearing that you cannot, you cannot do it this way! then she gets upset again, says, see mom! They did not take me to play! I say, it’s alright, go do some exercise, do your studies, that's how I manage her.”

Almas’ (age 13, down syndrome) mother shared a unique way to prevent bullying. She described that she gave food to village children and ask them to play with Almas so that there is no chance of misbehave.

4.6.3 Sub-theme Three: Self-management to Overcome the Incidence

As bullying incidence of AWD affects parental psychosocial wellbeing, four participants expressed that they pursue self-help and sometimes their partners also condole them to overcome the situation. Rest of the five participants prefer avoidance strategy. Millys’ (age 13, cerebral palsy) mother reported,

“Yes, I had to handle myself by my own, as this is my destiny that which Allah has given... At that moment I cried. Then slowly, I make myself understand... I endure

it quietly. I cry to myself, and console myself again, I let them say. That is how it goes slowly...”

CHAPTER V: DISCUSSION

Bullying is still a significant issue on a global scale, however why it is still a problem continues to be a subject of serious and significant debate. This study represents bullying experiences of AWD through their parents' view. Nine parents of AWD participated in this study. This study identified six themes that emerged from the transcripts of the participants. In this study, parents' view on bullying were revealed, along with their justifications and holdings of responsibility for various facets of the issue. They also expressed their acceptance of bullying as a reality. As the majority of individuals were completely unfamiliar with the word bullying, the findings were varied. Insecurities that parents have concerning their children and their future are also included in this study. Few parents are concerned about bullying's long-term vulnerability. However, little study has looked at whether parents worry that their child would be bullied. The only previous study on parents' concerns about bullying (Stives et al. 2019) evaluated how concerned parents were that their child will experience bullying. Another study conducted in the United States in 2021 found that 50 parents in a south-eastern state self-reported their level of concern about bullying, their perceptions of why bullying occurs, and the extent of bullying. These results show that the majority of parents view bullying as problematic and frightening.

This study showed that AWD were frequently targets of bullying, including verbal, physical, and rational forms perpetrated by neighbours, peers, and family members. Similar to other studies, an analysis of data from the 2013–2014 Health Behaviour in School-aged Children survey among Israeli adolescents aged 11–17 revealed that AWD were significantly more likely to engage in bullying behaviours. This study was published in the *International Journal of Adolescence and Youth, Israel*. A descriptive exploratory study of

children with cerebral palsy ages 8 to 19 was carried out in Ontario, Canada, using a qualitative technique, semi-structured guiding, and several open-ended questions to examine their experiences of exclusion and bullying. The findings indicated that social context constraints had an impact on how socially excluded children felt, and that bullies engaged in both implicit and explicit forms of social exclusion of children with disabilities, which frequently resulted in verbal and physical bullying. Once again, a variety of school bullying behaviours, such as social exclusion, extortion, verbal bullying, and sexual harassment, have been documented (Clear et al., 2014; Zhang et al., 2014).

Using data from the 2013/2014 Health Behaviour in School-aged Children survey, which identified students with specific developmental disorders of scholastic skills, the International Journal of Public Health published a study in 2022 that examined the relationships among exclusion from physical education, gender, and bullying in adolescents aged 11, 13, and 15 years in Czechia. The sample included 13,953 students (49.4% boys). Higher risks of bullying victimization and perpetration were linked to this exclusion. Bullying, however, was another crucial element that led to the creation of this study and is supported by a limited number of literary works. An example would be a study that was carried out in the districts of Kasungu and Mulanje in Malawi and Kamuli in Uganda between October and December 2015, using thematic analysis to analyse the data from 43 pairs of child/caregiver pairs that had been purposefully chosen to participate in in-depth, semi-structured interviews. In that study, almost all disabled children between the ages of 6 and 18 reported experiencing verbal abuse and bullying. One of the major contributing elements was the stigmatizing cultural attitudes that may exacerbate violence against disabled children and prevent them from receiving child protection. According to

the findings of that study key informants and some caregivers noted that discrimination and negative attitudes—by service providers, family, and the community alike—can normalise violence towards children with disabilities.

The majority of adolescents, according to this survey, are able to communicate their feelings and inform their parents about bullying incidents. In a study conducted in Taiwan, 138 adolescents with high-functioning ASD between the ages of 11 and 18 were involved in bullying. Logistic regression analysis was used to examine the relationship between facial emotion recognition and various forms of bullying involvement. The results showed that bullying perpetrators performed significantly better on the Facial Emotion Recognition Task when rating the intensity of emotion, and bullying victims performed significantly worse on ranking the intensity of facial emotion. The results of this study support the different deficits of facial emotion recognition in various types of bullying involvement among adolescents with high-functioning ASD which is a new finding.

Moreover, this study refers social aspects of bullying where social exclusion and parental social status was one of the unique findings. Few research study also supports this finding as adolescents with unemployed parents have a five times higher risk of socioeconomic deprivation than adolescents in families where parents are employed (UNICEF., 2012). Children from low socioeconomic status homes are more likely to experience bullying than their classmates who do not. Children who are socially excluded, such as those who have disabilities, are more likely to report being the targets of peer violence and social exclusion because their low social status prevents them from benefiting from friendships' protective qualities.

Yet again, this study has documented the psychosocial aspects of bullying and shown how AWD and their parents are affected. Though there was no specific evidence focusing on parental mental health, but few studies show victims' bullying impact on mental health. For instance, according to a study based on Finnish and Swedish data from two waves (2013–2014 and 2017–2018) of the Health Behaviour in School-aged Children survey, 890 adolescents were bullied, 1014 adolescents had disabilities but had not been bullied, and 171 adolescents were classified as both being bullied and having disabilities. Bullied AWD were more likely to self-report psychosomatic complaints than the not bullied without disabilities group, where they were least common. Self-reported psychosomatic complaints were most common in the bullied-disabilities group. AWD are also at danger of getting new health issues because of their sedentary lifestyles (Li et al., 2019). Due to their frequent exclusion from various fitness programs, both at school and during after-school events, they are more inclined to engage in sedentary behaviours (Ganz et al., 2020). Evidence of links between sedentary behaviour and adverse health consequences among AWD, including obesity, poor fitness, and even low self-esteem, are some noteworthy findings (Haegele et al., 2020). Finally, rather than sharing their own management style in this study, parents provided some non-evidence-based strategies for dealing with bullying incidents. Researchers in the healthcare industry have found intervention options for children with disabilities that are based on client-centred, community-based experiential methodologies and social learning theory (Keenan, King, Curran, & McPherson, 2014).

