

Article

When children with dietary restrictions are bullied

Nadia Ghassan Abdulkareem ¹, 

¹ College of Medicine, AlIraqia University, Baghdad, Iraq; nadya_abdulkareem@aliraqia.edu.iq

Abstract: Three hundred fifty-three questionnaires were filled out. Parents filled out the majority of the questionnaires for their children who had food allergies as the majority of those people were youngsters. Of those who suffered from food allergies, 25.9% were under the age of 4, 55.0% were between the ages of 4 and 11, 12.5% were between the ages of 12 and 18, 2.6% were between the ages of 19 and 25, and 4.0% were older than 25. Within all age categories, a quarter of the participants said that someone with a food allergy has experienced bullying, teasing, or harassment due to their condition. Nearly nine in ten victims of bullying, teasing, or harassment said they had more than one incident. The majority of the incidents (80%) took place at school, and the majority of the incidents (82%). Twenty-one percent of bullied, mocked, or harassed students said that school personnel were to blame. As a whole, 79% of the bullied, mocked, or harassed people said that their food allergies were the only reason. For 57% of bullied individuals, the triggering incident was a physical one, such as being handled, flung, or waved an allergy, and for others, it was the deliberate poisoning of their meal.

Keywords: dietary restrictions; children; Food Allergy

1. Introduction

The incidence of food allergies in children is on the rise; between 1997 and 2007, the number of cases increased by 18%, according to the most recent CDC data, which estimated that 3.9% of children in the US were affected. The percentage of American children reported with a peanut allergy rose from 0.4% in 1997 to 1.4% in 2008.

While studies on the medical impacts of food allergies are many, studies on the psychological and social implications of having a food allergy are far less common. The psychological and social effects of food allergies on children, adolescents, and their families have been the subject of several research. Research has linked food allergies to a host of mental health issues, including anxiety, sadness, and stress, which in turn have a major impact on patients' and their families' day-to-day quality of life [1].

The prevalence of bullying, harassment, and taunting as sources of emotional distress for children with food allergies has received little attention. Some individuals with food allergies have reported adverse responses after being sprayed or coated with the offending substance. It is evident from these accounts that bullying, taunting, and harassment may cause psychological and even bodily harm to children with food allergies and their parents. So far as we are aware, no research has investigated the extent to which bullying occurs due to food allergies. Using a standardized questionnaire, we investigated the features of bullying, taunting, or harassment related to food allergies. The term "bullying" describes a pattern of aggressive or harassing behavior characterized by repeated incidents of harmful intent and an imbalance of power. While taunt and harass imply to irritate, mock, or torture, the former two signify the exact opposite [2].

The words bullied, teased, and harassed were used interchangeably in this survey to gather comments on this broad kind of abuse. According to the findings, this is a major

Citation: To be added by editorial staff during production.

Academic Editor: Firstname Last-name

Received: 20/7/2025

Revised: 3/8/2025

Accepted: 24/9/2025

Published: 29/9/2025



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

problem that needs fixing so that kids with food allergies may have healthier, happier lives [3].

2. Materials and Methods

An expert in the diagnosis and management of bullying (M.S.), along with lay persons experienced with food allergies from the Food Allergy & Anaphylaxis Network (FAAN) (C.W. and T.F.) and a pediatric allergist who specializes in food allergies (S.H.S.), collaborated to develop a questionnaire that draws on established definitions of bullying in children and adolescents [4-6].

There was a total of 16 questions about bullying, taunting, and harassment, in addition to 11 questions regarding demographics. Such questions as "Has the food-allergic individual ever been bullied, teased, or harassed because of food allergy?" utilized the mistreatment phrases together. The purpose of grouping the words was to keep the survey's goal of identifying this broad kind of abuse clear. In 2009, the survey was sent out to everyone who attended the regional FAAN conferences in Rosemont, Illinois, Baltimore, Maryland, and Tarrytown, New York. Adults and teenagers who suffer from food allergies, parents of children who have food allergies, and non-family caregivers of children with food allergies were the ones whose questionnaires were accepted [7, 8].

Please do not fill out the survey if you are not a parent or guardian of a kid who has a food allergy, an adult, or adolescent with a food allergy. Participation in the conferences was open to anybody, not only FAAN members. There was no personally identifiable information on any of the returned surveys since the surveys were all anonymous. Mount Sinai's institutional review board gave its stamp of approval to the research. Questions that were not filled out were not taken into consideration [8-10].

3. Results

A total of 606 people attended the conferences, with 371 (61.2%) of them returning questionnaires. The final evaluation contained 353 questionnaires, with 18 surveys excluded because the responders were neither food-allergic or caregivers of a kid with food allergy. This left 353 surveys overall. In the survey, 324 people reported being parents of someone with a food allergy, 54 people reported having a food allergy themselves, and 17 people reported not being related to anybody who cares for someone with a food allergy. Although they could have identified with more than one of these, respondents only filled out the survey for the family member with the worst case of allergies. In Table 1 you can see the demographic details of the person who has a food allergy. Out of 346 people who filled out the sex questionnaire, 211 (or 61.0%) were men and 135 (or 38.2%) were women. There were 351 people who filled out the age survey; 91 (24.9%) were under the age of 4, 193 (55.0%) were between the ages of 4 and 11, 44 (12.5%) were between the ages of 12 and 18, 9 (2.6%) were between the ages of 19 and 25, and 14 (4.0%) were older than 25. The majority of participants who were asked about their race and ethnicity were white (331 out of 348, or 95.1% of the total) and non-Hispanic (335 out of 344, or 97.4% of the total).

