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Speech Disorders in Children and School Bullying: The Role of the Family and Intervention Mechanisms

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Abstract:

Speech disorders are among the most significant oral language disorders affecting the child's developmental trajectory within the school environment. They go beyond phonemic errors to include linguistic, cognitive, and psychological effects. Studies indicate that children with speech disorders experience weaknesses in auditory discrimination and phonological memory, which negatively impact learning written language and classroom interaction. At school, they become more vulnerable to verbal and social bullying due to the easy detectability of speech errors and the accompanying embarrassment and low self-confidence. Communication difficulties also limit their classroom participation and increase their susceptibility to aggressive behaviors. The family and the school play a central role in early detection and intervention or in diagnosis and support, whereas speech-language and psychological intervention constitutes an effective means to improve phonemic correction, enhance social interaction, and support the child's school adjustment.

Keywords: Speech disorders, school bullying, intervention mechanisms, child, family.

Introduction:

Speech disorders are among the most prevalent communication disorders in children. They are associated with a defect in phoneme production resulting from a deficit in motor planning or phonological representation, leading to articulation errors manifested as omission, substitution, addition, or distortion. Studies indicate that these disorders are linked either to organic factors or to functional factors such as deficits in central auditory processing and phonological memory. This was confirmed by the study of Ozcebe & Belgin (2005), which revealed reduced information-processing abilities in children with multiple articulation errors.

Field literature shows that the delay in family and educational awareness regarding the importance of early detection and diagnosis is one of the main reasons behind the aggravation of these disorders and their transformation from linguistic disorders into psychological and social problems.

In the school environment, classroom interactions do not rely solely on academic knowledge; they primarily depend on communicative competence. Here, the child with speech disorders becomes more vulnerable to peer rejection or ridicule, placing them within a "circle of social fragility." According to the power-imbalance theory in explaining school bullying, any visible difference including speech differences is considered an indicator that makes the child an easy target for bullying (Olweus, 1993). The findings of Sager et al. (2022) supported this association, showing that deficits in phoneme auditory discrimination directly affect oral communication, thereby increasing the likelihood of social stigmatization.

School bullying is defined as repeated aggressive behavior involving verbal, social, or physical harm within a relationship characterized by a power imbalance (Olweus, 1993). UNESCO (2020) reports highlight that children with communication disorders, especially speech disorders, are among the most vulnerable to verbal and social bullying.

Studies confirm that these manifestations lead to serious psychological and learning problems, most importantly low self-esteem, social anxiety, withdrawal, and decreased academic performance (Blood et al., 2011).

These effects may develop into behavioral problems such as aggression, stubbornness, or complete withdrawal, especially in the absence of specialized and effective family intervention.

However, through the integration of the roles of the family, the speech-language pathologist, and the school within a shared preventive and guidance-based approach, the child's developmental trajectory can be shifted from disorder to psychological balance.

In light of these considerations, this article seeks to analyze the relationship between the lack of family and educational awareness regarding speech disorders on one hand, and the emergence of school bullying on the other, while highlighting the responsibility of the family and the school as essential partners in rehabilitation alongside the speech-language pathologist.

Rebuilding this triangular interaction between the family, the speech-language pathologist, and the school represents the cornerstone for transforming a child with a disorder into a linguistically, psychologically, and socially healthy child one who reconciles with their speech and their presence within the group.

Research Questions:

- What is the nature of speech disorders in children within the school environment?
- How do speech disorders contribute to the child's vulnerability to bullying?
- What is the role of the family and educational practices in supporting or hindering the child?

Conceptual Framework

First: Speech Disorders Concept, Manifestations, Causes

1. Concept of Speech Disorder:

They are defined as motor–phonetic disorders resulting from a defect in motor planning or verbal muscular coordination, affecting the production of phonemes in terms of accuracy, clarity, and sequencing. They appear in the form of errors such as substitution, omission, distortion, or addition.

It should be noted that the disorder does not affect the linguistic structure but lies in the way sounds are produced, and it is classified under symbolic function disorders. (Le Dictionnaire d'Orthophonie, 2015)

2. Manifestations:

The manifestations of speech disorders appear in auditory and structural features, including:

• Persistent phonetic errors involving omission, addition, substitution, and finally distortion.

• Reduced speech intelligibility, slow verbal production, or disorganized speech.

• Difficulties in phonological awareness, which is essential for early reading.