CHAPTER VI: CONCLUSION

6.1 Strength

- A key strength of this study is to focus on developing bullying awareness which are often overlook by parents and the society.
- Participants of this study were from different demographical backgrounds, which was another key strength. There was a mix of types disabilities of AWD, which was reflected in the richness of the data.
- The qualitative research approach was used in this study to accomplish its goals, which was a suitable fit to explore bullying experience of AWD.
- This study attempt to address parental perception on bullying incidence of adolescents with special need in Bangladesh through thematic analysis and face to face interviews.
- This study indirectly addresses the need of anti-bullying strategy through expressing the vulnerability of the topic on both victim and parental mental health.

6.1.2 Limitation

Although this research has made important contributions to examining parental perception on bullying experience of AWD, there are several limitations to this study. Such as:

- The small sample of parents under study. Consequently, the findings presented here may not be generalizable to the study findings.
- All parents providing data for this study were female; it would be interesting to examine gender differences in parental responses, but the student researcher was unable to do so because, in the cultural context of Bangladesh, mothers are the main care giver of adolescents with special need rather than fathers.

- Again, there was a limited articles and literatures about the bullying experience of AWD on parental view in Bangladesh and in other countries.
- Another limitation was not including the group AWD into interview directly.
- AWD above 15 years of age are not included in the study which could be a limitation.
- Adolescents with physical disabilities and developmental disabilities were not included in this study which is another gap of the study.
- Additionally, there were more parents of AWD in rural regions than in the urban ones. Since the individuals recruited in this research were taken from special schools of Dhaka, this limits the transferability of the findings to other contexts.

Nevertheless, the limited research around parental attitudes and experiences with bullying, these findings are still important in terms of gaining understanding of how adolescents with special needs experience bullying through their parents' understanding.

6.2 Practice Implication

Since bullying is complicated, studies and interventions must pay close attention to all facets of the problem. This study could be an excellent tool for the mental health industry and will be helpful to therapists, parents, special educators, school administrators and policy makers. Therefore, this could be a great resource in the field of occupational therapy to understand the seriousness of the issue and initiate community advocacy, preventive programs, parental counselling, coping mechanisms, behavioural skill trainings, to provide service holistically. The findings of the study can benefit an occupational therapist to investigate and discuss about bullying events with parents and AWD, during the early phase of therapy session. As a result, they can raise awareness among parents, teach children how to describe their impairment and their unique requirements to their family

members, siblings, relatives and peers to reduce bullying events. In order to take an effective approach, this study will also help parents to pay attention when a child report bullying and can results in eliminate misconception about bullying and initiate action against it. This study can be a great medium among school administrators to raise awareness, address the necessity to train special educators about bulling, and arranging preventive programs for students and parents. Finally, the findings of this study can benefit policymakers to devise methods, and anti-bullying policies to take initiatives to combat bullying by creating a nationwide awareness campaign at community level.

6.2.1 Recommendation

- Further research should be undertaken to investigate the parental mental health due to bullying broadly.
- Investigation on bullying rate of school going teenagers with special need in Bangladesh is recommended for future research.
- Additional study is required for emphasis on anti-bullying strategies and bullying prevention.
- More research is required to examine the function of Occupational Therapy in combating bullying.
- Additional investigation is required to look into victims' perceptions of bullying.
- Elderly individuals should be an area of additional research as well.
- Future investigations should examine if bullying rates are higher for people with disabilities who live and work in isolated environments compared to those who do so in inclusive community settings.

6.3 Conclusion

Bullying is a serious problem all throughout the world, especially when it involves adolescent individuals with disabilities. Bullying is normalized in Bangladeshi cultural context; people there have a propensity to disregard it. The student researcher in this study discusses the seriousness of bullying concerns on victims' and their parents' lives as well as the superstitions of society, various types of bullying incidence, the effects of bullying, and parental intervention. Consequently, the goals of highlighting these experiences through the words of parents. However, there is barely any study, examining the perspectives of young people with disabilities and their caregivers, particularly in resource-constrained nations like Bangladesh. One major advantage of this study is that it focuses on these frequently overlooked parental perspectives, which help in depth understanding of how overlapping layers of vulnerability can combine to increase the risk of bullying incidence and create barriers for AWD. Adolescents who experience bullying may have long-term social, physical, and emotional repercussions. AWD appear to encounter additional barriers that restrict their involvement and accessibility in society, even though they are at an increased risk of various types of abusive behaviour, aggression, and harassment. It is crucial to make sure that all activities to reduce bullying and other sorts of harsh treatment of AWD are more disability inclusive.

LIST OF REFERENCE

- AC;, L. S. M. P. (n.d.). *Experiences of social exclusion and bullying at school among children and youth with cerebral palsy*. Disability and rehabilitation. Retrieved December 20, 2022, from <https://pubmed.ncbi.nlm.nih.gov/21870932/>
- AC;, L. S. M. P. (n.d.). *Experiences of social exclusion and bullying at school among children and youth with cerebral palsy*. Disability and rehabilitation. Retrieved December 20, 2022, from <https://pubmed.ncbi.nlm.nih.gov/21870932/>
- Ahmed, M. Z., Ahmed, O., & Hiramoni, F. A. (2021, June 25). *Prevalence and nature of bullying in schools of Bangladesh: A pilot study*. Heliyon. Retrieved December 20, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8258637/>
- Bucchianeri, M. M., Gower, A. L., McMorris, B. J., & Eisenberg, M. E. (2016). Youth experiences with multiple types of prejudice-based harassment. *Journal of Adolescence*, 51(1), 68–75. <https://doi.org/10.1016/j.adolescence.2016.05.012>
- Bourke, S., & Burgman, I. (2010). Coping with bullying in Australian schools: How children with disabilities experience support from friends, parents and teachers. *Disability & Society*, 25(3), 359–371. <https://doi.org/10.1080/09687591003701264>
- Bullying: One in every five child is a victim*. New Age | The Most Popular Outspoken English Daily in Bangladesh. (n.d.). <https://www.newagebd.net/article/100872/bullying-one-in-every-five-child-is-a-victim>

