



## FATHER BONDING AND BULLYING IN CHILDREN WITH DISABILITIES<sup>i</sup>

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### Abstract:

In recent years, school bullying has been on the rise, but it is not a new phenomenon. While bullying at school is not a recent phenomenon, it has received a great deal of scientific attention over the last three decades. School bullying is now a prevalent phenomenon around the world and transcends socio-economic, racial and cultural boundaries. At the same time, the father-child relationship is very important, because it contributes to the formation of the child's personality. The main purpose of this research is to investigate whether father attachment makes people with disabilities, such as blindness, deafness and motor disability, but also without disabilities, perpetrators or victims of school bullying and the effect of demographic characteristics on the sample. The sample consists of 170 people aged 10-21 years who live in Greece. The study involved 36 people with blindness, 38 people with deafness, 50 people with motor disabilities and 50 people without disabilities. The results highlighted the pretty important relationship between paternal attachment and school bullying in the various groups of the sample and also showed that father care and father protection are predicting factors of their behaviors. The present research effort complements the research of Charpatsis et al. (2021) on maternal attachment and bullying and focuses mainly on paternal attachment and bullying.

**Keywords:** blindness, bullying, deafness, father care and protection, motor disability, father attachment

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<sup>i</sup> VÄTERLICHE BINDUNG UND BULLING IN KINDERN MIT BEHINDERUNGEN

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### **Abstrakt:**

In den letzten Jahren hat Mobbing in der Schule zugenommen, aber es ist kein neues Phänomen. Obwohl Mobbing in der Schule kein neues Phänomen ist, hat es in den letzten drei Jahrzehnten große wissenschaftliche Aufmerksamkeit erhalten. Mobbing in der Schule ist heute ein weit verbreitetes Phänomen auf der ganzen Welt und überschreitet sozioökonomische, rassische und kulturelle Grenzen. Gleichzeitig ist die Vater-Kind-Beziehung sehr wichtig, denn sie trägt zur Persönlichkeitsbildung des Kindes bei. Der Hauptzweck dieser Forschung ist es zu untersuchen, ob die väterliche Bindung Menschen mit Behinderungen wie Blindheit, Taubheit und motorische Behinderung, aber auch ohne Behinderungen, Täter oder Opfer von Mobbing in der Schule macht und der Einfluss demografischer Merkmale auf die Stichprobe. Die Stichprobe besteht aus 170 Personen im Alter von 10 bis 21 Jahren, die in Griechenland leben. An der Studie nahmen 36 Menschen mit Blindheit, 38 Menschen mit Taubheit, 50 Menschen mit motorischen Behinderungen und 50 Menschen ohne Behinderungen teil. Die Ergebnisse zeigten den ziemlich wichtigen Zusammenhang zwischen väterlicher Bindung und Mobbing in der Schule in den verschiedenen Gruppen der Stichprobe und zeigten auch, dass Vaterfürsorge und Vaterschutz prädiktive Faktoren ihres Verhaltens sind. Die vorliegende Forschungsarbeit ergänzt die Forschung von Charpatsis et al. (2021) auf mütterliche Bindung und Mobbing und konzentriert sich hauptsächlich auf väterliche Bindung und Mobbing.

**Schlüsselwörter:** Blindheit, Betreuung und Schutz des Vaters, Mobbing, motorische Behinderung, Taubheit, väterliche Bindung

### **1. Introduction**

School bullying, which has become increasingly prevalent in the school community in recent years, is a global psychosocial phenomenon with great implications for the child's physical and mental health, as it affects the child's emotional development and academic performance. It involves a large number of aggressive behaviors, which makes it quite difficult to formulate an exact definition. According to Olweus (1993), the characteristics that characterize bullying are:

- the aggression and intent of the perpetrator to harm the victim,
- the recurrence of his bullying behavior, and
- the inequality of perpetrator and victim in terms of both physically and mentally or even the superiority of perpetrators numerically,
- and, finally, whatever happens without any provocation from the victim.

Rigby agrees and adds to the key features of school bullying:

- the perpetrator's intent to harm here is a strong desire on the part of the perpetrator to harm his victim. The desire to hurt someone is common. However, the perpetrator's persistent and strong will to hurt someone is not common. Many people do not hurt other people because they are often innocent and defenceless, which is not the case with school bullies.

- the realization of the above intention. The realization of the perpetrator's intention depends on a number of factors: a) how strong is the perpetrator's desire to realize it, b) the encouragement or discouragement from third parties and, finally, c) the existence or not of punishment after its execution intent of the perpetrator.
- the damage of the victim. Whether an intimidating act hurts the victim depends on his or her mental resilience. Therefore, we cannot define the concept of bullying without taking into account the inability of the victim to defend himself in a particular place and time.
- the sovereign imposition of the perpetrator on the victim (by his / her authority). Intimidation is usually manifested by people who are physically taller than their victims and are in a better psychological state than their victims. It can also occur in the company of many people, as altogether they are stronger than their would-be victim.
- the frequent lack of justification for the act. The main characteristic of people who engage in bullying behaviors is that most of the time there is no reason to allow their action.
- the repetition of bullying behavior. When the perpetrator finds the right victim, that is, a victim who has no resistance to the bullying, he will repeat his bullying again and again because of his desire to terrorize the victim even more.
- the satisfaction that the perpetrator derives from the harm of the victim. The perpetrator is pleased and satisfied with the physical and mental pain he causes to his victim. (Rigby, 2007)

The concept of school bullying is complemented by of victimization. According to Olweus (1995), the term victimization refers to *"the psychological and social impact that bullying has on the psyche, particularly on the emotional state and social position of the bullying victim, the victim."*

The theory of attachment is considered as promising in the research field nowadays as it is directly related to the development and shaping of the individual's personality as well as to his interpersonal relationships. Attachment is a complex and incomplete process. From birth, the baby interacts with his mother by promoting messages about his needs and feelings (if he is hungry, if he is cold, if he is happy, etc.). The mother's reaction plays an important role in providing a safe base for the baby, that is, she will be there whenever she needs it. The quality of this relationship plays a key role in shaping the infant's future perceptions of himself and others as well as shaping his character.

In 1969, the British psychoanalyst John Bowlby formulated the theory of attachment theory, which is one of the most important theories in the field of psychology. His theory was based on Freud's theory of early experiences and cognitive structures and Darwin's theory of evolution and adaptation (Bowlby, 1969). The term attachment refers to *"the strong emotional bond that is being developed between the infant and his mother and father and / or other people in the immediate environment during the first year of life. This close relationship is characterized by mutual affection and the great desire of individuals to be together"* (Bowlby, 1958).

## 2. The role of the father

The face of attachment and the main caregiver of babies is most often the mother. Like all developmental theories, Bowlby's theory of attachment considered the role of the mother to be more important and direct than that of the father. Under no circumstances, however, should not the role of the father be undermined or overlooked.