With 287 cases, or 81.3% of all food allergies, peanuts were the most often reported allergen. An overwhelming majority (84.7%) reported sensitivities to more than one dietary item. An allergist detected these allergies in 311 individuals (88.1%), and 333 (94.3%) of those patients had previously suffered a food-related response.

In all, 85 people (or 24.1% of the total) said that someone with a food allergy has been the target of bullying, teasing, or harassment due to their condition. Following the exclusion of children under the age of five, who are probably too young to have seen an increase in the proportion of individuals who reported having been victims of bullying, taunting, or harassment, up to 35.2%... Not only that, but 73 people (85.9% of the total) reported experiencing bullying, teasing, or harassment on several occasions. Nearly half of all cases of bullying, taunting, or harassment happened in more than one place; nonetheless, school accounted for 82.4% of all incidents. Most respondents reported being bullied, mocked, or

harassed by classmates (79.8%), as seen in Figure 1, which provides statistics on the different offenders. Notably, 18 students reported experiencing bullying, teasing, or harassment at the hands of a teacher or another member of the school staff.

Maltreatment could be caused by a variety of factors; for example, 67 people (78.8%) said they were bullied, teased, or harassed solely because of their food allergy. Others said it was a combination of having to carry or wear medication (such as antihistamines or autoinjectable epinephrine) or being isolated in specific groups (like having to sit at separate tables during lunch or dinner) or receiving special treatment.

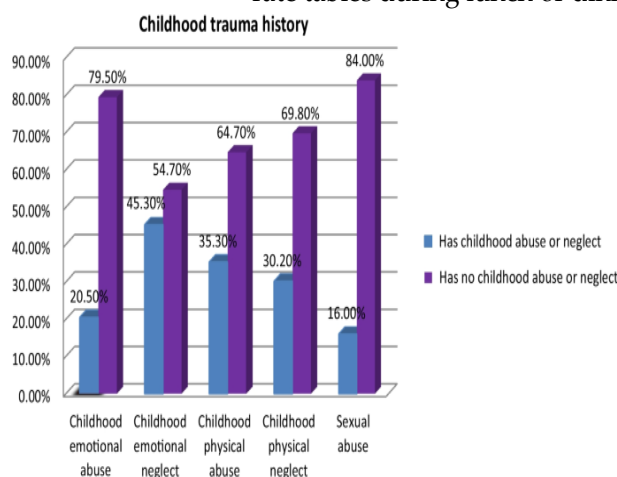


Figure 1. Those who were accused of engaging in bullying, taunting, or harassment. People were allowed to choose more than one offender.



Figure 2. Kinds of bullying, taunting, or harassment that do not involve physical force. People have the option to choose more than one action.

As a whole, verbal rather than physical forms of bullying, taunting, or harassment was more prevalent. Figure 2 shows that the majority of bullied, teased, or harassed individuals experienced verbal teasing or taunting; figure 2 shows that the majority of bullied, teased, or harassed individuals had the allergen waved in their face.

A wide range of symptoms were documented as outcomes of bullying, taunting, or harassment. No one had an allergic response as a result of the acts. Among the 67 individuals who shared their experiences, the majority reported going through a range of emotional symptoms. Among those who responded, 44 (65.7%) experienced feelings of melancholy or despair, while 43 (64.2%) reported feelings of shame or humiliation (Figure 2). Nearly half of all respondents (42.3%) were of the opinion that someone with a food allergy might face bullying, teasing, or harassment in the future because of their condition. Of those who took the survey, 42.3% were of the opinion that someone with a food allergy will be subject to bullying, teasing, or harassment in the future just because of their condition.

5. Discussion

A number of reportsEvidence from studies suggests that people with food allergies may have complications beyond the immediate gastrointestinal symptoms of an allergic reaction. Researchers have found that food allergies raise stress and anxiety levels in both patients and caregivers, which in turn lowers their quality of life. There have been reports in medical literature and national media of harassment of food-allergic children, but none of these studies have included questions about being taunted, harassed, or bullied because of a food allergy. There does not seem to be any significant taunting or harassment as a result of other atopic disorders, such as atopic dermatitis.

Isolation and the need to change one's way of life to accommodate a food allergy are two potential hallmarks that set these two disorders apart from one another. Patients risk

social exclusion due to the need to constantly carry medical equipment and be very careful about what they consume. This is the only research that we are aware of that tries to measure and evaluate the form of bullying, harassment, or taunting directed towards patients who have food allergies. An overwhelming majority of respondents (nearly 1/4) reported that a food-allergic patient had been the target of bullying, taunting, or harassment due to the food allergy. This number rises to 35% when we exclude children under the age of 5, suggesting that this is an extremely common occurrence. Bullying, teasing, and harassment were not only widespread, but often repeated; in fact, for 86% of victims, it happened more than once.