- Bullying, disability and mental health.* <https://www.qld.gov.au/disability/children-young-people/bullying/bullying-disability-mental-health>
- Bhandari, P. (2023, January 30). *What is qualitative research?: Methods & examples.* Scribbr. <https://www.scribbr.com/methodology/qualitative-research/>
- Bullying rates higher for children with disabilities.* (7 September 2021, 21 April 2022). <https://www.unesco.org/en/articles/bullying-rates-higher-children-disabilities>
- Children with disabilities overview.* (February, 2022). <https://data.unicef.org/topic/child-disability/overview/>
- Chiu, Y.-L., Kao, S., Tou, S.-W., & Lin, F.-G. (2017). Effect of personal characteristics, victimization types, and family- and school-related factors on psychological distress in adolescents with intellectual disabilities. *Psychiatry Research*, 248, 48–55. <https://doi.org/10.1016/j.psychres.2016.12.015>
- Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: A meta-analysis. *Pediatrics*, 132(4), 720–729. <https://doi.org/10.1542/peds.2013-0614>
- Griffin, M. M., Fisher, M. H., Lane, L. A., & Morin, L. (2019). In their own words: Perceptions and experiences of bullying among individuals with intellectual and developmental disabilities. *Intellectual and developmental disabilities*, 57(1), 66–74.
- Hong, E. R., Neely, L., & Lund, E. M. (2014). Addressing bullying of students with autism. *Intervention in School and Clinic*, 50(3), 157–162. <https://doi.org/10.1177/1053451214542047>

- Holden, R., Mueller, J., McGowan, J., Sanyal, J., Kikoler, M., Simonoff, E., Velupillai, S., & Downs, J. (2020). Investigating bullying as a predictor of suicidality in a clinical sample of adolescents with autism spectrum disorder. *Autism Research, 13*(6), 988–997. <https://doi.org/10.1002/aur.2292>
- Hong, J. S., Song, E.-J., Tan, K., Peguero, A. A., Sohn, Y., & Espelage, D. L. (2022). Extracurricular activities and bullying perpetration and victimisation in early and middle adolescence. *Journal of Psychologists and Counsellors in Schools, 1*–12. <https://doi.org/10.1017/jgc.2022.8>
- Holden R;Mueller J;McGowan J;Sanyal J;Kikoler M;Simonoff E;Velupillai S;Downs J; (n.d.). *Investigating bullying as a predictor of suicidality in a clinical sample of adolescents with autism spectrum disorder*. Autism research : official journal of the International Society for Autism Research. Retrieved December 19, 2022, from <https://pubmed.ncbi.nlm.nih.gov/32198982/>
- Iyanda, A. E. (2021). Bullying victimization of children with mental, emotional, and developmental or behavioral (MEDB) disorders in the United States. *Journal of Child & Adolescent Trauma, 15*(2), 221–233. <https://doi.org/10.1007/s40653-021-00368-8>
- Kavanagh, A., Priest, N., Emerson, E., Milner, A., & King, T. (2018). Gender, parental education, and experiences of bullying victimization by Australian adolescents with and without a disability. *Child: Care, Health and Development, 44*(2), 332–341. <https://doi.org/10.1111/cch.12545>

- Leeb, R. T., Paulozzi, L. J., Melanson, C., Simon, T. R., & Arias, I. (2008). Child maltreatment surveillance: Uniform definitions for public health and recommended Data Elements. PsycEXTRA Dataset. <https://doi.org/10.1037/e587022010-001>
- Lindsay, S., McPherson, A. C., Aslam, H., McKeever, P., & Wright, V. (2012). Exploring children's perceptions of two school-based Social Inclusion Programs: A pilot study. *Child & Youth Care Forum*, 42(1), 1–18. <https://doi.org/10.1007/s10566-012-9183-9>
- Mishna, F., Sanders, J. E., McNeil, S., Fearing, G., & Kalenteridis, K. (2020). “If Somebody is Different”: A critical analysis of parent, teacher and student perspectives on bullying and cyberbullying. *Children and Youth Services Review*, 118, 105366.
- Nair, K. (2021, November 2). *Phenomenological Research: Methods and examples*. Harappa. <https://harappa.education/harappa-diaries/phenomenological-research/>
- Njelesani, J., Attard, K., Duimstra, A., & Zenderman, N. (2020). Addressing school bullying with a multi-tiered system of Support Approach. *Journal of Occupational Therapy, Schools, & Early Intervention*, 1–16. <https://doi.org/10.1080/19411243.2020.1852466>
- Nikolopoulou, K. (2022, December 1). *What is purposive sampling?: Definition & examples*. Scribbr. Retrieved December 19, 2022, from <https://www.scribbr.com/methodology/purposive-sampling/>

Olusanya, B. O., Davis, A. C., Wertlieb, D., Boo, N.-Y., Nair, M. K. C., Halpern, R., Kuper, H., Breinbauer, C., de Vries, P. J., Gladstone, M., Halfon, N., Kancherla, V., Mulaudzi, M. C., Kakooza-Mwesige, A., Ogbo, F. A., Olusanya, J. O., Williams, A. N., Wright, S. M., Manguerra, H., ... Kassebaum, N. J. (2018). Developmental disabilities among children younger than 5 years in 195 countries and territories, 1990–2016: A systematic analysis for the global burden of disease study 2016. *The Lancet Global Health*, *6*(10). [https://doi.org/10.1016/s2214-109x\(18\)30309-7](https://doi.org/10.1016/s2214-109x(18)30309-7)

Pacer's National Bullying Prevention Center. PACER's National Bullying Prevention Center. (n.d.). <https://www.pacer.org/BULLYING/>

Patton M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health services research*, *34*(5 Pt 2), 1189–1208.

Rose, C. A., & Gage, N. A. (2016). Exploring the involvement of bullying among students with disabilities over time. *Exceptional Children*, *83*(3), 298–314. <https://doi.org/10.1177/0014402916667587>

Rudolph, K. D., Monti, J. D., Modi, H., Sze, W. Y., & Troop-Gordon, W. (2019). Protecting youth against the adverse effects of peer victimization: Why do parents matter? *Journal of Abnormal Child Psychology*, *48*(2), 163–176. <https://doi.org/10.1007/s10802-019-00576-9>