The roles of mother and father are complementary. The father usually promotes the independence of the child and helps him to explore the world around him. He still encourages his children to achieve, while the role of the mother is mainly related to the upbringing of the child (Rosenberg & Wilcox, 2006). The father's face has been associated with concepts such as availability, warmth and closeness (Cabrerera et al., 2000). Nowadays, the father plays an emotional role of the child as, according to the theory developed by Freud, he helps to solve the oedipal complex (Jones, 2003). The presence of the father in the child's life is also considered important in terms of social development and psychological development of the child, as the child feels more socially secure (Metcalf, 2013). According to Millar (2006), if the child has feelings of love for the father and the father for the child, respectively, the child's social development will be normal. The type of attachment to the father has been associated with the emergence of problematic behaviors and the occurrence of conflicts with his peers. Paternal involvement, therefore, helps to reduce behavioral problems in children. The involvement of the father in the upbringing of the child plays an important role as the more the father is involved in the upbringing of the child, the greater security the child feels. In addition, it contributes to the acquisition of skills for resolving social conflicts, while also helping the child to control his negative emotions (MacDonald & Parke, 1984; Lieberman, Doyle, & Markiewicz, 1999; Williams & Kelly, 2005). Paternal involvement also helps to increase self-confidence and empathetic understanding. In addition to this, it leads to better academic performance, enhances cognitive development, reduces psychological problems, especially in young girls, and reduces delinquency (Sarkadi, Kristiansson, Oberklaid & Bremberg, 2008). The father's involvement with the children contributes to the absence of depressive symptoms from them and to the increase of self-esteem (Dubowitz et al., 2001). At the same time, the care of the father to his child is important for the existence of high levels of secure attachment (Rosenberg & Wilcox, 2006).

This attachment has often been presented as a predictor of bullying and victimization in school, with a significant relationship between parental attachment and bullying and victimization in school also demonstrated. However, the research has been conducted in relation to people without disabilities, whereas there is a lack of research on this topic in relation to people with disabilities, particularly children aged 10-21 years. Therefore, the present study attempts to shed light on this almost unexplored area by using a mixed sample of 170 children with and without disabilities to thoroughly examine the relationship between attachment to the father and possible bullying or victimization.

The idea behind this approach is that people with disabilities make up a significant percentage of the overall population, but that there is little research on this percentage. In this study, disabilities are considered people with visual difficulties or blindness, auditory problems, and motor disabilities.

### **3. Research question and objectives**

According to the findings of the research, there is a link between parent-child attachment and children's social conduct, particularly in terms of bullying and the likelihood to become victims of bullying (Eliot & Cornell, 2009; Walden & Beran, 2010). The majority of the literature on the subject mentions a correlation between insecure parental attachment and social competence or relationships with other children (Schneider, Atkinson, & Tardiff, 2001). The amount of research done on the association between parent-child attachment and victimization or involvement in bullying situations for children with disabilities is limited.

As a result, the study question that arises is whether there is a link between disabled peoples' paternal connection and their victimization. The main goal of this study is to examine if people with disabilities (blindness, deafness, motor disability) are bullies or victims of school bullying because of their paternal attachment, as well as to look into the impact of specific demographic characteristics on the possible underlying relationship between paternal attachment and victimization for people with disabilities. Furthermore, one of the goals of this study is to evaluate a comparison between people with and without disabilities.

The following are the research questions that meet the above objectives:

- Do children with special needs (blindness, deafness, motor handicap) act as school bullies, and if yes, do they display this bullying behavior more than children without disabilities?
- Do children with disabilities face bullying at school, and if yes, do they face more bullying assaults than students without disabilities?
- Are there statistically significant differences between the sample groups when it comes to becoming bullies or being bullied at school?
- Are there statistically significant variations in school bullying between people with disabilities and those without disabilities, as well as variations in their overall demographic characteristics?
- Are there statistically significant differences between the survey population groups in the survey regarding paternal attachment and more specifically father care and father protection?
- Are there statistically significant variations in the paternal attachment of disabled and non-disabled children, and more specifically in the care and protection of their father concerning their overall demographic characteristics?
- Is there a statistically significant correlation between the peer scale of the Peer Experience Questionnaire (PEQ) and the Parental Bonding Instrument (PBI) for

both disabled and non-disabled people in the subscales of father care and protection?

- Which PBI factors predict bullying and victimization in the whole sample, in disabled and non-disabled, both as distinct groups and as a single group?

#### 4. Literature review

The scientific community has paid a substantial deal of attention to the phenomenon of school bullying because of its importance. Extensive research has aimed to investigate the relationship between parental bonding and school bullying, violent conduct, and victimization. Research activity for impaired young people, on the other hand, has not been found. There are references to research conducted both in Greece or elsewhere in the literature.

Mohebbi, Mirnasab & Wiener (2016) found that perpetrators of school bullying report lower levels of maternal and paternal protection than victims of school bullying and non-participants. Perpetrators also show higher levels of paternal overprotection than non-participants and higher levels of paternal authoritarianism (or lower levels of autonomy) than victims and non-participants. Finally, perpetrators show higher levels of maternal totalitarianism than victims. The sample consisted of 240 students aged 15-19 who attended schools in Iran.

According to the results of research by Conolly & O' Moore (2003), children who are bullied at school show an ambivalent relationship with their father and mother. They also argued that the absence of the father, either physically or psychologically, and the mother's depression could lead to intimidating behaviors. 228 students aged 6-16 from Irish schools participated. According to Flouri & Buchanan (2003), the involvement of the father in the life of the child who does not consider it as overprotectiveness is negatively related to the manifestation of bullying behavior. They also showed that the less parents are involved in a child's life, the more likely they are to engage in bullying. The sample consisted of 1147 teenagers aged 14-18 who attended schools in Great Britain.

Williams & Kennedy (2012) found that girls were more likely to engage in physical bullying when they developed high levels of insecure anxiety-avoidance attachment with their mothers and when they developed insecure stress-avoidance attachment (avoidance / ambivalence) with their father. They also found that girls were more likely to develop indirect bullying when have developed insecure stress-avoidance (avoidance / ambivalence) attachment with their mothers, while boys experience indirect bullying when they have with their mother and boys intimidate when they have developed insecure anxiety-avoidance / ambivalence attachment with their father. Regarding victimization, it was found that girls who feel anxious about their relationship with their mother are more likely to be victims of school bullying. The research of Williams & Kennedy (2012) involved 144 undergraduate students with an average age of 19.46 years. The findings of the above research, that is, insecure attachment to mothers predicts victimization and insecure attachment to the father predicts indirect bullying, are relevant to the findings of Mohr (2006). Children who are less cared for and supported

by their mothers are more likely to name themselves victims of school bullying, while children who are less cared for and supported by their fathers are more likely to identify themselves as perpetrators of school bullying. (Mohr, 2006; Williams & Kennedy, 2012). The sample consisted of 733 children with an average age of 13.3 years. According to research by Rigby (1993), victimized girls have bad relationships with their mothers. Even boys from single-parent families, who are victimized at school, report negative relationships with their absent father. The sample consisted of 1012 people aged 11-16 who attended schools in Australia.