3– Causes:

Regarding the causes, studies divide them into three main groups:

- **Organic causes:** anatomical deformities (such as palatal clefts), neuro–motor disorders, or dysarthria.
- **Auditory causes**: poor auditory discrimination or reduced sensitivity of central auditory processing, which are factors associated with consistent phonetic errors and weak formation of phonological representations (Sager et al., 2022).
- **Functional/developmental causes:** weak phonological memory, difficulties in motor planning for speech, or delays in phonological acquisition (Ozcebe & Belgin, 2005).

Studies also indicate that children with multiple speech disorders exhibit additional problems such as weak phonological awareness, difficulties in reading and writing, and reduced verbal interactive skills (McCormack et al., 2009).

Second: School Bullying Concept, Forms, Characteristics

1– Definition of School Bullying:

School bullying is defined as a repeated aggressive behavior practiced within the school context with the aim of causing physical or psychological harm to the victim. It is characterized by an imbalance of power between the bully and the victim (Olweus, 1993). Modern literature, including UNESCO reports, agrees that bullying is a socio-psychological mechanism that operates within a group environment, where individual vulnerabilities—particularly in communication or visible differences are exploited.

2– Forms of School Bullying:

The phenomenon of bullying takes multiple forms, the most important of which are:

• Verbal bullying: mockery, insults, imitating speech patterns, name-calling.

• Physical bullying: hitting, pushing, direct harm.

• Social/relational bullying: exclusion, spreading rumors, isolation.

• Cyberbullying: assaults carried out through digital media.

3– Characteristics of School Bullying:

The phenomenon of bullying is characterized by three central features:

1. Intentionality;

2. Repetition;

3. Power Imbalance, which makes the victim unable to defend themselves (Salmivalli, 2010).

Psychological studies indicate that victims of bullying suffer lasting psychological effects such as low self-esteem and anxiety.

a) Visible Differences:

Physical or behavioral differences make the child a "noticeable target" within classroom group dynamics. According to Olweus (1993), visible difference is one of the strongest triggers for victim selection.

b) Communicative Competence Deficit:

Phonological impairment leads to weak verbal participation, repeated speech attempts, or avoidance of verbal interaction, which reduces the child's ability to verbally defend themselves and makes them less in control in social situations (McCormack et al., 2009).

c) Social Withdrawal:

Children with speech disorders often withdraw socially, and may exhibit behavioral disorders and a decline in academic performance (Moore et al., 2017).

Third: How Do Speech Disorders Create Vulnerability to Bullying?

Educational and psychological research shows that children with speech disorders represent a group with a high vulnerability to bullying, according to a set of mechanisms confirmed by theories of bullying and school social behavior.

a) Visible Speech Difference Mechanism:

Speech disorders produce a noticeable auditory difference in group activities due to children's embarrassment about their phonetic errors. Salmivalli's model (2010) confirms that the absence of peer support increases the child's exposure to attacks.

d) Linguistic Stigmatization:

Michel et al. (2022) indicate that mockery of speech is used in classrooms as a mechanism to stigmatize linguistically different children, reinforcing their identity as "victims" within the school group.

e) Power Imbalance Mechanism:

Weak communication reduces the child's ability to respond and resist, creating according to Olweus' model a state of "linguistic power imbalance," which is a fundamental condition for bullying to occur.

f) Psychological Spiral:

Bullying resulting from speech disorders generates speech anxiety, low self-esteem, and behavioral problems, which in turn increase the child's vulnerability and heighten their susceptibility to further bullying (Moore et al., 2017).

Second: The Role of the Family in Early Detection and Diagnosis of Speech Disorders

The family is the central axis for the development of the child's oral language and is the closest entity capable of detecting subtle changes in phonological and articulatory development from the earliest months. Research indicates that detecting speech disorders in the early stages allows for effective intervention before the phonetic difficulty develops into a linguistic disorder (American Speech-Language-Hearing Association, 2022). In this context, the family's role in early detection and diagnosis is a structural role with communicative, developmental, psychological, and educational dimensions.

1– The Family as a Primary Source for Detecting Speech Disorders:

The family is the entity that deals with the earliest indicators appearing in the child, which are often not detected in kindergarten or school but inside the home through daily interaction. The family can observe signs such as: difficulties in producing age-appropriate phonemes, persistence of phonetic errors, slow sequencing of speech movements, reliance on gestures instead of sounds, and weak speech clarity.