- Stives, K. L., May, D. C., Mack, M., & Bethel, C. L. (2021). Understanding responses to bullying from the parent perspective. *Frontiers in Education*, 6.
<https://doi.org/10.3389/feduc.2021.642367>
- Sampasa-Kanyinga, H., Colman, I., Goldfield, G. S., Janssen, I., Wang, J., Hamilton, H. A., & Chaput, J.-P. (2020). Associations between the Canadian 24 H movement guidelines and different types of bullying involvement among adolescents. *Child Abuse & Neglect*, 108, 104638. <https://doi.org/10.1016/j.chiabu.2020.104638>
- Stang K;Frainey B;Tann B;Ehrlich-Jones L;Deike D;Gaebler-Spira D; (n.d.). *Understanding children with cerebral palsy and bullying: A mixed methods approach*. Child: care, health and development. Retrieved December 20, 2022, from <https://pubmed.ncbi.nlm.nih.gov/31925803/>
- Stolle, A. the authorS. (2022, September 14). *Semi-structured interview ~ A guide with definition & examples*. BachelorPrint. Retrieved December 19, 2022, from <https://www.bachelorprint.com/methodology/semi-structured-interview/>
- Stives, K. L., May, D. C., Mack, M., & Bethel, C. L. (2021). Understanding Responses to Bullying From the Parent Perspective. *Frontiers in Education*,
- United Nations. (n.d.). *Children with disabilities | UN special representative of the secretary-general on violence against children*. United Nations.
<https://violenceagainstchildren.un.org/content/children-disabilities>

World Health Organization. (n.d.). *Adolescent health*. World Health Organization.
<https://www.who.int/health-topics/adolescent-health>

World Health Organization. (n.d.). *International Classification of functioning, Disability and Health (ICF)*. World Health Organization.
<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

What is bullying? Department of Education and Training Victoria. (2022, December).


Retrieved December 20, 2022, from

<https://www.education.vic.gov.au/about/programs/bullystoppers/Pages/what.aspx>

35% of school students experience bullying in Bangladesh: UNICEF. (6 Sept 2018, 6 Sept 2018). <https://bdnews24.com/education/35-of-school-students-experience-bullying-in-bangladesh-unicef>

APPENDICES

Appendix A: Approval Letter / Permission Letter



বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: CRP/BHPI/IRB/09/22/621 Date: 28th September, 2022

Tanzina Akter
 4th Year B.Sc. in Occupational Therapy
 Session: 2017-2018 Student ID: 122 170 260
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh


Subject: Approval of the thesis proposal “Bullying Experience of Adolescents with Disability from the Parents’ Perspective” by ethics committee.

Dear Tanzina Akter,
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and SK. Moniruzzaman, Associate Professor, Head of the Department of Occupational Therapy at Bangladesh Health Professions Institute (BHPI) as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire
3	Information sheet & consent form.

The purpose of the study is to explore the bullying experience of adolescents with disability from the parents’ perspective. The study involves use of a self-developed interview guide that may take 30 to 50 minutes to answer the question and there is no likelihood of any harm to the participants and benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 27th August, 2022. at BHPI (32nd IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

 Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

নিম্নোক্ত-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪০৪৪৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
 CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
 E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Date: 31. 08. 2022

The Chairman
 Institutional Review Board (IRB)
 Bangladesh Health Professions Institute (BHPI)
 CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy student at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct a research titled, "**Bullying Experience of Adolescents with Disability from the Parents' Perspective**" with myself, as the principal investigator and SK. Moniruzzaman, Associate Professor, Head of the Department of Occupational Therapy at Bangladesh Health Professions Institute (BHPI) as my thesis supervisor. The purpose of the study is to explore the bullying experience of adolescents with disability from the parents' perspective.

Self-developed interview guide will be used in the study that will take 30 to 50 minutes. Other related information will be collected from the participants. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,

Tanzina Akter

Signature

Tanzina Akter

4th Year, B.Sc. in Occupational Therapy

Session: 2017- 18, Student ID: 122170260

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the thesis supervisor:

SK. Moniruzzaman 31/08/2022

Signature

SK. Moniruzzaman

Associate Professor,

Head of the Department of Occupational Therapy,

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka- 1343, Bangladesh

Date: 13 November 2022

To

The Chairperson,

Society for the Welfare of Autistic Children,

House- 279, Road- 1, Baitul Aman Housing Society, Dhaka- 1207

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect I state that, I am the student of 4th year, B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfilment of recruitment the degree of Bachelor of Science in Occupational Therapy. My research title is "Bullying Experience of Adolescents with Disability from the Parents Perspective". As it is phenomenological qualitative research, I would like to take the interview of parents of the adolescent with disability whose children are diagnosed with cerebral palsy, ASD, down-syndrome (aged 13 to 15) of your special school. I would also like to assure that anything of my research project will not cause harm for the participants and for the centre. Besides informed consent will be filled up by the parents as the part of ethical consideration.

So, I therefore, pray and hope that you would be kind enough to grant me the permission of collecting the data and will help me to conduct the research projects successfully.

Sincerely,
Tanzina Akter (13.11.22.)
Tanzina Akter

Roll: 2, Session: 2017-18,

4th year, B. Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP-Chapain, Savar, Dhaka-1343



Forwarded for your kind
consideration and permission
for data collection to
conduct our research.

Sk. Moniruzzaman
19/11/2022

Sk. Moniruzzaman
Associate Professor & Head
Dept. of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

Mr. Moniruzzaman, 13.11.22
13.11.22



Date: 19 November 2022

To
The Principal,
Prattasha Centre for Autism Care,
CRP, Savar, Dhaka – 1343

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect I state that, I am the student of 4th year, B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfilment of recruitment the degree of Bachelor of Science in Occupational Therapy. My research title is "**Bullying Experience of Adolescents with Disability from the Parents Perspective**". As it is phenomenological qualitative research, I would like to take the interview of parents of the adolescent with disability whose children are diagnosed with cerebral palsy, ASD, down-syndrome (aged 13 to 15) at your special school. I would also like to assure that anything of my research project will not cause harm for the participants and for the centre. Besides informed consent will be filled up by the parents as the part of ethical consideration.

So, I therefore, pray and hope that you would be kind enough to grant me the permission of collecting the data and will help me to conduct the research projects successfully.

Sincerely,

Tanzina Akter

Roll: 2, Session: 2017-18,

4th year, B. Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP-Chapain, Savar, Dhaka-1343

Forwarded for your kind
consideration and permission
for data collection to
conduct her research.

Sk. Md.
19/11/2022
Sk. Moniruzzaman
Associate Professor & Head
Dept of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

Date: 12 October 2022

To

Anima Das Nupur

Executive Director & Consultant (Occupational Therapy)

Dream Angles Centre for Autistic Children (DACAC)

House No:18-19, Siddique Bhaban, Avenue, Road No: 4, Mirpur, Dhaka-1216.