Based on the research work of Erginoz et al. (2014), the absence of control of the child by the father makes the child a perpetrator or a victim of school bullying. It also found that children who had difficulty discussing and sharing concerns and problems with their parents were more likely to be victims of school bullying. They also found that children with high levels of attachment to their mother were more likely to be victimized at school. The survey was conducted on 15-year-old children in more than 40 countries. According to research by Lopez (2014), mothers and fathers of children with disabilities develop with children unsafe types of attachment compared to people without disabilities. Other researchers have come to the same conclusion (Hoffman et al., 2009; Howe, 2006). The reason for the above is not clear and according to Lopez (2014) may be due to the inability of parents to understand the needs of their children. Moreover, he considers that minimal research work has been carried out regarding the parental attachment of people with disabilities. Blacher & Meyer (1983) found that attachment relationships between children with disabilities and their parents are either delayed or absent (Holt, 1968). Research by Lopez & Rich (2011) found that fathers had developed a greater degree of secure attachment to their child than mothers. This may be due to the fact that mothers experience more stress associated with conceiving a child with a disability.

According to Ardito, Adenzato, Dell'Osbel, Izard & Veglia (2004), the mothers of people with blindness were overprotective. In addition to this, they concluded that this overprotection did not necessarily have a negative effect and in cases accompanied by the love and warmth of the mother had a positive effect. Behl et al. (1996) found that mothers of children with visual impairments were more involved in their children's lives, controlling them and talking to them more than mothers of sighted children. Children and adolescents with congenital blindness are no different from people without a disability in terms of attachment. The research was conducted on blind and non-disabled children and adolescents aged 11-14 years, who attended schools in Istanbul (Demir, Bolat, Yavuz, Karacetin, Dogangun & Kayaalp, 2014). It was also found that 80% of children with congenital total blindness who had sighted parents developed unsafe types of attachment (Macrae, 2003). However, there is no research data linking paternal attachment to visual disability. This connection is achieved in the present study, where we found that there is a strong relationship of blind children with their fathers.

Meadow-Orlans & Steinberg (1993) found that parents of deaf children who had hearing loss did not show as much warmth and love to their children and were not flexible with them. Lederberg & Mobley (1990) found that a large number of children

with hearing loss develop an insecure attachment bond with their parents. On the other hand, Meadow, Greenberg & Erting (1983) found that deaf and hard of hearing children develop similar attachment bonds with their parents. Even Greenberg & Marvin (1979) found that deaf preschoolers with listening parents can develop secure attachment bonds with them. Deaf children develop insecure attachments with their parents, when their parents have a negative attitude towards their disability (Hadadian, 1995). Apparently, this is generalized to all types of disabilities. Even children with hearing impairments have the same chances as children without disabilities to develop a secure bond with their parents (Ryan, 2012). Wasserman et al. (1985) found that mothers of people with motor disabilities are closer to their children and try to understand their abilities compared to mothers of children without disabilities. The presence of some form of motor disability can be a risk factor for developing poor quality attachment with parents (Capuzzi, 1989; Cox & Lambrenos, 1992).

## **5. Material and Method**

A quantitative survey using a structured questionnaire is used to answer research questions. The researcher provided adequate directions to participants in order to ensure the validity of questionnaire completion. They were also informed about the research's goals and objectives, as well as the fact that their responses are secret, that their participation is voluntary, and that they can leave the survey at any time.

### **5.1 Procedure**

The selection of the representative sample to ensure impartiality was done by simple random sampling by people with blindness, deafness and physical disability, as well as by people without disabilities. The questionnaires were provided to the three groups of people with impairments (blindness, deafness, and motor disability), as well as the control group, manually or by mail. The questionnaires were collected in 2021 and distributed throughout Greece's many regions and districts. The research population groups were given a total of 240 questionnaires, of which 202 were returned. However, 32 incompletely filled questionnaires were omitted from the current study since they were not completed correctly. This resulted in a total of 170 questionnaires being used in the survey. This survey is complementary to the survey of Charmpatsis et al. (2021), in which the researchers surveyed maternal attachment and its effect on bullying and victimization. These two surveys were conducted in parallel.

### **5.2 Materials**

The survey questionnaire contains five parts. The first part (questions 1 to 12) concerns the demographic characteristics of the respondents. These are "closed" type questions, which concern the type of disability of the respondents if any (blindness, deafness, motor disability, no disability), gender, age, place of origin, presence or absence of siblings, total number persons living in the family home, the educational level of the mother and father, the occupation of the mother and father and the marital status of the mother and father.



The second part (questions 13 to 17) is about whether the research participant has become a perpetrator or victim of school violence, and how he or she understands the term violence. The third part (questions 18 to 21) concerns the respondent's relationship with his parents. The fourth part (questions 22-39) is the Peer Experiences Questionnaire –PEQ by Vernberg, Jacobs & Hershberger (1999, translation - adaptation, Giovazolias Th., Kourkoutas H. & Mitsopoulou E., 2010). This instrument was designed to detect victimization experiences and bullying behaviors towards others. The questionnaire includes three subscales. The first (self-victimization) investigates children's exposure to bullying behaviors and includes 9 questions. The second sub-scale (victimization of the other) investigates the commission of bullying behaviors in other children and also includes 9 questions. The third sub-scale (Attitudes-Perceptions of Aggression) examines attitudes and perceptions about aggressive behaviors and includes 13 questions. Thus, the total number of questions is 31. The last subscale was not used in this research paper. The scoring in the first two subscales (self-victimization / victimization of the other) is based a five-point Likert scale (1 = Never, 2 = Once or twice, 3 = A few times, 4 = About once a week, 5 = Few times a week). Higher scores on these two subscales indicate increased victimization rates in both forms. In each question the children have the option of only one choice. The final score for each section of the questionnaire results from the sum of the individual questions. There are correlations with other variables (socio-demographic) as well as with a variety of psychometric tools, such as the Parental Behavior Inventory Scale (Parker, Tupling & Brown, 1979; translated by Sideridis & Kafetsios, 2005) and the Emotional Emotion Scale (adaptation of Tsitsa, Giovazolias, Mitsopoulou, & Antonopoulou, 2008), which shows that the questionnaire has a fairly good validity of conceptual construction. The Internal Consistency Index (Cronbach's  $\alpha$ ) ranges well. The values for the total questionnaire are ,86, for the self-victimization subscale is 0.82 and for the other victim subscale is ,85. The fifth part (questions 40 to 89) is the Parental Bonding Instrument (PBI). PBI was created by Parker, Tupling & Brown (1979), with the aim of being a stable instrument for measuring the emotional bond that develops between parent and child. The PBI was adapted to the Greek language, with the method of translation-re-translation, for the needs of the present study by an English teacher, specializing in translation-interpretation. In the pilot application of the tests in 15 people, there was no problem in understanding the questions of the questionnaire. The scale has good apparent validity. The sex of the person being examined or his or her socioeconomic status do not appear to affect the results. The reliability of repeat measurements is very high for a period of 8-12 months. The reliability index (Cronbach's  $\alpha$ ) is ,76. Those, who complete it, try to remember the whole period of their childhood and evaluate the behavior of their father and mother separately in a questionnaire of 25 questions. The answer is graded on a 4-point scale (very often, quite often, a few times, almost never), depending on how frequent or not the parent's behavior was. There is no time limit for completing the scale, but it usually takes 10 minutes. The estimated Cronbach's alpha per scale and disability group varies from ,748 to ,971. In this research were used only the questions concerning father care and protection.