The allergen had come into contact with them. Patients with peanut allergies are not likely to have systemic or respiratory responses from casual exposure, although they may experience localized skin reactions.¹² Although it is obvious that there is a danger, none of the participants with food allergies had an adverse response to the actions described in this research.

There should be more training for school personnel on food allergies as 21.4% of students who reported being bullied, mocked, or harassed said that a teacher or other staff member was responsible.

As we've already established, bullying is a kind of persistent, hostile, and hurtful behavior that often occurs in settings where one party has an unfair advantage over the other.¹³ When compared to instances of teasing or harassment, we are unable to classify all of the occurrences as bullying. There is a risk of damage associated with actions using the allergen, even if we do not know whether these behaviors are intentionally harmful.

Last but not least, the fact that the offenders did not suffer from a food allergy but the victims did suggest an underlying power imbalance. It is very difficult to determine the prevalence of bullying in children in general, and it is therefore hard to draw any firm conclusions about the incidence of bullying based on food allergies using these data. A 2001 effort was made by the National Institute of Child Health and Human Development to determine the frequency of bullying among American kids. About one-seventh of the students surveyed in grades 6–10 said they had been bullied. Curiously, half of the participants in this study—who were the same age as those in the NIH study—reported having experienced bullying, teasing, or harassment. Because of the limitations of this research (such as the used cohort and surrogates that provided responses, as explained later on), we cannot compare the current patient group to prior ones. The finding of a rate more than double the previous report of bullying in the general population is worrisome and calls for more research, notwithstanding these limitations and the fact that this study is not meant to assess prevalence.

Attendees of regional meetings of the FAAN, a non-profit organization whose mission is to provide information and support to families dealing with food allergies, were the only ones who participated in this research. This is one of the limitations that has already been discussed. The sample may, however, be skewed toward families whose children suffer from more severe or problematic food allergies or who express worries about the study's administration. For children, another constraint is that the responder was the caretaker, who is often a parent, of the person with the food allergy. Children may not always tell their parents about bullying, which might lead to an exaggeration or underreporting of the problem due to surrogacy bias.

6. Conclusions

We are unaware of any previous research that has attempted to define bullying, taunting, or harassment as it pertains to people with food allergies. We discovered that people with food allergies are twice as likely to be bullied, teased, or harassed as the general population, and that adults are not immune to this problem. Everyone is vulnerable to psychological damage from these activities, but those who are allergic to the allergen have an additional distinct danger: actual physical hurt from bullying, taunting, or harassment. These findings provide credence to the idea that schools should implement

proven anti-bullying intervention programs for students with special needs. To assess solutions and determine the entire scope of the issue, further research is required in this area.

Conflicts of Interest: “The authors declare no conflict of interest.”

References

1. Branum, A.M. and S.L. Lukacs, *Food allergy among children in the United States*. Pediatrics, 2009. **124**(6): p. 1549-1555.
2. Sicherer, S.H., et al., *US prevalence of self-reported peanut, tree nut, and sesame allergy: 11-year follow-up*. Journal of Allergy and Clinical Immunology, 2010. **125**(6): p. 1322-1326.
3. Sicherer, S.H., S.A. Noone, and A. Munoz-Furlong, *The impact of childhood food allergy on quality of life*. Annals of allergy, asthma & immunology, 2001. **87**(6): p. 461-464.
4. Marklund, B., S. Ahlstedt, and G. Nordström, *Health-related quality of life among adolescents with allergy-like conditions—with emphasis on food hypersensitivity*. Health and quality of life outcomes, 2004. **2**(1): p. 65.
5. Cummings, A.J., et al., *The psychosocial impact of food allergy and food hypersensitivity in children, adolescents and their families: a review*. Allergy, 2010. **65**(8): p. 933-945.
6. Muñoz-Furlong, A., *Daily coping strategies for patients and their families*. Pediatrics, 2003. **111**(Supplement_3): p. 1654-1661.
7. Bollinger, M.E., et al., *The impact of food allergy on the daily activities of children and their families*. Annals of allergy, asthma & immunology, 2006. **96**(3): p. 415-421.
8. Hon, K.L.E., et al., *Does age or gender influence quality of life in children with atopic dermatitis?* Clinical and Experimental Dermatology, 2008. **33**(6): p. 705-709.
9. Marklund, B., S. Ahlstedt, and G. Nordström, *Health-related quality of life in food hypersensitive schoolchildren and their families: parents' perceptions*. Health and quality of life outcomes, 2006. **4**(1): p. 48.
10. King, R., R.C. Knibb, and J.O.B. Hourihane, *Impact of peanut allergy on quality of life, stress and anxiety in the family*. Allergy, 2009. **64**(3): p. 461-468.