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect I state that, I am the student of 4th year, B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfillment of recruitment the degree of Bachelor of Science in Occupational Therapy. My research title is "**Bullying Experience of Adolescents with Disability from the Parents Perspective**". As it is phenomenological qualitative research, I would like to take the interview of parents of the adolescent with disability whose children are diagnosed with cerebral palsy, ASD, Down-syndrome (aged 13 to 15) at your special school. I would also like to assure that anything of my research project will not cause harm for the participants and for the centre. Besides informed consent will be filled up by the parents as the part of ethical consideration.

So, I therefore, pray and hope that you would be kind enough to grant me the permission of collecting the data and will help me to conduct the research projects successfully.

Sincerely,
Tanzina Akter
Tanzina Akter

Roll: 2, Session: 2017-18,

4th year, B. Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI) CRP-Dhaka, Savar, Dhaka-1343

*Forwarded for your
kind consideration and
permission for data collection
to conduct the research.*

SK Moniruzzaman
16/10/2022
Associate Professor & Head
Dept. of Occupational Therapy
BHPI, Crp. Savar, Dhaka-1343

Date: 10.11.22
Received
4-11
GM
DACAC
10 Nov-22

Date: 25 October 2022

To

The principle

William And Marie Taylor School (The Inclusive School of CRP)

Chapain, Savar, Dhaka-1343.

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect I state that, I am the student of 4th year, B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfillment of recruitment the degree of Bachelor of Science in Occupational Therapy. My research title is "**Bullying Experience of Adolescents with Disability from the Parents Perspective**". As it is phenomenological qualitative research, I would like to take the interview of parents of the adolescent with disability whose children are diagnosed with cerebral palsy, ASD, down-syndrome (aged 13 to 15) at your school. I would also like to assure that anything of my research project will not cause harm for the participants and for the centre. Besides informed consent will be filled up by the parents as the part of ethical consideration.

So, I therefore, pray and hope that you would be kind enough to grant me the permission of collecting the data and will help me to conduct the research projects successfully.

Sincerely,

Tanzina Akter

Roll: 2, Session: 2017-18,

4th year, B. Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP-Chapain, Savar, Dhaka-1343

*Forwarded for your kind
consideration and permission
for data collection to conduct
her research.*

Sk. Moniruzzaman
29/10/2022
Associate Professor & Head
Dept. of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

*Permitted for data
collection from WMTS.*

MD. ABDULLAH AL ZUBAYER
29-10-22
Principal
William and Marie Taylor School
CRP, Savar, Dhaka-1343

Appendix B: Information Sheet and Consent Form

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343.

Code no:

Participants Information and Consent sheet

Research topic: Bullying Experience of Adolescents with Disabilities from the Parents' Perspective

Researcher: Tanzina Akter, 4th-year, B.Sc. in Occupational Therapy Department, Session: 2017-18, Bangladesh Health Professions Institute (BHPI).

Supervisor: SK. Moniruzzaman, Associate Professor and Head of the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI).

Place of Research: The study will be conducted in three special schools and one inclusive school of Dhaka. Such as:

- a. Dream Angels Centre for Autistic Children (DACAC)
- b. Society for the Welfare of Autistic Children (SWAC)
- c. Prottasha Centre for Autism Care (PCAC)
- d. William and Marie Taylor School (WMTS)

Information sheet:

Introduction:

I am Tanzina Akter, student of 4th year, B.Sc. in Occupational Therapy, session (2017-2018) studying in Bangladesh Health Professions Institute, CRP. To complete B.Sc in Occupational Therapy from BHPI, it is mandatory to conduct a research project in 4th year. This research project will be done under the supervision of SK. Moniruzzaman, Associate Professor and Head of the Department of Occupational Therapy. The purpose of this study is to explore the bullying experience of adolescents with disabilities from the parents' perspective. Therefore, I am inviting you to participate in this research. Your valuable participation would strengthen this research project. The detail of the research is written in this information sheet. If you find it difficult to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

The general purpose of the study is to explore the bullying experience of adolescents with disabilities from the parents' perspective. You are being invited to be a part of this research because in Bangladesh, there are no research about the perspective of parents on bullying experience of their adolescents with disabilities. In addition, as a parent you have better understanding about the bullying experience and challenges of your child. Your information will be helpful to reveal the bullying experience of adolescent with disability and this will be a useful medium to spread awareness in the society.

Topic related to participation in this research work:

Before signing the consent form, the details of managing the research project will be presented to you in detail through this participation note. A recorder will be on with your permission during the interview session. If you want to participate in this study, you will have to sign the consent. If you ensure the participation, a copy of your consent will be given to you. Your participation in this research project is voluntary.

The benefits and risks of participation:

There will be no risk and beneficence for your participation in this research project.

Confidentialities of information:

By signing this consent, you are allowing the research staff to study this research project to collect and use your personal information, such as name, address, contact number. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. In any publication and presentation, the information will be provided in such a way that it will remain confidential.

Information about promotional result:

It is expected that the results of this research project will be published and presented in different forums like various social media, websites, conference, discussion, and reviewed journals.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation before the data analysis. We encourage you to inform the reason. But if you do not wish to let us know, please mention it on the withdrawal paper.

Contact address with the researcher:

If you have any question about the research, you can ask me now or later. If you wish to ask question later, you may contact any of following: Tanzina Akter, B.Sc. in Occupational Therapy, Department of Occupational Therapy and Contact number: 01875189177.

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (CRP/BHPI/IRB). This proposal has been reviewed by institutional

Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Consent form

For Participants who are taking part in interviews:

Please read the following statements and put tik (✓) on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the above-named study.

1. I confirm that I have understood the information sheet for the study or that it has been explained to me and I have had the opportunity to ask questions. -----Yes/No
2. I have satisfactory answers to my questions regarding with this study. -----Yes/No
3. I understand that participation in the study is voluntary and that I am free to end my involvement before the data analysis, or request that the data collected in the study be destroyed before data analysis. -----Yes/No
4. Information from interview might be examined by research supervisor. However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information. -----Yes/No
5. I have sufficient time to come to my decision about participation. -----Yes/No
6. I agree for quotations from my interviews to be used in the above study. -----Yes/No
7. I agree to take part in the above study. -----Yes/No

Participant's name:

Date:

Investigator

I have explained the study to the above participant precisely and she has indicated a willingness to take part.