### 5.3 Participants

The study sample (N=170, 77 male and 93 female) consists of three population groups of people with disabilities, namely 36 people with blindness (21.2%), 38 people with deafness (22.4%) and 50 people with motor disabilities (29.4%). The control group consists of 46 individuals without any disability (27.1%).

The age of the participants ranges from 10 to 21 years old (groups 10-12 years old, 13-15, 16-18 and 19-21), with the largest group being adults 19-21 years old, who represent 36.5% of the sample. The distribution of age by type of disability is shown in Table 1.

**Table 1:** Distribution (frequencies and percentages) of age by disability group

Disability	Age								Total	
	10-12		13-15		16-18		19-21			
	f	%	f	%	f	%	f	%	f	%
Blind	14	38,9	6	16,7	6	16,7	10	27,8	36	21,2
Deaf	10	26,3	3	7,9	15	39,5	10	26,3	38	22,4
Motor disability	12	24,0	7	14,0	5	10,0	26	52,0	50	29,4
Control (no-disability)	3	6,5	11	23,9	16	34,8	16	34,8	46	27,1
Total	39	22,9	27	15,9	42	24,7	62	36,5	170	100

In terms of residence, 31,43% of the sample lives in the countryside, while 68,6% live in cities/towns. According to the participants' fathers' educational levels, nearly four out of ten have a higher education (4,1% college and 34,3% university), 18,9% have a primary education, 36,1% have a secondary education, 2,4% did not attend school, and 4,1% did not respond. Table 2 shows the distribution based on whether or not siblings exist (or do not exist).

**Table 2:** Distribution (frequencies and percentages) of siblings' existence by disability group

Disability	Siblings					
	Yes		No		Total	
	f	%	f	%	f	%
Blind	26	72,2	10	27,8	36	21,3
Deaf	28	75,7	9	24,3	37	21,9
Motor disability	35	70,0	15	30,0	50	29,6
Control (no-disability)	44	95,7	2	4,3	46	27,2
Total	133	78,7	36	21,3	169	100

**Table 3:** Distribution (frequencies and percentages) of family members by disability group

Disability	Age										Total	
	3		4		5		6		7+			
	f	%	f	%	f	%	f	%	f	%	f	%
Blind	16	45,7	12	34,3	5	14,3	0	0,0	2	5,7	35	21,5
Deaf	14	36,8	11	28,9	11	28,9	1	2,6	1	2,6	38	23,3
Motor disability	24	53,3	14	31,1	4	8,9	2	4,4	1	2,2	45	27,6
Control (no-disability)	7	15,6	24	53,3	7	15,6	7	15,6	0	0,0	45	27,6
Total	61	37,4	61	37,4	27	16,6	10	6,1	4	2,5	163	100

Table 3 shows the distribution of the number of family members living in the same residence, with the majority of the sample belonging to a family of three or four individuals.

According to the father's occupation, 44 (26,0%) work for the government, 33 (19,5%) work for the private sector, 5 (3,0%) work for a bank, 9 work for the army (5,3%), 11 work for themselves (6,5%), 30 (17,8%) are retired, 15 (8,9%) are unemployed, and 3 (1,8%) receive a disability allowance. In terms of the marital status of the fathers, 146 of them (85,9%) are married, 8 are divorced (4,7%), one is separated (0,6%), 7 (4,1%) have remarried, while 8 (4,7%) have never married.

## 6. Results

The study's findings provide answers to the research questions. Depending on the sort of study issue and the normality of the distributions, a variety of tests were performed (parametric or non-parametric tests, accordingly). The significance level for all statistical tests is set at 95 percent ( $\alpha = ,05$ ).

### 6.1 Results by type of disability

A  $\chi^2$  (chi square) test was used to see if the presence and kind of impairment were connected to the participants' bullying behavior. Bullying practices varied considerably depending on handicap type ( $\chi^2(3) = 8,482$ ,  $n = 170$ ,  $p = ,039$ ), according to the test results. Table 4 shows that participants with motor disabilities have exhibited bullying behavior less than expected, while those with blindness or deafness have expressed bullying behavior more than expected.

**Table 4: Bullying by disability group cross-tabulation**

Disability	Have ever expressed bullying at school?				Total	
	Yes		No		Count	Expected Count
	Count	Expected Count	Count	Expected Count		
Control (no-disability)	11	10,8	35	35,2	46	46
Blind	12	8,5	24	27,5	36	36
Deaf	12	8,9	26	29,1	38	38
Motor disability	5	11,8	45	38,2	50	50
Total	40	40	130	130	170	170

Further, according to the type of disability, a Kruskal Wallis Test was conducted in order to determine if there are significant differences among disability groups. The Kruskal Wallis Test showed that there is a statistically significant difference among disability groups for the answers to the question "My father let me do things that pleased me" ( $\chi^2(3) = 10,424$ ,  $p < ,001$ ) with the motor disability group showing higher ranks and the control group very low ranks. It can also be observed that there is a statistically significant difference among disability groups for the answers to the question "My father invaded my personal life" ( $\chi^2(3) = 15,893$ ,  $p < ,01$ ) with deaf disability group showing higher ranks

and the no disability group lower ranks. Additionally, there is an another statistically significant difference for the answers to the question “My father let me make decisions for myself” ( $\chi^2(3) = 9,983, p<,001$ ) with motor disability group showing higher ranks. Finally, there is a statistically significant difference for the answers to the question “My father allowed me to dress as I wished” ( $\chi^2(3)= 7,844, p<,05$ ) with motor disability group showing higher ranks (Table 5).

**Table 5:** Kruskal Wallis mean rank per disability type, for paternal relationship questions

Questions	No disability	Blind	Deaf	Motor disability	$\chi^2$
	Mean rank	Mean rank	Mean rank	Mean rank	df=3
66. My father let me do things that pleased me.	66,89	91,90	87,70	94,84	10,424*
73. My father invaded my personal life.	63,92	92,50	100,83	87,00	15,893**
78. My father let me make decisions for myself.	73,25	75,28	88,70	100,31	9,983*
88. My father allowed me to dress as I wished.	69,34	84,75	91,80	93,04	7,844*

**Notes:** Kruskal Wallis Test, Grouping Variable: Disability type, \*  $p<,05$ , \*\* $p<,01$ , \*\*\*  $p<,001$

Table 6 lists all of the questions about bullying (as a victim or a bully) that indicated significant differences among disability groups. The group with blind participants has the highest scores for items 21, 22, 24, 25, 26, 28, and 29, which refer to victimization of the respondent. Similarly, the same group receives the highest scores for items 30, 35, 37, and 38, which measure participants' bullying actions. The group with motor disability has the highest rankings for questions 23 and 27, which demonstrate purposeful ignorance to the victim.