2– The Role of the Family in the Orthophonic Diagnostic Process:

The family does not only engage in early detection but participates in the entire diagnostic chain according to a model that links:

a) Initial assessment inside the home:

This stage allows the specialist to identify the nature of the disorder.

b) Referral to specialized orthophonic evaluation:

The World Health Organization indicates that early referral before the age of 5 is a key indicator of therapeutic success (WHO, ICD-11, 2019). The family is the only entity capable of initiating timely referral.

c) The family's role in providing behavioral–communicative information:

In orthophonic diagnosis, the accuracy of assessment depends on the linguistic–social context, the presence of disturbed speech models within the family, and tension/shyness situations that may affect speech performance.

d) Family accompaniment for auditory assessment:

The family is responsible for following up on medical and auditory examinations, which is a crucial step to prevent misdiagnosis or confusion between speech disorders and other disorders (speech vs. language vs. hearing).

3– The Family's Role in Interpreting Behavioral Dysfunctions Resulting from Speech Disorders:

Psychological–educational literature indicates that speech disorders may lead to: social withdrawal, weak verbal initiative, hesitation and shyness, avoidance of oral reading, and low self-confidence all of which are indicators captured by the family before the school.

In this context, the family helps to:

- distinguish pure linguistic symptoms from psychological ones,
- notify the specialist if accompanying signs appear,
- prevent the transformation of a speech difficulty into a school or behavioral difficulty.

The study reveals that speech disorders are not merely isolated phoneme production problems; rather, they are communicative–developmental factors that profoundly influence the child's psychological and social trajectory within the school environment. The phonemic difference the child carries becomes, in the absence of family and educational awareness, a visible marker exploited by classroom group dynamics to increase vulnerability to bullying, especially when speech disorders coincide with weak communicative competence, social withdrawal, and low self-esteem. Here, the family's central role emerges in early detection, appropriate referral, and providing emotional support preventing the speech disorder from turning into a fragile social identity.

The results also showed that true support is achieved only within a multidimensional approach combining directed orthophonic intervention for correcting phonemes and phonological awareness, psychological care aimed at addressing fear and emotional breakdown, and educational intervention based on creating a protective classroom environment, in addition to supportive family involvement. Evidence showed that this integration enables the child to transition from the situation of a speech-

disordered and bullied child to one of recovery, where the child regains their voice, self-confidence, and presence within the group.

Based on the above, a multidimensional intervention proposal can be formulated to address speech disorders and the bullying resulting from them through multiple pathways:

Track One: Awareness and Acceptance:

This track focuses on helping the child and the family move from denial or shame to awareness and acceptance of the speech disorder as a treatable condition, by creating an initial awareness that transforms the experience from "silence" to "acceptance," allowing treatment to begin. It can be summarized as follows:

- A family that accepts that a speech disorder is not a flaw but a manageable condition.
- The school detects the early indicators and coordinates with the speech therapist.
- The psychologist helps the child overcome "shame and fear."

Track Two: Rebuilding Linguistic Confidence

This track aims to improve speech clarity through speech-therapy intervention, then restore confidence and break the victim identity. It is based on three pillars:

1. The family: Its role is to encourage the child daily to speak correctly and to provide a space for experimentation without fear of ridicule.

2. The school: Its task is to offer the child gradual reading opportunities in front of the class while ensuring protection from bullying.

3. The speech therapist: Their role is phonemic correction, then using the corrected phonemes in meaningless syllables, then in words, and finally in sentences and narration.

Track Three: Emotional Processing:

It aims to restore emotional balance and enhance coping ability. This track is designed by the school psychologist and focuses on:

- Addressing fear, shame, and anxiety in speaking situations.
- Liberating the child from the effects of mockery and stigma.
- Restoring emotional balance.

Track Four: Educational and Social Inclusion:

It aims to reintegrate the child into the classroom without stigma or exclusion. It is based on **the following steps:**

1. Reducing classroom pressure: by protecting the child from situations that may cause ridicule and adapting reading activities.

2. Training classmates to respect linguistic differences: relying on group-behavior programs to prevent "social exclusion."

3. Rebuilding the child's social image: through positive classroom interactions, reinforcing participation and communication.

Track Five: Empowerment and Balance:

It aims to help the child move from having communication difficulties to becoming a confident participant. Specialists and the school focus on activities that enhance academic and social success. It is based on:

- Enabling the child to regain correct speech and communicative identity.
- Stabilizing psychological and social balance.
- Continuously supporting the child by the family and the school.

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