Investigator's signature:

Date:

বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগ
সিআরপি- চাপাইন, সাভার, ঢাকা- ১৩৪৩

কোড নং:

অংশগ্রহণকারীদের তথ্য এবং সম্মতি পত্র

গবেষণার বিষয়: বিশেষ চাহিদা সম্পন্ন কিশোর- কিশোরীদের বুলিং অভিজ্ঞতা সম্পর্কে অভিভাবকের অভিমত।

গবেষক: তানজিনা আক্তার, বি.এসসি. ইন অকুপেশনাল থেরাপিতে (৪র্থ বর্ষ), সেশন: ২০১৭-২০১৮, বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)।

সুপারভাইজার: এস.কে মনিরুজ্জামান, সহযোগী অধ্যাপক এবং বিভাগীয় প্রধান, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)।

গবেষণার স্থান: গবেষণাটি ঢাকায় পরিচালিত হবে। (উইলিয়াম এবং মেরি টেলর স্কুল ,ড্রিম এঞ্জেলস সেন্টার ফর আর্টিস্টিক চিলড্রেন, সোসাইটি ফর দি ওয়েলফেয়ার অফ আর্টিস্টিক চিলড্রেন, প্রত্যাশা সেন্টার ফর অর্টিজম কেয়ার।)

তথ্য পত্র:

ভূমিকা:

আমি তানজিনা আক্তার, চতুর্থ বর্ষের ছাত্রী, অধ্যয়ন করছি বিএসসি অকুপেশনাল থেরাপিতে (সেশন ২০১৭-২০১৮) বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট, সিআরপি-তে। বিএইচপিআই থেকে অকুপেশনাল থেরাপিতে বিএসসি সম্পন্ন করতে, চতুর্থ বর্ষে একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। অকুপেশনাল থেরাপির সহযোগী অধ্যাপক এবং বিভাগীয় প্রধান এস.কে. মনিরুজ্জামানের তত্ত্বাবধানে এই গবেষণা প্রকল্পটি করা হবে। গবেষণা প্রকল্পের উদ্দেশ্য হল অভিভাবকদের দৃষ্টিকোণ থেকে বিশেষ চাহিদা সম্পন্ন কিশোরদের বুলিং অভিজ্ঞতা অন্বেষণ করা। আমি আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি। আপনার মূল্যবান অংশগ্রহণ এই গবেষণা প্রকল্পকে শক্তিশালী করবে। এই তথ্য পত্রে গবেষণার বিস্তারিত লেখা রয়েছে। আপনার যদি বিষয়বস্তু বুঝতে অসুবিধা হয় বা আপনার যদি কিছু সম্পর্কে আরও জানার প্রয়োজন হয় তবে আপনি নির্দিধায় জিজ্ঞাসা করতে পারেন।

গবেষণার পটভূমি এবং উদ্দেশ্য

গবেষণার সাধারণ উদ্দেশ্য হল অভিভাবকদের দৃষ্টিকোণ থেকে বিশেষ চাহিদা সম্পন্ন কিশোর কিশোরীদের বুলিং অভিজ্ঞতা অন্বেষণ করা। আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ বাংলাদেশে, বিশেষ চাহিদা সম্পন্ন কিশোর-কিশোরীদের বুলিং অভিজ্ঞতা এবং এই বিষয়ে পিতামাতার

দৃষ্টিভঙ্গি সম্পর্কিত কোনো গবেষণা নেই। উপরন্তু, একজন অভিভাবক হিসেবে আপনার সন্তানের বুলিং অভিজ্ঞতা এবং চ্যালেঞ্জগুলি সম্পর্কে আপনার আরও ভালো ধারণা রয়েছে। আপনার তথ্য বিশেষ চাহিদা সম্পন্ন কিশোর-কিশোরীদের বুলিং অভিজ্ঞতাগুলো তুলে ধরতে সহায়ক হবে এবং এটি সমাজে সচেতনতা ছড়িয়ে দেওয়ার জন্য একটি কার্যকর মাধ্যম হবে।

গবেষণার কাজে অংশগ্রহণ সংক্রান্ত বিষয় :

সম্মতি পত্রে স্বাক্ষর করার আগে, গবেষণা প্রকল্প পরিচালনার বিশদ বিবরণ এই অংশগ্রহণ নোটের মাধ্যমে আপনাকে বিস্তারিতভাবে উপস্থাপন করা হবে। ইন্টারভিউ সেশনের সময় আপনার অনুমতি নিয়ে একটি রেকর্ডার চালু থাকবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান তবে আপনাকে সম্মতি পত্রে স্বাক্ষর করতে হবে। আপনি যদি অংশগ্রহণ নিশ্চিত করেন, সম্মতির একটি অনুলিপি আপনাকে দেওয়া হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ স্বেচ্ছাসেবী।

অংশগ্রহণের সুবিধা এবং ঝুঁকি:

এই গবেষণা প্রকল্পে অংশগ্রহণের জন্য আপনার কোন ঝুঁকি হবে না এবং আপনি কোনো আর্থিক সহায়তা অথবা উপহার পাবেন না।

তথ্যের গোপনীয়তা:

এই সম্মতিতে স্বাক্ষর করার মাধ্যমে, আপনি গবেষণা কর্মীদের এই গবেষণা প্রকল্পটি পরিচালনা করতে আপনার ব্যক্তিগত তথ্য যেমন নাম, ঠিকানা, যোগাযোগ নম্বর সংগ্রহ এবং ব্যবহার করার অনুমতি দিচ্ছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে শনাক্ত করতে পারে, তা গোপন থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য প্রতীকীভাবে উল্লেখ করা হবে। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। প্রতীকী উপায়ে চিহ্নিত তথ্য পরবর্তী তথ্য বিশ্লেষণের জন্য ব্যবহার করা হবে। তথ্য শীট একটি লক ড্রয়ারে রাখা হবে তথ্যের ইলেকট্রনিক সংস্করণ বিএইচপিআই এর অকুপাশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটলে সংগ্রহ করা হবে। যেকোনো প্রকাশনা ও উপস্থাপনায় তথ্য এমনভাবে প্রদান করা হবে যাতে তা গোপন থাকে।

প্রচারমূলক ফলাফল সম্পর্কে তথ্য:

আশা করা হচ্ছে যে এই গবেষণা প্রকল্পের ফলাফলগুলি বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট, সম্মেলন, আলোচনা এবং পর্যালোচনা করে জার্নালের মতো বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

গবেষণা পরিচালনার জন্য অর্থের উৎস:

এই গবেষণার ব্যয় সম্পূর্ণভাবে গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কে তথ্য :

আপনার সম্মতি সত্ত্বেও, আপনি তথ্য বিশ্লেষণের আগে আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। আমরা আপনাকে কারণটি জানাতে উত্সাহিত করি। কিন্তু আপনি যদি আমাদের জানাতে না চান, তাহলে প্রত্যাহার কাগজে এটি উল্লেখ করুন।