**Table 6:** Kruskal Wallis mean rank per disability type, for bullying questions

Questions	No disability	Blind	Deaf	Motor disability	$\chi^2$
	Mean rank	Mean rank	Mean rank	Mean rank	df=3
21. One student teased me very badly.	59,22	99,54	94,64	92,62	19,639***
22. One student said she would hit me or hurt me.	66,79	100,85	85,97	91,3	12,433**
23. A student deliberately ignored me to hurt my feelings.	59,62	94,89	91,82	95,54	17,859***
24. One student lied to me not to like the other students.	69,64	97,5	91,89	86,59	8,158*
25. A student beat, kicked or pushed me in a malicious manner.	64,13	108,99	85,29	88,41	19,646***
26. A student grabbed me, held me or touched me in a way I didn't like.	68,07	109,89	83,97	85,14	16,091**
27. Some students just let me out of things because of bad intentions.	69,68	94,51	82,42	95,9	8,999*

28. A student chased me as if he really wanted to hurt me.	70,22	100,97	86,78	87,45	9,926*
29. Some students rallied against me and treated me badly.	64,94	98,25	85,03	93,49	13,848**
30. I teased or fooled a student in a very bad way.	83,27	103,88	97,25	65,39	22,327***
35. I grabbed, held, or touched another student in a way he/she did not like	79,67	103,53	93,37	71,9	17,433**
37. I chased a student trying to hurt him / her.	81,46	94,49	91,91	77,88	11,211*
38. Some students and I got together and treated badly other students.	80,89	102,39	92,88	71,97	20,526***
<b>Notes:</b> Kruskal Wallis Test, Grouping Variable: Disability type, * p<,05, **p<,01, *** p<,001					

## 6.2 PBI Results

PBI is made up of two scales: care and protection, which result in four different forms of attachment based on whether the rating is high or low. Some cut-off scores that define each scale independently determine if a person has high or poor care-protection. In this report, we'll look at paternal care and protection, which is regarded high if the final amount is equal to or greater than 24,0, and protection is set at 12,5.

According to the results (Table 7), paternal care is higher in people without disabilities, for whom the mean of this sub-scale is 24,56 ( $SD=7,57$ ), followed by people with blindness with a mean of 24,03 ( $SD=7,55$ ), followed by deaf people with a mean of 23,03 ( $SD=7,83$ ) and finally, people with motor disabilities with an average of 22,92 ( $SD=8,54$ ).

Father protection is higher in people with deafness, for whom the mean of this subscale is 14,19 ( $SD=9,34$ ), followed by the ones with motor disabilities with a mean of 13,34 ( $SD=7,86$ ), then blind people with a mean of 12,14 ( $SD=8,68$ ) and finally people without disabilities with a mean of 10,16 ( $SD=5,97$ ).

Summing up, it has resulted that participants without disabilities receive high care ( $M=24,56 >24$ ) and low protection ( $M=10,16 < 12,5$ ) by their father. Individuals, with blindness, receive high care from their father ( $M=24,03 >24$ ) and low protection ( $M=12,14 < 12,5$ ). People with deafness receive low care by their father ( $M=23,03 < 24$ ) and high protection ( $M=14,19 > 12,5$ ). Finally, people with motor disabilities receive low care from their father ( $M=22,92 < 24$ ) and also have high protection ( $M=13,34 > 12,5$ ).

**Table 7:** Father care and Father Protection descriptive by disability type

Disability type	Father care		Father protection	
	M	SD	M	SD
Blind	24,03	7,55	12,14	8,68
Deaf	23,03	7,83	14,19	9,34
Motor disability	22,92	8,54	13,34	7,86
Control (no-disability)	24,56	7,57	10,16	5,97

For the two subscales of the Peer Experiences Questionnaire (PEQ):

Blind individuals (M= 22,31, SD= 9,70) have the highest mean on the sub-scale 'self-victimization of school bullying', followed by individuals with a motor disability (M=20,60, SD=9,68), then followed by deaf people (M=19,50, SD=8,64), and finally those without disability (M=14,75, SD=5,12). The blind group (M= 14,06, SD= 6,34) had the highest average on the sub-scale 'others victimization-exercising school bullying,' followed by those with deafness (M=13,37, SD=8,53), then followed by those without disability (M=11,50, SD=4,29), and finally, by people with motor disabilities (M=10,80, SD=4,24) (Table 8). In a nutshell, people with disabilities are more likely to be victims than people without disabilities. Also, people with blindness are more likely to be victims of school bullying than any of the other groups surveyed, while people with motor disabilities have lower levels of bullying than other populations in the study.

**Table 8:** Victim and Bully descriptives by disability type

Disability type	Victim		Bully	
	M	SD	M	SD
Blind	22,31	9,7	14,06	6,34
Deaf	19,5	8,64	13,37	6,53
Motor disability	20,6	9,68	10,8	4,24
Control (no-disability)	14,75	5,12	11,5	4,29

### 6.2.1 Effects of personal characteristics on PEQ and PBI scores

One way ANOVA was conducted in order to investigate if personal characteristics of the control group have an effect on PBI scores referring to father care and protection. The results in group without disabilities revealed that place of residence has a significant effect to father care score ( $F=3,987, p=.017$ ) with the participants living in urban areas having more paternal care (M=27,58) than the ones in rural (M=18,27). One more statistically significant difference in the same group emerged regarding the educational level of the father in the subscale father protection ( $F=5,124, p=.035$ ). Gender had a substantial influence on bullying behavior ( $F=6,855, p=.021$ ), with boys having a considerably higher score (M=29.06) than girls (M=19.93) in an ANOVA analysis for the group without impairments.

Regarding PBI for the participants with blindness, there were not statistically significant differences. The corresponding PEQ scores for individuals with visual impairments showed that their age is an important factor for their role as victims ( $F=2,245, p=.003$ ). Children aged 10-12 showed a higher average (M= 28.28), followed by children aged 13-15 (M= 25.00), followed by people aged 19-21 (M= 15.66) and in the last place are the children aged 16-18 (M= 16.30). Therefore, people with blindness aged 10-12 are more likely to be victims of school bullying than people aged 13-15, 19-21 and 16-18, while people aged 16-18 are less likely to be bullied at school. Another statistically significant difference emerged in the subscale of victim, when the variable correlated with the place of residence of people with visual disabilities ( $F=3,487, p=.005$ ). The people who lived in the city had higher average (M= 21.54) than the people who lived in the village (M= 10.60). Consequently, people with blindness living in the city became more frequent victims of school bullying than people with blindness living in the village.

Similar analysis for the deaf group showed that age is a significant characteristic for PBI scores about father care ( $F=4,203$ ,  $p=.050$ ). People aged 16-18 showed higher average ( $M= 26.06$ ), followed by people aged 10-12 ( $M= 23.33$ ), followed by people aged 19-21 ( $M= 21.10$ ) and in the last place were the people aged 13-15 ( $M= 13.33$ ). That is, people with deafness aged 16-18 receive higher care from their father than people aged 10-12, 19-21 and 13-15, while people aged 13-15 receive less care from their father. Moreover, the existence of siblings is a significant characteristic for PBI scores about father protection ( $F= 3,789$ ,  $p=.033$ ). Deaf people who did not have siblings showed a higher average ( $M= 21.77$ ) than deaf people who had siblings ( $M= 11.77$ ), that is, in deaf people who did not have siblings, their father was more overprotective than in deaf people who had siblings. PEQ scores for deaf individuals showed that the number of people living in the same house is a factor that has a statistically significant effect on victimization ( $F= 3,425$ ,  $p=.019$ ), with respondents with 6 members showing the highest score ( $M=45,00$ ) and with  $\geq 7$  members indicating the lowest ( $M= 6,50$ ).