গবেষকের সাথে যোগাযোগের ঠিকানা:

গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি এখন বা পরে আমাকে জিজ্ঞাসা করতে পারেন। আপনি যদি পরে প্রশ্ন জিজ্ঞাসা করতে চান তবে আপনি নিম্নলিখিত যেকোনো মাধ্যমে যোগাযোগ করতে পারেন : তানজিনা আক্তার, বিএসসি ইন অকুপেশনাল থেরাপি, ডিপার্টমেন্ট অফ অকুপেশনাল থেরাপি এবং যোগাযোগ নম্বর: ০১৮৭৫১৮৯১৭৭।

অভিযোগ:

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোনো অভিযোগ থাকলে, অ্যাসোসিয়েশন অফ এথিক্স (সি আর পি/বিএইচপিআই/আইআরবি) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড (আই আর বি), বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা- ১৩৪৩, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে সুরক্ষা নিশ্চিত করা। আপনি যদি আই আর বি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) সিআরপি, সাভার, ঢাকা- ১৩৪৩ - এ যোগাযোগ করুন।

অনুমতি পত্র

যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য:

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলি পড়ুন এবং হ্যাঁ বা না-তে টিক (✓) দিন যাতে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পারেন এবং আপনি উপরের নামকৃত গবেষণায় অংশ নিতে সম্মত হন।

১. আমি নিশ্চিত করি যে গবেষণার জন্য তথ্য পত্রটি আমাকে ব্যাখ্যা করা হয়েছে এবং গবেষণার বিষয় বুঝার জন্য আমাকে অংশগ্রহনকারীদের প্রশ্ন জিজ্ঞাসা করার সুযোগ দেয়া হয়েছে।হ্যাঁ/না

২. এই গবেষণার সাথে সম্পর্কিত আমার প্রশ্নের সন্তোষজনক উত্তর আছে।.....হ্যাঁ/না

৩. আমি বুঝতে পারি যে গবেষণাতে অংশগ্রহণ স্বেচ্ছাসেবী এবং আমি তথ্য বিশ্লেষণের আগে আমার সম্পৃক্ততা বাতিল করতে পারব।হ্যাঁ/না

৪. ইন্টারভিউ থেকে তথ্য, গবেষণার সুপারভাইজার দ্বারা পরীক্ষা করা হতে পারে। তাছাড়া, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি তদন্তকারী এবং সুপারভাইজারকে আমার রেকর্ড করা তথ্য ব্যবহার করার অনুমতি দিয়েছি।হ্যাঁ/না

৫. অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য আমার পর্যাপ্ত সময় আছে।.....হ্যাঁ/না

৬. আমি আমার সাক্ষাতকারের উদ্ভূতিগুলি উপরোক্ত গবেষণায় ব্যবহার করার জন্য সম্মতি জানাচ্ছি।হ্যাঁ/না

৭. আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মতি জানাচ্ছি।হ্যাঁ/না

অংশগ্রহনকারীর স্বাক্ষর:

তারিখ:

গবেষক: উপরের অংশগ্রহনকারীকে তথ্যপত্রটি সুনির্দিষ্টভাবে ব্যাখ্যা করেছি এবং তিনি অংশ নিতে সম্মতি প্রকাশ করেছেন।

গবেষণাকারীর স্বাক্ষর:

তারিখ:

Participant's Withdrawal Form

(Applicable only for voluntary withdrawal)

Reason for withdrawal (optional):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Date:

অংশগ্রহণকারীর প্রত্যাহার ফর্ম
(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

প্রত্যাহারের কারণ (ঐচ্ছিক) :

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

পূর্ববর্তী তথ্যের অনুমতি ব্যবহার করা হয় কিনা?

হ্যাঁ / না

অংশগ্রহণকারীর নাম:

তারিখ:

Appendix C: Interview Guide

Self-developed interview guide

Demographic information:

Code no:

- Adolescents:

1. Name:
2. Gender: Male/Female
3. Age:
4. Grade in school:
5. Type of disability: Cerebral Palsy/ Autism/ Down Syndrome

- Parents:

1. Name:
2. Gender: Male/ Female
3. Age:
4. Educational Background:
5. Occupation:
6. Address:
7. Phone Number:

(Questions)**Check List:**

Are you familiar with the word “Bullying”? (Yes/ No)

Has your child been victimized of bullying? (Yes/ No)

(If yes, please answer the following):

To find out parents’ view on bullying

1. What do you understand by the term “Bullying”? (explain in detail)
2. Why adolescents are being bullied according to your opinion?
3. How do you feel about these experiences?
4. How do you manage these situations

To investigate the variety of bullying experiences among adolescents with disabilities

5. Had your child been teased?
6. Had rumors or gossip about your child been spread?
7. Had anyone hit, pushed, or physically hurt your child?
8. Had anyone passed comments, jokes, or negative gestures toward your child? (explain each in detail)
9. How do your child report bullying incidence to you?
10. Where do these incidents take place?
11. Who is responsible for these occurrences?

To identify the effects of bullying incidence on adolescents’ health and occupational performance

12. How does your child express his/her emotions?
13. Did you notice any changes in your child after being bullied? if yes, what were those? (Explain in detail)
14. Did these experiences influence your child’s occupational performance? (ADL, education, leisure) If yes, explain how?
15. Did these experiences affect your child’s health? If yes, explain how?

ইন্টারভিউ গাইড

ডেমোগ্রাফিক তথ্য:

কোড নং:

-কিশোর:

১. নাম:

২. লিঙ্গ: পুরুষ/মহিলা

৩. বয়স:

৪. স্কুলে গ্রেড:

৫. অক্ষমতার ধরন: সেরিব্রাল পালসি/অটিজম/ডাউন সিনড্রোম

- পিতামাতা:

১. নাম:

২. লিঙ্গ: পুরুষ/মহিলা

৩. বয়স:

৪. শিক্ষা:

৫. পেশা:

৬. ঠিকানা:

৭. ফোন নাম্বার:

প্রশ্ন-পত্র

চেক লিস্ট:

- ✓ আপনি কি “বুলিং” শব্দটির সাথে পরিচিত? (হ্যাঁ / না)
- ✓ আপনার সন্তান কি বুলিং এর শিকার হয়েছে? (হ্যাঁ / না)

(যদি হ্যাঁ হয়, তবে নিচের প্রশ্নের উত্তর দিন):

বুলিং সম্পর্কে পিতামাতার দৃষ্টিভঙ্গি খুঁজে বের করা

১. “বুলিং” বলতে আপনি কি বোঝেন? (বিস্তারিত ব্যাখ্যা করুন)
২. আপনার দৃষ্টিতে বিশেষ চাহিদা সম্পন্ন কিশোররা কেনো বুলিং এর শিকার হচ্ছে?
৩. এই অভিজ্ঞতাগুলো সম্পর্কে আপনি কেমন অনুভব করেন?
৪. আপনি কিভাবে এই পরিস্থিতি সামলে নেন?

বিশেষ চাহিদা সম্পন্ন কিশোর-কিশোরীদের মধ্যে বিভিন্ন ধরনের বুলিং অভিজ্ঞতা তদন্ত করা

৫. আপনার সন্তানকে কি উত্থাপিত করা হয়েছে?
৬. আপনার সন্তান সম্পর্কে গুজব ছড়ানো হয়েছে?
৭. কেউ কি আপনার সন্তানকে শারীরিকভাবে আঘাত করেছে, বা ধাক্কা দিয়েছে?
৮. কেউ কি আপনার সন্তানের প্রতি বাজে মন্তব্য, কৌতুক বা নেতিবাচক অঙ্গভঙ্গি করেছে? (৫ থেকে ৮ নং প্রশ্ন বিস্তারিত ব্যাখ্যা করুন)
৯. কিভাবে আপনার সন্তান আপনাকে বুলিং এর ঘটনা সম্পর্কে জানায়?
১০. এই ঘটনাগুলো কোথায় ঘটে?
১১. এই ঘটনার জন্য কে দায়ী বলে আপনি মনে করেন?

কিশোর-কিশোরীদের স্বাস্থ্য এবং পেশাগত কর্মক্ষমতার উপর বুলিং এর প্রভাব চিহ্নিত করা

১২. আপনার সন্তান কিভাবে তার আবেগ প্রকাশ করে?
১৩. আপনি কি আপনার সন্তানের মাঝে, বুলিং এর শিকার হওয়ার পর কোনো পরিবর্তন লক্ষ্য করেছেন? যদি হ্যাঁ হয়, তবে সেগুলো কি? (বিস্তারিত ব্যাখ্যা করুন)
১৪. এই অভিজ্ঞতাগুলি কি আপনার সন্তানের দৈনন্দিন কর্মক্ষমতাকে প্রভাবিত করেছে? (দৈনন্দিন জীবনের কাজ, পড়াশোনা, অবসর সময়) যদি হ্যাঁ, ব্যাখ্যা করুন কিভাবে?
১৫. এই অভিজ্ঞতাগুলি কি আপনার সন্তানের স্বাস্থ্যকে প্রভাবিত করেছে? যদি হ্যাঁ, ব্যাখ্যা করুন কিভাবে?

Appendix D: Supervision Record Sheet

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: "Bullying Experience of Adolescents with Disability from the Parents' Perspective"

Name of student: Tanzina Akter

Name and designation of thesis supervisor: SK. Moniruzzaman, Associate Professor, Head of the department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka- 1343, Bangladesh

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	20.08.22	BHPI, Office building	Introduction & research title, aim, objective discussion	2 hrs & 30 min	Effective guideline	Tanzina	SKM
2	22.08.22	BHPI Office building	Research title discussion	1 hr	helpful discussion	Tanzina	SKM
3	25.08.22	Library building	Feedback of research aim, objective & proposal presentation	15 min	Effective guideline	Tanzina	SKM

4	26.08.22	Library building	Research title & objective discussion	10 min	Effective feedback	Tanzina	SKM
5	08.09.22	Library building	Research proposal submission	1 hr 30 min	Effective guideline	Tanzina	SKM
6	11.09.22	Library building	Research proposal feedback, guideline for next step	1 hr 30 min	helpful feedback	Tanzina	SKM
7	22.09.22	Library building	Discussion about bangla form of appendix	1 hr 30 min	helpful discussion	Tanzina	SKM
8	11.10.22	Library building	Final feedback of research proposal	2 hrs (10 min)	helpful feedback	Tanzina	SKM
9	15.10.22	Library building	Submission and dissemination about permission letter	30 min	helpful guideline	Tanzina	SKM
10	16.10.22	Library building	Field test related discussion & guideline	25 min	Supportive assistance	Tanzina	SKM
11	17.10.22	Library building	Guideline about withdrawal form	1 hr 30 min	Effective feedback	Tanzina	SKM
12	25.10.22	Library building	Discussion and update on data collection	2 hrs	Effective discussion	Tanzina	SKM
13	31.10.22	Library building	Discussion and further guideline about data collection	1 hr 30 min	Important guideline	Tanzina	SKM
14	13.11.22	Library building	Discussion about interview process & update	2 hrs	Effective feedback	Tanzina	SKM

No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's Signature	Thesis supervisor signature
15	10.11.22	Library building	Discussion and update on data collection process	1 hr 30 min	Effective feedback	Tanzina	
16	26.11.22	Library building	feedback & discussion on data collection	30 min	Effective discussion	Tanzina	
17	2.12.22	Library building	Guideline for ongoing research work	2 hr	Helpful guideline	Tanzina	
18	12.12.22	Library building	Discussion on introduction, Backgrounds & Literature review	45 min	Assessive feedback	Tanzina	
19	18.12.22	Library building	Feedback of introduction, Backgrounds & Literature review	2 hr 30 min	Effective guideline	Tanzina	
20	20.12.22	Library building	Submission & discussion on Introduction, Background Literature review & Methodology	1 hr 30 min	Effective discussion	Tanzina	
21	27.12.22	Library building	Discussion on theme & subtheme	1 hr 30 min	Helpful feedback	Tanzina	
22	01.01.23	Library building	Discussion on analysis related problems	2 hrs	Effective discussion	Tanzina	
23	06.01.23	Library building	Discussion on analysis related problem	2 hrs	Important discussion	Tanzina	
24	09.02.23	Library building	Feedback & discussions on 1st draft submission	1 hr 10 min	Helpful assistance	Tanzina	

25	09.03.23	Library building	Guideline for completing thesis writeup	1 hr	Effective feedback	Tanzina	
26	08.04.23	Library building	Discussion about preparations for defense	1 hr 30 min	Important guideline	Tanzina	
27	10.05.23	Library Building	Discussion on final draft	2 hrs	Effective feedback	Tanzina	
28	15.05.23	Library Building	Feedback of thesis presentation	1 hr	Effective guideline	Tanzina	
29							
30							
31							
32							
33							
34							