Furthermore, PBI scores for physically disabled individuals indicated that the number of people living in the same house is a factor has a statistically significant effect on the subscale of father protection ( $F= 5670$ ,  $p=.023$ ). The highest average was presented by those who stated that 6 people live in the family home ( $M= 27.50$ ), followed by those who stated that 3 people live ( $M= 14.86$ ), followed by those who answered that there are 4 people ( $M= 10.83$ ), in the next position are those who stated that there are 5 people ( $M.O. = 8.75$ ) and in the last position are those who stated 7 and above ( $M= 7,00$ ). Therefore, the fathers of people with disabilities who stated that a total of 6 people live in the family home were more overprotective, while less overprotective were the fathers of people who stated that they live in the family home of 7 people or more. The PEQ scores for individuals with motor impairments demonstrate that age is a significant factor in their roles as victims ( $F=5,456$ ,  $p=.031$ ) and as bullies ( $F=1,580$ ,  $p=.032$ ). Younger participants had the greatest victim scale score ( $M=36,08$ ) and the highest bully scale score ( $M=29,83$ ), indicating that younger children are commonly the victims and older children are the perpetrators of violence. Moreover, PEQ scores showed that the existence of siblings is a statistically significant factor, which has great effect on the subscale of victim ( $F=6,798$ ,  $p=.017$ ). People with physical disabilities who did not have siblings showed a higher average ( $M= 33.00$ ) than people with physical disabilities who had siblings ( $M= 22.29$ ). That means, people with motor disabilities who did not have siblings were more likely to be bullied at school than people with mobility disabilities who had siblings. Last but not least, father's profession has statistically significant effect on the subscale of victim ( $F= 3,593$ ,  $p= .005$ ). People, whose father worked on private sector, showed the highest rank ( $M= 30,42$ ) and in the last place where children, whose father was self-employed ( $M= 9,00$ ).

### **6.3.2 Comparison of PBI (paternal) and PEQ scales as per the personal characteristics of the participants**

The Mann – Whitney Test (Table 13) for the 4 subscales as per the existence or not of siblings yield statistically significant results for father care, father protection, and how

often one becomes a victim of school violence. The scale father care affected by the variable "existence of siblings" ( $\chi^2(3)= 1595,500, p=,008$ ). From Table 13, we can deduce that the father's care was higher in those who had siblings (mean rank= 11304,50), and lower in those who did not have siblings (mean rank= 2225,50). The scale father protection has, also, affected by the same variable ( $\chi^2(3)= 1656,500, p= ,016$ ). Table 39 shows that the father's protection was higher in those who had siblings (mean rank= 10041.50), and lower in those who did not have siblings (mean rank = 3488.50). Finally, the scale of victim is affected ( $\chi^2(3)= 1540,500, p= ,001$ ). The results show that the most frequent victims of school bullying are those with siblings (mean rank = 10186,50), while those without siblings (mean rank= 6841,50) have lower score.

**Table 13:** Mann-Whitney U Test results for differences in scales scores between participants with and without siblings

Scale	Mean Rank		Mann-Whitney U	Wilcoxon W	Z	p
	Siblings (yes)	Siblings (no)				
Father care	87,63	63,59	1595,5	2225,5	-2,660	0,008
Father protection	77,84	99,67	1656,5	10041,5	-2,415	0,016
Victim	77,76	106,71	1540,5	10186,5	-3,187	0,001
Bully	83,76	87,33	2228,5	11139,5	-0,399	0,690
<b>Note:</b> a. Mann-Whitney U Test						
b. Grouping Variable: existence of siblings						

### 6.3.3 Correlation among scales

A spearman's rho nonparametric test was conducted in order to investigate if there is significant correlation between pairs of scales (father care, father protection, victim and bully), for each disability group and finally, for the total sample.

For the group without disabilities (Table 14), there is a statistically significant moderate negative correlation ( $r_s=-,336, p=,024$ ) between paternal care and paternal protection, which means that the greater the paternal care, the less, but moderately protective is the father.

There is a statistically significant moderate positive correlation ( $r_s=,371, p=,014$ ) between paternal protection and how often the respondent is a victim of school bullying, which means that as paternal protection grows, children tend to be more, to a moderate extent, bullying victims.

**Table 14:** Spearman's rho results for correlation among the scales for the group without disabilities

	Spearman's rho			
	Father care	Father protection	Victim	Bully
<b>Father care</b>	1	-,336*	-,254	-,209
<b>Father protection</b>	-,336*	1	,371*	,093
<b>Victim</b>	-,254	,371*	1	,541**
<b>Bully</b>	-,209	,093	,541**	1
* p<,05, **p<,01, *** p<,001				



Finally, there is a statistically significant moderate positive correlation ( $r_s=.541$ ,  $p=.000$ ) between how often one of the respondents is a school victim and how often he or she practices bullying, which means that the more often a student suffers from bullying as a victim, the more he/she is engaged in school bullying, as a bully.

With regard to the group of participants with blindness (Table 15), there is a statistically significant moderate negative correlation ( $r_s=-.774$ ,  $p=.000$ ) between paternal care and paternal protection, which means that the greater the paternal care for the blind, the less protective is the father.

There is a statistically significant small negative correlation ( $r_s=-.379$ ,  $p=.025$ ) between paternal care and how often the respondent is a victim of school bullying, which means that as paternal care grows, children tend to be less, to a small extent, bullying victims.

Additionally, there is a statistically small negative correlation ( $r_s=-.393$ ,  $p=.019$ ) between paternal care and how often he or she practices bullying, which means that as paternal care grows, children tend to practice less, to a small extent, school bullying.

Finally, there is a statistically significant small positive correlation ( $r_s=.347$ ,  $p=.038$ ) between father protection and how often the respondent is a victim of school bullying, which means that as paternal protection grows, children tend to be more, to a small extent, school victims.

**Table 15:** Spearman's rho results for correlation among the scales for the blind group

	Spearman's rho			
	Father care	Father protection	Victim	Bully
Father care	1	-,774**	-,379*	-,393*
Father protection	-,774**	1	,347*	,271
Victim	-,379*	,347*	1	,289
Bully	-,393*	,271	,289	1
* $p<.05$ , ** $p<.01$ , *** $p<.001$				

With regard to the group of participants with deafness (Table 16), there is a statistically significant high negative correlation ( $r_s=-.602$ ,  $p=.000$ ) between paternal care and paternal protection, which means that the greater the paternal care for the deaf, the less protective is the father.

**Table 16:** Spearman's rho results for correlation among the scales for the deaf group

	Spearman's rho			
	Father care	Father protection	Victim	Bully
Father care	1	-,602**	-,137	-,018
Father protection	-,602**	1	,116	,086
Victim	-,137	,116	1	,150
Bully	-,018	,086	,150	1
* $p<.05$ , ** $p<.01$ , *** $p<.001$				

With regard to the group of participants with motor disability (Table 17), there is a statistically significant small negative correlation ( $r_s=-.285$ ,  $p=.050$ ) between paternal care

and how often the respondent is a victim of school bullying, which means as paternal care grows, children tend to be less, to a small extent, bullying victims.

**Table 17:** Spearman's rho results for correlation among the scales for the motor disabled group

	Spearman's rho			
	Father care	Father protection	Victim	Bully
Father care	1	-,247	-,285*	-,142
Father protection	-,247	1	-,121	-,076
Victim	-,285*	-,121	1	,004
Bully	-,142	-,076	,004	1
* p<,05, **p<,01, *** p<,001				

Examining the sample as a total, there are more significant correlations between pairs of scales (Table 18). More specifically, there is a statistically significant moderate negative correlation ( $r_s = -,481, p = ,000$ ) between paternal care and paternal protection, which means that the greater the paternal care, the less, protective the father tends to be.

Additionally, there is a statistically significant moderate negative correlation ( $r_s = -,266, p = ,001$ ) between paternal care and how often the participant is a bullying victim, which means as paternal care grows, children tend to be less, to a moderate extent, bullying victims.

Furthermore, there is a statistically significant weak negative correlation ( $r_s = -,163, p = ,037$ ) between father care and bullying behavior, which means that as father care grows, children tend to exercise less school bullying.

There is, also, a statistically significant weak positive correlation ( $r_s = ,163, p = ,038$ ) between father protection and how often the respondent is a bullying victim, which means that as the father protection grows, children tend to be more, to a small extent, bullying victims.

Finally, there is a statistically significant weak positive correlation ( $r_s = ,211, p = ,006$ ) between how often one of the respondents is a school victim and how often he or she practices bullying, which means that the more often a child suffers from bullying as a victim, the more he/she is engaged in school bullying, as a bully.

**Table 18:** Spearman's rho results for correlation among the scales for the total sample

	Spearman's rho			
	Father care	Father protection	Victim	Bully
Father care	1	-,481**	-,266**	-,163*
Father protection	-,481**	1	,163*	,048
Victim	-,266**	,163*	1	,211**
Bully	-,163*	,048	,211**	1
* p<,05, **p<,01, *** p<,001				

#### 6.4 Regression analysis

To determine which variables predict victimization or violent behavior, a series of multiple linear regression analyses were conducted. The method was carried out

separately for the control group of respondents who did not have any disabilities and the experimental group who did.

#### 6.4.1 Victimization

First, victimization was considered as the dependent variable. The model that resulted has a good fit ( $F=4,220$ ,  $p=,007$ ), with  $R^2=,332$  and adjusted  $R^2=,253$ , meaning that 33% of victimization variance is predicted by the independent variables. However, the regression analysis for the respondents without disability did not reveal any evidence that the father care and protection predict the victimization. (Table 19).

**Table 19:** Multiple linear regression analysis of victimization from father care and protection for the participants without disability (N= 46)

Predicting variables	B	SE B	beta
Father care	-,078	,115	-,115
Father protection	-,019	,155	-,023
<b>Note:</b> * $p<,05$ , ** $p<,01$ , *** $p<,001$			
Dependent Variable: Victimization, $R^2=,332$ , Adjusted $R^2=,253$ , $F= 4,220$ $p= ,007$			

The multiple linear regression model, for the disabled group, with victimization as the dependent variable had a fit significantly different than zero ( $F=5,454$ ,  $p=,000$ ), with  $R^2=,163$  and adjusted  $R^2=,133$ , meaning that 13% of victimization variance is predicted by the independent variables. Father care ( $\beta=-,362$ ,  $t=-2,920$ ,  $p=,004$ ) is significant predictor of victimization (Table 20). The predictor is negative, meaning that an increase in the predictor means decrease of victimization. Specifically, an increase of one unit in the scale of father care, keeping the rest of the variables constant, will decrease victimization by 0,36 units. It is clear from the results that increased care of father for the disabled group decreases their victimization.

**Table 20:** Multiple linear regression analysis of victimization from father care and protection for the participants with disability (N= 124)

Predicting variables	B	SE B	beta
Father care	-,362	,124	-,310**
Father protection	,004	,117	,003
<b>Note:</b> * $p<,05$ , ** $p<,01$ , *** $p<,001$			
Dependent Variable: Victimization, $R^2=,163$ , Adjusted $R^2=,133$ , $F= 5,454$ $p= ,000$			

#### 5.4.2 Bullying

The independent variables of father care and protection are used in the second portion of the regression analysis to predict bullying behavior. This is done for the entire sample as well as the control and experimental groups separately. (non-disabled and disabled).

The multiple linear regression model ( $F=2,142$ ,  $p=,078$ ),  $R^2=,053$  and adjusted  $R^2=,028$ ) for the whole sample, did not reveal any significant predictors. By entering all the variables in the regression model, it was found that the no variable contributes to the prediction of the perpetrator of school bullying as much for children without disability as for children with disability (Table 21, Table 22).

**Table 21:** Multiple linear regression analysis of bullying behavior from father care and protection for the participants without disability (N=46)

Predicting variables	B	SE B	beta
Father care	-,118	,107	-,201
Father protection	-,229	,139	-,313
<b>Note:</b> * p<,05, **p<,01, *** p<,001			
Dependent Variable: Victimization, R <sup>2</sup> =,176, Adjusted R <sup>2</sup> =,085, F= 1,927 p= ,127			

**Table 22:** Multiple linear regression analysis of bullying behavior from father care and protection for the participants with disability (N=124)

Predicting variables	B	SE B	beta
Father care	-,069	,083	-,092
Father protection	,056	,078	,081
<b>Note:</b> * p<,05, **p<,01, *** p<,001			
Dependent Variable: Victimization, R <sup>2</sup> =,078, Adjusted R <sup>2</sup> =,045, F= 2,358 p= ,158			

## 6. Discussion

The purpose of the study was to see how paternal attachment affects victimization and bullying behavior in young people with disabilities (blindness, deafness, motor disabilities), and to look at the impact of demographic variables on this. It was also planned to compare the results to those of a non-disabled control group.

People with blindness or deafness were more likely to act as bullies, while people with motor disabilities were less likely. In terms of victimization, the impaired groups suffer more than the non-disabled groups, as expected, with the blind group suffering the most victimization. This second finding isn't surprising, given that the victims' disability is the primary reason for their victimization. On the other hand, finding that those with blindness and deafness are more prone to engage in school bullying than those without a disability sounds intriguing and unexpected. It's also not unreasonable to victimize people with motor disabilities more frequently than people with blindness or deafness because their impairment is more visible and profound. In this regard, one would expect to find this group to be the most vulnerable to bullying. However, the results suggest that blind and deaf pupils are more frequently victimized. These findings are consistent with earlier research, which shows that people with visual difficulties are frequently mistreated and bullied (Buultjens et al., 2002; Rosenblum, 2000; Roy & Spinks, 2005). It should be noted, nevertheless, that these study reports do not try a comparison with a non-disabled group, according to Pinquart & Pfeiffer (2011). Individuals with vision impairments are both victims and perpetrators, according to research. Horwood et al. (2005) and Nordhagen et al. (2005) reported similar findings of victimization of people with vision impairments, but Pinquart & Pfeiffer (2011) reported contradictory results, claiming that people with vision problems have no increased chances of becoming offenders.

When it comes to acoustic disability, research yields a wide range of results. Individuals with auditory issues have a high victimization rate, according to Wauters &

Knors (2008) and Kouwenberg et al. (2012), whereas Kent (2003) did not find a high victimization probability. Our findings indicating those with acoustic problems are more likely to be victimized are consistent with those of Piquart & Pfeiffer (2015), who found that deaf students are more likely to be victimized than non-disabled pupils. Other studies, on the other hand, have found that children and teenagers with acoustic abnormalities are not more victimized than their peers (Kent, 2003; Percy-Smith et al., 2008; Wauters & Knors, 2008; Sarris, 2020; Bauman & Pero, 2011; Theunissen et al., 2014). Kinetic problems have previously been identified as qualities that are vulnerable to school bullying (Lindsay & McPherson, 2012; Wilde & Haslam, 1996; Yude et al., 1998). This group is less victimized than individuals with visual and acoustic problems, but more than the average population, according to the current study, which is consistent with earlier studies.

In terms of the impact of the participants' personal qualities, it was discovered that they have a considerable impact in many circumstances. Boys, in particular, were observed to display aggressive behavior more frequently than girls. Previous study has come up with similar results (Olweus, 1993; Whitney & Smith, 1993; Pateraki & Houndoumadi, 2001; Sapouna, 2008; Nansel et al. 2003; Crick & Nelson, 2002; Kokkinos, 2007; Kokkinos & Kipritsi, 2012). Many studies have found that differences in school bullying between boys and girls are due to stereotypically different upbringing of males and girls in terms of masculinity and violence. Other reasons could be that boys are naturally more violent than girls (Rigby, 2008) and are physically superior to girls (Larke & Beran, 2006), or that society tolerates boys' violence but not girls' aggression (Salmivalli et al., 2000). In terms of age, younger children are more frequently victims of school bullying, whereas older children are more frequently perpetrators. Regarding the occupation of the father of a person with a motor disability, it was found that people with a disability whose father was a private employee were more likely to be bullied at school than people with a disability whose father was a retiree, civil servant, military man, He practiced another profession, did not work or was an entrepreneur in the order of their ranking, while people whose father was an entrepreneur were less often victims of school bullying.

Correspondingly, Shin et al. (2016) asserted that parental attachment is adversely connected to victimization, but inadequate parental attachment and care are linked to bullying and victimization (Shin et al., 2014). Poor care, according to Baldry & Farrington (2000), predicts bullying. Moreover, Mitsopoulou & Giovazolias (2013) reported that children who perceived poor care are more likely to be bullies. More research is pointing to a link between neglect and inadequate treatment and bullying (Bowers et al., 1994; Georgiou, 2008a; Georgiou, 2000; Perren & Hornung, 2005; Stevens et al., 2002). Moreover, many studies found that overprotection can lead to victimization (Besag, 1989; Bowers et al., 1994; Stevens et al., 2002; Perren & Hornung, 2005).

It is interesting that people with blindness develop optimal bonding with their father, as they show high care and low protection. Therefore, people with blindness are closer to their father and their mother is overprotective without taking adequate care of them, possibly due to their disability (Charnpatsis et al., 2021), which is not happen in

the case of their father. Deaf people accept low care from their father and high protection. This means that an affectionless bond has developed between father and child, with the father being overprotective and not at all affectionate towards his child. We conclude, in short, that people with deafness may face serious problems as neither of their 2 parents takes adequate care of them and their fathers control them and are overprotective. People with motor disabilities accept low care from the father and high protection (affectionless bonding). According to other researchers, the presence of some kind of motor disability can be a risk factor for developing poor quality of attachment with their parents (Capuzzi, 1989; Cox & Lambrenos, 1992).

Regarding the living area, it was found that in the people without disabilities living in the city, the father's care was higher than in the people without disabilities living in the village. This was an unexpected finding, as one would expect that in the village the parents take more care of the children in comparison to the city where they have excessive workload and reduced time and they cannot take care of their children as much as they want. Regarding the father's educational level, people without disabilities whose father had finished high school had higher protection than their people without disabilities whose father had finished high school, university, elementary school and college based on their ranking, while the least protection was given to people whose father had graduated from college. Deaf people, who did not have siblings, had a more overprotective father than deaf people who had siblings, which is mainly due to the fact that these fathers had only one child. The fathers of people with motor disabilities who stated that a total of 6 people live in the family home, were more overprotective, while the fathers of people who stated that there are 7 people or more living in the family home, were less overprotective.

Another study found that bullying at school is related to parental overprotection (Georgiou, 2008b). Flouri & Buchanan (2003) found similar findings in their research, namely that the involvement of the father in the life of the child that does not indicate overprotective behavior is negatively associated with the occurrence of bullying by the child. They also showed that the less parental involvement in a child's life, the more likely he or she was to engage in bullying.

The fathers of people with disabilities let them do things that pleased them, more often than the fathers of people without disabilities, with people with disabilities more often letting them do things that pleased them, follow people with blindness and end with deafness. The fathers of people with disabilities, moreover, invaded their personal lives more often than the fathers of people without disabilities, with deaf people invading their fathers more often in their personal lives, following people with blindness and, finally, people with motor disabilities, which is justified, as parents may believe that their children are not able to meet some of their needs without their presence. The fathers of people with disabilities let them make decisions for themselves more often than the fathers of people without disabilities, with people with motor disabilities letting their fathers make decisions for themselves more often, followed by people with deafness and, finally, people with blindness. This may be because they want to show their children that they trust them and teach them to deal with life's adversities on their own. Finally, the

fathers of people with disabilities allowed them to dress as they wished more often than the fathers of people without disabilities, with people with mobility disabilities being allowed by their fathers to dress as they wished more often, followed by people with deafness and, finally, people with blindness.

Another very important finding of the present study is that the more the father's care for people with blindness increases, the less often the research participant receives school bullying, which is considered reasonable as when the blind child feels love of his father, it is natural for him to feel more secure and not to be victimized on a regular basis. Equally important is another result of this research, that the more the father's care increases, the smaller is the frequency of the engagement of the research participant in school bullying and in exercising school bullying. The child in this case also feels the warmth of his father and does not often engage in intimidating behaviors. Additionally, is very significant the finding that the more protective is the father of a blind child the more is the victimization that suffers his child. It is worth emphasizing that as the care of a father with motor disabilities increases, then his child is less victimized.

Finally, the above results show that the care of the father is greater in people without disabilities, while the protection of father is greater in people with disabilities.

## 8. Recommendation for further research

The present research has explored the maternal attachment in relation to school bullying and victimization of disabled young individuals at the age of ten to twenty-one. Father care and protection is beyond the scope of this attempt. Future research can explore this aspect, in a direction to integrate the findings, giving a global paternal view.

### Conflict of Interest Statement

The authors declare that they have no conflict of interest related to the study or preparation of the manuscript.

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